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| **Plan del Área Local de Educación Especial de Desert/Mountain**  **Plan del Área Local de Educación Especial Autónoma de Desert/Mountain**  17800 Highway 18 • Apple Valley CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Lista de verificación *SCIA*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMACIÓN DEL ESTUDIANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del estudiante: | | | | |  | | | | | | | | FDN: | | |  | | | | | | | | Edad: | | | |  |
| Discapacidad: | |  | | | | | | | | Grado: | | | |  | | | | | Género: | | | Masculino | | | | | Femenino | |
| Plantel escolar: | | |  | | | | | | | | Programa/ubicación: | | | | | |  | | | | | | | | | | | |
| Maestro educación general: | | | | | |  | | | | | | | | | | | | Teléfono de contacto: | | | | |  | | | | | |
| Maestro educación especial: | | | | | | |  | | | | | | | | | | | Teléfono de contacto: | | | | |  | | | | | |
| Administrador de caso/coordinador *SCIA*: | | | | | | | | |  | | | | | | | | | Teléfono de contacto: | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCCIONES:** La siguiente información la debe completar el personal de la escuela. Escribir las iniciales y la fecha al completar los puntos. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | **Iniciales** | | | |  | **Fecha** | | |
| **PASO 1:** | **Hacer la remisión** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la rúbrica *SCIA* (D/M 157C & D) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la revisión de las metas *IEP* (D/M 157E) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la revisión del *BIP* (D/M 157F) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Revisar otros registros, según corresponda | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la Remisión para *SCIA* (D/M 157B) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Enviar el paquete al director del Distrito de Educación Especial | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 2:** | **Completar la evaluación** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar el Plan de evaluación (D/M 66) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Obtener el permiso escrito de los padres para evaluar y proporcionar a los padres una | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | copia de las garantías de procedimiento (D/M 77) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 3:** | **Completar las entrevistas** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la entrevista al padre (D/M 157G) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la entrevista al maestro (D/M 157H) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la entrevista al estudiante (D/M 157I) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 4:** | **Completar la evaluación** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar la evaluación observacional para *SCIA* (D/M 157J) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Completar las evaluaciones | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 5:** | **Desarrollar el informe de evaluación** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Desarrollar el informe de evaluación *SCIA* (D/M 157K) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 6:** | **Revisar la evaluación en la reunión *IEP*** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Realizar la reunión *IEP* (dentro de los 60 días siguientes a la recepción del consentimiento) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  |  | | | No se recomienda *SCIA* - el proceso termina según el *IEP* | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  |  | | | Se recomienda *SCIA* - desarrollar las metas *IEP* para apoyar el *SCIA* | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 7:** | **Solicitar / asignar *SCIA*** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Solicitar/asignar *SCIA* (Formatos personales *LEA*) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
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| **PASO 8:** | **Revisión de observación** | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | La revisión de observación para determinar la necesidad continua de *SCIA* (D/M 157L) | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | |
|  | Será completada por | | | | | | |  | | | |  | | |  | | | | |  |  | | | |  |  | | |
|  |  | | | | | | | Nombre/título | | | |  | | | Fecha | | | | |  |  | | | |  |  | | |