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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: |       |
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| **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):       |
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| Concerns identified on Review of BIP (D/M 157F):       |
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| 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: |       |