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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Special Education Inter-District Transfer** |
| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       |
| Disability: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| Current Placement/Services: |       |
| School Site: |       | District of Residence: |       |
| Parent/Guardian: |       |
| Home Phone: |       | Work Phone: |       | Other Phone: |       |
| Street Address: |       | City: |       | State: |       | Zip Code: |       |
| Mailing Address: |       | City: |       | State: |       | Zip Code: |       |
|  |
| **proposed placement** |
| **Proposed Placement:** | **Transportation to be Provided By:** |
| [ ]  | Special Academic Instruction (SAI) | [ ]  | District of Residence: |       |
| [ ]  | Related Services (specify): |  | [ ]  | District of Attendance: |       |
|  |       | [ ]  | Other (specify): |       |
|  |       |  |  |
| The student’s parent/guardian works within the proposed District of Attendance (DOA) boundaries? | [ ]  | Yes | [ ]  | No |
| Additional Information: |       |
|       |
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| **agreement and responsibilities** |
| The  |       | School District hereby requests that effective |       | , attendance be authorized |
| for the above-named student in the  |       | School District for the  |       | school year.  |
| **The District of Residence (DOR) Agrees To:** |
| * Pay the District of Attendance for special education program costs as per the Desert/Mountain Special Education Local Plan Area (SELPA) approved Fee-For-Service Rate Schedule.
* Pay the District of Attendance for all additional costs as per the attachment to this Inter-District Transfer form.
* Abide by all the conditions set forth within the District of Attendance Inter-District Agreement for general education students.
* Share due process hearing responsibilities with the District of Attendance.
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| **The District of Attendance (DOA) Agrees To:** |
| * Confer in advance and invite the District of Residence to all IEP meetings that may result in additional program costs to the District of Residence.
* Comply with the Transfer into District IEP and invite a District of Residence administrator to all IEP meetings.
* Share due process hearing responsibilities with the District of Residence.
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| DOR Authorized Agent Signature: |  | Date: |       |
| DOA Authorized Agent Signature: |  | Date: |       |