West End Special Education Local Plan Area

**REFERRAL FOR PLACEMENT**

[x]  San Bernardino County Schools

[ ]  Ontario-Montclair School District

[ ]  Chaffey Joint Union HS District

|  |  |
| --- | --- |
| **Date:** |        |
| **To:** |        |
| **From:** |        |
| Student’s Name |       |  Birth Date |       |  |
| Parent’s Name |       |  Gender |       |  |
| Address |       |  Grade |       |  |
|  |       |  Disability |       |  |
| Phone | (     )      -      [ ]  Cell [ ]  Home [ ]  Work |  |  |
| Phone | (     )      -      [ ]  Cell [ ]  Home [ ]  Work |  |  |
| Phone | (     )      -      [ ]  Cell [ ]  Home [ ]  Work |  |  |
| Home School |        |  |
| District of Residence |        |  |

[ ]  This student is being referred for consideration of placement in the Choose an item. program or service.

[ ]  Continuation of Special Day Class Services; Choose an item.

\*New to WE SELPA

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| The following documents are attached (check appropriate): |
| [ ]  Current Individualized Education Program (IEP) (At least 45 prior to next Annual & 75 days prior to next Triennial) |
| [ ]  Current Initial/Triennial Evaluation |
| [ ]  Home Language Survey and ELPAC test results, if applicable |
| [ ]  Health/Development Report / Immunization Record/Hearing and Vision Screening |
| [ ]  Assessment data supporting a change in placement |
| [ ]  Transcripts for students in grades 9-12, state testing results |
| [ ]  Special Education Teacher’s Academic Report |
| [ ]  General Education Teacher’s Report, if applicable |
| [ ]  Related Service Reports (circle if applicable): |
|  Speech & Language APE VI DHH OH OT PT Counseling OTHER:       |
|  | Has the referral been approved in an IEP by a SBCSS Principal? If so, who?      |
|  |
|  |
|  |  |  |       |
|  |  |  |  |
|  | Director’s Signature |  | Date |