

# VENTURA COUNTY SELPA INSTRUCTIONS

## II. BASIC REQUIRED IEP MEETING FORMS

### A. Accommodations and Modifications for Instruction and Assessment

1. "Classroom Instruction and Assessment"
  - a) "Accommodations" – List subjects or activities (general or specialized education) for which the student requires accommodations as a result of the disability or handicapping condition; then list accommodations under the appropriate column. *(See Appendix II-A for examples of accommodations in each of these areas.)* It is not necessary to have accommodations listed in every column or for every subject or activity, nor is it necessary to list those commonly provided to all students in class. It is possible to group subjects or activities together when accommodations needed are the same (i.e. all content areas, all breaks, etc.) *(Remember, accommodations do not fundamentally alter or lower the standards of the course nor should they give the student an unfair advantage over his/her non-disabled peers.)*
  - b) "Modifications" – Describe curricular modifications needed for the student to participate in the subject or activity. Modifications should only be noted when the student is working substantially below his or her grade level. Select one of the types of modifications from *Appendix II-B* and describe in detail the changes to the curriculum or activity which will be made for the student.

If a high school student is participating in an alternative course of study which will not result in a regular diploma, please note.

For any modified coursework, note method student will be graded, selecting from choices in *Appendix II-B*. Note how and what they will be graded for, and determine if the method is for report card and/or classroom assignments. *(Remember, modifications do fundamentally alter the standards of the course/curriculum.)*

2. "Statewide Testing" All 3-4-5 year old preschoolers entering school as of September 1, 2009 will be required to take DRDP *access*. Only those tested in 2008-2009 with the DRDP-r will continue to take the DRDP-r. See *Appendix II-C* for the DRDP-*access* items and timeline. Indicate whether testing will be with or without adaptations and note adaptations needed, if any.

Adaptations allowed for the DRDP:

- 1) Allow a child to use an augmentative communication device or communication system (such as sign language, picture cards, electronic communication device or computer) in place of spoken language.
- 2) Allow a child to use alternative modes for written language (e.g., Braille, keyboard, computer, Braille books).
- 3) Provide visual supports, such as a different type of lighting or visual contrast that are needed for the child to see.

- 4) Use **assistive equipment** or devices (such as splints, walkers, utensils, switches, positioning devices, etc.) that the child typically uses in daily routines and activities.
- 5) Ensure **functional position** 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).
- 7) Allow for **alternative response mode** to complete a task. For example, the child with autism may look out of the corner of his eye; the child with a physical impairment may demonstrate atypical movement patterns; or may verbally direct other to accomplish task.

The next section must be filled out if the student is in grades 2-11 (or will be in grade 2 before the next IEP); otherwise, note "n/a." See *Appendix II-D* for a decision making flowchart for the first year of testing and *Appendix II-E* for a flowchart of subsequent testing years. If student will be taking CAPA see *Appendix II-F* for CAPA standards.

Check the boxes needed to describe the student's participation in Statewide Standardized Assessment, and specify alternate assessment (if any).. It is important to note if the student needs a special test booklet (i.e., Braille or large print). If the student needs other testing accommodations, list them in the appropriate columns. (See *Appendix II-A* for a complete listing of all allowable accommodations and *Appendix II-B* for allowable modifications). **All testing accommodations should be consistent with those listed above under "Classroom Instruction and Assessment."** Modifications specified on the IEP must be coded on the student answer document.

All students grades 5, 7, and 9 must participate in the state Physical Fitness test, even if they take CAPA.

3. "Graduation Requirements" – Must be addressed for all ninth graders and above. Indicate whether or not the student is working toward a Diploma or Certificate of Achievement or Completion. If student is working toward another option, check and specify. (e.g., GED, CHSPE, Vocational Certificate). Even though current law does not require special education students to pass CAHSEE in order to receive a high school diploma, they are required to take it in Grade 10. Indicate any accommodations needed for the California High School Exit Exam (CAHSEE). These accommodations and/or modifications should align with those also needed for classroom instruction and assessment and other statewide tests. (See *Appendices II-A and II-B* for allowable accommodations and modifications for CAHSEE. Note number of credits earned and those needed in order to graduate. You may put NA if the student is not working toward diploma. Have parent/adult student initial to indicate understanding that graduation will result in a loss of rights to special education services.

## **B. Additional Page**

This page is designed to be flexible so that it may be used for a variety of reasons during the IEP meeting. The extra space on this page may be used to record additional information which would not fit on one of the previous pages such as the "Present Levels," "Transition," "Accommodations and Modifications" or the "Positive Behavior Support Plan." It also may be used to record a summary of the meeting. Any issues raised by the parent that are not captured on the IEP form must be noted, including the district's response. In some cases, the parent may wish to use this page to record additional comments as an "attachment" to the IEP.

C. **Agenda**

Make copies for family to have and use during the IEP meeting. May also use on an overhead to “check off” areas as completed.

D. **Agreement /Attendance**

1. Parent/Adult Student Statements: Initials indicate agreement – ask parent/adult student to initial each item they agree with. If not applicable, note “N/A.” If the child is found ‘not eligible’, or is being exited from special education services, cross out the phrase “I understand that this program is reviewed annually and that I may request a review of this program at any time.”

Indicate any need for a translated IEP and the language requested.

2. Parent/Adult Student Initials/Signatures: Ask parent/adult student to initial the appropriate blank to indicate participation in the IEP: (1) Attendance – was at the meeting (2) Teleconference – participated by phone, (3) Invited unable to attend – parents gave permission to hold meeting or did not respond after multiple attempts to arrange meeting. Note area(s) of disagreement, if any. If parent participated via telephone or was unable to attend, the IEP will be sent home, and they will sign IEP and initial on the appropriate line. You may indicate next steps to address issue(s) next to the statement that the IEP will be implemented except for areas of disagreement noted above. The agreed upon components may be implemented immediately and the annual review date is established from the date of this meeting. If the team meets at a later date to resolve areas of disagreement you may use an addendum or administrative agreement to document areas of disagreement that have been resolved. Parent/adult student sign below.
3. Private School: Check box if student currently attends or will enroll in a private school. The first blank is the district of residence who conducted the assessment. The second blank is the district where the private school is located. Give parent the Notice of Ongoing Offer of FAPE form.
4. Signatures of other IEP team members: Legally required signatures:
  - **Every IEP must be signed by at least a special education service provider, LEA representative (district administrator or designee) and parent/adult student.** If parent/adult student is not present, indicate who will be responsible for obtaining signature.
  - The student must be invited to the IEP by age 16 and sign.
  - If the student attends any general education classes or may spend any time in general education classes, at least one general education teacher must attend the meeting and participate in the development of the IEP. A general education should be present at preschool IEPs. The law does not require that the general education teacher attend the entire meeting, only those portions in which their input is needed.
  - When a multidisciplinary assessment has been conducted, persons who conducted the assessment or are qualified to interpret the results must attend.
  - If a parent/adult student needs an interpreter, the person assisting them must sign.

- If any other individuals attend the IEP, they must sign and indicate their title and agency below their signature.

IEP Team members should sign on all applicable lines if they are serving in more than one capacity. If any member has an approved Excusal Form, it must be indicated on their signature line and the form should be placed in the student's record.

## E. Annual Goals

Use this form for students who require annual goals, not objectives (those students who do not participate in CAPA).

1. **Area of Need** – Indicate the specific area from the Present Levels of Academic Achievement and Functional Performance (PLAAPF) page or note “Transition” and transition area (i.e. transition/independent living). If it is from PLAAPF and transition, indicate both. For all students who will be 16 or older by the next IEP, there must be at least one transition goal.
2. **Responsible Discipline** – Indicate title rather than name of responsible person, which quite often will be more than one. The title of the position with primary responsibility for instruction and measurement and reporting should be listed first. Also note other staff responsible for supporting goal acquisition, including classroom teacher as appropriate. This information often cannot be determined until after the decision about services is made, so the responsible discipline may have to be added at the end of the meeting. Any discipline providing services on a regular basis should also be noted on the Student Information and Services page under “services”. If WorkAbility staff will be working with student on a goal, note “WorkAbility”.
3. **Description (Include baseline data)** – Describe area of concern in more detail. Must include these elements:
  - Progress from last year, current needs and/or reason for the goal. This complies with “Educational Benefit” and shows the continuity from assessment to goals, to progress, to new goals, etc., from year to year. If appropriate, describe in more detail areas in which the student continues to struggle, what the student needs to learn and why.
  - Baseline performance to include:
    - Observable skill or behavior (may be from goals bank).
    - Current Accuracy – Established by assessment prior to the IEP.
    - Consistency – Number of times skill/behavior observed. For some skills, only one assessment may be necessary for establishing baseline.
    - Measurement Instrument – Tool used to establish baseline. In some cases the measurement instrument used for the goal will be different than the one used to establish baseline.

The baseline data must be a starting point (current level of performance) for the annual goal and when possible be expressed in the same accuracy and consistency to be used in the annual goal. Needs are generated from the Present Levels of Academic Achievement and Functional Performance and/or Transition page, or assessment reports.
4. **Language of instruction** – Check for students who are designated as EL only.
5. **Annual Goal**

- a. Describe behavior or skill student will demonstrate in 12 months.
- b. Goals and objectives should use the following format: “By date, given setting/condition, student will description of observable behavior with accuracy, for consistency as measured by measurement.
  - Date student is expected to achieve goal must include mo/day/year. For annual reviews, the date should be one year from the date of the IEP.
  - Setting /Condition (where, when...) under which the skill will be performed
  - Description of observable behavior.
  - Accuracy in which the skill must be performed to be considered mastered.
  - Consistency is the period of time or number of trials in which the accuracy will be demonstrated.
  - Measurement instrument specifies how the goals will be measured.

For further assistance with writing goals, refer to SELPA brochure entitled *Linking Goals to Standards*.

- c. Goals found in the IEP bank will indicate whether they are an essential standard (ES) measured on the CST, or a CAHSEE, CAPA or DRDP standard. See *Appendix II-F* for CAPA standards and *Appendix II-C* for DRDP standards. If a target behavior appears in blue, there is an assessment probe to measure the skill. Target behaviors coded in green are the prerequisites for the blue coded skills. There aren't any assessment probes in the program for the skills coded in black.
6. **Enables student... vs. Addresses other needs...**
    - If you are using the goals bank, all academic, speech-language, ELD and CAPA goals will automatically indicate the standard to which they correlate. Most preschool goals are correlated to DRDP standards.
    - If you are using a goal not in the bank specify the category and standards number.
    - If the goal addresses other needs related to the disability and does not correlate with a standard, mark the box “Addresses other needs.” and indicate domain. Examples include behavior, feeding or motor goals.
  7. **Measurement of Progress Toward Annual Goal** – IDEA requires that special education Case Managers report progress to parents at the same time that the general education students receive report cards. The columns/rows on the right side of the page are for this purpose, or you may use the “Progress Report” form in the Report section in the IEP software. If using the goals page to report progress the following instructions apply:
    - Put the date for the reporting period in the date column/row.
    - Accuracy/Consistency – you must address progress toward the goal based on the measurement tool and method described in the goal. Below that, note any comments. Comments should be made to explain extenuating circumstances that led to lack of progress, or highlight gains.
    - Annual Review – record the date in the “annual review” box. Mark whether the goal was met or not met in the next box. Follow the same criteria for the comments section as listed above.

**Comments** – note rationale for lack of progress or any other comments regarding student’s progress.

## F. Annual Goals & Objectives

Use this form for students who require annual goals and objectives (those students who participate in CAPA and optional for preschool – see district policy.)

1. **Area of Need** – Indicate the specific area from the Present Levels of Academic Achievement and Functional Performance (PLAAPF) page or note “Transition” and transition area (i.e. transition/independent living). If it is from PLAAPF and transition, indicate both. For all students who will be 16 or older by the next IEP, there must be at least one transition goal.
2. **Responsible Discipline** – Indicate title rather than name of responsible person, which quite often will be more than one. The title of the position with primary responsibility for instruction and measurement and reporting should be listed first. Also note other staff responsible for supporting goal acquisition, including classroom teacher as appropriate. This information often cannot be determined until after the decision about services is made, so the responsible discipline may have to be added at the end of the meeting. Any discipline providing services on a regular basis should also be noted on the Student Information and Services page under “services”. If WorkAbility staff will be working with student on a goal, note “WorkAbility”.
3. **Description (Include baseline data)** – Describe area of concern in more detail. Must include these elements:
  - Progress from last year, current needs and/or reason for the goal. This complies with “Educational Benefit” and show the continuity from assessment to goals, to progress, to new goals, etc., from year to year. If appropriate, describe in more detail areas in which the student continues to struggle, what the student needs to learn and why.
  - Baseline performance to include:
    - Observable skill or behavior (may be from goals bank).
    - Current Accuracy – Established by assessment prior to the IEP.
    - Consistency – Number of times skill/behavior observed. For some skills, only one assessment may be necessary for establishing baseline.
    - Measurement Instrument – Tool used to establish baseline. In some cases the measurement instrument used for the goal will be different than the one used to establish baseline.

The baseline data must be a starting point (current level of performance) for the annual goal and when possible be expressed in the same accuracy and consistency to be used in the annual goal. Needs are generated from the Present Levels of Academic Achievement and Functional Performance and/or Transition page, or assessment reports.
4. **Language of instruction** – Check for students who are designated as EL only.

5. **Annual Goal –**

- a. Describe behavior or skill student will demonstrate in 12 months.
- b. Goals and objectives should use the following format: “By date, given setting/condition, student will description of observable behavior with accuracy, for consistency as measured by measurement.
  - Date student is expected to achieve goal must include mo/day/year. For annual reviews, the date should be one year from the date of the IEP.
  - Setting/Condition (where, when...) under which the skill will be performed
  - Description of observable behavior.
  - Accuracy in which the skill must be performed to be considered mastered.
  - Consistency is the period of time or number of trials in which the accuracy will be demonstrated.
  - Measurement instrument specifies how the goals will be measured.

For further assistance with writing goals, refer to SELPA brochure entitled *Linking Goals to Standards*.

- d. c. Goals found in the IEP bank will indicate whether they are an essential standard (ES) measured on the CST, or a CAHSEE, CAPA or DRDP standard. See *Appendix II-F* for CAPA standards and *Appendix II-C* for DRDP standards. If a target behavior appears in blue, there is an assessment probe to measure the skill. Target behaviors coded in green are the prerequisites for the blue coded skills. There aren't any assessment probes in the program for the skills coded in black.

6. **Objectives:** Describe prerequisite behaviors or skills/steps student will demonstrate in order to progress towards annual goal. Objectives should be written in the same format as an annual goal, including an exact date (mm/dd/yyyy). If you do not know the exact date for report cards, use the last day of the month in which report cards are sent home. You will definitely report “by” that date.

7. **Enables student... vs. Addresses other needs...**

- If you are using the goals bank, all academic, speech-language, ELD and CAPA goals will automatically indicate the standard to which they correlate. Most preschool goals are correlated to DRDP standards.
- If you are using a goal not in the bank specify the category and standard number.
- If the goal addresses other needs related to the disability and does not correlate with a standard, mark the box “Addresses other needs.” and indicate domain. Examples include behavior, feeding or motor goals.

8. **Measurement of Progress Toward Annual Goal –** IDEA requires that special education case managers report progress to parents at the same time that general education students receive report cards. The columns/rows on the right side of the page are for this purpose, or you may use the “Progress Report” form in the Report section in the IEP software. If using the Goals page to report progress the following instructions apply:

- Put the date for the reporting period in the date column/row.
- Accuracy/Consistency – you must address progress toward the goal based on the measurement tool and method described in the goal. Below that, note any

comments. Comments should be made to explain extenuating circumstances that led to lack of progress, or highlight gains.

- Annual Review – record the date in the “annual review” box. Mark whether the goal was met or not met in the next box. Follow the same criteria for the comments section as listed above.
- Comments – note rationale for lack of progress or any other comments regarding student’s progress.

## **G. Least Restrictive Environment**

1. **Promotion and Retention Standards** – This section must be filled out for students in grades 2 to 8. The IEP team needs to determine whether regular district criteria will be used or individualized criteria will be developed. Local district standards apply to all students, including students with disabilities, unless the IEP team establishes individualized standards.

In making this determination the team considers whether the student’s disability adversely impacts the student’s potential for learning or rate of learning. If so, the team should consider whether accommodations can minimize this impact. If, even with such support, the student will be unable to meet the board-adopted standards due to the nature or severity of the disability, the IEP team should develop individualized promotion standards, within the context of district standards, for the student. Examples could be “Will meet standards at a grade level,” or list the specific standards the student will be expected to meet or list a percentage of standards at a particular grade level a student will be expected to meet. For students in a functional skills curriculum, attainment of goals correlated to districts standards may be noted. Do not simply note “IEP goals.” Indicate the specific goals which will be used for determining promotion.

Between second and third, and third and fourth grades, the basis of the determination will be made on the pupil’s proficiency in reading. For all others, it will be made on the pupil’s proficiency in English/language arts, and mathematics.

In general, a student who requires individualized promotion and retention criteria would also have modifications to the curriculum. The individualized promotion standards must be documented in the IEP, preferably before the first day of the school year.

If a student with disabilities fails to meet either board adopted or individualized promotion and retention standards in the IEP, the IEP team should reconvene immediately to either develop a more appropriate plan or provide more services. For more information on Promotion and Retention, please refer to the [Ventura County SELPA Guidelines to Standards-Based Assessment and Accountability of Special Education Students](#).

2. **Extended School Year (ESY)** – Check whether the student will be participating. Describe differences from the regular year including special education services, minutes, and integration opportunities. Specify dates if known. (May use ESY Consideration Form – see “Pre IEP” Section of these instructions.)
3. **Special factors which affect learning and placement** – For all students, check “yes” or “no” for each of the following:

- a. **Behavior interferes with learning.** This is for any behavior the IEP team feels interrupts the learning of the child or his peers, such as out of seat behavior, talking out in class, aggressive behavior, or non-compliance. If “yes” is checked, there must be evidence that the issue was addressed elsewhere in the IEP. Ensure that the inappropriate behavior is described on the PLAAPF page and indicate where the behavior is addressed in the IEP. It may be reflected in a goal or goals to either decrease an undesired behavior or increase a desired one, in a behavior or contract, or in a “Positive Behavior Support Plan (PBSP)”. If a PBSP will not be developed, also note strategies to assist student in achieving goals/objectives.

The behavior may also be addressed on the Accommodations and Modifications portion – e.g., more frequent breaks, fewer problems per page, peer assistance, etc., in subjects where the problem occurs.

If the behavior is considered to be serious behavior as defined by the “Hughes Bill,” or a restraint has been used or serious property damage has occurred, then the team should consider having a Functional Analysis Assessment conducted to gaining information for developing a Behavior Intervention Plan, if none exists. If an FAA will be conducted, note this on the line.

If the meeting is being held because there have been 10 days of suspension and there is no behavior plan in place, the team must conduct a Functional Behavioral Analysis (FBA) and develop a PBSP. This should be noted on the line. It may require additional assessment, or the FBA may be completed at the meeting. There are 3 versions of PBSP available for use, as well as a checklist for FBA.

- b. **Language Needs of English Learner (EL):** If student is an EL, check “yes.” Describe how instruction will be differentiated in academics areas (for example, SDAIE strategies such as graphic organizers, visual cues, etc.) Also specify how student will receive appropriate English Language Development and increase their fluency in Listening/Speaking, Reading, or Writing. (May be provided in general or special education setting.) Refer to English Language Development goal(s), if appropriate. (See Goals Bank for suggested ELD goals.) If not an EL, check “no.”
- c. **Braille Information:** If student needs Braille instruction check “yes” and indicate where it will be addressed in the IEP (i.e., goals/objectives, services, or accommodations.) If Braille instruction will not be provided for blind or visually impaired students, check “no” and provide rationale.
- d. **Communication Needs:** If “yes” is checked, describe how the communication needs of student will be addressed (e.g. speech/language goals/objectives and services, communication board, instructional accommodations, sign language, etc.) If there are no communication needs, check “no.” If the student is deaf or hard of hearing, describe supports and indicate section of the IEP where they can be found.
- e. **Assistive Technology:** If “yes” is checked, list assistive technology devices and services necessary for the student to access core curriculum or other functional needs including “low incidence equipment” currently in

use. May include computer access, communication tools, mobility aids, etc. These should also be listed on the accommodations/modifications page as appropriate. (Specify type of device, not brand name.)

- f. **Low Incidence Equipment to be Purchased:** If new low incidence equipment needs to be obtained and/or purchased as a result of this IEP, check “yes” and specify. Check with district administration prior to recommending equipment. **Hearing Assistive Technology (HAT):** Includes any system of speaker-to-listener technology (formerly known as “FM Systems”) that may be used to assist a student with hearing impairments to participate in the learning environment. See *flowchart Appendix II-G* for guidelines to the process.

If the team, in consultation with Hearing Conservation, agrees that HAT needs to be purchased, note on this line.

#### 4. Program Considerations

- a. The team must check the box to note that it considered all of the factors listed when determining the most appropriate placement for the student.
- b. Check all options discussed, and then indicate overall program selected. The overall program should describe general and special education programs and services, and location. All special education services will be described in detail on the Student Information and Services and Transition pages. In some cases, the team will need to describe the program using additional pages.

#### 5. Overall School Program

- a. **Description of overall school program.** This should describe the student’s total school program, including general education. The special education or related services will not be described in the same type of detail as on the Student Information and Services page (i.e. frequency, minutes) but will be more descriptive of who, what, when and where).

##### Scenarios for Overall School Program

- 1) John will be in all general education core classes with the Special Education teacher consulting with the math and science teachers regarding his accommodations one time per month for 15 minutes each. He will be in a Special Education Directed Studies class for study skills one period a day.
- 2) Mary will be in special education classes for math and directed studies. She will be in general education classes for PE and elective with no special accommodations. She will be in general education for English, with the Special Education teacher in the class as a co-teacher. For history, she will be in general education with the Special Education paraeducator assisting as needed.
- 3) Jacob will be in the general education class all day long with the Special Education paraeducator coming in for direct instruction of his IEP goals and extra assistance 2 hours each day, Monday- Thursday. The Special Education teacher will consult with the general education teacher weekly.

- 4) Mildred will be in the general education classroom all day with substantial modifications provided by the general education teacher. The Special Education paraeducator will come into the classroom daily for an hour for direct instruction of her mobility and personal care goals. The SLP will work with Millie in the community one day a week on community skills.
- 5) Varhe will be in the general education classroom all day with accommodations provided by the general education teacher. He will go to the resource room to work with the Special Education teacher in small group for reading three times a week. He will receive OT in the general ed classroom for handwriting.

- b. **If placement in other than general education, provide rationale.** Give the reasons why the student is not fully integrated into the general education setting or program at all times. This rationale should be based on the student's disability. This is an extension of the statement as to how the disability affects the student's progress in the general curriculum. You can choose from two lists to combine into a single statement. Examples:

first list contains items such as	the second list finishes the statement and contains ideas such as
Due to a specific learning disability	the student needs more individualized instruction
Due to developmental delays	the student needs a higher staff to student ratio
Due to visual impairments	the student needs specially trained staff
Due to emotional difficulties	the student needs a more highly structured environment
Due to an autism spectrum disorder	the student needs less sensory stimulation

Since the law requires that students participate in academic and nonacademic activities with non disabled peers to the maximum extent appropriate to the needs of the student, the rationale should specify why the needs of the student cannot be met in the regular school program with supplementary aides and services.

- c. **If placement in other than home school, provide rationale** – Rationale for placement in other than home school should focus on the benefits of the program provided on an alternate campus rather than on the deficits of the student which make it difficult to provide an appropriate program at the home school (e.g., "IEP team determined that student's needs can best be met by the \_\_\_\_\_ program located in.....). If student is at the home school, put "NA"
- d. **Additional supports for student** – Add any other supports needed which are not already listed elsewhere in the IEP. (e.g., additional adult support for safety; supervision during transitions; peer helper; monitoring of health care needs; monitoring of hearing aids; etc.)

- e. **Supports for school personnel.** Specify those needed; for example consultation, training, planning time, etc. Consultation provided by a specialist as a time-limited problem solving measure, is not noted on the cover page. If training in a specialized physical health care service and/or emergency procedures is needed, note who and how training will be provided.

**Supports needed for transition between programs** – must be filled out when the student is changing programs. (e.g., “student will visit program”; “teachers to consult/review IEP”; “parent to visit”; “next level teacher to observe in classroom”; “next level teacher to attend IEP.”)

## I. **Present Levels of Academic Achievement and Functional Performance**

**General Instructions:** All boxes must be filled out for every student regardless of eligibility. The intent of this page is to provide a “snapshot” view of the child’s current levels of functioning in all areas. Include a brief description of the student’s strengths and weaknesses. Tell what the student can do, describe what is difficult, and/or tell what student is ready to learn. Areas in which there is a weakness or need resulting from the student’s disability should be addressed in the IEP. If the weakness will not be addressed further, a rationale explaining why not should be included on this page (for example “not a priority at this time;” “skill above student’s developmental level”). If a goal or goals are needed in any specific area, check the little “Annual Goal(s)” box. Simple phrases are okay. If more room is needed in any box when using SESP, check the “Continue” button to go to an additional page. The program will automatically put “See Attached” in the box to alert the reader that the information is on the additional page. To view this information at a later date, click the “Continue” button.

1. **Parent/Student Educational Concerns and Comments:** Ask the parent or adult student to specify concerns or comments regarding the student’s educational program or progress. (e.g., “Although he is making good progress, he is still having trouble in reading.” “Mary has been having behavior problems at home this year.” “Mother is pleased with Johnny’s progress.”)
2. **Academic Areas:** Describe the present levels of academic performance in narrative form, including classroom performance, assessment results, and strengths and weaknesses. Concerns in any of the areas resulting from the disability should be addressed and reflected in goals and objectives/benchmarks, transition services, other services, or program accommodations and modifications. Scores alone are not sufficient.
3. **State Standardized Test Results:** Include the most current test results for all of the tests the student is required to take. If an alternate test is given, the name should be put on the space available. For each sub-test, note the score as well as the level. For CST, the levels are: Far Below Basic, Below Basic, Basic, Proficient, Advanced. For CAHSEE, report scores as well as “passed/not passed.” For the DRDP, note date of most recent assessment. (Required twice a year for all 3-4 year olds as of January 2007).
4. **Cognitive Functioning:** If there has not been cognitive assessment, you may indicate general terms such as “no current concerns,” “appears to be within normal limits.” Also include any other information such as processing disorders or preferred learning modalities. If the student has been assessed, indicate the general cognitive level (scores and descriptions.) You may put “not assessed”

for any student who has not had psychological testing. When assessment results are presented, provide a summary of the student's abilities (weaknesses and strengths) in narrative form, using language the parent can understand. Scores alone are not sufficient.

5. **Communication:** Indicate how well the student communicates with adults and peers. Describe any barriers to communication, whether in the area of speech or language. If a speech and language assessment has been completed, address functioning in all relevant areas. (For example "articulation, voice and fluency are within normal limits.") If augmentative communication is used, specify. If there are no concerns, indicate with a descriptor such as "Communicates well with peers and adults," or "Makes all wants and needs known." If an EL student, also note "See EL page."
6. **Motor Abilities and/or Recreation/ Leisure:** Describe strengths and weaknesses in gross and fine motor as well as recreational activities. If there are no problems, indicate positive statements such as "Participates in all activities on the playground," "Participates on the baseball team," "Has legible handwriting."
7. **Social Emotional/Behavioral Functioning:** Indicate how the child behaves at school and home, if applicable. If the behavior at school is affecting the student's education, describe in detail, and a goal, service, accommodation, or behavior plan must be developed. If there are no concerns regarding behavior, a statement should be included to specify that the student displays positive behavior (e.g., "Gets along well with peers," "Is able to follow rules.")
8. **Vocational/Prevocational/Community Access:** For vocational/prevocational, indicate skills and abilities. For children in elementary school, prevocational skills include being prepared for class, being prompt, performing simple chores, etc. For secondary/postsecondary, indicate vocational strengths, such as "Strong typing skills," or "Likes to do yard work." If the student has a part time job, or has participated in exploratory work experience, indicate. This is not the place to put his or her dreams for employment after school, as that belongs on the Transition Page.  
  
For community access, indicate what the student can do independently in the community ("Has driver license," "Can independently use public transportation," "Crosses streets with some help.")
9. **Self-Care/ Independent Living:** Describe the student's skills and needs in taking care of him/herself in the home and at school. Examples might be "Needs some help with dressing," "Can fix a simple microwave meal independently." If the student is very capable, make a general statement such as "Independently cares for all personal needs," or "Does house and yard work at home when asked."
10. **Health Status/Summary:** Vision/hearing screening results should be reported here. For all initial and triennial IEPs, the vision and hearing results should be within 1 calendar year. For reviews, the results need to be the most current (within 2 years). Check boxes for corrective lenses and medication as appropriate. Indicate medical diagnosis, if any. Briefly summarize any health care concerns or other health information pertinent to the educational setting, including the reason for or nature of any Specialized Physical Health Care

Services or Other Health and Nursing Services. State the reason for the Emergency Plan, if any.

11. **Additional Information:** Include any other information about the student that the IEP team needs to consider. May include additional health or medical information or other important information.
12. **Description of Disability:** Describe the student's disability and how it affects progress in core curriculum and/or participation in age appropriate activities. This information will assist in determining the appropriate placement and services for the student after goals/objectives, accommodations, and other supports have been agreed upon. (e.g., "Susie's auditory processing disorder affects her ability to take notes in a lecture class." or "Johnny's sensory-motor processing disorder makes it difficult for him to produce written work.")

## J. **Student Information and Services**

This form is used for full IEPs or interim placements of students from outside of our SELPA, not for addenda. Prior to the IEP meeting, fill in all the identifying information at the top of the page. The balance of the information on this page will be filled out during or at the summation of the meeting. When entering information in the large boxes on this page, please be as accurate as possible as the data is used for CASEMIS and reporting purposes. Fill out all the boxes, even if you enter N/A.

1. **Meeting Date:** It is the date of the IEP meeting.
2. **Student:** Enter the full first and last name of the student.
3. **Parent/Guardian Name:** First name and last name of the parent/guardian who has legal custody or guardianship of the student. If uncertain, check with your administrator. If needed, there are additional lines for parent information. Enter name of surrogate parent if applicable. If a surrogate or designated educational representative is appointed for the student, ensure a copy of the appropriate forms is filed in student's record and list biological parent on the second set of parent information lines. See Pre-IEP section for Designation of Surrogate Parent and necessary forms, as well as Designation of Educational Representative.
4. **Address:** List address of parent/guardian with whom student is residing the majority of the time.
5. **Phone:** Best telephone number where parent(s) can be reached. If both home and cell are available, write both numbers.
6. **D.O.B.:** Student's date of birth (month, day, year).
7. **Age:** Student's age at the time of IEP meeting.
8. **Grade:** Student's current grade level
9. **Sex:** Student's gender
10. **Case Manager:** Name of the case manager responsible for student's records and implementation and reporting of IEP.
11. **Case Manager Phone:** Telephone number, including area code, for case manager.
12. **School Attending:** School at which the student is currently enrolled.
13. **Home School:** School of student's residence (see district policies for school of choice, magnets.)
14. **Native Language:** "Native Language" is initially determined by the parent's response on the Home Language Survey questions 1-3, and will never change. If the student's native language is English, and s/he is still fluent in English, check "EO." If there is any language other than English noted on "Native Language" on this form you must check either "EL" (English Learner) or "IFEP" (Initial Fully English Proficient) or "RFEP" (Reclassified Fully English Proficient).

IFEP and RFEP are determined by CELDT and other criteria. IFEP is used when assessment determines that student is fully English proficient upon initial enrollment in school. Student is designated RFEP when they were formerly EL and have met reclassification criteria. Note date of classification/reclassification. If the student is designated as “EL” you must complete the “English Language Development Form” of the IEP and specify how his/her needs will be met under “Needs of EL” on the LRE page.

15. **Meeting Purpose:** The choices are:
  - *Initial* – This is marked only when the student is first evaluated for special education, including infant/preschool programs or any services such as speech or occupational therapy. If a student does not qualify for services, it is still marked as the initial but does not count as “entering special education.” Subsequent IEPs for a student previously found not eligible will still be an “initial” IEP, and the date of the IEP in which student is found eligible will be the permanent “initial IEP” date. (If the student exits special ed. and re-enters at a later date, that IEP will be considered as an “Initial”.)
  - *Review* – May be used for an annual review. All pages of the IEP must be considered and new goals/objectives developed or adopted.
  - *Triennial Review* – Check this box whenever the student’s continued eligibility is reevaluated. Must be within 3 years from the date of the last evaluation but may be conducted sooner if new evaluation has been conducted. All pages of the IEP must be included and new goals developed.
  - *Transition* – Check this box if the student will be 16 years old or over before the next IEP meeting. The Transition to Adult Life page is required.
  - *Interim (30 day)* – Check this box if the student is transferring in from out of the SELPA with a current and active IEP and the district wants to record the services and location that will be provided in the interim. This does not require an IEP team meeting and does not require parent approval, although best practice would be to inform them. The meeting that will be held at the end of the 30 day interim placement will be noted as a “review” and requires development of a full IEP on our forms.  
If the student is transferring in from out of state, new assessment must be conducted in order to develop a new IEP.
  - *Other* – may be used for meetings when a substantial portion of the IEP is being revised. **If you don’t intend to revise a substantial portion of the document**, use an Addendum page instead. If the purpose of the meeting is to consider exiting the student from special education eligibility, please note. **If you do not change the annual date on the goals**, change the “Next Review” date to match the date on the goals.
16. **Teacher:** The student’s current teacher as of the date of the meeting.
17. **Student ID#:** Fill in either ID# or SS# according to district procedure. At least one number should be filled in.
18. **SSID#:** Check with your district CASEMIS clerk. This is always a ten digit code unique to each special education student in the state.
19. **District of Service:** Enter the name of district that is providing the majority of services to the student.
20. **District of Residence:** Enter the name of the district where the custodial parent and student reside. If the student has been accepted to another district through the inter-district transfer process, not because of a special education placement, list the new district as the District of Residence.
21. **Migrant:** Check box if student is eligible for Migrant program.
22. **Dates:** Indicate month, day, year for all lines except exit information.
  - Initial entry (0-22) - Enter the date of the first IEP or IFSP meeting in which the student was determined eligible for Special Education services. This first

date is used even if they were exited and re-entered at a later date. *Required of all students with an entry date of July 1, 2006 or later.*

- Initial IEP- Enter the date of the meeting at which the student was first found eligible for Special Education services and received an IEP. Enter the first IEP date even if the student was served with an IFSP before three years of age. If the student was served with an IEP previously, then exited and re-entered, enter the date of the most recent meeting at which the student was found newly eligible.
  - Implementation (this plan): Refers to the specific date that the services in this IEP will commence. It will frequently be the next school day. Do not write “ongoing” or “continuing”.
  - Next Review: Refers to the anticipated date of the next annual review. (Must be held within one year of the date of the current IEP)
  - Next Triennial: Indicate the date when the next triennial IEP meeting will be held to determine the student’s continued eligibility. (Should be no later than three years from the initial IEP or the last triennial review).
  - Exit Date: Enter the last date of services for students who were assessed and the IEP determined they were no longer eligible for special education services. Also note last date of service for students who are graduating with a diploma, have earned a GED, have reached maximum age or self withdrawal for a student over eighteen. For students who receive a Certificate of Completion and will be going on to public school post secondary education, it is not considered an exit. Note reason.
23. **Agency Services (Outside of IEP):** Check all the agencies that provide services to the student.
- None – The student **only** receives services from the school district
  - CCS – California Children Services which usually provides medical therapy or other medical services.
  - Regional Center: These are services provided to people with developmental disabilities.
  - Rehabilitation: These are services provided by the Department of Vocational Rehabilitation to assist people with career preparation and retention.
  - Mental Health: – These services are usually in the form of counseling, psychiatry or medication management and provided by a community mental health provider on a community based model, outside of the IEP process (usually provided by Ventura or LA County Behavioral Health).
  - Social Services- services usually provided by the Human Services Agency, Department of Adult, Children and Family Services in Ventura County, and may include social work or foster care.
24. **Ethnicity/Race:** Ask the parent(s) to designate whether or not the child is Hispanic or Latino. Then, they may select one or more of the options for race, regardless of ethnicity.
25. **Residency:** Enter setting where student resides.
- Parent/Legal Guardian – Check option if student resides with parent or legal guardian.
  - Foster # – If student resides in Foster Care, please enter foster care state license # for the foster care placement.
  - LCI # – Licensed Children’s Institution and the number.
  - Residential Facility – If student is placed in a residential facility.
  - Hospital – If student is in the Hospital for a long term illness.
  - Incarcerated: For students who are in a correctional facility.
  - Other – Other type of placement.

26. **Eligibility:** Mark the primary disability category of eligibility. Indicate second eligibility, if any in the line provided. If no secondary eligibility, write none on the line. If the student qualifies with a low incidence disability, the low incidence category must be reported first in order to generate low incidence funds. Eligibility can be changed only after an assessment has been conducted and presented at an IEP meeting.
- Specific Learning Disability (SLD) – since the determination of a specific learning disability is made during the IEP meeting (initial or triennial), the “Specific Learning Disability Eligibility Summary” page must be filled out during the meeting and attached to the IEP. The SLD summary page is not required for reviews; simply check the box.
  - Not Eligible: If student is not eligible under any category, mark the “not eligible” box and provide an explanation. General education accommodations may be suggested in this box (i.e. SST monitoring or a 504 Plan [if eligible] may be considered).
27. **Health: Physical, Mental** - Mark any of the choices that may apply.
- Specialized Physical Health Care Services: Mark this choice if the student receives any specialized physical health care services authorized by a physician. Specialized physical health care services must also be listed in the Special Education Services box at the bottom of the page with the location, frequency, minutes, and provider: (E.g., District of Service (DOS) or County Office of Education (COE)). If the student is receiving Specialized Health Care Services, the services must be described in the Health Status/Summary box on the Present Levels page and the student must have a goal for this service in the IEP, unless the student is a non-participating (passive) receiver of the services The Physician’s Authorization should be placed in the student file, but not attached to the IEP.
  - Emergency Plan: Mark this choice if the student has an Emergency Plan to address emergencies due to seizures, allergies, asthma, etc. This plan is developed by the school nurse and must be attached to the IEP. If the plan is updated between IEP meetings, use the “Administrative Amendment” form to note changes. The revised plan must be sent out to all members of the IEP team. Enter as "Other Health and Nursing Services in the Special Education Services box at the bottom of the page.
  - Health Care Plan – Mark this choice if the student has an individual Health Care Plan written by the school nurse. The Health Care Plan describes strategies used to address health related concerns identified through the nursing process. It does not have to be attached to the IEP. . Enter as "Other Health and Nursing Services in the Special Education Services box at the bottom of the page.  
Note: Check with the school nurse regarding the location, frequency, minutes, and service provider for all health and nursing services.
  - Mental Health Services: Mark “Eligible” for students who have been assessed and are currently eligible for mental health services under government code 26.5. Mark “Receiving” if the student is currently receiving mental health services under 26.5 on this IEP. Mental Health Treatment Plan needs to be attached and all Mental Health services listed under special education services. (See *Appendix II-J* for guidance for students on how to list services with mental health services under a Treatment Plan.)
  - Positive Behavior Support Plan – Mark this choice if the student has a Positive Behavior Support Plan or Behavior Intervention Plan as a part of the IEP.

28. **Special Transportation:** Indicate “yes” or “no”. If student will receive special education transportation, fill this out in accordance with your district’s policy. If yes, indicate level of service according to the chart in *Appendix II-H*. Also note any other special requirements such as a wheelchair bus, an aide needed for health reasons, a harness, an aide needed for behavior, or air conditioning. Please make sure to include the name of an Emergency Drop Off contact and the phone number.
29. **In General Education:** Indicate percentage of the school day that student participates in general education settings, including lunch, recess, passing periods and other “breaks” that occur on a regular basis. Compute the average number of minutes the student is in the general education setting each day and divide by the average number of minutes in a school day (starting to ending bell schedule). The SESP program includes a calculator to assist with this formula.

For all students ages 3-5, select the federal setting according to the chart below:

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
405	Regular early childhood program or kindergarten - more than ten hours per week - majority of special education services provided in some other location than the regular early childhood program or kindergarten
410	Regular early childhood program or kindergarten - less than ten hours per week - majority of special education services provided in the regular early childhood program or kindergarten
415	Regular early childhood program or kindergarten - less than ten hours per week - majority of special education services provided in some other location than the regular early childhood program or kindergarten
440	Separate class
450	Separate school
460	Residential facility
470	Home
475	Service Provider Location

Once the child turns six years old, information in this field should be deleted at the next Annual Review.

30. **Out of District Transfer:** If student will be attending a different district or a County Office of Education program for specialized services (e.g. Phoenix Program) or will be transferring between elementary and high school districts indicate what district the student will transfer to and the date of the transfer. Not to be used when a student is transferring to another school within the district.
31. **Physical Education:** Mark the type of physical education to be provided:
- General – General Education Physical Education class with or without accommodations.
  - Modified General – General Education Physical Education class with substantial modifications based on student’s needs.
  - Specially Designed – A Physical Education program developed by an Adapted PE specialist or Special Education teacher and provided by the Special Education Teacher.
  - Adapted – Services from the Adapted PE Specialist for students who participate in physical education, but whose needs cannot be met in the general education physical education or specially designed physical

education programs. Annual goals/objectives must be developed and included in the IEP. APE should also be noted as a related service.

- Exempt – For students who would normally be expected to participate in a physical education program but are exempted due to medical/health reasons.
- N/A – Mark N/A for students who are not required to participate in physical education (i.e. preschool and post secondary).

32. **Dismissed From:** Indicate the date and service from which the student is being dismissed.

33. **Services:** Indicate all special education and/or related services the student will receive. Below is a list of those most typically used. The primary service must be listed first and must be one of the **first seven** on the list below. (See //I for a more detailed description of services.)

1. Specialized academic instruction
2. Intensive individual services
3. Individual and small group instruction
4. Language and Speech
5. Vocational training
6. Travel training (including mobility training)
7. Adapted physical education
8. Specialized physical health care services
9. Other health and nursing
10. Assistive technology
11. Occupational therapy
12. Physical therapy
13. Individual counseling
14. Counseling and guidance
15. Behavior intervention
16. Other special education/related service

All services must be categorized by a code listed in CASEMIS. Remember to list educationally-necessary services provided by mental health or CCS. (See *Appendix II-J* for guidance for students with mental health services.) The above list is not exhaustive.

34. **Location:** specifies where the student receives the service. You may only specify one location per service so if the service takes place in more than one location, you will need to list the service twice. Common locations for school age students include:

1. Home
2. Hospital
3. Regular classroom/public school
4. Separate classroom in public integrated school
5. Separate school or facility
6. Charter school (operated by LEA)
7. Charter school operated as an LEA or district
8. Continuation school
9. Alternative work education center (ROP)
10. Juvenile court school
11. Nonpublic day school
12. Nonpublic residential school in California
13. Parochial school
14. The location of "Service Provider Location" is intended only for services provided away from the school setting (e.g. CCS, Mental Health, etc.) not for any services provided at the school.

35. **Frequency:** may be listed as:
1. Daily (one or more times a day)
  2. Weekly (one or more times a week)
  3. Monthly (one or more times a month)
  4. Yearly (one or more times a year)
- Note: If the frequency needs to be more specific (e.g. 2x/week), click into the box to the right of the frequency and select from the pop-up menu.
36. **Total Minutes (Duration)** means the number of minutes per frequency (day/week/month/year). In cases where a student is normally seen 2 times per week, for example, list weekly and then put the total number of minutes per week.

**Provider** is the agency providing the service, not the individual. Choices frequently used for school age children include:

- District of service (DOS)
- County office of education (COE)
- SELPA
- Regional Center (RC)
- Mental Health (MH)
- California Children's Services (CCS)
- Nonpublic Agency (NPA)
- Nonpublic School (NPS)