

**AEDY Referral Form**

**Date:**

**Student Name:**

**Student ID #:**

**Date of Birth:**

**Grade:**

**School Name:** **Parent/Guardian:** **Address:** **Phone:** (*required****):*** **Email** (*required*)**:**

 [ ]  Interpreter requested

[ ]  Special Education

[ ]  Regular Education

[ ]  English Learner (E.L.)

**Disruptive Behavior/Infraction** *(List the Code Violation & Spell out behavior)***:**

**The intervention chart must be completed and documented with all levels of interventions (Administrative, Guidance Referral, and SAP Referral).**

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| **Interventions***(Check at least one (1) intervention at each level)* | **Dates** *(Include date(s) of interventions)* | **Notes/Outcome***(Indicate completed, attempted, offered, and/or declined.)* |
| **Administrative** |
| [ ]  Parent Notice/Contact(s) – review behavior/discuss expectations [ ]  Out-of-school Suspension/In-school Suspension[ ]  Parent/Reinstatement Conference[ ]  Restorative Circle, Reflection documents, Behavior Contract [ ]  Other:            |                                       | [ ]  Completed[ ]  Attempted [ ]  Ongoing/In Process [ ]  Refused/Declined |
| **School Counselor Referral** |
| [ ]  Parent Contact: [ ]  Restorative Practices, SEL Strategies[ ]  Check In/Out or Mentoring [ ]  Class/Schedule Modification [ ]  Peer Mediation/Conflict Resolution Strategies[ ]  Referral to STEP, IBHS or community-based counseling [ ]  Other:            |                                                         | [ ]  Completed[ ]  Attempted [ ]  Ongoing/In Process [ ]  Refused/Declined |
| **SAP Referral** (must be offered, even in the case of immediate placement and/or already receiving services) |
| [ ]  Parent Contacted for SAP Referral[ ]  Student is connected to IBHS |                       | [ ]  SAP Referral Completed[ ]  SAP Attempted [ ]  Parent/Student Refused or declined SAP[ ]  Connected to Services |

 **INTERVENTIONS VERIFICATION** (must be checked)

**[ ]  In accordance with 24 PS § 19-1902-C(5), I hereby certify that the above stated interventions were**

**implemented prior to initiating the AEDY referral.**

**VERIFICATION OF REINSTATEMENT/PARENT CONFERENCE / INFORMAL HEARING**

(For interim assignments, the reinstatement/parent conference is an informal hearing and must be completed here.)

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| All students recommended for assignment to an AEDY program must be provided with due process prior to placement including an informal hearing in accordance with 22 Pa. Code §12.8 (c). The purpose of the informal hearing is to enable the student to meet with the appropriate school official to explain the circumstances surrounding the event for which the student is being suspended or to show why the student should not be suspended. The following due process requirements must be followed in regard to the informal hearing: (1) The informal hearing is held to bring forth all relevant information regarding the event for which the student may be suspended and for students, their parents or guardians and school officials to discuss ways by which future offenses might be avoided. (2) The following due process requirements shall be observed in regard to the informal hearing: (i) Notification of the reasons for the suspension shall be given in writing to the parents or guardians and to the student. (ii) Sufficient notice of the time and place of the informal hearing shall be given. (iii) A student has the right to question any witnesses present at the hearing. (iv) A student has the right to speak and produce witnesses on his own behalf. (v) The school entity shall offer to hold the informal hearing within the first 5 days of the suspension. |

 Enrollment should ***not*** be held at the AEDY program until the parent conference/informal hearing has been completed.

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| A parent conference/informal hearing was held on the following date and time. Participation in the informal hearing does not constitute agreement or consent. **Parent Conference/Informal Hearing Scheduled:****/**   Date / Time **Parent Contacted to Attend the Conference/Hearing:** **/**   Date / Time **Location of Informal Hearing:** [ ]  LEA/School[ ]  Via Telephone/ Video Conference[ ]  Hearing held at the same time of notification as per parent/guardian request |

**SIGNATURES**

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| **School District/Principal or Designee Signature**  | **School District/Principal or Designee Printed Name**  |
|  |  |
| **Parent Signature** | **Parent Printed Name** |
|  |  |
| **Student Signature** | **Student Printed Name** |
|  |  |
| **Other Party Signature (if applicable)** | **Other Party Printed Name/Role (if applicable)** |

**School District/Principal/Designee, Parent and Student’s signatures are mandatory. Please note if a person did not**

**attend, refused or was virtual.**

**SPECIAL EDUCATION AND MANIFESTATION DETERMINATION**

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| The LEA, parent and relevant members of the IEP team (as determined by the parent and LEA) must review all relevant information in the student’s file, including the child’s IEP, any teach observations, and any relevant information provided by the parents to determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child’s disability; or if the conduct in question was the direct result of the LEA’s failure to implement the IEP. ***A Manifestation Determination must be conducted for a student with disabilities within 10 days when the LEA is proposing to remove a student with a disability from their current placement for disciplinary reasons and for potential placement in an AEDY program.*** If the behavior that resulted in the change of placement is determined to be a manifestation of a child’s disability, the IEP team must conduct or review a Functional Behavioral Assessment (FBA), modify and implement a behavior intervention plan, and return the student to previous placement unless the parent and LEA agree to change placement as part of the modification to the behavior intervention plan. *Exception:* In special circumstances under 34 CFR Sec. 300.530(g) specific to drugs, weapons and serious bodily injury, school personnel may unilaterally remove a student to an interim alternative education placement for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the student’s disability. |

**Special Education Documents have been reviewed, updated and attached in EasyIEP:**

[ ]  Manifestation Determination

[ ]  Disciplinary NOREP

 [ ]  Current/Compliant IEP/Revised IEP

 [ ]  IEP Team Invitation

[ ]  PBSP/Revised PBSP (if applicable)

[ ]  FBA (if applicable)

[ ]  Recent ER/RR

[ ]  Signature Pages

Your signature is verification of the completed MDR, NOREP and document review needed prior to placement, and attachments are uploaded.

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| **Principal / Special Education Designee Signature**  | **Principal / Special Education Designee Printed Name**  |