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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: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate nonpublic school preference (if desired): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional information: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Education Director Signature: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |