



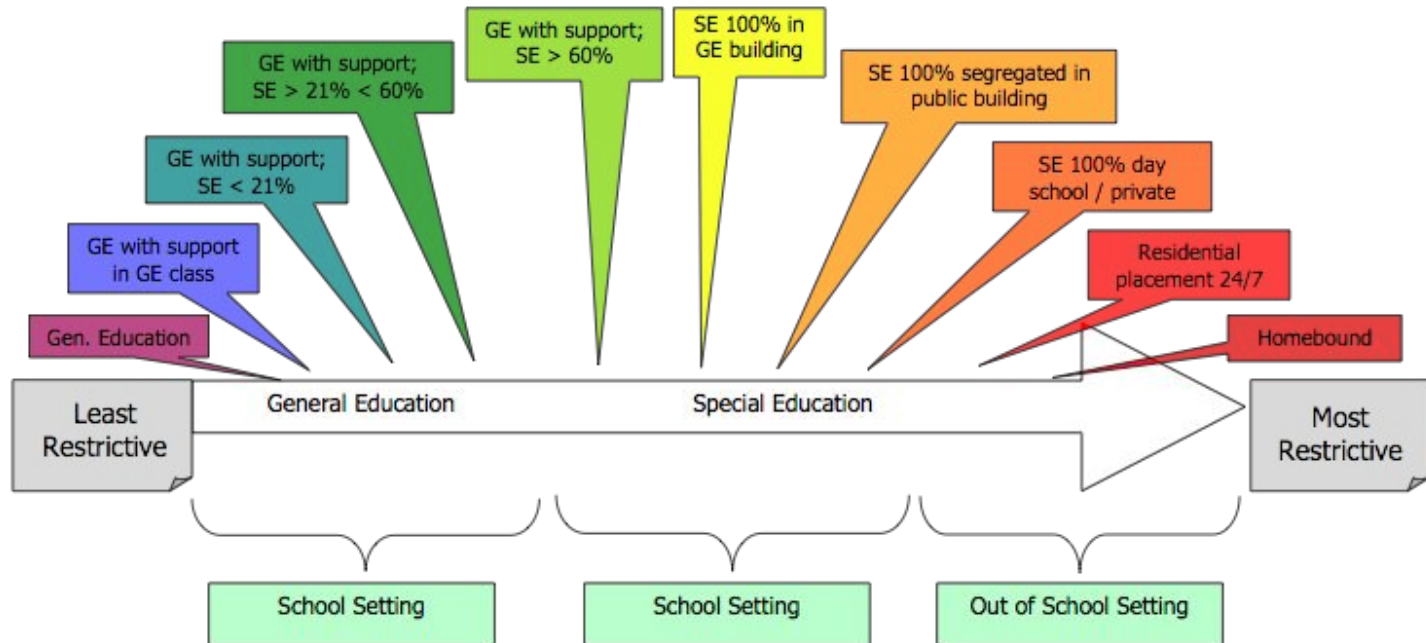
C.O.O.R.

EDUCATIONAL CENTER

Crawford • Oscoda • Ogemaw • Roscommon

Continuum of Services and Placement Considerations

CONTINUUM OF SERVICE



Steps to Review with Local District:

1. The Local District Designee will make contact with Principal of the COOR Education Center and discuss current Individual Education Plan (IEP)
2. Current eligibility;
 - a. Cognitive Impairment (CI) MARSE R. 340.1705
 - b. Autism Spectrum Disorder (ASD) MARSE R. 340. 1715
3. Course of study: Certificate or Diploma?
4. Accommodations/Supports; Section 5 (when determined by the Individual Education Plan Team)
 - a. Functional Behavior Assessment (FBA) & Behavior Intervention Plan (BIP)
 - b. Regularly scheduled behavior team meetings
 - c. Behavior Support 1:1
5. Current programs and services; Section 7 of current IEP
6. Appropriate teacher from COOR Educational Center (CEC) or Adult Transition Center (ATC) conducts observation in student's current placement
7. Referring school completes the following Multi-Tiered Systems of Support Intervention referral form and gather supporting evidence prior to observation. All documents sent to CEC office.
8. Invite COOR Educational Center staff to next team meeting (IEP or behavior team meeting)

#1 Action Step for Placement

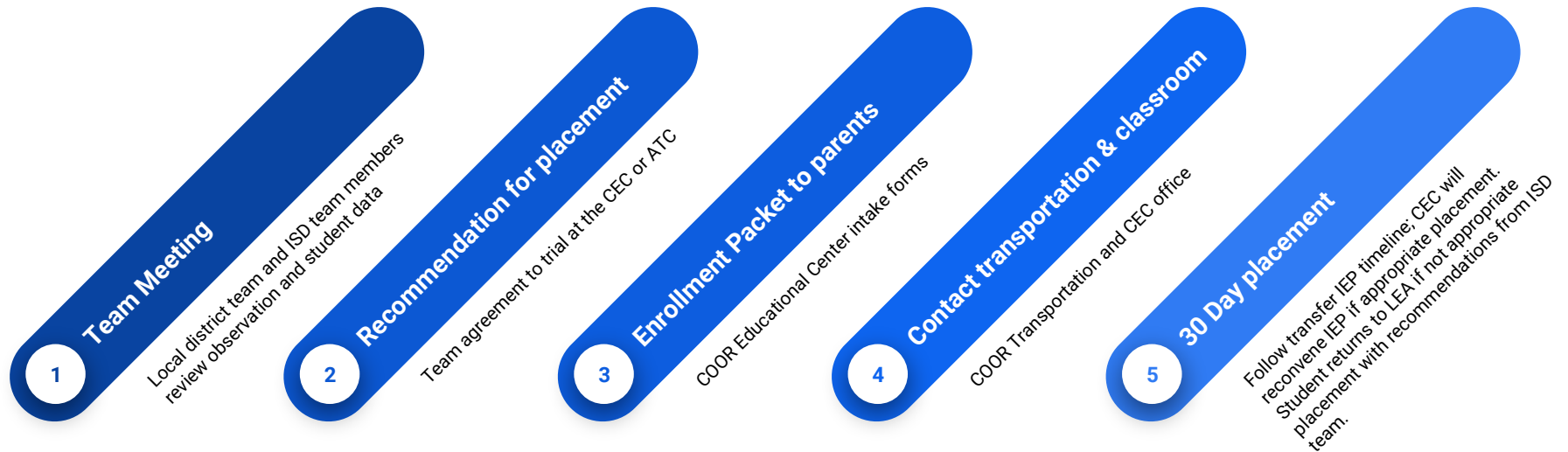


**1. Initial Inquiry-data
collection**

2. Classroom Observation

3. Parent Visit

#2 Action Step for CEC Placement



Team Review for Release Back to LEA

Considerations for Placement Referral Form

[click here for link to actual form.](#)

C.O.O.R. Intermediate School District
11951 North Cut Road
P.O. Box 827
Roscommon, Michigan 48653-0827

Phone: (989) 275-9555
Fax : (989) 275-5881

Considerations for Placement Referral Form

Student's Name _____

Date of Birth _____ Gender: M F

Parent Name(s): _____

Student's School and Address: _____

School Contact (name and phone number) _____

Mental Health Involvement (if yes, please provide name and contact number): Yes No
Name: _____ Phone: _____

DHHS Involvement (if yes, please provide name and contact number): Yes No
Name: _____ Phone: _____

Reason for Referral (please be as specific as possible):

Student Strengths and Areas of Achievement (list as many as possible):

Modifications/Adaptations Previously Implemented to Assist Student:

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Social Work/Therapeutic Interventions Implemented to Assist Student:

* Please include the following information (if available):

- Student's daily Schedule Yes Unavailable
- Behavior Data collection Yes Unavailable
- Previous screeners and treatment plans Yes Unavailable
- Most recent psychological evaluation Yes Unavailable
- Most recent IEP Yes Unavailable
- Functional Behavioral Assessment Yes Unavailable
- Behavior Support Plan Yes Unavailable
- Other assessments (Early-On, PT, OT, Speech/Language) Yes Unavailable

Additional information

Signatures (required for referral)

LEA district designee _____ COOR ISD district designee _____

Date _____ Date _____