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

Referral for SCIA

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: Please complete the following information. Submit the Referral for SCIA and the following forms: SCIA Rubric (D/M 157C and D), Review of IEP Goals (D/M 157E), and Review of Behavioral Intervention Plan (BIP) (D/M 157F) to the special education office.

Reason for referral:

Areas of student need based on SCIA Rubric (D/M 157C and D):

Concerns identified on Review of IEP Goals (D/M 157E):

Concerns identified on Review of BIP (D/M 157F):

Previous interventions and results: *(including frequency, duration, and location)*

Other unique needs:

This referral is made at the request of the:

☐ Teacher ☐ Case Manager ☐ Parent/Guardian ☐ Other: _____

Individual Requesting Referral: _____ Date: _____
Site Administrator/Designee: _____ Date: _____