

## **SECTION 9**

# **San Joaquin County Regionalized Special Education Programs**

## **San Joaquin County Office of Education**

### **Referrals Reminders to County Special Education Programs**

County Special Education Programs offers options for LEA students with significant and specific needs, which cannot (in the determination of the LEA director or designee) be met within the LEA of residence and for who appropriate program options exist within the County regionalized programs. The initial step to determine possible appropriateness is the referral process. Students may be referred as the result of a 30 day administrative placement when moving in from outside San Joaquin County SELPA, if county regionalized programs constitutes comparable service or through a referral for possible placement and IEP meeting with SJCOE Administrator or designee in attendance.

In either case the following reminders apply:

- All referrals require an “Information/Services/Request for Like Placement (30 day)” form.
- Attach all current documentation requested: all assessments, current IEP, birth certificates, immunizations, and medical information as listed on the placement form.
- Sending incomplete referral packets may delay assigning of referral.
- Neatness and legibility are encouraged to prevent delays in processing.
- When referring to Believe!, please attach all current documentation, a current BIP (if applicable), current Mental Health clinician report (if any), and any other supporting documents. For further information related to Believe! referrals, please refer to the guidelines for referrals to Believe! program found in section 19 of the teacher handbook.
- Authorizing signature of district Director or administrative designee required.
- If district is scheduling an IEP and requesting County Program Administration attendance to discuss continuum of options provided, please submit referral to allow for sufficient advance notice (4 week notice) for scheduling IEP with the County Administrator so all parties can attend.
- The referring party should email the assistant to the Director of County Operated Special Education Programs (currently Tracy Troché) when sending in a request to ensure timely follow up if it is expected but not received.
- District, county operated special education programs Director II, and the SELPA program specialist assigned to that district will be notified by email when the request has been received, logged in and assigned to a county program Director II.
- Districts of residence are responsible for complete assessments (including EL, if applicable), present levels of performance and goals/objectives when referring three year olds for any placement, including but not limited to EIBT, CONNECTIONS! or McFall preschool. (please note on referral cover sheet if assessments are in progress)
- An offer of County Program placement cannot be made during an IEP without a complete referral received and a county Administrator or designee present.

# INTERIM SPECIAL EDUCATION SERVICES

*This form must be used for placement of a student from another SELPA or for a student from out of State*

Student: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Native Language: \_\_\_\_\_ EL  Yes  No Redesignated  Yes  No Ethnicity \_\_\_\_\_

Residency:  Parent/Guardian  FFH  LCI  Adult Student  Other \_\_\_\_\_

**INDICATE DISABILITY/S**

\_\_\_\_\_ 210 ID \_\_\_\_\_ 220 HH \_\_\_\_\_ 230 Deaf \_\_\_\_\_ 240 SLI \_\_\_\_\_ 250 VI  
 \_\_\_\_\_ 260 ED \_\_\_\_\_ 270 OI \_\_\_\_\_ 280 OHI \_\_\_\_\_ 290 SLD \_\_\_\_\_ 300 DB  
 \_\_\_\_\_ 310 MD \_\_\_\_\_ 320 AUT \_\_\_\_\_ 330 TBI

Annual Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPED Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Interim Placement to be Reviewed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Triennial Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Placement

\_\_\_\_\_ School / District / County

\_\_\_\_\_ Phone

\_\_\_\_\_ Contact Person

## SPECIAL EDUCATION PROGRAM AUTHORIZATION

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:

Special Education & Related Services	Start Date	* Frequency	Duration	Location	Service Provider
% of time <i>outside</i> General Ed. class for Sp. Ed services			%		

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement or referring to county for placement:

\_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

\_\_\_\_\_ SJCOE signature if referred to County Programs \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

\_\_\_\_\_ Parent Signature\* \_\_\_\_\_ Parent Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

\*Your signature acknowledges receipt of offer of placement

**SAN JOAQUIN COUNTY OFFICE OF EDUCATION**

**SPECIAL EDUCATION PROGRAMS**

Information/Services/Request for Like Placement (30 day)

I. Date of Request: \_\_\_\_\_ Made by: \_\_\_\_\_  
Name Title  
Authorized by: \_\_\_\_\_ Referring District: \_\_\_\_\_  
Special Ed Director / Designee  
Requested For:  Possible Placement  Information only: Attendance at IEP Meeting to explain county options (e.g. LI Service)  
 30 Day Like Placement  Other Specify: \_\_\_\_\_  
30 day transfer form included  
Date parent notified district of established residence \_\_\_\_\_

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II. Student's Name: \_\_\_\_\_ SSID # \_\_\_\_\_  
Gender: \_\_\_\_\_ BD: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent's/Care Provider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Student's Residence: \_\_\_\_\_  
FHI Code: \_\_\_\_\_  
 Foster/Homeless Youth

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III. Current placement is with: \_\_\_\_\_  
(District/School/Teacher)  
Transfer student from: \_\_\_\_\_  
(District/School/Teacher)  
Contact for information: \_\_\_\_\_  
(Name, Phone)  
 District enrollment form \_\_\_\_\_  
 **Psychological Assessment** Dated: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 **Speech and Language** Dated: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 **Educational/Academic** Dated: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 **Most recent IEP** Dated: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 **Other:** \_\_\_\_\_ Dated: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 **Birth Certificate**  
 **Immunization**  
 **Medical Information:**  
Medical Conditions \_\_\_\_\_  
Medication at School \_\_\_\_\_  
Specialized nursing procedures at school \_\_\_\_\_  
 **Mental Health Assessment**  
 **Other information which bears directly on this request is attached** \_\_\_\_\_  
These reports are not included with this request because \_\_\_\_\_

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IV. Assigned to Administrator: \_\_\_\_\_ On : \_\_\_\_\_ Received on: \_\_\_\_\_  
Directions: \_\_\_\_\_  
Result of request/date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Log#: \_\_\_\_\_

Send completed packets to Tracy Troche at [ttroché@sjcoe.net](mailto:ttroché@sjcoe.net) or fax to (209) 468-4979

# INTERIM SPECIAL EDUCATION SERVICES

*This form must be used for placement of a student from another SELPA or for a student from out of State*

District Completes

Student: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Native \_\_\_\_\_  
 Language: \_\_\_\_\_ EL  Yes  No Redesignated  Yes  No Ethnicity \_\_\_\_\_  
 Residency:  Parent/Guardian  FFH  CI  Adult Student  Other \_\_\_\_\_

INDICATE DISABILITY/S  
 \_\_\_\_\_ 210 ID \_\_\_\_\_ 220 HH \_\_\_\_\_ 230 Deaf \_\_\_\_\_ 240 SLI \_\_\_\_\_ 250 VI  
 \_\_\_\_\_ 260 ED \_\_\_\_\_ 270 OI \_\_\_\_\_ 280 OHI \_\_\_\_\_ 290 SLD \_\_\_\_\_ 300 DB  
 \_\_\_\_\_ 310 MD \_\_\_\_\_ 320 AUT \_\_\_\_\_ 330 TBI

SPED Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interim Placement to be Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Due: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Triennial Due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Placement \_\_\_\_\_  
 School / District / County Phone Contact Person

County Programs Completes

SPECIAL EDUCATION PROGRAM AUTHORIZATION					
Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:					
Special Education & Related Services	Start Date	* Frequency	Duration	Location	Service Provider
% of time <i>outside</i> General Ed. class for Sp. Ed services			%		

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

District

Name of LEA Representative Making Interim Placement or referring to county for placement:

\_\_\_\_\_ / /  
 Signature Position Date

County Programs

\_\_\_\_\_ / /  
 SJCOE signature if referred to County Programs Date

\_\_\_\_\_ / /  
 Parent Signature\* Parent Signature Date

\*Your signature acknowledges receipt of offer of placement

**San Joaquin County Office of Education  
Special Education Programs  
Referral Guidelines to Believe! Program**

County Special Education Programs offers options for LEA students with significant and specific needs, which cannot (in the determination of the LEA director or designee) be met within the LEA of residence and for who appropriate program options exist within the County regionalized programs. The initial step to determine possible appropriateness is the referral process. Students may be referred as the result of a 30 day administrative placement when moving in from outside San Joaquin County SELPA, if county regionalized programs constitutes comparable service or through a referral for possible placement and IEP meeting with SJCOE Administrator or designee in attendance.

Special Consideration for SJCOE Believe! Program

When LEAs are having difficulty addressing the needs of a student with significant social emotional and mental health needs and have exhausted available interventions and services, they may wish to submit a referral packet for potential placement in the SJCOE Believe! program.

Referring District Instructions

- 1) LEA staff will complete a referral to County Programs and send it to the Program Support Specialist (fax: 209-468-4979). The packet shall include the following:
  - a) All referrals require a “Informational Services/Request for Like Placement (30 day) form”
  - b) Attach all current documentation including: all assessments including a current psychoeducational report, current IEP, birth certificate, immunizations, and medical information as listed on the placement form
  - c) Current BIP (if applicable)
  - d) Current Mental Health clinician report (if any)
  - e) Other supporting documents if applicable (i.e. FBA, discipline records, hospitalization records etc.)

SJCOE Process

- 1) If there is a concern or question related to the submitted referral documents, or if items are missing, the Division Director or designee will contact the referring District.
  
- 2) The packet will be forwarded to the appropriate SJCOE Administrator who will communicate with the referring LEA representative regarding placement after reviewing the referral.

Once the packet is routed to the SJCOE Believe! Administrator, the following will occur:

- 1) The SJCOE Believe! Administrator will communicate with the LEA representative after packet review.
- 2) Should the student be identified as potentially benefitting from an environment designed to support significant social emotional needs with embedded related services such as the Believe! Program, a Project Liaison will contact the LEA representative to inquire about dates and times for a potential site visit. A visit is available upon request from parents or LEA representatives and is often helpful in facilitating parental involvement, but is not necessary for placement if parent does not wish to schedule a visit. The LEA representative must attend the visit with the parent/guardian.
- 3) The LEA representative will contact Believe! Administrative Assistant to calendar an IEP date in which the Believe! Administrator or designee can attend.
- 4) The IEP is held at the LEA site and is coordinated and conducted by LEA personnel. The LEA maintains responsibility for all IEP processes including but not limited to meeting notifications, student present levels, goals, services, etc... In regard to placement decisions, all options on the placement continuum should be presented and discussed as a SJCOE Believe! Program is only one of the options for IEP team consideration. The LEA will determine and provide the offer of FAPE in collaboration with all IEP team members.
- 5) Upon LEA offer and parent agreement of Believe! County program, LEA will:
  - a) Affirm and attest the IEP within 5 workdays
  - b) Forward a copy of the IEP, enrollment paperwork, and any other additional requested documents to the Believe! Administrator
- 6) County Programs will:
  - a) Provide parent with registration packet
  - b) Upon receipt of registration packet and if offered in the IEP, arrange for transportation
  - c) If student is placed at site with County food service management, County will provide student with Lunch Application
  - d) If student is placed at a county site hosted by a LEA, the host site LEA will provide student the Lunch Application
  - e) Request SEIS record from LEA
  - f) Claim ADA for student
  - g) Assume case manager responsibilities
  - h) Ensure all components of IEP are implemented and funded

- 7) An interim placement (60 day) IEP will be held with Believe! Staff, LEA representative, and any other significant members of student's IEP team to determine if placement remains appropriate for the student. This IEP will be coordinated and conducted by Believe! staff. The responsibility for all provisions, due process, and offers of FAPE remain the responsibility of the LEA.

If disagreement arises related to the initial county placement offer, assessments conducted by the LEA, or procedural violations, LEA agrees to defend itself and SJCOE in any due process hearing and any subsequent appeal(s) and shall be responsible for any remedies ordered by the court against the LEA or agreed upon during a confidential settlement agreement.