



**MAWSECO**  
**MEEKER AND WRIGHT SPECIAL**  
**EDUCATION COOPERATIVE - #938**  
**PO Box 1010**  
**720 9th Street**  
**Howard Lake, MN 55349**

Janell Bullard  
Director of Special Education  
(320)543-1122 Voice or TDD  
Fax (320) 543-1121  
E-mail:  
jbullard@MAWSECO.k12.mn.us

---

**Select a Program**

- Cornerstones Program- Located in Buffalo (Grades 8-12)***
- Eastern Wright Program- Located in Buffalo (Grades 5-7)***
- Journeys Program- Located in Howard Lake (Grades K-4)***
- Sholund School – Located in Annandale (Grades 7-12)***

*Education Sponsoring Agencies: Meeker & Wright Special Education Cooperative*

*Additional Sponsoring Agencies for Cornerstones: Sherburne-Northern Wright Special Education Cooperative & Buffalo School District*

**Attach copies (not originals) of the following materials for all referrals:**

- Referral Form
- Current Individualized Education Plan
- Village Ranch Referral for Therapy or Release of Information for existing therapeutic provider (for programs providing Village Ranch Therapy Services ONLY)
- Current School Evaluation (including Functional Behavior Assessment)
- Mental Health Evaluations or Other Relevant Evaluation Information (outside of school)
- Current Health and Immunization Records
- Current School Transcript and Graduation Standard Test Information
- Signed Release of Info. from Parent(s) for all relevant agencies
- Positive Behavior Support Plan and/or Behavior Intervention Plan
- Statewide Test Scores (MCA/MTAS)
- Student Discipline, Attendance and Bus Reports

**Criteria for Consideration of Entrance to MAWSECO Programs:**

- Student must be identified under a special education disability area
- Student must exhibit the need to be in a Level IV Program
- Student must have a current Evaluation Report, Individualized Education Plan (IEP) including a Positive Behavior Support Plan (PBSP) and/or Behavior Intervention Plan (BIP)
- Student must have been served at least half of the school day in a special education setting

**Steps for Enrollment in MAWSECO Programs:**

1. Send this referral and all the following attachments to the program supervisor
2. Program staff may observe the student in resident district prior to placement in a program setting and consult with behavior analyst on existing intervention plan
3. A referral meeting will be scheduled when all referral information has been received and reviewed
4. Student will be put on a waiting list if the program is full. All paperwork must be completed to be considered for a placement.

**EQUAL OPPORTUNITY EMPLOYER**

**Demographic Information**

**Student Name (Last, First, MI):** \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Disability: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address #1: \_\_\_\_\_ Email Address #2: \_\_\_\_\_

Primary Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Student Lives with: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Address/Phone Number if Different than Above: \_\_\_\_\_

Legal concerns (custody/restraining order): \_\_\_\_\_

**School District Information**

**Resident District:** \_\_\_\_\_ **Serving District:** \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Student Case Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Contacts**

**(eg. Social worker, probation officer, therapist/counselor, skills worker, psychiatrist)**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## Background Information

Give a brief summary why the student is being referred to the program: \_\_\_\_\_

---

---

---

## Medical/Physical Health

Does the student have any physical or medical condition to be aware of?  Yes  No

If so, please explain: \_\_\_\_\_

---

Does the student take medication for this or any other condition?  Yes  No

If so, please explain: \_\_\_\_\_

---

Physician's Name and Phone # related to above: \_\_\_\_\_

## Mental/Behavioral Health

Date of the most recent mental health evaluation (if applicable): \_\_\_\_\_

Name of the evaluator: \_\_\_\_\_

Facility and Phone # where the evaluation was conducted: \_\_\_\_\_

Mental Health Diagnosis:

Axis I: \_\_\_\_\_ Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

## Student Strengths

Please list the student's strengths in relation to the following areas:

Peers:

Family Life:

School:

In the community (hobbies/interests):

Has the MAWSECO Behavior Specialist worked with this student?  Yes  No

If no, why not? \_\_\_\_\_

## Student Concerns

Please rate all areas as follows:  
0=No Concern, 1=Mild Concern, 2=Moderate Concern, 3=Significant Concern

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Gambling	<input type="checkbox"/> Sad
<input type="checkbox"/> Alcohol problems	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Angry	<input type="checkbox"/> Head banging	<input type="checkbox"/> Sets fires
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Sexual addiction
<input type="checkbox"/> Avoids adults	<input type="checkbox"/> Hurts animals	<input type="checkbox"/> Sexual acting out
<input type="checkbox"/> Bizarre behavior	<input type="checkbox"/> Imaginary friends	<input type="checkbox"/> Sick often
<input type="checkbox"/> Bullies, threatens	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Selfish
<input type="checkbox"/> Careless, reckless	<input type="checkbox"/> Irritable	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Clumsy	<input type="checkbox"/> Lazy	<input type="checkbox"/> Shy, timid
<input type="checkbox"/> Cyber addiction	<input type="checkbox"/> Learning problems	<input type="checkbox"/> Sleeping problems
<input type="checkbox"/> Defiant	<input type="checkbox"/> Lies frequently	<input type="checkbox"/> Slow moving
<input type="checkbox"/> Depression	<input type="checkbox"/> Loner	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Destructive	<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Steals
<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Messy	<input type="checkbox"/> Stomach aches
<input type="checkbox"/> Drugs dependence	<input type="checkbox"/> Moody	<input type="checkbox"/> Suicidal threats
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Suicidal attempts
<input type="checkbox"/> Excessive masturbation	<input type="checkbox"/> Obsessive	<input type="checkbox"/> Talks back
<input type="checkbox"/> Expects failure	<input type="checkbox"/> Often sick	<input type="checkbox"/> Teeth grinding
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Oppositional	<input type="checkbox"/> Thumb sucking
<input type="checkbox"/> Fearful	<input type="checkbox"/> Over active	<input type="checkbox"/> Tics or twitching
<input type="checkbox"/> Frequent injuries	<input type="checkbox"/> Overweight	<input type="checkbox"/> Unsafe behaviors
<input type="checkbox"/> Frustrated easily	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Unusual thinking
<input type="checkbox"/> Fighting	<input type="checkbox"/> Phobias	<input type="checkbox"/> Weight loss
	<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Psychiatric problems	<input type="checkbox"/> Worries excessively
	<input type="checkbox"/> Quarrels	<input type="checkbox"/> Other: _____

## Interventions

- Provide **a brief history of interventions** attempted within the last 3 years, starting with most recent.
- Examples: more restrictive environments, correctional placements, out of home placement, regular education interventions, and services such as counseling, social services, etc)
- How successful has each of these interventions worked for the student?

Intervention Type	Student Grade	Length of Intervention	Degree of Success

## Signatures

Form Completed by: \_\_\_\_\_ District Special Ed. Coordinator: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_ Date Received: \_\_\_\_\_