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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  **Observational Review to Determine Continued Need 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: | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observation Setting:** | | | | |  | | | | **Observer’s Name/Title:** | | | | | | |  | | | | | | | | | |
| **Start Time:** | | |  | | | | **End Time:** |  | | | | **Previous Observation Date:** | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) and positions of SCIA provider(s): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current status per teacher, support staff, and student: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of current SCIA provided: *(time, setting, specific tasks)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observation of student behavior: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of results of efforts to increase student independence and/or progress on goal(s): | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | |
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