

Riverside County Special Education Local Plan Area

COORDINATED SYSTEM FOR REFERRALS

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Abbreviations Utilized in Content

CCR = California Code of Regulations	CFR = Code of Federal Regulation
EC = Education Code	EMT = Educational Monitoring Team
IDEA = Individuals with Disabilities Education Act	GC = Government Code
RtI ² = Response to Instruction and Intervention	LEA = Local Educational Agency
§ = Section	RCOE = Riverside County Office of Education
SST = Student Success Team	SELPA = Special Education Local Plan Area
USC = United States Code	

Introduction

Each special education local plan area submitting a local plan to the Superintendent under this part shall ensure that it has in effect policies, procedures, and programs that are consistent with state laws, regulations, and policies governing ... Child find and referral. (EC 56205(a); Title 20 USC § 1412(a) and 1413(a)(1); Title 34 CFR § 300.201) Having a coordinated system of identification and referral provides for meeting the legal requirements of each local educational agency (LEA) to actively and systematically seek out all individuals with exceptional needs, from birth to 21 years of age, inclusive, including children not enrolled in public school programs, who reside in a school district or are under the jurisdiction of a special education local plan area or a county office of education (EC 56300). Child find data collected pursuant to this chapter, or collected pursuant to a regulation or an interagency agreement, are subject to the confidentiality requirements of the CFR § 300.611 to 300.627 (EC 56301(e)).

The Riverside County Special Education Local Plan Area (SELPA) has established the following written policy regarding a continuous child-find system: All students, age 0-22, will be screened upon request from parents, staff, district personnel, or representatives of state special schools and public agencies through either Early Intervention (0-3) or via a problem solving team process (3-22). In addition, vision and hearing screening activities shall be completed on all students within their district of residence and in accordance with the state guidelines. School district testing programs may also furnish information to assist within the school in "CHILD FIND" procedures. Intervention procedures shall also be followed for individuals not enrolled in public school programs residing within the local jurisdiction, including infants, preschoolers, and private school attendees.

A "Search and Serve" notice with contact information is posted on the SELPA website, in the SELPA Community Advisory Committee (CAC) Newsletters, and provided to each local educational agency (LEA) member for posting locally. Annual notice is also published in all of the local newspapers within the SELPA area to inform parents of their rights relative to special education. Such notices are provided in English and Spanish.

Riverside County SELPA SEARCH AND SERVE NOTICE

Every Child is Entitled to a Free Appropriate Public Education

Districts within the Riverside County Special Education Local Plan Area (SELPA) offer programs for youngsters, between the ages of birth and 21 years of age, who have:

- ✓ Communication problems
- ✓ Learning difficulties
- ✓ Physical disabilities
- ✓ Severe disabilities

If you think your child needs special help in school, call his/her school or district office of Special Education at the appropriate number listed below.

Los distritos dentro del Plan Local de Educación Especial del Condado de Riverside (SELPA) ofrece programas para jóvenes desde su nacimiento hasta los 21 años de edad que tienen:

- ✓ Problemas de comunicación
- ✓ Dificultades en el Aprendizaje
- ✓ Incapacidades físicas
- ✓ Incapacidades severas

Si usted cree que su niño/a necesita educación especial, comuníquese con su oficina escolar o llame a la oficina de Educación Especial de su distrito al número apropiado.

Member LEAs

Alvord USD

(951) 509-5045

Banning USD

(951) 922-0224

Beaumont USD

(951) 845-1631 x 005379

Coachella Valley USD

(760) 848-1135

Desert Center USD

(760) 392-7604

Desert Sands USD

(760) 771-8652

Empire Springs Charter School

(951) 225-7709

Harbor Springs Charter School

(951) 225-7709

Hemet USD

(951) 765-5100 x 4080

Jurupa USD

(951) 360-4144

Lake Elsinore USD

(951) 253-7130

Menifee Union SD

(951) 672-1851 x 49430

Murrieta Valley USD

(951) 696-1600 x 1020

Nuview Union SD

(951) 928-0066 x 1710

Palm Springs USD

(760) 416-8402 x 4805253

Palo Verde USD

(760) 922-4164 x 1242

Perris Elementary SD

(951) 940-4942

Perris Union High SD

(951) 943-6369 x 81300

River Springs Charter School

(951) 225-7709

Riverside County Education Academy-Indio

(760) 501-7840

Riverside Co Ed Academy-Moreno Valley

(951) 421-8450

Riverside County Office of Education

(951) 826-6476

Romoland Elementary SD

(951) 926-9244 x 1237

San Jacinto USD

(951) 929-7700 x 4249

Santa Rosa Academy

(951) 672-2400 x 1202

Val Verde USD

(951) 940-6104 x 10433

Specific child find procedures are defined for infants and toddlers under Part C of the Individuals with Disabilities Education Act (IDEA). There is another set of requirements for child find and identification processes for school aged individuals under Part B of IDEA. A parent/guardian, teacher, administrator, support personnel, outside agency, or any other persons who have knowledge that an individual might need special education services may initiate referrals for possible placement into special education. The SELPA allows for flexibility of identification processes involving problem solving teams at the LEA and school site levels. Referrals for potential special education placement must be completed on standard agency forms and then directed to the appropriate administrator/designee. The administrator/designee shall log the referral and begin the screening process.

Once a problem solving team has made a recommendation to refer the child or student for an assessment, the legal requirements and procedures are defined for all members of the SELPA. Referrals shall be processed in a systematic manner, held in strict confidence, and include written notification to the parent/guardian of their rights.

Child Find for Infants and Toddlers

This section on child find processes for infants and toddlers includes legal requirements, reasons for concern checklists, and referral procedures.

Legal Requirements

The California Legislature found and declared all of the following:

- 1) *There is a need to provide appropriate early intervention services individually designed for infants and toddlers from birth to two years of age, inclusive, who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delays.*
- 2) *Early intervention services for infants and toddlers with disabilities or who are at risk of having disabilities represent an investment of resources, in that these services reduce the ultimate costs to our society, by minimizing the need for special education and related services in later school years and by minimizing the likelihood of institutionalization. These services also maximize the ability of families to better provide for the special needs of their children. Early intervention services for infants and toddlers with disabilities maximize the potential of the individuals to be effective in the context of daily life and activities, including the potential to live independently, and exercise the full rights of citizenship. The earlier intervention is started, the greater is the ultimate cost-effectiveness and the higher is the educational attainment and quality of life achieved by children with disabilities.*
- 3) *The family is the constant in the child's life, while the service system and personnel within those systems fluctuate. Because the primary responsibility of an infant's or toddler's well-being rests with the family, services should support and enhance the family's capability to meet the special developmental needs of their infant or toddler with disabilities.*

- 4) *Family-to-family support strengthens families' ability to fully participate in services planning and their capacity to care for their infants or toddlers with disabilities.*
- 5) *Meeting the complex needs of infants with disabilities and their families requires active state and local coordinated, collaborative, and accessible service delivery systems that are flexible, culturally competent, and responsive to family-identified needs. When health, developmental, educational, and social programs are coordinated, they are proven to be cost effective, not only for systems, but for families as well.*
- 6) *Family-professional collaboration contributes to changing the ways that early intervention services are provided and to enhancing their effectiveness.*
- 7) *Infants and toddlers with disabilities are a part of their communities, and as citizens make valuable contributions to society as a whole. (GC § 95001)*

Therefore, it is the intent of the Legislature that:

- 1) *Funding provided under Part C of the federal IDEA (20 USC § 1431 et seq.) be used to improve and enhance early intervention services as defined in this title by developing innovative ways of providing family focused, coordinated services, which are built upon existing systems.*
- 2) *The State Department of Developmental Services, the State Department of Education, the State Department of Health Care Services, the State Department of Mental Health, the State Department of Social Services, and the State Department of Alcohol and Drug Programs coordinate services to infants and toddlers with disabilities and their families. These agencies need to collaborate with families and communities to provide a family-centered, comprehensive, multidisciplinary, interagency, community-based, early intervention system for infants and toddlers with disabilities.*
- 3) *Families be well informed, supported, and respected as capable and collaborative decision-makers regarding services for their child.*
- 4) *Professionals be supported to enhance their training and maintain a high level of expertise in their field, as well as knowledge of what constitutes most effective early intervention practices.*
- 5) *Families and professionals join in collaborative partnerships to develop early intervention services that meet the needs of infants and toddlers with disabilities, and that those partnerships be the basis for the development of services that meet the needs of the culturally and linguistically diverse population of California.*
- 6) *To the maximum extent possible, infants and toddlers with disabilities and their families be provided services in the most natural environment, and include the use of natural supports and existing community resources.*
- 7) *The services delivery system be responsive to the families and children it serves within the context of cooperation and coordination among the various agencies.*
- 8) *Early intervention program quality be ensured and maintained through established early intervention program and personnel standards.*
- 9) *The early intervention system be responsive to public input and participation in the development of implementation policies and procedures for early intervention services through the forum of an interagency coordinating council established pursuant to federal regulations under Part C of the federal IDEA. (GC § 95001)*

Regional centers and LEAs shall conduct child find activities to locate all infants and toddlers who may be eligible for early intervention services. Child find activities may include:

- 1) Assigning liaisons to local hospitals and hospitals with neonatal intensive care units;*
- 2) Contacting local parent organizations and support groups;*
- 3) Distributing early intervention materials to agencies and individuals providing medical, social and educational services in the community;*
- 4) Community-wide health and developmental screening;*
- 5) Producing and distributing public service announcements;*
- 6) Producing pamphlets, brochures and other written communication; and,*
- 7) Making presentations to local professional groups, philanthropic organizations and other organizations established to inform and/or to serve culturally diverse populations. (CCR 52040(a-b))*

In addition, regional centers and LEAs shall coordinate local child find activities with each other and other public agencies. Primary referral sources include but are not limited to hospitals, including prenatal and postnatal care facilities, physicians, parents, child care programs, LEAs, public health facilities, other social services agencies and other health care providers. Regional centers and LEAs shall inform primary referral sources of the:

- 1) Eligibility criteria for early intervention services;*
- 2) Types of early intervention services available through the Early Start Program;*
- 3) Contact persons and telephone numbers for regional centers and LEAs; and,*
- 4) Federal requirement that a referral shall be made to the regional center or LEA within two working days of identification of an infant or toddler who is in need of early intervention services. (GC § 95009 and 95028; Title 20, USC § 1435(a)(5); Title 34 CFR § 303.321; GC § 95022(b) and (e))*

The regional center or LEA that receives an oral or written referral for early intervention services shall ensure that: (a) The date of the referral is documented in the infant's or toddler's record; (b) A service coordinator is assigned; and, (c) Written notice is provided and consent is requested. (GC § 95009 and 95028; Title 34 CFR § 303.321(d); CCR § 52060, 52120, 52161, and 52162)

Reasons for Concern

Children develop at different rates and in different ways. Differences in development may be related to personality, temperament, and/or experiences. Some children may also have health needs that affect their development. The first five years are very important in a child's life. The sooner a concern is identified, the sooner a child and family can receive specialized services to support growth and development. Parents, family members, and caregivers may have concerns about a child's development and seek help when needed. It is always a good idea for families to discuss any questions they may have with the child's doctor. Caregivers should discuss concerns with families to see how best to support them. The following lists provide some areas to explore to determine if a child may need special help.

Risk Factors *The following factors may place children at greater risk for health and developmental concerns:*

- ✓ Prematurity or low birth weight
- ✓ Vision or hearing difficulties
- ✓ Prenatal exposure or other types of exposure to drugs, alcohol, or tobacco
- ✓ Poor nutrition or difficulties eating (lacks nutritious foods, vitamins, proteins, or iron in diet)
- ✓ Exposure to lead-based paint (licking, eating, or sucking on lead-base painted doors, floors, furniture, toys, etc.)
- ✓ Environmental factors, such as abuse or neglect

Behaviors and Relationships *Some of the following behaviors may be cause for concern in any child:*

- ✓ Avoids being held, does not like being touched
- ✓ Resists being calmed, cannot be comforted
- ✓ Avoids or rarely makes eye contact with others
- ✓ By age four months, does not coo or smile when interacting with others
- ✓ By age one, does not play games such as peek-a-boo or pat-a-cake or wave bye-bye
- ✓ By age two, does not imitate parent or caregiver doing everyday things, such as washing dishes, cooking, or brushing teeth
- ✓ By age three, does not play with others
- ✓ Acts aggressively on a regular basis, hurts self or others

Hearing

- ✓ Has frequent earaches
- ✓ Has had many ear, nose, or throat infections
- ✓ Does not look where sounds or voices are coming from or react to loud noises
- ✓ Talks in a very loud or very low voice, or has an unusual sound
- ✓ Does not always respond when called from across a room even when it is for something that the child is usually interested in or likes
- ✓ Turns body so that the same ear is always turned toward a sound

Seeing

- ✓ Has reddened, watery eyes or crusty eyelids
- ✓ Rubs eyes frequently
- ✓ Closes one eye or tilts head when looking at an object
- ✓ Has difficulty following objects or looking at people when talked to
- ✓ Has difficulty focusing or making eye contact
- ✓ Usually holds books or objects very close to face or sits with face very close to television
- ✓ Has an eye or eyes that look crossed or turned, or eyes do not move together

Moving

- ✓ Has stiff arms or legs
- ✓ Pushes away or arches back when held close or cuddled

- ✓ By age four months, does not hold head up
- ✓ By age six months, does not roll over
- ✓ By age one, does not sit up or creep using hands and knees, does not pick up small objects with finger and thumb
- ✓ By age two, does not walk alone, has difficulty holding large crayons and scribbling
- ✓ By age three, shows poor coordination and falls or stumbles a lot when running, has difficulty turning pages in a book
- ✓ By age four, has difficulty standing on one foot for a short time
- ✓ By age five, does not skip or hop on one foot, has difficulty drawing simple shapes

Communicating

- ✓ By age three months, does not coo or smile
- ✓ By age six months, does not babble to get attention
- ✓ By age one, does not respond differently to words such as “night-night” or “ball”; does not say words to name people or objects, such as “mama” or “Bottle”, or shake head “no”
- ✓ By age two, does not point to or name objects or people to express wants or needs; does not use two-word phrases, such as “want juice” or “mama go”
- ✓ By age three, does not try to say familiar rhymes or songs; cannot follow simple directions
- ✓ By age four, does not tell stories, whether real or make-believe, or ask questions; does not talk so that adults outside the family can understand

Thinking

- ✓ By age one, has difficulty finding an object after seeing it hidden
- ✓ By age two, does not point to body parts when asked such questions as “*Where’s your nose?*”
- ✓ By age three, does not play make-believe games
- ✓ By age three, does not understand ideas such as “more” or “one”
- ✓ By age four, does not answer simple questions, such as “*What do you do when you are hungry?*” or “*What color is this?*”
- ✓ By age five, does not understand the meaning of today, yesterday, or tomorrow

Referral Procedures

The Riverside County Office of Education (RCOE) operates the Early Start Infant Concern for Infants in Riverside County Learning Enrichment (Infant CIRCLE) Program, the Local Education Agency (LEA) component of Part C services. Infants residing in Riverside County, except for Blythe, who have medical or developmental problems and are under three years of age may be eligible for services. Anyone who has a concern about an infant's growth or development may make a referral to the Early Start Infant CIRCLE Program by calling (951) 826-7101. The Early Start Infant CIRCLE staff will complete Early Start Program Referral Forms. Families residing in Palo Verde Unified School District boundaries need to contact the school district to make a referral for services.

Once a referral is received, it is given to an intake coordinator, who contacts the parent or guardian to set up the initial intake interview in the child's home. This interview consists of basic questions regarding the child's health, developmental history, diagnosis, if any, strengths, weaknesses and needs. Discussion of the family's needs and concerns also occurs at this time. The intake coordinator then determines the team members necessary for the assessment segment of the procedure. The assessment team will assess the child in the familiar surroundings of the home, whenever possible.

Child Find for School Aged Individuals

This section includes the legal requirements for conducting child find procedures for school aged individuals.

Legal Requirements

All children with disabilities residing in the state, including children with disabilities who are homeless children or are wards of the state and children with disabilities attending private, including religious, elementary and secondary schools, regardless of the severity of their disabilities, and who are in need of special education and related services, shall be identified, located, and assessed. (EC 56301(a)) The requirements also apply to highly mobile individuals with exceptional needs, including migrant children, and children who are suspected of being an individual with exceptional needs pursuant to Section 56026 and in need of special education, even though they are advancing from grade to grade. (EC 56301(b)(1); Title 34 CFR §300.111(c))

The child find process shall ensure the equitable participation in special education and related services of parentally placed private schoolchildren with disabilities and an accurate count of those children. Child find activities conducted by local educational agencies, or where applicable, the department, shall be similar to those activities undertaken for pupils in public schools. The cost of the child find activities in private, including religious, elementary and secondary schools, may not be considered in determining whether a local educational agency has met its obligations under the proportionate funding provisions for children enrolled in private, including religious, elementary and secondary schools. The child find process described in paragraph (1) shall be completed in a time period comparable to that for other pupils attending public schools in the local educational agency. (EC 56301(c)(1-3))

Identification Processes

Information about the legal requirements and problem solving teams are included in this section on identification processes.

Legal Requirements

A local educational agency shall provide for the identification and assessment of the exceptional needs of an individual, and the planning of an instructional program to meet the assessed needs. Identification procedures shall include systematic methods of

utilizing referrals of pupils from teachers, parents, agencies, appropriate professional persons, and from other members of the public. Identification procedures shall be coordinated with school site procedures for referral of pupils with needs that cannot be met with modification of the regular instructional program. (EC 56302)

A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized. (EC 56303)

All referrals for special education and related services shall initiate the assessment process and shall be documented. When a verbal referral is made, staff of the school district, special education local plan area, or county office shall offer assistance to the individual in making a request in writing, and shall assist the individual if the individual requests such assistance. All school staff referrals shall be written and include: (1) a brief reason for the referral and (2) documentation of the resources of the regular education program that have been considered, modified, and when appropriate, the results of intervention. This documentation shall not delay the time-lines for completing the assessment plan or assessment. (Title 5 CCR 3021; EC 56100(a), (i), and (j); EC 56300-56303; 34 CFR 300.128, 300.220)

The parents or guardians of a pupil who has been referred for initial assessment, or of a pupil identified as an individual with exceptional needs, shall be afforded an opportunity to participate in meetings with respect to the identification, assessment, and educational placement (EC 56304, 56342.5 and 56341.5(b) and (c); Title 34 CFR § 300.501)

Problem Solving Team

As noted above, if a parent makes an oral request for a special education assessment for their child, it is the responsibility of the local education agency (LEA) to inform the parents this request must be in writing and assist the parents with writing the request if needed (EC 56029; CCR§ 3021). This request starts the assessment process and should follow the same procedure as described herein.

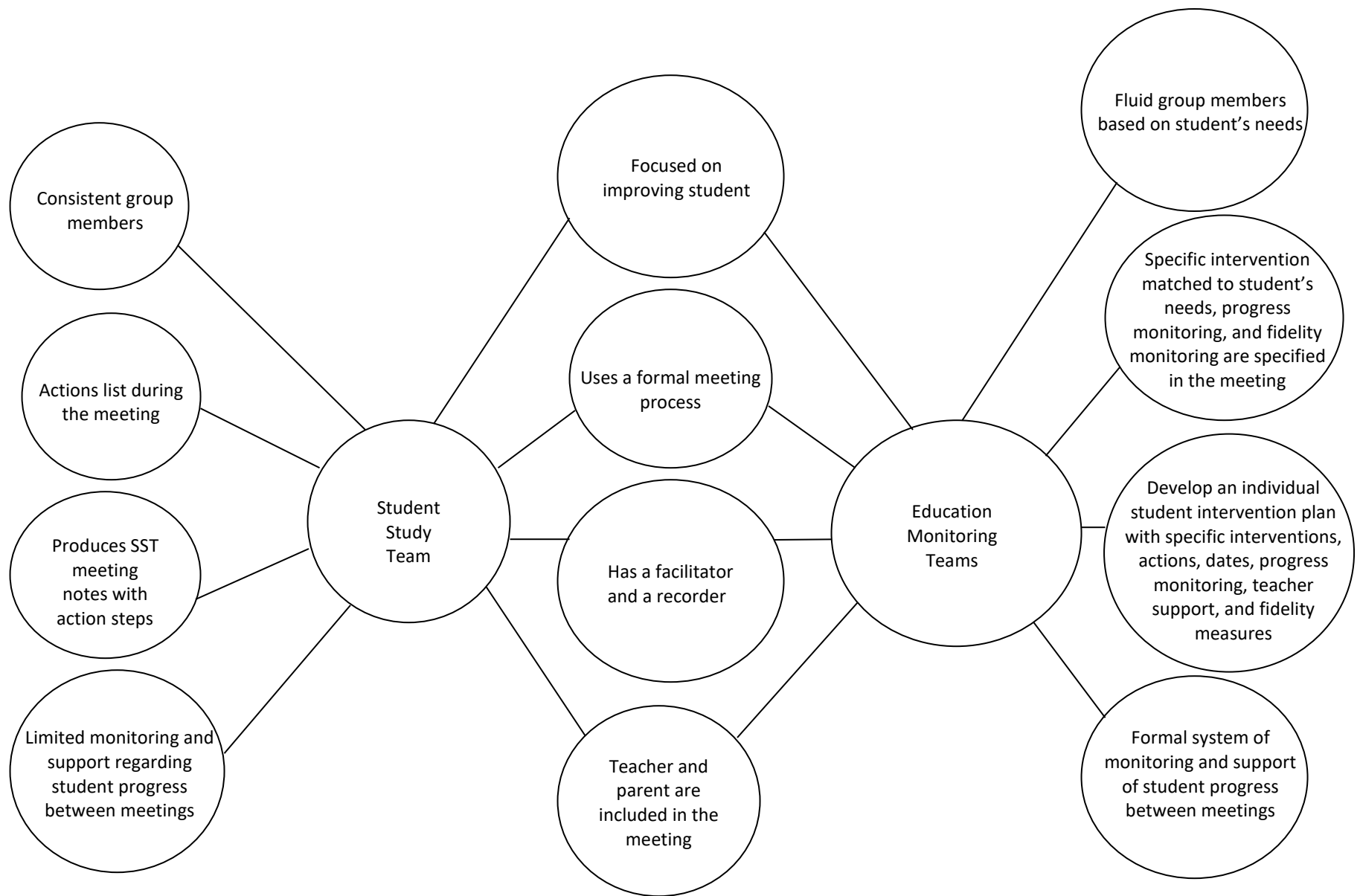
Given the legal requirement that “a pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized”, many school districts have implemented problem solving team approaches to monitor student achievement and the provision of interventions to meet identified needs. Historically school districts/sites have implemented a Student Success Team (SST) process to meet the legal requirement that “all school staff referrals shall be written and include: (1) a brief reason for the referral and (2) documentation of the resources of the regular education program that have been considered, modified, and when appropriate, the results of intervention.”

More recently, educational problem solving teams are playing a key role in the collaborative problem solving aspects of Response to Intervention and Instruction (RtI²). To be successful, RtI² requires regular data collection and analysis, and collaborative

decision making regarding appropriate interventions for students. The California Department of Education (CDE) has defined the following as key aspects associated with RtI²:

- High-quality classroom instruction.
- Research-based instruction.
- Universal screening.
- Continuous classroom progress monitoring.
- Research-based interventions.
- Progress monitoring during instruction and interventions.
- Fidelity of program implementation.
- Staff development and collaboration.
- Parent involvement.
- Specific Learning Disability Determination.

As an alternative or an augmentation to the traditional SST process, Educational Monitoring Teams (EMTs) provide a preventative and proactive model to improve student outcomes. The EMT offers an ongoing process to support the general education teacher. The EMT examines current student learning issues and engages educators in collaborative problem solving. The SST process provides a focus on indentifying the student's educational concerns and interventions. Implementation of an EMT takes it to a higher level by also monitoring intervention implementation practices aligned to student learning results. Support is provided to the teacher with full implementation of all interventions with fidelity and in a timely manner. See the following "Double Bubble" to visualize how these two problem solving teams interact.



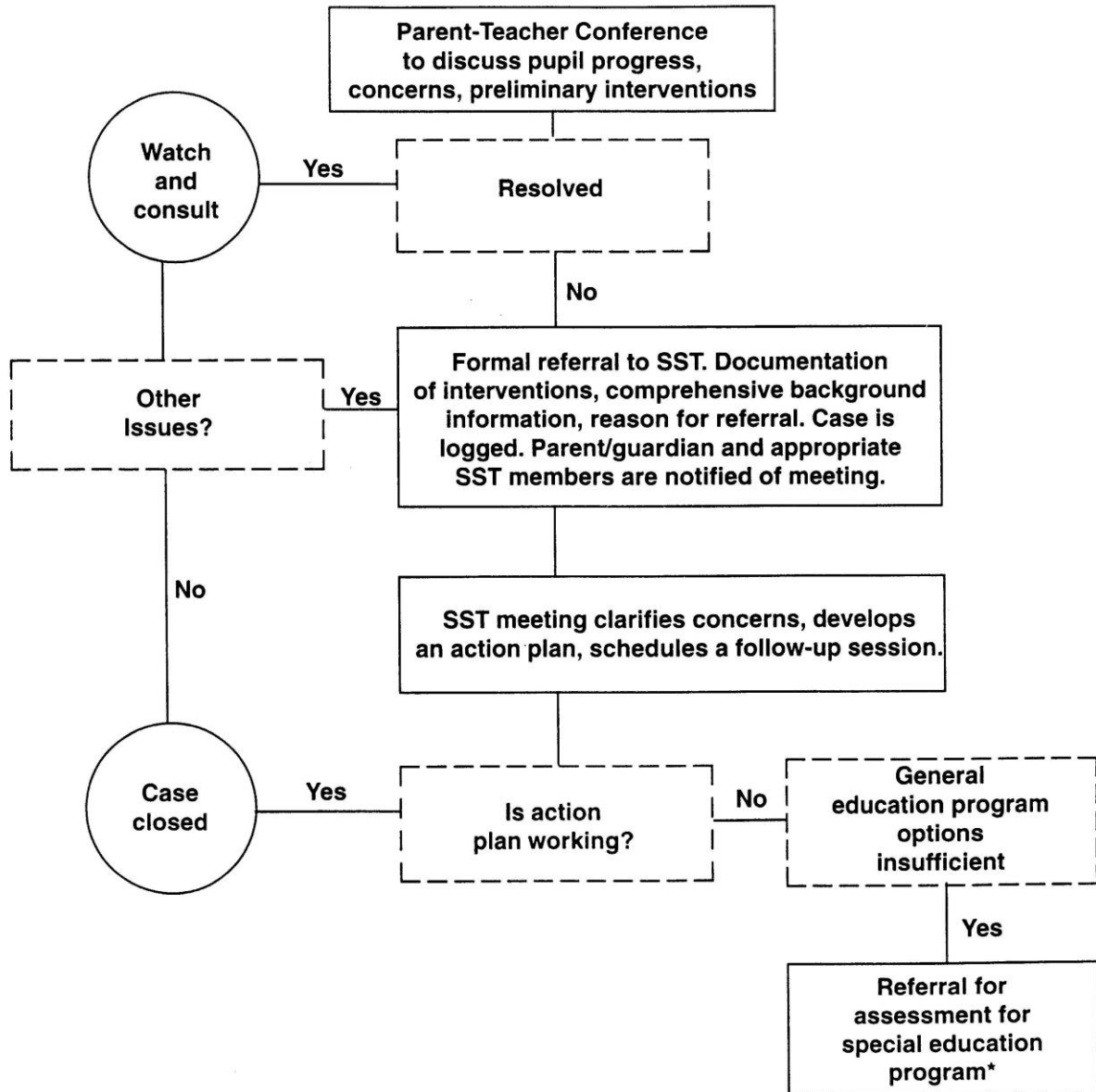
The Student Success Team (SST) Process. The purpose of the SST process is to create a learning environment that contributes to the achievement, well being, and success of students, parents, and school staff members. This team process provides an early identification, a collective review, and early intervention planning. It is a general education process that uses a systematic, positive, problem-solving team approach that clarifies problems and concerns, develops strategies, mobilizes and coordinates resources, and provides for a system of accountability with measurable outcomes. These elements create the potential for improved student success.

A SST process starts when the teacher, staff members, or parents recognize that some “group wisdom” is the next appropriate step on behalf of the child. It assists students by ensuring that the school and home are doing everything possible to make students’ school lives successful. Generally, an SST convenes when a student is referred due to continued difficulties interfering with school progress, despite the use of classroom modifications or accommodations. The SST meeting includes the most important people in the referred student’s life: the parent or caregiver, teacher, counselor, specialists, school administrator, or designee, and any other school or community members who can provide support. The team members engage in a positive, problem-solving intervention process to explore possibilities and strategies that will best meet the educational needs of referred students and support teachers and parents.

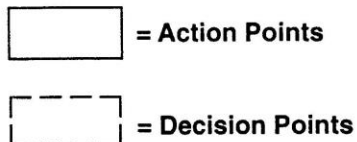
After reviewing the referral forms, samples of the student's work, and discussing student’s strengths and concerns, the SST will develop an “Action Plan” and summarize the disposition of the case on the SST referral log. The SST may recommend additional teaching and/or behavioral strategies for intervention, develop an alternative general education program plan, organize supportive resources for the parent/guardian and/or teacher, and plan a time to reconvene to evaluate the intervention plan. The SST must consider if the student's needs can or cannot be met with modifications to the general education instructional program. If not, and a disability is suspected, the student’s SST file is sent to the appropriate special education staff member for follow up.

The following SST Process Flow Chart delineates action and decision points the SST must consider during the referral to assessment stages for potential special education students. SST forms may vary and can be found within each LEA procedural handbook.

SST Process Flow Chart



* timeline starts



The Educational Monitoring Team (EMT) Process. EMTs consist of a group of educators at a school site trained to work collaboratively to determine interventions for students demonstrating academic or behavioral difficulties. EMTs meet regularly to monitor data and identify specific factors contributing to individual students' academic and/or behavioral difficulties or progress. EMTs design specific interventions based on data analysis and monitor the implementation of intervention recommendations. EMTs consist of general education teachers and other support staff as needed. The team creates EMT Education Plans and continually monitors student progress. EMTs also make decisions about whether students need to be referred for further evaluations if interventions are not successful.

The goal of EMT is to ensure the academic and behavioral success of all students. The purpose is to establish efficient systems for the development, allocation and alignment of resources. The EMT supports the process of increasing learning outcomes for all students. The EMT is used to create intervention strategies to be implemented by the teacher and students within the general education environment. The EMT is a problem solving process that enables school personnel to meet the needs of individuals. The team is student-centered and facilitates a process that results in the implementation of targeted strategies, interventions, and services.

Students may be referred to EMT by the collaborative team, administration, or parents. When referred, the EMT has the responsibility to review concerns (academic, developmental, behavioral, social/emotional, environmental or cultural) interfering with the student's academic performance in school, to brainstorm solutions, to make recommendations to meet the student's needs, and to monitor/review their results of the recommendations. The EMT is a general education function available to all students not demonstrating a successful response to current instruction and interventions.

EMTs are designed to eliminate the achievement gap within core academic content areas in a school and collectively across a school district. All teachers are encouraged to initially seek student learning support from their colleagues in their grade or content area departments prior to making a student referral for EMT support. However, when initial efforts within the classrooms or in their grade-level or content area teams have not been successful, EMT process is designed to assist teachers in their efforts to promote student learning outcomes by designing and implementing an intervention plan.

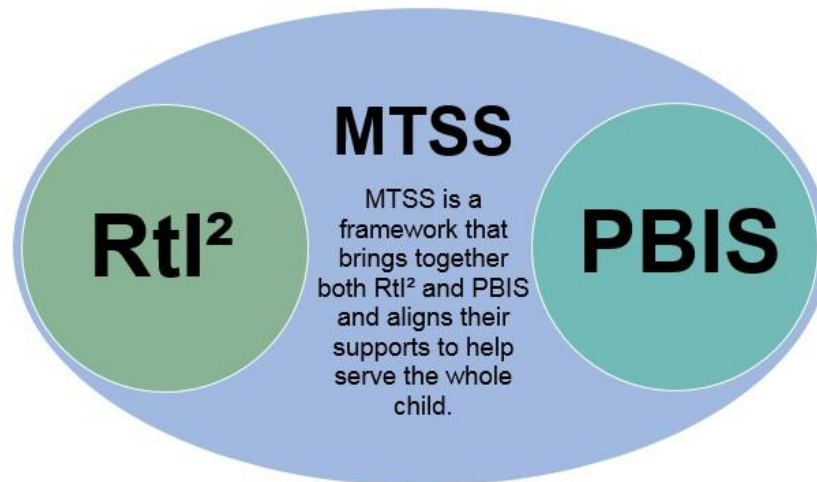
Students for whom the teacher, and/or parent, or administrator, has concerns based on a review of current student records (e.g. classroom work assignments or grade level data) that indicate below grade level academic achievement or behavioral issues that interfere with learning should be referred to EMT. The time to make a referral is when the classroom teacher and the collaborative team have exhausted all of their ideas and strategies and the student is minimally responding to the interventions. A student may bypass the problem solving team process when staff suspect a handicapping condition is not in question.

For all new referrals, the default recommendation should be the development of a plan that will include specific areas of concern, interventions, and progress monitoring tools available to enable student skill development needed to ensure academic success. Once the EMT Education Plan has been developed, the next step of EMT begins. The team must engage in progress monitoring which consists of quick, brief probes designed to gauge progress toward grade-level goals and to fine-tune instruction as it is delivered. Progress monitoring usually involves curriculum based measures (grade-level lists, reading passages, behavior report cards, or the completion of one minute exercises) or quick observations. Frequent progress monitoring is a way of determining if a student is responding to an intervention so that judgments about continuing, adjusting, or replacing the intervention can be made. Without performance documentation, it is difficult, or impossible, to determine the effectiveness or value of an intervention. When a student is performing successfully to meet the California State Standards, the student should be exited from the EMT process.

The EMT is an alternative process that can replace or enhance the SST model. Districts may choose to follow the EMT model or continue their current model and integrate components of EMT to their SST process. EMT is one component of a comprehensive RtI² model. It plays a crucial role in the problem solving aspect of RtI². This integrated practice assists educators to fully understand the range of supports that may be needed for select students. A referral for further evaluation should only be chosen if: (a) an EMT Education Plan has been developed; (b) the EMT Education Plan has been implemented and progress monitoring data collected and reviewed that justify this action; and (c) a school psychologist and/or special education teacher has been present at the meeting. The flow map below shows how the EMT process supports the RtI² system.




RTI², PBIS, and MTSS

Per CDE, 2018, at <https://www.cde.ca.gov/ci/cr/ri/>, MTSS, Response to Instruction and Intervention (RtI²), and Positive Behavioral Interventions and Supports (PBIS) are often spoken of synonymously, and for those new to MTSS, it can be difficult to determine what people mean when these terms are used interchangeably. It is important to keep in mind, though, that MTSS is a framework for aligning resources and initiatives; it is a method of organization. As such, MTSS encompasses both RtI² and PBIS, and systematically addresses support for all students.




Since MTSS is a framework that brings together both Rtl² and PBIS and aligns their supports to serve the whole child, it also relies on data gathering through universal screening, data-driven decision making, and problem solving teams, and focuses on content standards. MTSS aligns the entire system of initiatives, supports, and resources, and implements continuous improvement processes throughout the system.

In particular, MTSS assists LEAs in:

- Promoting LEA participation in the focus to align the entire system of initiatives, supports, and resources
- Relying on a problem-solving systems process and method to identify problems, develop interventions, and evaluate the effectiveness of the intervention in a multi-tiered system of service delivery
- Transforming the way LEAs provide support and setting higher expectations for all students through intentional integration of instruction and intervention services and supports so that systemic changes are sustainable and based on standards-aligned classroom instruction
- Endorsing [Universal Design for Learning](#)  instructional strategies so that all students have opportunities for learning through differentiated content (i.e., teachers reacting responsively to a learner's needs), processes, and products
- Challenging all school staff to change the way in which they have traditionally worked both in and out of the classroom
- Using schoolwide and classroom research-based [positive behavioral supports](#)  for achieving important social and learning outcomes
- Supporting high-quality standards and research-based, [culturally and linguistically relevant instruction](#)  with the belief that every student can learn and excel,

including students of poverty, those who are gifted and high achievers, students with disabilities, English learners, and students from all ethnicities evident in the school and LEA cultures

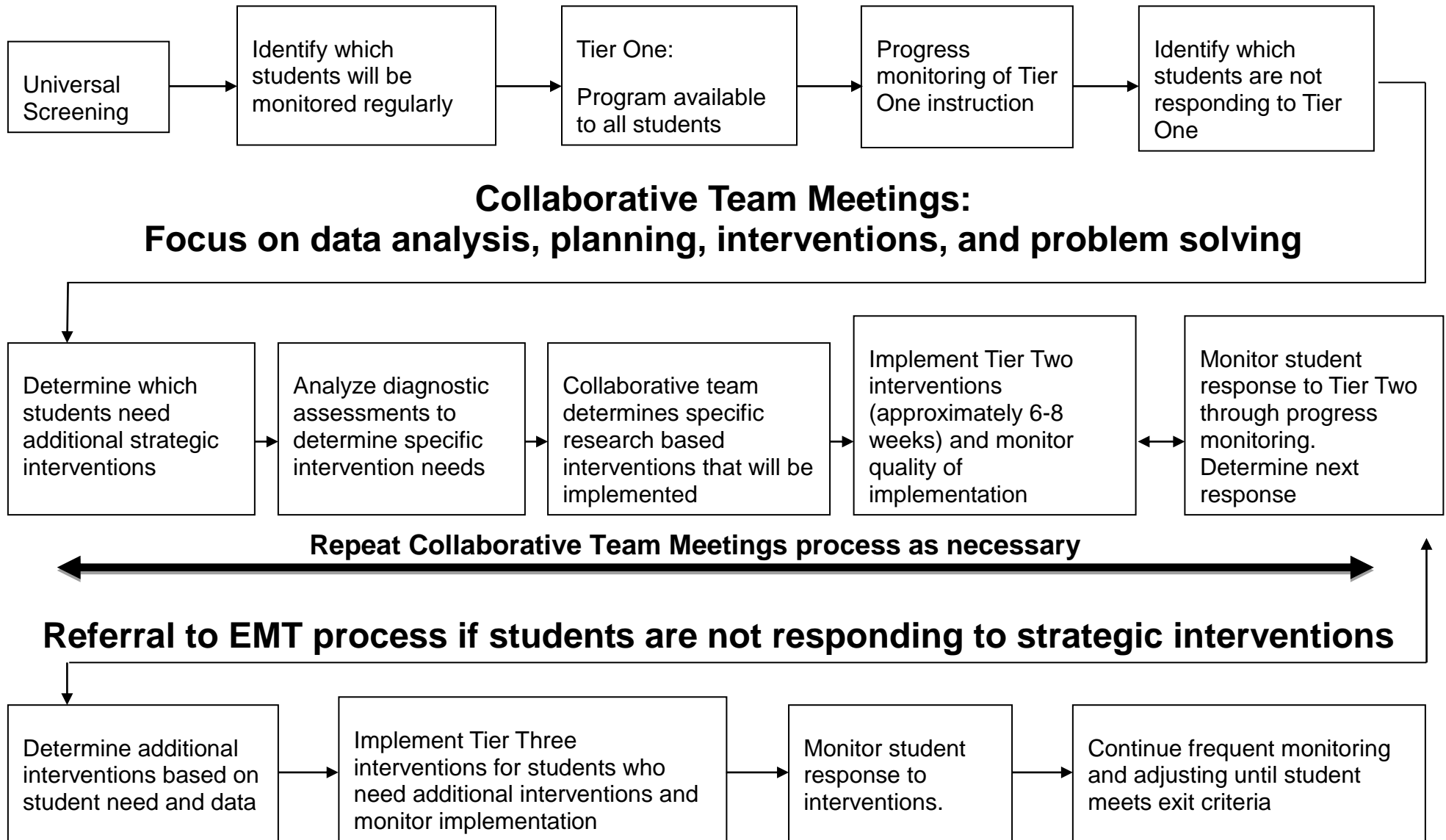
- Integrating a [data collection and assessment system](#)  (PDF), including universal screening, diagnostics, and progress monitoring, to inform decisions appropriate for all students
- Implementing a collaborative approach to analyze student data and work together in the intervention process

[RtI²](#) is an approach that focuses on individual students who are struggling academically and pulls together resources from the LEA, school, and community to promote students' success before they fall behind. It is systematic and data-driven with tiered levels of intervention to benefit every student.

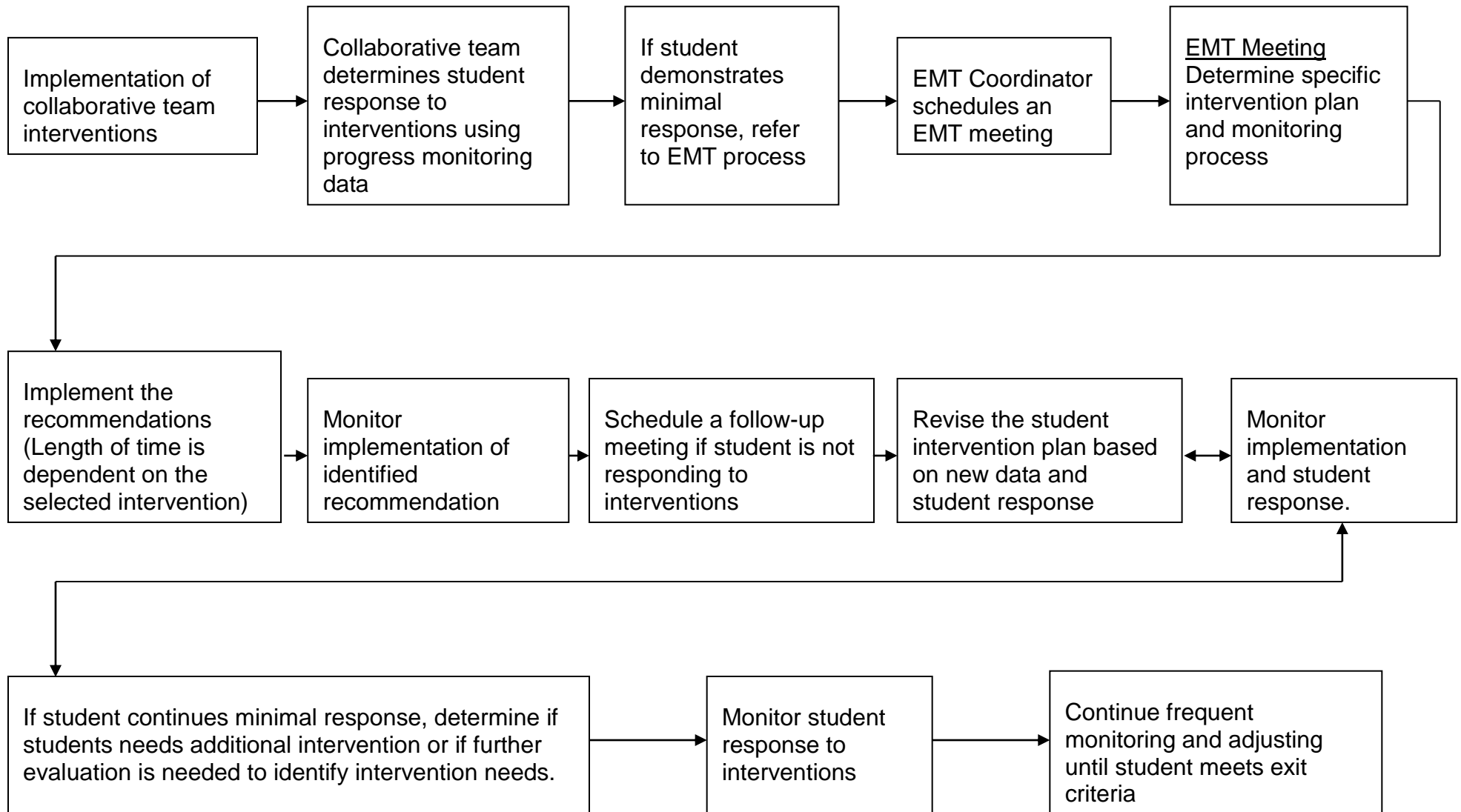
[PBIS](#) is an approach that focuses on the emotional and behavioral learning of students, which leads to an increase in engagement and a decrease in problematic behavior over time. It assists the LEA in adopting and organizing evidence-based behavioral interventions that improve social and emotional behavior outcomes for all students.

So, while RtI² focuses on academics and PBIS focuses on social and emotional learning, MTSS encompasses them all. It acts as a way of organizing supports within an LEA so that both the academic side and the social-emotional-learning side are aligned to serve the whole child.

RtI² Flow Map



Educational Monitoring Team Flow Map



Referral for Assessment

This section provides the legal requirements and recommended steps in processing referrals on for assessment.

Legal Requirements

Each special education local plan area shall establish written policies and procedures pursuant to Section 56205 for use by its constituent local agencies for a continuous child find system that addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs. (EC 56301(d)(1))

"Referral for assessment" means any written request for assessment to identify an individual with exceptional needs made by any of the following: (a) A parent or guardian of the individual. (b) A teacher or other service provider of the individual. (c) A foster parent of the individual, consistent with the limitations contained in federal law. (EC 56029)

The primary timelines affecting special education programs are as follows:

- a) *A proposed assessment plan shall be developed within 15 calendar days of referral for assessment, not counting calendar days between the pupil's regular school sessions or terms or calendar days of school vacation in excess of five schooldays, from the date of receipt of the referral, unless the parent or guardian agrees in writing to an extension. (EC 56321(a)).*
- b) *A parent or guardian shall have at least 15 calendar days from the receipt of the proposed assessment plan to arrive at a decision. (EC 56321(c)).*
- c) *Once a child has been referred for an initial assessment to determine whether the child is an individual with exceptional needs and to determine the educational needs of the child, these determinations shall be made, and an individualized education program team meeting shall occur within 60 days of receiving parental consent for the assessment, except as specified in EC 56302.1(b). (EC 56042; referenced EC 56321(c); EC 56302.1(a-b); EC 56344)*
- d) *The 60-day time period does not apply to a local educational agency if either of the following occurs:*
 - 1) *A child enrolls in a school served by the local educational agency after the relevant time period has commenced but prior to a determination by his or her previous local educational agency of whether the child is an individual with exceptional needs. The exemption of this paragraph applies only if the subsequent local educational agency is making sufficient progress to ensure a prompt completion of the assessment, and the parent and subsequent local educational agency agree to a specific date by which the assessment shall be completed.*

- 2) *The parent of a child repeatedly fails or refuses to produce the child for the assessment. (56302.1(a-b); references EC 56026; Title 20 USC § 1414 (c)(1))*

Prior written notice shall be given by the public agency to the parents or guardians of an individual with exceptional needs, or to the parents or guardians of a child upon initial referral for assessment, and a reasonable time before the public agency proposes to initiate or change, or refuses to initiate or change, the identification, assessment, or educational placement of the child, or the provision of a free appropriate public education to the child. (EC 56500.4(a); Title 20 USC § 1415(b)(3-4) and (c)(1); 34 CFR § 300.503). The public agency shall provide a description of any assessment procedures the agency proposes to conduct. (34 CFR § 300.304 and 300.503)

All assessments must be completed and an individualized education plan developed within 60 calendar days after receipt of the signed assessment plan. (EC 56043(c)). Vacations or off track days longer than 5 consecutive school days are not counted as part of the 60 calendar days. The number of days prior to the off school time is added to the days starting upon the student's return to total the 60 calendar days. (EC 56043(f)(1)).

When a referral is received 10 days or less prior to the end of the regular school year, the days between the pupil's regular school sessions or terms or days of school vacation in excess of five schooldays are not counted as part of the 60-days. However, the assessment plan shall be developed within 10 days after the commencement of the subsequent regular school year or the pupil's regular school term as determined by each district's school calendar for each pupil for whom a referral. In the case of pupil school vacations, the 15-day time shall commence on the date that the pupil's regular schooldays reconvene. (EC Section 56321a)

Steps in the Referral Process

Given that evaluation procedures need to address all areas of suspected disability, it is critical that the reason for referral is comprehensive in nature. It is important to clearly understand the referral concern before an assessment plan is created. The documentation provided by the problem solving team should provide clear evidence as to what the area(s) of concern are (i.e., reading fluency / comprehension, writing, mathematics calculation, behavioral and/or emotional challenges, physical, medical or health issues, etc.). There should also be clear evidence that the student's needs cannot be met with accommodations or modification made within the general education environment alone. If the referral question is ambiguous and broad, then judging the degree to which all aspects of the concern have been addressed becomes significantly more difficult. Clarity in these areas also helps determine which professional will be the recipient of the referral forms and who needs to be involved in the evaluation processes.

Referral from the Problem Solving Team. When a problem solving team makes a written request for assessment to identify an individual with exceptional needs,

ideally, the special education personnel have been involved in at least the most recent problem solving team meeting and are aware of the reason for referral. The Chair of the problem solving team needs to provide a copy of their documentation to the contact person and log the referral date. The recipient of such a request has 15 days to take action. Such actions typically involve explaining the proposed evaluation process and the procedural safeguards to the parent/guardian of the child referred. In this way the parent is able to provide “informed” consent to the proposed Assessment Plan, understands Prior Written Notice explaining why the LEA proposes to initiate the assessment process for special education identification, and what their rights are inherent in the procedural safeguards. (See the IEP Manual for how to complete an Assessment Plan and Prior Written Notice; See the IEP Manual, SELPA Website, or web-based IEP System for Parental Rights and Procedural Safeguards).

Referral from Parent Request. Similarly, when the LEA receives a written request for special education assessment from a parent, the LEA has 15 days to respond to the request. It is recommended that the school hold a problem solving team meeting within 15 days to address the parent’s concerns. The team must end the meeting with either, (1) a proposed Assessment Plan and a Prior Written Notice explaining why the LEA proposes to initiate the assessment process for special education identification, or (2) a Prior Written Notice with the reason why the request for assessment is being refused.

Referral for Assessment by Other Party. In some cases a LEA may not have employed personnel with the expertise needed to handle specific referral questions. In cases involving a low incidence disability (i.e., deaf, hard of hearing, visually impaired) the LEA may complete a Referral Form to the Riverside County Office of Education (See Appendix I). The LEA may also look to another LEA or contract with a certified nonpublic agency to conduct a specialized assessment on their behalf.

Timelines. The timelines noted above must be followed. A Timeline Chart (See Appendix II) can be used to calculate from referral date to when to complete the Assessment Plan and/or Prior Written Notice (15 Days) and consent for assessment to IEP date (60 Days). This chart does not take into consideration suspension of timelines for dates when schools are closed or students are not in attendance for more than five (5) days or the extra days allowed for obtaining parental consent.

The referral through assessment process is not completed until the IEP team meeting is held, student is identified as eligible or ineligible for special education services, and the appropriate IEP pages written.

Approved: November 19, 2010; September 14, 2018

RIVERSIDE COUNTY OFFICE OF EDUCATION
Division of Student Programs and Services

3939 Thirteenth Street, P.O. Box 868
Riverside, CA 92502-0868
(951) 826-6635, (951) 826-6506

24980 Las Brisas Rd
Murrieta, CA 92562
(951) 600-5634

47-336 Oasis Street
Indio, CA 92201
(760) 346-4071

Referral Form

(To Be Completed by Referring District)

Referring District: _____ Date: _____

Name of District Contact: _____ Phone: _____

Name of Student Referred: _____ Sex: ☐ Male ☐ Female

Living with: ☐ Parent * ☐ Foster * ☐ LCI D.O.B.: _____

Parent/Guardian Name: _____ Chron. Age: _____

Address: _____ Apt.# _____ Home Phone: _____

Work Phone: _____

Mailing Address: _____ Cell Phone: _____
(if different)

Message Phone: _____

Initial - Age 3 and Above Special Education Referral Date: _____

Referred by: ☐ Parent ☐ Student Study Team ☐ Other
☐ Teacher ☐ Other School District Personnel Please specify: _____

Initial Parent Consent Date for Evaluation: _____

* List Responsible Agency: _____ Caseworker: _____

School of Attendance: _____ Current Placement: _____

Most Recent IEP Date: _____ Most Recent Psych Report: Date _____

REASON FOR REFERRAL: _____

County Consultation Requested	<input type="checkbox"/>	YES	Specify: _____
Request DIS/Itinerant Services ONLY	<input type="checkbox"/>	YES	Specify: _____
Request Joint District/County IEP Meeting	<input type="checkbox"/>	YES	Specify: _____
County Audiological Evaluation Requested:	<input type="checkbox"/>	YES	Specify: _____

ENCLOSURES:

<input type="checkbox"/> IEP's	<input type="checkbox"/>	Developmental Health History
<input type="checkbox"/> Psychoeducational Study	<input type="checkbox"/>	Speech Evaluation
<input type="checkbox"/> POSITIVE Behavioral Intervention Plan	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/> Immunization Record	<input type="checkbox"/>	Supporting Documents (Student Registration Form, Emergency Form,
<input type="checkbox"/> Release of Information (Signed by Parent)		Disaster Preparedness Form & Student Health Information Form)

Signed: _____

Administrator/Designee
FORM NO 5080 (Revised 11/16)

Title

Phone

Timeline Chart

Use this chart to calculate from referral date to when to complete the Assessment Plan and/or Prior Written Notice (15 Days) and consent for assessment to IEP date (60 Days). Find the current date, then check the appropriate column. **NOTE:** This chart does not take into consideration suspension of timelines for dates when schools are closed or students are not in attendance for more than five (5) days.

Date	15 Day Date	60 Day Date		Date	15 Day Date	60 Day Date
1-Jan	16-Jan	1-Mar		1-Feb	16-Feb	1-Apr
2-Jan	17-Jan	2-Mar		2-Feb	17-Feb	2-Apr
3-Jan	18-Jan	3-Mar		3-Feb	18-Feb	3-Apr
4-Jan	19-Jan	4-Mar		4-Feb	19-Feb	4-Apr
5-Jan	20-Jan	5-Mar		5-Feb	20-Feb	5-Apr
6-Jan	21-Jan	6-Mar		6-Feb	21-Feb	6-Apr
7-Jan	22-Jan	7-Mar		7-Feb	22-Feb	7-Apr
8-Jan	23-Jan	8-Mar		8-Feb	23-Feb	8-Apr
9-Jan	24-Jan	9-Mar		9-Feb	24-Feb	9-Apr
10-Jan	25-Jan	10-Mar		10-Feb	25-Feb	10-Apr
11-Jan	26-Jan	11-Mar		11-Feb	26-Feb	11-Apr
12-Jan	27-Jan	12-Mar		12-Feb	27-Feb	12-Apr
13-Jan	28-Jan	13-Mar		13-Feb	28-Feb	13-Apr
14-Jan	29-Jan	14-Mar		14-Feb	29-Feb	14-Apr
15-Jan	30-Jan	15-Mar		15-Feb	1-Mar	15-Apr
16-Jan	31-Jan	16-Mar		16-Feb	2-Mar	16-Apr
17-Jan	1-Feb	17-Mar		17-Feb	3-Mar	17-Apr
18-Jan	2-Feb	18-Mar		18-Feb	4-Mar	18-Apr
19-Jan	3-Feb	19-Mar		19-Feb	5-Mar	19-Apr
20-Jan	4-Feb	20-Mar		20-Feb	6-Mar	20-Apr
21-Jan	5-Feb	21-Mar		21-Feb	7-Mar	21-Apr
22-Jan	6-Feb	22-Mar		22-Feb	8-Mar	22-Apr
23-Jan	7-Feb	23-Mar		23-Feb	9-Mar	23-Apr
24-Jan	8-Feb	24-Mar		24-Feb	10-Mar	24-Apr
25-Jan	9-Feb	25-Mar		25-Feb	11-Mar	25-Apr
26-Jan	10-Feb	26-Mar		26-Feb	12-Mar	26-Apr
27-Jan	11-Feb	27-Mar		27-Feb	13-Mar	27-Apr
28-Jan	12-Feb	28-Mar		28-Feb	14-Mar	28-Apr
29-Jan	13-Feb	29-Mar		29-Feb	15-Mar	29-Apr
30-Jan	14-Feb	30-Mar				
31-Jan	15-Feb	31-Mar				

Date	15 Day Date	60 Day Date		Date	15 Day Date	60 Day Date
1-Mar	16-Mar	30-Apr		1-Apr	16-Apr	31-May
2-Mar	17-Mar	1-May		2-Apr	17-Apr	1-Jun
3-Mar	18-Mar	2-May		3-Apr	18-Apr	2-Jun
4-Mar	19-Mar	3-May		4-Apr	19-Apr	3-Jun
5-Mar	20-Mar	4-May		5-Apr	20-Apr	4-Jun
6-Mar	21-Mar	5-May		6-Apr	21-Apr	5-Jun
7-Mar	22-Mar	6-May		7-Apr	22-Apr	6-Jun
8-Mar	23-Mar	7-May		8-Apr	23-Apr	7-Jun
9-Mar	24-Mar	8-May		9-Apr	24-Apr	8-Jun
10-Mar	25-Mar	9-May		10-Apr	25-Apr	9-Jun
11-Mar	26-Mar	10-May		11-Apr	26-Apr	10-Jun
12-Mar	27-Mar	11-May		12-Apr	27-Apr	11-Jun
13-Mar	28-Mar	12-May		13-Apr	28-Apr	12-Jun
14-Mar	29-Mar	13-May		14-Apr	29-Apr	13-Jun
15-Mar	30-Mar	14-May		15-Apr	30-Apr	14-Jun
16-Mar	31-Mar	15-May		16-Apr	1-May	15-Jun
17-Mar	1-Apr	16-May		17-Apr	2-May	16-Jun
18-Mar	2-Apr	17-May		18-Apr	3-May	17-Jun
19-Mar	3-Apr	18-May		19-Apr	4-May	18-Jun
20-Mar	4-Apr	19-May		20-Apr	5-May	19-Jun
21-Mar	5-Apr	20-May		21-Apr	6-May	20-Jun
22-Mar	6-Apr	21-May		22-Apr	7-May	21-Jun
23-Mar	7-Apr	22-May		23-Apr	8-May	22-Jun
24-Mar	8-Apr	23-May		24-Apr	9-May	23-Jun
25-Mar	9-Apr	24-May		25-Apr	10-May	24-Jun
26-Mar	10-Apr	25-May		26-Apr	11-May	25-Jun
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28-Mar	12-Apr	27-May		28-Apr	13-May	27-Jun
29-Mar	13-Apr	28-May		29-Apr	14-May	28-Jun
30-Mar	14-Apr	29-May		30-Apr	15-May	29-Jun
31-Mar	15-Apr	30-May				

1-May	16-May	30-Jun		1-Jun	16-Jun	31-Jul
2-May	17-May	1-Jul		2-Jun	17-Jun	1-Aug
3-May	18-May	2-Jul		3-Jun	18-Jun	2-Aug
4-May	19-May	3-Jul		4-Jun	19-Jun	3-Aug
5-May	20-May	4-Jul		5-Jun	20-Jun	4-Aug
6-May	21-May	5-Jul		6-Jun	21-Jun	5-Aug
7-May	22-May	6-Jul		7-Jun	22-Jun	6-Aug
8-May	23-May	7-Jul		8-Jun	23-Jun	7-Aug
9-May	24-May	8-Jul		9-Jun	24-Jun	8-Aug

Date	15 Day Date	60 Day Date		Date	15 Day Date	60 Day Date
10-May	25-May	9-Jul		10-Jun	25-Jun	9-Aug
11-May	26-May	10-Jul		11-Jun	26-Jun	10-Aug
12-May	27-May	11-Jul		12-Jun	27-Jun	11-Aug
13-May	28-May	12-Jul		13-Jun	28-Jun	12-Aug
14-May	29-May	13-Jul		14-Jun	29-Jun	13-Aug
15-May	30-May	14-Jul		15-Jun	30-Jun	14-Aug
16-May	31-May	15-Jul		16-Jun	1-Jul	15-Aug
17-May	1-Jun	16-Jul		17-Jun	2-Jul	16-Aug
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19-May	3-Jun	18-Jul		19-Jun	4-Jul	18-Aug
20-May	4-Jun	19-Jul		20-Jun	5-Jul	19-Aug
21-May	5-Jun	20-Jul		21-Jun	6-Jul	20-Aug
22-May	6-Jun	21-Jul		22-Jun	7-Jul	21-Aug
23-May	7-Jun	22-Jul		23-Jun	8-Jul	22-Aug
24-May	8-Jun	23-Jul		24-Jun	9-Jul	23-Aug
25-May	9-Jun	24-Jul		25-Jun	10-Jul	24-Aug
26-May	10-Jun	25-Jul		26-Jun	11-Jul	25-Aug
27-May	11-Jun	26-Jul		27-Jun	12-Jul	26-Aug
28-May	12-Jun	27-Jul		28-Jun	13-Jul	27-Aug
29-May	13-Jun	28-Jul		29-Jun	14-Jul	28-Aug
30-May	14-Jun	29-Jul		30-Jun	15-Jul	29-Aug
31-May	15-Jun	30-Jul				

1-Jul	16-Jul	30-Aug		1-Aug	16-Aug	30-Sep
2-Jul	17-Jul	31-Aug		2-Aug	17-Aug	1-Oct
3-Jul	18-Jul	1-Sep		3-Aug	18-Aug	2-Oct
4-Jul	19-Jul	2-Sep		4-Aug	19-Aug	3-Oct
5-Jul	20-Jul	3-Sep		5-Aug	20-Aug	4-Oct
6-Jul	21-Jul	4-Sep		6-Aug	21-Aug	5-Oct
7-Jul	22-Jul	5-Sep		7-Aug	22-Aug	6-Oct
8-Jul	23-Jul	6-Sep		8-Aug	23-Aug	7-Oct
9-Jul	24-Jul	7-Sep		9-Aug	24-Aug	8-Oct
10-Jul	25-Jul	8-Sep		10-Aug	25-Aug	9-Oct
11-Jul	26-Jul	9-Sep		11-Aug	26-Aug	10-Oct
12-Jul	27-Jul	10-Sep		12-Aug	27-Aug	11-Oct
13-Jul	28-Jul	11-Sep		13-Aug	28-Aug	12-Oct
14-Jul	29-Jul	12-Sep		14-Aug	29-Aug	13-Oct
15-Jul	30-Jul	13-Sep		15-Aug	30-Aug	14-Oct
16-Jul	31-Jul	14-Sep		16-Aug	31-Aug	15-Oct
17-Jul	1-Aug	15-Sep		17-Aug	1-Sep	16-Oct
18-Jul	2-Aug	16-Sep		18-Aug	2-Sep	17-Oct

Date	15 Day Date	60 Day Date		Date	15 Day Date	60 Day Date
19-Jul	3-Aug	17-Sep		19-Aug	3-Sep	18-Oct
20-Jul	4-Aug	18-Sep		20-Aug	4-Sep	19-Oct
21-Jul	5-Aug	19-Sep		21-Aug	5-Sep	20-Oct
22-Jul	6-Aug	20-Sep		22-Aug	6-Sep	21-Oct
23-Jul	7-Aug	21-Sep		23-Aug	7-Sep	22-Oct
24-Jul	8-Aug	22-Sep		24-Aug	8-Sep	23-Oct
25-Jul	9-Aug	23-Sep		25-Aug	9-Sep	24-Oct
26-Jul	10-Aug	24-Sep		26-Aug	10-Sep	25-Oct
27-Jul	11-Aug	25-Sep		27-Aug	11-Sep	26-Oct
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29-Jul	13-Aug	27-Sep		29-Aug	13-Sep	28-Oct
30-Jul	14-Aug	28-Sep		30-Aug	14-Sep	29-Oct
31-Jul	15-Aug	29-Sep		31-Aug	15-Sep	30-Oct

1-Sep	16-Sep	31-Oct		1-Oct	16-Oct	30-Nov
2-Sep	17-Sep	1-Nov		2-Oct	17-Oct	1-Dec
3-Sep	18-Sep	2-Nov		3-Oct	18-Oct	2-Dec
4-Sep	19-Sep	3-Nov		4-Oct	19-Oct	3-Dec
5-Sep	20-Sep	4-Nov		5-Oct	20-Oct	4-Dec
6-Sep	21-Sep	5-Nov		6-Oct	21-Oct	5-Dec
7-Sep	22-Sep	6-Nov		7-Oct	22-Oct	6-Dec
8-Sep	23-Sep	7-Nov		8-Oct	23-Oct	7-Dec
9-Sep	24-Sep	8-Nov		9-Oct	24-Oct	8-Dec
10-Sep	25-Sep	9-Nov		10-Oct	25-Oct	9-Dec
11-Sep	26-Sep	10-Nov		11-Oct	26-Oct	10-Dec
12-Sep	27-Sep	11-Nov		12-Oct	27-Oct	11-Dec
13-Sep	28-Sep	12-Nov		13-Oct	28-Oct	12-Dec
14-Sep	29-Sep	13-Nov		14-Oct	29-Oct	13-Dec
15-Sep	30-Sep	14-Nov		15-Oct	30-Oct	14-Dec
16-Sep	1-Oct	15-Nov		16-Oct	31-Oct	15-Dec
17-Sep	2-Oct	16-Nov		17-Oct	1-Nov	16-Dec
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19-Sep	4-Oct	18-Nov		19-Oct	3-Nov	18-Dec
20-Sep	5-Oct	19-Nov		20-Oct	4-Nov	19-Dec
21-Sep	6-Oct	20-Nov		21-Oct	5-Nov	20-Dec
22-Sep	7-Oct	21-Nov		22-Oct	6-Nov	21-Dec
23-Sep	8-Oct	22-Nov		23-Oct	7-Nov	22-Dec
24-Sep	9-Oct	23-Nov		24-Oct	8-Nov	23-Dec
25-Sep	10-Oct	24-Nov		25-Oct	9-Nov	24-Dec
26-Sep	11-Oct	25-Nov		26-Oct	10-Nov	25-Dec
27-Sep	12-Oct	26-Nov		27-Oct	11-Nov	26-Dec

Date	15 Day Date	60 Day Date		Date	15 Day Date	60 Day Date
28-Sep	13-Oct	27-Nov		28-Oct	12-Nov	27-Dec
29-Sep	14-Oct	28-Nov		29-Oct	13-Nov	28-Dec
30-Sep	15-Oct	29-Nov		30-Oct	14-Nov	29-Dec
				31-Oct	15-Nov	30-Dec

1-Nov	16-Nov	31-Dec		1-Dec	16-Dec	30-Jan
2-Nov	17-Nov	1-Jan		2-Dec	17-Dec	31-Jan
3-Nov	18-Nov	2-Jan		3-Dec	18-Dec	1-Feb
4-Nov	19-Nov	3-Jan		4-Dec	19-Dec	2-Feb
5-Nov	20-Nov	4-Jan		5-Dec	20-Dec	3-Feb
6-Nov	21-Nov	5-Jan		6-Dec	21-Dec	4-Feb
7-Nov	22-Nov	6-Jan		7-Dec	22-Dec	5-Feb
8-Nov	23-Nov	7-Jan		8-Dec	23-Dec	6-Feb
9-Nov	24-Nov	8-Jan		9-Dec	24-Dec	7-Feb
10-Nov	25-Nov	9-Jan		10-Dec	25-Dec	8-Feb
11-Nov	26-Nov	10-Jan		11-Dec	26-Dec	9-Feb
12-Nov	27-Nov	11-Jan		12-Dec	27-Dec	10-Feb
13-Nov	28-Nov	12-Jan		13-Dec	28-Dec	11-Feb
14-Nov	29-Nov	13-Jan		14-Dec	29-Dec	12-Feb
15-Nov	30-Nov	14-Jan		15-Dec	30-Dec	13-Feb
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18-Nov	3-Dec	17-Jan		18-Dec	2-Jan	16-Feb
19-Nov	4-Dec	18-Jan		19-Dec	3-Jan	17-Feb
20-Nov	5-Dec	19-Jan		20-Dec	4-Jan	18-Feb
21-Nov	6-Dec	20-Jan		21-Dec	5-Jan	19-Feb
22-Nov	7-Dec	21-Jan		22-Dec	6-Jan	20-Feb
23-Nov	8-Dec	22-Jan		23-Dec	7-Jan	21-Feb
24-Nov	9-Dec	23-Jan		24-Dec	8-Jan	22-Feb
25-Nov	10-Dec	24-Jan		25-Dec	9-Jan	23-Feb
26-Nov	11-Dec	25-Jan		26-Dec	10-Jan	24-Feb
27-Nov	12-Dec	26-Jan		27-Dec	11-Jan	25-Feb
28-Nov	13-Dec	27-Jan		28-Dec	12-Jan	26-Feb
29-Nov	14-Dec	28-Jan		29-Dec	13-Jan	27-Feb
30-Nov	15-Dec	29-Jan		30-Dec	14-Jan	28-Feb
				31-Dec	15-Jan	29-Feb