

Office of Mary C. Barlow
Kern County Superintendent of School
KERN COUNTY CONSORTIUM SELPA

Date of Contact/Referral _____

Placement Consideration

Selpa ID# _____ SSID# _____

Student's Legal Name _____

Male Female Birthday _____ Age _____ Grade _____

District of Residence _____ School _____ Teacher _____

Current Placement _____ Disability Category _____

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Phone (h) _____ Phone (w) _____ Other _____

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

If no, who holds the educational rights? Relationship/name/address/phone _____

Request is for:

Joint meeting to discuss continuum of settings, services and supports available.

Placement-interim based on transfer status.

Other _____

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

Information Attached For Review:

Current IEP*	Education Information	Non School Psychological or
Psychological Report*	Education Related Mental	Psychiatric Evaluations
Immunization Record*	Health Assessment	SAT/SST Documents
Birth Certificate*	Pertinent Health Reports	
Home Language Survey*	Other _____	
BIP	Attach other support service evaluation reports (OT, APE, etc.)	

***Mandatory for placement consideration/joint meeting request**

If transfer student:

Previous school Placement/services: _____

Previous District: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact Person _____

Verified by: IEP Phone call Other _____

Name: _____ Phone: _____

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If a joint meeting:

District evaluations are completed and current? Yes No
 Parent is aware of referral? Yes No
 Students IEP is current? Yes No
 BSP? Yes No Last revised? _____

Number of Suspensions? _____

Manifestation Determination IEP? Yes No Expulsion Hearing? Yes No

Please check supports and services district has implemented for student prior to consideration of change of placement.

Behavioral Goals & Objectives	*BIP	Modified Schedule
Completed New Assessment	Changed Related Services	
School Based Counseling	Changed SAI Minutes	
Mental Health Services	Changed Service Location	
Functional Behavior Assessment	One-On-One Aide	

***Has to include a minimum of 30 days of intervention DATA.**

Foreign Born? No Yes Country: _____ City: _____ State: _____

Enrolled U.S. School 3 years or less? Yes No Initial U.S. School Enrollment Date: _____

Home language _____ Student language _____

Ethnicity: Is the student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Race: What is the race of this student? (*Select one or more*)

American Indian or Alaska Native	Asian Indian	Black or African American	Cambodian	Chinese			
Filipino	Guamanian	Hawaiian	Hmong	Japanese	Korean	Laotian	Other Asian
Other Pacific Islander	Samoan	Tahitian	Vietnamese	White			

PARENT EDUCATION LEVEL

Not a High School graduate (1)	College graduate (4)
High School graduate (2)	Graduate School/post graduate (5)
Some College-include AA degree (3)	Declined to state or unknown (6)

Free/ Reduced Lunch Yes No

Home Language Survey Information

Information on Original, first completed, or Kindergarten Home Language Survey (HLS):

HLS: Line #1: _____ Line #2: _____ Line #3: _____ Line #4: _____
Language Fluency: EO EL IFEP RFEP IFEP DATE: _____ RFEP DATE: _____
To Be Determined (TBD)

Reason for Referral: _____

Referral Source _____ Title _____
Phone _____ Additional Referral Contact _____

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

**Lee Knotts-Martin
Kern County Consortium SELPA
1300 17th Street-City Centre
Bakersfield, CA 93301
Phone: (661) 636-4884
Fax: (661) 636-4810**

If submitting through email, send to Evelyn Wold at evwold@kern.org