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| **PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL DE DESERT/MOUNTAIN****PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL AUTÓNOMA DE DESERT/MOUNTAIN**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Revisión de metas IEP SCIA** |
| **INFORMACIÓN DEL ESTUDIANTE** |
| Nombre del estudiante: |       | FDN: |       | Edad: |       |
| Discapacidad: |       | Grado: |       | Género: | [ ]  Masculino  | [ ]  Femenino |
| Plantel escolar: |       | Programa/ubicación: |       |
| Maestro educación general: |       | Teléfono de contacto: |       |
| Maestro educación especial: |       | Teléfono de contacto: |       |
| Administrador de caso/coordinador *SCIA*: |       | Teléfono de contacto: |       |
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| **\* CÓDIGO DE PROGRESO** |
| **1 =** | **Sin progreso** | **2 =** | **1 – 50% alcanzada** |
| **3 =** | **51 – 99% alcanzada** | **4 =** | **Meta alcanzada** |

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| **\*\* NIVELES DE ASISTENCIA** |
| **P =** | **Indicación física** | **M =** | **Modelo** |
| **V =** | **Señal verbal** | **I =** | **Independiente** |

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| **Área** | **Meta medible** | **Código de progreso\*** | **Niveles de asistencia****\*\*** | **Comentarios (Incluyendo la frecuencia, la duración, la ubicación de la asistencia solicitada)** |
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| **AcadÉmicA** |       |  |  |       |
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| **MOTORA** |       |  |  |       |
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| **COMUNICACIÓN** |       |  |  |       |
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| **AUTO-AYUDA** |       |  |  |       |
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| **SOCIAL / EMOCIONAL & COMPORTAMIENTO** |       |  |  |       |
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| **PRE-VOCACIONAL** |       |  |  |       |
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| **OTRO** |       |  |  |       |
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