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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:** |       |
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| Name(s) and positions of SCIA provider(s):       |
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| Current status per teacher, support staff, and student:       |
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| Description of current SCIA provided: *(time, setting, specific tasks)*       |
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| Observation of student behavior:       |
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| Description of results of efforts to increase student independence and/or progress on goal(s):       |
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| Comments:        |
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