Please submit the following:

[ ]  Cover letter from District Administrator, or designee, which includes the reason for referral

[ ]  Consent for exchange of information that is signed by the education rights holder

[ ]  IEP or IFSP, most recent annual and amendments

[ ]  IEP or IFSP, most recent triennial and amendments

[ ]  Psychological Reports

[ ]  Behavior Intervention Plan (If applicable)

[ ]  Other Assessment Reports

[ ]  Health and Development History

[ ]  Immunization Record

[ ]  Birth Certificate

[ ]  Transcript – for high school students

[ ]  Most recent report card

[ ]  Legal Documentation (Conservatorship, Education Rights holder, custody agreements as applicable)

Transition student referrals please also include:

[ ]  SCOE Work History Summary

[ ]  Work Progress report

[ ]  Copy of California I.D.

[ ]  Copy of Social Security Card

[ ]  Most Recent Physical Exam or Medical Specialist’s Report (If applicable)

Upon receipt of the signed IEP/IEP Amendment placing the student in a SCOE program, services will begin in alignment with the offer of FAPE. Upon receipt of the signed IEP/IEP Amendment, the transportation request will be submitted if requested by the placing district. In most cases, transportation requests take 10 – 14 business days to route.

Student enrollment is complete when all records are received and the student’s IEP team has completed an IEP that is valid.

The IEP team is making a referral to choose an item.

Student’s Legal Name: Click or tap here to enter text. Nickname: Click or tap here to enter text.

[ ]  Male [ ]  Female [ ]  Non Binary

Birthdate: Click or tap to enter a date. Grade level: Click or tap here to enter text.

District of Residence: Click or tap here to enter text.

School of Attendance: Click or tap here to enter text.

District Case Manager: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Parent/guardian name(s): Click or tap here to enter text.

Address: Click or tap here to enter text.

Home phone: Click or tap here to enter text. Work phone: Click or tap here to enter text.

Home primary language: Click or tap here to enter text.

Student’s primary disability: Click or tap here to enter text.

Current educational placement: Choose an item.

 If other: Click or tap here to enter text.

**Other current information**

NBRC: [ ]  Yes [ ]  No

Worker Name: Click or tap here to enter text. Contact information: Click or tap here to enter text.

Therapeutic Services: [ ]  Yes [ ]  No

 Provider Name: Click or tap here to enter text. Contact information: Click or tap here to enter text.

SRJC Student: [ ]  Yes [ ]  No

Probation: [ ]  Yes [ ]  No Name/phone of probation officer: Click or tap here to enter text.

Substance abuse: [ ]  Yes\* [ ]  No [ ]  concerned

\*If yes, indicate: [ ]  Alcohol [ ]  Drugs [ ]  Unknown

Gang related issues: [ ]  Yes [ ]  No [ ]  concerned

Incarceration: [ ]  Yes [ ]  No

CPS: [ ]  Yes [ ]  No [ ]  concerned

Dependent of court [ ]  Yes [ ]  No Name/phone of social worker: Click or tap here to enter text.

State adoption youth [ ]  Yes [ ]  No If yes, adopted from what county? Click or tap here to enter text.

LCI/Group home: Click or tap here to enter text.

Recent hospitalization(s): Click or tap here to enter text.

Other agency involvement: Click or tap here to enter text.

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Signature and Date

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Print Name and Title