


Updated 4/4/16

Referral Process

The River Bend Education District W.O.R.K. Program provides academic, social, and transitional skills education and assessment in a small group environment. Our purpose is to work with students that are in need of learning life and work skills. The program is designed to help students gain skills to effectively function in work environment, and society, or to learn their skills and interests for a career. These students will receive an academic education that is designed to help them prepare for life after graduation, as well as an opportunity to learn how to be successful in employment. The IEP will need to be formulated to address the needs of each student.

Referrals will be accepted from school administration in conjunction with parents and IEP teams. The school will need to complete the one page referral and the health information forms. The students must meet certain criteria in order to be considered for the W.O.R.K. Program. The students that are considered will be on an IEP under LD, EBD, OHD, or ASD, but other disability categories may be considered. Students in the program will need to meet behavioral expectations in order to be accepted and to be allowed to remain in the program.

The W.O.R.K Program has two ways students can be enrolled. The first is part-time, which is to use the PAES lab. This is a comprehensive assessment program that is 90 minutes per day for one semester. This allows students to learn their interests and skills in order to plan for their transition needs. After one semester the IEP teams will have valuable information, from the data collected in the PAES lab, to help address transition needs of each student. The second way is to be a full-time student, where students would spend their entire day in W.O.R.K. Program, where students would use the PAES lab, but also work on daily living skills, job skills, and have work experiences.

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|  | <p align="center">River Bend W.O.R.K Program 1315 South Broadway New Ulm, MN 56073 ph(507) 359-8760 fax (507) 359-1380</p> |
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**REFERRAL FORM
 for CONSIDERATION of
 RIVER BEND W.O.R.K. PROGRAM SERVICES**

Date: _____

Student's Name: _____

Grade: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

School District & Bldg: _____ County: _____

Referral Contact Person : _____ Phone: _____

W.O.R.K Program desire: (Check one)

Part-time PAES Assessment Only: _____

Full-Time Student: _____

Identify the areas of transition that the student has:



River Bend W.O.R.K Program

1315 South Broadway
New Ulm, MN 56073
ph(507) 359-8760
fax (507) 359-1380

Health Information

Student: _____

DOB: _____

Address: _____

Grade: _____

Sex: _____

Home Phone: _____

Mother's Name: _____

Mother's Work Number: _____

Mother's Address: _____

Mother's Cell Phone: _____

Father's Name: _____

Father's Work Phone: _____

Father's Address: _____

Father's Cell Phone: _____

Parent Authorized Designee to p/u student if parents are unavailable:

Names: _____

Phone Numbers: _____

Present Health Status of Student

___ Good – No adaptations needed

___ Has a chronic illness or disability

Name of chronic illness or disability: _____

Medication or Treatment: _____

___ Has allergies

Treatment: _____

Physician's Name: _____ Phone # _____

Address: _____

Parent/Guardian Signature: _____ Date: _____