West End Special Education Local Plan Area

**REFERRAL FOR PLACEMENT**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |