

USE THIS FORM IF YOU ARE **HANDWRITING** ON TO A HARD COPY APPLICATION.



California Department of Education

Diagnostic Center, Southern California

4339 State University Drive • Los Angeles, CA 90032 • Phone: (323) 222-8090 • Fax: (323) 222-3018

Website: www.dcs-cde.ca.gov

INTRODUCTION

The Diagnostic Center, Southern California, is one of three regional assessment centers operated through the State Special Schools and Services Division of the California Department of Education. The Center provides assessment services to all local educational agencies (LEAs) within eleven Southern California counties. The Diagnostic Centers located in Fresno and Fremont provide services to all LEAs within Central and Northern California, respectively. In addition to student assessments, the Centers provide training, consultation and technical assistance services within their catchment areas.

Assessment services may be requested by the LEA after they have exhausted their local resources in attempting to address the referral issues. Once a student is accepted for assessment by the Center, a skilled team of professionals, working in collaboration with local educators and the student's parents provides an assessment that is carefully designed to respond to specific referral questions that are posed by the LEA.

The Diagnostic Center Team is committed to providing quality service that makes a positive difference for students, their families and LEA staff.

Valerie Johnson

Valerie Johnson, Psy.D.
Director

Laura Anderson

Laura Anderson, M.S., CCC-SLP
Assistant Director

Gina O'Brien

Gina O'Brien, M.A.
Assistant Director

ASSESSMENT SERVICES

Target Population

Students who meet the criteria listed below are eligible to be referred for assessment. The Diagnostic Center Admissions and Review Committee (ARC) will determine the actual acceptance of any specific student for services once all of the referral information has been submitted. The Diagnostic Center welcomes the opportunity to discuss potential or actual referrals at any point in the process. Please call (323) 222-8090 for assistance.

Students who meet the following criteria are eligible for a referral for assessment:

- Resident of California
- Between the ages of 3 and 22
- Receiving public special education services, or eligibility for special education is an issue
- Demonstrates a complex learning and/or behavioral profile and local assessment services cannot address the student's needs
- LEA has utilized all of its resources and diagnostic questions/issues remain unanswered
- Referral issues are not more appropriately addressed by a specialty or agency other than the educationally focused services of the Diagnostic Center (e.g., Mental Health, Regional Center, medical specialty such as psychiatry, genetics, neurology, etc.)

Please note:

1. Students whose primary handicapping condition involves loss of vision or hearing are more appropriately served at the assessment centers located at the California School for the Blind or the California School for the Deaf.
2. The Diagnostic Center does not evaluate programs or teachers.

Who Can Refer

Referrals may only be made by the local educational agency (e.g., local school district, County Office of Education, or Special Education Local Plan Area-SELPA). Referrals and diagnostic questions may originate with the student's local school site staff and/or family. However, the formal application packet must include the signature of the LEA's special education administrator authorizing the request for Diagnostic Center services.

Fees

There are **no charges** to the LEA or family for any Diagnostic Center service.

How to Refer

The attached application packet contains both a school district and a parent information form. **Both** of these forms, along with all of the “required information” listed on the front page of the district form, **are required**. District personnel should complete the “**School District**” form and the parent/guardian should complete the “**Parent Information**” form. Incomplete referrals will be returned.

Once the completed application is received, the Diagnostic Center’s Admission and Review Committee (ARC) will do a comprehensive case review of the referral. This will include phone consultation with the referring administrator or an identified LEA contact person. Following the case review, the decision to accept or reject the referral will be made. If accepted, the committee will also determine whether the diagnostic questions can best be addressed in a field-based or center-based assessment. **If the student is accepted for a Center-Based assessment, the parent/guardian must accompany the student to the Center for the assessment.** Both the LEA and the parent/guardian will receive written notification of all Admissions and Review Committee decisions. If the referral is rejected, the reason(s) for the decision will be provided to both the district and the parent/guardian.

Please call the Diagnostic Center at (323) 222-8090 for any assistance. We welcome the opportunity to discuss any referral or to clarify any information.

FIELD-BASED AND CENTER-BASED ASSESSMENTS

Field-Based Assessment

This service is for students whose specific diagnostic questions are limited in scope, require one or, at the most, two specialists, and will be best addressed in the student’s actual learning environment. Diagnostic Center specialist(s) work directly with the student and the school staff in the student’s classroom or program. Typically Diagnostic Center staff will also meet with the student’s parents or guardian as part of the process. These assessments usually span one to two days.

Center-Based Assessment

This service is intended for students who have highly complex behavioral and/or learning profiles and assessment needs that cannot be addressed locally. This assessment is conducted at the Diagnostic Center and employs a transdisciplinary team to assist the LEA in answering specific educationally related diagnostic questions. When appropriate, a center-based assessment may include a field observation component. These assessments typically last two to four days, but this is an estimate that may be adjusted before or during the assessment process to meet the student’s individual needs. **The student’s parent/guardian is required to accompany the student for the entire assessment.** Living accommodations (room and meals) for the student and parent(s) are provided at a local motel. Those families who live nearby are requested to commute daily and will be provided lunch.

For both **field and center-based assessments**, the appropriate specialists and estimated time-frames are assigned after a careful case review and in consideration of the student's profile and the questions posed. Specialists may include: school psychologist, education specialist, speech-language pathologist, developmental pediatrician, clinical psychologist, and/or motor specialist.

The Admissions and Review Committee will consult with the LEA if there are questions as to which approach might prove most helpful. However, the final decision rests with the Diagnostic Center staff.

Results: Field-Based Assessment

During the course of the assessment, LEA staff is provided with practical suggestions in particular focus areas, such as positive behavioral interventions, curricular modifications, communication interventions, motor programming, and so forth.

- An exit conference is held at the district to summarize the results of the process, and may include Diagnostic Center staff, LEA teachers, specialists, administrators, and the student's parents/guardians.
- A written report of the assessment findings and responses to the diagnostic questions posed at the time of referral will follow in several weeks. This report is sent directly to the LEA and to the student's parents/guardians.

Results: Center-Based Assessment

- During the course of the assessment, parents observe through one-way mirrors and are an integral part of the assessment process. In addition, they may be asked to participate in some assessment procedures.
- Seven weeks after the assessment, a parent/staff conference is held at the Center to share the results and recommendations of the assessment. Parents and LEA staff are encouraged to invite all interested parties.
- A comprehensive written report is distributed at the conference to parents and the LEA. This report includes assessment findings, provides an integrated picture of the student, and responds to the diagnostic questions posed at the time of referral.

Follow-Up Services: Field and Center-Based Assessments

Following either a field or center-based assessment, the follow-up consultation services of the Diagnostic Center are available to the LEA. These services are designed specifically to assist in implementing any of the recommendations made by the Center during the assessment process. Follow-up services may be requested in writing or by phone by the LEA once the assessment is complete and the parent/guardian has signed a consent form. This form will be provided by the Center at the conclusion of the assessment process.

DIAGNOSTIC CENTER ASSESSMENT SERVICES

The following chart highlights some of the services that the Diagnostic Center can and cannot provide:

Can Provide:	Cannot Provide:
<ul style="list-style-type: none"> • Assessors qualified to conduct individual diagnostic examinations • Objective, individual student assessments addressing identified district and family concerns/questions • Review of relevant records and reports • Communication with both families and district personnel before and after the assessment • Educational recommendations, including related services based on assessment findings • Consultation with student's physician and other service providers regarding assessment when necessary • Technical assistance in the implementation of Diagnostic Center recommendations • Maintenance of the Diagnostic Center assessment report in perpetuity 	<ul style="list-style-type: none"> • Monitoring or enforcement of Diagnostic Center recommendations • Participation in or enforcement of IEPs • Specific placement recommendations • Assessments in the student's home • Monitoring of student progress • Mental health services • Assessments that are the legal responsibility of the local school district, including functional behavior and triennial evaluations. • Evaluations of programs or teachers • Medical treatment, x-rays, brain scans or prescriptions for medications

TECHNICAL ASSISTANCE AND TRAINING SERVICES

Day Workshops

The Diagnostic Center, Southern California offers formal staff development and training to local education agency (LEA) staff and parents on a range of topics based upon both statewide and local needs assessment surveys. In order to provide our training services in an equitable manner to LEAs and SELPAs, most of workshops are offered regionally on pre-set dates to the four Regional Coordinating Councils (RCCs) in our catchment area. In May of each year, a *Professional Development Opportunities* brochure for the next school year is distributed to the RCCs. Most dates for the next year are booked by June. We also provide a variety of training topics that are available to sponsoring RCCs, SELPAs or local school districts, as Diagnostic Center staff availability permits. These trainings are offered on different dates throughout the school year. While scheduled on a “first come, first served” basis, attempts are still made to distribute these limited trainings equitably.

Comprehensive Training and Technical Assistance Projects

Comprehensive Training and Technical Assistance projects are individually designed to meet specific district or school site needs. Projects are designed to provide in-depth content training and multiple levels of follow-up support including demonstration teaching and on-site collaboration. They typically include multiple service days that may be interspersed over a period of weeks or months.

Fees

There are *no charges* to LEAs located within the Diagnostic Center’s service area. Sponsoring agencies have the responsibility for costs involved with duplication of handout materials, securing the training site, advertising the training, providing refreshments and other like costs.

For more information, please visit our website at www.dcs-cde.ca.gov or call us at (323) 222-8090.



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**APPLICATION FOR ASSESSMENT SERVICES
 SCHOOL DISTRICT FORM**

**Use the checklist below to ensure all required information* is included.
 Incomplete applications will be returned.**

*1. Completed Application for Assessment Services Authorized by the Director of Special Education	<input type="checkbox"/> Attached *
*2. Parent Information Form with Release Signatures (original copy)	<input type="checkbox"/> Attached *
*3. Copy of Current IEP with signed signature page	<input type="checkbox"/> Attached *
*4. Psychological/Triennial Report(s)	<input type="checkbox"/> Attached *
*5. Educational Assessment(s)	<input type="checkbox"/> Attached *
6. Behavior Plan (if applicable)	<input type="checkbox"/> Attached
7. Speech/Language Assessment Report(s) (if applicable)	<input type="checkbox"/> Attached
8. Motor Assessment Report(s) (if applicable)	<input type="checkbox"/> Attached
9. District Health Record(s)	<input type="checkbox"/> Attached
10. Agency Report(s) (if applicable) (Regional Center, Mental Health, CCS, etc.)	<input type="checkbox"/> Attached

Referring School District:

Date of Application:

STUDENT INFORMATION

Student's Name (Last, First, M.I.):		Parent(s) or Guardian(s) Names:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Parent Contact Phone Numbers:	
Address:		Mother:	Father:
City/State/Zip Code:		Cell: () -	() -
Student is:		Home: () -	() -
<input type="checkbox"/> Fluent English Speaking (FES)		Work: () - ext.	() - ext.
<input type="checkbox"/> Limited English Proficient (LEP)		Language(s) Spoken in the Home:	
<input type="checkbox"/> Non-English Speaking (NES)			
Primary Language:		Interpreter Needed for Parent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT'S PRIMARY ETHNIC IDENTIFICATION: (Please check only 1 box below.)

<input type="checkbox"/> African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native American	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White

FEDERAL HANDICAPPING CONDITION: (Please check only 1 box below.)

<input type="checkbox"/> 000 No Identified Handicap	<input type="checkbox"/> 010 Intellectual Disability
<input type="checkbox"/> 020 Hard of Hearing	<input type="checkbox"/> 030 Deafness
<input type="checkbox"/> 040 Speech or Language Impairment	<input type="checkbox"/> 050 Visual Impairment
<input type="checkbox"/> 060 Emotionally Disturbed	<input type="checkbox"/> 070 Orthopedic Impairment
<input type="checkbox"/> 080 Other Health Impairment	<input type="checkbox"/> 090 Specific Learning Disability
<input type="checkbox"/> 100 Deaf-Blindness	<input type="checkbox"/> 110 Multiple Disability
<input type="checkbox"/> 120 Autism	<input type="checkbox"/> 130 Traumatic Brain Injury

DISTRICT INFORMATION
(All sections must be completed.)

<i>LEA Director in Charge of Special Education Authorizing this Referral (Director of Special Ed): Signature required on the last page.</i>	<i>LEA Administrator designated as Referral Contact for Student:</i>
Name:	Name:
Title:	Title:
School District:	School District:
Address:	Address:
City:	City:
Zip Code: County:	Zip Code: County:
Phone: () - ext. Fax: () -	Phone: () - ext. Fax: () -
E-mail:	E-mail:
Secretary: Phone: () -	

<i>School Information:</i>	<i>School Contacts:</i>
<input type="checkbox"/> District <input type="checkbox"/> Public <input type="checkbox"/> NPS <input type="checkbox"/> Other	Principal's Name:
Grade:	E-mail:
Name of School Student Attends:	Secretary: Phone: () -
	Teacher's Name:
Address:	E-mail:
City: Zip Code:	Teacher's Name:
Phone: () - Fax: () -	E-mail:
	Begins: Ends:
Student's School Year:	LEA providing Special Education Services:
1 st School Break:	
2 nd School Break:	LEA of Residence (if different from service LEA):
3 rd School Break:	

REFERRAL ISSUES AND QUESTIONS
(Please do not write "see attached.")

Specific Referral Questions: The Diagnostic Center Assessment will be designed to address those education-related questions posed by the School District. Please state your concerns in **question format**.

Briefly describe the student's strengths:

Briefly describe problems interfering with learning:

Describe interventions used and results:

What outcomes would you like from this assessment?

Are there additional issues/factors that we need to know? (i.e., advocate involved, parent asking for specific curriculum/methodology, etc.)

Is the district currently involved in, or anticipating involvement in mediation or due process hearing regarding this student's educational programming? Yes No

If mediation has occurred, please attach resulting agreement.

EDUCATION/SERVICES

Student's Current Placement: General Ed RSP SDC Other
 Does the student receive Mental Health Services? Yes No

<i>Designated Instructional Services</i>	<i>Frequency of Service</i>	<i>Teacher/Therapist/Service Provider</i>

List Previous Classroom Placement(s)

<i>Placement</i>	<i>Dates</i>	<i>School/District</i>

Statewide Assessment Program

Student participates: **(check one area only)**

Full:	<input type="checkbox"/> Without accommodations	<input type="checkbox"/> With accommodations	<input type="checkbox"/> With modifications
Partial:	<input type="checkbox"/> Without accommodations	<input type="checkbox"/> With accommodations	<input type="checkbox"/> With modifications
	<input type="checkbox"/> Alternate Assessment	<input type="checkbox"/> Parent Exemption	<input type="checkbox"/> Student below Grade 2

ASSESSMENT FINDINGS

(Provide most recent data; do not write "see attached IEP, reports")

Psychological

<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results (include scores)</i>	<i>Date Administered</i>
Cognition			

<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results (include scores)</i>	<i>Date Administered</i>
Social/ Emotional			
Adaptive Behavior			
Other (Specify): _____			

Speech/Language			
<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results</i>	<i>Date Administered</i>
Receptive			
Expressive			
Does student use alternative forms of communication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Assistive Technology <input type="checkbox"/> Sign Language <input type="checkbox"/> Interpreter <input type="checkbox"/> Augmentative-Alternative Communication (AAC)			
If student uses Augmentative-Alternative Communication (AAC) or Assistive Technology, please describe:			

Academics			
<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results</i>	<i>Date Administered</i>
Reading			
Writing			
Math			

Life Skills			
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Motor			
<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results</i>	<i>Date Administered</i>
Adapted Physical Education			
Occupational Therapy			
Physical Therapy			

Vision and Hearing			
<i>Area Evaluated</i>	<i>Instrument/ Observation Method</i>	<i>Results</i>	<i>Date Administered</i>
Functional Vision Assessment/ Vision			
Hearing			

Other Reports			
<i>Agency</i>	<i>Instrument/ Observation Method</i>	<i>Results</i>	<i>Date Administered</i>
Regional Center			
Mental Health			
Other (Specify): _____			

Current reports must accompany all documented areas.

BEHAVIOR

(Provide most recent data; do not write "see attached")

Describe how the student interacts with peers:

Describe how the student interacts with adults:

Has the IEP team determined that behavior is impeding learning of the student or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a Functional Behavioral Assessment (FBA) been completed? (If yes, attach the FBA.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a Behavior Intervention Plan (BIP) or plan detailing intervention strategies been developed? (If yes, attach a copy.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL/PSYCHIATRIC

(Provide most recent data; do not write "see attached")

Does the student have a medical/psychiatric condition impacting educational progress? Yes No

Please describe:

TRANSITION

Is student 16 years or older? Yes No If yes, attach Individual Transition Plan (ITP).

Is the student working towards a regular high school diploma? Yes No

If student is 16 years or older, has (s)he been involved in any work experience programs? Yes No

Please describe:

AUTHORIZING ADMINISTRATOR

The **LEA Director/Administrator in Charge of Special Education** authorizing this referral is required to certify the following:

- The required referral information and documents are attached (listed on the checklist on page 1).
- The district has utilized all its local resources.
- The district is willing to participate with the Diagnostic Center, Southern California in the assessment process.
- A district special education administrator and appropriate staff will participate in the "Parent/Staff Conference" following the assessment.
- District agrees to provide interpreter services (if needed) during assessment process and at Parent/Staff conference after Diagnostic Center, Southern California assessment.
- If available, the district would like to participate in the Parent Staff Conference through web conferencing.

Signature of LEA Director/Administrator in Charge of Special Education Authorizing this Referral:

Print Name:	Title:
Signature: _____	Date:

The Diagnostic Center, Southern California thanks the district for the time and effort expended in submitting this application for assessment.