

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

Date of Contact/Referral _____

Assessment/Placement Consideration

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 _____

Request is for:

- Assessment (*attach screening information*).
- Placement-based on completion of evaluation by district (*attach reports*).
- Placement-interim based on transfer status.
- Other _____

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

Information Attached For Review:

- | | | |
|---|--|--|
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Current Treatment Plan | <input type="checkbox"/> Non School Psychological or |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> AB 2726 Summary Report | Psychiatric Evaluations |
| <input type="checkbox"/> Behavior Support Plan or | <input type="checkbox"/> Pertinent Health Reports | <input type="checkbox"/> SAT/SST Documents |
| Behavior Intervention Plan | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Educational Information | <input type="checkbox"/> Attach other support service evaluation reports (OT, APE, etc.) | |

If transfer student:

Previous school placement/services: _____

Previous District _____

address _____

city _____ state _____ zip _____

phone _____ contact person _____

Verified by: IEP Phone Call Other _____

Name: _____ Phone: _____

continue to page 2

White: _____ Canary: _____

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
Phone: (661) 636-4817
Fax: (661) 636-4810

Received by S&S Office _____
Date of Referral _____
Directed to: _____
