

INCLUSION CADRE REFERRAL FORM
Department of Special Education
Lincoln Public Schools

Name:	Student Number:
DOB:	Grade:
School:	Verification(s):
Teacher:	IEP Manager:
Contact Person:	ECSE/Kindergarten a.m. or p.m.:
Contact Person's Email Address:	Date:

Statement of Concern/Interventions Used:

Check Top 3 Supports Needed:

- Clarify student strengths and needs
- Develop individualized goals relative to classroom curriculum
- Develop ideas for student's schedule
- Identify appropriate instructional strategies
- Address behavioral issues
- Increase communication skills
- Locate appropriate materials

Who has been involved during the past calendar year?

- | | |
|---|--|
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Behavior Specialist | <input type="checkbox"/> Paraeducator |
| <input type="checkbox"/> Cadre | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Resource Teacher |
| <input type="checkbox"/> Family Specialist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Hearing Resource Teacher | <input type="checkbox"/> Vision Resource Teacher |

Signatures:

_____ / _____ Classroom Teacher / Email Address	_____ / _____ IEP Manager / Email Address
_____ / _____ SLP / Email Address	_____ / _____ Specialists (as appropriate) / Email Address
_____ / _____ Building Administrator / Email Address	_____ / _____ Para(s) (as appropriate) / Email Address

INCLUSION CADRE REFERRAL PROCESS
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_____ Building team members meet to discuss specific student concerns and to consider available resources. An “Inclusion Cadre Referral Form” is completed and signed if the team is interested in requesting cadre support. Send the complete form to Mary Ells, LPSDO, Box #51.

_____ Upon receipt of the referral form, Mary will contact the building to discuss the referral and schedule an observation.

_____ When a cadre member is assigned for a specific student and associated staff members, a meeting is scheduled to clarify roles. At that time, the Initial Planning and Phase I Planning sections of the “Cadre Goals and Expectation Form ”is completed.

_____ The building administrator or designee identifies a collaborative teacher from the building. The building’s collaborative teacher and the inclusion cadre person will schedule periodic meeting times to plan, review and evaluate interventions and services. These meetings should include staff members working with the student, parents and administrators, as appropriate.

_____ After the cadre teacher has had an opportunity to work in a building for two weeks, the team meets to complete the Long-range Planning section of the “Cadre Goals and Expectations Form.”

_____ The cadre member shares information at a building staff meeting about the role of the cadre.

_____ The team reviews the need for further cadre support at the end of each quarter, if not sooner. The Initial, Phase I/Phase II and Long-range Planning sections of the “Cadre Goals and Expectations Form” are reviewed. As the cadre teacher’s assignment is completed, the team completes the Transition Planning section of the “Cadre Goals and Expectations Form.”