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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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |