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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**Nonpublic School (NPS) Placement Referral** |
| **STUDENT INFORMATION** |
| Student Name: |  | Date of Birth: |  |
| Disability: |  | Grade: |  | Gender: | [ ]  Male  | [ ]  Female |
| School Site: |  | Teacher Name: |  |
| District of Attendance: |  | District of Residence: |  |
| Parent/Guardian: |  |
| Home Phone: |  | Work Phone: |  | Other Phone: |  |
| Street Address: |  | City: |  | State: |  | Zip Code: |  |
| Mailing Address: |  | City: |  | State: |  | Zip Code: |  |
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| **Licensed children’s institution (lci)/group home information (if applicable)** |
| If the student currently resides in a Licensed Children’s Institution (LCI)/Group Home, the following information must be provided: |
| Name of LCI/Group Home: |  | LCI/Group Home #: |  |
| Contact Person: |  | Contact Phone: |  |
| Street Address: |  | City: |  | State: |  | Zip Code: |  |
| Mailing Address: |  | City: |  | State: |  | Zip Code: |  |
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| **referral process** |
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| **[ ]  NEW REFERRAL** | **Date:** |  |  | **[ ]  Transfer** | **Date:** |  |
| Current Placement (Program): |  |  | Previous Placement (Program): |  |
| **Attach the following documents for new referral:*** Current IEP or Addendum to the IEP referring for possible nonpublic school placement
* Current Psych Evaluation (dated within three years)
* Documentation of interventions
 | Previous Placement (District): |  |
| **Attach the following documents for transfer referral:*** Current IEP documenting previous nonpublic school placement
* Current Psych Evaluation (dated within three years)
* Completed and signed Transfer into District form (D/M 52)
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| Indicate nonpublic school preference (if desired): |  |
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| Additional information: |  |
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| Special Education Director Signature: |  | Date: |  |
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| **SELPA Use Only** |
| [ ]  The Desert/Mountain SELPA Nonpublic School Coordinator has reviewed this referral. | Date sent to NPS: |  |
| Name of Special Education Director: |  | Contact Phone: |  |
| Name of Nonpublic School Director: |  | Contact Phone: |  |
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| **Nonpublic School Use Only** |
| **[ ]  Referral Approved:** I have reviewed the referral for the above named student and agree that this nonpublic school *can* *provide* all of the services required by the student’s current IEP. |
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| **[ ]  Referral Denied:** I have reviewed the referral for the above named student and have determined that this nonpublic school is *unable* to meet all of the service requirements as outlined in the student’s current IEP. |
| NPS Director Signature: |  | Date: |  |
| **Upon approval of this referral, the nonpublic school director shall schedule a placement IEP with the district director within ten (10) days of receipt of the referral packet. *If this is a transfer referral, the student may begin school immediately. The nonpublic school director shall schedule a transfer IEP with the district director within thirty (30) days of the student’s start date*.****Upon completion of the IEP, please immediately forward this completed form with a copy of the IEP to the Desert/Mountain SELPA, Attention NPS Coordinator, to initiate an Individual Services Agreement.** |