SY 2019-2020

Dear District Special Education Administrator,

Thank you for considering SOAR as an option for your student who has diagnostic/assessment or interim placement needs. SOAR has developed the following referral, intake and follow up process to ensure that we begin programming with as much information and direction as possible to foster a timely and thorough response to your need for diagnostic or consultative information and recommendations.

**Referral Process:**

1. Complete **SOAR REFERRAL QUESTIONNAIRE** (pg. 2-3) and **SOAR REFERRAL CHECKLIST** (pg. 4)

2. Submit relevant documentation including but not limited to the following:
   - ☐ IEP or 504 Plan
   - ☐ Neuropsychological and/or Psychological Reports
   - ☐ Occupational and/or Physical Therapy Reports
   - ☐ Speech/Language Report
   - ☐ Current MCAS Scores
   - ☐ Educational Reports
   - ☐ Psychiatric Reports
   - ☐ Consultative Reports
   - ☐ Discharge Summary
   - ☐ Other__________________

3. Submit via email, fax, or mail the **SOAR REFERRAL QUESTIONNAIRE** and **SOAR REFERRAL CHECKLIST** along with all relevant documentation (listed above) to:
   Brenda Goodreau, Assistant Principal, at bgoodreau@avcollaborative.org
   57 Orchard Street Marlboro, MA 01752, 508-481-3611 ext. *7015.

4. Upon receiving the completed referral packet SOAR staff will review the documents and contact you with follow up questions.

5. SOAR staff will schedule an intake meeting/tour with the student/parent(s)/guardian(s) if SOAR is deemed an appropriate placement. (Please note that if a secure or restraint-based setting is needed, SOAR is not an appropriate assessment or interim placement.)

6. SOAR staff will contact the district to secure signed consent/placement page, immunization records, and transportation.

7. A start date will be determined when necessary documents and information are received.

Sincerely,

Shannon VanderSwaagh, M.Ed SPED
Principal of Therapeutic Programming
W: (508) 481-3611 ext *7014
C: (774) 285-3768
SOAR Referral Questionnaire

DATE OF REFERRAL: __________________________ SCHOOL DISTRICT: ________________________________

STUDENT NAME: ____________________________ AGE: __________ GRADE: _________________

SASID #: ________________________________ D.O.B.: __________________

PARENT NAME AND CONTACT INFORMATION (Phone, email): _______________________________________

REFERRAL INFORMATION

Person making the referral: ________________________________________________________________

Title: ____________________________________________________________

Contact Information (email & phone #): ___________________________________________________

Reason for referral:
## SOAR REFERRAL CHECKLIST 2019/2020

<table>
<thead>
<tr>
<th>Accept and AVC member Districts</th>
<th>Non-Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member rate (High School): $14,712</strong>&lt;br&gt;Member rate (Middle School): $15,712</td>
<td><strong>Non-Member Rate (High School): $16,772</strong>&lt;br&gt;Non-Member Rate (Middle School): $17,912</td>
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### Assessment Packages:

**A. Standard SOAR Services**<br>(All services below included in placement)

- ☑ Academic Services (tutoring, small group, electives, specials)
- ☑ Clinical services – individual, group, and/or dyad approaches
- ☑ Comprehensive Case/File Review
- ☑ Clinical Interview/ Observational Report
- ☑ Academic Behavioral & Observational Report

**B. Select SOAR Services**

Two (2) services included in placement. Please check those requested.

- ☑ Social Emotional Assessment
- ☑ FBA & BSP- Functional Behavioral Assessment & Behavior Support Plan
- ☑ Vocational Assessment (approx. 7 hours)
- ☑ Speech/Language Evaluation (approx. 7 hours)
- ☑ OT Evaluation (approx. 7 hours)
- ☑ PT Evaluation (approx. 7 hours)

**C. Supplemental SOAR Services**

- ☑ Comprehensive Risk Assessment ($1,320)
  - ☐ Fire Setting
  - ☐ Violence
  - ☐ Sexual Offending
  - ☐ Cognitive Evaluation ($440)
  - ☐ Achievement/Academic - Full Battery ($820)
  - ☐ Minnesota Multiphasic Personality Inventory- MMPI A ($880)
  - ☐ Psychiatric Consult- AVC ($273.50 per hour)

Total estimate for placement 45 days X $326.93 = $14,712 (member Rate HS)

Total estimate for placement 45 days X $349.16 = $15,712 (member Rate MS)

Total estimate for placement 45 days X $372.71 = $16,772 (non-member Rate HS)

Total estimate for placement 45 days X $398.04 = $19,912 (non-member Rate MS)

Total estimated additional cost:

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Student Name: ____________________________________________

District Name: ____________________________________________

Total Estimated Cost: ________________________ Purchase Order #: ________________________

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Special Education Administrator Signature ____________________________ Date ____________