

Office of Larry E. Reider  
Kern County Superintendent of Schools  
KERN COUNTY CONSORTIUM SELPA

Date of Contact/Referral \_\_\_\_\_

**Assessment/Placement Consideration**  
**KCSOS E.D. Programs/Services**

Selpa ID# \_\_\_\_\_ SSID# \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade \_\_\_\_\_

District of Residence \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Current Placement \_\_\_\_\_ Disability Category \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Language(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Other \_\_\_\_\_

Student lives with parents?  Yes  No Parents have educational rights?  Yes  No

If no, who hold the educational rights? Relationship/name/address/phone \_\_\_\_\_

*Student's Placements (mark current services level):*

RSP How long? \_\_\_\_\_

SDC How long? \_\_\_\_\_

Home Instruction How long? \_\_\_\_\_

Out of District Placement Where? \_\_\_\_\_ How long? \_\_\_\_\_

Residential Placement Where? \_\_\_\_\_ How long? \_\_\_\_\_

Other \_\_\_\_\_

Initial Assessment Requested (attach SST documents)

Client of:  KRC  Mental Health  CCS Receives private services:  No  Yes \_\_\_\_\_

*Information Attached For Review:*

Current IEP  Current Treatment Plan  Non School Psychological or

Psychological Report  AB 2726 Summary Report  Psychiatric Evaluations

Behavior Support Plan or  Pertinent Health Reports  Immunization Record

Behavior Intervention Plan  Other \_\_\_\_\_

Educational Information  Attach other support service evaluation reports (OT, APE, etc.)

Pertinent information that should be considered – specific reason for referral

continue to page 2

White: \_\_\_\_\_ Canary: \_\_\_\_\_

Students transferring from similar program:

District: \_\_\_\_\_ Location: \_\_\_\_\_

Services received: (include special education and mental health) \_\_\_\_\_

Reason for Referral (be specific):

Specific concerns:

Expected outcome:

\*\*\*\*\*

Referral Source \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Send these two completed referral pages and all attached data to:

Jennifer Acuna
Kern County Consortium SELPA
1300 17th Street - City Centre
Bakersfield, CA 93301
Fax: (661) 636-4810

Received by S&S Office \_\_\_\_\_
Date of Referral \_\_\_\_\_
Recommendations/directed to: \_\_\_\_\_