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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 Evaluation Report** | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | |  | | | | |
| Psychologist: | | | | | |  | | | | | | | | Contact Phone: | | | | | |  | | | | |
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| **Evaluation Report Prepared By:** | | | | | | | |  | | | | | | | **Date Completed:** | | | | | |  | | | |
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| 1. **Background Information and Educational Setting:** *(Summarize previous interventions and outcomes, include information regarding educationally relevant health, developmental, and medical findings; and include the results of any independent educational evaluations.)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Assessment Procedures:** *(Include information regarding the administration of tests in the primary language of the student by qualified personnel, the validity of the evaluation, and the validity of tests for the purposes in which they were used.)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Summary of Interviews and Observations:** *(Summarize results of the parent, teacher, and student interviews, include information regarding relevant behavior noted during the observation of the student.)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Assessment Results:** *(Summary the results of standardized and/or curriculum-based testing.)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Recommendations:** *(Include information regarding the need for specialized services, materials, and equipment and indicate if the student’s needs can be met in the regular education classroom with the current level of support.)* | | | | | | | | | | | | | | | | | | | | | | | | |
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