LOS ANGELES UNIFIED SCHOOL DISTRICT
PSYCHO-EDUCATIONAL CASE STUDY FILE

LAST NAME　　　　　　　　　　FIRST NAME　　MI　M/F

BIRTH DATE　　STUDENT ID NUMBER　　ETHNICITY

LANGUAGE
- ☐ ELL
- ☐ SPANISH　☐ VIETNAMESE　☐ OTHER NON-ENGLISH
- ☐ KOREAN　☐ FILIPINO　☐ ENGLISH
- ☐ CANTONESE　☐ FARSI

ETHNICITY
- ☐ WHITE　☐ AMERICAN INDIAN
- ☐ BLACK　☐ ASIAN
- ☐ LATINO　☐ FILIPINO
- ☐ PAC. ISLANDER　☐ OTHER

CURRENT ENROLLMENT
1. Public School
2. Special Ed. Non-Public
3. Private/Parochial
4. Not enrolled in any school
5. Other

REFERRAL REASON
1. Initial referral
2. 3 year re-evaluation
3. Review/ Comprehensive Ass.
4. Other _____

CASE REVIEW
Reviewed by:　　　　Date

EVALUATION INFORMATION

	Date	Enrollment	Referral	School	Location Code	Grade	School Psychologist	Local Dist/ Adm. Unit
A								
B								
C								
D								
E								
F								
G								

PROGRAM ELIGIBILITY	A	B	C	D	E	F	G		INSTRUCTIONAL SETTING	A	B	C	D	E	F	G		RELATED SERVICES	A	B	C	D	E	F	G	
SLD									GENERAL ED CLASSROOM									COUNSELING								
ED									RSP									PARENT COUNSELING								
AUT									SDC									SLI								
BL									SPECIAL ED. CENTER									APE								
DB									NON-PUBLIC SCHOOL									OT								
DEA									NPS RESIDENTIAL									PT								
ID									DUAL ENROLLMENT									AT								
OHI									EARLY ED PRGRAM									AB 3632								
DD									OTHER									Other								
SLI									OTHER																	
TBI																										
OTH																										