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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**SCIA Checklist** |
| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       | Age: |       |
| Disability: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| School Site: |       | Program/Placement: |       |
| General Education Teacher: |       | Contact Phone: |       |
| Special Education Teacher: |       | Contact Phone: |       |
| SCIA Case Manager/Coordinator: |       | Contact Phone: |       |
|  |
| **DIRECTIONS:** The following information to be completed by the school site staff. Initial and date as items are completed. |
|  |  | **Initial** |  | **Date** |
| **STEP 1:** | **Make Referral** |  |  |  |
| [ ]  | Complete SCIA Rubric (D/M 157C & D) |  |  |       |
| [ ]  | Complete Review of IEP Goals (D/M 157E) |  |  |       |
| [ ]  | Complete Review of BIP (D/M 157F) |  |  |       |
| [ ]  | Review other records, as appropriate |  |  |       |
| [ ]  | Complete Referral for SCIA (D/M 157B) |  |  |       |
| [ ]  | Send Packet to district Director of Special Education |  |  |       |
|  |  |  |  |  |
| **STEP 2:** | **Complete Assessment** |  |  |  |
| [ ]  | Complete Assessment Plan (D/M 66) |  |  |       |
| [ ]  | Obtain written parent permission to assess and provide parents with a copy of the |  |  |       |
|  | Procedural Safeguards (D/M 77) |  |  |  |
|  |  |  |  |  |
| **STEP 3:** | **Complete Interviews** |  |  |  |
| [ ]  | Complete Parent Interview (D/M 157G) |  |  |       |
| [ ]  | Complete Teacher Interview (D/M 157H) |  |  |       |
| [ ]  | Complete Student Interview (D/M 157I) |  |  |       |
|  |  |  |  |  |
| **STEP 4:** | **Complete Evaluation** |  |  |  |
| [ ]  | Complete Observational Evaluation for SCIA (D/M 157J) |  |  |       |
| [ ]  | Complete Assessments |  |  |       |
|  |  |  |  |  |
| **STEP 5:** | **Develop Evaluation Report** |  |  |  |
| [ ]  | Develop SCIA Evaluation Report (D/M 157K) |  |  |       |
|  |  |  |  |  |
| **STEP 6:** | **Review Evaluation at IEP Meeting** |  |  |  |
| [ ]  | Hold IEP meeting (within 60 days of receipt of consent) |  |  |       |
|  | [ ]  | SCIA Not Recommended - process ends as per IEP |  |  |       |
|  | [ ]  | SCIA Recommended - develop IEP goals to be supported by SCIA |  |  |       |
|  |  |  |  |  |
| **STEP 7:** | **Request / Assign SCIA** |  |  |  |
| [ ]  | Request/Assign SCIA (LEA Personnel Forms) |  |  |       |
|  |  |  |  |  |
| **STEP 8:** | **Observational Review** |  |  |  |
| [ ]  | Observational Review to Determine Continued Need for SCIA (D/M 157L) |  |  |       |
|  | will be completed by |       |  |        |  |  |  |  |
|  |  | Name/Title |  | Date |  |  |  |  |