

OVERVIEW

This booklet contains a sample of a single referral form which can be used for referrals to special education and alternative education programs operated by the Student Services and Career, Technical & Customized Educational Services Division of the Chester County Intermediate Unit. Your District Directors of Special Education, Student Services or Pupil Services can provide you information about the referral process to IU programs.

This booklet contains a description of each of the classes and programs as well as an overview of the main consultative services offered by the CSPD staff for 2003-04. For the classes and programs, there is also a question and answer format to address the inquiries most frequently asked of these classes and programs.

Please contact Lauren LaFountain at 484-237-5057 if you have any questions or suggestions for this booklet.

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CHESTER COUNTY INTERMEDIATE UNIT

STUDENT SERVICES / CASE / STEPS

CLASS / PROGRAM REFERRAL FORM

Name of Student: _____ Date of Referral: _____

School District: _____ School: _____

Teacher: _____ Grade: _____ D.O.B. _____

Parent/Guardian: _____ Parent Phone Number: _____

Address: _____

REFERRING DISTRICT INFORMATION

Individual Authorizing Referral: _____ Title: _____

Contact Person (if different than authorized person):

Name _____ Title: _____

Phone Number of Contact Person: _____ E-Mail Address of Contact Person: _____

For IU use:

PROGRAM/CLASS REFERRAL

Discussion with Other Internal Referral Sources

(If Appropriate): ____ Yes ____ N/A

Who: _____ Date: _____

Who Designated to Contact District Person: _____

Status of Referral: ____ Accepted ____ Not Accepted

If Accepted, Tentative Beginning Date: _____

Date of Response to District Contact Person: _____

If not within 10 days, cite reason why _____

Date Transportation Arrangements Finalized: _____

Date Medical Records Requested: _____

PROGRAM/CLASS REFERRAL

PLEASE CHECK APPROPRIATE PROGRAMS		IU CONTACT
Child and Career Development Center Specify Type of Class:		Sue Mateka 610-383-7400, Suem@cciu.org
Center for Alternative Secondary Education Specify whether Regular or Special Ed Student:		Lisa Tzanakis 610-486-2273, Lisat@cciu.org
STEPS Specify whether Regular or Special Ed Student:		Lisa Tzanakis 610-486-2273, Lisat@cciu.org
Cross District Emotional Support Class		Cris Chambers 484-237-5064, Crisc@cciu.org
Cross District Life Skills Support Class		Lorrie Steele 484-237-5029, Lorries@cciu.org
Cross District Autism Support Class		Lorrie Steele 484-237-5029, Lorries@cciu.org
IU Partial Hospitalization Program Specify whether CARE or REACH:		Sue Lombardi 610-380-2258, Suel@cciu.org
Cross District Hearing Class		Vince McVeigh 484-237-5013, Vincem@cciu.org
Speech and Language Services		Sharon McManus 484-237-5045, Sharonm@cciu.org
Home and Community Services (Wraparound)		Cathy Scanlon 484-237-5192, Catherines@cciu.org
CAT Brandywine - Learning Support Class Please note: Regular CAT Referral Packet must still be made		Cris Chambers 484-237-5064, Crisc@cciu.org
CAT Pickering – Specify: LS, LSS, or ES Please note: Regular CAT Referral Packet must still be made		Cris Chambers 484-237-5064, Crisc@cciu.org
CHOICES		Cris Chambers 484-237-5064, Crisc@cciu.org
Psychological Services/Evaluation		Ron Farkas 484-237-5043, Ronf@cciu.org

Reason for Referral/Areas of Concern:

REQUIRED INFORMATION ATTACHED FOR PROGRAM / CLASS REFERRAL

IEP: _____ Yes (Date Implemented: _____) _____ No _____ N/A

504 Services Agreement Plan: _____ Yes (Date Implemented: _____) _____ No _____ N/A

NOREP: _____ Yes (Date Signed: _____) _____ No _____ N/A

Evaluation Report: _____ Yes (Date of Report: _____) _____ No _____ N/A

FOR SECONDARY STUDENTS: Transcripts Attached: ___ Yes ___ No; Attendance Record Attached: ___ Yes ___ No

FOR CASE/STEPS: Days of Suspension this year _____ Any Eval Needed: _____ Yes, Specify: _____
 _____ No

Length of Stay: _____ Regular (45 day minimum)
 _____ Diagnostic (Up to 45 days)
 _____ Expulsion (Length of Expulsion: _____)
 _____ Transitional (Alternative placement to Home District)
 _____ Other: _____

Can student return mid-marking period if level achieved? _____ Yes _____ No

CHESTER COUNTY INTERMEDIATE UNIT

2003-2004 STAFF

<u>CSPD AREA</u>	<u>STAFF</u>
Autism/Pervasive Developmental Disorder (PDD)	Jackie Bryant Mariette Burger Barb Crary Sally Lipkowitz Janet Norford Cindy Schneider
Behavior Support	Patti Bogart Sharon Shoemaker Miki Tashiro
Transition	Linda Andrulis Cindy Bortner
Early Intervention	Joan Eagles
Assistive Technology	Elizabeth Beam David Cattell
Occupational Therapy / Physical Therapy	Trish Byron Dee Corcoran Mary Dugan Eileen Frankil Pam McEntee
Reading	Cathy Bailey
FAPE in LRE	Patty Geischen Pam Schoessler
Parent Mentor	Maryann Amici