

**LEAST RESTRICTIVE ENVIRONMENT**

Ventura County SELPA IEP

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Meeting Date \_\_\_\_\_

**Promotion and Retention Standards (Grades 2-8)**  Regular district criteria  Individualized criteria. Specify: \_\_\_\_\_

**Special Factors Affecting Learning and Placement** Do any of the following special factors apply? If yes, describe interventions, strategies and/or supports.

Yes  No Behavior interferes with learning (of self or others): \_\_\_\_\_

Yes  No Language needs of English Learner (EL): \_\_\_\_\_

ELD Instruction

See ELD goal # \_\_\_\_\_

Strategies and Supports for Accessing the Core

Yes  No Braille instruction for blind or visually impaired student: \_\_\_\_\_

Yes  No Communication needs of student, including deaf or hard of hearing students: \_\_\_\_\_

Yes  No Assistive technology devices and services: \_\_\_\_\_

Yes  No Low Incidence Equipment to be acquired: \_\_\_\_\_

**Program Considerations**

The IEP Team considered the following factors to determine the least restrictive environment for the student:

- *The level of his/her individual needs as reflected on this IEP*
- *Placement with age-appropriate peers and participation with students without disabilities to the maximum extent appropriate in non-academic and extracurricular activities.*
- *Removal from general education only when the nature or severity of the educational needs are such that education in general classes with supplementary aids and services cannot be achieved satisfactorily.*
- *Any potential harmful effect on the social and personal needs, the level of educational functioning, or the quality of services which s/he needs.*

Check each program option discussed:

- |   |   |
|---|---|
| <input type="checkbox"/> General education class(es) with special education monitoring, consultation, collaboration, accommodations or modifications<br><input type="checkbox"/> General education class(es) with special education services provided individually or in small groups in the classroom<br><input type="checkbox"/> General education class(es) with special education services provided individually or in small groups outside the classroom<br><input type="checkbox"/> Special education class(es) with part-time integration for academics in general education classroom | <input type="checkbox"/> Special education class(es) with integration into non-academic and/or extracurricular activities<br><input type="checkbox"/> Full-time special education class(es) in a public school<br><input type="checkbox"/> Full-time special education class(es) in a Nonpublic School (NPS)<br><input type="checkbox"/> Home/hospital instruction<br><input type="checkbox"/> (For preschoolers only) Related Services only<br><input type="checkbox"/> Other: _____ |
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**Offer of Free Appropriate Public Education (FAPE)**

**Describe student's overall school program, including supports needed for extracurricular activities, (if any):**

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If placement in other than general education, provide rationale: \_\_\_\_\_

If placement in other than home school, provide rationale: \_\_\_\_\_

Other placement rationale: \_\_\_\_\_

Additional supports for student: \_\_\_\_\_

Supports needed for school personnel (i.e. consultation, training, planning time): \_\_\_\_\_

Support needed for transition between programs (i.e. special education to general education; preschool to kindergarten; middle school to high school): \_\_\_\_\_

**Extended School Year**  Yes  No If yes, describe program: \_\_\_\_\_