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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**Transfer Into District** |
| **STUDENT INFORMATION** |
| Student Name: |  | Date of Birth: |  | Gender: | [ ]  Male  | [ ]  Female |
| Ethnicity: |  | Disability: |  | Grade: |  |
| Residency: | [ ]  Parent/Guardian | [ ]  Licensed Children’s Inst. | [ ]  Foster Family Home | [ ]  Hospital | [ ]  Residential Facility |
|  | [ ]  Incarcerated Inst. | [ ]  State Hospital | [ ]  Development Center | [ ]  Other: |  |
| School Site: |  | Teacher Name: |  |
| District of Attendance: |  | District of Residence: |  |
| Parent/Guardian: |  |
| Home Phone: |  | Work Phone: |  | Other Phone: |  |
| Street Address: |  | City: |  | State: |  | Zip Code: |  |
| Mailing Address: |  | City: |  | State: |  | Zip Code: |  |
| **Former Placement** | District: |  | School Site: |  |
| Street Address: |  | City: |  | State: |  | Zip Code: |  |
| Special Education Program: |  |
| **Present Placement** | District: |  | School Site: |  |
| Street Address: |  | City: |  | State: |  | Zip Code: |  |
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|  |  |  |  |  |
| **please Complete Items 1 Through 9 and Initial/Date on the Space Provided** |  | **Initials** |  | **Date** |
| 1. | Confirm student’s previous educational placement by: |  |  |  |  |
|  | [ ]  Telephone call to previous school/district | [ ]  IEP available | [ ]  Other: *(person contacted)* |  |  |  |
| 2. | Indicate interim thirty (30) day placement in: |  |  |  |  |  |
|  |  | [ ]  Special Academic Instruction (SAI): |  | with |  |  |  |  |  |
|  |  | [ ]  Related Services:*(specify)* |  |  |  |  |  |
| 3. | Request confidential records using Authorization for Use and/or Disclosure of Information form (D/M 63) |  |  |  |  |
| 4. | Complete Family Information form (D/M 56) |  |  |  |  |
| 5. | Complete/submit MIS information to district office (D/M 68A) |  |  |  |  |
| 6. | File copy of Transfer into District form (D/M 52) and send original to special education office |  |  |  |  |
| 7. | Obtain (if necessary) Assessment Plan (D/M 66) |  |  |  |  |
| 8. | Log case. IEP review date(s): |  |  |  |  |  |
| 9. | Send information for review by site administrator |  |  |  |  |
|  |  |  |  |  |  |
| Comments: |
|  |
| **parent consent/acknowledgement** |
| Please review the information and mark *Yes* or *No* to indicate whether or not you consent to and understand the following items: |
| 1. | I give consent for my child, named above, to participate in a  |  | [ ]  Yes | [ ]  No |
|  | special education program in the above-named school district and I understand that continued placement is conditional upon verification of eligibility by the Individualized Education Program team, which will review the placement recommendation within thirty (30) days. |  |  |
| 2. | I understand this district will request the confidential records from the previous school/district of attendance and that I have the right to review such records. | [ ]  Yes | [ ]  No |
| 3. | I understand my Parent Rights and have received a copy (D/M 77). | [ ]  Yes | [ ]  No |
| Parent/Guardian Signature: |  | Date: |  |