

**South East SELPA**

**INDIVIDUALIZED EDUCATIONAL PROGRAM**

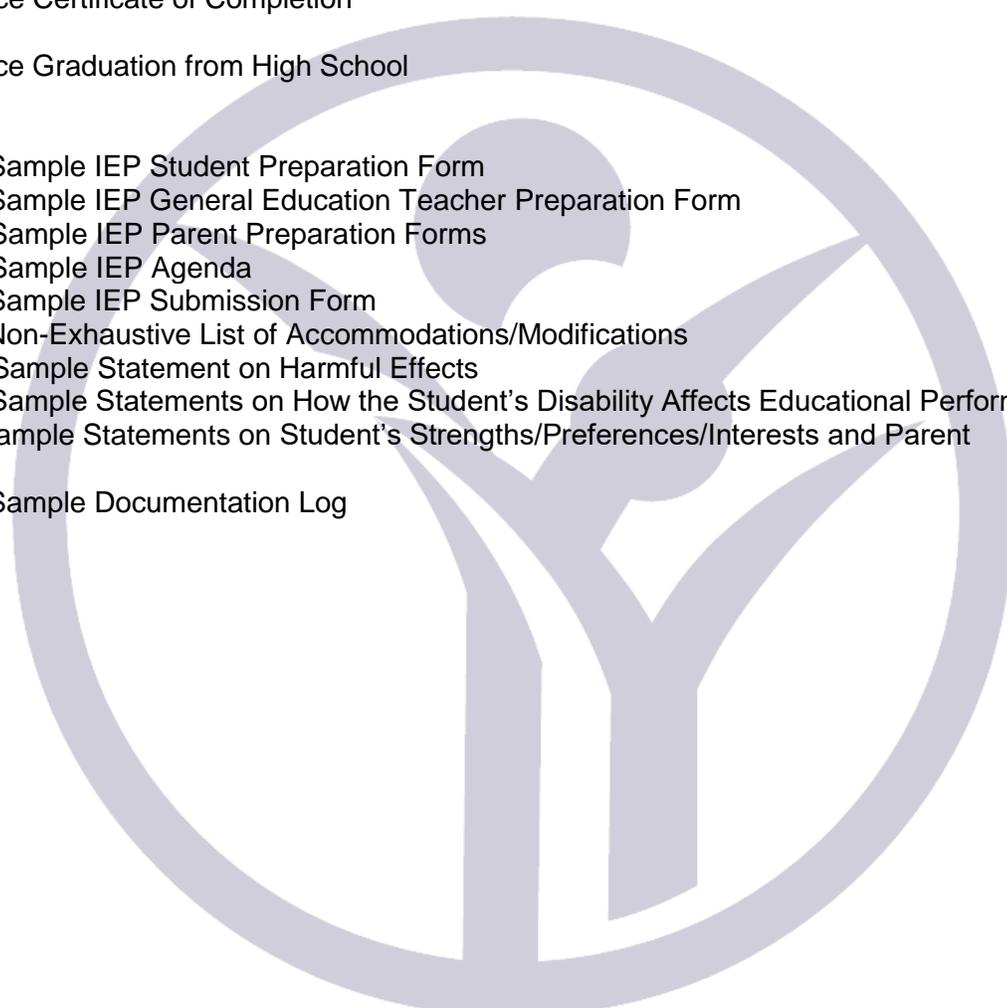
Resource Guide

South East SELPA  
*Making a Difference*

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**FORM 1 – INDIVIDUALIZED EDUCATION PROGRAM –  
INFORMATION/ELIGIBILITY**

1. Student Name: Enter the student last name and first name. This information should be taken from an official document (birth certificate, etc.). Do not use nicknames.
2. Date of Birth: Enter the exact birthdate. This information should be taken from an official document (birth certificate, etc.).
3. IEP Date: Enter date of the current IEP meeting.
4. Next IEP: Enter the next annual IEP date. that will be one year from the present date.
5. Original SpEd Entry Date: Enter the date the student first received special education services. If the student entered the program, left, and then came back several times, use the date of the **first entry** to special education.
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.
    - Transition also means for students who are 16 or older, or who will turn 16 when this IEP is in effect, the IEP team must address needed post-secondary transition services. These services must include the results of age appropriate transition assessments, measurable post-secondary goals related to training/education, employment and independent living skills (as appropriate) and describe the focus of the student's course of study.
  - 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 SELPA.
  - Other
9. Age: The student's age as of the IEP meeting date.
10. Gender: Enter M or F.
11. Grade: Enter the appropriate grade designation.
12. Migrant: Check Yes or No to reflect the student's Migrant status.

Whether or not the student is eligible for participation or is participating in the migrant program. A student is eligible for migrant programs (*PL 97-35*) if the student is required to attend more than one district because the student's parents(s) move across the district or state lines to secure a livelihood in agriculture, fishing, or any other occupation.

13. Native Language: This field was previously known as home language. This is the student's home language or birth language.

14. EL: Check if the student is an English learner or check if the student has been re-designated. (R-FEP)

Whether or not the student is an English learner (EL), this definition includes non English proficient students as well. This refers to a student who's primary or home language is not English and who does not have the clearly developed English language skills of comprehension, speaking, reading, and writing necessary to succeed in the school's regular educational program. The determination of which pupils are EL shall be made in accordance with the procedures specified in *EC §62002*.

15. Interpreter: Check if an interpreter is needed for the IEP meeting.

16. Student ID and SSID: The student ID number is automatically assigned through CASEMIS. The SSID, formerly CSIS, is assigned by the State. Each student must have a SSID. Social Security Number is optional.

All LEAs are responsible for obtaining and maintaining SSIDs for all K–12 public school students enrolled in the district. In addition to all K–12 students, this includes students enrolled in education programs administered through County Offices of Education, charter school students, and preschool-aged students receiving special education services. The district is also responsible for obtaining and maintaining the Statewide Student Identifier (SSID) for district students that are placed in nonpublic, nonsectarian schools (NPS).

17. Residency: This is the student's residential status.

This is the student's living or home status. The student must be identified using one of the residential status categories.

- 10 Parent/family or legal guardian
- 20 Licensed Children's Institution (LCI)
- 30 Foster Family Home (FFH)
- 40 Hospital
- 50 Residential Facility
- 60 Incarcerated Institution
- 71 State Hospital (Use only for students reported by the California Department of Developmental Services)
- 72 Developmental Center (Use only for students reported by the California Department of Developmental Services)
- 75 Homeless
- 90 Other (adult emancipated student living on his/her own)

Make sure that the student is correctly identified under appropriate residential category. An incorrect code could result in loss of or reduced funding.

<p><b>Parent or Legal Guardian</b>: This includes natural or adoptive parents and surrogate parents or other persons or relatives who have legal custody of children.</p>
<p><b>Licensed Children's Institution (LCI)</b>: Licensed Children's Institution is a residential facility which is licensed by the state, or other public agency which has delegated authority by contract with the state to license, to provide nonmedical care to children, including, but not limited to, individuals with exceptional needs. "Licensed Children's Institution." in addition, includes a group home as defined by subdivision (a) of §80001 of Title 22 of the <i>CCR</i>. See <i>EC §56155.5(a)</i> for exclusions.</p>

<p><b>Foster Family Home (FFH):</b> Foster Family Home is a family residence which is licensed by the state, or other public agency which has delegated authority by contract with the state to license, to provide 24-hour nonmedical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. "Foster family home," in addition, includes a small family home as defined in paragraph (6) of subdivision (a) of §1502 of the <i>Health and Safety Code (EC 56155.5(b))</i>.</p>
<p><b>Hospital:</b> A public hospital, state-licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes. (<i>EC 56167(a)</i>). It does not include state hospitals (see below).</p>
<p><b>Residential Facility:</b> A residential facility is a nonsectarian school where a student with exceptional needs resides on a 24-hour basis and receives special education and related services at the school. This includes both public and private facilities. Does not include LCIs.</p>
<p><b>Incarcerated Institution:</b> Individuals with exceptional needs who have been adjudicated by the juvenile court, for placement in a juvenile hall or juvenile home, day center, ranch, or camp, or for individuals with exceptional needs placed in a county community school (<i>EC 56150</i>); includes placement in the California Department of Justice and Rehabilitation, Division of Juvenile Justice (formerly California Youth Authority and California Education Authority) and other public correctional institutions.</p>
<p><b>State Hospital:</b> A state hospital is a residential facility operated by the California Department of Mental Health (DMH). This is not the same as Residential School/Dormitory, Health Institution, or Development Center.</p>
<p><b>Developmental Center:</b> a residential facility providing services to individuals who have been determined by the Department of Developmental Service (DDS) regional centers to require programs, training, care, treatment, and supervision in a structured health facility setting on a 24-hour basis. This is not the same as Residential School/Dormitory, Health Institution, or State Hospital.</p>
<p><b>Homeless:</b> Children and youth who received services under program subgrants funded by the McKinney-Vento program. Include children age 5 or under who are served by the subgrant program. Include children enrolled in a preschool program regardless of whether that program is operated by an LEA, or where the LEA is a partner administratively or financially or has any accountability in serving the children</p>
<p><b>Other:</b> The residential status is known, but does not fit any of the defined categories.</p>

18. 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.

19. District of Residence: This is the student's district of residence.

This may include:

- The district where the student resided
- The district where the parent lived
- The district where the parent resided if the student was placed out-of-home district through IEP process
- The district received student under inter-district transfer
- The district or county office that authorized a charter school unless the charter school has a seven-digit district code
- The district or county office, only for wards of the court if none of the above conditions applied.

20. Residence School: Enter the child's neighborhood school.

21. **Ethnicity & Race:** Refer to the student enrollment data in the site/district MIS system. If this information is not in the site/district MIS system, the LEA is responsible for providing this information.

Ethnicity: Is the student of Hispanic or Latin ethnicity?

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Regardless of ethnicity, complete race information. Race category is indicative of a biological descendant designation often, but not always, reflected in physical traits that distinguish it clearly from other races. Only up to four race categories can be listed.

<b>Race Categories</b>	
Native American:	A Native American is a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
Chinese:	A person having origins in any of the original peoples of China.
Japanese:	A person having origins in any of the original peoples of Japan.
Korean:	A person having origins in any of the original peoples of Korea.
Vietnamese:	A person having origins in any of the original peoples of Vietnam.
Asian Indian:	A person having origins in any of the original peoples of the Indian subcontinent.
Laotian:	A person having origins in any of the original peoples of Laos.
Cambodian:	A person having origins in any of the original peoples of Cambodia.
Hmong:	A person having origins in any of the original peoples of the mountainous regions of Vietnam, Laos, and Thailand.
Other Asian:	A person having origins in any of the original peoples of the other Asian countries not listed above, e.g., Thailand, Indonesia, and Tibet.
Hawaiian:	A person having origins in any of the original peoples of the Hawaiian islands.
Guamanian:	A person having origins in any of the original peoples of the island of Guam.
Samoaan:	A person having origins in any of the original peoples of the Samoan islands.
Tahitian:	A person having origins in any of the original peoples of the Tahitian islands.
Other Pacific Islander:	A person having origins in any of the original peoples of the Polynesian, Micronesian or Melanesian islands except Hawaiian, Samoan, Guamanian or Tahitian islands. (Excludes the Philippine Islands.)
Filipino:	A person having origins in any of the original peoples of the Philippine Islands.
African-American:	A person having origins in any of the black racial groups of Africa.
White:	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, e.g., England, Egypt, Portugal, and Iran.

If a student does not fall into one of these race/ethnic categories, use a category that closely represents their race. If race and ethnicity fields are coded as 900, the student will be multi-ethnic for Federal reporting purposes.

If parents intentionally left race/ethnicity blank on enrollment data, the student will be considered multi-ethnic for Federal reporting purposes.

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 primary or 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 that describes the disability and its impact on school performance or participation in appropriate activities for preschool.

For Initial Placements Only (Ages 3 to 22 only – Do not include infant referral dates)

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. This is required for districts that have been found to be significantly disproportionate by the CDE and optional for other districts. Districts can choose to use up to 15% of IDEA Local Assistance dollars for CEIS. Districts that are found to be significantly disproportionate by CDE must use 15% of IDEA Local Assistance dollars for CEIS. **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). Note: This date can change if a student is found eligible, then exits, and then is re-assessed and found eligible again.
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/disabilities?*
- *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 or the preschool child?*
- *Is the purpose for the meeting identified and clearly defined?*
- *Are all dates accurate and complete?*
- *Is ethnicity and race properly identified, matches CalPads, and accurately completed?*

## FORM 2 (PAGE 1) – TRANSITION PLAN (ITP)

This form must be completed in time to be in effect when the student reaches 16 years of age or sooner if appropriate or will reach 16 years of age before the next annual review.

1. Student was invited: The student is to be invited on the meeting notification form. When the student is invited mark **YES** on the transition page. Keep the documentation of the meeting notification 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 is invited mark **YES**, when it is "not appropriate" mark **N/A**. You should never need to mark **NO**. Keep the documentation of the meeting notification in the student's file.

IDEA 2004 requires that, "to the extent appropriate, with the consent of the parent or a child who has reached the age of majority,...the public agency must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services" (300.321 [b][3]).

3. How the Student Participated in the Process: Describe how the student participated in the process by choosing the best answer. Note: IEP teams may choose more than one option.
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.

Describe what the student is interested in and wants to pursue in areas of education, career and living based on the information you get from the transition assessments. Be sure this is documented on Form 1A.

Transition assessment is the **ongoing process** of collecting data on the individual's needs, preferences, and interests as they relate to the demands of current and future work, education, independent living, and social environments. Age appropriate assessment based on the student's chronological age may need to be adapted for some students so that meaningful data are obtained.

Presence of the following information, as appropriate, in the student's file and a clear link of such information to the student's postsecondary goal(s) would meet the requirements of age appropriate transition assessment.

- State mandated test scores gathered during high school
- Quarterly or semester grades or progress notes throughout high school
- Current psychological assessment data indicating areas of strength and weakness, while documenting the presence of a diagnosed disability
- College entrance exam scores, if applying to 4-year colleges
- Informal interviews with students
- Interest inventories or questionnaires
- Career interest inventory and/or career skill inventory
- An adaptive behavior scale (with a student self-assessment component included)
- Teacher/ employer observations of school or community-based work experiences
- Various student self-assessments.

Best practices would also include assessment information (a) provided by multiple people, (b) regarding student performance in multiple environments, (c) based on naturally occurring experiences, (c) that is understandable, and (d) that was gathered through instruments and methods sensitive to cultural diversity.

5. Student's Postsecondary Goals:

The student's IEP must include appropriate measurable postsecondary goal or goals that cover education or training, employment, and, if appropriate, independent living.

Postsecondary goals refer to those goals that a student hopes to achieve **after** exiting high school. A postsecondary goal is not the process of pursuing or moving toward a desired outcome, but the identification of what the desired outcome will be.

**EXAMPLES**

*Education/Training:*

- *Upon completion of school, I will join the Army.*
- *Upon completion of school, I will enroll in the local Community College.*
- *Upon completion of school, I will learn independent living skills from the Regional Center.*

*Employment:*

- *Upon completion of school, I will work as a mechanic.*
- *Upon completion of school, I will work as a teacher.*
- *Upon completion of school, I will work at the Opportunity Center.*
- *Upon completion of school, I will work in competitive employment.*
- *Upon completion of school, I will work in supported employment.*

*Independent Living*

- *Upon completion of school, I will live on my own.*
- *Upon completion of school, I will live with friends in a home or apartment.*
- *Upon completion of school, I will live on my own with help from my family.*

Make sure the post-secondary goal is linked to an annual goal that will support the skills needed to reach the students post-secondary goals.

Person/agency responsible: Put in the student's name and then whoever else will also be responsible.

Updated Annually: There must be documentation that the postsecondary goals in the IEP are for the current year, and have been updated according to the student's changing strengths, preferences and interests.

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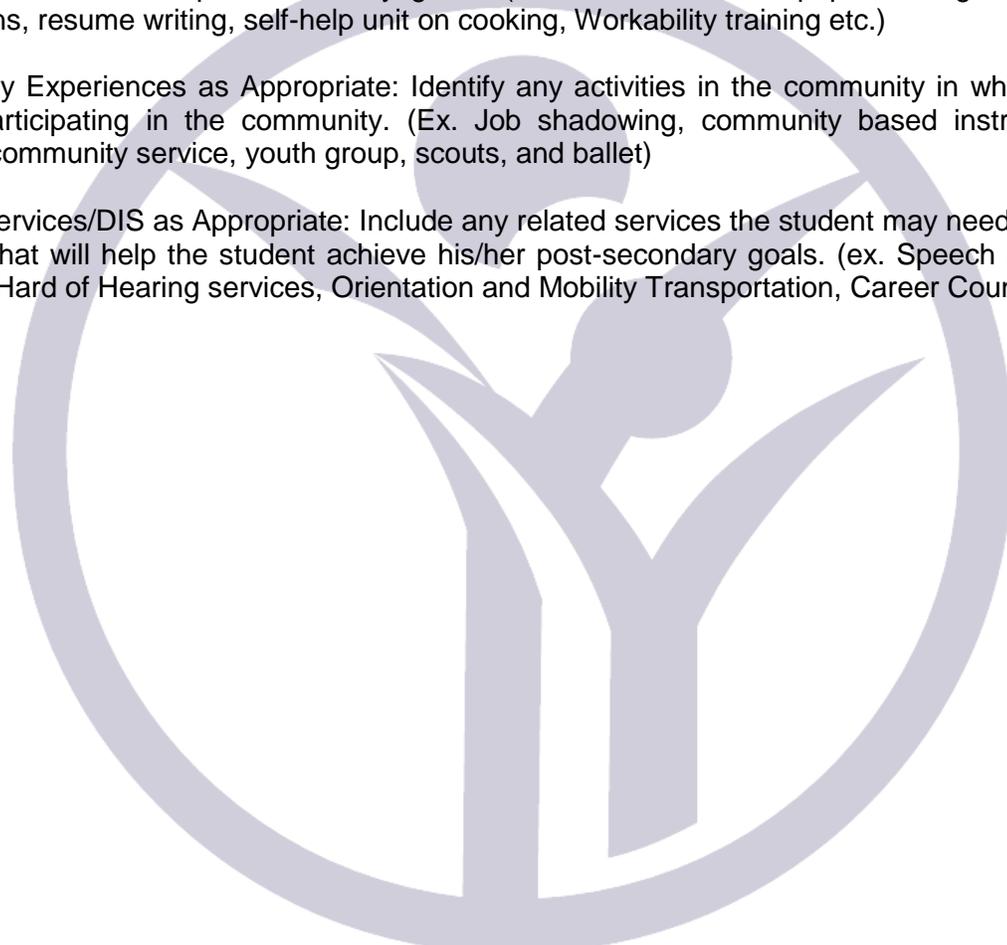
6. Transition Services Codes: Chose an appropriate Transition Service Code that will be used to support the student's post-secondary goal.

820	<b>College Awareness Preparation:</b> College awareness is the result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid.
830	<b>Vocational Assessment, Counseling, Guidance, and Career Assessment:</b> 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. (Title 5 §3051.14).
840	<b>Career Awareness:</b> Transition services include a provision in paragraph (1)(c)(vi), self-advocacy, career planning, and career guidance. This comment also emphasized the need for coordination between this provision and the Perkins Act to ensure that students with disabilities in middle schools will be able to access vocational education funds. (34 CFR-§300.29).
850	<b>Work Experience Education:</b> 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. (34 CFR 300.26)
855	<b>Job Coaching:</b> 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	<b>Mentoring:</b> Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement, and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.
865	<b>Agency Linkages (referral and placement):</b> Service coordination and case management that facilitates the linkage of individualized education programs under this part and individualized family service plans under part C with individualized service plans under multiple Federal and State programs, such as Title I of the Rehabilitation Act of 1973 (vocational rehabilitation), Title XIX of the Social Security Act (Medicaid), and Title XVI of the Social Security Act (supplemental security income). (34 CFR §613).
870	<b>Travel Training (includes mobility training):</b> Orientation and mobility services-- (i) Means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community
890	<b>Other Transition Services:</b> These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and postsecondary agencies.

Transition services are a coordinated set of activities for a student with a disability that:

- Is designed to be within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education; vocational education; integrated employment (including supported employment); continuing and adult education; adult services; independent living or community participation

- Is based on the individual child's needs, taking into account their strengths, preferences, and interests;
  - Includes *instruction, related services, community experiences*, the development of *employment and other post-school adult living objectives* and, when appropriate, acquisition of *daily living skills* and *functional vocational evaluation*.
7. Activities to Support Transition Service: Identify different activities that will be employed to help the student achieve his/her post-secondary goals. (Ex. career research paper, college application, job applications, resume writing, self-help unit on cooking, Workability training etc.)
  8. Community Experiences as Appropriate: Identify any activities in the community in which the student will be participating in the community. (Ex. Job shadowing, community based instruction, service learning, community service, youth group, scouts, and ballet)
  9. Related Services/DIS as Appropriate: Include any related services the student may need based on their disability that will help the student achieve his/her post-secondary goals. (ex. Speech and Language, Deaf and Hard of Hearing services, Orientation and Mobility Transportation, Career Counseling, etc.)



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**FORM 2 (PAGE 2) - TRANSITION PLAN (ITP)**

1. Course of Study: Courses of study are defined as a multi-year description of coursework that explicitly connect to the student's desired post-school goals, from the students' current to anticipated exit year. Transcripts are not considered a course of study unless they also contain the list of future required courses to be completed by the student. Here are options for conveying this information:

The chart below reflects the generic courses with commonly used course titles

Grade 9	Grade 10	Grade 11	Grade 12
English I Social Science (personal growth, geography) Math (Algebra I) Science (Biology) PE Elective	English II Social Science (History) Math (Intermediary Algebra) Science (Physical Science) PE Elective	English III Social Science (American Government) Math (Geometry) Science (Chemistry) Elective Elective	English IV Social Science (Economics) Elective Elective Elective Elective

- Electives are defined as Foreign Language (a language that is not English), Visual/Performing Arts, and Career-Technical Education classes and Regional Occupation Programs/Classes.
- The course of study may also include extracurricular activities that relate to post-secondary goals (yearbook, school newspaper, athletics, student leadership organizations (Future Farmers of America, Future Business Leaders of America, Key Clubs, etc.)

The school transcript suffices for meeting this expectation only if it includes the multi-year course of study. If it only lists the current or past years' classes, grades and credits, it is insufficient for meeting this requirement.

A sample course of study for a certificate bound student may include:

Functional Academics	Domestic Domain	Community Domain	Vocational Domain
<ul style="list-style-type: none"> <li>• Math</li> <li>• English Language Arts</li> <li>• Listening &amp; Speaking</li> </ul>	<ul style="list-style-type: none"> <li>• Grooming &amp; Hygiene</li> <li>• Personal Safety</li> <li>• Life Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Social Behavior</li> <li>• Community Resources</li> <li>• Recreation and Leisure</li> <li>• Communication Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Career Exploration</li> <li>• Work Related Training</li> <li>• Future Living, Working</li> </ul>

Diploma: Attach a form with all diploma coursework presently being completed and all required future coursework that needs to be completed. Be sure to include the names of the specific electives that are being taken and will be taken.

Certificate: Describe the functional areas being worked on currently and future areas to be addressed prior to Exit from school.

2. Units/Credits: 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.
3. Course of Study leads to: The IEP Team indicates by checking which option - a Certificate of Completion or a Diploma – will the courses the student is currently enrolled in lead to a certificate of completion or a diploma.
4. Transfer of Rights: On or before the student's 17<sup>th</sup> birthday, the teacher is to 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 secondary goals 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 students transition services needed?*
- *Was the student invited and involved I 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 3 – 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:** Provide information on student's relative areas of strength in academic areas including non-academic school activities. Provide information about the student's learning preferences and interests.
2. **Parent Concerns Related to Educational Performance:** This information should be discussed at the IEP Team meeting. Ask the parents for concerns about their child's educational performance. Follow-up with parent and document any concerns related to student's educational needs, goals, and/or services.
3. **Test Scores:** Scores reflecting the student's performance on state, district wide and other assessments may be gathered prior to the meeting. Document and review results of the prior year's assessment results including any of the following that apply:
  - California Assessment of Student Performance and Progress (CAASPP) for English/Language Arts and Mathematics
  - California Standards Test (CST) for Science
  - California Modified Assessment (CMA) for Science
  - California Alternate Assessment (CAA)
  - 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. Note the reason for "other", such as parent exemption.**Notes:**
  - Hearing and vision screening results must be within a year of any assessment administered as part of the student's determination for eligibility.
  - Staff must ensure that student passed his/her vision and hearing screenings prior to administering tests to ensure validity and reliability of test results.
  - Student being considered for eligibility under visual impairment, hearing impairment, deafness, blindness, and/or deafness-blindness will not pass vision and/or hearing screenings.
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 this is not an area of concern, *provide a brief and general information about the student's overall functioning in this area.*
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 this is not an area of concern, *provide a brief and general information about the student's overall functioning in this area.*
7. Social/Emotional/Behavioral Development: Describe the student's social/emotional/ behavioral strengths and needs. If this is not an area of concern, *provide a brief and general information about the student's overall functioning in this area.*
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. If this is not an area of concern, *provide a brief and general information about the student's overall functioning in this area.*
10. Health: Describe pertinent medical information that relates to the student's educational progress. If this is not an area of concern, *provide a brief and general information about the student's overall functioning in this area.*
11. Area/s 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. Note: There must be a corresponding goal for every identified area of need.

**\*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?*

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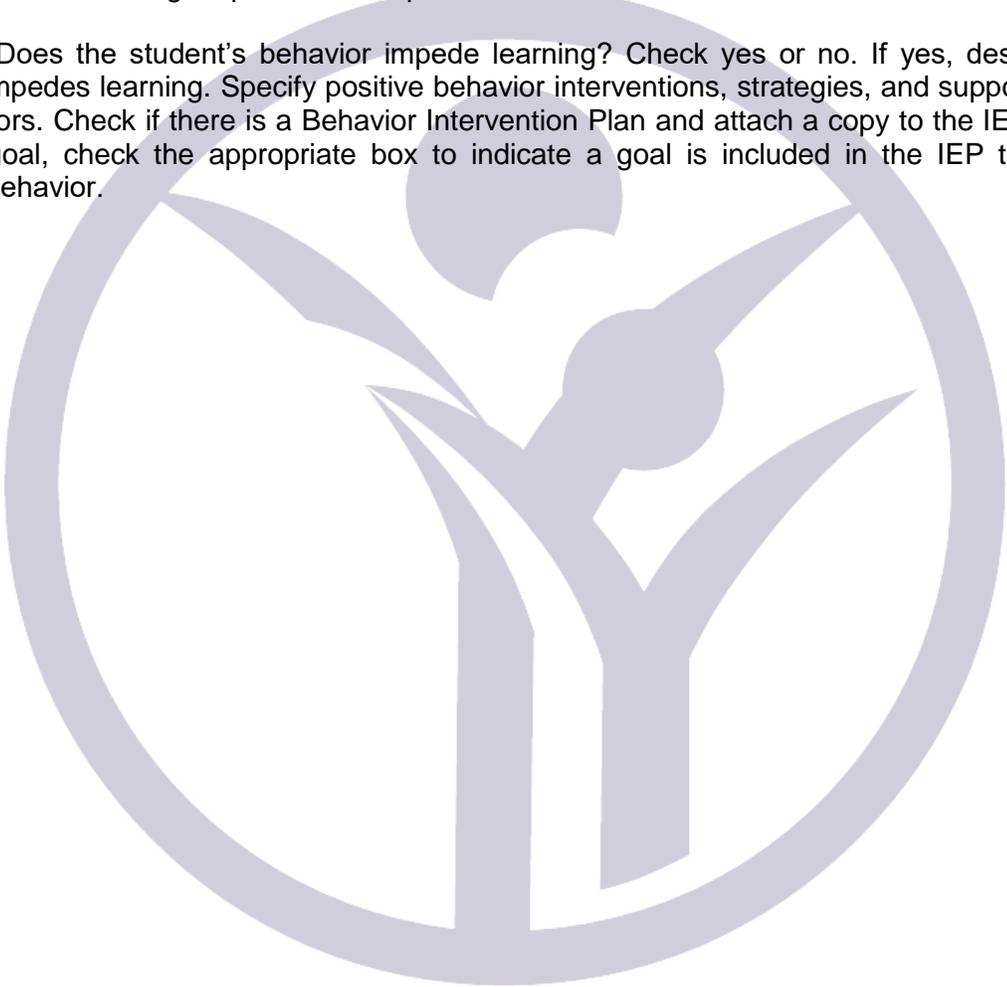
## FORM 4 – SPECIAL FACTORS

1. Assistive Technology: Does the student require assistive technology devices and services or low incidence services, equipment and materials to meet educational goals and objectives? Check yes or no. If yes, specify the type of devices, services, equipment, and/or materials needed.
2. Low Incidence: *This applies only to the students with the following eligibility categories: DB, VI, OI, HH, and Deaf.* Low incidence equipment is indicated only if it is required to meet specific educational needs. Check yes or no. If yes, specify.  
Note: Best practice – assistive technology should be addressed in the Supplemental Aids and Services section and/or in a goal.
3. Blindness or Visual Impairment: Is the student blind or visually impaired? If the student is visually impaired, indicate whether instruction in Braille will be provided, and if not, why? If the student will not be using Braille he/she may use large print text or other modified input. Also include information, as appropriate regarding services and accommodations.
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. Will the student need primary language instruction (preview/review or directions in native language)? If yes, indicate how this support will be provided.  
Note: Primary Language Support" is a support that should be provided to English learners that need a translation in their native language to help them access the curriculum (this would be most English learners that are functioning at a CELDT 3 or below in one or more areas). It is very separate and different from "Language of instruction" or bilingual education/dual immersion. Examples of primary language support would be:
    - Translation of test directions in native language by an interpreter or use of a bilingual dictionary (talking or written)
    - Translation of a new math concept in the native language by an interpreter or bilingual dictionary (talking or written)
  - b. Indicate what the language of instruction will be. It must be English unless the IEP team has designated otherwise.
  - c. 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. A parent may only waive a *structured English immersion classroom (SEI) setting*.
  - d. EL students attend one of three classroom settings: Structured English Immersion (SEI), English language mainstream (ELM), or an Alternative Program (primary language instruction) depending on their CELDT scores or proficiency in English. The IEP team must indicate which classroom setting the student will attend. It is recommended that a student attend an SEI classroom if they score at the beginning or early intermediate level on CELDT or have "less than reasonable fluency" in English.  
  
Structured English Immersion (SEI) - A classroom setting where English learners, who have not yet acquired reasonable fluency in English, as defined by the school district, receive instruction through an English language acquisition process, in which nearly all classroom instruction is in English but with a curriculum and presentation designed for children who are learning the language.  
  
English Language Mainstream (ELM) - A classroom setting for English learners who have acquired reasonable fluency in English, as defined by the school district. In addition to ELD instruction,

English learners continue to receive additional and appropriate educational services in order to recoup any academic deficits that may have been incurred in other areas of the core curriculum as a result of language barriers.

Alternate Program - A language acquisition process in which English learners receive ELD instruction targeted to their English proficiency level and academic subjects are taught in the primary language, as defined by the school district. Placement in an alternative program is triggered by the parents through a parental exception waiver.

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 Intervention Plan and attach a copy to the IEP. If there is a behavior goal, check the appropriate box to indicate a goal is included in the IEP to address the student's behavior.



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## FORM 5 – STATEWIDE ASSESSMENTS

Participation in the California Assessment of Student Performance and Progress (CAASPP): Indicate how the student will participate in CAASPP:

### English Language Arts (3<sup>rd</sup> – 8<sup>th</sup> grade; 11<sup>th</sup> grade)

- Choose “out of testing range” if the student is not between 3<sup>rd</sup> and 8<sup>th</sup> grade or 11<sup>th</sup> grade
- Smarter Balance Assessment Consortium (SBAC)
  - The IEP team determines if the student needs allowable designated supports and/or accommodations.
  - If the student does not need designated supports or accommodations, choose “SBAC without Designated Supports or Accommodations”
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- Alternate Assessment
  - Indicate participation in the alternate assessment if the student has significant cognitive impairment.

### Mathematics (3<sup>rd</sup> – 8<sup>th</sup> grade; 11<sup>th</sup> grade)

- For students 3<sup>rd</sup> grade through 8<sup>th</sup> grade and 11<sup>th</sup> grade
- Smarter Balance Assessment Consortium (SBAC)
  - The IEP team determines if the student needs allowable designated supports and/or accommodations.
  - If the student does not need designated supports or accommodations, choose “SBAC without Designated Supports or Accommodations”
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- Alternate Assessment
  - Indicate participation in the alternate assessment if the student has significant cognitive impairment.

### Science (5<sup>th</sup>, 8<sup>th</sup> and high school only)

- Choose “out of testing range” if the student is in 5<sup>th</sup>, 8<sup>th</sup> or high school
- California Science Test (CAST)
  - If the student does not need designated supports or accommodations, choose “CAST without Designated Supports or Accommodations”
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate supports and/or accommodations.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- Alternate Assessment
  - Indicate participation in the alternate assessment if the student meets the criteria for taking the alternate assessment.
  - If the student does not need designated supports or accommodations, choose, “Alternate Assessment without Designated Supports or Accommodations”
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.

For students taking the Alternate Assessment, the IEP team must review the criteria for taking alternate assessments and check the corresponding box in the IEP document. The team must document the reason why the student is not participating in the SBAC and why participation in alternate assessment is appropriate.

Physical Fitness Test (5<sup>th</sup>, 7<sup>th</sup>, & 9<sup>th</sup> grades only):

- Specify if the student will be taking the Physical Fitness Test with accommodations or modifications.

Other Statewide or District-wide Assessments/Alternate Assessments

- Specify the name of any assessment and accommodations or modifications the student may need to participate in Other State/District-Wide Assessments/Alternative Assessments.

Desired Results Developmental Profile (3- to 5-year old preschoolers)

- If the child will take DRDP, indicate the appropriate adaptations that will allow the student to be accurately assessed in his or her typical environment.

CELDT

- For each area, indicate if the student will be tested with or without accommodations. Specify accommodations for each area tested.

Alternate Assessment to CELDT

- Document the specific area/s for assessment and specify the name of the alternative assessment being used.

Standards Based Test in Spanish (STS)

- For each area, indicate if the student will be tested with or without accommodations. Specify accommodations for each area tested.

**\*Educational Benefit\***

- Has the IEP team addressed all the special consideration 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 the 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 modification, in accordance with state guidelines?
- Are alternate assessments(s), including the reasons, clearly noted and described?
- If a student requires any waivers or exemptions to the CAHSEE, is this clearly documented?

**FORM 6A – ANNUAL GOALS**

*IEP Form 6B is required for students who take the statewide alternate assessment. These students require annual goals AND objectives. Best practice would be to use Form 6B for any students who are working on pre-academic or functional skills.*

1. 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. Reminder: There must be a corresponding goal for every identified area of need.
2. Baseline: Specify the student's baseline performance. The baseline should describe the child's current performance on the skills identified in the goal. The baseline should be a quantifiable description of classroom performance in the specified area. (i.e., reads 20 sight words, writes a simple paragraph of 2-4 sentences, etc.)
3. Measurable Annual Goal #: Enter the number of the annual goal.
4. Standard: First consider standards at the student's chronological grade level. Also consider prerequisite skills, levels of the cognitive domain, accommodations, modifications, and assistive technology. NOTE: If the student is taking CMA there must be a grade level standards based goal for each area where the student is taking the CMA.

5. Annual Goal: Annual goals must be measurable and relate to the baseline data. Goals must include:
  - **WHO – Student**
  - **DOES WHAT - Observable Behavior** – describes what the student will do to complete goal or objective/benchmark: *When given a choice of an activity, “Student” will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
  - **WHEN – By Reporting Date**
  - **GIVEN WHAT - Conditions** – describes the “givens” that will need to be in place for the goal or objective/benchmark to be completed. *When given a choice of an activity, “Student” will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
  - **HOW MUCH - Mastery** – describes the performance accuracy of the behavior needed for the goal and objective/benchmark to be considered mastered. *When given a choice of an activity, “Student” will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
  - **HOW MUCH - Criteria** – describes how many times the behavior must be observed for the goal or objective/benchmark to be considered completed. *When given a choice of an activity, “Student” will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
  - **HOW WILL IT BE MEASURED – Performance Data**
6. Enables the student to be Involved and Progress in the General Curriculum: Select if student is working on the goal written to California content standards.
7. Addressed other Educational Needs Resulting from Disability: Select if the student is working on other educational needs (i.e., behavior, social skills, self-help, etc.).
8. Linguistically Appropriate Goals: To be linguistically appropriate, the goals should align to the student’s assessed level on the CELDT (if appropriate) and the CDE English Language Standards.
9. Secondary Transition Goal: If the goal is related to secondary transition, check the box and then check the appropriate area: Education/Training, Employment, or Independent Living.
10. Progress Reports: Document the date and the summary of the progress.

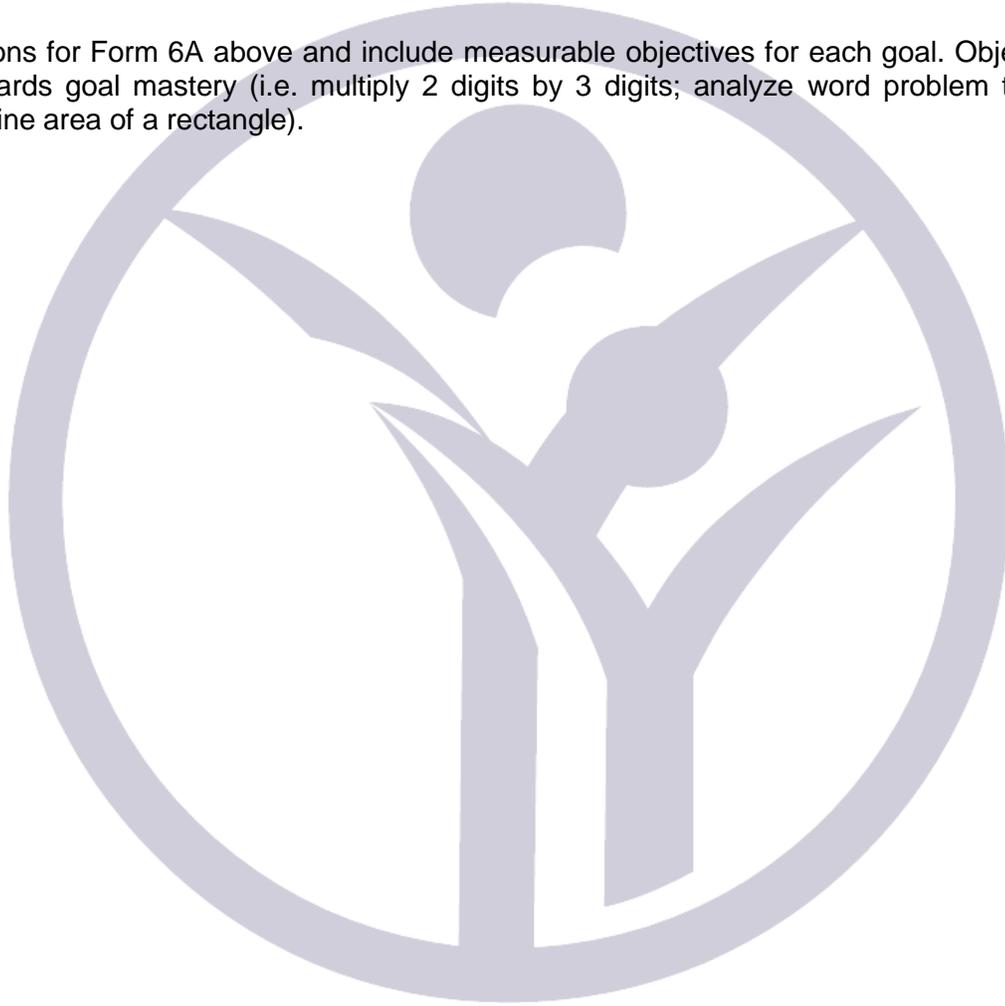
**\*Educational Benefit\***

- 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?

## IEP FORM 6B – ANNUAL GOALS AND OBJECTIVES/BENCHMARKS

Use IEP Form 6A for students who are not taking statewide alternate assessment. 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 6A above and include measurable objectives for each goal. 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).



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## FORM 7A – SERVICES OFFER OF FAPE

*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. 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.

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

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

2. Describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs

Discuss and document potential harmful effects of the identified placement. Potential harmful effects for the IEP team to consider may include the following:

- decreased access to the instructional opportunities available in integrated settings
- decreased access to instructional opportunities with typical peers
- decreased opportunities for appropriate social interactions with typically developing peers
- potential negative impact to student's self-esteem
- limited access to peers in the home community since placement is not located at the student's school of residence

3. Supplementary Aids, Services and Other Supports for Student and/or School Personnel: Delineate the specific supplementary aids and services and/or supports offered for the student and offered for school

Program Accommodations:

- Discuss and document the student's need for program accommodations.
- If the student needs program accommodations, specify accommodations and indicate start and end dates and location.

Accommodations do not fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.

Program Modifications:

- Discuss and document the student’s need for program modifications.
- If the student needs program modifications, specify modifications and indicate start and end dates, frequency, duration, and location.

Modifications fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.

Supports for School Personnel:

- Discuss and document student’s need for supports for school personnel.
- If supports for school personnel are necessary, specify supports and indicate if the supports are for the student of school personnel. Indicate start and end dates, frequency, duration, and location.

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. NOTE: Specialized Academic Instruction (SAI) is the core special education service that most students receive. The duration and frequency for SAI is based on the amount of time the Special Education Specialist/Full Inclusion Specialist is adapting curriculum and/or working with the student. SAI is not based on the amount of time a general education teacher may spend adapting curriculum for a student. SAI is a service not a location. 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. <u>Such as the use of an one-on-one instructional assistant.</u>
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.
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.  Note: Mark residential services as "Daily" in "Frequency" and 1,440 minutes under "Duration" as the service is by its nature provided 24/7. Any other mental health service received (i.e. counseling, behavioral intervention, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service.

### Coding for Residential Placements

When students are placed in residential placements by the IEP team it is critical that the IEP reflect this type of placement. Refer to example below

IEP/CASEMIS Field	Code	Description
Residential Status	50	Residential Facility
Federal School Setting	460	Residential Facility
Service/s	330	Specialized Academic Instruction
	540	Day Treatment Services
	545	Residential Treatment Services
	865	Case Management
		Other Related Services as appropriate
Provider	100	District of Service (or)
	410	Nonpublic school (NPS) under contract with SELPA or

		district (
Service Location	360	Residential Facility (or)
	550	Public Residential School

### **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	Reader 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.
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***Transition Services***

820	College Awareness Preparation	College awareness is the result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid.
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 that can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance.
860	Mentoring	Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.
865	Agency linkages (referral and placement)	Service coordination and case management that facilitates the linkage of individualized education programs.
870	Travel Training (includes mobility training)	Orientation and mobility services means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community
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. (Note: This code should be used with caution and only when appropriate)
900	Other Special Education/ Related Services	Any other specialized service required for a student with a disability to receive educational benefit. (Note: Review all other service codes and contact the SELPA before using this code.)

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

6. **Provider:** Indicate the provider of special education and/or related services. These codes are used to indicate the student's services' provider.

<b>Code</b>	<b>Service Provider</b>
100	District of service
110	County office of education
120	SELPA
130	Another district, county, or SELPA
200	WorkAbility
210	Transition Partnership Program (TPP)
220	Regional Center
230	Alcohol and drug prevention programs
240	Child development funded program
250	Head Start
300	California Department of Mental Health (DMH)
310	California Children's Services (CCS)
320	California Department of Social Services (DSS)
330	California Department of Rehabilitation (DOR)
340	Employment Development Department (EDD)
400	Nonpublic agency (NPA) under contract with SELPA or district
410	Nonpublic school (NPS) under contract with SELPA or district
500	Other public program
600	Other private program

7. **Frequency:** Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.
8. **Duration:** Indicate duration of service and the number of times per frequency.
9. **Location:** Select the location of where the service is provided to the student from the following:

<b>Code</b>	<b>Service Location</b>
210	Home, instruction based on IEP team determination (not medical)
220	Hospital
310	Head Start program
320	Child development or child care 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 classroom in public integrated facility - Includes students receiving special education "pullout" 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)

Code	Service Location
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 Special Education Division)
850	Private residential school (not certified by Special Education Division)
860	Parochial school
890	Service provider location
900	Any other location or setting

10. 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. door to door, wheel chair bus, etc.). Contact your Special Education Department to obtain information and clarification on transportation as a related service for students with disabilities.

11. 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. An explicitly defined rationale must be included in determining whether a student does or does not need ESY. Attaching the ESY form provides this rationale. If the ESY form is not attached a written description must be contained in the text box following “Rationale”.

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 7B – EDUCATIONAL SETTING  
OFFER OF FAPE**

1. Physical Education: Check the type of physical education, if applicable.
- General Physical Education: Movement activities are provided by the general PE teacher and may include accommodations, adaptations, or modifications, which are made by the general PE teacher.
  - Specially Designed Physical Education: Physical education programming, for a special education class, that requires minimal or limited adaptations, accommodations, or modifications, and is taught by the person, general or special educator, who normally teaches physical education for this population.

Note: Adapted physical education is a physical education program for children with disabilities who have needs that cannot be solely met in general or specially designed physical education. APE must be indicated on the special education and related services section of the IEP.

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: Indicate the type of school where student receives the majority of instructional services:

Code	School Type
00	No School (ages 0–5 only)
10	Public Day School: Day schools operated or administered by a public agency to provide instruction in general education. This includes schools listed in the <i>California Public Schools Directory</i> published by the CDE. This category does not include residential school or other types of schools listed under this Field.
11	Public Residential School: Schools operated or administered by a public agency to provide instruction in general education, where students reside at the same location. This category does not include any other types of schools listed under this Field.
15	Special Education Center or Facility: A separate school operated by an LEA for students with disabilities. ( <i>USC 1412(a) (5) (A)</i> )
19	Other Public School or Facility: (Such as a store-front transition program) Any other setting where an LEA may provide special education services, including community facilities, off-campus classrooms, etc. ( <i>EC 56361(g), USC 1401(29)(A)</i> )
20	Continuation School: Continuation schools primarily serve students 16 through 18 years old by providing individualized instruction and flexible scheduling to meet individual graduation needs, while allowing students to comply with the compulsory part-time attendance laws. It also is mandated to provide guidance, placement, and follow-up services to students. ( <i>EC 48400-48454, CAC Title 5 §11000-11010</i> ).
22	Alternative Work Education Center/Work Study Program: An alternative program to teach basic academic skills, with emphasis on the improvement of student motivation for achievement in order to obtain employment or to return to regular high school. Center will operate on a clinical, client-centered basis, and provide classroom instruction, on-the-job training, career counseling, and placement services. ( <i>EC 52900</i> ). The center may also provide appropriate educational services to school dropouts through recruitment or referral. These services may include: instruction in basic academic skills, motivation, employment, or re-entry orientation. The goal is to transition to public school, diploma equivalency program, vocational program, military or other service program, or postsecondary education. In addition, a program administered by the Student Aid Commission to provide an opportunity for college students to earn money while gaining experience in educationally beneficial or career-related employment. ( <i>EC 69951</i> ).

Code	School Type
24	Independent Study: An alternative to classroom instruction consistent with a school district's course of study. This is an instructional strategy (not a categorical program) that responds to an individual's needs and styles of learning. ( <i>EC 46300(3), 51745-51749.5, CCR Title 5 §11700-11703</i> ).
30	Juvenile Court School: An alternative program that serves the educational needs of students who are under the protection or authority of the Juvenile Court or local school district. The County Office of Education provides for the education programs in juvenile ranches, camps, and schools, as well as juvenile halls. Students are placed in juvenile court schools when referred by the juvenile court or a deputy probation officer. These programs seek to transition the students back to an appropriate educational, training, and/or employment setting upon release or after the court terminates jurisdiction. ( <i>W&amp;IC §202 et seq., EC §1980 et seq.</i> ).
31	Community School: An alternative program that serves the educational needs of students. The County Office of Education provides for the education programs in community schools. Students are placed in community schools when expelled from school, or referred by a School Attendance Review Board (SARB). These programs seek to transition the students back to an appropriate educational, training, and/or employment setting. This also includes district operated community schools.
32	Correctional Institution or Incarceration Facility: It is an institution run by the California Department of Corrections and Rehabilitation, Division of Juvenile Justice, or any other public agency where an individual is detained for infraction with the law and where educational classes provide instruction in civic, vocational, literacy, health, homemaking, technical, and general education.
40	Home Instruction (based on IEP team determination): An alternative to classroom instruction. An IEP team decision states and certifies that the student's diagnosed condition prevents him/her from attending a school setting. Instruction may be delivered individually, in small groups, or by teleclass. ( <i>Title V, §3051.4</i> ).
45	Hospital Facility: A public hospital, state licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes. ( <i>EC 56167-56168</i> ).
50	Community College: This includes specialized services and educational programs offered by the postsecondary community colleges for students over high school age in academics, reading and mathematics labs, and vocational, career, and community development skills.
51	Adult Education Program: This includes programs, such as, parenting, basic education, high school diploma, English as a second language, citizenship, short-term vocational programs, older adults, adults with disabilities, home economics education, and health and safety in order to provide or improve the skills of adults.
55	Charter School (Operated by a LEA/District/COE): Charter schools that are deemed to be a public school within the district/SELPA participate in either the same manner as other schools within the district or as described in a memorandum of understanding.
56	Charter School (Operated as a LEA/District): Charter schools that are deemed a local educational agency for the purpose of special education must participate in an approved special education local plan (SELPA) as a LEA. ( <i>EC 56195.1 §(a),(b), or (c) (20 USC 1400 et seq., EC 47641 (a), AB 1115, Chapter 78, Statutes of 1999</i> ).
61	Head Start Program: A part-day comprehensive child development program for children 3–5 years of age from low-income families. Services are provided in this program through four components: education, social services, parent involvement, and health. Head Start is mandated to make a minimum of 10% of its enrollment opportunities available for preschool age children with disabilities.
62	Child Development or Child Care Facility: Any residence or building, or part thereof, in which child care and development services are provided. The facility must be licensed by the California Department of Social Services.
63	State Preschool Program: Part-day comprehensive developmental programs for children 3-5 years of age from low-income families. The programs include educational development, health services, parent education and participation, program evaluation, and staff development.

Code	School Type
64	Private Preschool: A preschool program operated by a private agency, that provides basic supervision, age appropriate activities, nutrition, and parent education for preschool children ages 3–5.
65	Extended Day Care: An extended school day program that provides educational activities that are appropriate to the ages of the students and that capture the students' interests and needs. (EC 58752).
70	Nonpublic Day School: A nonpublic, nonsectarian day school (under the Field <i>SCH_TYPE</i> ) that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one special educator, and is certified by the CDE (EC 56034).
71/ 72 (out - side CA)	Nonpublic Residential School: A nonpublic, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one special educator, and is certified by the CDE. This school provides an educational program at the same location where the student resides (often a licensed children's institution). (EC 56034).
75	Private Day School (not certified by Special Education Division): A school, sectarian or nonsectarian, which is not administered by a public agency and does not provide special education services. Students attending this school do not reside at the school premises. Services are provided through an ISP, in accordance with district policy for serving students in private schools.
76	Private Residential School (not certified by Special Education Division): A school, sectarian or nonsectarian, which is not administered by a public agency, and does not provide special education and services. The student resides at this school, although private residential schools may provide a combination of residential and day programs. The status of a student (whether day or residential) will depend on where the student resides. Services are provided through an ISP, in accordance with district policy for serving students in private schools.
79	Nonpublic: Agency A private, nonsectarian establishment or individual that is certified by the CDE that provides related services necessary for an individual with exceptional needs to benefit educationally from the pupils' educational program pursuant to an individualized education program. It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency; an affiliate of a state or local agency; including a private, nonprofit corporation established or operated by a state or local agency, a public university or college; or a public hospital. The nonpublic, nonsectarian agency shall also meet standards as prescribed by the State Superintendent of Public Instruction and State Board of Education.
80	Parochial School: A school that is affiliated with or run by a religious organization.

5. Federal School 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.

Code	Federal Program Setting
400	Regular Classroom/Public Day School: A program setting that includes at least 50% non-disabled children. Select if the student attends classes on a general education school campus regardless of the type of program
450	Separate School: This is a setting where children receive all special education and related services in educational programs for greater than fifty percent of the school day in public or private day schools specifically for children with disabilities.
460	Residential Facility: Public and private residential facilities where students reside during the school week and receive special education and related services for greater than 50% of the school day. Do not include children who receive special education programs at the facility but do not live there.

Code	Federal Program Setting
470	Homebound/Hospital: This setting is where students receive special education programs and related services in homebound/hospital environment. Do not include children with disabilities whose parents have opted to home-school them and who receive special education at the public expense.
480	Correctional Facility: This setting includes students who received special education programs in correctional facilities. These data are intended to be a count of all children receiving special education in short-term detention facilities (community-based or residential), or correctional facilities.
490	Parentally Placed in Private School: This setting is where students have been enrolled by parents or guardians in regular, parochial, or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan. Include children whose parents chose to home-school, but who receive special education and related services at public expense. Do not include children placed in private schools by the LEA.
500	Home schooled per IEP/Independent study charter school/Virtual charter school: This setting is where via the IEP process the student is home schooled or enrolled in an independent charter or virtual charter 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.*

Code	Preschool Setting Categories
400	Regular Early Childhood Program or Kindergarten: more than ten hours per week, majority of special education services provided in the regular early childhood program or kindergarten. A program setting that includes at least 50% to 69% nondisabled children. Early childhood programs include, but are not limited to: <ul style="list-style-type: none"> <li>• Head Start</li> <li>• Kindergarten</li> <li>• Reverse mainstream classrooms</li> <li>• Private preschools</li> <li>• Preschool classes offered to an eligible pre-kindergarten population by the public school system</li> <li>• Group childcare</li> </ul>
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. A program setting that includes at least 70% nondisabled children. Early childhood programs include, but are not limited to: <ul style="list-style-type: none"> <li>• Head Start</li> <li>• Kindergarten</li> <li>• Reverse mainstream classrooms</li> <li>• Private preschools</li> <li>• Preschool classes offered to an eligible pre-kindergarten population by the public school system, and group childcare</li> </ul>
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.

Code	Preschool Setting Categories
440	Separate Class: In this setting the student attends a special education program in a class with less than 50% nondisabled children.
450	Separate School: This is a placement setting where children receive all special education programs in public or private day schools designed specifically for children with disabilities.
460	Residential Facility: This is where children receive all special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.
470	Home: This is the setting when children receive all special education and related services in the principal residence of the child's family or caregivers.
475	Service Provider Location: This is the setting when children receive all special education and related services from a service provider, and child did not attend an early childhood program or special education program provided in a separate class, separate school, or residential facility. For example, speech instruction provided in: <ul style="list-style-type: none"> <li>• Private clinician's office</li> <li>• Clinician's offices located in school buildings</li> <li>• Hospital facilities on an outpatient basis</li> <li>• Libraries and other public locations</li> </ul>

7. All Special Education Services Provided at Student's School of Residence: Check yes or no to the question "all special education services provided at the student's school of residence." If the team determines "no," rationale must be documented.
8. Percentage of Time Outside and In Class & Extracurricular & Non Academic Activities: Document the percentage of time the student is **outside** the regular environment and document percentage of time the student is **in** the regular education environment. Consider the full day including lunch, recess, passing periods, etc.
9. Student Will Not Participate in the Regular Class & Extracurricular & Non Academic Activities: Document the regular education environments where the student will not participate with typically developing peers: Provide rationale for non-participation.
10. Other Agency Services: Note other agency services the child is receiving.
11. 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.
12. 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.
13. 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.
14. 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, 8<sup>th</sup>-9<sup>th</sup> grade, etc.?*
- *If appropriate, is the graduation plan identified for students Grade 8 or higher?*

### **FORMS 8A & 8B – 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(s)/guardian/surrogate/adult student 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(s)/guardian/surrogate/adult student 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?** When in the "Future IEP" be sure to uncheck the box prior to the IEP meeting. During the IEP meeting, check the appropriate box. This is a required CASEMIS data field. One of the boxes must be checked. Note: you need to ask this question annually, and the parent needs to check the box. No response does not mean "we forgot to ask". If the parent(s)/guardian/surrogate/adult student checks "no", then the team needs to agree on a plan to address the issue in the coming year.
7. Parent(s)/guardian/surrogate/adult student received a copy of the assessment report if applicable. Check this box if the parent(s)/guardian/surrogate/adult student received a copy of the assessment report.
8. Parent(s)/guardian/surrogate/adult student received a copy of the IEP.
9. **Signature:** Have parent(s)/guardian/surrogate/adult student sign and date.
10. **Public Benefits:** If parent/guardian/surrogate/adult student agrees to authorize district access to health insurance benefits provided by Medi-Cal.
11. **Students Enrolled in Private Schools by Their Parents:** If the student is enrolled in private school by his/her parent(s)/guardian/surrogate/adult student, check the box and develop a Services Plan, if appropriate.

**Note: Form 8A is used by the District/LEA/SELPA with Medi-Cal signatures.  
Form 8B is used by the District/LEA/SELPA without Medi-Cal signatures.**

### **\*Educational Benefit Reminder\***

- *Did all IEP Meeting participants sign and date, if required?*
- *Do the parent(s)/guardian/surrogate/adult student 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?*
- *Are all required notifications marked for compliance?*

### **FORM 9 – IEP TEAM MEETING NOTES**

#### Things to Consider:

- IEP notes are mandated when they add required content too complicated for the form
- IEP notes are helpful where they document compliance with mandatory procedures

#### Best Practices:

- Write notes contemporaneously with what is stated during the meeting. When a due process hearing is either pending or inevitable, take copious notes of what was said during the meeting.
- Document IEP team member participation or lack thereof: Include an IEP team member's recommendations, questions, consent and disagreement
- Document the school district's efforts to encourage participation – Especially important when the school district is trying to include a reluctant parent in the IEP discussion
- If other portions of the IEP document (i.e., special education and related services section) do not provide sufficient detail concerning the school district's offer and/or may not be easily understood by a parent, the IEP meeting comments should provide clarification.
- Proofread the IEP meeting comments to ensure that what is written is consistent with the other portions of the IEP.

#### What is *NOT* or *MAY NOT* be Required to be Included in IEP Meeting Notes:

- If a particular methodology is not necessary for a student to receive a FAPE, then it does not need to be addressed in the IEP. If methodology is an essential part of the student's program, it does need to be discussed and incorporated in the student's IEP.
- School districts are not required to document in the IEP the particular qualifications of teachers and staff. Document the qualifications of teachers and/or staff where necessary to demonstrate the IEP meets the unique needs of the student.
- Do not include in the IEP meeting comments information found in another portion of the IEP. Write more detailed comments in order to show compliance with the procedural requirements (such as parent participation, the IEP was not predetermined and prior written notice) or when the matter is contentious and/or may become a potential due process case.

#### Important Notes on Parent Refusal and/or Disagreement:

- If a parent refuses to consent to the IEP, document in the IEP meeting comments the reason for the refusal if stated and any attempts made to address the parent's concerns.
- Document the parent's disagreement by attaching the parent's written disagreement to the IEP document (either written during or after the IEP meeting); and/or writing the parent's disagreement into the IEP meeting notes.
- Even if the parent refuses to sign IEP, the district should ask the parent to sign the IEP to indicate attendance at the meeting, but not agreement.
- If the student's parent wants to leave the IEP meeting before it is completed, encourage the parent to stay. If the parent refuses to do so, the IEP team may continue to meet but document the efforts made to persuade parent to stay and note time parent left.

**\*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 10 – 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(s)/guardian/surrogate/adult student 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(s)/guardian/surrogate/adult student 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)/guardian/surrogate/adult student and district agree that a meeting is not needed
- Attach this form to current IEP after getting signature from parent(s)/guardian/surrogate/adult student.
- Districts need to designate who can serve as the LEA representative. LEA representative is authorized to approve the amendments.
- Parent(s)/guardian/surrogate/adult student will receive a copy of the IEP with the amendments incorporated. The box at the bottom of the page will be initialed by the parent, etc. to indicate they have received this amendment.

**\*Educational Benefit Reminder\***

- *Is the amendment clear?*
- *Do the parent(s)/guardian/surrogate/adult student 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?*
- *Is there documentation to indicate that the parent has received the copy of the IEP with the amendments incorporated?*

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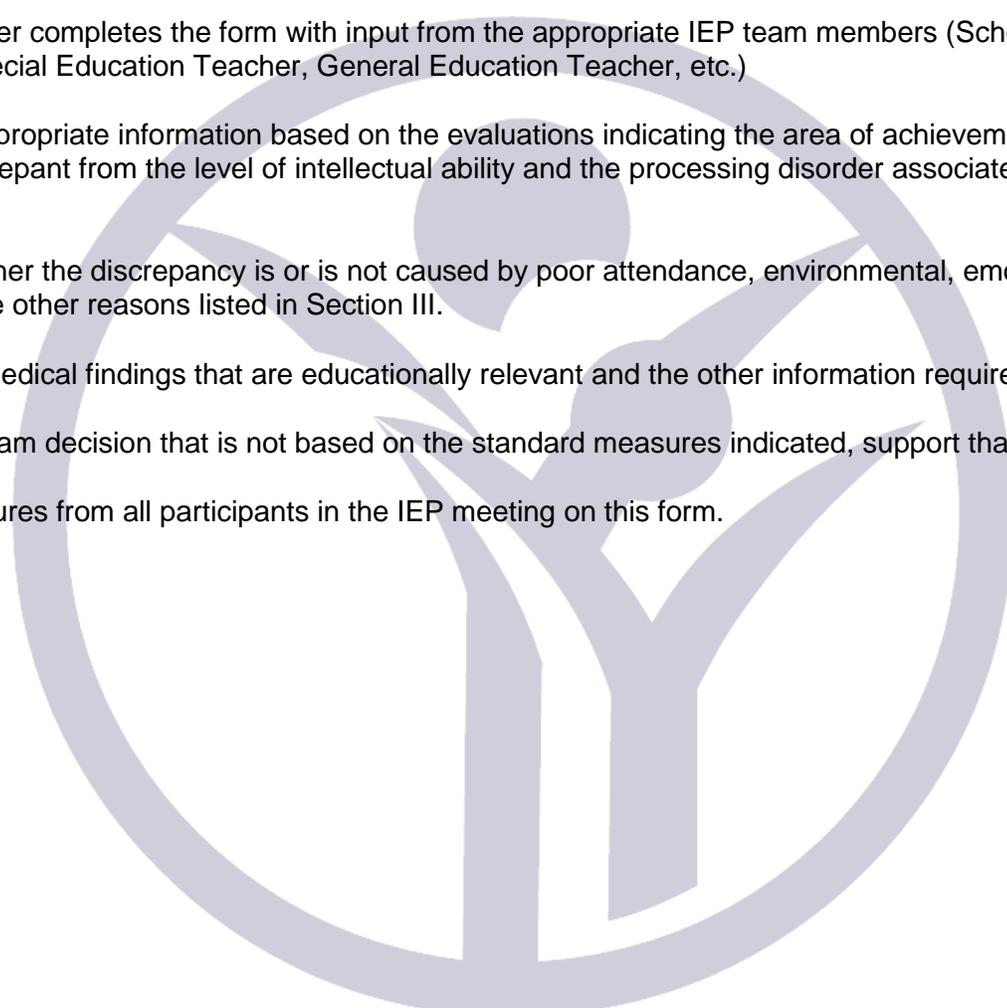
## FORM 11A SPECIFIC LEARNING DISABILITY – DETERMINATION OF ELIGIBILITY

*This form documents the requirements for identifying a student as having a “specific learning disability” (SLD).*

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.



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**FORM 11B SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT  
IEP TEAM CERTIFICATION**

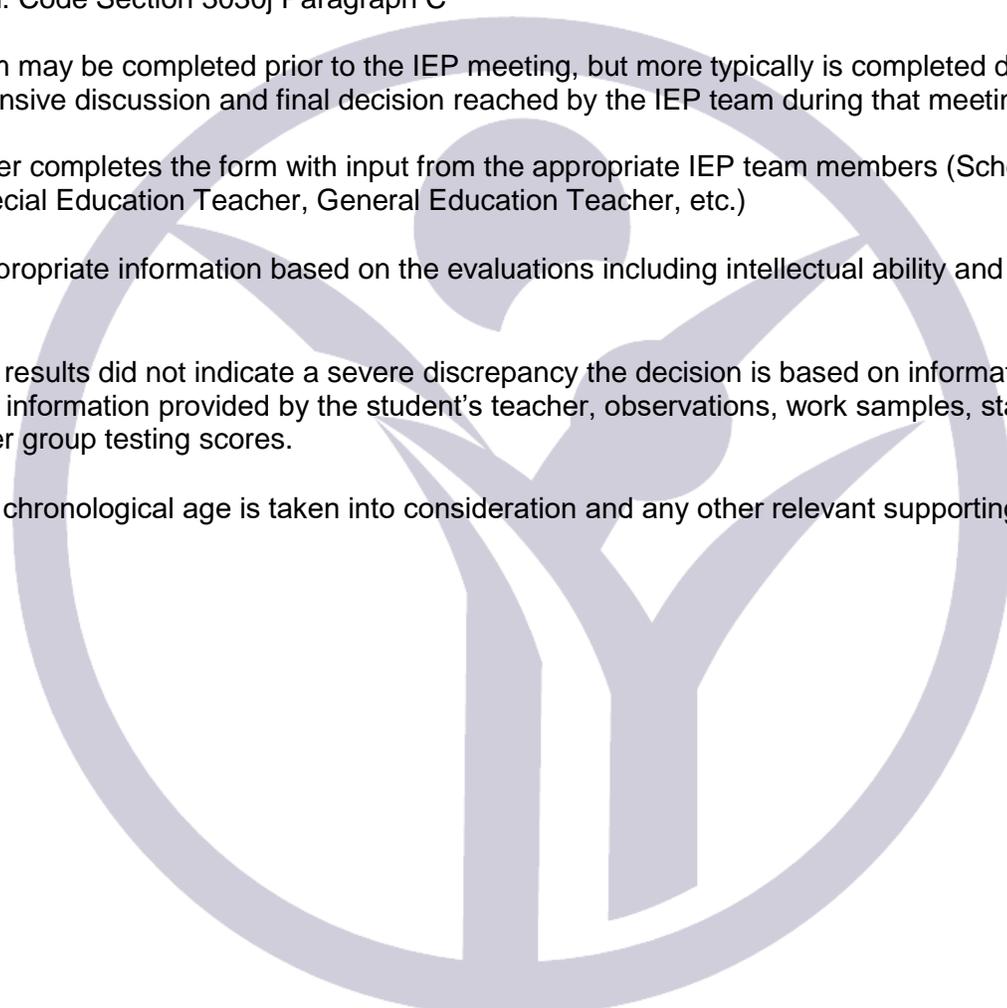
*This form documents the presence of a specific learning disability in instances when the student's standardized testing results do not exhibit a severe discrepancy between ability and achievement.*

Legal Citation: 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.



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## FORM 21 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.

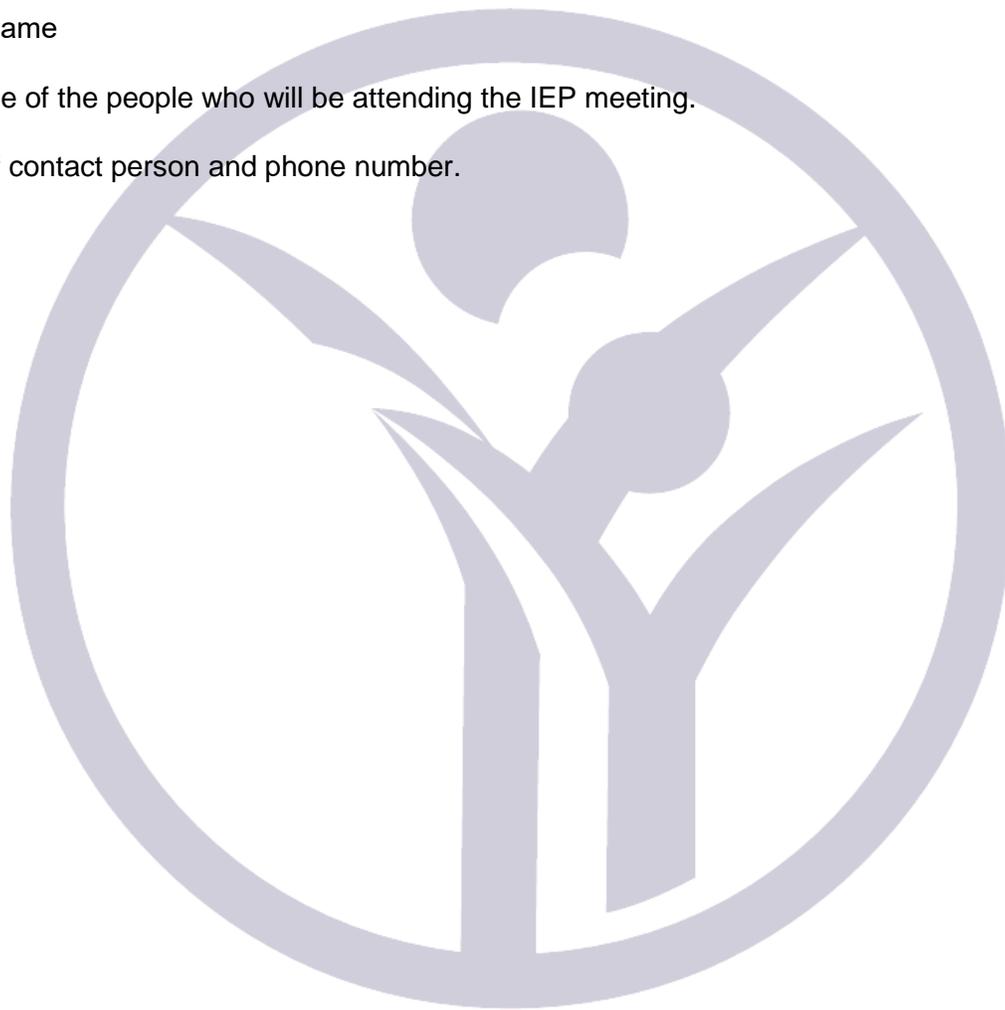
Note: The bottom part of the form "For District Use Only" is helps keep track of the assessment timelines.

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## FORM 22 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.



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## FORM 23A ASSESSMENT PLAN

The assessment plan is to be completed by the assessment team and approved by the parent(s), guardian, surrogate, or adult student 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. There are two versions of the Assessment Plan Form. Form 23A includes the Medical statement authorizing billing, appropriate parent signature and receipt of written notification.

NOTE: For initial assessments, Some SELPAs use a *Prior Written Notice* Form 24.

Demographic information to be included when completing the Assessment form includes:

1. Student Name: Enter the student last name and first name.
2. Date of Birth: Enter the exact birthdate.
3. Date: Enter date the form was created and sent to parent/guardian/surrogate/adult student.
4. 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.  
Transition also means for students who are 16 or older, or who will turn 16 when this IEP is in effect, the IEP team must address needed post-secondary transition services. These services must include the results of age appropriate transition assessments, measurable post-secondary goals related to training/education, employment and independent living skills (as appropriate) and describe the focus of the student's course of study.
  - Interim means if the child has an IEP and transfers into a district from another SELPA.
  - Other
5. Parent/Guardian Information: Enter the name of the parent/guardian/surrogate.
6. District: This is the student's district of residence.
7. School: Enter the child's neighborhood school.
8. Grade: Enter the appropriate grade designation.
9. Native Language: This field was previously known as home language. This is the student's home language or birth language.
10. English Proficiency/CELDT Level: Enter the appropriate level of English proficiency based on the scores obtained through CELDT testing.

"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.

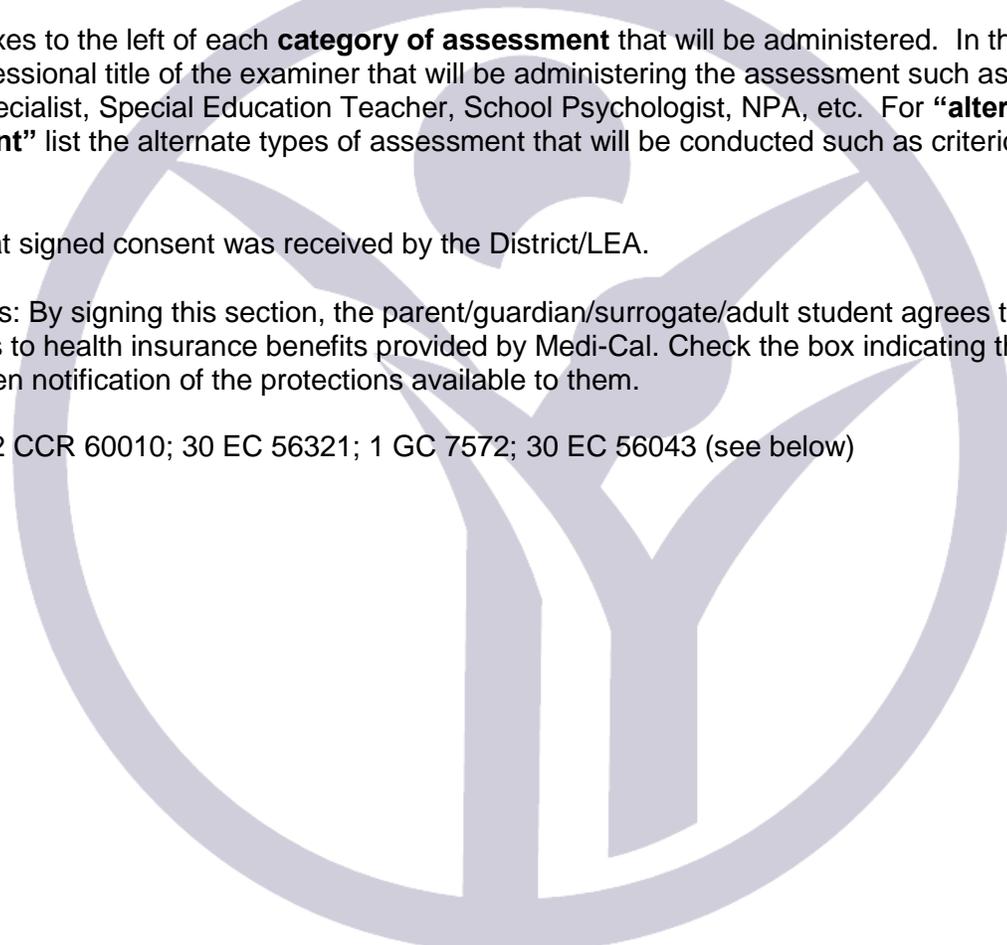
"**Assessment plan**" means a written statement that delineates how a pupil will be evaluated and meets the

requirements of Section 56321 of the Education Code.

*Note: An assessment plan must be completed and signed and agreed to by the parent(s), guardian, surrogate, or adult student 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 by the District/LEA.
- Public Benefits: By signing this section, the parent/guardian/surrogate/adult student agrees to authorize district access to health insurance benefits provided by Medi-Cal. Check the box indicating the parent has received written notification of the protections available to them.

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



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**FORM 23B ASSESSMENT PLAN  
WITHOUT MEDICAL SIGNATURE**

*The assessment plan is to be completed by the assessment team and approved by the parent(s), guardian, surrogate, or adult student 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. Form 23B is the second of the two versions of the Assessment Plan Form. Form 23B does not include any Medical information. All requirements of Form 23A in regards to assessment plan procedures are also required and included in Form 23B*



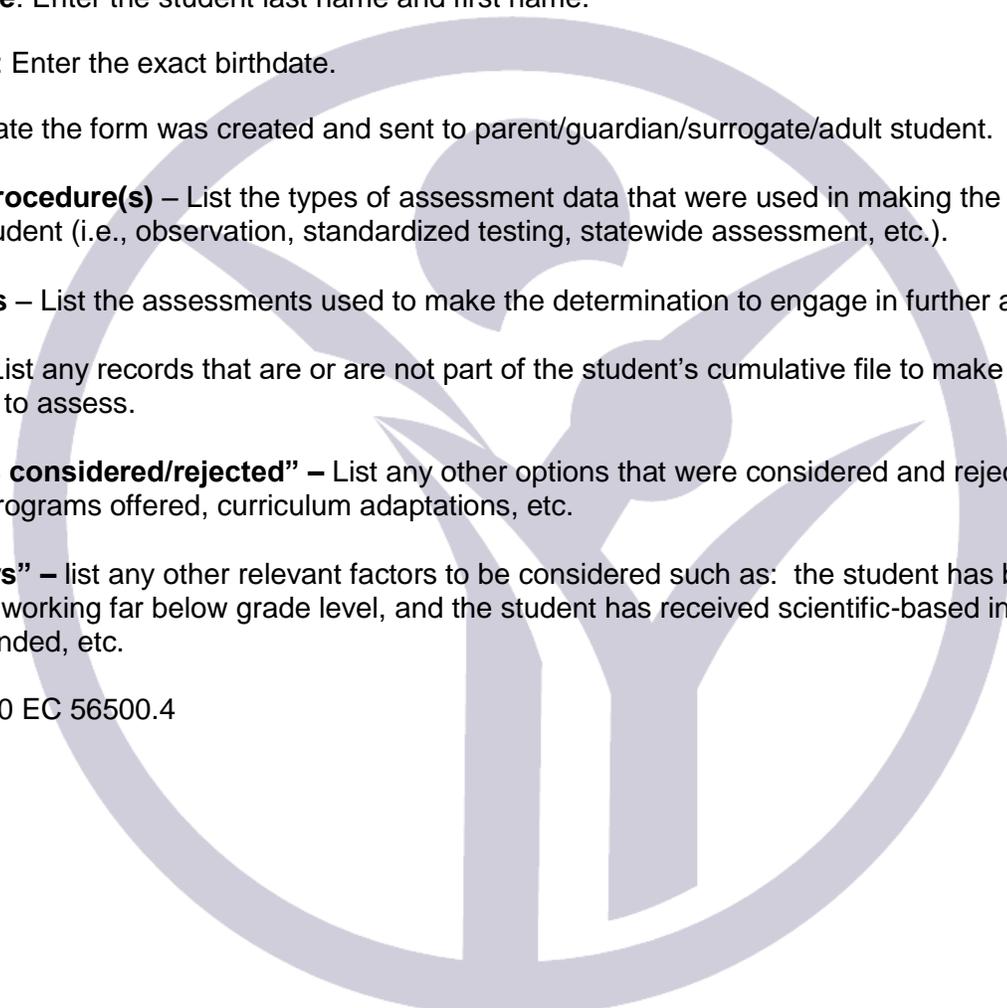
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## FORM 24 PRIOR WRITTEN NOTICE FOR INITIAL ASSESSMENT

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

- **Student Name:** Enter the student last name and first name.
- **Date of Birth:** Enter the exact birthdate.
- **Date:** Enter date the form was created and sent to parent/guardian/surrogate/adult student.
- **Evaluation procedure(s)** – List the types of assessment data that were used in making the decision to assess the student (i.e., observation, standardized testing, statewide assessment, etc.).
- **Assessments** – List the assessments used to make the determination to engage in further assessment
- **Record(s)** – List any records that are or are not part of the student’s cumulative file to make the determination to assess.
- **“Alternatives considered/rejected”** – List any other options that were considered and rejected such as intervention programs offered, curriculum adaptations, etc.
- **“Other factors”** – list any other relevant factors to be considered such as: the student has been retained, the student is working far below grade level, and the student has received scientific-based intervention and has not responded, etc.

Legal Citations: 30 EC 56500.4



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## FORM 25A INDIVIDUALIZED EDUCATION PROGRAM - NOTICE OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

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

**Type of Meeting:** Check the box to indicate what type of meeting is being proposed.

Example: Initial, Annual, Transition etc.

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

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

**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 23A 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 audiotape the meeting, they must give 24-hour notice and the school would be taping also. The notice in paragraph (a) of 34 CFR Section 345 also allows a District/LEA to inform parents that they may bring other people to the meeting that have specific knowledge of their child or expertise about the child's disability.

**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

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## FORM 25B INDIVIDUALIZED EDUCATION PROGRAM - NOTICE OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

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

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

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

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

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

**Anticipated Team Members:** Check appropriate boxes next to the district title indicating the IEP team members that may attend the meeting. **NOTE:** This gives the parents notice that if they wish to audiotape the meeting, they must give 24-hour notice and the school would be taping also. The notice in paragraph (a) of 34 CFR Section 345 also allows a District/LEA to inform parents that they may bring other people to the meeting that have specific knowledge of their child or expertise about the child's disability.

**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.

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## FORM 26 MANIFESTATION DETERMINATION

*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. It is recommended that the IEP team also include information for their determination that would come from any other 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:

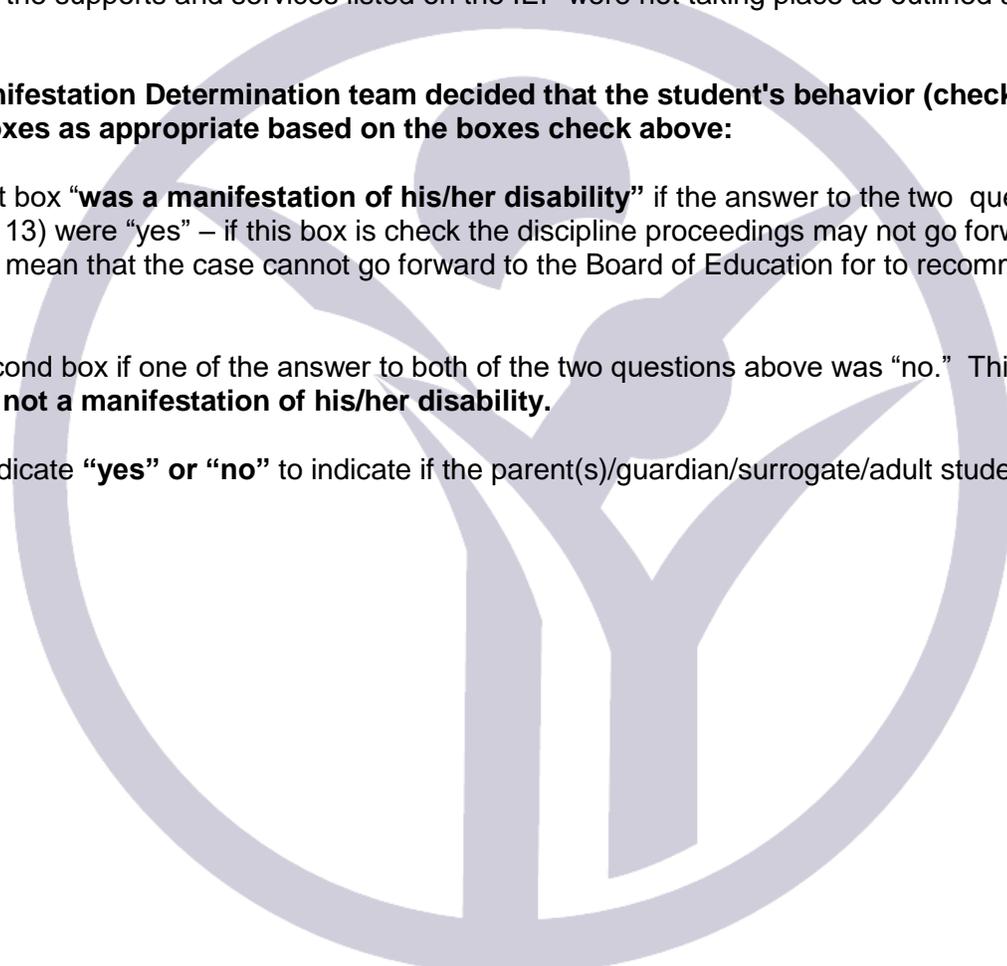
- **Evaluation and diagnostic results** – Check this box if formal assessment results helped the team to make the decision regarding whether or not the behavior was a manifestation of the student’s disability. List the specific evaluations/dates used).
- **Observations** – Check this box if student observation 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(s)/guardian/surrogate/adult student agreed with the findings



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## FORM 27 (Page 1) SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

*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.*

Legal Citation: IDEA 2004 §Sec. 300.305(e) (3).

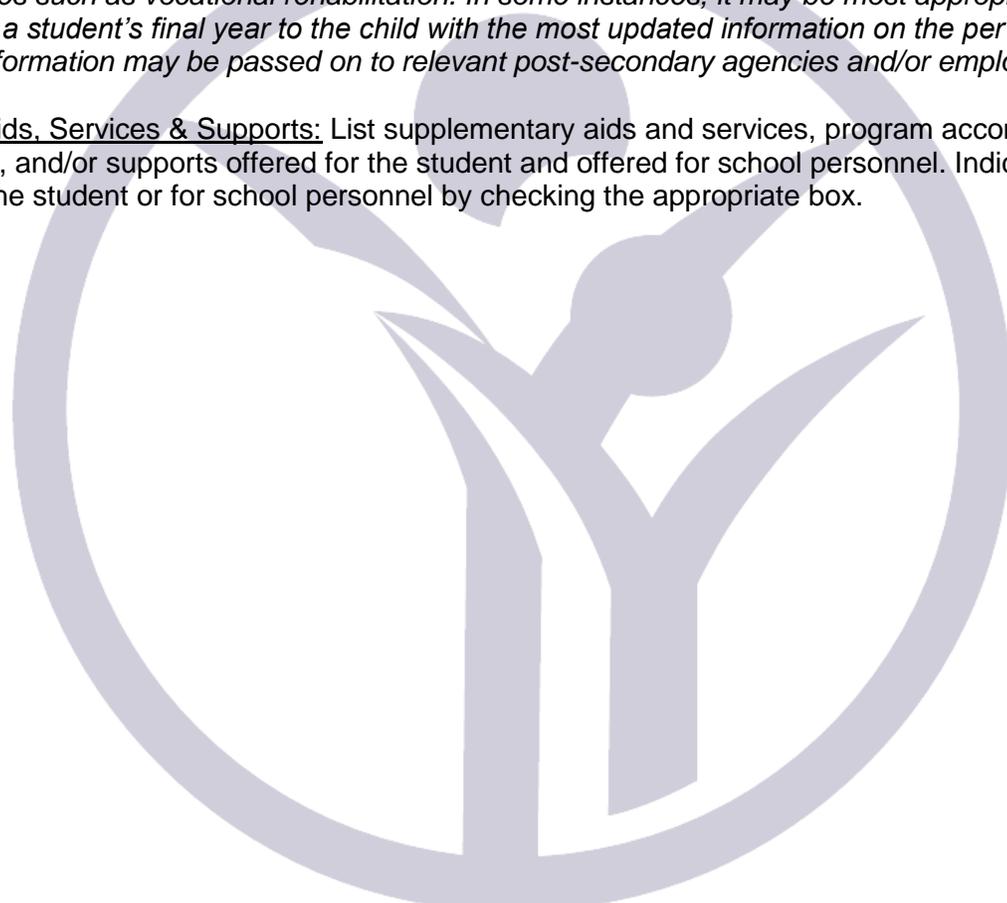
- **Student Name:** Indicate the name of the student
- **D.O.B.:** List the exact date (Month/Day/Year) of birth
- **Summary Date:** List the exact date (Month/Day/Year) that the SOP was completed.
- **Date of Initial IEP:** Indicate the exact date (Month/Day/Year) of student's initial IEP.
- **Date of Most Recent IEP:** Indicate the exact date (Month/Day/Year) of student's most recent IEP.
- **Disability(ies):** List student's disability(ies).
- **Native Language:** List student's native language.
- **If Student Is ELL, List Services Provided To Assist the Student:** List the English Language Development services provided to the student per their most recent IEP.
- **SOP Completed By:** Indicate the name of the person who completed the student's SOP form.
- **Social Media Accounts:** List possible accounts to reach the student privately.
- **Cell Phone:** List student's cell phone contact number.
- **Email Address:** Indicate the student's contact email address
- **Reason for Exit:** Indicate the one reason allowing the student to exit.
- **Strengths/Interests/Learning Preferences:** Provide information about the student's strengths, interests and learning preferences.
- **Pre-Academic/Academic/Functional Skills:** Indicate student's academic present levels including grade level, standard scores, strengths and needs.
- **Cognitive Abilities:** Indicate student's cognitive present levels.
- **Communication Skills:** Indicate student's communication performance.
- **Motor Skills (Fine/Gross):** Indicate student's motor performance.
- **Health:** Indicate student's health status/condition
- **Social/Emotional/Behavioral:** Indicate student's social-emotional and behavioral performance.
- **Self-Help/Adaptive:** Indicate student's self-help and adaptive skills.
- **Student's Postsecondary Goal:** List the student's postsecondary goal(s).
- **If Employment is the Primary Goal, Student's Top Three Job Interests:** List the student's top three job interests.
- **Recommendations to Assist the Student in Meeting Postsecondary Goals:** Include suggestions for accommodations, assistive devices and/or services, compensatory strategies, and/or collateral support services to enhance access in the areas of higher education or career-technical education, employment, independent living, and/or community participation. Only complete those areas relevant to the student's postsecondary goals identified in the Individual Transition Plan [ITP] portion of the IEP.
- **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.
- **Contact Information:** Indicate district name, phone number, title of district contact person, and date when contact can be 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 27 (Page 2) SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (SOP)**

*For a child whose eligibility terminates due to aging out or receipt of a diploma, the district/LEA must provide the child with a SOP, which shall include recommendations on how to assist the child in meeting the child's post-secondary goals. 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 the child with the most updated information on the performance of the so that this information may be passed on to relevant post-secondary agencies and/or employers.*

Supplementary Aids, Services & Supports: List supplementary aids and services, program accommodations and modifications, and/or supports offered for the student and offered for school personnel. Indicate if the supports are for the student or for school personnel by checking the appropriate box.



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## FORM 28 NOTICE OF ACTION/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.*

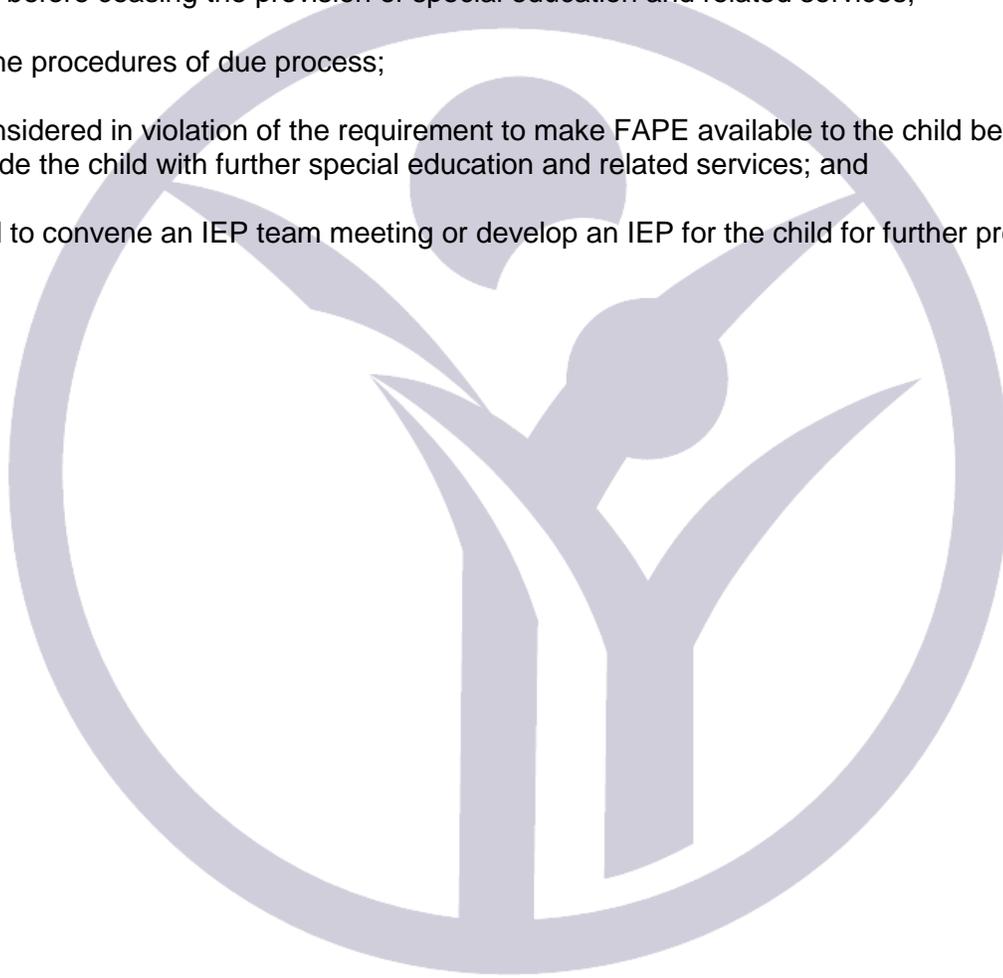
- Fill out student name, date of birth, and date of notice.
- Indicate the purpose/s of the Notice of Action (Prior Written Notice): Identification, Evaluation, Educational Placement, Provision of FAPE, and/or Other. Specify purpose when indicating Other.
- Action/s Proposed:
  - Briefly describe the action/s proposed.
  - Note the specific reason/s for the action/s proposed.
  - Document the procedures that the district used in making the determination for the action/s refused.
  - Indicate the date the proposed actions will be implemented.
- Action/s Refused:
  - Briefly describe the action/s refused
  - Note the specific reason/s for the action/s refused.
  - Document the procedures that the district used in making the determination for the action/s refused.
- Other Options Considered: 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

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**FORM 29 (Pages 1 & 2) 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.



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## FORM 30 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 of which the Service Plan was held.
5. **Parent / Guardian/Surrogate Names**: Enter the name(s) of the parent(s), guardian(s) or surrogate.
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), guardian(s), surrogate or the adult student 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), guardian(s), surrogate or the adult student 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(s), guardian(s), surrogate or the adult student** \_\_\_\_\_ have the parent/guardian/surrogate or adult student 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.
21. **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)
22. **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

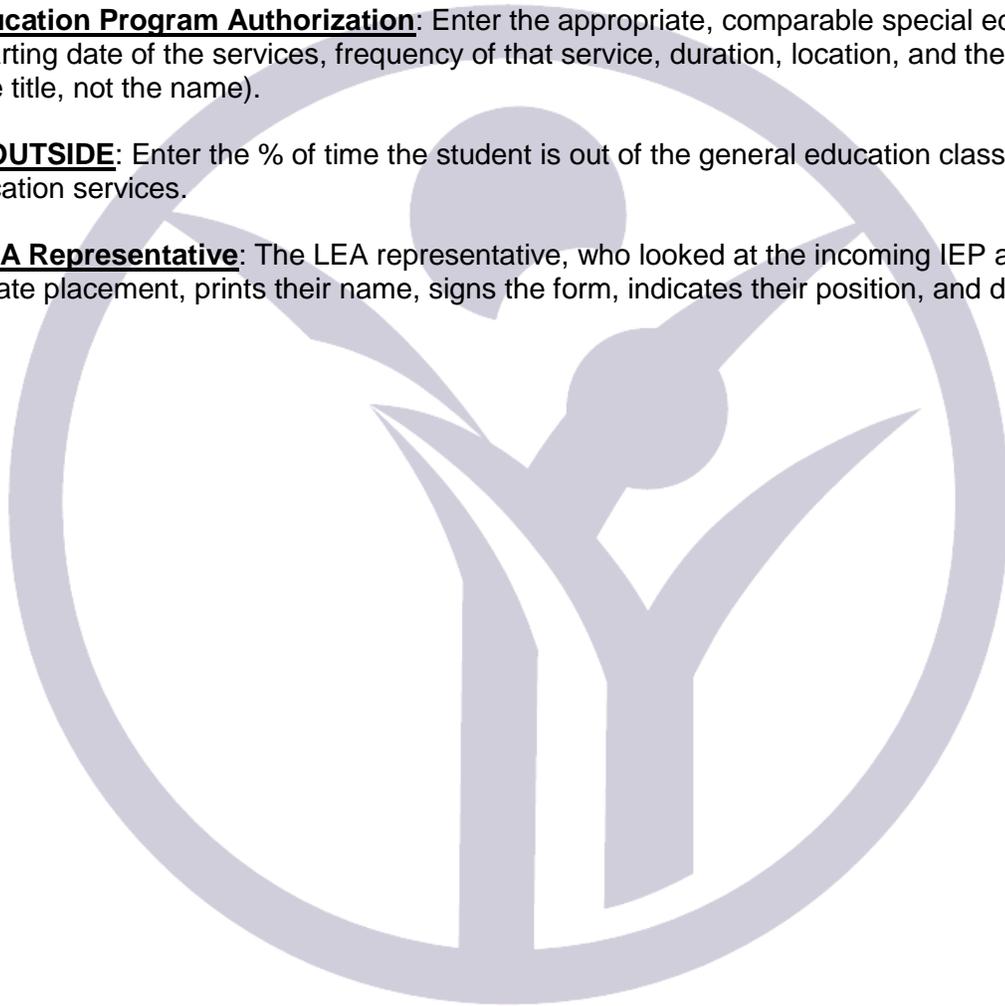
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## FORM 31 INTERIM SPECIAL EDUCATION SERVICES

*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**: Enter the student's birth date.
3. **Age**: The student's age as of the meeting date.
4. **Grade**: Enter the student's current grade.
5. **Gender**: Enter the student's gender (M or F).
6. **School of Attendance**: Enter the child's neighborhood school.
7. **School of Residence**: This is the student's district of residence.
8. **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. door to door, wheel chair bus, etc.)
9. **Parent**: Enter the parent / guardian/surrogate name.
10. **Home Phone**: Enter the parent's / guardian's home phone number, if known.
11. **Cell Phone**: Enter the parent's / guardian's cell number, if known
12. **Address**: Enter the parents / guardian's home address, city and zip code.
13. **Native Language**: Enter the student's home language or birth language.
14. **EL**: Check if the student is an English Learner and whether or not they have been re-designated.
15. **Redesignated**: Check the appropriate box indicating if the student has or has not been re-designated. (R-FEP)
16. **Ethnicity**: Enter the student's ethnicity as it has been entered on the school enrollment form for the school.
17. **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.
18. **Indicate Disability**: Check the appropriate disability as reflected on the IEP from the sending SELPA.
19. **Special Education Entry Date**: Enter the date the student first received special education services, including IFSP (0-3 infant services).
20. **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.
21. **Triennial Date**: Enter the date when the next triennial evaluation is due to be completed.
22. **Last Placement**: Enter the name of the School / District / County where the student was last enrolled.

23. **Phone:** Enter the phone number of the student's last school.
24. **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.
25. **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).
26. **% of Time OUTSIDE:** Enter the % of time the student is out of the general education classroom receiving special education services.
27. **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.



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## FORM 32 IEP TEAM MEMBER EXCUSAL FORM

*This form is to be used when the LEA is requesting the parent or guardian to excuse a required IEP team member from an IEP in whole or in part. Separate columns and check boxes have been added to clearly identify the area of curriculum or related service not being discussed as well as the submission of written input provided to the parent/guardian/surrogate or adult student for the area of curriculum or related services of the missing IEP Team member.*

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/Surrogate or Adult Student Signature:** The parent/guardian/surrogate or adult student must sign a date this form and identify in the check box their relationship to the student 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.

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## FORM 33 TRIENNIAL REEVALUATION DETERMINATION

This form is to be completed prior to each triennial IEP in order to document the LEA's process for determining if further assessment is needed to inform the IEP Team at a triennial IEP meeting (See 30 EC 56381). Remember, parent/guardian/surrogate or adult student input regarding whether or not further assessment is required.

Indicate the student's name, date of birth, date of form/ date form sent out, school (current school of attendance), date of determination (date triennial reevaluation need was determined), the due date of the NEXT triennial IEP, and the student's case manager as indicated in SEIS.

The LEA should check **all** four boxes:

- Existing assessment data has been reviewed, including assessments provided by the parents
- Current classroom based assessments have been reviewed
- Teacher and related service providers observations have been reviewed
- Parent/guardian/surrogate or adult student input has been reviewed and considered

Mark "Yes" if it is determined that some level of formal assessment is needed (even if it is only academic, or another area). If the answer is "Yes" mark the appropriate boxes below this section to indicate exactly what types of formal assessment will be completed.

Mark "No" if the IEP has determined that no additional formal assessment will be completed in any domain, to include academics.

Lastly, if the "Yes" box was checked and it was determined that additional assessment was needed, indicate why by checking the appropriate boxes.

Likewise, if the "No" box was checked that indicated no additional formal assessment was needed write a brief statement as to why (for example, "it is deemed that current, appropriate assessment data is available to inform the IEP Team regarding the educational or related service needs, including approved academic achievement and functional performance, of the pupil").

NOTE: There is no requirement in state or federal law or regulation to obtain a parent/guardian/surrogate or adult student's signature to substantiate the above process was followed; however, it is recommended the LEA's do so in order to document the parent/guardian/surrogate or adult student participated in the process.

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## FORM 34 (Pages 1 & 2) EXTENDED SCHOOL YEAR (ESY) ELIGIBILITY WORKSHEET

The ESY worksheet was formally adopted by the Forms Committee in February, 2013 as an optional form in order to assist IEP Teams when making Extended School Year (ESY) determinations. The worksheet is to describe and properly document the recoupment and regression that determines the need for ESY.

Definitions: Explains exactly what ESY is and how/why it is determined to be needed by the student. This section also provides the definition for Rate of Recoupment and Regression and Recoupment in order for the IEP to completely discuss the needs of the student.

Question Section: Each of the questions 1 through 5 must be discussed and determined to be "Yes" or "No" for each item.

Question 1: The IEP Team must determine if the student is unable to regain skills in the same manner and timeline as their general education peers. If the student is not able to regain skills in such a manner the IEP Team must identify the area(s) in which the student does not make progress in a manner similar to his/her peers.

Question 2: This question documents the loss of skills a student exhibits during short breaks throughout the school year which may determine the need for ESY services. If a student shows a loss of skills during a short break the IEP Team must identify the area(s) which is affected.

Question 3: This question identifies essential skills or crucial areas of improvement a student is achieving that would otherwise be lost should the student have a lengthy break of service. The IEP Team is to identify the skills or areas that would be adversely affected should the student have a significant break in service.

Question 4: This question summarizes the above information indicating the loss of skills that would occur without ESY services.

Question 5: This question documents the relationship between the student's disabling condition and the need for ESY services.

Should any of the 5 Questions receive a "Yes" answer, Page 2 of the Worksheet must be completed.

Page 2 of the ESY Worksheet describes in more detail the need for services. The IEP committee is responsible for ensuring that a student receives a free appropriate public education (FAPE), and must determine the special education and related services necessary to meet the student's unique needs. This section provides this justification.

Failing to master IEP goals does not automatically make a student eligible for ESY services

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### **FORM 35 PRIOR WRITTEN NOTICE FOR CERTIFICATE OF COMPLETION**

This form is provided to inform parents and/or adult student prior to the district initiating to change the educational placement or provision of a free appropriate public education based on the criteria of completing their high school requirements for a Certificate of Completion.

The form describes requirements mandated of a Prior Written Notice. The form is an optional form.

- Fill out date letter is being sent to parent and/or adult student.
- Fill in the name of the student within each paragraph.
- Enter the date of the last IEP that describe the last agreed upon offer of FAPE and the date this IEP will conclude.
- In the final paragraph, print the name of district contact person should the parent and/or adult student disagree with the decision of promotion based on a Certificate of Completion with the phone number and/or email address to make contact.
- Sign the letter with your name and title.
- Enclose a copy of procedural safeguards when sending this letter.

### **FORM 36 PRIOR WRITTEN NOTICE FOR GRADUATION FROM HIGH SCHOOL**

This form is provided to inform parents and/or adult student prior to the district initiating to change the educational placement or provision of a free appropriate public education based on the criteria of completing their high school requirements with a Regular High School Diploma.

The form describes requirements mandated of a Prior Written Notice . The form is an optional form.

- Fill out date letter is being sent to parent and/or adult student.
- Fill in the name of the student within the body of the first paragraph.
- Enter the specific reason why options other than a regular high school diploma is not appropriate for the student.
- In the final paragraph, print the name of district contact person should the parent and/or adult student disagree with the decision of promotion based on a Certificate of Completion with the phone number and/or email address to make contact.
- Sign the letter with your name and title.
- Enclose a copy of procedural safeguards when sending this letter.

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**APPENDIX A: SAMPLE STUDENT IEP PREPARATION/INPUT FORM**

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

School: \_\_\_\_\_

Person Assisting Student: \_\_\_\_\_

Date: \_\_\_\_\_

(If the student is below the 4<sup>th</sup> grade, SPED Teacher/Related Services Provider should assist the student)

1. The activities at school I really like are:

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2. The activities I like best outside of school are:

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3. What I do best in school is/are:

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4. What I do best at home is/are:

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5. I would like help with:

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6. One of my strengths is:

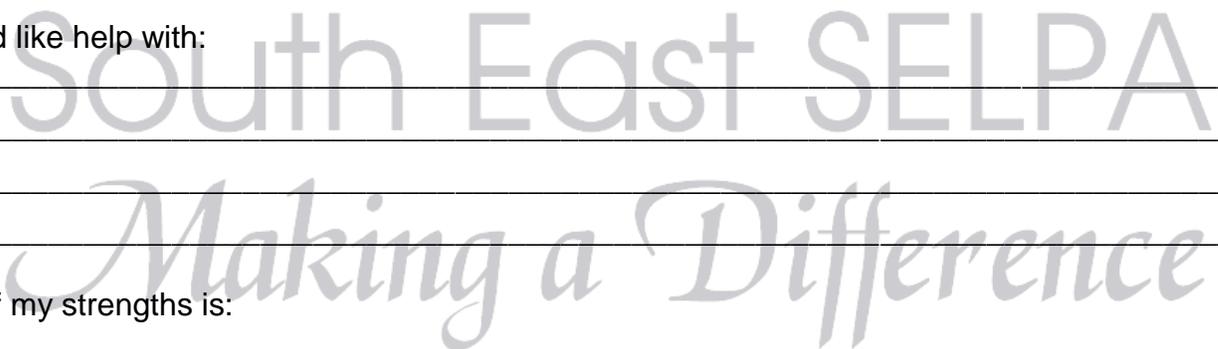
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**APPENDIX B: SAMPLE GENERAL EDUCATION TEACHER IEP PREPARATION/INPUT FORM**

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

School: \_\_\_\_\_

Describe the student's strengths (You may cite observations, teacher-made or standardized assessments and/or student work samples to determine strengths):

Describe the student's involvement and progress in the general education curriculum:

Describe/List any accommodations/modifications you have made to address the student's needs that you found especially successful.

Do you have any suggestions to increase or enhance the student's progress in your class? If so, please describe:

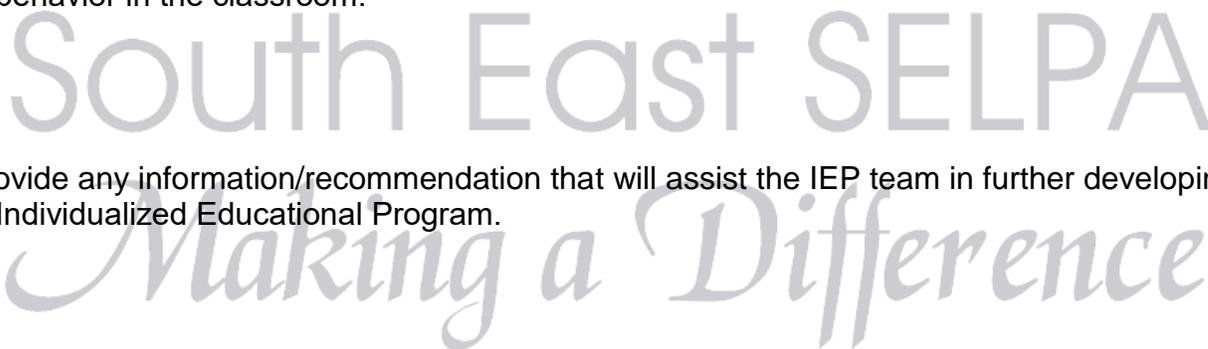
Describe any supports you need to help this student to attain her/his goals and participate in the general curriculum:

Does the student's behavior impede his learning or the learning of others? Please describe the student's behavior in the classroom.

Please provide any information/recommendation that will assist the IEP team in further developing the student's Individualized Educational Program.

Teacher Name: \_\_\_\_\_

Date: \_\_\_\_\_



**APPENDIX C: SAMPLE PARENT PREPARATION FORM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

1. What are my child's strengths? What does he/she like to do (interests)?

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2. What are good reinforcers; what motivates my child to do his/her best?

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3. What are things a teacher can do to help my child learn?

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4. What major concerns do I have about my child's education at this time?

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5. What is happening at school that I feel is important to continue?

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6. What specific goals would I like the IEP team to consider?

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Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX D: SAMPLE IEP AGENDA**

*“It is the intent of the Legislature that the individualized education program team meetings be nonadversarial and convened solely for the purpose of making educational decisions for the good of the individual with exceptional needs.”*

Ed

Code 56341.1. (h)

Student’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Case Manager: \_\_\_\_\_

IEP Purpose:  Initial  Annual  Triennial  Transition  Pre-Expulsion  Interim  Other:

**Introductions**

- Opening/Introductions
- Procedural Safeguards
- Sign Meeting Notice
- Confirm Personal and Demographic Data
- Purpose of Meeting (appropriate box/es should be checked)

**Statewide Assessments**

- CAASPP Participation
- List accommodations and/or modifications, if any
- Other State- and District-wide assessments
- DRDP for preschoolers
- CELDT, if appropriate
- STS, if appropriate

**Disability**

- State primary and secondary disabilities, if any (for annual)
- Description of how the disability affects involvement in general education

**Goals**

- Present update on previous goals
- Propose new goals

**ITP, if appropriate**

- Post-Secondary Goals and Transition Services
- Age of Majority
- Credit/Courses

**Services**

- Accommodations/Modifications; Supplementary Aids and Services
- LRE: Placement Discussions
- Services
- Extended School Year

**Present Levels of Performance**

- Strengths, Preferences, Interests
- Parent Concerns
- Student Input, if appropriate
- General Education Teacher Input
- School Psychologist Input and/or evaluation results
- Education Specialist Input and/or evaluation results or update on previous goals (document if goals were met, continued, and/or modified)
- DIS Provider(s) Input and/or evaluation results or update on previous goals (document if goals were met, continued, and/or modified)
- Other Agencies
- Certification of Eligibility (for initials and triennials)

**Educational Setting**

- Physical Education
- Percentage of Time in General and Special Education
- Participation in regular classes and academic and nonacademic activities
- Other Agencies
- Promotion Criteria
- Progress Reports on Goals
- Transportation
- Activities to Support Transition
- Graduation Plan

**Special Factors**

- Assistive Technology
- Low Incidence Services/Equipment
- Considerations for blind or visually impaired and deaf or hard of hearing
- English Learner considerations
- Behavior
- List goal areas

**IEP Meeting Notes**

- Write required IEP statements
- Review Notes with IEP Team

**Signature and Consent**

- All team members sign
- Parents signs and consents to IEP contents

**Finalize IEP**

- Number all appropriate pages
- Provide a copy to parents and team members
- Complete other IEP-related forms District Office

Administrator/Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX E: SAMPLE IEP SUBMISSION FORM**

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Case Manager: \_\_\_\_\_

IEP Purpose:    Initial    Annual    Triennial    Transition    Pre-Expulsion    Interim    Other:

Required Documents	Initial	Annual	Triennial	Transition	Other
IEP Submission Packet					
IEP Preparation Form					
IEP Sign-up Sheet					
Referral for SPED and Related Services					
Notice of Receipt of Referral for SPED Assessment (Form 26)					
Prior Written Notice					
Assessment Plan					
IEP Meeting Notice					
IEP Documents					
IEP Information and Eligibility					
Individual Transition Plan					
Transition Services					
Present Levels of Performance					
Special Factors					
Statewide Assessments					
Goals and Objectives					
Aids and Services					
SPED & Related Services					
ESY Services					
Educational Setting					
Signature and Parental Consent					
IEP Meeting Notes					
Updated Previous Goals and Objectives					
IEP Team Member Excusal					
IEP Team Member Input					
Eligibility Form					

Additional Forms	
Addendum/Amendment Page	
Manifestation Determination Findings	
Service Plan	
Summary of Student's Acad. Achievement and Performance	
Interim Administrative Placement	
Consent for Extension of 60-Day Timeline for Assessment	
Other:	
Other:	

Additional Actions	Person's Responsible

Additional Notes:

## APPENDIX F: LIST OF POTENTIAL IEP ACCOMMODATIONS & MODIFICATIONS

The following list of examples of accommodations is by no means exhaustive. Accommodations and modifications must be based on a student's *individual needs*.

<p><b>Classroom and campus environmental needs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Preferential seating</li> <li><input type="checkbox"/> Planned seating on the bus, in the classroom lunchroom, auditorium</li> <li><input type="checkbox"/> Alter physical room arrangement</li> <li><input type="checkbox"/> Defines areas correctly</li> <li><input type="checkbox"/> Reduce/minimize visual, auditory, spatial, movement distractions</li> <li><input type="checkbox"/> Teach positive rules for use of space</li> </ul> <p><b>Specialized equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Calculator</li> <li><input type="checkbox"/> Video</li> <li><input type="checkbox"/> Telephone adaptations</li> <li><input type="checkbox"/> Computer</li> </ul> <p><b>Pacing of instruction</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Extended time requirements</li> <li><input type="checkbox"/> Vary activity often</li> <li><input type="checkbox"/> Allow breaks</li> <li><input type="checkbox"/> Omit assignments requiring copying in timed situation</li> <li><input type="checkbox"/> School texts sent home for summer preview</li> <li><input type="checkbox"/> Home set of texts/materials for preview/review</li> </ul> <p><b>Modification of assignments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Give directions in small, distinct steps (written/picture/verbal)</li> <li><input type="checkbox"/> Use written back up for oral directions</li> <li><input type="checkbox"/> Lower difficulty level</li> <li><input type="checkbox"/> Shorten assignment</li> <li><input type="checkbox"/> Reduce paper and pencil tasks</li> <li><input type="checkbox"/> Read or tape record directions to student</li> <li><input type="checkbox"/> Use pictorial directions</li> <li><input type="checkbox"/> Give extra cues or prompts</li> <li><input type="checkbox"/> Allow student to record or type assignment</li> <li><input type="checkbox"/> Adapt worksheets, packets</li> <li><input type="checkbox"/> Avoid penalizing for spelling errors/sloppy</li> <li><input type="checkbox"/> Avoid penalizing for penmanship</li> </ul>	<p><b>Alternate presentation of subject matter</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teach to student's learning style               <ul style="list-style-type: none"> <li>• linguistic • logical/math</li> <li>• musical • auditory • spatial</li> <li>• body/kinesthetic</li> <li>• interpersonal • visual</li> </ul> </li> <li><input type="checkbox"/> Utilize specialized curriculum</li> <li><input type="checkbox"/> Teacher tape lectures/discussions for replay</li> <li><input type="checkbox"/> Teacher provide notes</li> <li><input type="checkbox"/> NCR paper for peer to provide notes</li> <li><input type="checkbox"/> Functional application of academic skills</li> <li><input type="checkbox"/> Present demonstrations (models)</li> <li><input type="checkbox"/> Utilize manipulatives</li> <li><input type="checkbox"/> Emphasize critical information</li> <li><input type="checkbox"/> Pre-teach vocabulary</li> <li><input type="checkbox"/> Make/Use vocabulary files</li> <li><input type="checkbox"/> Reduce language level or reading level assignment</li> <li><input type="checkbox"/> Use total communication</li> <li><input type="checkbox"/> Use facilitated communication</li> <li><input type="checkbox"/> Share activities</li> <li><input type="checkbox"/> Use visual sequences</li> </ul> <p><b>Materials adaptation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arrangement of material on page</li> <li><input type="checkbox"/> Taped text and/or other class materials</li> <li><input type="checkbox"/> Highlighted texts/study guides</li> <li><input type="checkbox"/> Use supplementary materials</li> <li><input type="checkbox"/> Note taking assistance; carbonless or photo copy of notes of general education students</li> <li><input type="checkbox"/> Type teacher material</li> <li><input type="checkbox"/> Large print</li> </ul> <p><b>Testing adaptations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oral</li> <li><input type="checkbox"/> Short answer</li> <li><input type="checkbox"/> Taped</li> <li><input type="checkbox"/> Multiple choice</li> <li><input type="checkbox"/> Pictures</li> <li><input type="checkbox"/> Modify format</li> <li><input type="checkbox"/> Read test to student</li> <li><input type="checkbox"/> Shorten length</li> <li><input type="checkbox"/> Preview language of test</li> <li><input type="checkbox"/> Extended time questions</li> <li><input type="checkbox"/> Test administered by special education teacher</li> </ul>	<p><b>Self management/follow-through strategies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visual daily schedule</li> <li><input type="checkbox"/> Calendars</li> <li><input type="checkbox"/> Check often for understanding/review</li> <li><input type="checkbox"/> Request parent reinforcement</li> <li><input type="checkbox"/> Have student repeat directions</li> <li><input type="checkbox"/> Teach study skills</li> <li><input type="checkbox"/> Use study sheet to organize material</li> <li><input type="checkbox"/> Design/write/use long-term assignment timelines</li> <li><input type="checkbox"/> Review and practice in real situations</li> <li><input type="checkbox"/> Plan for generalizations</li> <li><input type="checkbox"/> Teach skill in several settings/environments</li> </ul> <p><b>Social interaction support</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peer advocacy</li> <li><input type="checkbox"/> Peer tutoring</li> <li><input type="checkbox"/> Structure activities to create opportunities for social interaction</li> <li><input type="checkbox"/> Focus on social process rather than activity/end product</li> <li><input type="checkbox"/> Structure shared experiences in school and extracurricular activities</li> <li><input type="checkbox"/> Cooperative learning groups</li> <li><input type="checkbox"/> Use multiple/rotating peers</li> <li><input type="checkbox"/> Teach friendship skills/sharing/negotiation</li> <li><input type="checkbox"/> Teach social communication skills               <ul style="list-style-type: none"> <li>• Greetings • Conversation turn-taking • Sharing</li> <li>• Negotiation</li> </ul> </li> </ul> <p><b>Identification and use of motivators and positive reinforcement strategies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal</li> <li><input type="checkbox"/> Offer choice</li> <li><input type="checkbox"/> Nonverbal</li> <li><input type="checkbox"/> Use strengths and</li> <li><input type="checkbox"/> Positive reinforcement interests often</li> <li><input type="checkbox"/> Concrete reinforcement</li> <li><input type="checkbox"/> Planned motivating sequences of activities</li> <li><input type="checkbox"/> Reinforce initiation</li> </ul>
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## APPENDIX G: SAMPLE STATEMENTS ON HARMFUL EFFECTS

Example 1:

**The Service Options that were considered by the IEP Team (List all):** The IEP team considered (1) general education with supplementary aides and services and (2) general education with specialized academic instruction (Resource Program) and related services (Speech Therapy). The IEP team is in agreement that general education with SAI and speech therapy services will meet \_\_\_\_\_'s needs in the least restrictive environment.

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:** The IEP team considered the following potential harmful effects of general education with SAI and speech therapy services – (a) decreased access to instructional opportunities available in integrated settings, (b) decreased access to instructional opportunities with typical peers, and (c) potential impact of placement to student's self-esteem. The IEP team does not believe there will be any significant harmful effects and determined that \_\_\_\_\_'s need for special education and related services outweigh the potential harmful effects that were considered by the team at this time.

Example 2:

**The Service Options that were considered by the IEP Team (List all):** The IEP team considered (1) general education with supplementary aides and services, (2) general education with specialized academic instruction (Resource Program) and related services (Speech Therapy and Occupational Therapy) and (3) specialized academic instruction (Special Day Class) for the majority of the day and related services (Speech Therapy and Occupational Therapy). The IEP team is in agreement that specialized academic instruction (Special Day Class) for the majority of the day and related services (Speech Therapy and Occupational Therapy) will meet \_\_\_\_\_'s needs in the least restrictive environment.

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:** The IEP team considered the following potential harmful effects of specialized academic instruction (Special Day Class) for the majority of the day and related services (Speech Therapy and Occupational Therapy) – (a) decreased access to instructional opportunities available in integrated settings and with typical peers, (b) potential impact of placement to student's self-esteem, and (c) decreased opportunities for appropriate social interaction with typically developing peers. The IEP team does not believe there will be any significant harmful effects and determined that \_\_\_\_\_'s need for special education and related services outweigh the potential harmful effects that were considered by the team at this time.

Example 3:

**The Service Options that were considered by the IEP Team (List all):** The IEP team considered (1) general education with supplementary aides and services and (2) general education with speech therapy services. The IEP team is in agreement that general education with speech therapy services will meet \_\_\_\_\_'s needs in the least restrictive environment.

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:** The IEP team considered the following potential harmful effects of general education with speech therapy services– (a) decreased access to instructional opportunities available in integrated settings and (b) potential impact of placement to student's self-esteem. The IEP team does not believe there will be any significant harmful effects and determined that \_\_\_\_\_'s need for speech therapy services outweigh the potential harmful effects that were considered by the team at this time.

Example 4:

**The Service Options that were considered by the IEP Team (List all):** The IEP team considered (1) general education with supplementary aides and services, (2) specialized academic instruction (Special Day Class) for the majority of the day and related services (Speech Therapy and Occupational Therapy) and (3) specialized academic instruction in a non-public school with Speech Therapy and Occupational Therapy. The IEP team is in agreement that specialized academic instruction in a non-public school with Speech Therapy and Occupational Therapy will meet \_\_\_\_\_'s needs in the least restrictive environment.

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:** The IEP team considered the following potential harmful effects of ) specialized academic instruction (Special Day Class) for the majority of the day and related services (Speech Therapy and Occupational Therapy) – (a) No access to instructional opportunities available in integrated settings and with typical peers, (b) potential impact of placement to student's self-esteem, (c) no opportunities for appropriate social interaction with typically developing peers, and (4) limited access to peers in the home community since placement is not located at the student's school of residence. The IEP team does not believe there will be any significant harmful effects and determined that \_\_\_\_\_'s need for special education and related services outweigh the potential harmful effects that were considered by the team at this time.

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**APPENDIX H: SAMPLE STATEMENTS ON HOW THE STUDENT'S DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERAL CURRICULUM (OR FOR PRESCHOOLERS, PARTICIPATION IN APPROPRIATE ACTIVITIES)**

**Example 1:** Richard's disabilities in the areas of Other Health Impairment and Specific Learning Disability in the area of visual processing, affects basic reading, mathematics calculations, and the ability to access the general curriculum.

**Example 2:** Damon's disability, in the areas of Autism and OHI, affects his ability to participate in a General education program independently. He needs visual and supports to help him in Math, Reading, Writing, Comprehension and Social skills.

**Example 3:** Belinda's speech language impairment in the area of Articulation affects oral expression in the general education classroom.

**Example 4:** Joey's specific learning disability in the area of auditory processing, affects his ability to access math calculations, math reasoning, basic reading skills, and reading fluency in the general education program without specially designed instruction.

**Example 5:** Christina's disability in the area of emotional disturbance, affects her ability to maintain appropriate relationships with peers and staff in the general education classroom due to the nature of the aggressive language and behaviors with which she presents.

**Example 6:** Ethan's disability in the area of hearing impairment affects his ability to access classroom instruction and activities without specially designed instruction and materials due to his hearing loss.

**Example 6:** Sanjitha's disability in the area of speech language impairment affects her written expression as well as her ability to process instruction in the general education program.

**Example 7:** Joaquin's cognitive abilities and expressive language adversely affect his participation in the general education curriculum in receptive language, expressive language, articulation, social skills, fine motor skills, gross motor skills, self-help skills, and all academic areas.

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## APPENDIX I: SAMPLE STATEMENTS ON STUDENT STRENGTHS/PREFERENCES/INTERESTS AND CONCERNS OF PARENT RELEVANT TO EDUCATIONAL PROGRESS

### Example 1

**Strengths/Preferences/Interests:** Laura continues to enjoy art, painting, and music. She also likes bubbles, and to sing, dance, and going down the slide. Her fine motor skills continue to improve.

**Concerns of parent relevant to educational progress:** Mother would like her to color inside the picture, listen and follow the story in a book, recognize numbers 11 and up, learn how to play along with people, sit still, feed herself 100% of the time, and take care of her toileting needs. She would like her not scream at people.

### Example 2

**Strengths/Preferences/Interests:** Louis is respectful and social with staff and peers. He is interested in attending SVCTE next year. He is also interested in learning more about being an athletic trainer, automotive mechanic, and a zoo trainer. He excels in math.

**Concerns of parent relevant to educational progress:** Parents want to ensure that Louis receives the appropriate support he needs to be successful in high school.

### Example 3

**Strengths/Preferences/Interests:** Cole is a sweet-natured boy. He has shown great improvement in transitioning between activities and settings at school. Outside of school, parents report that Cole participates in plays, swimming lessons, and baseball. Parent added that Cole is very compassionate, a people pleaser, willing and wanting to learn. If we don't understand what he is trying to say, he tries to find a way to help us understand. Parents feel he needs a 1:1 aide. Parents also have questions on the proposed goals.

**Concerns of parent relevant to educational progress:** Parents feel he needs a 1:1 aide for safety and academic needs. Parents also have questions on the proposed goals.

### Example 4

**Strengths/Preferences/Interests:** Justin's strengths are in his athletic abilities, solving puzzles and in reading. Justin prefers being outdoors, climbing, jumping and exploring. Indoors, Justin likes to draw, read, and playing on a tablet/computer. Justin's interests are many. He enjoys learning about all subjects. He likes finding interesting facts about ordinary objects.

**Concerns of parent relevant to educational progress:** Parents are only concerned about behavior at this point. Defiance is a problem. Rewards don't appear to work.

### Example 5

**Strengths/Preferences/Interests:** Michelle shows strengths in math. She is very confident in her skills and participates a lot during class discussions. Michelle really enjoys learning and teaching others about her knowledge. She is a role model to her peers in her small social group and social skills class.

**Concerns of parent relevant to educational progress:** Michelle is experiencing major regression in 8th grade. The current education setting is highly anxiety provoking, lot of stress triggers without appropriate supports in place to help her to problem solve these issues. She responds in ways that impede learning of himself and others. She misses classes frequently due to outbursts.

**APPENDIX J: SAMPLE DOCUMENTATION LOG – CONTACT WITH PARENTS**

**Documentation Log – Contact with Parents**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Case Manager: \_\_\_\_\_

IEP Purpose:     Initial     Annual     Triennial     Transition     Pre-Expulsion  
 Interim     Other: \_\_\_\_\_

Correspondence via Phone			
Call	Date	Time	Outcome
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

Correspondence via mail/email			
Correspondence	Date	Time	Outcome
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

Visits			
Visits	Date	Time	Outcome
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

IEP Team Meetings Scheduled				
IEP Date	Time	Location	Notice Sent Y/N	Outcome