|  |
| --- |
| **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**Identification, Referral, Assessment Log for the IEP Process** |
| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       | Grade: |       | ID No.: |       |
| School Site: |       | District of Attendance: |       |
| Referred By: |       | Date: |       |
|  |
| **A student shall be referred for special education and related services only after the resources of the general education program have been considered and, where appropriate, utilized. *E.C. 56303*****Attach all required forms noted below to the Referral for Special Education *(Form D/M 57)* and forward to the special education office.** |
|  |
|  |
| **person(s)****responsible** |  | **process** |  | **date****completed** |
|  |  |  |  |  |
| **Principal** |  | 1. Log Student Study Team Referral *(if applicable)*
 |  |       |
|  |  | 1. Convene Student Study Team *(if applicable)*
 |  |       |
|  |  | 1. Begin Identification, Referral, Assessment Log for each student
 |  |       |
|  |  |  |  |  |
| **TEACHER/CASE**  |  | 1. Complete Referral for Special Education, Educational History and School Achievement,
 |  |       |
| **carrier** |  | Checklist for Student Observation, and Utilized Interventions *(Forms D/M 57, 58, 59, and 79)* |  |  |
|  |  | 1. Complete Family Information *(Form D/M 56)*
 |  |       |
|  |  | 1. Complete Authorization for Use and/or Disclosure of Information when appropriate
 |  |       |
|  |  | *(Form D/M 63)* |  |  |
|  |  |  |  |  |
| **nurse** |  | 1. Complete Health, Social, and Cultural History and Report of Current Health Status
 |  |       |
|  |  | *(Forms D/M 61 and 62)* |  |  |
|  |  |  |  |  |
| **principal** |  | 1. Notify parents in their primary language that the child is being referred for assessment for special
 |  |       |
|  |  | education services. Discuss referral and assessment procedures with the parent/guardian. |  |  |
|  |  |  |  |  |
| **special** |  | 1. Log referral on Log of Referrals Received *(Form D/M 54)*
 |  |       |
| **education** |  |  |  |  |
|  |  | **Parent/guardian must be given a written proposed Assessment Plan *(Form D/M 66) within* 15 calendar days of the formal referral** |  |  |
|  |  |  |  |  |
|  |  | 1. Complete and submit to parents Assessment Plan *(Form D/M 66)*
 |  |       |
|  |  |  |  |  |
|  |  | **Parent/guardian have at least 15 calendar days from receipt of Assessment Plan to arrive at a decision *(Parent Rights Form D/M 77)*** |  |  |
|  |  |  |  |  |
|  |  | 1. Complete multidisciplinary assessments in all areas of suspected disability
 |  |       |
|  |  | 1. Notify parent/guardian, in writing, of IEP meeting *(Form D/M 67)*
 |  |       |
|  |  | 1. Complete post assessment conference
 |  |       |
|  |  | 1. Complete IEP *(Form D/M 68A)* including transition plan *(Form D/M 68E)* if student is 15
 |  |       |
|  |  | years of age or older |  |  |
|  |  |  |  |  |
|  |  | **The IEP must be developed within 60 calendar days of receipt of written parental consent for assessment** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |