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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  **Transfer Into District** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | Date of Birth: | | | | | |  | | | | | | | Gender: | | | | | Male | | | | | | Female | |
| Ethnicity: | | | |  | | | | | | | | | | | | | | | | | | | | | | Disability: | | |  | | | | | | | | | | | | | | | | | | | Grade: | | |  | |
| Residency: | | | | | Parent/Guardian | | | | | | | | | | | | | Licensed Children’s Inst. | | | | | | | | | | | | Foster Family Home | | | | | | | | Hospital | | | | | | | | | Residential Facility | | | | | |
|  | | | | | Incarcerated Inst. | | | | | | | | | | | | | State Hospital | | | | | | | | | | | | Development Center | | | | | | | | Other: | | | | | | | |  | | | | | | |
| School Site: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teacher Name: | | | | | |  | | | | | | | | | | | |
| District of Attendance: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | District of Residence: | | | | | | | |  | | | | | | | | | | | | | |
| Parent/Guardian: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | |  | | | | | | | | | | | | | Work Phone: | | | | | | |  | | | | | | | | | Other Phone: | | | | | |  | | | | | | | | | | |
| Street Address: | | | | | | |  | | | | | | | | | | | | | | | | | City: | | |  | | | | | | | | | State: | | |  | | | | Zip Code: | | | | | |  | | | |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | City: | | |  | | | | | | | | | State: | | |  | | | | Zip Code: | | | | | |  | | | |
| **Former Placement** | | | | | | | | | | | | District: | | | |  | | | | | | | | | | | | | | | School Site: | | | | | |  | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | |  | | | | | | | | | | | | | | | City: | | | |  | | | | | | | | | | State: | |  | | | | | Zip Code: | | | | |  | | | |
| Special Education Program: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Present Placement** | | | | | | | | | | | District: | | | | |  | | | | | | | | | | | | | | | School Site: | | | | | |  | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | |  | | | | | | | | | | | | | | | City: | | | |  | | | | | | | | | | State: | |  | | | | | Zip Code: | | | | |  | | | |
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| **please Complete Items 1 Through 9 and Initial/Date on the Space Provided** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Initials** | |  | | **Date** |
| 1. | Confirm student’s previous educational placement by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
|  | | Telephone call to previous school/district | | | | | | | | | | | | | | | | | | | | | | | IEP available | | | | | | | Other: *(person contacted)* | | | | | | | | | | | | | | | |  | |  | |  |
| 2. | Indicate interim thirty (30) day placement in: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
|  |  | | Special Academic Instruction (SAI): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | with | | |  | | | | | | | | | | |  | | |  | |  | |  |
|  |  | | Related Services:*(specify)* | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 3. | Request confidential records using Authorization for Use and/or Disclosure of Information form (D/M 63) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 4. | Complete Family Information form (D/M 56) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 5. | Complete/submit MIS information to district office (D/M 68A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 6. | File copy of Transfer into District form (D/M 52) and send original to special education office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 7. | Obtain (if necessary) Assessment Plan (D/M 66) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 8. | Log case. IEP review date(s): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
| 9. | Send information for review by site administrator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **parent consent/acknowledgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please review the information and mark *Yes* or *No* to indicate whether or not you consent to and understand the following items: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | I give consent for my child, named above, to participate in a | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
|  | special education program in the above-named school district and I understand that continued placement is conditional upon verification of eligibility by the Individualized Education Program team, which will review the placement recommendation within thirty (30) days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| 2. | I understand this district will request the confidential records from the previous school/district of attendance and that I have the right to review such records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| 3. | I understand my Parent Rights and have received a copy (D/M 77). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| Parent/Guardian Signature: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Date: | |  | | | | | | | | | | | | | |