



Los Angeles Unified School District
DIVISION OF SPECIAL EDUCATION

**INTENSIVE DIAGNOSTIC EDUCATIONAL CENTER (IDEC)
SCREENING**

**This e- form is for completion by school staff only. Please complete the following three pages and submit via email to the Intensive Diagnostic Educational Center (idec@lausd.net). Contact information is also listed on last page. Screening documents received after May 1st will be reviewed the following school year.*

CHECKLIST

A. STUDENT INFORMATION	
First and Last Name of Student:	
Student ID Number:	
Current School:	
Current Grade Level:	
Current Special Education Eligibility:	Current Placement:
Current DIS Service(s):	
Parent/Guardian Name:	
Parent/Guardian Address:	
Parent/Guardian Telephone Number:	
Home Language:	
Student's ELD Level:	

B. REFERRING SCHOOL INFORMATION	
School of Attendance:	
School Address:	
School Phone Number:	
Contact Person (i.e. Gen. Ed., RST or SDC Teacher):	Email:
APEIS/APSCS Coordinator Name:	Email:
School Psychologist's Name:	Email:
Administrator's Name and Title:	Date administrator was notified:
Name of School of Residence (if different):	
Name and Title of person completing this application:	Date of application submitted:
Is this student's IEP currently in Due Process?	Name of Specialist:



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C. CRITERIA	Yes	No										
1). Student has had an IEP for two calendar years.												
2). Student is on a standards-based curriculum.												
3). Date of most recent comprehensive psychological evaluation:												
4). There is written documentation of prior participation in two or more intervention programs. If "yes," please indicate the program, frequency, duration and outcome of the programs (i.e., 95% Group, Read 180, Language!, Lexia, etc.) as well as the student's attendance (describe poor, fair, good, or excellent) in the intervention.												
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 25%; text-align: center;">PROGRAM</th> <th style="width: 25%; text-align: center;">FREQUENCY</th> <th style="width: 25%; text-align: center;">DURATION</th> <th style="width: 25%; text-align: center;">OUTCOME</th> <th style="width: 25%; text-align: center;">ATTENDANCE</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	PROGRAM	FREQUENCY	DURATION	OUTCOME	ATTENDANCE							
PROGRAM	FREQUENCY	DURATION	OUTCOME	ATTENDANCE								
5). Student's current reading fluency: Name of fluency test given: _____ Date administered: _____ Correct words per minute: _____ Number of errors: _____												
6). If available, within the past three years, the student has received standard scores below 80 on the Letter and Word Recognition, Reading Fluency and Reading Comprehension subtests on the KTEA, WJ or other standardized test measures.												
7). Student has a Behavior Support Plan (BSP). 7a). If yes, is student making progress toward meeting his/her behavioral goal(s) and objectives?	_____	_____										
8). Behavior. Please provide a brief summary: 8a). Behavior Strengths:	N/A	N/A										
8b). Behavior Challenges:												
9). Student has at least an 90% positive attendance rate												
Student's attendance rate: _____ Student's number of days absent: _____ *If lower than 90% explain: _____												
10). Student consistently scored in the Intensive range on reading fluency, vocabulary, and/or reading comprehension on periodic assessment measures.												
11). Student scored NOT MET on SBAC state-wide testing in English Language Arts (ELA).												



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ADDITIONAL INFORMATION

Please provide any additional information in box below including an explanation for any items that were marked as a "no".

**Please email the completed packet to the IDEC Program:*

idec@lausd.net
213-241-8202