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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  **Special Education Inter-District Transfer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | |  | | | | | | | | | |
| Disability: | | | | |  | | | | | | | | | | | | | | | | | | | | Grade: |  | | | | | | | | | | Gender: | | | | | | | | Male | | | | Female |
| Current Placement/Services: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Site: | | | | | |  | | | | | | | | | | | | | | | | District of Residence: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Parent/Guardian: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | |  | | | | | | | | | | Work Phone: | |  | | | | | | | | | | | Other Phone: | | | | | | | | | | |  | | | | | | | |
| Street Address: | | | | | | | | |  | | | | | | | | | City: |  | | | | | | | | | | State: | | | | | |  | | | | | | Zip Code: | | | | | |  | |
| Mailing Address: | | | | | | | | | | |  | | | | | | | City: |  | | | | | | | | | | State: | | | | | |  | | | | | | Zip Code: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **proposed placement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proposed Placement:** | | | | | | | | | | | | | | | | | | | | **Transportation to be Provided By:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Special Academic Instruction (SAI) | | | | | | | | | | | | | | | | | |  | | | District of Residence: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | Related Services (specify): | | | | | | | | | | | |  | | | | | |  | | | District of Attendance: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | Other (specify): | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| The student’s parent/guardian works within the proposed District of Attendance (DOA) boundaries? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Yes | | |  | No | | |
| Additional Information: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **agreement and responsibilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The | | | |  | | | | | | | | | | | | School District hereby requests that effective | | | | | | | | | | |  | | | | | | | | | | | | | , attendance be authorized | | | | | | | | |
| for the above-named student in the | | | | | | | | | | | | | | | |  | | | | | School District for the | | | | | | | | | |  | | | | | | | | | | | | school year. | | | | | |
| **The District of Residence (DOR) Agrees To:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Pay the District of Attendance for special education program costs as per the Desert/Mountain Special Education Local Plan Area (SELPA) approved Fee-For-Service Rate Schedule. * Pay the District of Attendance for all additional costs as per the attachment to this Inter-District Transfer form. * Abide by all the conditions set forth within the District of Attendance Inter-District Agreement for general education students. * Share due process hearing responsibilities with the District of Attendance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The District of Attendance (DOA) Agrees To:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Confer in advance and invite the District of Residence to all IEP meetings that may result in additional program costs to the District of Residence. * Comply with the Transfer into District IEP and invite a District of Residence administrator to all IEP meetings. * Share due process hearing responsibilities with the District of Residence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOR Authorized Agent Signature: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | |
| DOA Authorized Agent Signature: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | |