

Federal Assurance Policy

Special Education Local Plan

FAP 4

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) AND INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

It shall be the policy of this LEA that an Individualized Educational Program (IEP) or an Individualized Family Service Plan (IFSP) is developed, reviewed and revised for each child with a disability who requires special education and related services in order to benefit from his/her individualized educational program. It shall be the policy of this LEA that a review of an IEP will be conducted on at least an annual basis to review a student's progress and make appropriate revisions.

Legal References:

EDUCATION CODE

56205 (a)

56195.7(a)

56195.8(a)(3)

FEDERAL REFERENCES

20 USC Section 1412(a)(4)

Federal Assurance Administrative Regulation

Special Education Local Plan

FAAR 4

IEP FORMS

The LEA within the Trinity County SELPA will use adopted SELPA-wide IEP forms. The Trinity County SELPA Director will work collaboratively with the LEAs to develop and revise IEP forms to meet federal and state requirements.

The SELPA office will provide management of the web based Special Education Information System (SEIS) for staff support and CASEMIS reporting. An Instructional Manual will be provided to each LEA and special education staff member.

Legal References:

EDUCATION CODE

56195.7(a)

Federal Assurance Exhibit

Special Education Local Plan

FAE 4

IEP FORMS MANUAL

IEP forms and the Special Education Instructional Manual for IEP forms and directions are available on the Special Education Information System (SEIS) page and as an Exhibit of the Local Plan (see below).

STATE SELPA

IEP MANUAL

***WRITING IEPs
FOR EDUCATIONAL BENEFIT***

May 2007

IEP Form 1-Information/Eligibility

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

1. Student Name: Enter student last name and first name.
2. IEP Date: Enter date of IEP meeting being held.
3. Last IEP: Enter the date of the last IEP.
4. Next IEP: Enter the next IEP date that will be one year from the present date in most cases.
5. Original SPED Entry Date: Enter the date student first received special education services, including IFSP (0-3 infant services).
6. Last Eval: Enter the date of the most recently completed comprehensive assessment to determine or re-determine eligibility for special education and related services (triennial or initial IEP date)
7. Next Eval: Enter the date when the next triennial evaluation is due.
8. Purpose of Meeting: Select purpose of meeting.
 - **Transition** means transition from infant to preschool, preschool to kindergarten, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
 - **Pre-expulsion** means an IEP meeting that is being held as part of or following a manifestation determination
 - **Expanded IEP** means an IEP meeting which includes CMH representatives
 - **Interim** means if the child has an IEP and transfers into a district from another district.
9. Birthdate: Enter the exact birthdate.
10. Age: This is not a required field.
11. Gender: Enter M or F.
12. Grade: Enter the appropriate grade designation
13. Migrant: Check Yes or No if the student is designated as migrant.

14. Native Language: This field was previously known as home language. This is student's home language or birth language.
15. EL: Check if the student is an English learner or has been redesignated.
16. Interpreter: This is not a required field. Check if an interpreter was needed for the IEP meeting.
17. Student ID and SSID: The student ID number is automatically assigned through CASEMIS. The SSID formerly CSIS is assigned by the State. Each student must have a SSID. Social security number is optional.
18. Residency: This is the student's residential status.
19. Parent/Guardian Information: Enter the contact information for the parent/guardian. If the student resides in an out of home placement put the parent contact information in the second contact area.
20. District of Residence: This is the student's district of residence.
21. Residence School: This is not a required field. Enter the child's neighborhood school.
22. Ethnicity: Check the appropriate ethnicity(s) Note: Only four ethnicities can be listed.

All of the above fields can be filled out prior to the IEP meeting.

1. Introduce participants and set a warm and positive tone for the meeting.
2. State purpose of the meeting and review agenda.
3. Review Results of Evaluation to Determine Eligibility for Special Education Services, if this is an initial or triennial meeting. Consider evaluation results in all areas of suspected disability:
 - Psychologist
 - Special Education teacher(s)
 - DIS/Related Services Staff
 - General education teacher(s)
 - Other school staff
 - Other agencies
 - Parents
 - Independent evaluations, if appropriate

4. Disability: Mark primary disability with “P” and secondary disability with “S”. The primary disability should be the one that has the most significant impact on the student’s ability to access the general education environment. Note: For funding purposes low incidence disabilities marked as secondary will generate low incidence funding.

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

If student is not eligible or no longer eligible for special education:

- Document reason for decision and other options to address student’s educational needs on *IEP Team Notes/Continuation 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 *Special Education Rights of Parents and Children – Notice of Procedural Safeguards*.

5. How Disability Effects Educational Performance: Write a statement which describes the disability and it’s impact, i.e. “*auditory processing deficits adversely impact the student’s ability to complete activities within the general education setting*”, “*significant speech and language deficits interfere with the student’s ability to interact with other students in the preschool setting*”

For Initial Placements Only

1. Has the Student Received Pre-Referral Early Intervening Service in the Past Two Years: If the student received pre-referral early intervening services during the past two years, check yes. Otherwise, check no.
2. Date of Initial Referral for Special Education Services: Enter the date of the initial referral to assess and determine eligibility for education services (ages 0-22).
3. Person Initiating the Referral: Select the person initiating the referral, Parent, Teacher, SST, Other School/District Personnel, Other.
4. Date District Received Parent Consent: Enter the date the district received parent signature/consent for initial evaluation.
5. Date of Initial Meeting to Determine Eligibility: Enter the date of IEP Team meeting to review initial evaluation and determine eligibility for special education.

1. Educational Benefit Reminder:

Are all sections of the form addressed? Is the evaluation complete? Does it appropriately identify whether the child has a disability and provide information regarding the content of the child's IEP?

Form 1A – Individual Transition Plan (ITP)

This form must be completed in time to be in effect when the student reaches 16 years of age (i.e. at least by the last IEP meeting that is held before the student's 16th birthday).

1. How Student Participated in the Process: Describe how the student participated in the process. If for some reason the student was not able to attend describe how the student's interests were determined.
2. Results of Age-Appropriate Transition Assessments. The transition assessment information is used to identify the student's preferences and interests for transition planning.
3. Student's Postsecondary Goals: Upon Exiting school, the student plans to: The team must include measurable post secondary goals in education, training and employment and if appropriate independent living.
 - a. Education/Training: Document measurable goals in these areas.
 - b. Employment: Document measurable goals pertaining to student's employment preferences.
 - c. Independent Living (when appropriate): Document measurable goals in the area of independent living skills.
 - d. Other: Include other measurable goals that the student need for postsecondary transition.
4. Transition Services: Include a description of transition services that will be provided to the student in order for them to work toward meeting their post secondary goals.
5. IEP Goal Number: Note the goal number from Form 4A, 4B or 4C that was developed to work toward the post secondary goal.
6. Person/Agency Responsible: Specify the title of person responsible or the agency responsible.

2. Educational Benefit Reminder:

Is the transition plan developed in accordance with the student's post-school preferences, interests, and goals?

Are all areas of transition needs clearly specified, with corresponding measurable goals and responsible persons/agencies identified as appropriate?

Are the transition activities and services specifically designed to prepare the student for employment and independent living?

IEP Form 1B– Transition Services

This form must be completed for students ages 16 or younger. If the student is younger than age 16 and consideration of transition is not appropriate, skip IEP Forms 1A & IB and go to IEP Form 2 – Present Levels of Academic Achievement and Functional Performance.

1. California High School Exit Exam:
 - Enter the date and score on the ELA section of the CAHSEE and indicate if student passed or failed.
 - Enter the date and score on the Math section of the CAHSEE and indicate if student passed or failed.
 - Discuss the student’s participation in the CAHSEE, including his or her need for accommodations or modifications. Discuss the need for submitting a waiver if a modification is used.
3. Transfer of Rights: On or before the student’s 17th birthday, explain that he or she will assume all special education rights and protections upon turning 18 (unless a conservator has been appointed by the court.) Review the *Special Education Rights of Parents and Children – Notice of Procedural Safeguards* with the student. Have the student and parent sign and date this section.
- 4.
5. Passed Algebra: Indicate if student passed Algebra and the date.
6. Credits: Update the credits the student has earned, which courses are required for graduation, and additional courses related to goals, graduation, and/or vocational interests.

IEP Form 2 – Present Levels of Academic Achievement and Functional Performance

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

1. Strengths, Preferences, and Interests: Identify student's strengths/preferences/interests.

2. Parent Concerns: This information should be discussed at the IEP Team meeting.

3. Test Scores: Scores reflecting the student's performance on state, district wide and other assessments may be gathered prior to the meeting. Review results of the assessments including, as appropriate:
 - California Standards Test
 - CAT-6
 - CAPA
 - CELDT Write in the CELDT scores.
 - Other Assessment Data, including results of district wide and/or individually administered assessments. For preschoolers include DRDP_R or DRPS *Access*.
 - Hearing and Vision Screening: Enter date if hearing and vision screening was done. If not an initial or triennial check N/A.

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.

5. Communication: For students with identified areas of need in communication, describe the student's articulation, voice, fluency, and language needs. If none, indicate "*no concerns noted at this time.*"

6. Gross/Fine Motor Development: For a student who has been identified with motor development concerns, describe his or her specific skills and or needs. If none, indicate "*no concerns noted at this time.*"

7. Social/Emotional/Behavioral Development: Describe the student's social/emotional/behavioral strengths and needs.
8. Vocational: Include strengths, interests, and needs related to pre-vocational/vocational skills. Address traits such as work habits, initiative, completion of classroom or school site jobs, etc.
9. Adaptive/Daily Living Skills: For those students with needs in self-help, specify skills such as dressing, toileting, feeding, etc. Indicate "age appropriate" if no concerns are noted.
10. Health: Describe pertinent medical information that relates to the student's educational progress. If none, indicate "no concerns noted at this time."

3. Educational Benefit Reminder:

Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed?

Including documentation of "no concerns noted" or "age appropriate"?

Does this clearly reflect the student's current performance in the educational setting?

Do the Present Levels of Academic Achievement and Functional Performance include all needs identified in the assessments?

IEP Form 3 – Special Factors and Participation in State/District Wide Assessments

1. Assistive Technology: Does student require assistive technology devices and services or low incidence services, equipment and materials to meet educational goals and objectives? Indicate yes or no. If yes, specify the type of devices, services, equipment, and/or materials needed.
2. Low Incidence: **This applies only to 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.
3. Blindness or Visual Impairment: Is 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 be not be using Braille they may use large print text or other modified input.
4. Deaf or Hard of Hearing: If student is deaf or hard of hearing, specify the strategies and specialized instruction and the mode of communication. If the student is not deaf or hard of hearing, indicate “N/A”.
5. English Learner: Is the child an English Learner? Check yes or no. If yes, specify how student’s level of English proficiency, related to the IEP, will be addressed including instructional strategies that will be used to support the student’s acquisition of English.
6. Behavior: Does student’s behavior impede learning? Specify yes or no. If yes, describe how the behavior impedes learning. Specify positive behavior interventions, strategies, and supports to address the behaviors. Check if there is a Behavior Support Plan or Behavior Intervention Plan and attach a copy.
7. Areas of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance. For every identified area of need there must a goal or supplementary aid and services, or special factor identified.

8. Participation in State/District Wide Assessments (STAR): Indicate how the student will participate in each of the State/District Assessments:

NOTE: This area must be addressed by the IEP Team whether or not the parent has filed or is planning to file a waiver from testing with the district.

The IEP Team may not waive state assessments.

- Grade Exempt. Check the box to indicate that the student is below grade 2 or above grade 11 and therefore is exempt from the STAR.
- CAT-6/California Standards Test:
If the student will participate in this test, check all boxes as appropriate.
Specify **accommodations** if required by the student as part of his or her regular instructional process.
Specify **modifications** if required by the student as part of his or her regular instructional process. Remember modifications fundamentally alter the test therefore the score will not be counted toward AYP.
If the student will not participate in all or part of the CAT-6, indicate why and describe how the child will be assessed.
- California Alternate Performance Assessment (CAPA). If the student has a significant cognitive impairment, indicate the **CAPA Level** that is most appropriate to measure student progress.
- For 3, 4, & 5 preschoolers note if the child will take DRDP-R or DRDP Access
If the child is at the developmental level of 3 years or below then the IEP Team would recommend the DRDP *Access*. If the child needs adaptations in the preschool setting, then the IEP Team should document the adaptations. The following are list of the adaptations available on the DRDP.
 1. **Augmentative Communication Device or Alternative Communication System:** This allows the child to use sign language, picture cards, electronic communication device or computer in place of spoken language
 2. **Alternative Modes for Written Language:** This allows the child to use Braille, keyboard, computer, Braille books in place of paper and pencil.
 3. **Provide Visual Supports:** Such as different lighting or visual contrast that are required for the child to see.
 4. **Assistive Equipment of Devices:** This allows the child to use splints, walkers, utensils, switches, positioning devices, etc. that the child needs for mobility or manipulating objects.'
 5. **Ensure Functional Positioning:** This is for a child with a physical disability so that the child has optimal control of movements.

6. **Provide Sensory Support:** (e.g., reduce background noise, reduce visual stimulation, increase tactile stimulation, etc) for the child who needs some modulation of sensory input for attending and learning in the environment.
7. **Allow the child to use alternative response modes:** in place of typical response modes. For example a child with autism may look out of the corner of his eye instead of establishing direct eye contact; or a child with a physical impairment may demonstrate atypical movement patterns or may verbally direct another in order to accomplish a task.

- Specify any accommodations or modifications the student may need to participate in other state or district wide assessments, including writing proficiencies, physical fitness tests, etc.

NOTE: Do not put parent exemption on the IEP form as a reason that the student will not participate. The IEP Team must address how the student would participate even if there is a parent exemption.

4. Educational Benefit Reminder:

Has the IEP Team addressed all the special considerations the student may require?

Are accommodations/modifications on state and district wide?

Are assessments in accordance with state guidelines?

IEP Form 4A Annual Goals
Use IEP Form 4B or 4C for students who take the CAPA. These students require annual goals AND objectives or benchmarks.

1. Area of Need: Indicate the area of need for each goal developed. These areas of need should match the “areas of need” on Form 3. Examples of areas of need: math, reading, behavior

2. Baseline: Specify the student’s baseline performance. 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. Standard: Every effort should be made to identify and select appropriate standards at grade level.

4. Annual Goal: Annual goals must be measurable and must relate to the baseline data. Goals must include:
 - Who student
 - Does What observable behavior
(will add single digit numbers)
 - When by reporting date
 - Given What conditions (when given a paragraph to read)
 - How Much mastery, criteria
(90% accuracy, 3 consecutive days)
 - How Will It Be Measured performance criteria
(as measured by teacher data)

5. Enables Student to be Involved and Progress in the General Curriculum: Select if student is working on the goal written to standards.

7. Addressed other Educational Needs Resulting from Disability: Select if the student is working on other educational needs; i.e.; behavior, social skills, etc.

8. Progress Reports: Document the date and the summary of the progress.

5. Educational Benefit Reminder:

*Are there goals for each area of need and vice versa?
Are the goals measurable?*

*Do the goals 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 language learner, are the goals linguistically appropriate?
Is the person(s) identified who will primarily be responsible for implementing the goal and monitoring progress?
Are the progress reports being sent to parents as scheduled?

IEP Form 4B – Annual Goals and Benchmarks

IEP Form 4C – Annual Goals and Objectives

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

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

6. Educational Benefit Reminder:

Are there goals and objectives for each area of need and vice versa?

Are the goals and objectives/benchmarks measurable?

Do the goals and objectives 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 language learner, are the goals linguistically appropriate?

Is the person(s) identified who will primarily be responsible for implementing the goal and monitoring progress?

Are the progress reports being sent to parents as scheduled?

**Offer of FAPE
IEP Form 5A - Services**

Special education and related services are determined at the IEP meeting only after goals and if appropriate objectives/benchmarks have been finalized. Placement decisions must be made in conformity with the least restrictive environment (LRE) provisions. These provisions direct that to the maximum extent appropriate, students with disabilities be educated with typically developing peers, and that special classes, separate schooling or other removal of students from the general educational 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 always first consider placement in the general education classroom with supports prior to recommending a more restrictive setting.

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

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

1. General Education Class
 2. General Education Class – Supplemental services or aids
 3. General Education Class – Some direct instruction. Less than 21% of time out of the classroom for special education services.
 4. General Education Class – 21% to 60% of instructional day in pull out.
 5. Some/or no instruction in General Education Class – Minimum of 60% of the instructional day in a special setting (intensive services).
 6. Some/or no Instruction in General Education Class – School based day treatment.
 7. No instruction in General Education Class – Special day school facility.
 8. Residential School.
 9. Hospital Program.
 10. Home Instruction.
2. Supplementary Aids, Services and Other Supports for School Personnel, or for Student or On Behalf of the Student: Note supplementary aids and services and/or

supports for student, school personnel (consultation to teachers, preferential seating, enlarged text, etc.). Indicate if the supports are for the student or for school personnel by checking the appropriate box in the grid.

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

3. Special Education and Related Services: The team needs to determine the special education and related services that would provide educational benefit and facilitate progress on the goals for the student (e.g. specialized academic instruction, intensive individual instruction, language and speech, etc). Identify the type of service. Indicate if the service will be individual or group.

Special Instruction

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

Related Services

415	Language and Speech	Includes receptive and expressive language, articulation, voice and fluency.
425	Adapted physical education	Direct physical education services provided by an APE.
435	Health & nursing –specialized physical health care services	Specialized physical health care services means those health services prescribed by the child’s licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization,

		nebulizer treatments, insulin administration and glucose testing.
436	Health & nursing – other services	This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.
445	Assistive technology services	Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.
450	Occupational therapy	OT includes services to improve student’s educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.
460	Physical therapy	Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.

Mental Health Services

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

Low Incidence Services

610	Specialized services for low incidence disabilities	Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.
710	Specialized deaf and hard of hearing services	These services include speech therapy, speech reading, auditory training and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.
715	Interpreter services	Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.
720	Audiological services	These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.
725	Specialized vision services	This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.
730	Orientation and mobility	Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an

		IEP.
735	Braille transcription	Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.
740	Specialized orthopedic services	Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.
745	Reading Services	
750	Note taking services	Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes.
755	Transcription Services	Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.
760	Recreation Services	Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

Transition Services

820	College Awareness	
830	Vocational assessment, counseling, guidance, and career assessment	Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions.

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

4. Start and End Date: This will often be the same start/end dates for the primary service on the IEP.
5. Duration: Indicate number of times per frequency, i.e. 3 hours (daily), 30 minutes (twice weekly)
6. Frequency: Indicate the frequency of the service being provided, daily, weekly, monthly, yearly, or any other frequency.
7. Location: Select from the following options, the location of the where the service is provided to the student.

210 Home instruction based on IEP team determination (not medical)

220 Hospital

310 Headstart center

320 Child development or childcare facility

330 Public preschool

340 Private preschool

350 Extended day care

360 Residential facility

510 Regular classroom/public day school

Includes students who are fully included in general education classrooms.. Also includes students who are seen under a “push in” model in the general education classroom and students who receive DIS services in the general education classroom. Additionally, students who receive services in a setting that includes other students with special needs are included here if there are general education students who are “reverse mainstream” students in that class for that portion of the day.

520 Separate class in public integrated facility

Includes students receiving their services under a “special day class” model, students in special education “pull-out” services, including RSP and DIS, etc.

530 State Special School

540 Separate school or special education center or facility

550 Public residential school

560 Other public school or facility

570 Charter school operated by an LEA/district

580 Charter school operated as an LEA/district

610 Continuation school

620 Alternative work education center/work study facility

630 Juvenile court school

640 Community school

650 Correctional institution or facility

- 710 Community college
- 720 Adult education facility

- 810 Nonpublic day school
- 820 Nonpublic residential school-in California
- 830 Nonpublic residential school-outside California
- 840 Private day school (not certified by CDE Special Education Division)
- 850 Private residential school (not certified by CDE Special Education Division)
- 860 Parochial school
- 890 Service provider location
This would include CMH Outpatient Services provided at a clinic or other outside medical/therapeutic setting.

- 900 Any other location or setting

8. Extended School Year: Discuss if student needs ESY to receive FAPE. Check yes or no. If yes, specify in the grid the type of services the student will receive, start and end date, duration, frequency, and location.

Note: ESY shall be provided to a student with a disability who the IEP deems requires special education and related services in excess of the regular academic year. Such students shall have disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability. (5 CCR 3043)

*IEP Form 5B
Offer of FAPE
Educational Setting*

1. Physical Education: Check the type of physical education, if applicable.
2. District of Service: Specify district providing the majority of services to the student.
3. School of Attendance: This is the school where the student is enrolled.
4. School Type: Select one of the following:
 - 00 No school (0-5)
 - 10 Public day school
 - 11 Public residential school
 - 15 Special education center or facility
 - 19 Other public school or facility (i.e., store front transition program)

 - 20 Continuation school
 - 22 Alternative work education center/work study program
 - 24 Independent study

 - 30 Juvenile court school
 - 31 Community school
 - 32 Correctional institution or facility

 - 40 Home instruction based on IEP team determination
 - 45 Hospital facility

 - 50 Community college
 - 51 Adult education program
 - 55 Charter school operated by an LEA/district
 - 56 Charter school operated as an LEA/district

 - 61 Headstart program
 - 62 Child development or childcare facility
 - 63 State preschool

- 64 Private preschool
 - 65 Extended day care

 - 70 Nonpublic day school
 - 71 Nonpublic residential school-in California
 - 72 Non-public residential school- outside California
 - 75 Private day school (not certified by CDE Special Education Division)
 - 76 Private residential school (not certified by CDE Special Education Division)
 - 79 Nonpublic agency

 - 80 Parochial school
5. Federal Setting (ages 6-22): Indicate the type of school setting the student attends. If the student turns 6 years old on or before December 2 of the current school year, this category is completed.
- 400 Regular classroom/public day school
Select if the student attends classes on a general education school campus regardless of the type of program
 - 450 Separate school
 - 460 Residential facility
 - 470 Homebound/hospital
 - 480 Correctional facility
 - 490 Parentally placed in private school
6. Preschool Setting (ages 3-5): Indicate the type of school setting the student attends. If the student turns 6 years on or after December 3 of the current year, this category is completed. *If the student is dually or c-enrolled in general education and a special education program for an equal amount of time, consider the student as being in a regular early childhood or kindergarten program.*
- 400 Regular early childhood or kindergarten program
 - 440 Separate class
 - 450 Separate school
 - 460 Residential facility
 - 470 Home
 - 475 Service provider location
7. All Special Education Services Provided at Student's School of Residence: Check yes or no to the question "all special education services provided at student's school of residence." If the team determines "no," rationale must be documented.
8. Percentage of Time Outside of Class & Extracurricular & Non Academic Activities:: Document the percentage of time the student is

outside the regular environment and document percentage of time 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 student will not participate with typically developing peers: Provide rationale for non-participation. This is LRE.
10. Other Agency Services: Note other agency services.
11. Student Eligible for Mental Health Services under Chapter 26.5: Check yes or no.
12. Mental Health Services Included on the IEP: Check yes or no. (Be sure to list the service receive from county mental health on the Services Page (Form 5A).
13. Promotion Criteria: Check appropriate box.
14. Parents will Be Informed of Progress and How: Check the frequency of the progress reports and the how progress will be reported.
15. Transportation: Check appropriate box. If special education transportation is checked specify the type, door to door, curb to curb, wheelchair bus, etc. include parent provided transportation if parent is being reimbursed.
16. Activities to Support Transition: If the student is going through a transition (preschool to kindergarten, special Ed to General Ed, etc.), document the activities to support the transition.
17. Graduation Plan: This needs to be done for students in grade 8 and higher. NOTE: The IEP Team must use caution when determining if the student will be working towards a diploma or a certificate of completion. Students must have the opportunity to work toward a diploma if they have the ability to do so.

Educational Benefit Reminder:

Are the appropriate services identified to support progress toward all goals?

Do the services support progress in the general curriculum?

Are the services appropriate to support participation in extracurricular and other nonacademic activities?

Do all team members, including parents, understand the progress reporting requirements?

IEP Form 6 - Signature and Parent Consent

1. IEP Meeting Participants: Have all meeting participants sign and date that they were in attendance. Make sure to include title.
2. Consent: Have the parent initial if they agree in whole or in part to the IEP. If they agree only in part, document the areas they are not in agreement with. Steps to resolve the disagreement should be documented on Form 7.
3. Not Eligible: If team determines child is not eligible, check the appropriate box.
4. No Longer Eligible: If team determines child is no longer eligible for special education, check the appropriate.
5. Parent Signature: Have parent(s) sign and date.
6. Students Enrolled in Private Schools by Their Parents: If student is enrolled in private school by his/her parent, check the box and develop a Services Plan, if appropriate.

7. Educational Benefit Reminder:

Did all IEP Meeting participants sign?

Do the parent(s) consent to all components of the IEP?

If not, are areas of agreement and/or disagreement clearly specified?

Are the next steps identified for reaching resolution if appropriate?

IEP Form 7 - IEP Team Meeting Comments Page

- Not a required component.
- Used by most districts to document key points of agreement and/or areas of disagreement.
- Should be a summary of what happened.
- Generally keep it “short and “sweet.

8. 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?*

IEP Form 8 – IEP Team Amendment Page

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

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

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

9. Educational Benefit Reminder:

Is the amendment clear?

Do the parents and staff agree on the amendment?

Are all affected staff (special Ed teacher(s), DIS provider(s), Gen Ed teacher(s), etc.),

including the LEA representative, informed of the amendment/change?

IEP Form 10 – IEP Team Member Excusal

“IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE-

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

- Enter the date of the meeting the team member/s will be excused from attending.
- Enter the name of the team members who will be excused.
- Enter the area or curriculum or related service that the team member is responsible for addressing.
- Check the appropriate column that explains why the IEP team member is being excused from the IEP meeting in whole or part.
- Get signature of parent or student as appropriate and LEA representative.

10. Educational Benefit Reminder:

Did the parents agree prior to the IEP Team meeting that the team member/s could be excused?

Did the excused team member/s provide written input prior to the IEP Meeting to the parents and the LEA?

Was the excused Team member’s written input complete and sufficient for the IEP team to develop an IEP for educational benefit?

Did the excused team member/s receive a copy of the IEP?