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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**Quick *STATS*****confidential** |
| **Student Name:** |  | **Today’s Date:** |  |
| Program/School: |       | Grade: |       | Age: |       | DOB: |       |
| Parent/Guardian: |       |
| **Contact Information:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Home Phone:* |  | *Work Phone:* |  | *Mobile:* |  |
| *E-mail Address:* |  |

 |
| Case Manager/Carrier: |       |
| Next IEP Meeting Date: |       | Re: |       |
| Next Annual/Triennial: | *Annual* |       | *Triennial* |       |
| Eligibility/Disability: | *Primary* |       | *Secondary* |       |
|  |  |  |  |  |
| Comments:       |
|  |  |  |  |  |
| **Related Services** | **Frequency | Duration | Location | Service Provider | Contact** |
| [ ]   | Counseling |       |
| [ ]   | OT |       |
| [ ]   | PT |       |
| [ ]   | APE |       |
| [ ]   | Speech |       |
| [ ]   | Transportation |       |
| [ ]   | Other |       |
| [ ]   | Other |       |
| **EDUCATIONAL need(s)** | **Instructional Level | Goal** |
| READING | Instructional Level: |       | Goal: |       |
| WRITING | Instructional Level: |       | Goal: |       |
| MATH | Instructional Level: |       | Goal: |       |
| OTHER | Instructional Level: |       | Goal: |       |
|  |  |
| Comments:       |
| **BEHAVIORAL | SOCIAL-EMOTIONAL | MEDICAL | CRISIS** |
| Behavioral Concern(s) |       |
| Behavioral Goal(s) | Plan |       |
| SOCIAL-EMOTIONAL CONCERN(S) |       |
| Social-Emotional Goal(s) |       |
| Health Concern(s) | Need(s) |       |
| Prescribed Medication(s) |       |
| Crisis |       |
| **accommodations | modifications** |
| CLASSROOM |       |
| ASSIGNMENTS |       |
| TESTING |       |
| AT EQUIP / OTHER |       |