

LBL ESD CASCADE REGIONAL PROGRAM REFERRAL PROCESS

Cascade Regional serves students experiencing the following disabilities: deafblindness, hearing impairment, vision impairment, severe to mild/moderate gross/fine motor deficits, autism, traumatic brain injury, or significant expressive communication delays. If considering an evaluation, consult with your Special Education Director on the evaluation process for your district.

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LBL ESD CASCADE REGIONAL PROGRAM REFERRAL PROCESS

| Area for Referral | Team Considerations and Referral Guidance |
|--|--|
| Alternative/ Augmentative Communication (AAC) | <ol style="list-style-type: none"> 1. Consult with your SpEd Director on the AAC referral/evaluation process for your district. 2. Go to the student's Documents page in TIENet/Power School. 3. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go. 4. Select Cascade Regional Services and click New. 5. Provide as much detail as possible in the Reason for Referral. 6. Select whether the student is currently on an IEP/IFSP and under which category(ies) 7. Under Area of Concern, check Augmentative Communication and either Evaluation or Consultation. 8. Check the appropriate box under Reason for Service Request at the bottom. 9. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 10. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

| Area for Referral | Team Considerations and Referral Guidance |
|--|--|
| Audiology Evaluation or Hearing Screening | <p>There are two options for accessing hearing evaluations through LBL.</p> <ol style="list-style-type: none"> 1. During annual hearing screenings, all Kindergarten, 1st and 3rd grade students are screened. A Request for Service is <u>not needed for in-school screenings</u>. 2. <u>Do complete a Request for Service</u> when a comprehensive screening/evaluation is needed to be conducted at the LBL audiology clinic. <ol style="list-style-type: none"> a. Go to the student's Documents page in TIENet/Power School. b. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go. c. Select Cascade Regional Services and click New. d. Provide as much detail as possible in the Reason for Referral e. Select whether the student is currently on an IEP/IFSP and under which category(ies) f. Under Area of Concern, check Audiology box and Evaluation. g. Check the appropriate box under Reason for Service Request at the bottom. h. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. i. An Event will be entered by Cascade Regional Program once the referral is received. |

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| Area for Referral | Team Considerations and Referral Guidance |
|---|---|
| Autism Spectrum Disorder (ASD) Consultation Services | <p><i>NOTE: Cascade Regional Program <u>does not</u> conduct evaluations for ASD eligibility. Initial and three-year evaluations for ASD are the responsibility of local school districts and not the Regional Program (per ODE contract).</i></p> <p><i>Contact LBL ESD's Special Education Evaluation Center (541-812-2721) for questions about evaluation.</i></p> <p>Once the student has been identified as eligible for ASD or moves in with an existing eligibility:</p> <ol style="list-style-type: none"> 1. Go to the student's Documents page in TIENet/Power School. 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go. 3. Select Cascade Regional Services and click New. 4. Provide as much detail as possible in the Reason for Referral. 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check Autism Spectrum Disorder and Consultation only. Cascade Regional does not conduct evaluations for ASD. 7. Check the appropriate box under Reason for Service Request at the bottom. 8. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 9. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

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|-----------------------------|--|
| Deafblind Impairment | <p>Student must have an identified medical vision impairment and/or an identified medical hearing impairment. The student only needs to qualify in one of these sensory areas to be found eligible for deafblindness special education services.</p> <ol style="list-style-type: none"> 1. Go to the student's Documents page in TIENet/Power School 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go 3. Select Cascade Regional Services and click New 4. Provide as much detail as possible in the Reason for Referral. 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check Deaf and Hard of Hearing Evaluation and/or Consultation AND Evaluation and/or Consultation next to the Vision box. 7. Check the appropriate box under Reason for Service Request at the bottom. <ol style="list-style-type: none"> a. Write in Deafblind consultation, Deafblind evaluation, or Deafblind consultation and evaluation in after Other. 8. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 9. An Event will be entered by Cascade Regional Program once the referral is received and a service provider or providers are assigned. |

| Area for Referral | Team Considerations and Referral Guidance |
|--|---|
| Hearing Impairment - Deaf/Hard of Hearing (DHH) | <p>Student must have medical documentation that identifies a hearing loss and/or eligibility for HI.</p> <ol style="list-style-type: none"> 1. Go to the student's Documents page in TIENet/Power School. 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go. 3. Select Cascade Regional Services and click New. 4. Provide as much detail as possible in the Reason for Referral. 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check Deaf and Hard of Hearing and either Evaluation or Consultation. 7. Check the appropriate box under Reason for Service Request at the bottom. 8. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 9. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

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|--|---|
| Mild to Moderate Motor Impairment | <p>Refer for mild to moderate motor impairment if the student demonstrates difficulty with fine/gross motor, self-care, sensory, or community integration in the educational environment but does not have a medical condition that may qualify them under Orthopedic Impairment eligibility.</p> <ol style="list-style-type: none"> 1. Go to the student’s Documents page in TIENet/Power School 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go 3. Select Cascade Regional Services and click New 4. Provide as much detail as possible in the Reason for Referral 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check Mild to Moderate Motor Impairment OT (for Occupational Therapist) and/or PT (Physical Therapist) and either Evaluation or Consultation. 7. Check the appropriate box under Reason for Service Request at the bottom. 8. For initial evaluations, complete and upload the Cascade Regional Fine/Gross Motor File Review (<i>will be a form in TIENet/PowerSchool in November 2019</i>) 9. If there is a handwriting concern, upload a handwriting sample. 10. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 11. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

| Area for Referral | Team Considerations and Referral Guidance |
|--|---|
| Severe Orthopedic Impairment (OI) | <p>Student must have a severe motor impairment to receive Regional services. This generally requires a medical diagnosis of Orthopedic Impairment (OI) or existence of a current OI eligibility.</p> <ol style="list-style-type: none"> 1. Go to the student’s Documents page in TIENet/Power School 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go 3. Select Cascade Regional Services and click New 4. Provide as much detail as possible in the Reason for Referral 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check Severe Orthopedic Impairment OT (for Occupational Therapist) and/or PT (Physical Therapist) and either Evaluation or Consultation. 7. Check the appropriate box under Reason for Service Request at the bottom. 8. For initial evaluations, complete and upload the Cascade Regional Fine/Gross Motor File Review (<i>will be a form in TIENet/PowerSchool in November 2019</i>) 9. If there is a handwriting concern, upload a handwriting sample. 10. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 11. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

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|---|---|
| Traumatic Brain Injury (TBI) Liaison | <p>Services are available for students with medical or historical documentation suggesting TBI.</p> <ol style="list-style-type: none"> 1. Go to the student’s Documents page in TIENet/Power School 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go 3. Select Cascade Regional Services and click New 4. Provide as much detail as possible in the Reason for Referral. If TBI eligibility is pending for a student, or the IEP team needs support/coordination in transitioning a student back to school, be sure to include this information. 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check the TBI Liaison and Consultation box. 7. Check the appropriate box under Reason for Service Request at the bottom. 8. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 9. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

| Area for Referral | Team Considerations and Referral Guidance |
|--|---|
| Vision (VI)/ Orientation & Mobility (O&M) | <p><i>NOTE: LBL does not conduct vision screenings. If a student is identified by an Ophthalmologist or Optometrist to have a vision impairment that is uncorrectable by medical treatment, therapy of lenses or receives an inconclusive medical result <u>and</u> the child demonstrates inadequate use of residual vision, a vision teacher may assist with interpreting the eye report for possible eligibility. Only refer a student for a vision assessment if the student has an identified vision loss.</i></p> <p>Student must have an identified medical vision impairment and/or eligibility for VI.</p> <ol style="list-style-type: none"> 1. Go to the student’s Documents page in TIENet/Power School 2. Select the drop down menu next to Create New Document and select LBL ESD Services Request and click Go 3. Select Cascade Regional Services and click New 4. Provide as much detail as possible in the Reason for Referral. 5. Select whether the student is currently on an IEP/IFSP and under which category(ies) 6. Under Area of Concern, check the Vision box and either Evaluation or Consultation. <ol style="list-style-type: none"> a. If requesting O & M services, write this in next to Other 7. Check the appropriate box under Reason for Service Request at the bottom. 8. Submit the form to your District Administrator for processing and transmission to Cascade Regional Program. 9. An Event will be entered by Cascade Regional Program once the referral is received and a service provider is assigned. |

CASCADE REGIONAL FINE/GROSS MOTOR REFERRAL FILE REVIEW

Student: _____ School: _____

DOB/Age: _____ Grade/Classroom: _____

Referring Specialist: _____ Phone: _____

A.

| Concern | Yes | No |
|---------------------|-----|----|
| Gross Motor | | |
| Fine Motor | | |
| Sensory | | |
| Feeding | | |
| Vision Integration | | |
| Personal Management | | |
| Other | | |

B.

| Environment | Yes | No |
|------------------------|-----|----|
| Classroom | | |
| Cafeteria | | |
| Playground/Gymnasium | | |
| Art room/Music room | | |
| Bathroom/Locker room | | |
| School-based Workplace | | |

C.

| Medical Information | |
|--|--|
| Condition/Diagnosis <i>and</i> ICD-10 Code (if known) | |
| Private PT/OT name and contact information | |
| Physician/Specialist name and contact information | |
| Medical Reports (provide agency name/date) | |
| Is there a signed release to speak to doctor(s) or private service provider(s)? (provide ROI date) | |

D.

| School Information | |
|---|--|
| Current area(s) of eligibility | |
| Present/past support service information (i.e., previous OT services, responses to OT services) | |
| Academic and related service received | |
| Current equipment (include type, length of time, proficiency) | |

| | |
|---|--|
| Assistive technology (include type, length of time, proficiency) | |
| Past/present school information (number of schools attended, attendance history, behavior records, behavior interventions/plan, etc.) | |
| Present Level of Participation: Functional comparison of student's participation to other students in the same setting | |

E. Gross Motor

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Seems weaker than others. Tires easily. Can't keep up with peers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Seems rigid and tight. Movement is awkward. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Unusual walking pattern (drags feet, falls, tiptoes, toes in or toes out). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Clumsy. Bumps into things. Falls out of chair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Falls when walking or running. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Avoids playground activities. Prefers sedentary play. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Difficulty running, jumping, hopping, skipping. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Slumps at desk. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Child looks significantly different on one side than on other during functional mobility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has difficulty walking on uneven surfaces, curbs, stairs, or ramps. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has postural deviations or deformities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Complains of pain during physical activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Child uses adaptive mobility equipment (braces, wheelchair, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child's performance at school?

What strategies have already been attempted?

IF THIS IS A PHYSICAL THERAPY CONCERN ONLY, STOP HERE.

F. Occupations

Occupational Therapy is a profession focused on helping individuals of all ages learn (or re-learn) to participate in activities that "occupy" their time during the day taking into consideration physical, cognitive, or social limitations. The following are classroom occupations and they are important for a student to master. Check yes to any area you feel is a concern.

| Classroom Occupations | Yes | No |
|--|-----|----|
| Personal Care - feeding, toileting, dressing, hygiene | | |
| Student Role - managing personal belongings, personal organization task-related mobility, following school routines, safety awareness, respecting the space/time/materials of others, staying focused, requesting help, advocating for self, making needs known, social awareness, building/maintaining relationships | | |
| Learning Skills - following demonstrations, copying models, carrying out verbal directions, attending to instruction using classroom tools, managing materials, exploring new play ideas/opportunities | | |
| Play - turn taking, imaginative play, sharing materials, exploring new play ideas/opportunities | | |
| Community Integration - fieldtrips, school-related vocational training | | |
| Graphic Communication - handwriting, keyboarding, drawing, coloring, art | | |

G. Fine Motor

| | Seldom | Sometimes | Often |
|--|--------------------------|--------------------------|--------------------------|
| 1. Difficulty manipulating small objects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Immature grasp on tools (i.e., fist). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Eyes do not guide hands. Eyes seem to wander. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty copying from blackboard, book, or paper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Difficulty drawing, coloring, cutting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Poor desk posture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Avoids fine motor activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Child has difficulty using both hands together. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Difficulty completing fine motor activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child's performance at school?

What strategies have already been attempted?

H. Sensory Functioning

| | Seldom | Sometimes | Often |
|---|--------------------------|--------------------------|--------------------------|
| 1. Excessive mouthing or smelling of objects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Craves touch. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Oversensitivity to touch, sounds, sights, or smells. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pushes, shoves or kicks when standing in line. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Touches "everything" seen, "learns by doing". | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Dislikes being touched. Prefers to initiate touch. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7. Fearful of movement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Craves movement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Self-regulation difficulties. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Easily distracted by auditory, visual, or internal stimuli. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Excessive climbing or jumping from objects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Crave deep pressure (seeks hugs, wrestling, crashing). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child’s performance at school?

What strategies have already been attempted?

- | I. Visual Perception | Seldom | Sometimes | Often |
|--|--------------------------|--------------------------|--------------------------|
| 1. Unusual eye movements. Difficulty tracking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has difficulty screening out irrelevant stimuli. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The child wears glasses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty with eye-hand accuracy (misses target, incorrect placing). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Brings items unusually close to face. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Able to copy from the board. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child’s performance at school?

What strategies have already been attempted?

- | J. Personal Management | Seldom | Sometimes | Often |
|--|--------------------------|--------------------------|--------------------------|
| Student demonstrates difficulty with: | | | |
| Cafeteria routine (spilling or dropping, using utensils). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opening containers/food packages. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems related to eating/drinking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overly sensitive to tastes/texture of food – refuses or gags. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drools excessively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent coughing during/after eating/drinking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom routine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handwashing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty with clothes (buttons, zippers, snaps, shoe tying). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking clothes off/putting them on. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent respiratory infections/ear aches/colds/reflux. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child's performance at school?

What strategies have already been attempted?

| K. Other | Seldom | Sometimes | Often |
|--|--------------------------|--------------------------|--------------------------|
| 1. Will engage in non-preferred tasks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Follows demonstrated instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Follows verbal instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Follows illustrated instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Follows written instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Demonstrates motivation for meeting expectations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Cooperative classroom/play skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Address: How do the above checked issues interfere with the child's performance at school?

What strategies have already been attempted?

L. Please address any other relevant concerns:

Where to list services on the IEP:

