



Antelope Valley Special Education Planning Area (AV SELPA)

Interim Placement Procedures – AV 402

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The *Interim Placement Form* (Appendix B) is to be completed by administrator or designee whenever a student with a current individualized education program (IEP) transfers into the local educational agency (LEA). If the new district of residence (DOR) has insufficient information to determine eligibility and placement, a phone call should be made to the previous LEA to get the information required to complete the *Interim Placement Form*

A separate *Authorization for Use and/or Disclosure of Information* or other LEA-approved release of information form may be sent to the student’s former District of Special Education Accountability (DSEA).

These Interim Placement Procedures have been updated to provide information on how to address (a) enrollment in district special education program, (b) interim placement for regionally operated programs, (c) interim placement for nonpublic school, (d) request for records, and (e) legal timelines. These procedures apply to all Antelope Valley SELPA LEA members.

Enrollment in Special Education Program

Whenever a pupil with an IEP transfers into a district, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents to the extent possible within existing resources, for a period not to exceed 30 days, by which time the local education agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law (EC 56325). ***The new LEA does have an obligation to implement the student’s last IEP, but the new placement does not have to exactly replicate the prior placement*** (*Mrs. S. ex rel G. v. Vashon Island Sch. Dist. 337 F.3d 1115* (9th Cir. 2003)). If the student’s goals can be met in a less restrictive environment (i.e., LEA program versus

nonpublic school), and the parent/guardian agrees, the LEA can convene an IEP meeting to offer this alternative.

Most students moving into the LEA live with their parent. Parent means:

- A biological or adoptive parent unless the biological or adoptive parent does not have legal authority to make educational decisions for the child;
- A guardian generally authorized to act as the child's parent or authorized to make educational decisions for the child;
- An individual acting in place of a biological or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives; or
- An individual who is legally responsible for the child's welfare if the authority of the biological or adoptive parent to make educational decisions on the child's behalf has been specifically limited by court order (i.e., a court appointed surrogate advocate [CASA], a surrogate parent or a foster parent).

Some of the students may become residents of the LEA by being placed in a short-term residential treatment placement (STRTP), foster family home or agency (FFH/A), or an adult care facility (ACF). In such cases, the residential support personnel typically register the student with the DSEA on the day following placement. At the time of enrollment, the personnel should present one or more of the following: parent name(s) and address(es), a copy of the court order stating the name of the individual who holds educational rights, or notification of need for a surrogate parent. An interim placement is to be completed and signed by DSEA upon presentation or verification of a current IEP and psychological evaluation. The student is enrolled immediately upon registration. This section addresses enrollment in a district program from outside of the SELPA, from within the SELPA, and from outside of the state.

New to LEA from Outside of SELPA

When a student with a disability who has an IEP transfers into a LEA from a LEA not operating programs under the same SELPA local plan within the same academic year, the LEA shall provide the pupil with a free appropriate public education (FAPE), including services comparable to those described in the previously approved IEP, in consultation with the parents, for a period not to exceed 30 days. During this time the LEA shall develop, adopt, and implement a new IEP that is consistent with federal and state law. To assist in this process, refer to flowchart (Appendix A)

The following steps need to be followed by the student's DSEA for updating information in SEIS. Specific assignment of responsibility to personnel will depend on LEA individual processes.

- Personnel at the school or district site complete the Interim Placement form and obtain parent/guardian/adult student signature, submit a request to add student in SEIS per LEA process.

SEIS LEA-Administrative level user (LEA Special Education CALPADS and Data managers) needs to:

- Research in SEIS if the student has an existing record and request transfer if need be.
- If no record in SEIS exists, a new student record shall be created.

- Verify or input the student's first and last name, date of birth, SSID number and district ID number.
- Assign a Case Manager and Service Providers.
- The team develops a complete IEP on SEIS within 30 days, with the affirm and attest process completed within 7 days after the offer of FAPE is made.

New to LEA from Within the Same SELPA

When a student with a disability who has an IEP and transfers into a LEA from a LEA operating programs under the same SELPA in which he or she was last enrolled within the same academic year, the new LEA shall continue, without delay, to provide services comparable to those described in the existing approved IEP, unless the parent and the LEA agree to develop, adopt, and implement a new IEP. To assist in this process, refer to flowchart (Appendix A)

The following steps need to be completed by the student's district of residence (DSEA) for updating information in SEIS. Specific assignment of responsibility to personnel will depend on LEA individual processes

- Interim Placement form needs to be completed.

SEIS LEA-Administrative level user (LEA Special Education CALPADS and Data managers) needs to:

- Research in SEIS if the student has an existing record and, either transfer the existing record, or create a new student record in SEIS.
- Assign a Case Manager and Service Providers
 - Continue annual and triennial review dates as indicated in SEIS, even if a 30 day review meeting is held.

The IEP team may, but is not required to, complete an IEP or IEP Amendment in SEIS within 30 days.

New to District from Outside the State of California

When a student with a disability transfers from an educational agency located outside the State of California to a LEA within California within the same academic year, the LEA shall provide the pupil with a FAPE, including services comparable to those described in the previously approved IEP, in consultation with the parents, until the LEA conducts an assessment, if determined to be necessary by the LEA, and develops a new IEP consistent with federal and state law. To assist in this process, refer to flowchart (Appendix A)

SEIS LEA-Administrative level user (LEA Special Education CALPADS and Data managers) needs to:

- Research in SEIS if the student has an existing record and request transfer if need be.
- If no record in SEIS exists, a new student record shall be created.
- Verify or input the student's first and last name, date of birth, SSID number and district ID number.
- Assign a Case Manager and Service Providers.
- The team develops a complete IEP on SEIS within 30 days, with the affirm and attest process completed within 7 days after the offer of FAPE is made.

Interim Placement for Regionally Operated Programs

When a student moves into a LEA and has an IEP requiring a regionally operated program and such a class is not operated by the LEA, the LEA can make an interim placement into a program operated by an AV SELPA Regionalized Program. The LEA special education administrator/designee must complete the AV SELPA *Interim Placement Forms* as well as the following procedures to help expedite the placement in a timely manner. To assist in this process, refer to flowchart (Appendix A)

1. Review and consider the IEP goals/objectives more closely than the eligibility for special education services in making a decision to refer the student to a regionalized program.
2. Call the Regionalized Program Special Education Administrator for the program being considered for consult. If they are not available by phone leave a message and/or email regarding the referral and continue with the referral process.
3. Complete the *AV SELPA Parallel Placement Form* (Appendix 2) form with all relevant information on the student, parent/guardian, previous placement, and program compatibility. A LEA Special Education Administrator/designee must sign this form.
4. Fax or scan the following **REQUIRED** forms to the Regionalized Program Administrator for the program being considered:
 - *Regionalized Services Referral Form*
 - *AV SELPA Interim Placement Form*
 - IEP
 - Multidisciplinary Report (as appropriate or required)
 - And any additionally required forms identified by the regionalized program/services

NOTE: Students will not be accepted by regionalized program without all of this documentation.

5. Ensure that the parent/guardian understands the process and is provided with name and contact information of recommended regionalized program for follow up.
6. Call regionalized program Special Education Office Secretary to ensure that the referral was received.
7. DSEA needs to create a LEA special education pupil file.
8. District of Service (DOS) will be responsible for enrolling student in their Student Information System and requesting or creating the SEIS record.
9. Be aware, the 30-Day Timeline begins when the *Interim Placement Form* is generated. Upon receipt of the *Regionalized Services Referral Form* along with other required documentation, regionalized services should be provided **immediately** as per EC 56325(a). The parent should be offered the option of transporting the child to and from school while transportation is being arranged.

NOTE: The DSEA remains responsible for making an offer of FAPE to students, including meeting legal timelines, even if the regionalized LEA becomes the DOS.

Interim Placement-Nonpublic School Residential Placement

IEP Driven Residential Placements

If a student from outside the SELPA is placed in a nonpublic school residential setting through the IEP process in a prior school district, that student's education, including corresponding costs, remains the responsibility of the former LEA/SELPA through the extended school year session (EC 56325(c)).

In such cases, **DO NOT SIGN THE *INTERIM PLACEMENT FORM***. The student's program and placement still belong to the other district. Do not compromise the district's status by completing and signing this form and putting in the student's file. Keep it in a "tickler" file in your office for future reference. Contact the previous district to let them know that the student has moved to your district and that you will be available for an IEP team meeting to shift the responsibility for the student's IEP to your district following the extended school year session.

Signature of Consent and LEA Representative

It is necessary for the parent to sign the proposed *Interim Placement Form* acknowledging the offer of FAPE during the 30-day Interim. There will be times that programs or services that were provided in the former district are not in place in the new LEA at the time of enrollment. In such cases, an alternative program within the LEA, a referral to a program operated by another agency, or placement in a nonpublic school may be necessary. The law allows a district to address the IEP within the existing programs and services during the 30-day placement. The parent must give consent for placement in a program that is not in conformity with the current IEP.

The *Interim Placement Form* is to be signed by a school or district administrator. The parent/guardian should be given a copy of the *Interim Placement Form*. The original should be placed in the student's special education pupil file and a copy given to the teacher.

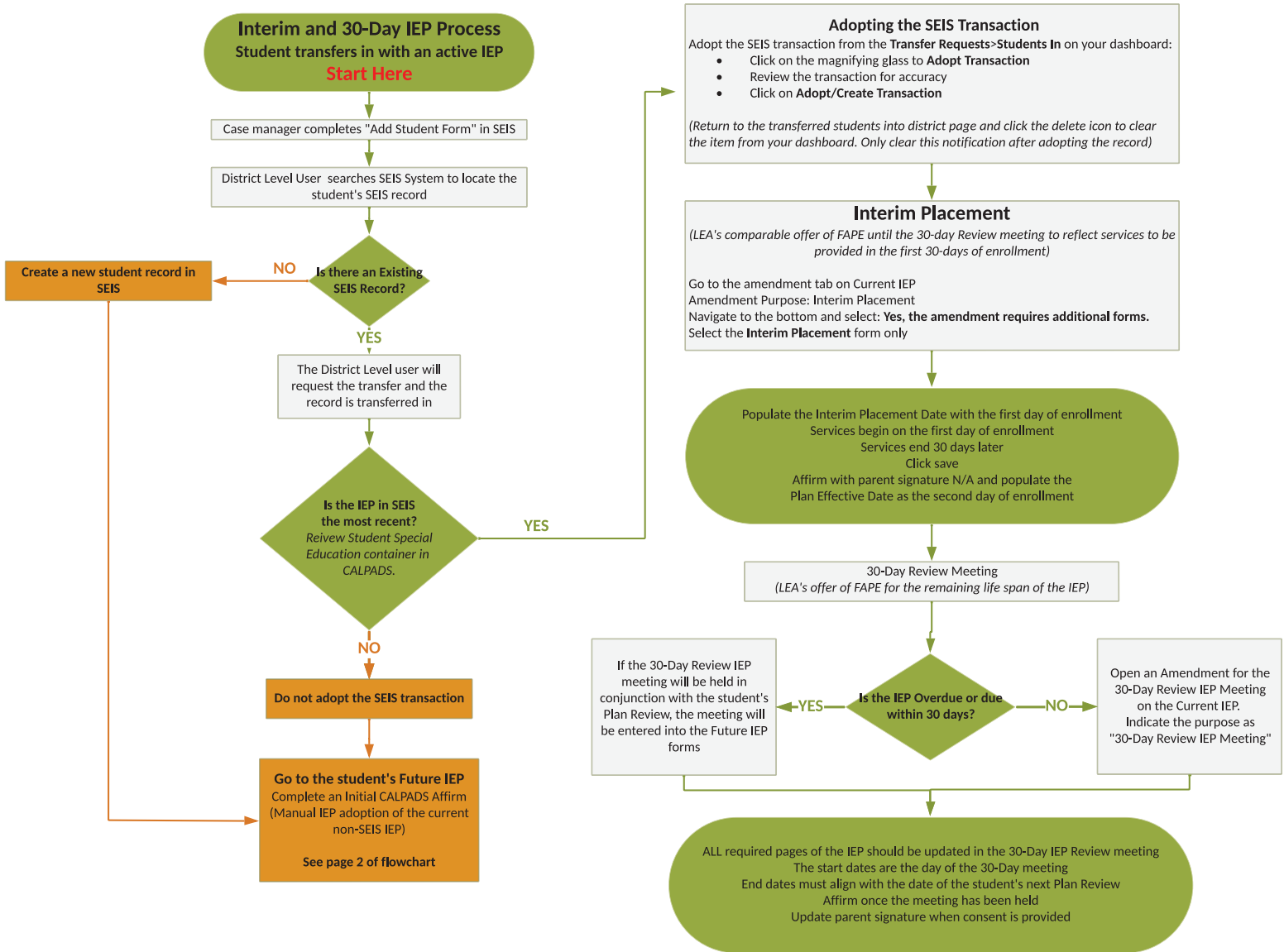
Request for Records

To facilitate the transition for an individual with exceptional needs, the new school in which the individual with exceptional needs enrolls shall take reasonable steps to promptly obtain the pupil's records, including the individualized education program and supporting documents and any other records relating to the provision of special education and related services to the pupil, from the previous school in which the pupil was enrolled. The previous school in which the individual with exceptional needs was enrolled shall send the pupil's special education records, or a copy thereof, within five working days. (CCR 3024)

Acknowledgement: Thanks to El Dorado County Charter SELPA and Riverside County SELPA for their help in creating this guide.

30-Day Calendar for Special Education Interim Placements

9-01-10-01	10-17-11-16	12-1-12-31	1-15-2-14	3-01-3-31	4-14-5-14	5-29-6-28	7-13-8-12	8-27-9-26
9-02-10-02	10-18-11-17	12-02-1-01	1-16-2-15	3-02-4-01	4-15-5-15	5-30-6-29	7-14-8-13	8-28-9-27
9-03-10-03	10-19-11-18	12-03-1-02	1-17-2-16	3-03-4-02	4-16-5-16	5-31-6-30	7-15-8-14	8-29-9-28
9-04-10-04	10-20-11-19	12-04-1-03	1-18-2-17	3-04-4-03	4-17-5-17	6-01-7-01	7-16-8-15	8-30-9-29
9-05-10-05	10-21-11-20	12-05-1-04	1-19-2-18	3-05-4-04	4-18-5-18	6-02-7-02	7-17-8-16	8-31-9-30
9-06-10-06	10-22-11-21	12-06-1-05	1-20-2-19	3-06-4-05	4-19-5-19	6-03-7-03	7-18-8-17	
9-07-10-07	10-23-11-22	12-07-1-06	1-21-2-20	3-07-4-06	4-20-5-20	6-04-7-04	7-19-8-18	
9-08-10-08	10-24-11-23	12-08-1-07	1-22-2-21	3-08-4-07	4-21-5-21	6-05-7-05	7-20-8-19	
9-09-10-09	10-25-11-24	12-09-1-08	1-23-2-22	3-09-4-08	4-22-5-22	6-06-7-06	7-21-8-20	
9-10-10-10	10-26-11-25	12-10-1-09	1-24-2-23	3-10-4-09	4-23-5-23	6-07-7-07	7-22-8-21	
9-11-10-11	10-27-11-26	12-11-1-10	1-25-2-24	3-11-4-10	4-24-5-24	6-08-7-08	7-23-8-22	
9-12-10-12	10-28-11-27	12-12-1-11	1-26-2-25	3-12-4-11	4-25-5-25	6-09-7-09	7-24-8-23	
9-13-10-13	10-29-11-28	12-13-1-12	1-27-2-26	3-13-4-12	4-26-5-26	6-10-7-10	7-25-8-24	
9-14-10-14	10-30-11-29	12-14-1-13	1-28-2-27	3-14-4-13	4-27-5-27	6-11-7-11	7-26-8-25	
9-15-10-15	10-31-11-30	12-15-1-14	1-29-2-28	3-15-4-14	4-28-5-28	6-12-7-12	7-27-8-26	
9-16-10-16	11-01-12-01	12-16-1-15	1-30-3-01	3-16-4-15	4-29-5-29	6-13-7-13	7-28-8-27	
9-17-10-17	11-02-12-02	12-17-1-16	1-31-3-02	3-17-4-16	4-30-5-30	6-14-7-14	7-29-8-28	
9-18-10-18	11-03-12-03	12-18-1-17	2-01-3-03	3-18-4-18	5-01-6-01	6-15-7-15	7-30-8-29	
9-19-10-19	11-04-12-04	12-19-1-18	2-02-3-04	3-19-4-18	5-02-6-02	6-16-7-16	7-31-8-30	
9-20-10-20	11-05-12-05	12-20-1-19	2-03-3-05	3-20-4-19	5-03-6-03	6-17-7-17	8-01-8-31	
9-21-10-21	11-06-12-06	12-21-1-20	2-04-3-06	3-21-4-20	5-04-6-04	6-18-7-18	8-02-9-01	
9-22-10-22	11-07-12-07	12-22-1-21	2-05-3-07	3-22-4-21	5-05-6-05	6-19-7-19	8-03-9-02	
9-23-10-23	11-08-12-08	12-23-1-22	2-06-3-08	3-23-4-22	5-06-6-06	6-20-7-20	8-04-9-03	
9-24-10-24	11-09-12-09	12-24-1-23	2-07-3-09	3-24-4-23	5-07-6-07	6-21-7-21	8-05-9-04	
9-25-10-25	11-10-12-10	12-25-1-24	2-08-3-10	3-25-3-24	5-08-6-08	6-22-7-22	8-06-9-05	
9-26-10-26	11-11-12-11	12-26-1-25	2-09-3-11	3-25-4-24	5-09-6-09	6-23-7-23	8-07-9-06	
9-27-10-27	11-12-12-12	12-27-1-26	2-10-3-12	3-26-4-25	5-10-6-10	6-24-7-24	8-08-9-07	
9-28-10-28	11-13-12-13	12-28-1-27	2-11-3-13	3-27-4-26	5-11-6-11	6-25-7-25	8-09-9-08	
9-29-10-29	11-14-12-14	12-29-1-28	2-12-3-14	3-28-4-27	5-12-6-12	6-26-7-26	8-10-9-09	
10-01-10-31	11-15-12-15	12-30-1-29	2-13-3-15	3-29-4-28	5-13-6-13	6-27-7-27	8-11-9-10	
10-02-11-01	11-16-12-16	12-31-1-30	2-14-3-16	3-30-4-29	5-14-6-13	6-28-7-28	8-12-9-11	
10-03-11-02	11-17-12-17	1-01-1-31	2-15-3-17	3-31-4-30	5-15-6-14	6-29-7-29	8-13-9-12	
10-04-11-03	11-18-12-18	1-02-2-01	2-16-3-18	4-01-5-01	5-16-6-15	6-30-7-30	8-14-9-13	
10-05-11-04	11-19-12-19	1-03-2-02	2-17-3-19	4-02-5-02	5-17-6-16	7-01-7-31	8-15-9-14	
10-06-11-05	11-20-12-20	1-04-2-03	2-18-3-20	4-03-5-03	5-18-6-17	7-02-8-01	8-16-9-15	
10-07-11-06	11-21-12-21	1-05-2-04	2-19-3-21	4-04-5-04	5-19-6-18	7-03-8-02	8-17-9-16	
10-08-11-07	11-22-12-22	1-06-2-05	2-20-3-22	4-05-5-05	5-20-6-19	7-04-8-03	8-18-9-17	
10-09-11-08	11-23-12-23	1-07-2-06	2-21-3-23	4-06-5-06	5-21-6-20	7-05-8-04	8-19-9-18	
10-10-11-09	11-24-12-24	1-08-2-07	2-22-3-24	4-07-5-07	5-22-6-21	7-06-8-05	8-20-9-19	
10-11-11-10	11-25-12-25	1-09-2-08	2-23-3-25	4-08-5-08	5-23-6-22	7-07-8-06	8-21-9-20	
10-12-11-11	11-26-12-26	1-10-2-09	2-24-3-26	4-09-5-09	5-24-6-23	7-08-8-07	8-22-9-21	
10-13-11-12	11-27-12-27	1-11-2-10	2-25-3-27	4-10-5-10	5-25-6-24	7-09-8-08	8-23-9-22	
10-14-11-13	11-28-12-28	1-12-2-11	2-26-3-28	4-11-5-11	5-26-6-25	7-10-8-09	8-24-9-23	
10-15-11-14	11-29-12-29	1-13-2-12	2-27-3-29	4-12-5-12	5-27-6-26	7-11-8-10	8-25-9-24	
10-16-11-15	11-30-12-30	1-14-2-13	2-28-3-30	4-13-5-13	5-28-6-27	7-12-8-11	8-26-9-25	



**Initial CALPADS Affirm (Manual IEP adoption)
Use for Current Non-SEIS IEPs**

Add Student to SEIS

From the Future IEP

Use the last annual hard copy of the IEP to input information into the IEP. Confirm hard copy is the most recent.

Complete these forms:

- Information/Eligibility Form
- Services-Offer of FAPE Form
- Educational Setting- Offer of FAPE Form
- Transition Page 1 and Page 2 (if applicable)

From the CALPADS Student Page

Update **Education Plan Type** to match the hard copy IEP (Most commonly - 100 - Individualized Education Program (IEP))

Update **Parent Involvement Facilitation** and select the response indicated on the hard copy IEP

Update **Special Transportation Indicator**

Click Error Check and correct any errors

Click Save

In the **Eligibility** box, click on the pencil

- In the **Change Eligibility Status** drop down, select **Eligible/Providing Services**
- Select **The student transferred in from a non-SEIS district and is eligible** and click Update

Return to the Future IEP - Affirm

Click the **Affirm** button

Check the box next to each field, acknowledging that the Meeting information is correct

Select **Yes or No** for **Parent / Legal Guardian / Adult Student Signature In Agreement**

Select **Yes or No** for **Did this student transfer in from a non-SEIS district and their hard copy IEP is being affirmed?**

Select **Yes or No** for **Did this student transfer in from out-of-state and their hard copy IEP is being affirmed?**

Affirm Remarks type: No meeting held, Initial CALPADS Affirm only

Verify Other Meeting Dates

Click the Continue Affirm button

If an error is indicated, return to the future forms, correct the errors and restart the affirm process, otherwise click continue.

Do not select any IEP forms as a meeting was not held and scroll to the bottom.

Click the **Submit** button, click the **Affirm** button and click **ok**

Current IEP

You must attach the copy of the student's Non-SEIS IEP to the Attachments page

Add any additional comments needed on the Comments page

If the last reported transaction in CALPADS is an amendment, you will need to add the amendment to this IEP

- Populate the date with the original amendment date
- Mark the amendment purpose as "Other"
- Type "Initial CALPADS Affirm" in the box
- Create the amendment and Affirm

Return to Interim Placement



INTERIM SPECIAL EDUCATION SERVICES

*This form must be used for placement of a student from another SELPA or for a student from out of State

Student Name _____ Date of Birth ___/___/_____
Age _____ Grade _____ SSID _____
Date Student Enrolled in District/LEA ___/___/____ Interim Placement Date ___/___/____
School of Attendance _____ School of Residence _____ Transportation: Special Ed. Yes No
District of Special Education Accountability _____
Parent / Guardian _____ Home Phone _____ Cell Phone _____
Home Address _____ City _____ State, Zip _____
Native Language _____ Primary Residency _____
EL Yes No Redesignated Yes No Hispanic Ethnicity Yes No Ethnicity Intentionally Left Blank
Race (regardless of Ethnicity): Race 1 _____ Race 2 _____ Race 3 _____ Race 4 _____ Race 5 _____
 Race Intentionally Left Blank

LAST PLACEMENT

Educational Plan Type _____ Meeting Type Initial Plan Review Reevaluation Meeting Date ___/___/____
SPED Entry Date ___/___/____ Next Annual Plan Review ___/___/____ Next Reevaluation ___/___/____

School _____ District _____ County _____

State _____ Phone _____ Contact Person _____

INDICATE DISABILITY/IES (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 ID _____ 220 HH * _____ 230 Deaf * _____ 240 SLI _____ 250 VI *
_____ 260 ED _____ 270 OI* _____ 280 OHI _____ 290 SLD _____ 300 DB *
_____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability

Preschool Program Setting (Ages 3-5 only in Preschool, including 4-year-old in TK/K): _____

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or 4- year-old TK/K)

The location where the student receives the majority of their special education services the same as above:

Same as above Different from above

Is the Regular Early Childhood Program or TK/Kgn ten hours per week or greater? Yes No

Program Setting (Ages 5 [TK/Kgn] and older): _____

_____ % of time student is outside the regular class & extracurricular & non academic activities

_____ % of time student is in the regular class & extracurricular & non academic activities



INTERIM SPECIAL EDUCATION SERVICES

Special Education Program Authorization

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting

SPECIAL EDUCATION and RELATED SERVICES			
Service		Start Date / /	End Date / /
Provider		<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location	
Comments:			
Service		Start Date / /	End Date / /
Provider		<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location	
Comments:			
Service		Start Date / /	End Date / /
Provider		<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location	
Comments:			

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement _____

Signature _____

Date ___/___/___

Position _____

Parent Signature _____

Date ___/___/___

Parent Signature _____



ANTELOPE VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
REFERRAL FOR REGIONAL SERVICES

- Parallel transfer (IEP must be attached.)
- Referral to determine eligibility for specialized services

Do not write in this space.	
Date received:	Initials:

Date of referral: _____ **Referring District:** _____

Service being requested: _____

Contact person: _____ **Phone number:** _____

Student Information:

Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

Parent/Guardian: _____ **Relationship:** _____

Address: _____ **City:** _____ **Zip:** _____

Home phone: _____ **Work phone:** _____ **Other:** _____

Child's primary language: _____ **Home language(s):** _____ **School language(s):** _____

Does parent require an interpreter/translator?: Yes No **Language:** _____

Current Placement/Services Information:

Current School: _____ **Current Teacher:** _____

Current IEP Date: _____ **Last assessment date:** _____ **Next assessment due:** _____

Handicapping Conditions: _____

Developmental/Cognitive Range: _____

Current academic levels: Reading _____ Math _____ Written Language _____

Current Programs and Services (Check all that apply.):

Placement:

General Education RSP SDC (type) _____

Related Services:

Speech & Language Adapted PE

Physical Therapy Occupational Therapy

Deaf & Hard of Hearing Itinerant Teacher Visually Impaired Itinerant Teacher

Orientation & Mobility Visually Impaired Itinerant Teacher Orthopedically Impaired Itinerant Teacher

Other _____ SCIA

Specialized Plans:

<input type="checkbox"/> Behavior Plan	<input type="checkbox"/> Health Plan		
Program Support (Check all that apply.):			
<p style="text-align: center;">Medical/Motor</p> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> G-Tube <input type="checkbox"/> Special Diet <input type="checkbox"/> Diapers <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Oxygen <input type="checkbox"/> Catheterization <input type="checkbox"/> MOVE program	<p style="text-align: center;">Communication</p> <input type="checkbox"/> Augmented Communication <input type="checkbox"/> Switches/Devices <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other: _____	<p style="text-align: center;">Vision</p> <input type="checkbox"/> Glasses <input type="checkbox"/> CCTV <input type="checkbox"/> Scribe Services <input type="checkbox"/> Large print materials <input type="checkbox"/> Braille materials <input type="checkbox"/> Other: _____	<p style="text-align: center;">Hearing</p> <input type="checkbox"/> Hearing aid/s <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> FM system <input type="checkbox"/> Other: _____
Comments:			

Signatures:		
Site Administrator	Title	Date
District Administrator/Designee	Title	Date
Parent/Guardian Authorization for this referral and Release of Student’s Records to the Regional Service Provider:		
Signature of Parent/Guardian	Date	

Program Council Approved: 12-18-15
 Superintendents’ Council Approved: 2-25-2016

