

- ESTABLISHED 1974 -

GLENWOOD

A Continuum of Care

Dear Colleague,

Thank you for your interest in receiving services from Glenwood's Consultation and Training team. Our team provides diagnostic assessments for individuals who may have Autism or Autism Spectrum Disorder as well as other assessments for Diagnostic Evaluations for Special Education Eligibility.

Glenwood offers diagnostic assessments for children and adolescents by a licensed psychologist that are completed at the child's school. Assessments include testing, interviews with family, child, and teacher, as well as direct observation and testing beyond that completed by the IEP team if necessary. These assessments can be completed on a child with any emotional or behavioral concern and at the conclusion of the process, the school will be provided with diagnostic information and individualized recommendations about management of behavior in the school setting.

If you are requesting a diagnostic evaluation or specific behavioral intervention, we ask that you plan for us to see **one child per visit**. Because of the breadth and intensity of completing an effective diagnostic evaluation, it is not best practice to evaluate more than one child per visit.

We ask that you complete all of the necessary information (listed below) prior to sending in the packet of information. You are welcome to keep a clean copy of this referral packet for future use. Should you have questions about completion of the packet, please contact our Administrative Assistant, _____, _____ for clarification and/or questions.

TO SCHEDULE YOUR APPOINTMENT, WE WILL NEED THE FOLLOWING INFORMATION:

- Consult Information Form
- Signed consent from parent for Glenwood Evaluation
- History and Current Placement Form
- Current IEP (if relevant)
- Current IQ evaluation (If relevant)
- Speech language evaluation with Expressive Language Equivalent
- Evaluation by other agencies/doctors
- School Questionnaire
- Directions to your school

Send the completed packet to:
Glenwood, Inc.
Community Education Programs

Attention: Alexis Lawrence/Laura Stoppelbein

150 Glenwood Lane
Birmingham, Alabama 35242
Phone (205) 939-1088

Fax (205) 212-6688

E-Mail: lstoppelbein@glenwood.org

E-Mail: alawrence@glenwood.org

You may send the completed referral packet via mail, email, or by fax. Thank you for your interest in Glenwood's services.

Sincerely,

Community Education Programs

(This Form Must Be Included)

Demographic Information

Student: _____ DOB: _____

Grade: _____ Gender: ___M___F Ethnicity: _____

Student resides with (e.g., mother, father, grandparents, etc.) _____

Name of Individual (s) Child resides: _____

Home Address: _____

City/State/Zip: _____

Resident County: _____

Home Phone Number: _____

Work Phone Number: _____

Cell phone Number: _____

SCHOOL INFORMATION:

*****Referral packet will not be considered complete without the following information*****

Name of School Child Attends: _____

Name of School System: _____

Name of County: _____

School Phone Number: _____

School Street Address: _____

School Physical Mailing Address (If different from above)—Please **DO NOT give PO Box** as address.

Referral requested by: _____ School Personnel at the request of the parent/guardian

_____ School Personnel/Position _____

_____ Other _____

Name of school personnel making referral: _____

Main Contact Person and Position (if different from person making referral): _____

Main Contact Person Phone Number (Please provide two viable contact numbers. For example, if you are with the BOE, do not give the school number as a viable number if you do not have an office at the school)

Contact # _____

Contact # _____

E-mail Address of main Contact Person: _____

****Will the main contact person be available at the school on the day of the consult ____ YES ____ NO**

****If No, who will be the contact person at the school on the day of the consult? Also add contact number and email address for this person: _____**

LOGISTICS: **Please complete the following information****

1. Is this an initial referral? ____ NO ____ YES: If yes, what is the start date of the timeline _____ days.

2. Is this referral part of any of the following?

_____ Mediation Agreement

_____ Due Process

_____ ADAP

_____ DHR/other State or government agency

_____ Second Opinion

_____ Other:

Name and Address where Confirmation Letter needs to be sent: (This can be faxed, scanned, emailed, or regular mail:

REPORT: *Please provide the following information*****

Name and Address where written report is to be mailed: ****Parents MUST obtain report from the school.**

*****Name and Address of LEA/Special Education Coordinator**

******MUST have this information to schedule evaluation******

Current Placement and Educational Services (rev. 08/14) - Please complete in full

Has this child ever been seen by Glenwood staff? Yes _____ No _____

Has this child received any other Glenwood services (past or present)?

- _____ Family Support (e.g., in home services)
- _____ Respite
- _____ Waiting list for Residential or Allan Cott School
- _____ Autism Clinic
- _____ Consultation and Training: _____ Diagnostic Assessment _____ Classroom Suggestions _____ Super
- _____ Other: _____

Type of Classroom child is presently served in (i.e., self contained, regular, resource, MR, ED, Autism, MH, etc.): _____

Student's Teacher Information:

- Teacher(s): Name: _____ Position: _____
- Teacher(s): Name: _____ Position: _____
- Teacher(s): Name: _____ Position: _____
- Teacher(s): Name: _____ Position: _____

Primary exceptionality/diagnosis: _____

Under what special education exceptionality is child served? _____

Who Diagnosed: _____ When: _____

Are copies of the diagnostic report attached with this packet? _____ Yes _____ No

What services is the child receiving related to his or her exceptionality? Please check all that apply:

- _____ Speech-Language Therapy
- _____ OT
- _____ Resource
- _____ Adaptive PE
- _____ Counseling
- _____ Physical Therapy
- _____ Social Work
- _____ School Nurse Services
- _____ Psychological Services

Other: _____

Previous Diagnoses (please check all that apply):

- Developmental Delay
- Autism
- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)
- Asperger’s Disorder
- Receptive or Expressive Language Disorder
- Intellectual Disability
- Learning Disorder
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Seizure disorders
- Bi-polar Disorder
- Schizophrenia
- Other: _____

Please provide information regarding other evaluations. *Please attach copies of these evaluations or arrange to have copies mailed to us.*

- | | | |
|--|------------|-------------|
| <input type="checkbox"/> School evaluation | Who? _____ | Date: _____ |
| <input type="checkbox"/> Speech/Hearing | Who? _____ | Date: _____ |
| <input type="checkbox"/> Neurological | Who? _____ | Date: _____ |
| <input type="checkbox"/> Psychiatric | Who? _____ | Date: _____ |
| <input type="checkbox"/> Psychologist | Who? _____ | Date: _____ |
| <input type="checkbox"/> Occupational Therapist | Who? _____ | Date: _____ |
| <input type="checkbox"/> Physical Therapist | Who? _____ | Date: _____ |
| <input type="checkbox"/> Developmental | Who? _____ | Date: _____ |
| <input type="checkbox"/> Genetic | Who? _____ | Date: _____ |
| <input type="checkbox"/> Other | Who? _____ | Date: _____ |

Service Requested

Our primary area of service is to individuals with Autism Spectrum Disorders such as Asperger's and PDD-NOS. However, we have available staff to consult on other diagnostic and behavioral related to other special education categories such as Emotional Disturbance. Please check what kind of help/assistance is needed?

(Check only one)

_____ Diagnostic Evaluation* for an Autism Spectrum Disorder

(One child only & Parent/Guardian/Primary Caregiver MUST be present) If the primary caregiver is NOT able to be in attendance, please reschedule for when the primary caregiver(s) can attend.

*Once the child is diagnosed, a diagnostic evaluation is not required for subsequent three-year re-evaluations.

_____ SUPERS - Other Diagnostic Evaluations for Special Education Eligibility.

Glenwood offers diagnostic assessments for individuals and adolescents by a licensed psychologist that are completed at the child's school. Assessments include testing, interviews with family, child, and teacher, as well as direct observation and testing beyond that completed by the IEP team if necessary. These assessments can be completed on a child with any emotional or behavioral concern and at the conclusion of the process, the school will be provided with diagnostic information and individualized recommendations about management of behavior in the school setting.

This service will be determined on a case-by-case basis. Attach other information if needed

****We realize that you may need more than one type of support but please only check one at this time. We can schedule a follow-up visit for other concerns subsequent to our first visit.**

School Questionnaire rev. 08/14

We ask that the Student's **Primary Teacher complete this School Questionnaire**. If appropriate, additional teachers observing similar behavioral concerns are welcome to complete additional copies of the School Questionnaire.

Child: _____

Name/Title* of person completing form: _____

School: _____

Type of Class** (exceptionality or regular): _____

Date Form Completed: _____

**We need the name/role of the person who completes this form. ** Preschool, Kindergarten, Resource, LD, MR, Regular, etc.*

Primary Presenting Concerns: (Be Specific)—List in order of importance

- 1.
- 2.
- 3.

Please Describe Behavioral Issues/Concerns in Detail.

If the child is a behavior management problem, what behavioral methods/strategies have you tried, and were they successful?

1. _____
2. _____
3. _____

What items or events have been used as reinforcers and which are motivating to the child?

1. _____
2. _____
3. _____

What three main learning or behavioral goals are you working on with this child in class?

1. _____
2. _____
3. _____

Please describe your program briefly - number of individuals, types of problems they have, schedule of activities, availability of support services.

What is the frequency of contacts you have with the parents?

Parent Questionnaire 2

What pleases you most about your child?

How can we be most helpful to you?

Glenwood, Inc.
The Autism and Behavioral Health Center
150 Glenwood Lane
Birmingham, Alabama 35242-5700

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Campus Based Services

(205) 969-2880 FAX (205) 795-3359

Educational Services Division

(205) 212-6726 FAX (205) 212-6739

By signing this authorization, I, _____ authorize Glenwood, Inc. to obtain / disclose my individually identifiable health information to / from:

Disclose my health information to (Receiver):

Obtain my health information from (Provider):

Name of Company or Person

Name of Company or Person

Street Address

Street Address

City State Zip

City State Zip

Health information that may be used or disclosed through this authorization is as follows:

Check specific description of requested health information

____ Assessments
____ Individual Support Plan
____ Treatment Notes
____ Treatment Summaries
____ Health Service Referrals
____ Medical Assessments
____ Psychological Evaluations:
____ Other: _____

____ Medication Sheets
____ Release/Consent forms
____ Program Specific Information
____ Discharge Summary
____ Laboratory Reports
____ Other: _____

____ Entire record – all health information about me created by the Provider

REMINDER CHECKLIST

*****PLEASE NOTE THAT ALL THE REQUESTED INFORMATION MUST BE RECEIVED BEFORE A CONSULTATION APPOINTMENT CAN BE SCHEDULED.**

- ___ 1ST AND 2ND page of the Consult Information Form
- ___ Directions to school (Consultant will be using GPS)
- ___ Release and Consent for Information Form
- ___ Name, Mailing Address, and Email Address to send confirmation letter
- ___ Name, Mailing Address, and Email Address to send report
- ___ School Questionnaire
- ___ Current IEP (If applicable)
- ___ Current IQ evaluation
- ___ Signed consent from parent for Glenwood Evaluation