Attached are necessary documents and information required to complete a student lateral transfer or student referral. Intake Coordinator information and school addresses and telephone numbers are indicated below:

**SPECIAL EDUCATION – CENTER PROGRAMS**

- **Madison**
  - 4460 18th Street
  - Telephone Number: (734) 759-6401

- **Lincoln Center**
  - 891 Goddard Road
  - Telephone Number: (734) 759-5901

- **Jo Brighton**
  - 4460 18th Street
  - Telephone Number: (734) 759-6301

- **Intake Coordinator for Lincoln Center:**
  - Bill Bolton, Center Program Supervisor
  - boltonw@wy.k12.mi.us
  - Phone (313) 551-2790 x9219
  - Fax (734) 759-5909

- **Intake Coordinator for Madison and Jo Brighton:**
  - Lisa Dougherty, Center Program Supervisor
  - doughel@wy.k12.mi.us
  - Phone (734) 759-6358
  - Fax (734) 759-6389

**LATERAL TRANSFERS**

The sending district must provide the following documents:
- Proof of Residency Verification Statement
- Current IEP that places the student in a center based program

The sending district is asked to provide the following documents as soon as possible:
- Any additional current documents
- Authorization for Release of Student Information from signed by the parent/guardian
- Birth Certificate copy
- Immunization records or waiver

**REFERRAL STUDENTS**

**REVIEW OF RECORDS**

The sending district must provide current and required documents. The program administrator and intake coordinator will review documentation and contact the local school district representative making the referral.

**STUDENT OBSERVATION**

If the referral appears to be appropriate, arrangements will be made by Center Based staff to conduct an on-site visit for an observation of the prospective student.

**TOUR**

The Center Based staff will contact the sending district with the outcome of the Records Review/Student Observation. If enrollment at the Center appears to be an appropriate placement for the student, an appointment will be made with the parent/guardian and sending district by the Center Based staff for their student to tour the appropriate center.

If the Center placement seems likely, the parent/guardian will be given the enrollment packet at the end of the tour. Enrollment documents may be completed at that time. Staff will need to see a copy of a CERTIFIED birth certificate.

**IEPT MEETING**

An IEPT meeting will be held with the sending district. The sending district will be responsible for ALL necessary paperwork required to complete the IEP. The Center Based staff will collaborate with the sending district at the IEP in developing the IEP. If it is a 3-year IEP the new REED and MET Summary Report with supporting reports must be included in the documentation. An entrance IEP will not be held until all required documents have been received.

**FINAL STEPS for ENROLLMENT**

The sending district will arrange transportation to begin on a mutually agreed upon date.

**NOTE:** To guarantee sufficient processing time for student placement, please submit referrals for fall placement by May 15th.
### Center Program
#### Proof of Residency Verification Statement

**New Student Referral Packet & Proof of Residency Verification Statement**

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>Desired Start Date</th>
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<table>
<thead>
<tr>
<th>Referring District</th>
<th>School Placement</th>
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<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Address Number and Street Name – Apt. #</th>
<th>City</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Telephone Number</th>
<th>E-Mail</th>
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<tr>
<th>Address Number and Street Name – Apt. #</th>
<th>City</th>
<th>Zip Code</th>
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Is this student making a lateral transfer from a Center Based program:  
- [ ] Yes  
- [ ] No

Has the parent/guardian been notified that Wyandotte staff will observe the student?  
- [ ] Yes  
- [ ] No

Parent/Guardian Signature: ____________________________________________________  Date: _______________________

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<tr>
<th>Sending District Contact Name</th>
<th>Telephone Number</th>
<th>E-Mail</th>
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*By signing below, the responsible district is indicating that they have all required Proof of Residency documents for the above named Center Program student.*

Signature of Responsible District Director of Special Education  Date

*Please allow 2-4 weeks to complete referral process*
**HEALTH INFORMATION SURVEY**

**HEALTH INFORMATION SURVEY TO BE COMPLETED BY THE PARENT/ GUARDIAN**

<table>
<thead>
<tr>
<th>Student’s Legal Last Name, First Name</th>
<th>Birth Date</th>
<th>Gender</th>
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<tr>
<th>School Year</th>
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**CHILD’s HEALTH CONCERNS**

- **Asthma**: Yes [ ] No [ ]
- **Heart condition**: Yes [ ] No [ ]
- **Diabetes**: Yes [ ] No [ ]
- **Injuries/ Surgeries**: Yes [ ] No [ ]
- **Seizures**: Yes [ ] No [ ]
- **Allergies**: Yes [ ] No [ ]

If yes, describe:_______________________________________

**Other/ Comments/ Additional Information:_____________________________________________________________________
_________________________________________________________________________________________________________**

**MEDICATIONS**

<table>
<thead>
<tr>
<th>Medications:</th>
<th>Dose:</th>
<th>Times Taken:</th>
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Vision Screening Date: _______________
Dental Visit Date: _______________
Hearing Screening Date: _______________

**Physician**

**Telephone**

**Neurologist**

**Telephone**

**Psychologist**

**Telephone**

**Nursing Services**

**Telephone**

**Psychiatrist**

**Telephone**

Revised: January 2018
Is the student under a physician’s ordered restriction?  □ No  □ Yes, if yes indicate reason below:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

**NOTE**: This form is not a medication authorization form.  
If your student will or may require medication at school, notify the intake coordinator.

Parent/Guardian Signature: ___________________________ Date: ________________
REFERRAL SOURCE QUESTIONAIREE TO BE COMPLETED BY REFERRING DISTRICT

Student’s Legal Last Name, First Name
Birth Date
Gender

School Year

In what way/s is the student independent? ________________________________________________________________
_____________________________________________________________________________________________________

In what way/s is the student dependent? ________________________________________________________________
_____________________________________________________________________________________________________

How does the student get along with other people? __________________________________________________________
_____________________________________________________________________________________________________

Describe any student behavior/s that interfere with instruction, stigmatize or isolates the student or endangers the student or other people: ________________________________________________________________
_____________________________________________________________________________________________________

Has the student or their parent/s or guardian/s expressed any concerns regarding current or future educational issues: ________________________________________________________________
_____________________________________________________________________________________________________

Describe any special skills or interests that you observed: ________________________________________________________________
_____________________________________________________________________________________________________

Are there any issues regarding this student that you are particularly concerned? ________________________________________________________________
_____________________________________________________________________________________________________

Describe the student’s communication abilities: ________________________________________________________________
_____________________________________________________________________________________________________

Other: ________________________________________________________________
_____________________________________________________________________________________________________

Is the student enrolled with School of Choice? ☐ No ☐ Yes

Have the student’s parents or guardians been active in education planning? ☐ No ☐ Yes

Is the student identified as an English Language Learner? ☐ No ☐ Yes

• If yes, does the student receive service? ☐ No ☐ Yes

Is the student in a fixed, regular and adequate living environment? ☐ No ☐ Yes

Is the student a recipient of services under the McKinney-Vento Act? ☐ No ☐ Yes
REQUEST FOR EDUCATIONAL RECORDS

639 Oak Street • Wyandotte • Michigan • 48192 • Telephone (734) 759-6000

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

STUDENT NAME: __________________________ Birth date: __________
Last Name, First Name

STUDENT NAME: __________________________ Birth date: __________
Last Name, First Name

STUDENT NAME: __________________________ Birth date: __________
Last Name, First Name

Request to disclose and/or release the following:

- ☑ Academic
- ☑ Discipline
- ☑ Health / Medical
- ☑ Achievement Tests
- ☑ Social Work
- ☑ Medical
- ☑ 504 Plan
- ☑ IEP
- ☑ Psychological Evaluation & Tests Results
- ☑ M.E.T. Report
- ☑ IEP Evaluation Review
- Other __________________________
- Other __________________________
- Other __________________________

In compliance with Family Educational Rights and Privacy Act, FERPA, the undersigned requests information relative to the above named student/s educational record/s to be RELEASED TO:

School Requesting Records: __________________________ Contact Name: __________________________
School Address: __________________________, Wyandotte, MI 48192
School Telephone Number: (734) __________ School Fax Number: (734) __________

In compliance with Family Educational Rights and Privacy Act, FERPA, the undersigned requests information relative to the above named student/s educational record/s to be RELEASED FROM:

I, parent/guardian of the above named student/s, __________________________

authorize the above named entity and its authorized employee to disclose and/or release any and all student record information related to the above named student/s to the person/entity identified above, I hereby agree to indemnify and hold harmless the Wyandotte Board of Education, and its officers, employees, and agents in both their individual and official capacities, from liability of any nature resulting from the disclosure/release of the information.

Parent / Guardian Signature: __________________________ Date: __________________________

Parent / Guardian Address: __________________________

Revised: January 2018
Student Name

Date of Birth

**REQUIRED DOCUMENTS:**

- Copy of birth certificate (parent/guardian must present original at tour/IEP)
- Copy of Student State ID, if applicable
- Center program referral packet
- Copy of driver’s license of parent/legal guardian
- Immunization records or waiver
- IEP/IFSP- most recent
- REED- most recent
- REED- associated with most recent MET
- Psychological Evaluation- to include adaptive behavior assessment
- MET- most recent and supporting reports listed below, as appropriate
  - Teacher Report
  - Medical Reports
  - Speech and Language Report
  - Mental Health Reports / Psychiatric Reports
  - Social Work Report
  - ENT / Audiologist Report
  - Occupational Therapy Report
  - Vision Evaluation
  - Physical Therapy Report
  - Orientation and Mobility Evaluation

**REQUIRED IF APPLICABLE:**

- Individualized Health Care Plan
- Feeding plan
- Seizure action plan and/or asthma action plan
- Functional Behavior Assessment *
- Behavior Intervention Plan *
- Behavior Specialist Report *
- Behavior Review Forms & Summarized Data* [see WRESA Guidelines for Behavior Intervention]
- MDR/IAES
- Discipline Summary (MiStar)
- Transcripts
- Statewide Assessment reports
- Attendance records
- COSF (required for any student under 5 years 6 months)
- Court orders or placement papers (guardianship, power of attorney, custody, etc.)
- Prescription(s) for related services
- ASD Student Profile (required for referrals to ASD program)
- Physician’s Recommendation for Homebound Instruction (this form can be requested directly from the Intake Coordinator)

* These forms are required for all referrals to the ASD and DD programs

Revised: January 2018