

SANTA CLARA COUNTY

IEP MANUAL

***WRITING IEPs
FOR EDUCATIONAL BENEFIT***



July 2011

Introduction

This manual and accompanying IEP Forms were developed by members of the State SELPA Association to address the legal requirements of IDEA, 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.

FORM 1 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 mental health 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 the SELPA SYSTEM II database (*aka SSII aka DA aka MIS aka CASEMIS*). The SSID is obtained by the district of service and is assigned through CALPADS. Each student must have an 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*. Evaluation team members sign form as appropriate.
24. 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*.

25. 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
dates)

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

1. Has the Student Received Coordinated Early Intervening Services (CEIS) under the IDEA in the Past Two Years: Coordinated Early Intervening Services (CEIS) 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.
NOTE: Do not confuse this with early intervention.
Coordinated early intervening services include educational and behavioral evaluations, services and supports including scientifically based literacy instruction. If the student received coordinated early intervening services (CEIS) during the past two years, check “yes”. If you check “yes” then it is assumed that the district has moved 15% of their Federal Local Assistance (IDEA) funds to general education and that data is being collected on the students who have/are receiving CEIS. Coordinated early intervening services are only required for districts who have been identified as *significantly disproportionate*. 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?*

FORM 1A INDIVIDUAL TRANSITION PLAN (ITP)

This form must be completed in time to be in effect when the student reaches 16 years of age (i.e. at the annual review or via an addendum before the student's 16th birthday). 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. Student was invited: The student (16 years and above or will be 16 years old before next IEP meeting) is to be invited on the meeting notification. If the student was invited mark YES. Keep the documentation in the student's file
2. Agency was invited: When appropriate support agencies need to be invited on the meeting notification, with the parent/guardian/students permission. If an agency was invited mark YES. Keep the documentation in the student's file. At this time if it is not appropriate to invite an agency please note that in the meeting notes.
3. How the Student Participated in the Process: Describe how the student participated in the process by choosing the best answer in the pull down menu. The choices will be; Present at meeting, Interview Prior, Interest inventories, or questionnaire.
4. Age-appropriate transition assessments/instruments were used: Age-appropriate transition assessments/instruments are to be used and drive the ITP portion of the IEP. When used mark YES. The next step is to record the transition assessment information/results used to identify the student's preferences and interests for transition planning as they relate to his/her post secondary goals Assessment needs to be comprehensive NOT JUST Vocational. This information serves as Present Levels for the transition section of the IEP. The post secondary goals are what the student plans on doing upon graduation/completing school. The gap between the results of the transition assessment and the student's interests is the basis for the post secondary goals.

There are three areas for documenting Post Secondary Goals. The three areas are: Training or Education, Employment, and if appropriate Independent Living. For each area you will be including a post secondary goal based on age-appropriate assessment, an annual goal to support the post secondary goal, person/agency responsible for support, transition service codes, activities to support the post secondary goal, community experiences to support the post secondary goal, and any related services that may be needed to support the post secondary goal in that specific area. Complete this process for the top two areas on all students and the third area as appropriate.

5. Student's Postsecondary Goals: The team must include measurable postsecondary goals in Training or Education, Employment and if appropriate, Independent Living. Document what the student plans on doing upon exiting school (post secondary goals) in each of these areas. The post secondary goals will be based on the results of the age-

appropriate transition assessments and the student's desired outcomes. Identify the specific areas of need to be addressed within the next year to assist the student in meeting his/her post secondary goals. Indicate the annual goal number that is linked to the post secondary goal. (ex. Upon completion of school I will join the army or upon completion of school I will enroll in Shasta Community College PSG) link to annual English Language Arts goal on write a letter of application.) The key is to make the annual goal contextual and it can serve both as a content area goal and a transition goal.

6. Transition Services Codes: Chose an appropriate Transition Service Code that will be used to support the student's post secondary goal. (please see 800 code descriptions)
7. Activities to Support Transition Service: Identify different activities that will be employed to help the student achieve his/her post secondary goal. (career research paper, college application, job applications, resume writing, self-help unit on cooking, workability job etc.)
8. Community Experiences as Appropriate: Identify any activities in which the student will be participating in the community. (ex. Job shadowing, community based instruction, service learning, community service, youth group, scouts, ballet)
9. Related Services as Appropriate: Include any related services the student may need based on their disability that will help the student achieve his/her post secondary goal. (ex. transportation, career counseling, a DIS service)

You are to answer the four questions at the end of the page once you have completed page Form ITP 1A. These questions are a check to make sure the transition section of the IEP is complete.

FORM 1B INDIVIDUAL TRANSITION PLAN (ITP)

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. Units/Credits: Identify which courses are required for graduation. Add the additional courses related to goals and/or vocational interests. Update the units/credits the student has completed up to this meeting and then the units/credits the student still has to complete or has pending for a diploma/certificate including what the student will take in the next IEP cycle. Check if student is working toward a Diploma or Certificate. Include the projected date for Diploma or Certificate.
2. 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. In the CAHSEE Other section you can put if the student is getting an exemption, waiver, or taking the CAPA.
3. 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.

◆ Educational Benefit Reminder ◆

- *Is there an appropriate measurable post secondary goal or goals that covers education or training, employment, and as needed, independent living?*
- *Are the post secondary goals updated annually?*
- *Are the post secondary goals based on age appropriate transition assessments?*
- *Are there transition services in the IEP that will reasonably enable the student to meet his/her post secondary goals?*
- *Does the course of study reasonably enable the student to meet their post secondary goals?*
- *Is there an annual IEP goal related to the student's transition services needs?*
- *Was the student invited and involved in their transition planning?*
- *Was a representative of any participating agency invited to the IEP Team meeting with prior consent from parent, guardian, or student?*

FORM 2

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, district wide 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.
 - Physical Fitness Test
 - Other Assessment Data, including results of district wide and/or individually administered assessments. For preschoolers include 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?*

FORM 3A 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.
NOTE: *Best practice – assistive technology should be addressed in the Supplemental Aids and Services section and/or in a goal.*
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.
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**: If the student is an English Learner complete the sections listed below:
 - a. Indicate if the student will take CELDT (reminder: all EL students take CELDT unless an alternative is designated by the IEP team via the IEP).
 - b. Is an alternative to CELDT designated by IEP team (for low functioning students)?
 - c. Will the student need accommodations or modifications on CELDT? If so, list them.
 - d. Will the student need primary language instruction (preview/review or directions given)
If yes, indicate the title of the staff member(s) who will provide this support.
 - e. Indicate what the language of instruction will be. It must be English unless the IEP team has designated otherwise.
 - f. Indicate who by title (such as general education teacher, special education teacher, etc.) will provide the student's ELD services. All EL students MUST receive ELD services unless a parental exception waiver has been submitted.
 - g. EL students get either English language Mainstream (ELM) or Structured English Immersion (SEI) services depending on their CELDT scores or proficiency in English. A student must get SEI if they score at the beginning or early intermediate level on CELDT or have "less than reasonable fluency" in English.

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.

FORM 3B 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.
- For 3, 4, & 5 preschoolers note if the child will take DRDP-R or DRDP *access*. If the child is at the developmental level of 3 years or below, the IEP Team should recommend the DRDP *access*. If the child needs adaptations in the preschool setting, then the IEP Team should document the adaptations. (Refer to <http://www.draccess.org> website for a list of adaptations.)
- Specify any accommodations or modifications the student may need to participate in other state/district wide assessments, including writing proficiencies, physical fitness tests, etc. This would also be the place to note if the student is taking the Standards-based Test in Spanish (STS). This test is required for English learners who will have been enrolled in a school in the United States less than 12 months on the first day of testing or who are receiving instruction in Spanish regardless of the length of time he she has been enrolled in school in the United States.

NOTE: *Do not put parent exemption on the IEP form as a reason that the student will not participate in statewide assessment. The IEP Team must address how the student would participate even if there is a parent exemption. The parent must file the exemption with the school site according to the district procedures for all students.*

- Physical Fitness Test (Grades 5, 7, 9 only): Specify if the student will be taking the Physical Fitness Test with accommodations or modifications.
- California High School Exit Exam (CAHSEE): Document if the student will be taking CAHSEE with or without accommodations. If the student will participate in CAHSEE using modifications a waiver is required after the student takes CAHSEE with modifications and passes. Currently there is an exemption for students with disabilities. Check the exemption box if the student will be using the exemption. If the student is taking CAPA check the appropriate box. If the student is outside the testing range check the appropriate box.

2. For English Learners Only

Check the appropriate assessment that the student will be taking. If other is checked document the assessment. For the CELDT, check the area of assessment and for the Standards Based Spanish Test, check the appropriate area of assessment and if the student will need accommodations.

 **Educational Benefit Reminder** 

- *Has the IEP Team addressed all the special considerations the student may require?*
- *Does the student demonstrate behavior(s) that impede learning, and if so, how will positive interventions, strategies, and supports be provided?*
- *Does the IEP Team agree on the areas of need to be addressed in goals as identified in the Present Levels of Academic Achievement and Functional Performance and in Special Factors?*
- *Is participation on state and district wide assessments, including accommodations and modifications, in accordance with state guidelines?*
- *Are alternate assessment(s), including the reasons, clearly noted if required?*

 **Educational Benefit Reminder** 

- *Are there goals and objectives/benchmarks (if appropriate) for each area of need and vice versa?*
- *Are the goals and objectives/benchmarks measurable?*
- *Do the goals and objectives/benchmarks enable the student to be involved/progress in the curriculum?*
- *Are all other educational needs resulting from the disability addressed?*
- *If the student is an English Learner, are the goals and objective/benchmarks linguistically appropriate?*
- *Is the person(s) identified who is primarily responsible for implementing the goals and objectives/benchmarks, and monitoring progress?*

FORM 4B ANNUAL GOALS AND BENCHMARKS

Use IEP Form 4A for students who are not taking CAPA. Objectives or benchmarks are no longer required for students who are accessing the general curriculum. Draft goals (and objectives or benchmarks, if required) may be developed prior to the meeting and reviewed with the team for changes. Annual goals must be measurable, and at least one annual goal must be written for each area of identified need.

Follow the directions for Form 4A and include measurable objectives.

Objectives are sub skills leading towards goal mastery (i.e. multiply 2 digits by 3 digits; analyze word problem to identify data needed to determine area of a rectangle.).

FORM 5A(1)
OFFER OF FAPE – SUPPLEMENTARY AIDS AND SERVICES

Special education and related services are determined at the IEP meeting only after goals and if appropriate objectives / benchmarks have been finalized. Placement decisions must be made in conformity with the least restrictive environment (LRE) provisions. These provisions direct that to the maximum extent appropriate, students with disabilities be educated with typically developing peers, and that special classes, separate schooling or other removal of students from the general education environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. The placement must be made in the school that the student would attend if the student did not have a disability unless unique circumstances prevent this placement. Special education and related services and supplementary aids and services, should be based on peer-reviewed research to the extent practicable.

1. 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.

FORM 5A(2)
OFFER OF FAPE – SPECIAL EDUCATION AND RELATED SERVICES

1. Service Delivery Options Considered: Discuss and document service delivery options considered. The team must first consider placement in the general education classroom with supports prior to recommending a more restrictive setting all or part of the day.

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.

3. Transportation: Check “No” if the IEP team determines that the student does not need special education transportation. Check “Yes” if the student will require special education transportation and specify the type of transportation (e.g. curb to curb, wheel chair bus, etc.)

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 of 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.

2. Start and End Date: This will often be the same start/end dates for the primary service on the IEP.

3. Provider: Note the title of the provider of the service (do not put the person's name).

4. Frequency: Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.

5. Duration: Indicate number of times per frequency (see CASEMIS for examples).

6. 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 Head Start 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.

7. **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?*

FORM 5B
OFFER OF FAPE – EDUCATIONAL SETTING

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 Head Start 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. Federal 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- more than ten hours per week-majority of Special education services provided in the regular early childhood program or kindergarten.
 - 405** Regular early childhood program or kindergarten-more than ten hours per week-majority of special education services provided in some other location than the regular early childhood program or kindergarten.
 - 410** Regular early childhood program or kindergarten-less than ten hours per week-majority of special education services provided in the regular early childhood program or kindergarten.
 - 415** Regular early childhood program or kindergarten-less than ten hours per week-majority of special education services provided in some other location than the regular early childhood program or kindergarten.
 - 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: It is the amount of instructional time (expressed in percentage) a student spends inside the general education classroom or general education environment.
For Preschool students (ages three through five) use the following:
The numerator for this calculation is the amount of time per week the child spends in a regular early childhood program. The denominator for this calculation is the total number of hours the spends in early childhood program PLUS any time the child spent

receiving special education and related services outside of a regular early childhood program. The result is multiplied by 100.

NOTE: *Non-classroom activities, such as cooperative work experiences, are counted as regular classroom if non-disabled students also participate.*

8. 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.
9. Other Agency Services: Note other agency services the child is receiving.
10. 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.
11. Parents will Be Informed of Progress and How: Check the frequency and how the progress will be reported.
NOTE: *Progress reporting should match frequency of report card schedule.*
12. 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.
13. Graduation Plan: This needs to be done for students in grade 7 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 has 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?*

FORM 6 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. **As a means of improving services and results for your child did the school facilitate parent involvement?** Check the appropriate box. This is a required CASEMIS data field. One of the boxes must be checked.
7. Signature: Have parent(s)/guardian/surrogate/adult student sign and date.
8. Public Benefits: If parent agrees to authorize district access to health insurance benefits provided by Medi-Cal, check box and have parent/guardian sign.
9. Parent received a copy of the Procedural Safeguards. Check this box if the parent received a copy of the Procedural Safeguards.
10. Parent received a copy of the assessment report if applicable. Check this box if the parent received a copy of the assessment report.
11. Parent received a copy of the IEP. Check this box if the parent received a copy of the IEP.
12. 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?*

FORM 7 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.
- Document that parent received a copy of the IEP. This is also listed on Form 6, but it can be reinforced on this notes page.
- Document if there needs to be further clarification on the *Offer of FAPE*.
- Document parent participation. This is also listed on Form 6, but it can be reinforced on this notes page.



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?*

FORM 8 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?*

FORM 9A
SPECIFIC LEARNING DISABILITY – TEAM 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.

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.

FORM 10 NOTICE OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

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.

FORM 11 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.

"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.
- Enter date that signed consent was received.

Legal Citations: 2 CCR 60010; 30 EC 56321; 1 GC 7572; 30 EC 56043

FORM 13 MANIFESTATION DETERMINATION FINDINGS

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 cannot 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.

FORM 14
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. **Date**: Enter the date.
5. **Parent / Guardian Names**: Enter the name(s) of the parent(s) or guardian(s).
6. **Address**: Enter the student's current address. If the student is living in a residential school, enter the address of the parent.
7. **Home Phone**: Enter the phone number of the parent(s) or guardian(s).
8. **Cell Phone**: Enter the cell number of the parent(s) or guardian(s), if known.
9. **Work Phone**: Enter the work phone of one of the parent(s) or guardian(s), if known.
10. **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.
11. **District of residence**: Enter the name of the district where the student's parent(s) or guardian(s) reside.
12. **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.
13. **Private School**: Enter the name of the private school where the student is currently attending.
14. **Private School Phone**: Enter the phone number of the private school.
15. **District of Residence Phone**: Enter the phone number of the District of Residence listed on the Service Plan (item 10 above).

16. **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.

FORM 15
IEP TEAM MEMBER EXCUSAL FORM
From a Meeting in Whole or in Part

1. **Student Name:** Enter student's full name.
2. **Date of Meeting:** Enter the date of the meeting.
3. **Check the Box in Whole or in Part:** If the IEP team member is being excused for the entire meeting check "in whole" and check "in part" if the team member is only being excused for part of the meeting.
4. **Individual Education Program Team Member(s):** List the members that will be excused from the IEP team meeting in whole or in part.
5. **Area of Curriculum or Related Services:** List the area of curriculum or related services that pertain the IEP team member being excused.
6. **Area of Curriculum or Related Services is Not Being Discussed:** Check the column if the area of curriculum or related services is not being discussed at the IEP team meeting.
7. **Written Input has Been Submitted to the Parent and the IEP Team Prior to the Meeting Regarding Area of Curriculum or Related Services:** If the area of curriculum or related services pertaining to the IEP team member is going to be discussed at the IEP team meeting, then IEP team member must submit his/her in writing to the parent and the IEP team prior to the meeting.
8. **Parent/Guardian Signature:** The parent must sign a date this form in order for the IEP team to be excused in whole or in part.
9. **Signature of Designated District Representative:** The district representative must also sign and date the form.

FORM 17A and FORM 17B SUMMARY OF THE STUDENT'S 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.*

FORM 21 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.

FORM 22

CONSENT FOR EXTENSION OF 60-DAY TIMELINE FOR ASSESSMENT FORM

30 EC 56302.1

This form is to be used in cases where a student moves into a new school district after an assessment plan has been signed by the parent but prior to completion of the assessment and convening of an IEP Team meeting.

If the school district into which the student moves becomes aware that an assessment plan has been signed prior to the move, the new district has the responsibility to immediately contact the former district to obtain information regarding the status of the assessment and to request all relevant assessment documents (i.e. test protocols, student/teacher/parent questionnaires, relevant work samples, behavioral data, etc.)

The form is to be filled out as follows:

- Fill in the Student's Name, Birth date, and Date the form is completed.
 - Fill in the Student's Current Address.
 - Fill in the Student's Previous Address.
 - Fill in the Student's Current District of Attendance
 - Fill in the Student's Previous District of Attendance
1. Fill in the date the signed assessment plan was received by the student's previous district of service.
 2. Fill in the date the assessment was to have been completed if the student had not moved from his/her previous district.
 3. Fill in the date the student began attending school in the new school district
 4. Fill in the name of the school district that will be responsible for completing the assessment. Indicate the date by which the assessment will be completed.

NOTE: The designated district/county office representative should discuss with the parent a reasonable timeline for completion of the assessment. Factors that should be taken into consideration include: the amount of progress made by the former district in completing the assessment, the need for the student to become acclimated to his/her new school and classroom routines, the number of days that have elapsed since the parent initially provided consent to the assessment.

The designated district/county office representative should sign and date the form. The parent's signature must be obtained on the form indicating the parent's consent to the timeline extension. If the parent declines to agree to an extension of the time to complete the assessment, then the new school district should consider shortening the proposed time period for the assessment and document its efforts to obtain parental consent for the extension. If no agreement can be reached on a timeline extension, then the district should complete the assessment as expeditiously as possible.

FORM 24 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.

FORM 25 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.

FORM 26
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.

FORM 27
**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.

**SANTA CLARA COUNTY
INDIVIDUALIZED EDUCATION PROGRAM**

Page ____ of ____

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 _____
 _____ Email Address _____

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

District of Residence _____ Residence School _____

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

Race: (Enter Code; must select one or more, regardless of Ethnicity): 1. _____ 2. _____ 3. _____ 4. _____

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 ID _____ 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

_____ 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 IDEA Coordinated Early Intervening Services (CEIS) 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 ____/____/____

SANTA CLARA COUNTY
INDIVIDUAL TRANSITION PLAN

Name _____ Birth Date: ___/___/___ IEP Date ___/___/___

District Graduation Requirements:

Course of Study

A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their post secondary goal.

Units/Credits
Completed: _____

Units/Credits
Pending: _____

Diplomas: Yes No

Certificate of Completion: Yes No

Anticipated Completion Date: ___/___/___

CAHSEE (High School Exit Exam)

CAHSEE/ELA date: ___/___/___ Score: _____ Passed Did not pass

CAHSEE/Math date: ___/___/___ Score: _____ Passed Did not pass

CAHSEE: _____

Age of Majority:

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

By whom: _____ Date: ___/___/___

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.

1. The student's IEP includes appropriate measurable postsecondary goal or goals that covers the education or training, employment, and as needed independent living? Yes No
2. Is (are) the postsecondary goal(s) updated annually? Yes No
3. Is there evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment? Yes No
4. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)? Yes No
5. Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goal(s)? Yes No
6. Is (are) there annual IEP goal(s) related to the student's transition services needs? Yes No
7. Is there evidence that the student was invited to the IEP meeting where transition services were discussed? Yes No
8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority? Yes No

SANTA CLARA COUNTY Page ____ of ____
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 _____

Physical Fitness Testing (grades 5, 7 & 9): _____

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

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

Preacademic/Academic/Functional Skills _____

Communication Development _____

Gross/Fine Motor Development _____

Social Emotional/Behavioral _____

Vocational _____

Adaptive/Daily Living Skills _____

Health _____

SANTA CLARA COUNTY
SPECIAL FACTORS

Page ___ of ___

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, complete the following section:

Does the student need primary language support? No Yes If yes, who will provide? _____

What will be the language of instruction for the student? _____

Who will provide ELD services to student? General Education Staff Special Education Teacher

What type of ELD services will be provided? English Language Mainstream Structured English Immersion

Comments _____

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:

_____	_____
_____	_____
_____	_____
_____	_____

SANTA CLARA COUNTY 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 -11; CMA only applies to Grades 3-11)

- Checkboxes for ELA accommodations: CST without testing accommodations, CST with testing accommodations, CMA without testing accommodations, CMA with testing accommodations, Outside of testing grade range.

Math (Grades 2-11; CMA only applies to grades 3-11 (Grades 7-11, Algebra end of course)

- Checkboxes for Math accommodations: CST without testing accommodations, CST with testing accommodations, CMA without testing accommodations, CMA with testing accommodations, Algebra CMA or CST, Geometry CMA or CST, Outside of testing grade range.

Science (Grades 5, 8, 10-11)

- Checkboxes for Science accommodations: CST without testing accommodations, CST with testing accommodations, CMA without testing accommodations, CMA with testing accommodations, Out of testing range.

History/Social Science (Grades 8-11)

- Checkboxes for History/Social Science accommodations: CST without testing accommodations, CST with testing accommodations, Out of testing range.

Writing (Grade 4 & 7 only)

- Checkboxes for Writing accommodations: CST without testing accommodations, CST with testing accommodations, CMA without testing accommodations, CMA with testing accommodations, Out of testing range.

CAPA ELA (Grade 2-11) Science (Grades 5,8,10) Math (Grades 2-11) Level 1. 2. 3. 4. 5.

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

Participation in the CAPA is appropriate because _____

Physical Fitness Test (Grades 5, 7, 9 only) Accommodations _____ Modifications _____

CAHSEE

- Checkboxes for CAHSEE options: Without testing accommodations, With testing accommodations, CAHSEE with testing modifications, Exemption, Other State-Wide/ District-Wide Assessment(s)/Alternate Assessment(s).

Alternate Assessment(s) appropriate because _____

For Preschoolers (Ages 3, 4, and 5) Desired Results Developmental Profile

Adaptations: _____

FOR ENGLISH LEARNERS ONLY

CELDT

- Checkboxes for CELDT and Standards based Tests in Spanish STS: Listening, Speaking, Reading, Writing with and without accommodations, Modifications.

Other _____

SANTA CLARA COUNTY ANNUAL GOALS

Name _____

IEP Date ____/____/____

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"/> Secondary 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
---	---	---	---

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"/> Secondary 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
---	---	---	---

NOTE: If English learner, one of the goals must address English language development.

SANTA CLARA COUNTY ANNUAL GOALS AND OBJECTIVES

Name _____

IEP Date ___/___/___

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"/> Secondary 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 _____ _____ Comment: _____ _____ _____	Progress Report 2: ___/___/___ Summary of progress _____ _____ Comment: _____ _____ _____	Progress Report 3: ___/___/___ Summary of progress _____ _____ Comment: _____ _____ _____	Goal: Annual Review Date: ___/___/___ Goal met <input type="checkbox"/> yes <input type="checkbox"/> no Comments:
---	---	---	--

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"/> Secondary 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 _____ _____ Comment: _____ _____ _____	Progress Report 2: ___/___/___ Summary of progress _____ _____ Comment: _____ _____ _____	Progress Report 3: ___/___/___ Summary of progress _____ _____ Comment: _____ _____ _____	Goal: Annual Review Date: ___/___/___ Goal met <input type="checkbox"/> yes <input type="checkbox"/> no Comments:
---	---	---	--

NOTE: If English learner, one of the goals must address English language development.

SANTA CLARA COUNTY
OFFER OF FAPE
SUPPLEMENTARY AIDS AND SERVICES

Name _____ IEP Date ____/____/____

SUPPLEMENTARY AIDS AND SERVICES TO BE PROVIDED TO THE CHILD OR ON BEHALF OF THE CHILD
And PROGRAM MODIFICATIONS OR SUPPORTS FOR SCHOOL PERSONNEL

Aids, Services, Program Accommodations/Modifications, and/or Supports	To Support:	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	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
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	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ / / /			

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

SANTA CLARA COUNTY
OFFER OF FAPE
SPECIAL EDUCATION and RELATED 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) _____

SPECIAL EDUCATION and RELATED SERVICES

Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		
Service:			Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition	
Frequency	Duration	Location:		

Transportation: None General Ed Special Ed _____

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

SANTA CLARA COUNTY
OFFER OF FAPE
EXTENDED SCHOOL YEAR (ESY) SERVICES

Name _____ IEP Date ____/____/____

EXTENDED SCHOOL YEAR (ESY)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	
Extended School Year (ESY):		Start Date: / /	End Date: / /
Provider:			<input type="checkbox"/> Indiv <input type="checkbox"/> Group <input type="checkbox"/> Sec Transition
Frequency	Duration	Location:	

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

SANTA CLARA COUNTY
OFFER OF FAPE
EDUCATIONAL SETTING

Page ___ of ___

Name _____ IEP Date ___/___/___

Physical Education General Specially Designed Other _____

District of Service _____ School of Attendance _____

School Type _____

Federal School Setting _____ Federal Preschool Setting _____

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

_____ % of time student is outside 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"/> Other _____ |
| <input type="checkbox"/> County Mental Health (CMH) | |

Promotion Criteria District Progress on Goals Other _____

Parents will be informed of progress.

Quarterly Trimester Semester Other _____

How? Annotated Goals 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 7 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

SANTA CLARA COUNTY
SIGNATURE AND PARENT CONSENT

Name _____ IEP Date ____/____/____

IEP Meeting Participants

_____ Parent/Guardian	____/____/____ Date	_____ Parent/Guardian	____/____/____ Date
_____ Student	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ LEA Representative/ Admin. Designee	____/____/____ 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.

As a means of improving services and results for your child did the school facilitate parent involvement?

Yes No No Response

Signature below is to authorize and approve the IEP.

Signature: _____

Date ____/____/____

Parent Guardian Surrogate Adult student

Signature: _____

Date ____/____/____

Parent Guardian Surrogate Adult student

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/Guardian Signature

Parent has received a copy of the Procedural Safeguards Parent has received a copy of assessment report (if applicable)

Parent has received a copy of the IEP

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

**SANTA CLARA COUNTY
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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. The discrepancy is due primarily to mental retardation or emotional disturbance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. The discrepancy is due primarily to a visual, hearing, or motor disability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. This discrepancy can be corrected through other regular or categorical services offered within the regular Instructional program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. The discrepancy is due to limited English Proficiency. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. The discrepancy is due to lack of appropriate instruction in reading and math. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.
- Response to Intervention (RTI) _____
- 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, Title and Date

SANTA CLARA COUNTY
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: _____

**SANTA CLARA COUNTY
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 meeting. 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 will also attend:

Administrator/Designee: _____	Other: _____
Special Education Teacher: _____	Other: _____
General Education Teacher: _____	Other: _____
Student: _____	Other: _____
Psychologist: _____	Other: _____
Specialist: _____	Other: _____

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:

- 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 _____
- Please list any additional attendees: _____
- 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 300.322d). 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 ____ / ____ / ____

SANTA CLARA COUNTY ASSESSMENT PLAN

Initial Annual Triennial Transition Interim Other _____

To Parent or Guardian of _____ Date ____ / ____ / ____

District _____ School _____ Grade _____ Birthdate ____ / ____ / ____

Primary language _____ English proficiency/CELDLT Level _____

_____ has been referred and/or recommended for an assessment by the following individual(s):

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

The reason for the referral for assessment is _____

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 – These scales will indicate how your child feels about him/herself, gets along with others, and takes care of personal needs at home, school and in the community.	
<input type="checkbox"/> Adaptive/Behavior	
<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 _____	
<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: _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

Address: _____

Phone Number: (____) _____

Comments: _____

SANTA CLARA COUNTY

ASSESSMENT REPORT

Student's Name: _____

Gender _____ Grade _____ Birthdate _____ / _____ / _____ Age _____

School: _____ Teacher (if appropriate): _____

By: _____

Title: _____ Date: _____ / _____ / _____

This report shall include but not be limited to (a) whether the student has a disability and the basis for making that determination (b) relevant behavior during observation and its relationship to academic and social functioning (c) educationally relevant medical finding if any (d) any discrepancy between achievement and ability that cannot be corrected with special education and/or related services (e) effects of environment, cultural, or economic disadvantage, where appropriate.

**SANTA CLARA COUNTY
MANIFESTATION DETERMINATION FINDINGS**

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

District of Residence: _____ School: _____

Teacher: _____ Grade: _____ Gender: M F SSID: _____

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 and had a direct and substantial relationship to the disability.

Comments: _____

Yes No The behavior was the direct result of a failure to implement the IEP.

Comments: _____

**SANTA CLARA COUNTY
MANIFESTATION DETERMINATION FINDINGS**

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:

_____		___/___/___
Parent		Date
_____		___/___/___
Parent		Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date
_____	_____	___/___/___
	Title	Date

SANTA CLARA COUNTY

INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

Student's Name: _____ DOB: ___ / ___ / ___ Grade: _____ Date: ___ / ___ / ___

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/Guardian: _____

Date: ___ / ___ / ___

Parent/Guardian: _____

Date: ___ / ___ / ___

LEA Representative: _____

Date: ___ / ___ / ___

Other _____

Date: ___ / ___ / ___

Next Annual Review Due By: ___ / ___ / ___

Triennial Review Due By: ___ / ___ / ___

IEP TEAM MEMBER EXCUSAL

Student's Name: _____

From A Meeting In Whole Or In Part

Date of Meeting ____/____/____

By mutual agreement between the parent/adult student, and designated representative of the local education agency, the presence and participation of the Individual Education Program team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting scheduled on ____/____/____ because (1) the member's area of the curriculum or related services is not being modified or discussed in the meeting or (2) the meeting involves a modification to or discussion of the member's area of curriculum or related services and the member submitted, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

Individual Education Program Team Member(s)	Area Of Curriculum Or Related Services	Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting <input type="checkbox"/> in whole or <input type="checkbox"/> in part:	
		Area Of Curriculum Or Related Services is Not Being Discussed Or Modified	Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services

By mutual agreement the IEP team members identified above, have been excused from being present and participating in my child's IEP meeting.

Circle relationship to student, sign, and date below.

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

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

Signature of Adult Student (ages 18-21): _____ Date: ____ / ____ / ____

Signature of Designated District Representative: _____ Date: ____ / ____ / ____

Title/Position: _____

*“IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE-
 ‘(i) ATTENDANCE NOT NECESSARY – A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member’s area of the curriculum or related services is not being modified or discussed in the meeting, ‘(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of curriculum or related services, if—(I) the parent and the local educational agency consent to the excusal; and ‘(II) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. ‘(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent’s agreement under clause (i) and consent under clause (ii) shall be in writing.”*

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) if applicable, earning a regular high school diploma
- Reached age 22 and earned Certificate of Achievement or Certificate of Completion and is no longer eligible for special education
- Received 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"/> San Andreas Regional Center (SARC)	
<input type="checkbox"/> California Children's Services (CCS)	
<input type="checkbox"/> Santa Clara County 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:	

Summary Of The Student's Academic
Achievement And Functional Performance

Student's Name _____

Date of Summary ____/____/____

(These accommodations have been documented on IEP)

Recommendations Of Accommodations, Supports And Resources Continued:

<p>Related To Support:</p> <p>____ Check for understanding</p> <p>____ Instructions/directions repeated/rephrased</p> <p>____ Present one task at a time</p> <p>____ Preferential/assigned seating; explain: _____</p> <p>____ Use of assignment notebook or planner</p> <p>____ Provided with progress reports</p> <p>____ Supervision during unstructured time</p> <p>____ Cues/prompts/reminders of rules / procedures</p> <p>____ Offer choices</p> <p>____ Note taking assistance</p> <p>____ Access to computer on campus</p> <p>____ Use of a scribe/word processing</p> <p>____ Use of a calculator</p> <p>____ Peer tutor/ staff assistance in _____</p> <p>____ Prior Behavior Support Plan (BSP)</p> <p>____ Home/job/school communication system; explain: _____</p> <p>____ Other: _____</p> <p>Related to Health Concerns:</p> <p>____ Reminder to take medication(s)</p> <p>____ Medication(s) given under supervision</p> <p>____ Other: _____</p> <p>Presentation of Materials & Instructions</p> <p>____ Books on tape and/or CD</p> <p>____ Assignments/tests modified to address identified needs of learning styles: _____</p> <p>____ Large print</p> <p>____ Closed caption</p> <p>____ English language development materials</p> <p>____ Manipulative/study aids for _____</p> <p>____ Test questions/assignments- given orally</p> <p>____ Tests/assignments directions- read orally</p> <p>____ Tests/assignments- shorten</p> <p>____ Questions on tests/assignments rephrased</p> <p>____ Preview of tests/assignments</p> <p>____ Tests/assignments given in smaller parts</p> <p>____ Visual aids: flash cards, maps, posters, clues, etc.</p> <p>____ Other; explain: _____</p>	<p>Response to Materials & Instruction</p> <p>____ Reduced/shortened tests/assignments/tasks: _____</p> <p>____ Extended time on in-class assignments/tests: _____</p> <p>____ Use of notes for tests/assignments</p> <p>____ Open book for tests/assignments</p> <p>____ Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available</p> <p>____ Special projects or alternate assignments in lieu of assignments given to non-disabled peers</p> <p>____ Use of a calculator</p> <p>____ Proof-reader and redo assignment or writing mechanics not graded</p> <p>____ Other: _____</p> <p>Settings:</p> <p>____ Access to study carrel for task/assignments/tests</p> <p>____ Free from visual distractions</p> <p>____ Quiet environment – free from excessive noise</p> <p>____ In a small group environment</p> <p>____ Other: _____</p> <p>Timing/Scheduling of Tasks/Assignments/tests:</p> <p>____ Extended time(s): _____ minutes for every _____ minutes given to non-disabled peers</p> <p>____ Tests/assignments given in shortened time segments</p> <p>____ Extended time on in-class assignments/tests: _____</p> <p>____ Other: _____</p> <p>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:</p> <p>Name of School District: _____</p> <p>School District's Phone number: _____</p> <p>Title of Contact Person: _____</p> <p>Best if contact is made no later than ____/____/____</p>
--	---

SANTA CLARA COUNTY
IEP TEAM MEMBER INPUT INTO THE DEVELOPMENT OF THE IEP

Date ____ / ____ / ____

Team Member Name: _____ Title: _____

An IEP meeting is scheduled for {INSERT STUDENT NAME} to be held on {INSERT DATE} at {INSERT TIME} at {INSERT LOCATION}. You are welcome to attend, however the parent and LEA representative have agreed that you may be excused from attending. If you decide not to attend your written input is required before the IEP meeting. Please complete and return this form to {INSERT NAME}, LEA Representative by {INSERT DATE}. *(The parent and LEA may agree in writing to excuse a team member when the member's area is a topic, if the member submits input in writing. (Ed. Code 56341(g).)*

If you are not a teacher (general or special education) skip questions 1 - 3 and go to question 4.

1. Present grade in class: _____ (if applicable). Are there any missing assignments or tests?
 No Yes If yes, specify: _____

2. Is the student making progress in the general education curriculum? Yes No
Describe: _____

3. If the student has accommodations or modifications, are they working? Yes No
If no, explain: _____

4. Attendance: _____

5. Is the student making progress on annual goals? Yes No Describe: _____

6. Behavior: Comments: _____

7. Work habits appropriate to student's level:
Follows directions: _____
Stays on task: _____
Works independently: _____

8. Additional Comments: _____

SANTA CLARA COUNTY
CONSENT FOR EXTENSION OF 60-DAY TIMELINE FOR ASSESSMENT

Special Education Local Plan Areas
I, II, III, IV, & VII

The California Education Code and the Individuals with Disabilities Education Act allow for an extension of the timeline to complete a special education assessment in cases where a child moves into a new school district after the time period to conduct the assessment has begun but prior to its completion.

Student's Name: _____ Birthdate: _____ Date: _____

Student's Current Address: _____

Student's Previous Address: _____

Student's Current District of Attendance: _____

Student's Previous District of Attendance: _____

1. Date the signed assessment plan was received by student's previous school district granting parental consent to conduct a special education assessment: _____.
2. Date assessment was required to be completed if student had remained a resident of the previous district _____.
3. Date student began attending new school district: _____.
4. The _____ and the parent of the above-named
(Name of local education agency responsible for assessment)
student agree to extend the timeline for completing the special education assessment to _____.

Signatures below document the mutual agreement of the parent and the district/county office to extend the timeline for completing the special education assessment as specified above:

Parent/Guardian/Surrogate/Adult Student

Date

District/County Office Designated Representative

Title

Date

SANTA CLARA COUNTY
CONSENT FOR EXTENSION OF 60-DAY TIMELINE FOR ASSESSMENT

DIRECTIONS FOR COMPLETING
CONSENT FOR EXTENSION OF 60-DAY TIMELINE FOR ASSESSMENT FORM

This form is to be used in cases where a student moves into a new school district after an assessment plan has been signed by the parent but prior to completion of the assessment and convening of an IEP Team meeting.

If the school district into which the student moves becomes aware that an assessment plan has been signed prior to the move, the new district has the responsibility to immediately contact the former district to obtain information regarding the status of the assessment and to request all relevant assessment documents (i.e. test protocols, student/teacher/parent questionnaires, relevant work samples, behavioral data, etc.)

The form is to be filled out as follows:

- Fill in the Student's Name, Birth date, and Date the form is completed.
 - Fill in the Student's Current Address.
 - Fill in the Student's Previous Address.
 - Fill in the Student's Current District of Attendance
 - Fill in the Student's Previous District of Attendance
1. Fill in the date the signed assessment plan was received by the student's previous district of service.
 2. Fill in the date the assessment was to have been completed if the student had not moved from his/her previous district.
 3. Fill in the date the student began attending school in the new school district
 4. Fill in the name of the school district that will be responsible for completing the assessment. Indicate the date by which the assessment will be completed.

Note: The designated district/county office representative should discuss with the parent a reasonable timeline for completion of the assessment. Factors that should be taken into consideration include: the amount of progress made by the former district in completing the assessment, the need for the student to become acclimated to his/her new school and classroom routines, the number of days that have elapsed since the parent initially provided consent to the assessment.

The designated district/county office representative should sign and date the form. The parent's signature must be obtained on the form indicating the parent's consent to the timeline extension. If the parent declines to agree to an extension of the time to complete the assessment, then the new school district should consider shortening the proposed time period for the assessment and document its efforts to obtain parental consent for the extension. If no agreement can be reached on a timeline extension, then the district should complete the assessment as expeditiously as possible.

**Santa Clara County SELPA's I, II, III, IV, VII
CASEMIS POSTSECONDARY FOLLOW-UP**

Name (from CASEMIS): _____

Address (from CASEMIS): _____

CASIS ID# (from CASEMIS): _____

The State of California requires that we follow up on you one year after graduating or leaving public school. Please respond to the following questions, and return this form in the enclosed envelope.

Thanks!

1. Are you participating in a postsecondary program? If yes, check all that apply:

- None
- Four-year college/university
- Community college
- Vocational or technical school (two year degree program)
- GED program
- Vocational or technical school (Certificated program)
- Regional Occupational programs (ROP) Classes
- Work Force Investment Act (WIA) supported program
- Non-WorkAbility Employment Program
- Adult Training Program
- Military Training
- Incarcerated

2. Are you currently employed? (unsubsidized)

- Yes No Not applicable

**PLEASE RETURN THIS FORM TO THE ATTENTION OF THE SPECIAL
EDUCATION DIRECTOR OF _____ SCHOOL DISTRICT.**

SANTA CLARA COUNTY
REFERRAL FOR SPECIAL EDUCATION AND RELATED SERVICES

Page ____ of ____

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) _____

For District Use Only

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

Received by: _____ Forwarded to: _____

Case Manager: _____

SANTA CLARA COUNTY
NOTICE OF RECEIPT OF REFERRAL FOR SPECIAL EDUCATION ASSESSMENT

Page ____ of ____

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 _____.

**{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