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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  **Summary of SCIA Rubric** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | |  | | | | | | | | | | | Date of Birth: | | | | |  | | | | Age: | |  | |
| Disability: | | | |  | | | | | | | | | | | | Grade: | | |  | | | Gender: | | | | Male | | Female | | |
| School Site: | | | | |  | | | | | | | | | | | | Program/Placement: | | | | | | |  | | | | | | |
| Parent/Guardian: | | | | | | | |  | | | | | | | | | | | | | Contact Phone: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECTIONS:** Please mark the boxes that best describes the health/personal care, behavior, instruction, and program supports for the student. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **HEALTH / PERSONAL CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Specialized Health Plan | | | | | | | | | G-Tube | | | Medications | | | | | | | Suctioning | | | | | Food Preparation | | | | | |
|  | Diaper Changing | | | | | | | | | Feeding Full Support | | | Seizures Weekly | | | | | | | Lifting / Transfers | | | | | |  | | | | |
|  | Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **BEHAVIOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Behavior Plan in Place | | | | | | | | | Physically Aggressive Weekly | | | | | Non-compliant in Class | | | | | | | | Non-compliant on Campus | | | | | | | |
|  | Runs Away Weekly | | | | | | | | | ADHD Medicated | | | | | Mental Health Client | | | | | | |  | | | | | | | | |
|  | Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **INSTRUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Discrete Trial / ABA | | | | | | | | | Physical Prompts 80 % + | | | | | Verbal Prompts 80% + | | | | | | | | Structured Teaching | | | | | | | |
|  | Assistive Technology | | | | | | | | | PECS | | | | | Signing 80% + | | | | | | | | |  | | | | | | |
|  | Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **INCLUSION / MAINSTREAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Direct Adult Instruction | | | | | | | | | Physical Support/Positioning | | | | | Safety Supervision 80% + | | | | | | | | Close Visual Supervision 80% + | | | | | | | |
|  | Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Describe each area of intensive need marked above and indicate if there is an IEP goal/objective written to address the area. Use additional paper if needed to describe all of the needs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe interventions used to support referred student in each of the areas marked above. Provide data that documents the prior success or failure of interventions and attach. School day description and assistance needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |