

PATHWAYS EDUCATIONAL PROGRAM

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Serving students with severe emotional disorders and autism in eight school districts within six counties

Referral Information Sheet

Pathways is a therapeutic environment serving students with severe emotional behavior disorders and autism.

The following items should accompany the referral for services form for any student being referred to Pathways Educational Program:

Psychological (current within 3 years)
Eligibility for EBD
Current IEP
Consent for re-eval (current within 1 year)
Vision and Hearing (current within 1 year)
Basic Literacy Test results
SST info (if possible)

If you have any questions regarding the referral packet please call the school at 890-6193. We will be happy to assist you with any questions or concerns at any time in the referral process.

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“Changing pathways for a brighter future...”



Pathways Educational Program

Program Referral for Services

I. Demographic Information:

Referral Date: _____

Child's Name: _____

GTID # _____ Inf. Campus # _____

Birth Date: _____ Soc. Sec. # _____

Sex: _____ Race: _____

School System: _____

Regular School: _____

Teacher(s): _____

Grade: _____ Grades Repeated: _____

Is child on a Georgia Alternate Assessment (GAA)

____ Yes ____ No

CRCT Math Score: _____ Reading Score: _____

ELA Score: _____

Administration Date : _____

Copy of CRCT Individual Student Report Attached

Current Special Education Eligibilities:

(EBD, Learning Disabilities, OT, Speech, PT, etc.)

Date of Recent Psychological: _____

VI Screening Date: _____ Results: _____

HI Screening Date: _____ Results: _____

Medication/Dosage: _____

Other Agencies Involved: (i.e. DFCS, DJJ, Mental Health)

Parent(s)/Guardian(s): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Home: _____ Work: _____

Cell: _____ Email: _____

Alternate Contact Person & Relationship to Child:

_____ (_____) (_____) (Relationship to child)

Home: _____ Work: _____

Cell: _____ Email: _____

Name of Person with whom child resides:

_____ (_____) (i.e. Grandparent, Aunt, etc.)

Address: _____

City: _____ ST: _____ Zip: _____

Phone: Home: _____ Work: _____

PATHWAYS USE ONLY

Complete referral

Rec'd & Initiated: _____

Coordinator Initials: _____

Pathways ID #: _____

Person Referring

Principal (Signature)

Parent/Legal Guardian (Signature)

Special Education Director (Signature)

II. Documentation of Interventions:

Indicate alternative approaches that have been attempted but have failed to change behavior (i.e. class changes, classroom modifications, individual contracts, token economy system, behavior management plans, Discipline Meetings, Parent Conferences, etc.). Please attach all IEP Minutes and copies of each behavior management plan attempted.

_____ Functional Behavior Analysis (FBA)	_____ Token Economy System	
_____ Contracting	_____ Parent Conferences	_____ Reconvening IEP Committee
_____ In-School Suspension(s)	_____ Out-of-School Suspension(s)	
_____ Class Schedule Changes	_____ Behavior Management Plan Modifications	
_____ Classroom Modifications	_____ Referral to System Social Worker	
_____ Referral to Behavior Specialist	_____ Referral to School Guidance Counselor	
_____ BASC2	_____ Other Assessments: _____ _____	
_____ Other Interventions not listed:	_____	

III. Description of Problem Behaviors:

Describe problem behaviors impeding on this student's success in a regular school environment. Please be specific in your description of each emotionally-based behavior; behaviors should be described based on severity, frequency, intensity, and duration. For example, *Johnny appears to be depressed as evidenced by daily episodes of crying for at least twenty minutes per episode. Each episode requires the student to be taken out of the class in an effort to calm him down.*

Behavior #1: _____

Behavior #2:

Behavior #3:

Behavior #4:

The emotionally-based behaviors identified in this referral may be used in guiding the student's Exit Criteria from Pathways.