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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  **SCIA Teacher Interview** | | | | | | | | | | | | | | | | | | | | | | |
| **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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| **Interviewee Name:** | | | |  | | | | | | **Interviewed By:** | | |  | | | | | | | | | |
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| What does the child’s typical school day look like? | | | | | | | | | | | | | | | | | | | | | | |
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| What’s working? When is he/she successful? | | | | | | | | | | | | | | | | | | | | | | |
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| What are areas of difficulty or concern? | | | | | | | | | | | | | | | | | | | | | | |
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| What staff supports are provided? | | | | | | | | | | | | | | | | | | | | | | |
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| What natural supports from other students and/or other school programs does the child respond to? | | | | | | | | | | | | | | | | | | | | | | |
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| What skills would you like the child to develop to be more independent? | | | | | | | | | | | | | | | | | | | | | | |
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| Is there anything else you would like us to consider? | | | | | | | | | | | | | | | | | | | | | | |