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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 | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **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) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **STEP 3:** | **Complete Interviews** | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Complete Parent Interview (D/M 157G) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Complete Teacher Interview (D/M 157H) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Complete Student Interview (D/M 157I) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **STEP 4:** | **Complete Evaluation** | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Complete Observational Evaluation for SCIA (D/M 157J) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Complete Assessments | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **STEP 5:** | **Develop Evaluation Report** | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Develop SCIA Evaluation Report (D/M 157K) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **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 | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **STEP 7:** | **Request / Assign SCIA** | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Request/Assign SCIA (LEA Personnel Forms) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| **STEP 8:** | **Observational Review** | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | Observational Review to Determine Continued Need for SCIA (D/M 157L) | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | will be completed by | | | | | |  | | | |  | | |  | | | | |  |  | | |  | |  | | |
|  |  | | | | | | Name/Title | | | |  | | | Date | | | | |  |  | | |  | |  | | |