

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

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

**Assessment/Placement Consideration**

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

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Current Placement \_\_\_\_\_ Disability Category \_\_\_\_\_

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

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"/> Educational Information  | <input type="checkbox"/> Attach other support service evaluation reports (OT, APE, etc.) |  |

<p>If transfer student:</p> <p>Previous school placement/services: _____</p> <p>Previous District _____</p> <p>address _____</p> <p>city _____ state _____ zip _____</p> <p>phone _____ contact person _____</p> <p>Verified by: <input type="checkbox"/> IEP <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____</p> <p>Name: _____ Phone: _____</p>
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Reason for Referral (be specific):

Specific concerns:

Expected outcome:

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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: \_\_\_\_\_  
\_\_\_\_\_