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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**Assessment Plan** |
| If an assessment for the development or revision of the Individualized Education Program is to be conducted, the parent or guardian of the student shall be **given** (by the District), in writing, a proposed assessment plan within 15 days of the referral for assessment not counting days between the student’s regular school sessions or terms or days of school vacation in excess of five school days from the date of receipt of the referral, unless the parent or guardian agrees, in writing, to an extension. CA Ed Code § 56321(a) |
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| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       | Grade: |       |
| School Site: |       |  District of Residence: |       |
| District Contact: |       | Contact Phone: |       |
| English Language Proficiency: [ ]  English Language Learner [ ]  Fluent English Proficient [ ]  English Only [ ]  Language spoken at home: |  |
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| **ASSESSMENT INFORMATION** |
| **An individual assessment of your child’s educational needs has been requested:** |
| [ ]  | To help plan your child’s school programs and determine eligibility for special education services |
| [ ]  | To meet the requirement that special education students be reassessed every three (3) years |
| [ ]  | To develop a behavior plan |
| [ ]  | To determine eligibility for counseling services |
| [ ]  | To answer the following questions: |       |
| The assessment will be administered in: | [ ]  English | [ ]  Spanish | [ ]  Braille | [ ]  Sign Language | [ ]  Other: |       |
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| **The type of assessments that may be given or considered are checked below.** |
| [ ]  | **ACADEMIC/PRE-ACADEMIC ACHIEVEMENT** | To be completed by: |       |
|  | These tests measure current readiness skills or achievement levels. |  | Title |
| [ ]  | **COGNITIVE DEVELOPMENT/LEARNING ABILITY** | To be completed by: |       |
|  | These assessment instruments evaluate a student’s general learning aptitude and/or state of intellectual maturation by measuring performance across a variety of verbal, numerical, and visual-spatial tasks. |  | Title |
| [ ]  | **PERCEPTUAL-MOTOR DEVELOPMENT** | To be completed by: |       |
|  | These instruments measure coordination, body movements, and small and large muscle activities. Physical fitness, visual, and perceptual skills may also be measured. |  | Title |
| [ ]  | **LANGUAGE/SPEECH DEVELOPMENT** | To be completed by: |       |
|  | This assessment measures a student’s ability to both use and understand language. Areas that may be assessed are articulation, receptive and expressive language, fluency, voice, and/or social/pragmatic use of language. |  | Title |
| [ ]  | **SOCIAL/EMOTIONAL DEVELOPMENT** | To be completed by: |       |
|  | This assessment will help determine adjustment in social, emotional, and behavioral areas. |  | Title |
| [ ]  | **SELF-HELP/ADAPTIVE** | To be completed by: |       |
|  | This assessment will help determine the level of personal development in activities of daily living, socialization, and communication skills. |  | Title |
| [ ]  | **HEALTH/DEVELOPMENTAL/MEDICAL** | To be completed by: |       |
|  | These tests measure vision, hearing, current health status, and early childhood development. |  | Title |
| [ ]  | **CAREER AND VOCATIONAL DEVELOPMENT** | To be completed by: |       |
|  | These tests allow a student to identify interest areas and aptitudes that assist in setting vocational goals and making career choices. |  | Title |
| [ ]  | **OBSERVATION/INTERVIEWS** | To be completed by: |       |
|  | This includes observations of a student’s academic and behavioral functioning in the school and/or natural setting. |  | Title |
| [ ]  | **REVIEW OF ANY RECENT ASSESSMENT:** | ­      |
|  |       |
| [ ]  | **OTHER:** |       |
|  |       |
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| **PARENTAL AUTHORIZATION** |
| **ASSESSMENT CANNOT BEGIN UNTIL A COPY OF THIS FORM HAS BEEN SIGNED AND DATED BY THE PARENT/GUARDIAN AND RETURNED TO THE DISTRICT. AT THAT TIME, THE COMPLETION TIMELINE WILL BEGIN.** |
|  | **INITIAL HERE** | Please initial each *applicable* statement below. |
|  |  | I understand that no educational placement will result from this evaluation without my written permission. |
|  |  | I have additional assessments or information that I wish to have considered in determining placement. |
|  |  | I prefer to discuss the assessment plan before I give approval. |
|  |  | I ***do not*** approve of this assessment plan. |
| By signing this form below, I authorize/consent to the assessments listed above. I understand that the results of the assessments will be kept confidential and will be reviewed with me. My signature also acknowledges receipt of a copy of special education procedural safeguards (attached SELPA form D/M 77). |
| Date: |       | Parent/Guardian Signature: |  | Interpreter Signature: |  | Date: |       |
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| **\*DISTRICT USE ONLY – MIS DATA\*** |
| Date of Referral: |       | Date Sent to Parent: |       | Date Signed Assessment Plan Received: |       | IEP Meeting Date: |       |  |
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