

Muskegon Area Intermediate School District
Community Transition Programs - Referral Form

Student's Name: _____ Birth Date: _____ Age: _____

Student's Address: _____ Telephone: _____

Resident School District: _____ Sp. Ed. Disability Area: _____

Parent/Guardian's Name: _____ Person Making Referral: _____

I. FUNCTIONAL ABILITY RATING: Please rate the student's functional ability using the following scale:

- | | |
|---|--|
| 1 - is able to perform skill independently | 4 - requires regular assistance to perform skill |
| 2 - is minimally able to perform the skill | 5 - is unable to perform the skill |
| 3 - requires occasional assistance to perform skill | 6 - unable to determine ability |

_____ **A. Self Care:** Daily activities that enable a person to meet age-appropriate basic life needs such as food, hygiene, appearance, health, and immediate personal safety.
Specific areas requiring instruction:

_____ **B. Language/Communications:** Communication involving both verbal and nonverbal behavior enabling the individual to both understand others and to express ideas and information to others.
Specific areas requiring instruction:

_____ **C. Learning:** General cognitive ability to acquire new behaviors, perceptions, and information; and apply them in new situations.
Specific areas requiring instruction:

_____ **D. Mobility:** Ability of the individual to negotiate distances using his/her own power or a personally controlled device. This ability implies motor development and the ability to use fine and gross motor skills.
Specific areas requiring instruction:

_____ **E. Social/Emotional:** Management and control of one's social and personal life. Ability to make independent decisions affecting and protecting one's own interests. Ability to interact in social situations appropriately.
Specific areas requiring instruction:

II. CAPACITY FOR INDEPENDENCE: Please indicate your perception of the student's potential abilities in these areas using the following scale:

- | | |
|--|--|
| 1 - independent, no supports | 3 - may reach independence, but will need ongoing periodic support |
| 2 - may reach independence following extended instruction and practice | 4 - may require modified environment for semi-independence (i.e., foster care, etc.) |
| | 5 - does not anticipate independent living or employment |

_____ **F. Independent Living:** Ability to maintain a full and varied life in the community with little or no outside intervention in the living situation.

Specific areas requiring instruction:

_____ **G. Economic Self Sufficiency:** An individual's ability to earn financial resources to meet both basic life support and recreational needs.
Specific areas requiring instruction:

Please elaborate any special needs or concerns on reverse side.

