

## Application to the E.D./Intervention Program

The FCOE E.D./Intervention Program is designed for students within the SELPA who have emotional problems that prevent them from being educationally successful in their home school district. The E.D. classrooms are located on school campuses throughout the county. Students are served in a special day class while being mainstreamed into regular core and/or elective curriculum classes at the site. The intervention program is a transitional program, accepting students who need assistance in improving interpersonal skills, developing adaptive emotional and behavioral responses to environmental stressors, and establishing self-monitoring and self-control. The goal of the program is to stabilize behavior, determine effective interventions, and return the student to his/her home school/least restrictive environment.

The following criteria must be met for application to the program:

1. Schools must demonstrate that they have pursued and/or exhausted all other resources available to the school and district (ie: special education options, Mental Health Services if appropriate, counseling, referrals for medical evaluations, and implementing and/or revising Behavior Support/ Intervention Plans where needed.)
2. Students must have a primary disability of “emotionally disturbed” on the current IEP which includes substantiating assessments and/or data for the E.D. disability.

### Exclusionary Factors:

1. Students whose intellectual ability falls within the mentally retarded range of development.
2. Students whose primary disability has been identified as within the autistic spectrum.
3. Students whose behavior is primarily conduct based or due to social maladjustments (ie: persistent behavior patterns of theft, destruction of property, initiating fights, threats, intimidation, drug abuse, gang involvement, etc.)
4. Students with traumatic or acquired brain injury or unspecified neurological impairments.

### Referral Process:

Please refer to the attached application, checklist of accompanying documents needed and flowchart for timelines and steps. If you have additional questions, please call Tannon Pafford/East Side E.D. (559) 265-4033 – [tpafford@fcoe.org](mailto:tpafford@fcoe.org) or Sherrin Massie/West Side E.D. (559) 265-3039 – [smassie@fcoe.org](mailto:smassie@fcoe.org) or Pupil Personnel Services (559) 265-3001.

**ALL APPLICATIONS MUST BE COMPLETE AND DELIVERED TO: Dora Olmos, Pupil Personnel Services, F.C.O.E., 1111 Van Ness Ave., Fresno CA 93721 or Fax to: 559-237-3012.**

## Fresno County Office of Education Special Education Program Referral Application

Complete the following and send to Fresno County Office of Education:

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

(City/Zip) \_\_\_\_\_

CSIS #: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(City/Zip) \_\_\_\_\_

CARE PROVIDER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(City/Zip) \_\_\_\_\_

REFERRING DISTRICT: \_\_\_\_\_

CURRENT PROGRAM: \_\_\_\_\_

DISTRICT CONTACT PERSON: \_\_\_\_\_

SCHOOL SITE: \_\_\_\_\_

DISTRICT REP FOR IEP MEETINGS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRIOR DISTRICT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRIOR DISTRICT CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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Student's referral application is for the following FCOE program (check appropriate box):

- Moderate/Severe Disabilities Program (including Adult Transition Program for Current School year).** Mail or fax application packet to Fresno County Office of Education, Attention Pupil Personnel Services Director, 1111 Van Ness, Fresno, CA 93721, **FAX # (559) 237-3012.** Questions? Call (559) 265-3001.
  
- Emotionally Disturbed Program (E.D.).** Mail or fax application packet to Fresno County Office of Education, Attention Pupil Personnel Services Director, 1111 Van Ness, Fresno, CA 93721, **FAX # (559) 237-3012.** Questions? Call Tannon Pafford/East Side E.D. (559) 265-4033 or Sherrin Massie/West Side E.D. (559) 265-3039 or PPS Director at (559) 265-3001.
  
- CIRCLE Program** (Comprehensive Instruction Reinforcing Collaborative Learning Environments). Mail or fax application packet to Fresno County Office of Education, Attention CIRCLE Program Manager, 1111 Van Ness, Fresno, CA 93721, **FAX # (559) 265-3076.** Questions? Call: (559) 497-3708.

Application Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

**FCOE Special Education Program Referral Application Checklist for:** \_\_\_\_\_ [Student]

\_\_\_\_\_ [Date of Birth]

- 🕒 Current Individualized Education Plan (IEP) disabling condition must be Emotional Disturbance.
- 🕒 Current Behavior Plan
- 🕒 Discipline History
- 🕒 Eligibility Criteria: Emotional Disturbance (must meet the eligibility criteria according to C.C.R., Title 5, Sec. 3030; on FCOE Web Site) (**Questionnaire page 6 of the packet**)
- 🕒 Health History
  - Immunization Record
  - Prescribing Physician
  - Medications
- 🕒 Multidisciplinary Report/Psychologist Report (within the last 3 years)
- 🕒 DIS service/agency reports (i.e. OT, Speech, Mental Health etc.)
- 🕒 Emergency Contact Information (Parents/Care Providers, Agencies, name and address, last school/program attended.
- 🕒 STAR Testing: CT, CMA Scores
- 🕒 Release of Information

Dear Parents/Guardians:

Your child has been referred to a special education program operated by the Fresno County Office of Education Special Education Department. Prior to your child being considered for placement in an FCOE program, you must sign and date this form, which will become part of the referral packet. Signing this form only allows the school district to refer your child for consideration of placement in an FCOE program.

Please know that, as the student's parents/guardians:

- You will be invited to be present at the Individualized Education Program Team Meeting to make a placement decision; and
- You will be contacted in advance of the Individualized Education Program Team meeting date, and notified of the time and place of the IEP Team Meeting; and
- Your child will not be placed in an FCOE program without your written consent; and
- If home-to-school transportation is required, it will be provided to and from your child's home district (i.e. your child's district of residence) and the program.

If you would like your child to be considered for placement in an FCOE program, please sign and date the form below, and return it to your child's teacher so that it can be included in the referral packet. If you have a question about this form or the referral process, please speak with your child's teacher.

*We, the undersigned parents or guardians, hereby request that the Fresno County Superintendent of Schools, or designated representative, give consideration to the placement of our child, \_\_\_\_\_ **[name of student]**, \_\_\_\_\_ **[Date of Birth]**, in a special education program operated by the Fresno County Superintendent of Schools/Fresno County Office of Education, in accordance with provisions of the California State Education Code. We give the Fresno County Office of Education Special Education staff permission to observe my child in his/her educational setting and/or other environments as deemed necessary to complete the referral process. This may also include interviewing the student, interviewing staff, reviewing records, and the like.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ELIGIBILITY CRITERIA

### Emotional Disturbance

Does XXXX meet eligibility criteria for special education services based on the criteria for Emotional Disturbance?

C.C.R., Title 5, Sec. 3030

In order to qualify as a student with an emotional disturbance, the student must exhibit one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

- 1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- 2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- 3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.
- 4) A general pervasive mood of unhappiness or depression.
- 5) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term Emotional Disturbance includes schizophrenia and does not apply to children who are socially maladjusted, unless it is deemed that they have an emotional disturbance.

#### 1. Does XXXX have an inability to learn which cannot be explained by intellectual, sensory, or health factors?

This question describes a student who has thought disorders, fragmentation of thought, disorders of reasoning- perception-memory, incoherence, marked loosening of associations, hallucinations, bizarre delusions, severe disturbances in the thought process which may include: reasoning, long and short-term memory, and awareness of reality (this does not refer to a pupil who daydreams nor is getting failing grades.)

#### 2. Does XXXX have an inability to build or maintain satisfactory interpersonal relationships with peers and teacher?

This question describes a student who has no friends at home, school or in the community because he/she is so emotionally disturbed that he/she cannot enter into relationships. They do no voluntary play, socialize, or engage in recreation with others. They avoid communicating with teacher and peers because of severe emotional difficulties, they are excessively withdrawn, or avoid a large number of persons or circumstances. They may have schizophrenia. (This question is not describing a child who has no peer or teacher relationships due primarily to conduct, oppositional defiance or ADHD tendencies.

#### 3. Does XXXX have inappropriate types of behavior or feelings under normal circumstances?

This question describes a child who has catastrophic reactions to everyday occurrences; they lack appropriate fear reactions, and their affect is flat, blunt, distorted, or excessive. They have bizarre behaviors, self-mutilate, manic behavior, delusional, thought disorders, their speech rambles from idea to idea so that their responses are not logically related. (This question does not describe a student who is hyperactive, bothersome, nor that behavior is such that he/she is bothersome in the classroom, or in violation of social norms. What is described here is behavior that is psychotic or bizarre.)

#### 4. Does XXXX have a general pervasive mood of unhappiness or depression?

This question describes a student who loses interest in all or most activities, is sad, low, irritable (to a marked degree), has a poor appetite, may have insomnia or hyperinsomnia, has feelings of worthlessness, loss of energy, suicidal ideation, wishes of death, suicide attempts, may display extreme anger to the point of defiance persistently despite attempts to control anger, They may be fearful without knowing why. Is this over a long period of time, to a marked degree, and how is it adversely affecting educational performance?

#### 5. Does XXXX have a tendency to develop physical symptoms or fears associated with personal or school problems?

This question describes a student who has physical disorders with no demonstrable organic findings. There is a positive evidence or strong presumption that symptoms are linked to psychological factors or conflict. These symptoms are not under voluntary control, they are persistent and irrational fears that result in compulsive avoidance behavior, intense disabling anxiety often reaching panic proportions when the object, situation or activity is approached.

#### 6. Does XXXX have a diagnosis of schizophrenia?

**ELIGIBILITY CRITERIA**

\_\_\_\_\_ [Student] \_\_\_\_\_ [Date of Birth]

**Emotional Disturbance Questionnaire:** In order to qualify as a student with an emotional disturbance, the student must exhibit one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

<p><b>Does XXXX meet eligibility criteria for special education services based on the criteria for Emotional Disturbance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>1. Does XXXX have an inability to learn which cannot be explained by intellectual, sensory, or health factors?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>2. Does XXXX have an inability to build or maintain satisfactory interpersonal relationships with peers and teacher?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>3. Does XXXX have inappropriate types of behavior or feelings under normal circumstances?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>4. Does XXXX have an general pervasive mood or unhappiness or depression?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>5. Does XXXX have a tendency to develop physical symptoms or fears associated with personal or school problems?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>
<p><b>6. Does XXXX have a diagnosis of schizophrenia?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____</p>

# PERSONAL DATA / HISTORY HEALTH INFORMATION

Form should be completed by a credentialed school nurse or include comprehensive health history from student's physician.

STUDENT DATA		LAST	FIRST	MIDDLE
BIRTHDATE	SEX	GRADE	BIRTH PLACE	LENGTH OF TIME: USA / STATE / CO.
RESIDENCE			TELEPHONE:	MESSAGE PHONE:
DATE MOVED TO PRESENT ADDRESS: Month/Year		<input type="checkbox"/> LEP <input type="checkbox"/> FEP <input type="checkbox"/> Migrant	MARRIED STATUS OF PARENT: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	
FATHER'S NAME		AGE	BIRTH PLACE	EDUCATION
MOTHER'S NAME		AGE	BIRTH PLACE	EDUCATION
AGRICULTURE/AGRICULTURE-RELATED JOB <input type="checkbox"/> Yes <input type="checkbox"/> No		FATHER'S OCCUPATION		MOTHER'S OCCUPATION
SCHOOL HISTORY		<i>Including the present school, list in chronological order the following:</i>		
STATE/COUNTY	DISTRICT	SCHOOL SITE	PLACEMENTS / PROGRAMS	LENGTH IN PROGRAM
GRADES REPEATED	SCHOOL ATTENDANCE: (Circle) GOOD FAIR POOR (Explain "Fair" to "Poor" ratings)			
YOUR EDUCATIONAL CONCERN(S) ABOUT THIS CHILD IS?				
WHAT DO YOU ENJOY THE MOST ABOUT THIS CHILD?				
FAMILY HISTORY		STUDENT IS: (1st Born, etc.)	NUMBER OF BROTHERS?	NUMBER OF SISTERS?
FATHER'S AND MOTHER'S GENERAL HEALTH?				
SIBLINGS: Name		BIRTHDATE	HEALTH	
LEARNING PROBLEMS / SPECIAL EDUCATION HX: Parents, Siblings, and Other Family Members				
STUDENT'S HISTORY		MOTHER'S AGE / HEALTH / MEDICATION / SUBSTANCE AND TOBACCO USE DURING THIS PREGNANCY:		
BIRTH TERM	BIRTH WEIGHT			
LABOR / DELIVERY: <input type="checkbox"/> Anesthesia <input type="checkbox"/> Cesarean <input type="checkbox"/> Prolonged Labor <input type="checkbox"/> Mal-Presentation, etc. (Check and explain)				
BIRTH HISTORY: <input type="checkbox"/> Cry <input type="checkbox"/> Color <input type="checkbox"/> Respiration <input type="checkbox"/> Injection <input type="checkbox"/> Transfusion <input type="checkbox"/> Incubation <input type="checkbox"/> Jaundice <input type="checkbox"/> Resuscitation <input type="checkbox"/> Post Maturity <input type="checkbox"/> Prematurity <input type="checkbox"/> Anomalies <input type="checkbox"/> Other (Check and explain)				
DIFFERENT THAN OTHER BABIES: Explain				

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

*Prefer section be completed by a credentialed school nurse or include comprehensive health history from student's physician.*

DEVELOPMENTAL HISTORY				Enter Age; or check ( ) if unusual or explain					
CRAWLED:	SAT:	WALKED:	FIRST WORDS:	PHRASES:	FED SELF:	TOILET-TRAINED:	BLADDER-TRAINED:	DENTAL:	COORDINATION:
GETTING ALONG:	UNUSUAL ATTITUDES:	DESTRUCTIVE/UNUSUAL BEHAVIOR		AGGRESSIVE BEHAVIOR:		EXTREME FEARS:	WITHDRAWN:	HYPERACTIVE:	HAND-DOMINANCE:
OTHER:									
COMPARED TO OTHER CHILDREN, THIS CHILD IS:									

HEALTH SCREENING / PROGRAMS / AGENCIES	NAME OF PRIMARY DOCTOR:
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VISION TEST DATE:	RESULTS:	
HEARING TEST DATE:	RESULTS:	
HEIGHT:	WEIGHT:	HEAD:
IMMUNIZATIONS: <i>(Include a copy)</i>		

IF THERE IS A PROBLEM, CHECK THE KEY WORD(S) AND ENTER NUMBER(S), DATE(S), DIAGNOSIS, RECOMMENDATIONS, AND THE MEDICAL DOCTOR(S) OR AGENCY(IES) CARE:

(1) EENT     (2) Orthopedic     (3) G.U.     (5) Respiratory     (6) Circulatory     (7) Endocrine     (8) Connective Tissue     (9) Neuromuscular  
 (10) Genetic/Chromosome Problems     (11) Skin     (12) Nutrition     (13) Poisoning     (14) Allergies     (15) Convulsions     (16) Chronic Recurring Conditions  
 (17) Serious Illness     (18) Injuries     (19) Medication(s)     (20) Operation(s)     (21) Hospitalization(s)     (22) Equipment, Hardware, Other Aids     (23) Special Needs  
 (24) OTHER: \_\_\_\_\_

HISTORY INFORMATION RELIABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON: <input type="checkbox"/> Foster Care <input type="checkbox"/> Child not with Parents <input type="checkbox"/> Other
DO YOU FEEL AS THOUGH THIS CHILD'S HEALTH IS: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor <i>(check one)</i>	

HOME-FAMILY RELATIONSHIP	DESCRIBE PHYSICAL AND EMOTIONAL CLIMATE OF HOME, INCLUDING NURTURING, ACCEPTANCE, THE PHYSICAL PLANT, WHO LIVES IN HOME, ETC.

INTERVIEWEE'S NAME AND RELATIONSHIP TO STUDENT \_\_\_\_\_

INTERPRETER USED: \_\_\_\_\_ LANGUAGE USED: \_\_\_\_\_

YES     NO

PERSON INTERVIEWING \_\_\_\_\_

DATE / POSITION: \_\_\_\_\_

**FCOE Special Education Program Referral Application for:** \_\_\_\_\_ [Student]

\_\_\_\_\_ [Date of Birth]

**Current Educational Performance and Assessments**  
Documented Program Information/Modifications

**History of Educational/Agency Services**

Date	Age/Grade	School	Services

**Agency Services** (Attach reports from all agencies identified)

- Regional Center                       California Children’s Services (CCS)             Dept. of Social Services (DSS)  
 County Mental Health (CMH)         Department of Rehabilitation (DR)  
 Specify any additional agency \_\_\_\_\_

**Description of Educational Setting**

Current School Program \_\_\_\_\_

DIS/Support Services \_\_\_\_\_

Has the student ever been placed in an alternative educational setting, i.e. Continuation School, ADT, Behavior Intervention Class, Independent Study, NPS, etc. If yes, please provide placements and dates:

\_\_\_\_\_

**Special Factors**

Is the student an English Learner? Yes \_\_\_ No \_\_\_ If yes, provide CELDT or ALPI Level \_\_\_\_\_

Does the student have special transportation needs? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does student require assistive technology devices and/or services? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does student require low incidence services, equipment, and/or materials to meet educational needs?

Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Does the student’s behavior impede his/her learning, or the learning of others? Yes \_\_\_ No \_\_\_ If yes, describe

\_\_\_\_\_

Behavior Support Plan (BSP) attached \_\_\_\_\_

Behavior Intervention Plan (BIP) attached \_\_\_\_\_

FCOE Special Education Program Referral Application for: \_\_\_\_\_ [Student]

\_\_\_\_\_ [Date of Birth]

**Summary of Student's Current Academic Achievement and Functional Performance**

<b>Strengths/Interests/Learning Preferences:</b>
<b>Cognitive Abilities: Pre-Academic/Academic Skills:</b>
<b>Communication Skills:</b>
<b>Motor Skills:</b>
<b>Social/Emotional/Behavioral:</b>
<b>Health:</b>
<b>Self-Help/Daily Living Skills:</b>
<b>Community/Leisure Skills/Preferred Activities:</b>
<b>Pre-vocational/Vocational Skills:</b>
<b>Curriculum Accommodations/Modifications:</b>
<b>Participation in State/District Assessments:</b> STAR: CST ___ CAT/6 ___ CMA ___ CAPA ___ Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DRDP (Desired Results Developmental Profile/Preschool) ___ CELDT ___ ALPI ___ PFT ___ Other assessments _____