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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  **Family Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | |  | | | | | | | | | | | | | | | Date of Birth: | | | |  | | | | | | | | | | | | | Gender: | | | | Male | | | | Female |
| School Site: | | |  | | | | | | | | | | | | | | | | | | | | | | | | Teacher: | | | | | | |  | | | | | | | | | | | |
| 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: | | | | |  |
| Language Spoken in the Home: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LIST SIBLINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | | | | | |  | **Gender** | | | | | | | | | |  | | | **Age** | | | | |  | | **At Home?** | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | Male | | | Female | | | | | | |  | | |  | | | | |  | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | Male | | | Female | | | | | | |  | | |  | | | | |  | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | Male | | | Female | | | | | | |  | | |  | | | | |  | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | Male | | | Female | | | | | | |  | | |  | | | | |  | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | Male | | | Female | | | | | | |  | | |  | | | | |  | | Yes  No | | |
| **List of Schools Child Has Attended** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School** | | | | | | | | | | | | | | | |  | | | **District** | | | | | | | |  | | **Type of Program** | | | | | | | | | | | | |  | | **Date** | |
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| **List of Hospitals, Clinics, Or Agencies That Have Examined Child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hospital/Clinic/Agency** | | | | | | | | | | | | | | | |  | | | **Address** | | | | | | | | |  | **City** | | | | | | | | | | | | |  | | **State** | |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Briefly describe your child’s relationship with peers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Briefly describe your child’s relationship with brothers, sisters, and parents in the home: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Can your child be left unattended?  Yes  No If no, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. What type of discipline does your child respond to best? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What special interests does your child have? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. What are your major educational concerns regarding your child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Has your child ever been fingerprinted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PHYSICAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Does your child have any disabilities?  Yes  No If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is your child now, or has he/she recently been under the care of a physician?  Yes  No If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your child take medication(s) for any of the following? If so, indicate frequency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Seizures | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hyperactivity | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Allergies | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Diabetes | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Thyroid | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Asthma | | | | | | Yes | | | | No | | | If yes, indicate frequency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |
| 1. Does your child normally wear any of the following? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Glasses | | | | | | | Braces | | | | | Hearing Aid | | | | | Corrective Shoes | | | | | | | Other: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Has your child received special assistance at school? Please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Signature: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | |