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| **PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL DE DESERT/MOUNTAIN**  **PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL AUTÓNOMA DE DESERT/MOUNTAIN**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Transferencia de Distrito** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMACIÓN DEL ESTUDIANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del estudiante: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Fecha de nacimiento: | | | | | | | | | | | | | |  | | | | | | | | | | Género: | | | | | | | | Hombre  Mujer | | | | | | | | | |
| Ethnicidad: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Incapacidad: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Grado: | | |  | | | | |
| Residencia: | | | | | | | | | Padre/Tutor | | | | | | | | | | | | | Inst. Infantil Cert. | | | | | | | | | | | | | Foster Family Home | | | | | | | | | | | | | | | Hospital | | | | | | | | | | | Instalación Residencial | | | | | | | | | | | |
|  | | | | | | | | | Inst. Penitenciaria | | | | | | | | | | | | | Hospital Estatal | | | | | | | | | | | | | Centro de Desarrollo | | | | | | | | | | | | | | | Otro: | | | | | | | |  | | | | | | | | | | | | | | |
| Plantel escolar: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nombre del maestro: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Distrito de asistencia: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Distrito de residencia: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Nombre de los padres/tutor: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono hogar: | | | | | | | | | | |  | | | | | | | | | | | | Teléfono trabajo: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Otro teléfono: | | | | | | | | | | |  | | | | | | | | | | |
| Dirección: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Ciudad: | | | | | |  | | | | | | | | | | | | | | Estado: | | | | | | |  | | | | | | Código postal: | | | | | | | |  | | | | |
| Dirección para envíos: | | | | | | | | | | | | | | | |  | | | | | | | | | | | Ciudad: | | | | | |  | | | | | | | | | | | | | | Estado: | | | | | | |  | | | | | | Código postal: | | | | | | | |  | | | | |
| **Asignación anterior** | | | | | | | | | | | | | Distrito: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Plantel escolar: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Ciudad: | | | | | | | |  | | | | | | | | | | Estado: | | | | | | | |  | | | | | Código postal: | | | | | | | | |  | | | | |
| Programa de educación especial: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asignación actual** | | | | | | | | | | | | Distrito: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Plantel escolar: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | |  | | | | | | | | | | | | | | | | | | Ciudad: | | | | | | | | |  | | | | | | | | | | | | Estado: | | | | | | | |  | | | | | | Código postal: | | | | | | | |  | | | | |
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| **POR FAVOR COMPLETE LOS NUMERALES 1 A 9 Y COLOQUE LAS INICIALES Y LA FECHA EN EL ESPACIO PROVISTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Iniciales** | | |  | **Fecha** | | |
|  | |  | | |  |  | | |
| 1. | | | Confirme la asignación educativa previa del estudiante por: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
|  | | | | | Llamada telefónica a la anterior escuela /distrito | | | | | | | | | | | | | | | | | | | | | | | | | IEP disponible | | | | | | | | | | | | | | Otro (contactar persona) | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | | |
| 2. | | | Indique la asignación provisional de treinta (30) días en: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
|  | | |  | | | Instrucción Académica Especial (SAI): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | con | | | | |  | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
|  | | |  | | | Servicios relacionados (especificar): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 3. | | | Solicitud de registros confidenciales (D/M 63). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 4. | | | Completar información familiar (D/M 56). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 5. | | | Completar /enviar información MIS a la oficina del distrito (D/M 68A). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 6. | | | Archivar copia de transferencia al distrito (D/M 52) y enviar la original a la oficina de educación especial. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 7. | | | Obtener (si es necesario) el plan de evaluación (D/M 66). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
| 8. | | | Registro de caso. Fecha(s) de revisión del Programa de Educación Individualizado (IEP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
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| 9. | | | Enviar la información para que lo revise el administrador del plantel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | | |
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| Comentarios: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Consentimiento / aceptación de los padres** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Por favor revise la información y marque "Sí" o "No" para indicar si usted expresa su consentimiento o no y para indicar que ha comprendido las siguientes cuestiones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | Yo doy mi consentimiento a mi hijocuyo nombre se menciona arriba para que participe en un | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Si | | | | No |
|  | | | Programa de Educación Especial en el distrito escolar antes mencionado y comprendo que la asignación continuada está condicionada a la verificación de elegibilidad por parte del equipo del Programa de Educación Individualizada, que revisará la recomendación de asignación en el transcurso de treinta (30) días. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| 2. | | | Yo comprendo que el distrito solicitará los expedientes confidenciales a la escuela/distrito anterior a la cual asistía mi hijo(a) y que yo tengo el derecho a revisarlos. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | No |
| 3. | | | Yo comprendo los Derechos de los Padres y he recibido una copia de los mismos. (D/M 77). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Si | | | | No |
| Firma de los padres/tutor: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fecha: | | | | |  | | | | | | | | | | | | | | |