

STATE SELPA

IEP MANUAL

***WRITING IEPs
FOR EDUCATIONAL BENEFIT***



**Supplemental State SELPA
Template Forms Instructions
Included**

August 2009

Introduction

This manual and accompanying IEP Forms were developed by members of the State SELPA Association to address the legal requirements of IDEA 2004, state law, and the State Performance Plan as appropriate. This IEP is a recommended template to provide greater consistency for districts around California. The California Department of Education, Special Education Division also posts it on their website.

The items denoted in bold font on the IEP Forms and in the manual are required CASEMIS fields and must be completed.

INSTRUCTIONS FOR USING HYPERLINKS

Each form is linked to its instruction page.

Each instruction page is linked to this table of contents.

You can return from each form to this table of contents.

- ✓ Place your cursor over the hyperlink you want and hold the “Control” key and click your mouse.
- ✓ The top hyperlink for each form will take you to the instructions for that particular form.
- ✓ The bottom hyperlink for each form will take you to the form itself.
- ✓ At the bottom of each form is a hyperlink to the instructions for that particular form.
- ✓ There is a hyperlink to the Table Contents from each section of instructions and at the bottom of each form.

Table of Contents

IEP Form – Eligibility	InstructionsEligibilityForm
View Form	ViewEligibilityForm
IEP Form – Individual Transition Plan (ITP)	InstructionsITPForm
View Form	ViewITPForm
IEP Form – Transition Services	InstructionsTransitionServicesForm
View Form	ViewTransitionServicesForm
IEP Form – Present Levels of Academic Achievement & Functional Performance	InstructionsPresentLevelsForm
View Form	ViewPresentLevelsForm
IEP Form – Special Factors	InstructionsSpecialFactorsForm
View Form	ViewSpecialFactorsForm
IEP Form – Statewide Assessment	InstructionsStatewideAssessmentForm
View Form	ViewStatewideAssessmentForm
IEP Form – Annual Goals	InstructionsAnnualGoals
View Form	ViewAnnualGoalsForm
IEP Form – Annual Goals and Benchmarks	InstructionsAnnualGoalsBenchmarks
View Form	ViewAnnualGoalsBenchmarksForm
IEP Form – Annual Goals & Objectives	InstructionsAnnualGoals&ObjForm
View Form	ViewAnnualGoals&ObjForm
IEP Form – Services – Offer of FAPE	InstructionsServicesForm
View Form	ViewIEPServicesForm
IEP Form – Educational Setting – Offer of FAPE	InstructionsEducationalSettingForm
View Form	ViewEducationalSettingForm
IEP Form – Signature and Parent Consent	InstructionsSignatureParentConsentForm
View Form	ViewSignatureParentConsentForm
View Form	ViewSignatureParentConsentMediCalForm
IEP Form – IEP Team Meeting Notes	InstructionsIEPTeamMeetingNotesForm
View Form	ViewIEPTeamMeetingNotesForm
IEP Form – IEP Amendment(s) / Addendum Page	InstructionsIEPAmendmentsAddendumForm
View Form	ViewIEPAmendmentsAddendumForm

List of Supplemental Forms [ListofSupplementalForms](#)

IEP FORM – INDIVIDUALIZED EDUCATION PROGRAM – ELIGIBILITY

Items above the solid line may be completed prior to the meeting, based on information contained in the student information system.

1. Student Name: Enter the student last name and first name.
2. IEP Date: Enter date of the IEP meeting.
3. Last IEP: Enter the date of the last IEP.
4. Next IEP: Enter the next IEP date that will be one year from the present date in most cases.
5. Original SpEd Entry Date: Enter the date the student first received special education services, including IFSP (0-3 infant services).
6. Last Eval: Enter the date of the most recently completed comprehensive assessment to determine or re-determine eligibility for special education and related services (triennial or initial IEP date).
7. Next Eval: Enter the date when the next triennial evaluation is due.
8. Purpose of Meeting: Select purpose of meeting.
 - Initial is the IEP to determine eligibility after initial assessment.
 - Annual is the IEP meeting to be held within one year of prior IEP.
 - Triennial is the IEP meeting to be held after reassessment. This meeting may also include the Annual IEP Meeting.
 - Transition means transition from infant to preschool, preschool to kindergarten, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
 - Pre-expulsion means an IEP meeting that is being held as part of or following a manifestation determination.
 - Interim means if the child has an IEP and transfers into a district from another district.
 - Expanded IEP means an IEP meeting which includes CMH representatives.
 - Other
9. Birthdate: Enter the exact birthdate.
10. Age: The student's age as of the IEP meeting date.
11. Gender: Enter M or F.
12. Grade: Enter the appropriate grade designation.
13. Migrant: Check Yes or No to reflect the student's Migrant status.
14. Native Language: This field was previously known as home language. This is the student's home language or birth language.
15. EL: Check if the student is an English learner or has been redesignated. (R-FEP)
16. Interpreter: Check if an interpreter is needed for the IEP meeting.
17. Student ID and SSID: The student ID number is automatically assigned through CASEMIS. The SSID formerly CSIS is assigned by the State. Each student must have a SSID. Social Security Number is optional.

18. Residency: This is the student's residential status.
19. Parent/Guardian Information: Enter the contact information for the parent/guardian. If the student resides in an out-of-home placement through a non-educational agency, put the parent contact information in the second contact area, if known.
20. District of Residence: This is the student's district of residence.
21. Residence School: Enter the child's neighborhood school.
22. Ethnicity: **Answer the two part question and then check** the appropriate ethnicity(s). Note: Only four ethnicities can be listed. This should be the ethnicity designated by the parent on the student enrollment form at the school site.
23. Disability: Mark primary disability with "P" and secondary disability with "S". The primary disability should be the one that has the most significant impact on the student's ability to access the general education environment. Note: For funding purposes, low incidence disabilities marked as secondary will generate low incidence funding.

If team determines the student has a *specific learning disability*, complete *Specific Learning Disability Team Determination of Eligibility* form 9. Evaluation team members sign form as appropriate.

24. Severe/Non Severe: Check appropriate box.
56030.5. "Severely disabled" means individuals with exceptional needs who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe mental retardation, and those individuals who would have been eligible for enrollment in a development center for handicapped pupils under Chapter 6 (commencing with Section 56800) of this part, as it read on January 1, 1980.
25. If the student is not eligible or no longer eligible for special education:
 - Document reason for decision and other options to address the student's educational needs on *IEP Team Comments Page* (Form 7).
 - IEP team members sign as appropriate on (Form 6).
If parent(s) do not agree that the child is not eligible for special education services, note their concerns, discuss options for resolving their concerns, and review *Notice of Procedural Safeguards*.
26. How Disability Affects Educational Performance: Write a statement which describes the disability and its impact, i.e. "*auditory processing deficits adversely impact the student's ability to complete activities within the general education setting*", "*significant speech and language deficits interfere with the student's ability to interact with other students in the preschool setting*"
27. Triennial (3 Year) Re-Evaluation: Check the appropriate box. If the triennial evaluation is due prior to the next IEP meeting; check one of the following: Summary of Progress and Current Educational Performance, Full Evaluation, or Other. If other is check specify measurement.

For Initial Placements Only

(Ages 3 to 22 only – Do not include infant referral dates)

1. Has the Student Received Pre-Referral Early Intervening Service in the Past Two Years: Pre-Referral Early Intervening Services are coordinated interventions for students not currently identified as requiring special education who need additional academic and behavior support to succeed in a general education environment. They include educational and behavioral evaluations, services and supports including scientifically based literacy instruction. If the student received pre-referral early intervening services during the past two years, check yes. Otherwise, check no.
2. Date of Initial Referral for Special Education Services: Enter the date of the initial referral to assess and determine eligibility for education services (ages 3-22).

3. Person Initiating the Referral: Select the person initiating the referral (Parent, Teacher, SST, Other School/District Personnel, Other).
4. Date District Received Parent Consent: Enter the date the district received parent signature/consent for initial evaluation.
5. Date of Initial Meeting to Determine Eligibility: Enter the date of IEP Team meeting to review initial evaluation and determine eligibility for special education.


Educational Benefit Reminder


- *Is all of the information complete and correct?*
- *How will the manager of the school MIS system be informed of any changes?*
- *Does the IEP clearly specify the child's disability(s)?*
- *Did the IEP Team identify how the child's disability affects his or her involvement and progress in the general curriculum or participation in appropriate activities for the preschool child?*

[Table of Contents](#)

[View ITP Form](#)

FORM – INDIVIDUAL TRANSITION PLAN (ITP)

If the student is going to be 16 before their next annual IEP, a transition plan is required. The IEP Team may determine that consideration is appropriate for younger students. If the student is younger than age 16 and consideration of transition is not appropriate, skip IEP Forms 1A and 1B and go to IEP Form – 2 Present Levels of Academic Achievement and Functional Performance.

1. How The student Participated in the Process: Mark the appropriate box for how a student participated in the IEP meeting process or how the student's interests and goals were determined.
2. Results of Age-Appropriate Transition Assessments: Measure the student's interests, preferences, and skills related to education/training, employment and where appropriate, independent living skills.
3. Student's Postsecondary Goals: The team must include measurable postsecondary goals in education, training, and employment and if appropriate, independent living. Postsecondary goals are what the student will do after receiving a diploma or after age 22.
 - a. *Education/Training*: Document measurable goals in education and / or training. (Example: I will enroll in a community college class leading to certification as a welder.) (I will participate in a food service training program supported by an adult service agency.)
 - b. *Employment*: Document measurable goals pertaining to the student's employment preferences. (I will work part-time in an automotive shop.) (I will participate in a sheltered workshop program.)
 - c. *Independent Living* (when appropriate): Document measurable goals in the area of independent living skills. (I will use public transportation to commute to my supported employment job.)
 - d. *Other*: Include other measurable goals that the student needs for postsecondary transition. (I will participate in a functional vocational evaluation through the adult education program.)
4. Transition Activities: Include a description of transition activities the student will participate in to work toward meeting his/her postsecondary goals in each of the areas: education/training, employment, independent living, and 'other' as appropriate. These are the activities that the student will do while the student is still in school to address the postsecondary goal. Be sure there are service codes reported to support these activities.
5. IEP Goal Number: Note the annual goal number from Form 4A, 4B, or 4C that was developed to work toward the postsecondary goal.
6. Person/Agency Responsible: Specify the title of person or the agency responsible

IEP FORM – TRANSITION SERVICES

Beginning not later than the first IEP, to be in effect when the child turns 16, or younger if determined appropriate by the IEP team.

1. **California High School Exit Exam:**
 - Enter the date and score on the ELA and Math section of the CAHSEE and indicate if the student passed or failed.
 - Discuss the student's participation in the CAHSEE, including his or her need for accommodations or modifications. Discuss the need for submitting a waiver if a modification is used.
 - If the student will be taking the CAPA, check the appropriate box to indicate that the student would not be participating in CAHSEE.
 - If the student is outside the testing group (before grade 10 or younger than 15 and ungraded), check the appropriate box.
2. **Transfer of Rights:** On or before the student's 17th birthday, explain that he and/or she will assume all special education rights and protections upon turning 18 (unless a conservator has been appointed by the court). Review the *Notice of Procedural Safeguards* with the student. Have the student and parent sign this section.
3. **Passed Algebra:** Indicate if the student passed Algebra and the date. If the student will be graduating with a Certificate of Completion, check appropriate box.
4. **Credits:** Update the credits the student has earned, identify courses required for graduation, and list additional courses related to goals, graduation, and/or vocational interests.

Educational Benefit Reminder

- *Is the transition plan developed in accordance with the student's post-school preferences, interests, and goals?*
- *Are there measurable postsecondary goals, based on age appropriate transition assessments, that address education/training, employment, and where appropriate, independent living skills?*
- *Are appropriate transition activities specified to achieve goals?*
- *Is the transition plan designed to be within a results-oriented process that is focused on improving academic and functional achievement of the student?*
- *Are additional vocational and/or transition assessments required?*
- *Is the transition plan designed to facilitate the student's movement from school to post- school activities, including postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and community participation?*
- *Did you connect transition assessments to postsecondary goals and then to annual goals and specified transition related services to support transition plan?*

IEP FORM – PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Except for the Concerns of the Parent, a draft of this portion of the IEP may be prepared prior to the meeting. Each section should be discussed at the meeting and changes made as appropriate based on input by members of the IEP team.

1. **Strengths, Preferences, and Interests:** Identify the student's strengths, preferences, and interests.
2. **Parent Concerns related to Educational Performance:** This information should be discussed at the IEP Team meeting.
3. **Test Scores:** Scores reflecting the student's performance on state, districtwide and other assessments may be gathered prior to the meeting. Review results of the assessments including (as appropriate):
 - California Standards Test (CST) Advanced→Far Below Basic
 - California Modified Assessment (CMA) Advanced→Far Below Basic

- CAT-6 Standard Score
 - California Alternate Performance Based Assessment (CAPA)
 - CELDT: Write in the CELDT scores.
 - **Fitnessgram PE Test**
 - Other Assessment Data, including results of districtwide and/or individually administered assessments. For preschoolers include DRDP-R or DRDP access.
 - Hearing and Vision Screening: Enter date and if the student passed or failed the hearing and vision screening. This data may be from a prior year IEP. Note the reason for “other”, such as parent exemption.
4. Pre-academic/Academic/Functional Skills: Summarize Pre-academic/Academic/ Functional skills, including the student’s performance in the classroom, levels of mastery of the California content standards, progress in the curriculum, etc. Pre-academic and Functional skills should address the student’s development of readiness concepts for continued academic progress in the general education curriculum, as appropriate. Include classroom performance in all academic areas.
 5. Communication: For the students with identified areas of need in communication, describe the student’s articulation, voice, fluency, and language needs. If none, indicate “*no concerns noted at this time.*”
 6. Gross/Fine Motor Development: For a student, who has been identified with motor development concerns, describe his or her specific skills and/or needs. If none, indicate “*no concerns noted at this time.*”
 7. Social/Emotional/Behavioral Development: Describe the student’s social/emotional/ behavioral strengths and needs. If the student’s behavior is appropriate in the educational setting indicate “*no concerns noted at this time.*”
 8. Vocational: Include strengths, interests, and needs related to pre-vocational/ vocational skills. Address traits, such as work habits, initiative, completion of classroom or school site jobs, etc.
 9. Adaptive/Daily Living Skills: For those students with needs in self-help, specify skills such as dressing, toileting, feeding, etc. Indicate “*age appropriate*” if no concerns are noted.
 10. Health: Describe pertinent medical information that relates to the student’s educational progress. If none, indicate “*no concerns noted at this time.*”


Educational Benefit Reminder


- *Are the student’s strengths, preferences, and interests clearly identified?*
- *Are the concerns of the parent identified?*
- *Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed including documentation of “no concerns noted at this time?”*
- *Does this clearly reflect the student’s performance in the educational setting?*
- *Do the Present Levels of Academic Achievement and Functional Performance reflect all needs identified in the assessments?*

[TableofContents](#)

[ViewSpecialFactorsForm](#)

IEP FORM – SPECIAL FACTORS

1. Assistive Technology: Does the student require assistive technology devices and services or low incidence services, equipment and materials to meet educational goals and objectives? Check yes or no. If yes, specify the type of devices, services, equipment, and/or materials needed.
2. Low Incidence: *This applies only to the students with the following eligibility categories: DB, VI, OI, HH, and Deaf.* Low incidence equipment is indicated only if it is required to meet specific educational needs. Check yes or no. If yes, specify.
Note: Best practice – assistive technology should be addressed in the Supplemental Aids and Services section and/or in a goal.

3. Blindness or Visual Impairment: Is the student blind or visually impaired? If the student is visually impaired, indicate whether instruction in Braille will be provided, and if not, why? If the student will not be using Braille he/she may use large print text or other modified input.
4. Deaf or Hard of Hearing: If the student is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the student's language and communication mode. If the student is not deaf or hard of hearing, indicate "N/A".
5. English Learner: Is the student is an English Learner? Specify yes or no. If yes, specify how the student's level of English proficiency, related to the IEP, will be addressed, including instructional strategies that will be used to support the student's acquisition of English. Also specify who will provide English language development services and in what setting they will be provided. If the student is functioning at the intermediate level (see CELDT scores) in English, the student will most likely receive services (SDAEI) in an English language mainstream (ELM) setting via the regular classroom. If the student has not reached the intermediate level of proficiency on CELDT in all areas, they will require specialized English instruction (SEI). Best practice is to provide intense, English language development services individually or in a small group with peers functioning at a similar level in English for 30+ minutes daily. These services can be provided by EL staff, in a special education setting by special educators, or in a collaborative setting where special educators team with EL staff.
6. Behavior: Does the student's behavior impede learning? Check yes or no. If yes, describe how the behavior impedes learning. Specify positive behavior interventions, strategies, and supports to address the behaviors. Check if there is a Behavior Support Plan or Behavior Intervention Plan and attach a copy. If there is a behavior goal check the box to indicate a goal is in the IEP. Check which type of plan is attached.
7. Areas of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. For every identified area of need there must a goal.

[TableofContents](#)

[ViewStatewideAssessmentForm](#)

IEP FORM – STATEWIDE ASSESSMENTS

1. Participation in State-wide Assessment Program (STAR): Indicate how the student will participate in STAR:

NOTE: THE IEP TEAM MAY NOT WAIVE STATE ASSESSMENTS.

The State Testing and Reporting (STAR) include the California Standards Test/CAT-6, California Modified Assessment (CMA), and the California Alternate Performance Based Assessment (CAPA). The IEP Team must determine which test will be the most appropriate for the student to take. If the student is taking CMA or CAPA, the IEP Team must have reviewed the criteria for taking the alternate assessment.

- Outside of testing range (before grade 2 and after grade 11) Check the box to indicate that the student is below grade 2 or above grade 11 and therefore is exempt from the STAR.
- For the areas of English Language Arts, Math, Science, and History/Social Science determine if the student will be taking CST/CAT-6 or CMA and document any allowable accommodations or modifications. Check the appropriate boxes.
NOTE: A student may take a test in an area on the CST/CAT-6 and in another area on the CMA. If the student is taking CAPA he/she must take it in all areas. (Refer to <http://www.cde.ca.gov/sp/se/fp/> for the *Test Variation Matrix*)
- California Alternate Performance Assessment (CAPA). If the student has a significant cognitive impairment, indicate the CAPA Level that is most appropriate to measure student progress. If the student is taking the CAPA, document why the student cannot participate in the CST/CAT-6. Also state why participation in the CAPA is appropriate.

Note: In determining the LRE, consideration must be given to any harmful effect on the child or quality of services that the child needs.

Follow the continuum of services below as a guide to determining LRE:

- General Education Class
- General Education Class – Supplemental aids or services
- General Education Class – Some direct instruction by special education staff. Less than 21% of time out of the classroom for special education services.
- General Education Class – 21% to 60% of instructional day in a separate classroom.
- Some/or no instruction in General Education Class – 60% or more of the instructional day in a separate classroom (intensive services).
- Special day school – Separate facility (public or nonpublic) with no general education students on campus.
- Residential School.
- Hospital Program.
- Home Instruction.

2. Supplementary Aids, Services and Other Supports for School Personnel, or for the Student, or On Behalf of the Student: Note supplementary aids and services and/or supports for the student, school personnel (consultation to teachers, preferential seating, enlarged text, etc.). Indicate if the supports are for the student or for school personnel by checking the appropriate box in the grid.

Team must also document modifications and/or accommodations that will be needed in order for the student to progress toward annual goals while participating in the general curriculum. Accommodations do not fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria (extended time on a timed task, enlarged text, etc.). Modifications fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria (alternate math assignment, etc.). Indicate who will be responsible for the supplementary aids and services, the start and end date, duration, frequency, and location.

3. Transportation: Document if the student will need transportation. Check the appropriate box. If the student requires special education transportation, specify the type.

4. Special Education and Related Services: The team needs to determine the special education and related services that will provide educational benefit and facilitate progress on the goals for the student (e.g. specialized academic instruction, health and nursing, language and speech, etc). Identify the type of service. Indicate if the service will be individual or group. If the service is to support secondary transition, check the secondary transition box. See CASEMIS codes below:

SPECIALIZED INSTRUCTION

330	Specialized academic instruction	Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (RSP- school based, RSP, SDC inclusion services, SDC-public integrated, SDC-public segregated, SDC-non-public school.)
340	Intensive individual instruction	IEP Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. (1-1 instructional assistant)
350	Individual & small group instruction	Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program. (FOR PRESCHOOL ONLY)

RELATED SERVICES

415	Language and Speech	Includes receptive and expressive language, articulation, voice, and fluency.
425	Adapted physical education	Direct physical education services provided by an APE.

435	Health & nursing –specialized physical health care services	Specialized physical health care services means those health services prescribed by the child’s licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.
436	Health & nursing – other services	This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.
445	Assistive technology services	Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.
450	Occupational therapy	OT includes services to improve student’s educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.
460	Physical therapy	Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.

MENTAL HEALTH SERVICES

510	Individual counseling	One-to-one counseling, provided by a qualified individual pursuant to an IEP.
515	Counseling & guidance	Counseling in a group setting, provided by a qualified individual pursuant to an IEP.
520	Parent counseling	Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child’s needs.
525	Social work services	Includes services provided pursuant to an IEP by a qualified individual.
530	Psychological services	These services provided by a credentialed or licensed psychologist pursuant to an IEP.
535	Behavior intervention services	A systematic implementation of procedures designed to promote lasting, positive changes in the student’s behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the LRE.
540	Day treatment services	Structured education, training and support services to address the student’s mental health needs.
545	Residential treatment services	A 24 hour out-of-home placement that provides intensive therapeutic services to support the educational program.

LOW INCIDENCE SERVICES

610	Specialized services for low incidence disabilities	Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.
710	Specialized deaf and hard of hearing services	These services include speech therapy, speech reading, auditory training, and/or instruction in the student’s mode of communication. Rehabilitative and educational services; adapting

		curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.
715	Interpreter services	Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.
720	Audiological services	These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.
725	Specialized vision services	This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.
730	Orientation and mobility	Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an IEP.
735	Braille transcription	Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.
740	Specialized orthopedic services	Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.
745	Reading Services	
750	Note taking services	Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes.
755	Transcription Services	Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.
760	Recreation Services	Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

TRANSITION SERVICES

820	College Awareness	
830	Vocational assessment, counseling, guidance, and career assessment	Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions.
840	Career awareness	Transition services include a provision for in self-advocacy, career planning, and career guidance.
850	Work experience education	Work experience education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.
855	Job Coaching	Job coaching is a service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled and trained on the job who can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance.
860	Mentoring	Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.
865	Agency linkages (referral and placement)	Service coordination and case management that facilitates the linkage of individualized education programs.
870	Travel Training (includes mobility training)	
890	Other transition services	These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and post-secondary agencies.
900	Other Special Education/Related Services	Any other specialized service required for a student with a disability to receive educational benefit.

3. **Start and End Date:** This will often be the same start/end dates for the primary service on the IEP.
4. **Provider:** Note the title of the provider of the service (do not put the person's name).
5. **Frequency:** Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.
6. **Duration:** Indicate number of times per frequency (see CASEMIS for examples).

7. Location: Select the location of where the service is provided to the student from the following:
- 210 Home instruction based on IEP team determination (not medical)
 - 220 Hospital
 - 310 HeadStart center
 - 320 Child development or childcare facility
 - 330 Public preschool
 - 340 Private preschool
 - 350 Extended day care
 - 360 Residential facility
 - 510 Regular classroom/public day school
Includes students who are fully included in general education classrooms.. Also includes students who are seen under a “push in” model in the general education classroom and students who receive DIS services in the general education classroom. Additionally, students who receive services in a setting that includes other students with special needs are included here if there are general education students who are “reverse mainstream” students in that class for that portion of the day.
 - 520 Separate class in public integrated facility
Includes students receiving special education “pull-out” services, including RSP and DIS, or in a “special day class” model,” etc.
 - 530 State Special School
 - 540 Separate school or special education center or facility
 - 550 Public residential school
 - 560 Other public school or facility
 - 570 Charter school operated by an LEA/district
 - 580 Charter school operated as an LEA/district
 - 610 Continuation school
 - 620 Alternative work education center/work study facility
 - 630 Juvenile court school
 - 640 Community school
 - 650 Correctional institution or facility
 - 710 Community college
 - 720 Adult education facility
 - 810 Nonpublic day school
 - 820 Nonpublic residential school-in California
 - 830 Nonpublic residential school-outside California
 - 840 Private day school (not certified by CDE Special Education Division)
 - 850 Private residential school (not certified by CDE Special Education Division)
 - 860 Parochial school
 - 890 Service provider location
This would include CMH Outpatient Services provided at a clinic or other outside medical/therapeutic setting.
 - 900 Any other location or setting
8. Extended School Year (ESY): Discuss if the student needs ESY to receive FAPE. Check yes or no. If yes, specify in the grid the services the student will receive, the start and end date, provider, frequency, duration, and location.
Note: *ESY shall be provided to a student with a disability who the IEP deems requires special education and related services in excess of the regular academic year. Such students shall have disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student’s educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability. (5 CCR 3043)*

 **Educational Benefit Reminder** 

- Was the determination of the appropriate supplementary aids and services, and special education and related services completed after the goals were finalized?
- Are the appropriate services identified to support progress toward all goals including: progress in the general curriculum, participation in extracurricular activities, and other nonacademic activities?

- Are the special education, related services, and supplementary aids and services based on peer-reviewed research to the extent practicable?
- Are the start/end dates, provider, frequency, duration, and location specified for supplementary aids and services as well as special education and related services?

[Table of Contents](#)

[View Educational Setting Form](#)

IEP FORM – EDUCATIONAL SETTING OFFER OF FAPE

1. Physical Education: Check the type of physical education, if applicable.
2. District of Service: Specify district providing the majority of services to the student.
3. School of Attendance: This is the school where the student is enrolled.
4. School Type: Select one of the following:
 - 00 No school (0-5)
 - 10 Public day school
 - 11 Public residential school
 - 15 Special education center or facility
 - 19 Other public school or facility (i.e., store front transition program)
 - 20 Continuation school
 - 22 Alternative work education center/work study program
 - 24 Independent study
 - 30 Juvenile court school
 - 31 Community school
 - 32 Correctional institution or facility
 - 40 Home instruction based on IEP team determination
 - 45 Hospital facility
 - 50 Community college
 - 51 Adult education program
 - 55 Charter school operated by an LEA/district
 - 56 Charter school operated as an LEA/district
 - 61 HeadStart program
 - 62 Child development or childcare facility
 - 63 State preschool
 - 64 Private preschool
 - 65 Extended day care
 - 70 Nonpublic day school
 - 71 Nonpublic residential school-in California
 - 72 Non-public residential school- outside California
 - 75 Private day school (not certified by CDE Special Education Division)
 - 76 Private residential school (not certified by CDE Special Education Division)
 - 79 Nonpublic agency
 - 80 Parochial school
5. Federal Setting (ages 6-22): Indicate the type of school setting the student attends. If the student turns 6 years old on or before December 2 of the current school year, this category is completed.
 - 400 Regular classroom/public day school

Select if the student attends classes on a general education school campus regardless of the type of program

 - 450 Separate school
 - 460 Residential facility
 - 470 Homebound/hospital
 - 480 Correctional facility
 - 490 Parentally placed in private school
6. Preschool Setting (ages 3-5): Indicate the type of school setting the student attends. If the student turns 6 years after December 2 of the current year, this category is completed. *If the student is dually or*

concurrently enrolled in general education and a special education program for an equal amount of time, consider the student as being in a regular early childhood or kindergarten program.

400 Regular early childhood or kindergarten program

440 Separate class

450 Separate school

460 Residential facility

470 Home

475 Service provider location

7. All Special Education Services Provided at Student's School of Residence: Check yes or no to the question "all special education services provided at the student's school of residence." If the team determines "no," rationale must be documented.
8. Percentage of Time Outside and In Class & Extracurricular & Non Academic Activities: Document the percentage of time the student is *outside* the regular environment and document percentage of time the student is *in* the regular education environment. Consider the full day including lunch, recess, passing periods, etc.
9. Student Will Not Participate in the Regular Class & Extracurricular & Non Academic Activities: Document the regular education environments where the student will not participate with typically developing peers: Provide rationale for non-participation.
10. Other Agency Services: Note other agency services the child is receiving.
11. Student Eligible for Mental Health Services under Chapter 26.5: Check yes or no.
12. Mental Health Services Included on the IEP: Check yes or no. (Be sure to list the service received from County Mental Health on the Services page (Form 5A). (i.e. counseling, day treatment, etc.)
13. Promotion Criteria: Check appropriate box. District criteria are the same for students without disabilities. Progress on goals or 'other' should be noted if the child's curriculum has been modified to meet his/her unique needs.
14. Parents will Be Informed of Progress and How: Check the frequency and how the progress will be reported.
15. Activities to Support Transition: If the student is going through a transition (preschool to kindergarten, special education to general education, etc.), document the activities to support the transition.
16. Graduation Plan: This needs to be done for students in grade 8 and higher.
NOTE: The IEP Team must use caution when determining if the student will be working towards a diploma or a certificate of completion. Students must have the opportunity to work toward a diploma if he/she have the ability to do so. This must be considered on an annual basis. Check appropriate box.

 **Educational Benefit Reminder** 

- *Is there a clear description of the location of services, including why some services may not be provided at the child's school of residence, if appropriate?*
- *Is there a clear description of the amount of time the student is outside the general education environment, including an explanation of why the student will not participate in general education for all or part of the day?*
- *If appropriate, are the activities clearly identified to support transition from preschool to kindergarten, from special education and/or NPS to general education, 8th-9th grade, etc?*
- *If appropriate, is the graduation plan identified for students Grade 8 or higher?*

IEP FORM – SIGNATURE AND PARENT CONSENT

1. IEP Meeting Participants: Have all meeting participants sign and date that they were in attendance. Make sure to include titles of each participant.
2. Consent: Have the parent initial, if they agree in-whole or in-part to the IEP. If they agree only in-part, document the areas they are not in agreement with. Steps to resolve the disagreement should be documented on Form 7.
3. Not Eligible: If team determines child is not eligible for special education, check the appropriate box.
4. **If the parent declines the initiation of special education and related services, check the box.**
5. No Longer Eligible: If team determines child is no longer eligible for special education, check the appropriate box.
6. Signature: Have parent(s)/guardian/surrogate/adult student sign and date.
7. Public Benefits: If parent agrees to authorize district access to health insurance benefits provided by Medi-Cal, check box and have parent/guardian sign.
8. Students Enrolled in Private Schools by Their Parents: If the student is enrolled in private school by his/her parent, check the box and develop a Services Plan, if appropriate.

▶ **Educational Benefit Reminder** ▶

- *Did all IEP Meeting participants sign and date, if required?*
- *Do the parent(s) consent to all components of the IEP?*
- *If not, are areas of agreement and/or disagreement clearly specified?*
- *Are the next steps identified for reaching resolution, if appropriate?*

IEP FORM – IEP TEAM MEETING NOTES

- This is not a required component.
- It is used by most districts to document key points of agreement and/or areas of disagreement.
- It should be a summary of what was discussed.
- Generally keep it “short and “sweet.

▶ **Educational Benefit Reminder** ▶

- *Is this information a summary of the meeting?*
- *Does everyone agree that the information accurately reflects what was discussed and the agreements that were made?*
- *Are next steps clearly identified, including individuals responsible, if needed?*

IEP FORM – IEP AMENDMENT(S) / ADDENDUM PAGE

IDEA Section 614(d)(3)(D) In making changes to a child’s IEP after the annual IEP meeting for a school year, the parent of the child with a disability and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead develop a written document to amend or modify the child’s current IEP.

IDEA Section 614(d)(3)(F) Changes to the IEP may be made either by the entire IEP Team by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent shall be provided with a revised copy of the IEP with the amendments incorporated.

- Serves as the option for making minor amendments to the IEP if the parent(s) and district agree that a meeting is not needed (adding additional DIS LSH minutes after a phone conversation with the parents and agreement with school staff, etc.)
- Attach this form to current IEP after getting signature from parent(s).
- Districts need to designate who can serve as the LEA representative. LEA representative is authorized to approve the amendments.
- Parents may request a copy of the IEP with the amendments incorporated.

 **Educational Benefit Reminder** 

- *Is the amendment clear?*
- *Do the parents and staff agree on the amendment?*
- *Are all affected staff (special education teacher(s), DIS provider(s), general education teacher(s), etc.), including the LEA representative, informed of the amendment/change?*

APPENDICES

IEP FORMS

**IEP FORM
ELIGIBILITY**

Last Name _____ First Name _____ IEP Date ___/___/___

Last IEP ___/___/___ Next IEP ___/___/___ Original SpEd Entry Date ___/___/___

Last Eval ___/___/___ Next Eval ___/___/___

Purpose of Meeting Initial Annual Triennial Transition Pre-Expulsion Interim
 Expanded IEP Other _____

Birthdate ___/___/___ Age _____ Gender _____ Grade _____ Migrant Yes No

Native Language _____ EL Yes No Redesignated Interpreter Yes No

Student ID _____ SSN # _____ SSID # _____

Residency Parent/Guardian Foster _____ LCI _____
 Adult Student Other _____

Parent/Guardian Home Phone _____
 Home Address _____ Work Phone _____
 _____ Cell Phone _____

Parent/Guardian Home Phone _____
 Home Address _____ Work Phone _____
 _____ Cell Phone _____

District of Residence _____ Residence School _____

Ethnicity: (Select One) Hispanic or Latino Not Hispanic or Latino

Race: Select one or more, regardless of Ethnicity):
 American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American White

INDICATE DISABILITY/S (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 MR _____ 220 HH * _____ 230 Deaf * _____ 240 SLI _____ 250 VI *
 _____ 260 ED _____ 270 OI* _____ 280 OHI _____ 290 SLD _____ 300 DB *
 _____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability Severe Non Severe

_____ Not Eligible for Special Education _____ Exiting from Sp. ED. (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities)

Triennial (3 Year) Re-evaluation

- Triennial Re-evaluation not due prior to next IEP review date.
- Triennial Re-evaluation due prior to or on next IEP review date.
 - Summary of Progress and Current Educational Performance
 - Full Re-evaluation
 - Other _____

For Initial Placements Only

- Has the student received pre-referral early intervening service in the past two years?
 Yes No
- Date of Initial Referral for Special Education Services
 ___/___/___
- Person Initiating the Referral for Special Education Services _____
- Date District Received Parent Consent
 ___/___/___
- Date of Initial Meeting to Determine Eligibility
 ___/___/___

INDIVIDUAL TRANSITION PLAN

Name _____

IEP Date ___/___/___

Student Participated in the Consideration of Postsecondary Goals and Transition Services by

- Attended IEP Meeting Interview Inventory Questionnaire Other

Results of Age-Appropriate Transition Assessment(s) (Describe) _____

STUDENT'S MEASURABLE POSTSECONDARY GOAL(S)

Upon graduation I will:

Education/Training _____

Employment _____

Independent Living (if appropriate) _____

TRANSITION ACTIVITIES (as appropriate)

(A coordinated set of activities to be supported by services documented on Form 5A.)

Community Experiences _____

Development of Employment _____

Other Post-School Adult Living Objectives _____

Acquisition of Daily Living Skills (if appropriate) _____

Functional Vocational Evaluation (if appropriate) _____

[Table of Contents](#)
[Instructions ITP Form](#)

IEP FORM
TRANSITION SERVICES

Name _____ IEP Date ____/____/____

CAHSEE (California High School Exit Exam)

- CAHSEE/ELA date ____/____/____ Score _____ Passed Did not pass
 CAHSEE/Math date ____/____/____ Score ____ Passed Did not pass
 No Accommodations/Modifications
 With Accommodations _____
 With Modifications (waiver required) _____

If not taking the CAHSEE, check appropriate box:

- To participate in California Alternate Performance Based Assessment (CAPA)
 Outside of testing group (before grade 10, or younger than 15 and 'ungraded')

-
-
- On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18)
By whom _____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.

Student Signature _____

Parent/Guardian Signature _____

Passed Algebra I No Yes ____/____/____ To participate in high school curriculum leading to a Diploma

To participate in high school curriculum leading to a

Certificate of Completion

CREDITS REQUIRED FOR GRADUATION _____ CREDITS EARNED _____ CREDITS NEEDED _____

Transcript Attached

Required Courses to be Completed

Additional Courses of Study Supporting Transition

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IEP FORM

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Name _____ IEP Date ____/____/____

Strengths / Preferences / Interests _____

Concerns of parent relevant to educational progress

CA Standards Test	English/Language Arts	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
	Math	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
	Hist./Soc.Sciences	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
	Science	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
CMA	English Language Arts _____	Mathematics _____	Science _____	Other _____		
CAPA	English/Language Arts	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
	Math	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic
	Science	<input type="checkbox"/> Adv.	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Far Below Basic

CELDT Listening _____ Speaking _____ Reading _____ Writing _____

Fitnessgram PE Test (grades 5, 7 & 9 only): _____

Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)

Hearing (___/___/___) Pass Fail Other _____ Vision (___/___/___) Pass Fail Other _____

Precademic/Academic/Functional Skills _____

Communication Development _____

Gross/Fine Motor Development _____

Social Emotional/Behavioral _____

Vocational _____

Adaptive/Daily Living Skills _____

Health _____

IEP FORM
SPECIAL FACTORS

Name _____ IEP Date ____/____/____

Does the student require assistive technology devices and/or services? No Yes - Specify _____

Does the student require low incidence services, equipment and/or materials to meet educational goals? No Yes (specify)

Considerations if the student is blind or visually impaired _____

Considerations if the student is deaf or hard of hearing _____

If the student is an English Learner, consider the language needs of the child as those needs relate to the IEP: _____

Does student's behavior impede learning of self or others? No Yes (describe) _____

If yes, specify positive behavior interventions, strategies, and supports _____

Behavior Support Plan (BSP) attached Behavior Intervention Plan (BIP) attached Behavior Goal is part of this IEP

For student to receive educational benefit, goals will be written to address the following areas of need:

_____	_____
_____	_____
_____	_____
_____	_____

**IEP FORM
STATEWIDE ASSESSMENTS**

Name _____ IEP Date ____/____/____

Participation in Statewide Assessment Program, STAR

(California Standards Test, California Modified Assessment Test, California Alternate Performance Assessment)

English Language Arts (ELA) (Grades 2 through 11; CMA only applies to grades 3 through 10)

- CST without testing accommodations
- CST with testing accommodations _____ or CST with testing modifications _____
- CMA without testing accommodations (grades 3 to 10 only)
- CMA with testing accommodations (grades 3 to 10 only) _____
- Outside of testing grade range (before grade 2 or after grade 11)

MATH (Grades 2 through 11; CMA only applies to grades 3 through 7)

- CST without testing accommodations
- CST with testing accommodations _____ or CST with testing modifications _____
- CMA without testing accommodations (grades 3 to 7 only)
- CMA with testing accommodations (grades 3 to 7 only) _____
- Outside of testing grade range (before grade 2 or after grade 11)

ALGEBRA 1 (Grades 7-10)

- CMA without testing accommodation (grades 7-10 only)
- CMA with testing accommodations (grades 7-10 only)

SCIENCE (Grades 5 and 8 only; Grades 9 through 11, end-of-course)

- CST without testing accommodations
- CST with testing accommodations _____ or CST with testing modifications _____
- CMA without testing accommodations (grade 5 & 8 and Life Science for Grade 10)
- CMA with testing accommodations (grade 5 & 8 Life Science for Grade 10) _____
- Out of testing range (before grade 2 or after grade 11 and **NOT** grade 5 or 8)

HISTORY/SOCIAL SCIENCE (Grade 8; Grade 11 for U.S. History; Grades 9 through 11 World History)

- CST without testing accommodations
- CST with testing accommodations _____ CST with testing modifications _____
- Out of testing range ((before grade 2 or after grade 11 and **NOT** grades 5, 8 or 9 through 11)**

WRITING (Grades 4 and 7 only)

- CST without testing accommodations (grades 4,7)
- CST with testing accommodations _____ CST with testing modifications _____
- CMA without testing accommodations (grade 4 and 7 only)
- CMA with testing accommodations (grade 4 and 7 only) _____
- Out of testing range (before grade 2 or after grade 11 and **NOT** grade 4 or 7)

If student is taking CMA or CAPA, the IEP team has reviewed the criteria for taking alternate assessments

California Alternate Performance Assessment (CAPA) – Level 1. 2. 3. 4. 5.

The student will not participate in the CST or CMA because _____

Participation in the CAPA is appropriate because _____

Fitnessgram PE Test (Grades 5, 7 & 9 only) Accommodations _____ Modifications _____

Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s) _____

Alternate Assessment(s) appropriate because **For Preschoolers** (Ages 3, 4 and 5 years) (**Desired Results**

Developmental Profile (DRDP)) DRDP-R DRDP Access

Adaptations: _____

FOR ENGLISH LEARNERS ONLY

- CELDT**
 - Listening without accommodations
 - Listening with accommodations _____
 - Speaking without accommodations
 - Speaking with accommodations _____
 - Reading without accommodations _____
 - Reading with accommodations _____
 - Writing without accommodations **OR** Writing with accommodations _____
- Standards based Tests in Spanish STS**
 - Math without accommodations
 - Math with accommodations _____
 - Reading, Language, Spelling without accommodations
 - Reading, Language, Spelling with accommodations _____
- Other** _____

IEP FORM
ANNUAL GOALS

Name _____ IEP Date _____/_____/____ Page ____ of ____

Area of Need Baseline	Measurable Annual Goal # _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____
--	---

Progress Report 1 ____/____/____
Summary of Progress _____

Comment _____

Progress Report 2 ____/____/____
Summary of Progress _____

Comment _____

Progress Report 3 ____/____/____
Summary of Progress _____

Comment _____

Goal: Annual Review
Date ____/____/____

Goal Met Yes No
Comments _____

IEP FORM
ANNUAL GOALS & BENCHMARKS

Page ____ of ____

Name _____ IEP Date ____/____/____

Area of Need	Measurable Annual Goal # _____
Baseline	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____

Benchmark 1 Within _____, will achieve the above goal at _____

Benchmark 2 Within _____, will achieve the above goal at _____

Benchmark 3 Within _____, will achieve the above goal at _____

Progress Report 1 ____/____/____

Summary of Progress _____

Comments _____

Progress Report 2 ____/____/____

Summary of Progress _____

Comments _____

Progress Report 3 ____/____/____

Summary of Progress _____

Comments _____

Goal: Annual Review

Date ____/____/____

Goal Met Yes No

Comments _____

IEP FORM
ANNUAL GOALS & OBJECTIVES

Name _____

IEP Date ____/____/____

Area of Need	Measurable Annual Goal # _____
Baseline	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____

Short-Term Objective _____

Short-Term Objective _____

Short-Term Objective _____

Progress Report 1 ____/____/____
 Summary of Progress _____
 Comments _____

Progress Report 2 ____/____/____
 Summary of Progress _____
 Comments _____

Progress Report 3 ____/____/____
 Summary of Progress _____
 Comments _____

Goal: Annual Review
 Date ____/____/____

Goal Met Yes No

Comments _____

**IEP FORM
SERVICES**

Name _____ IEP Date ____/____/____

Service options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs) _____

SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

Aids, Services, Program Accommodations/Modifications, and/or Supports		Start/End Date	Frequency	Duration	Location
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			

Transportation None General Ed Special Ed _____

SPECIAL EDUCATION and RELATED SERVICES

Service			Start Date / /	End Date / /
Provider			<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location		
Service			Start Date / /	End Date / /
Provider			<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location		
Service			Start Date / /	End Date / /
Provider			<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location		
EXTENDED SCHOOL YEAR (ESY)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Service			Start Date / /	End Date / /
Provider			<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location		

Programs and services will be provided according to when student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

IEP FORM
EDUCATIONAL SETTING – OFFER OF FAPE

Page ____ of ____

Name _____ IEP Date ____/____/____

Physical Education General Specially Designed Other _____

District of Service _____ **School of Attendance** _____

School Type _____ **Federal Setting** _____

Preschool Setting _____

All special education services provided at student's school of residence? Yes No (rationale) _____

_____ % of time student is outside the regular class & extracurricular & non academic activities

_____ % of time student is in the regular class & extracurricular & non academic activities

Student will not participate in the regular class & extracurricular & non academic activities _____

because _____

Other Agency Services

- | | |
|---|---|
| <input type="checkbox"/> California Children's Services (CCS) | <input type="checkbox"/> Regional Center |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Department of Rehabilitation |
| <input type="checkbox"/> Department of Social Services (DSS) | <input type="checkbox"/> County Mental Health (CMH) |
| <input type="checkbox"/> Other _____ | |

Student Eligible for Mental Health Services under Chapter 26.5? Yes No

Mental Health Services Included on the IEP? Yes No

Promotion Criteria District Progress on Goals Other _____

Parents will be informed of progress

Quarterly Trimester Semester Other _____

How? Progress Summary Report Other _____

ACTIVITIES TO SUPPORT TRANSITION

(e.g., preschool to kindergarten, special education and/or NPS to general education class, 8th – 9th grade)

GRADUATION PLAN

(Grade 8 and Higher)

Projected graduation date and/or secondary completion date ____/____/____

- To participate in high school curriculum leading to a Diploma
 To participate in high school curriculum leading to a Certificate of Completion

[Table of Contents](#)
[Instructions Educational Setting Form](#)

**IEP FORM
SIGNATURE / PARENT CONSENT**

Name _____ ____/____/____	Date
------------------------------	------

IEP Meeting Participants

_____ Parent	____/____/____ Date	_____ Parent	____/____/____ Date
_____ LEA Representative/ Admin. Designee	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ Student	____/____/____ Date	_____ Special Education Specialist	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date

CONSENT

- I agree to all parts of the IEP
 I agree with the IEP, with the exception of _____
 I decline the offer of initiation of special education services.
 I understand that my child is not eligible for special education.
 I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature: _____ Date ____/____/____

Parent Guardian Surrogate Adult student

Signature: _____ Date ____/____/____

Parent Guardian Surrogate Adult student

As a means of improving services and results for your child did the school facilitate parent involvement? Yes
 No

Parent has received a copy of the Procedural Safeguard

Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

[Table of Contents](#)
[Instructions Signature Parent Consent Form](#)

**IEP FORM
SIGNATURE / PARENT CONSENT WITH MEDI-CAL PERMISSION**

Name _____ ____/____/____	Date
------------------------------	------

IEP Meeting Participants

_____ Parent	____/____/____ Date	_____ Parent	____/____/____ Date
_____ LEA Representative/ Admin. Designee	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ Student	____/____/____ Date	_____ Special Education Specialist	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date

CONSENT

- ___ I agree to all parts of the IEP
 ___ I agree with the IEP, with the exception of _____
 ___ I decline the offer of initiation of special education services.
 ___ I understand that my child is not eligible for special education.
 ___ I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature: _____ Date ____/____/____

- Parent Guardian Surrogate Adult student

Signature: _____ Date ____/____/____

- Parent Guardian Surrogate Adult student

As a means of improving services and results for your child did the school facilitate parent involvement? Yes
 No

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the district to access Medi-Cal: health insurance benefits for applicable services. _____

Parent Signature

Parent has received a copy of the Procedural Safeguard

Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

IEP FORM
IEP AMENDMENT(S) / ADDENDUM PAGE

Name _____ IEP Date
 ____/____/____

Parents have agreed that a meeting is not needed for this amendment. Written consent attached.

Purpose of Meeting

Changes to the IEP dated ____/____/____:

(Initial) _____ I agree to the contents of the amendment to the IEP dated ____ / ____ / ____

_____ Parent	____/____/____ Date	_____ Parent	____/____/____ Date
_____ LEA Rep./ Admin. Designee	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ Student	____/____/____ Date	_____ Special Education Specialist	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date

SUPPLEMENTAL STATE SELPA TEMPLATE FORMS

Referral for Special Education and Related Services	ReferralFormInstructions ViewReferralForm
Notice of Receipt of Referral for Special Education Assessment	NoticeofReceiptInstructions ViewNoticeofReceipt
Assessment Plan	AssessmentPlanInstructions ViewAssessmentPlanForm
Prior Written Notice for Initial Assessment	PriorWrittenNoticeInitialInstructions ViewPriorWrittenNoticeForm
Notice of Meeting Individualized Education Program (No names of personnel)	NotificationofMeetingInstructions ViewNotificationofMeetingForm
Specific Learning Disability – Team Determination of Eligibility	SLDTeamDetermSummaryInstructions ViewSLDTeamDeterminSummaryForm
Specific Learning Disability – Discrepancy Documentation Report – IEP Team Certification	SLDTeamDeterminReportInstructions ViewSLDTeamDeterminReportForm
Manifestation Determination	ManifestationDeterminationInstructions ViewManifestationDeterminationForm
Summary of Academic Achievement and Functional Performance	SummaryofAcademicAchievementInstructions ViewSummaryofAcademicAchievementForm
Summary of Recommendations of Accommodations, Supports and Resources	SummaryofAcademicAchievementInstructions ViewRecommofAccommodationsReport
Prior Written Notice	PriorWrittenNoticeInstructions ViewPriorWrittenNoticeForm
Prior Written Notice When Parent Revokes Consent to Special Education and Related Services	PriorWrittenNoticeParentRevocationInstru ViewPriorWrittenNoticeParentRevocationForm
Individual Service Plan for Parentally Placed Private School Students	ISPforPrivateSchoolInstructions ViewISPforPrivateSchoolForm
Interim Special Education Services	InterimSEServicesInstructions ViewInterimSEServicesForm

REFERRAL FOR SPECIAL EDUCATION AND RELATED SERVICES

This form is used by school personnel when requesting an assessment for eligibility for special education and related services.

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

- **Student Name:** Use legal first and last name.
- **D.O.B.:** Enter date of birth
- **Grade:** Enter current grade designation.
- **Name of parent or legal guardian:** Enter first and last name of parent or legal guardian.
- **Address:** Enter complete address and phone number.
- **Date parent notified of intent to refer:** Enter exact date parent notified.
- **Method of notifying parent of intent to refer:** Check method used to notify parent.
- **Parent's native language:** If other than English enter language or primary mode of communication.
- **Primary Concern Regarding Student:** This should be the specific reason or area where you suspect a disability.
- **Specific Reason for Referral:** Check the appropriate box or enter a description of the reason next to "other".
- **General Education Interventions Attempts:** Describe the interventions attempted and attach documentation.
- **Name of Referring Person:** Enter the name of referring person and title.

The bottom part of the form "For District Use Only" is helps keep track of the assessment timelines.

Referral for Special Education and Related Services

Student Name: _____ D.O.B. ___/___/___ Grade: _____

Name of Parent or legal guardian: _____

Address: _____, _____, _____
Street City Zip Code Phone

Person making referral: _____
Name Title

Date parent notified of intent to refer: ___/___/___
Method of notifying parent of intent to refer
 Conference Phone call Written

Parent's or adult student's native language or other primary mode of communication if other than English: _____

Student's native language or other primary mode of communication: _____

=====
==
Primary Concern Regarding Student: _____

=====
=====
Specific Reasons for Referral:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Written Language | <input type="checkbox"/> Hearing | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Math | <input type="checkbox"/> Self-Help Skills | <input type="checkbox"/> Vision | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Cognitive Functioning | <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Speech/Language | |

Other: _____

General Education Interventions Attempts: If this referral is by an educational representative, describe interventions attempted prior to this referral and attach documentation. (EC 56303) _____

=====
=====
Name of Referring Person: _____ Title: _____

=====
=====
For District Use Only

Date Received: ___/___/___ Date Assessment Plan due (15 days) ___/___/___

Received by: _____ Forwarded to: _____

Case Manager: _____

[ReferralFormInstructions](#)
[ListofSupplementalForms](#)
[TableofContents](#)

NOTICE OF RECEIPT OF REFERRAL FOR SPECIAL EDUCATION ASSESSMENT

This form serves as a notice to parent or guardian that their child has been referred for assessment. It is in a letter format and should be put on district letterhead.

- Enter date referral received
- Enter child's name
- Enter the name of the people who will be attending the IEP meeting.
- Enter name of contact person and phone number.

Notice of Receipt of Referral for Special Education Assessment

Dear _____

On ___/___/___, the school district received a referral to evaluate your child _____ to determine whether he/she has a disability and need for special education. The school district is responsible for this assessment and will conduct it at no cost to you. You are an important member of the IEP Team. You may include others on the IEP Team who have knowledge or special expertise about your child.

You and your child (if appropriate) are IEP Team participants.

In addition, the following people will be representatives for the district:

Role	Name, if known
Representative of district authorized to commit resources.	
Special education specialist(s)	
Regular education teacher(s)	
Related Services Personnel	
Other	

The district assessment team will review existing information available on your child, including information provided by you. The assessment team will then determine what areas of suspected disability will be assessed. You will be sent an *Assessment Plan* within 15 days of the school district receiving the referral to evaluate your child. The *Assessment Plan* will inform you of the types of assessments that will be conducted. Upon completion of the evaluation you will be given a copy of the report(s).

Within 60 days of receiving your consent for evaluation, an IEP Team meeting will be held to determine if your child is eligible for special education and related services. If your child is eligible, an IEP will be developed to address your child's needs and determine the appropriate services and placement for your child. The district needs your written consent before initially assessing and/or providing special education and related services to your child.

You and your child have protections under the procedural safeguards (rights) of special education law. Please read the enclosed Procedural Safeguards with this notice. If you have any questions, please contact _____ at _____.

[NoticeofReceiptInstructions](#)
[ListofSupplementalForms](#)
[TableofContents](#)

ASSESSMENT PLAN

The assessment plan is to be completed by the assessment team and approved by the parent in writing at the initial referral for special education and/or request for assessment and each time the Local Education Agency (LEA)/District proposes to conduct assessment.

NOTE: For initial assessments, *Prior Written Notice* Form must be sent.

Assessment" means an individual evaluation of a pupil in all areas of suspected disability in accordance with Sections 56320 through 56329 of the Education Code and Sections 300.530 through 300.534 of Title 34 of the Code of Federal Regulations.

"**Assessment plan**" means a written statement that delineates how a pupil will be evaluated and meets the requirements of Section 56321 of the Education Code.

Note: An assessment plan must be completed and signed and agreed to by the parent if the district plans to administer testing to the student that is not part of an assessment being administered to all or a group of students.

- Mark the **reason** the assessment plan is being sent: Initial, Annual, Triennial, Transition, or Interim (or other such as Manifest Determination, Special Requested, etc.).
- Check the boxes to the left of each **category of assessment** that will be administered. In the right column, state the professional title of the examiner that will be administering the assessment such as Speech & Language Specialist, Special Education Teacher, School Psychologist, NPA, etc. For "**alternate means of assessment**" list the alternate types of assessment that will be conducted such as criterion referenced, observation.

Legal Citations: 2 CCR 60010; 30 EC 56321; 1 GC 7572; 30 EC 56043 (see below)

ASSESSMENT PLAN

Initial
 Annual
 Triennial
 Transition
 Interim
 Other _____

To parent/guardian of: _____ Date: ____ / ____ / ____

District: _____ School: _____ Grade: ____ Birth date: ____ / ____ / ____

Primary language: _____ English proficiency/CELD Level _____

Referred by _____

Parent (Signature)
 Nurse (Signature)
 Teacher (Signature)
 Sp Ed Teacher (Signature)

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed. To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency (LEA)/district.

Evaluation Area	Examiner Title
<input type="checkbox"/> Academic Achievement—These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.	
<input type="checkbox"/> Health—Health information and testing is gathered to determine how your child's health affects school performance.	
<input type="checkbox"/> Intellectual Development—These tests measure how well your child thinks, remembers, and solves problems.	
<input type="checkbox"/> Language/Speech Communication Development- These tests measure your child's ability to understand and use language and speak clearly and appropriately.	
<input type="checkbox"/> Motor Development—These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.	
<input type="checkbox"/> Social/Emotional/Adaptive/Behavior—These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.	
<input type="checkbox"/> Post Secondary Transition – Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.	
<input type="checkbox"/> Other Measures _____	
<input type="checkbox"/> Alternative Means of Assessment (Describe alternative methods of assessing the child, if applicable) _____	

- I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.
- I do not consent to the proposed assessment described above.
- I would like the following assessment information to be considered by the IEP team: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Address: _____ Phone number _____

Comments: _____

NOTE: Prior Written Notice attached if this is an initial evaluation.

[AssessmentPlanInstructions](#)
[ListofSupplementalForms](#)
[TableofContents](#)

PRIOR WRITTEN NOTICE FOR INITIAL ASSESSMENT

The Prior Written Notice form must be completed and sent with the Assessment Plan for all initial referrals for assessment.

- **Evaluation procedure(s)** – List the types of assessment data that were used in making the decision to assess the student (i.e., observation, standardized testing, state-wide assessment, etc.).
- **Assessments** – List the assessments used to make the determination to engage in further assessment
- **Record(s)** – List any records that are or are not part of the student’s cumulative file to make the determination to assess.
- **“Alternatives considered/rejected”** – List any other options that were considered and rejected such as intervention programs offered, curriculum adaptations, etc.
- **“Other factors”** – list any other relevant factors to be considered such as: the student has been retained, the student is working far below grade level, the student has received scientific-based intervention and has not responded, etc.

Legal Citations: 30 EC 56500.4

**ASSESSMENT PLAN
PRIOR WRITTEN NOTICE FOR INITIAL ASSESSMENT**

Student Name: _____

Date: ___/___/___

The following were used as a basis for the proposed assessment:

- Evaluation procedure(s) _____
- Assessments, including any recent assessments and available independent assessments

- Record(s) _____
- Report(s) _____

The following alternatives to an assessment were considered and rejected:

The above alternatives were rejected for the following reasons:

The following is a description of other factors that are relevant to the district's proposal for an assessment:

Assessments will be conducted by qualified staff and, when appropriate, utilizing qualified interpreters. You will be asked to participate in a meeting of the Individualized Education Program (IEP) team following completion of the assessment. All information and assessment results will be kept confidential. No special education services will be provided to your child without your written consent.

Please return this assessment plan within 15 calendar days of receiving it.

Included with this assessment plan is a copy of the Special Education Rights of Parents and Children that describes procedural safeguards available to you.

If you have any questions about the proposed assessment or the procedural safeguards available to you, then please call:

Name and position: _____ Phone number: _____

[PriorWrittenNoticeInstructions](#)
[ListofSupplementalForms](#)

[TableofContents](#)

NOTIFICATION OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

The State Template has two meeting notification forms, one listing school district titles and the other with the title and a line to write in specific staff names. It is up to your local district//SELPA to determine which form to use.

Type of Meeting: Check the box to indicate what type of meeting is being proposed.
Example: Initial, Annual, Transition etc.

Student Name etc. Complete all demographic information, including date.

Parent's Name: Enter the name of the person you are inviting to the meeting
(Parent/Guardian)

Meeting Schedule: Enter Date, Time and location of the proposed meeting.

Anticipated Team Members: Check appropriate boxes to indicate IEP team members that may attend the meeting. Form 2 would include the member's name next to their title. Specialist type: indicate any related service providers that may be attending, such as SLP, OT, APE etc.

NOTE: This gives the parents notice that if they wish to audio tape the meeting, they must give 24 hour notice and the school would be taping also.

Further Information: Enter Name, Title and contact information for your District Director or contact person.

Return To: Enter the name of the case carrier. **Note:** It is often helpful to highlight this so the parent realizes they should complete the form and return it to school.

Parent Response: Parent is to check the appropriate boxes, indicating attendance, sign, date and return the form to school.

**NOTICE OF MEETING
INDIVIDUALIZED EDUCATION PROGRAM**

- Initial Annual Triennial Transition Planning Pre-Expulsion Interim Expanded
 Other _____

Student's Name _____ Birthdate ____ / ____ / ____

Address: _____

Today's Date: _____

Dear _____

An Individual Education Program (IEP) Meeting has been scheduled for your child. Your participation is important in the development of an appropriate education for your child. Your child could benefit from participation in the IEP Meeting and is invited to attend. Secondary students age 15 or older should attend the IEP Team meeting as appropriate. You may bring someone with you to the meeting. If this is your child's initial IEP meeting and your child was receiving services under Part C, through an IFSP you may request that the district invite the Part C Service Coordinator or other representative.

You are requested to attend this meeting as a participating member of the IEP team. The meeting is scheduled for:

Date: _____ Time: _____
School/Location: _____ Room: _____

We anticipate that the following members may also attend:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Administrator Designee | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Specialist: _____ | <input type="checkbox"/> _____ |

Type

NOTICE: If you wish to audio tape this meeting, you must provide 24-hour notice, we will also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name: _____ Title: _____
School/District: _____ Phone: _____

Please complete and sign this form, and return to: _____

Check the following items, as appropriate:

YES, I plan to attend the meeting I do not plan to attend the meeting, but am available by teleconference

I require assistance of an interpreter: _____

Language

I request a different time and/or place. Please call me at home (_____) _____ work (_____) _____

I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.

Signature _____ Date ____ / ____ / ____

NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.345d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

NO, I cannot attend, but I will send _____ as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Signature _____ Date ____ / ____ / ____

[Notification of Meeting Instructions](#)
[List of Supplemental Forms](#)
[Table of Contents](#)

FORM 9A
SPECIFIC LEARNING DISABILITY – DETERMINATION OF ELIGIBILITY

This form documents the requirements for identifying a student as having a *specific learning disability*.

A draft of this form is typically completed prior to the IEP meeting with a discussion and final decision reached by the IEP team during the meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations indicating the area of achievement that is severely discrepant from the level of intellectual ability and the processing disorder associated with this discrepancy.
- Indicate whether the discrepancy is or is not caused by poor attendance, environmental, emotional, sensory or the other reasons listed in Section III.
- Include any medical findings that are educationally relevant and the other information required on this form.
- If there is a team decision that is not based on the standard measures indicated, support that decision.
- Obtain signatures from all participants in the IEP meeting on this form.

SPECIFIC LEARNING DISABILITY TEAM DETERMINATION OF ELIGIBILITY

Student _____ Birthdate _____ Initial Evaluation
School _____ Date _____ 3-Year Re-evaluation

- I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)
- A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:
- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency | |
- B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does Exist based upon the additional documentation provided in the attached report. (Complete and attach Specific Learning Disability Discrepancy documentation form)
- II. The discrepancy identified in Item I. (above) is directly related to a processing disorder. Yes No
Check appropriate area(s): Sensory Motor Skills Visual Processing Auditory Processing
 Attention Cognitive Abilities, (including association, conceptualization and expression)
- III. **If any** of the items below (A-E) are checked "Yes", the student may not be identified as having a specific learning disability.
- A. The discrepancy is due primarily to limited school experience or poor school attendance. Yes No
- B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. Yes No
- C. The discrepancy is due primarily to mental retardation or emotional disturbance. Yes No
- No
- D. The discrepancy is due primarily to a visual, hearing, or motor disability. Yes No
- E. This discrepancy can be corrected through other regular or categorical services offered within the regular Instructional program. Yes No
- F. The discrepancy is due to limited English proficiency. Yes No
- G. Yes No
The discrepancy is due to lack of appropriate instruction in reading and math. Yes No
- IV. The Student has a specific learning disability. Yes No
- V. Basis for determination of eligibility
 Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report.
 Other (specify) _____
- VI. Relevant behavior related to academic functioning, noted during observation _____
 See attached Psychoeducational report.
- VII. Educationally relevant medical findings, if any (describe) _____

I agree with the conclusions stated above:

School Psychologist/Date

Special Ed. Admin./Designee/Date

Special Education Teacher/Date

General Education Teacher/Date

LSH Specialist/Date

Reading Teacher /Date

Parent/Guardian/Date

Other/Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

Signature and Title/Date

[SLD Team Determ Summary Instructions](#)
[List of Supplemental Forms](#)
[Table of Contents](#)

FORM 9B
SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT
IEP TEAM CERTIFICATION

This form documents the presence of a *specific learning disability* in instances when the student's standardized testing results do not exhibit a severe discrepancy between ability and achievement. (Ed. Code Section 3030j Paragraph C)

A draft of this form may be completed prior to the IEP meeting, but more typically is completed during the IEP meeting with extensive discussion and final decision reached by the IEP team during that meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations including intellectual ability and academic achievement.
- As the testing results did not indicate a severe discrepancy the decision is based on information provided by the parent, information provided by the student's teacher, observations, work samples, state testing results or other group testing scores.
- The student's chronological age is taken into consideration and any other relevant supporting information is documented.

**SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT
(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION)**

Student Name _____

This form is to be completed and attached to the IEP Team Certification identification of Specific Learning Disability Form in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized test. (Ed. Code Section 3030j Paragraph C)

Statement of the area, the degree, and the basis and method used in determining the discrepancy:

1. Data from assessment instruments (ability and achievement): _____

2. Information provided by the parent: _____

3. Information provided by the pupil's present teacher: _____

4. Summary of the pupil's classroom performance:

a. Observations: _____

b. Work Samples: _____

c. Group Test Scores: _____

5. Consideration of the pupil's age: _____

6. Additional Relevant Information: _____

[SLD Team Determination Report Instructions](#)
[List of Supplemental Forms](#)

[Table of Contents](#)

MANIFESTATION DETERMINATION FORM

The Manifest Determination form is used to report findings for a Manifest Determination Review each time the Local Education Agency (LEA) / recommends a student in special education (or on a 504 Plan) for expulsion and/or when the student is removed from his/her current educational placement (is suspended for more than 10 consecutive days or suspended for more than 10 days in a school year if the behavior constitutes a pattern).

Legal Citations: Title 34 Part CFR §300.530 -300.536; 27 EC 48900; 27 EC 48915

- **Part I. Student Information**

Lines 1 through 6 – fill in information about the student as stated

- **Date of the Current IEP** is the date of the last agreed upon, signed IEP (by the parent/guardian)
- **Date of Last Assessment** – List the date of the last three year triennial or complete psycho-educational assessment conducted (it may be an assessment that was conducted as part of the Manifest Determination).
- **Disability** – State the “primary” disability of the student
- **Current Educational Setting** – List the current placement (i.e., special class, regular education class, etc.)
- **Description of the Behavior** – Write a brief statement about the behavior that occurred (it is best to list factual information or investigation findings/outcomes)
- **Disciplinary Action Taken and Date** – This refers to suspension and the first date of the suspension

Part II. In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following:

- **Evaluation and diagnostic results** – Check this box if formal assessment results helped the team to make the decision regarding whether or not the behavior was a manifestation of the student's disability. List the specific evaluations/dates used).
- **Observations** – Check this box if student observation data was used to help the team make the decision regarding whether or not the behavior was a manifestation of the student's disability. List who observed and when.
- **Student's IEP, services, and placement** – Check this box if the IEP, services or placement of the student at the time of the behavior incident were used to help the team make the decision regarding whether or not the behavior was a manifestation of the student's disability. Describe how used (relevant information from IEP).
- **Other relevant information** – List any other information that contributed to the decision such as past discipline history of the student, reports from staff, etc.

Part III. The Manifestation Determination team determined that, in relation to the behavior subject to disciplinary action the following is true:

- Check “yes” if the team feels the behavior was caused by or had a direct or substantial relationship to the disability. Check no if team feels it did not.
- Check “yes” if the team feels the behavior was the direct result of a failure to implement the IEP (for example, if all the supports and services listed on the IEP were not taking place as outlined as the time of the incident)

Part IV. The Manifestation Determination team decided that the student's behavior (check one of the following two boxes as appropriate based on the boxes check above:

- Check the first box “**was a manifestation of his/her disability**” if the answer to the two questions above (steps 12 and 13) were “yes” – if this box is checked the discipline proceedings may not go forward (in most cases this will mean that the case can not go forward to the Board of Education for to recommend expulsion)
- Check the second box if one of the answer to both of the two questions above was “no.” This means the behavior **was not a manifestation of his/her disability.**
- On this line indicate “**yes**” or “**no**” to indicate if the parent agreed with the findings.

MANIFESTATION DETERMINATION FINDINGS

Student: _____, _____ Birth date: ___/___/___ Date: ___/___/___
(Last) (First)

District of Residence: _____ School: _____

Teacher: _____ Grade: _____ Gender: M F CSIS: _____

Parent/Guardian: _____ Phone :(H) _____ (W) _____ (C) _____

Address: _____ City: _____ Zip: _____

Is the student limited in English proficiency? Yes No Primary Language: _____

Date of Current IEP: _____ Date of last assessment: _____

Disability: _____ Current educational setting(s): _____

Description of behavior/actions of student resulting in this analysis: _____

Disciplinary action taken/proposed: _____ Date of decision of disciplinary action: ___/___/___

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following **in relation to the behavior subject to discipline** (check applicable items):

- Evaluation and diagnostic results: List: _____
- Observations of the student. List: _____
- Student's IEP, services, and placement. Describe: _____
- Other relevant information. List: _____

The Manifestation Determination team determined that, in relation to the behavior subject to disciplinary action:

Yes No **The behavior was caused by or had a direct or substantial relationship to the disability.**
Comments: _____

Yes No **The behavior was the direct result of a failure to implement the IEP.**
Comments: _____

The Manifestation Determination team decided that the student's behavior:

was a manifestation of his/her disability. (requires a "yes" on any 1 of the above 2 items)

Discipline proceeding may not occur at this time.

Programming recommendations are: _____

was not a manifestation of his/her disability. (requires a "no" on both of the 2 above items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Parent: agrees disagrees with the determination of the Manifestation Determination team.

Comments:

Parent received copy of Procedural Safeguards (Parent Rights): Yes No Date: __/__/__

Signatures:

_____		Date: __/__/__
Parent		
_____		Date: __/__/__
Parent		
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	
_____	_____	Date: __/__/__
	Title	

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. §Sec. 300.305(e) (3).

The SOP must be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student.

Reason for Exit: Check the appropriate box.

Summary of Academic Achievement and Functional Performance:

- **Strengths/Interests/Learning Preferences:** Specify in each of these areas.
- **Pre-Academic/Academic/Functional Skills:** Check the appropriate box. If checked other, briefly describe.
- **Cognitive Abilities:** Check the appropriate box. If checked other, briefly describe.
- **Communication Skills:** Check the appropriate box. If checked other, briefly describe.
- **Motor Skills (Fine/Gross):** Check the appropriate box. If checked other, briefly describe.
- **Health:** Check the appropriate box. If checked other, briefly describe.
- **Social/Emotional/Behavioral:** Check the appropriate box. If checked other, briefly describe.
- **Self Help/Adaptive:** Check the appropriate box. If checked other, briefly describe.
- **Pre-Vocational/Vocational:** Check the appropriate box. If checked other, briefly describe.
- **Agency Linkages:** Check the agencies known to be working with student or could be a resource to the student. Include the agency contact person and phone number, if known.
- **Related To Support:** Check the areas that apply and other items as appropriate.
- **Related to Health Concerns:** Check the areas that apply and other items as appropriate.
- **Presentation of Materials & Instructions:** Check the areas that apply and other items as appropriate.
- **Response to Materials & Instruction:** Check the areas that apply and other items as appropriate.

- **Settings:** Check the areas that apply and other items as appropriate.
- **Timing/Scheduling of Tasks/Assignments/Tests:** Check the areas that apply and other items as appropriate.

Contact Information:

- **Name of School District:** Include name of district.
- **District Phone Number:** Include phone number
- **Title of Contact Person:** Include title, not name of contact person.
- **Date of Contact:** Note date when contact can made no later than.

NOTE:

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended, however, that one individual from the IEP Team be responsible for gathering and organizing the information required on the SOP.

Summary of the Student's Academic Achievement and Functional Performance

Student's Name _____

Date of Summary ____ / ____ / ____

Reason for Exit (check the **one** that applies):

- Graduated per District's requirements/policy, and completion of California High School Exit Examination (CAHSEE) earning a regular high school diploma
- Reached age 22 and earned Certificate of Achievement or a Certificate of Completion and is no longer eligible for special education
- Graduated with a Certificate of Achievement/ Completion

SUMMARY OF THE STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Strengths/Interests/Learning Preferences:	
Pre-Academic / Academic / Functional Skills (Note results of any general State or district-wide assessments): <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Cognitive Abilities: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Communication Skills: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Motor Skills (Fine/Gross): <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Health: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> No health concerns evident at this time. <input type="checkbox"/> Other, explain:	
Social/Emotional/Behavioral: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Self Help/Adaptive: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate skill range. <input type="checkbox"/> Other, explain:	
Pre-Vocational/Vocational: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Agency Linkages (check agencies known to be working with the individual or could be a resource to the individual)	Agency Contact Person and phone number, if known
<input type="checkbox"/> Regional Center	
<input type="checkbox"/> California Children's Services (CCS)	
<input type="checkbox"/> Department of Health and Human Services	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Employment Development Department	
<input type="checkbox"/> California Department of Rehabilitation	
<input type="checkbox"/> Community College / University Disabled Student Services	
<input type="checkbox"/> Other	
Other Recommendations:	

(These accommodations have been documented on IEP)

Recommendations Of Accommodations, Supports And Resources Continued:

Related To Support:

- Check for understanding
- Instructions/directions repeated/rephrased
- Present one task at a time
- Preferential/assigned seating; explain: _____
- _____
- Use of assignment notebook or planner
- Provided with progress reports
- Supervision during unstructured time
- Cues/prompts/reminders of rules / procedures
- Offer choices
- Note taking assistance
- Access to computer on campus
- Use of a scribe/word processing
- Use of a calculator
- Peer tutor/ staff assistance in _____
- _____
- Prior Behavior Support Plan (BSP)
- Home/job/school communication system; explain: _____
- _____
- Other: _____
- _____
- _____

Related to Health Concerns:

- Reminder to take medication(s)
- Medication(s) given under supervision
- Other: _____

Presentation of Materials & Instructions

- Books on tape and/or CD
- Assignments/tests modified to address identified needs of learning styles: _____
- Large print
- Closed caption
- English language development materials
- Manipulative/study aids for _____
- Test questions/assignments- given orally
- Tests/assignments directions- read orally
- Tests/assignments- shorten
- Questions on tests/assignments rephrased
- Preview of tests/assignments
- Tests/assignments given in smaller parts
- Visual aids: flash cards, maps, posters, clues, etc.
- Other; explain: _____
- _____

Response to Materials & Instruction

- Reduced/shortened tests/assignments/tasks: _____
- _____
- Extended time on in-class assignments/tests: _____
- _____
- Use of notes for tests/assignments
- Open book for tests/assignments
- Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available
- Special projects or alternate assignments in lieu of assignments given to non-disabled peers
- Use of a calculator
- Proof-reader and redo assignment or writing mechanics not graded
- Other: _____

Settings:

- Access to study carrel for task/assignments/tests
- Free from visual distractions
- Quiet environment – free from excessive noise
- In a small group environment
- Other: _____

Timing/Scheduling of Tasks/Assignments/tests:

- Extended time(s): _____ minutes for every _____ minutes given to non-disabled peers
- Tests/assignments given in shortened time segments
- Extended time on in-class assignments/tests: _____
- _____
- Other: _____

For Additional Information such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation **contact:**

Name of School District:
 School District's Phone number:
 Title of Contact Person:
 Best if contact is made no later than ____ / ____ / ____

PRIOR WRITTEN NOTICE

This form is provided to parents prior to the district initiating or refusing to change the identification, evaluation, educational or placement or provision of a free appropriate public education.

- Fill out student name and date of birth.
- If the district is proposing to do something, check the box “Proposal to initiate or change” and then check the appropriate box that applies to the situation that has required a Prior Written Notice.
- If the district is refusing a request made by the parent, check the corresponding box and then check the box that applies to the situation that has required a Prior Written Notice.
- Description of proposed or refused action: Briefly describe the proposed action or the action that the district is refusing to take.
- Reason(s) for proposed or refused action: Note the specific reasons why the district is refusing to take a proposed action or a refused action.
- Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action: Document the procedures that the district used in making the determination to propose or refuse an action.
- Description of other options considered and reasons for rejecting them: Document other options that were considered and the reasons for rejecting the options.
- Other factors relevant to the proposal or refusal: Document any other factors that were relevant to the district’s decision to propose or refuse to do an action.
- Print name of district contact, position, phone and email address.

PRIOR WRITTEN NOTICE

Provided to parent prior to district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education

Student Name: _____ /_____/_____
First Middle Last D.O.B.

This notice is to inform the parent(s) of the above named student regarding the school district's:

Proposal to initiate or change the:

Identification **Evaluation** **Educational Placement** **Provision of a free appropriate public education to your child**

This notice includes a description of the proposed action, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation to make recommendations discussed at this meeting without your written consent.

Refusal of your request to initiate or change the

Identification **Educational Placement** **The provision of a free appropriate public education to your child**

This notice includes a description of action being refused, an explanation of why the district refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Description of proposed or refused action:

Reason(s) for proposed or refused action:

Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action:

Description of other options considered and reasons for rejecting them:

Other factors relevant to the proposal or refusal

You have protection under the procedural safeguards of Part B of the IDEA. If you would like a copy of the Procedural Safeguards please contact the district and a copy will be sent to you. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name and District Contact

Position

Phone

E-mail Address

[PriorWrittenNoticeInstructions](#)
[ListofSupplementalForms](#)
[TableofContents](#)

**PRIOR WRITTEN NOTICE WHEN PARENT REVOKES CONSENT TO SPECIAL
EDUCATION AND RELATED SERVICES**

If at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education related services, the LEA:

- May not continue to provide special education and related services to the child, but must provide Prior Written Notice before ceasing the provision of special education and related services;
- May not use the procedures of due process;
- Will not be considered in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
- Is not required to convene an IEP team meeting or develop an IEP for the child for further provision of services.

Fill out the appropriate blanks in the template letter (see sample on following page).

**{WRITTEN NOTICE TO PARENT WHEN PARENT REVOKES CONSENT
TO SPECIAL EDUCATION AND RELATED SERVICES}**

Re: Written Notice Regarding Revocation of Special Education and Related Services

Dear _____:

At the IEP meeting on ___/___/___, you advised the _____ School District that it was your intent to revoke consent in writing for the continued provision of special education and related services to your child. At the IEP meeting, the school district staff outlined the special education program and services that would be provided to your child. If you revoke your consent to the continued provision of special education and related services, you will be giving up your right and your child's right to these services and your child will not be considered a child with a disability. The district is taking this action after review of your written statement.

State and federal law and regulations provide protections and procedural safeguards for parents of students with disabilities. A statement of those protections and procedural safeguards is enclosed with this *Prior Written Notice*. By your revocation of consent for your child to receive special education and related services, these protections and procedural safeguards no longer are applicable to your child. The services and modifications that were agreed to in your child's most current IEP will no longer be available to him/her. Your child will not have any of the procedural safeguards available to students with disabilities in the event of any disciplinary action.

If you wish assistance in understanding the protections and safeguards, you may contact the special education teacher at your student's school or me.

If you wish to have your child considered for special education and related services in the future, put your request in writing to the district for an assessment. If you need assistance with this process, contact the district, and staff will be happy to assist you.

We have appreciated the opportunity to provide _____ with the special education and related services that the District believed were necessary for your child.

Sincerely,

Enclosure: Procedural Safeguards Notice

[PriorWrittenNoticeParentRevocationInstr](#)
[ListofSupplementalForms](#)
[TableofContents](#)

INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

1. **Student Name**: Enter the student's last name and first name.
2. **DOB**: Enter the student's date of birth.
3. **Grade**: Enter the student's current grade level.
4. **Parent / Guardian Names**: Enter the name(s) of the parent(s) or guardian(s).
5. **Address**: Enter the student's current address. If the student is living in a residential school, enter the address of the parent.
6. **Home Phone**: Enter the phone number of the parent(s) or guardian(s).
7. **Cell Phone**: Enter the cell number of the parent(s) or guardian(s), if known.
8. **Work Phone**: Enter the work phone of one of the parent(s) or guardian(s), if known.
9. **District where private school is located**: Enter the name of the district where the private school is located (unless other agreements have been made. This would be the district drafting and implementing the Service Plan.
10. **District of residence**: Enter the name of the district where the student's parent(s) or guardian(s) reside.
11. **Home School**: Enter the name of the school the student would attend if they were living at the address of their parent(s) or guardian(s) and not attending a private school.
12. **Private School**: Enter the name of the private school where the student is currently attending.
13. **Private School Phone**: Enter the phone number of the private school.
14. **District of Residence Phone**: Enter the phone number of the District of Residence listed on the Service Plan (item 10 above).
15. **Check the following**: Check ONLY one of the following:
 - Student's parent(s) or guardian(s) have declined the district's offer of a Service Plan** – check this option if the parent(s) or guardian(s) have declined wanting a service plan. This would be applicable if they want no services or if at some time they choose to enroll the student in a public school program in the district of residence.
 - Student's parent(s) or guardian(s) have accepted the district's offer of a Service Plan.**
16. **Services**: Enter the special education service(s) below for the student while enrolled in private school or until the proportionate share of federal funds have been expended for the current school year.

17. **Area(s) or need**: Enter the area(s) of need based on the assessment results.
18. **Summary of Present Levels**: Enter the present levels in relevant areas assessed (social / emotional, academic, etc.).
19. **Enter the service(s)**: Enter the service(s) being offered. Remember, the services offered must be based on the final decisions the SELPA / District have made with respect to private school services. (§300.320)
20. **Frequency**: Enter how often the service will take place or how many sessions, etc.
21. **Duration**: Enter how long (minutes, hours, etc.) each service will take place.
22. **Location**: Enter the location where services will take place.
23. **Start Date**: Enter the date when services will begin.
24. **End Date**: Enter the date when services will end.
25. **Service Provider**: Enter the "title," not the name, of the service provider.
26. **Signature Lines**: Parent – have the parent sign in attendance.
LEA Representative – enter the name of the person who is representing the district / LEA. Remember this person must have the authority to allocate services.
Other – have any other persons in attendance sign the Service Plan.
27. **Next Annual Review Due By**: Enter the next annual review date (approximately one year from the date of the date of the current service plan meeting).
28. **Triennial Review Due By**: Enter the triennial review date. This is three years from the date of the last assessment review or the initial assessment review.

INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

Student's Name: _____ DOB: ____ / ____ / ____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____ Work Phone: (____) _____

District where private school is located : _____ District of Residence: _____

Home School: _____ Private School: _____

Private School Phone: (____) _____ District of Residence Phone: (____) _____

Check one of the following

Student's parents have declined the district's offer of a Service Plan.

OR

Student's parents have accepted the district's offer of a Service Plan.

Services: The District (LEA) will provide the special education service(s) below for the student while enrolled in private school or until the proportionate share of federal funds have been expended for the current school year.

Area(s) of need: _____

Summary of Present

Levels: _____

Special Education Service	Frequency	Duration	Location	Start Date	End Date	Service Provider

Student has been found eligible for special education services. By signing this document, the parent/guardian(s) have indicated to the District of Residence (DOR) that they have chosen to unilaterally enroll or continue to enroll the student in a private school without the consent of, referral by, or at expense of the District. It is further acknowledged that the DOR has offered to develop an IEP when the student's parent/guardian(s) express an interest in enrolling the student in public school. The parents understand in accordance with IDEA 2004, their rights to due process do not apply in the private school setting.

Parent: _____ Date: ____ / ____ / ____

LEA Representative: _____ Date: ____ / ____ / ____

Other: _____ Date: ____ / ____ / ____

Next Annual Review Due By: ____ / ____ / ____

Triennial Review Due By: ____ / ____ / ____

[ISPforPrivateSchoolInstructions](#)
[ListofSupplementalForms](#)
[TableofContents](#)

INTERIM SPECIAL EDUCATION SERVICES

This form is used for placement of a student coming from another SELPA or from out-of-state.

1. **Student Name**: Enter the student's last name and first name.
2. **Birth Date / Age**: Enter the student's birth date and age.
3. **Grade**: Enter the student's current grade.
4. **Gender**: Enter the student's gender (M or F).
5. **Parent**: Enter the parent / guardian name.
6. **Home Phone**: Enter the parent's / guardian's home phone and cell number, if known.
7. **Address**: Enter the parent's / guardian's home address, city and zip code.
8. **Native Language**: Enter the student's home language or birth language.
9. **EL**: Check if the student is an English Learner and whether or not they have been redesignated.
10. **Ethnicity**: Enter the student's ethnicity as it has been entered on the school enrollment form for the school.
11. **Residency**: Check whether the student resides with a Parent / Guardian, in a Foster Family Home, in a Licensed Children's Institution, is an Adult Student, or Other.
12. **Indicate Disability**: Check the appropriate disability as reflected on the IEP from the sending SELPA.
13. **Special Education Entry Date**: Enter the date the student first received special education services, including IFSP (0-3 infant services).
14. **Interim Placement to be Reviewed**: Enter the date of the next meeting to determine appropriate special education placement. This date must be within 30 calendar days.
15. **Triennial Date**: Enter the date when the next triennial evaluation is due to be completed.
16. **Last Placement**: Enter the name of the School / District / County where the student was last enrolled.
17. **Phone**: Enter the phone number of the student's last school.
18. **Contact Person**: Enter the name of an appropriate contact person at the student's last school or district. This could be the Special Education Teacher, Program Specialist, Special Education Director, etc.
19. **Special Education Program Authorization**: Enter the appropriate, comparable special education services, starting date of the services, frequency of that service, duration, location, and the service provider (the title, not the name).

20. **% of Time OUTSIDE**: Enter the % of time the student is out of the general education classroom receiving special education services.
21. **Name of LEA Representative**: The LEA representative, who looked at the incoming IEP and determined the appropriate placement, prints their name, signs the form, indicates their position, and dates the form.

