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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  **Referral for SCIA** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | |  | | | | | | | | Date of Birth: | | | | |  | | | | | | Age: | |  |
| Disability: | |  | | | | | | | | Grade: | | |  | | | | | | | Gender: | Male | | | Female | |
| School Site: | | |  | | | | | | | | Program/Placement: | | | | | | |  | | | | | | | |
| General Education Teacher: | | | | | |  | | | | | | | | | | Contact Phone: | | | | | |  | | | |
| Special Education Teacher: | | | | | |  | | | | | | | | | | Contact Phone: | | | | | |  | | | |
| SCIA Case Manager/Coordinator: | | | | | | | |  | | | | | | | | Contact Phone: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECTIONS:** Please complete the following information. Submit the Referral for SCIA and the following forms: SCIA Rubric (D/M 157C and D), Review of IEP Goals (D/M 157E), and Review of Behavioral Intervention Plan (BIP) (D/M 157F) to the special education office. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for referral: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Areas of student need based on SCIA Rubric (D/M 157C and D): | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Concerns identified on Review of IEP Goals (D/M 157E): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concerns identified on Review of BIP (D/M 157F): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous interventions and results: *(including frequency, duration, and location)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other unique needs: | | | | | | | | | | | | | | | | | | | | | | | | | |
| This referral is made at the request of the: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Teacher | | | | Case Manager | | | | Parent/Guardian | | | | | Other: | | | | |  | | | | | | |
| Individual Requesting Referral: | | | | | | |  | | | | | | | | Date: | | | |  | | | | | | |
| Site Administrator/Designee: | | | | | | |  | | | | | | | | Date: | | | |  | | | | | | |