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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  **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.** | | | | | | | | | | | | | | | | | |
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| **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)* | | | | | | | | | |  |  | |
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| **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** | | | | | | | | | |  |  | |
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|  | | | |  | 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)*** | | | | | | | | | |  |  | |
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|  | | | |  | 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** | | | | | | | | | |  |  | |
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