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