

**SOUTH EAST CONSORTIUM SELPA  
ASSESSMENT PLAN**

Student Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Initial  Annual  Triennial  Transition  Interim  Other Educationally Related Social-Emotional Supports & Services Program

To parent/guardian of \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

District \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Native Language \_\_\_\_\_

English proficiency/CELDLT Level \_\_\_\_\_

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. \*Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

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

I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

I do not consent to the proposed assessment described above.

I would like the following assessment information to be considered by the IEP team \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Parent  Guardian  Surrogate  Adult Student

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature \_\_\_\_\_

Parent  Guardian  Surrogate  Adult Student

Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Comments \_\_\_\_\_

Date Received by District/LEA \_\_\_/\_\_\_/\_\_\_