Working Through the IEP Process

A parent guide on how to help your child through the special education process.

This workbook provides information on:

• Your rights.
• Your child’s rights.
• How to prepare for an IEP meeting.
• What to do after the IEP meeting.
Working Through the IEP Process was written in 2001 by student intern Cathy Lui for the Kids in Crisis Project and revised in 2005 by student intern Nadia Nasser-Ghodsi. The Kids in Crisis ("KIC") Project assists children with disabilities and their families in San Mateo County. We provide free, confidential legal services to children and youth ages 0-18 with mental, physical, or developmental disabilities.

Contact the KIC Project at
(650) 558-0915 or 1-800-381-8898
or visit the Legal Aid Society at
521 East 5th Avenue, San Mateo, CA 94402
www.legalaidsmc.org

For the first edition, we wish to thank the County of San Mateo, the Louis R. Lurie Foundation, and the Michelson Foundation for their generous support of our work. For support of the revisions, we thank the Atkinson Foundation and the BEA Foundation. For support of the third edition, we would like to thank First 5 San Mateo County for their support of our Kids in Crisis Project. We also wish to thank Community Alliance for Special Education (CASE) and Protection and Advocacy, Inc. (PAI) for allowing us to adapt and reproduce sample letters from their publication Special Education: Rights and Responsibilities.

Copyright © 2008 by the Legal Aid Society of San Mateo County - Kids in Crisis Project. Third Edition.
**Introduction**

Dear Parent:

This IEP workbook is meant to help you and your child through the IEP process. The workbook will help you understand how the IEP system works, how to prepare for the IEP meeting, and what you should expect at the IEP meeting. Go through and fill out this whole workbook before the IEP meeting and make sure to bring it to the meeting. You may also want to go over this workbook with your child. Take time to think carefully about what your child needs and what your child's school can do to help him or her have an appropriate education. And be sure to leave yourself enough time to be able to fill out this workbook and get all the forms that you need before your child's IEP meeting. In other words, START PREPARING EARLY!

My name: __________________________________________

My child's name: ___________________________________

My child's last IEP was (date): ________________________
(only if your child is already in special education)

My child's next IEP is scheduled for (date): ____________

Page 3
Introduction
How to See if Your Child Might Need Special Education

Under the federal law called the Individuals with Disabilities Education Act (IDEA), eligible children can receive special education services. These services include smaller classes, physical therapy, occupational therapy, speech therapy, one on one attention from the teacher, and others. If your child has a disability and needs these services for school, special education means these services are provided to your child, at no cost to you, to meet the needs of your child.

To see if your child may need special education, answer the following questions by placing a check in the box if the answer is “yes” to the question. If you check one or more of the boxes, then your child is probably eligible for special education.

☐ Does your child have a hearing, visual, or speech/language problem?
☐ Is your child orthopedically impaired? (has physical problems with his or her body and the way his or her body has grown)
☐ Does your child have a developmental delay? (for example, mental retardation)
☐ Is your child emotionally disturbed?
☐ Does your child have a learning disability that significantly gets in the way of his or her learning?
☐ Is your child autistic?
☐ Does your child have a traumatic brain injury?
☐ Does your child have attention deficit disorder or attention deficit hyperactivity disorder? (also called ADD and ADHD)
☐ Does your child have an established medical disability?

*Please note that the eligible disabilities mentioned above are not the only ones that can let your child receive special education. These are just some examples to help you figure out if your child can receive special education.

If your child hasn’t been tested for any of these things, but you think he or she needs some extra help at school, you can ask the school district to...
assess your child (see the section in this workbook called "The Assessment Process").

*Reminder: The first step is finding the primary reason why your child can get special education services. But once your child is found eligible for special education, your child can get all the services he or she needs. See the section on "Extra Help Your Child Needs" to help your child get extra help. On the IEP papers, the school district usually will circle the primary disability that they think your child has, and then will check other disabilities.
Rights of Parents and Children

The IDEA also provides you with certain rights to protect your child's interests and education. Here is a list of several of the rights that you have. This is only a partial list of your rights and these rights will be talked about in more detail later on in this workbook.

You have the right to:

- Ask that the district decide whether your child can get special education services.
- Be given the opportunity to participate in any decision-making meeting regarding your child's special education program.
- Participate in Individualized Education Program (IEP) meetings.
- Be accompanied by other persons to the IEP meeting (including an advocate, attorney, or a friend or family member).
- Give information to the IEP team.
- Participate in the development of the IEP.
- Request an IEP meeting if you think one is needed to go over or change a prior IEP.
- Be told in writing of the IEP meeting's location, time, and place.
- Have an interpreter if you need one to participate in the IEP meeting.
- Tape record the IEP meeting as long as you give the school district 24 hours notice that you are going to tape record the meeting.
- Obtain a copy of the IEP, on request.
- Have the IEP implemented as soon as possible (immediately except where very good reasons require a short delay).
- Have a special education teacher for your child who has at least a bachelor's degree and is licensed as a special education teacher.
- Be told of all available alternative programs.
- Be told in writing by the school district what evaluations the district wants to do for your child, in your native language and so you understand.
• Have your child assessed in all areas of possible disabilities.

• Get a copy of and go over all of your child's education records before any IEP or due process hearing.

• Ask for an educational hearing called a "due process hearing," regarding the education of your child.

• Ask the school district to try to work out disagreements through mediation or alternative dispute resolution.

• Request compensation for attorney's fees if you hire an attorney for mediation, a due process hearing, or a court hearing.

• Get educational services from the school that allow your child to work on the established IEP goals even if your child is suspended or moved to another placement for a disciplinary problem.
What Is an IEP?

When people say "IEP" they actually could be talking about several different things. IEP stands for Individualized Education Program.

- There is an IEP Team that meets to see what kinds of services your child needs.
- There is an IEP meeting where everyone in the IEP Team meets.
- At the meeting, the team writes up an IEP document, which should list all the services the IEP Team thinks your child should get.

If you sign the IEP document, it means you agree to what is written in the document - and the IEP document acts like a contract in terms of what services the district has agreed to give your child.

- The IEP document is developed through the IEP meetings, which are at least once a year, but can occur more than once a year if both you and the school agree that it is necessary.
- You can request to have additional IEP meetings during the year if you were not satisfied with the last meeting or feel that the current IEP does not meet your child's needs.

If your child is not currently receiving special education but you feel he or she may need to, then the first step is to request a Referral for Special Education. This means that you would like the school to think about whether your child needs any special education services. You should ask the school to do this in writing by writing a letter to your child's teacher, principal, or the person in charge of the special education office. (A sample letter is included in the back of this section). Make sure you put the date on the letter and keep a copy.

The letter should tell the school district:
- That you are worried about your child's progress in school.
- That you are making a referral for assessment for special education services. (This means that you are asking the school to begin testing your child to see if he or she needs special education and to see what are his or her strengths, skills, and needs).
- That you would like an IEP meeting.
There is also the option of asking for the school district to test your child to see if he or she is eligible for services under Section 504 of the Rehabilitation Act of 1973.

- Section 504 helps children who do not have the right to get special education but are handicapped in some way.
- Section 504 can help your child by letting your child get special services anyway, or making changes in his or her education to help your child learn.
- If you want, you can ask in your Referral for Special Education letter to have your child assessed for Section 504 as well as for special education.

Timeline for IEPs:

- After the school has received your written request, the school district has 15 days (not counting days between regular school sessions or most days of school vacation) to get back to you with a written proposed assessment plan and a notice of parent rights.
- If your letter was received 10 days or less before the end of a regular school year/term, then the school must provide an assessment plan within 10 days after the start of the next regular school year/term.
- You will have at least 15 days to decide whether you agree to the proposed assessments. If you agree, you must sign the plan and return it to the school district. The district cannot do any assessments if you don't sign the assessment plan and return it to them. Once the district gets your written consent to the assessment (that means you agree to the tests they want to do on your child), the assessment and IEP must be completed within 60 days (not counting days between regular school sessions or most days of school vacation).
- If the initial referral to special education was received 20 days or less before the end of the regular school year/term, then an IEP must be developed within 30 days after the start of the next school/term. The district does not have to have IEP meetings during the summer vacation.

15 days 15 days 60 days

| You mail your first written request for a special education assessment. | The school mails you an assessment plan. | You return the signed assessment plan to the school. | The school district does all the assessments. | The IEP Team meets to decide what services your child needs. |
If your child is already in special education, you can always ask for an IEP meeting to review or change his or her current IEP. You should ask for the IEP meeting in writing. You should write a letter to your child's teacher, principal, or the person in charge of the school's special education office. (A sample letter is included in the back of this section). Make sure you put the date on the letter and keep a copy.

The letter should tell the school district:
- Why you are requesting an IEP meeting (examples include: to review, or change something about the current IEP).
- When is the best time for you to meet.
- Whom you think the district should invite to the IEP meeting (for example, if you would like to invite Golden Gate Regional Center because your child gets services there).

You can also request more assessments or tests on your child, if you feel your child needs them.

**Timeline:**
If your child is already in special education and does not need any new assessments, then the IEP meeting should be held within 30 days of your request.

30 days

You mail the school district a letter asking for an IEP meeting.

The IEP Team meets.

If you are unable to attend an IEP meeting but feel it is necessary to change your child's IEP, you can communicate with the school in writing about changes that you think are important. If you and the school agree, the changes will be made without holding an IEP meeting.
Sample Letter - Referral for Special Education

Use this sample letter as a guide when you write your own letter. The next page has this same letter but with underlined blanks. Copy that letter out of this book and write your own information in it. If you do not know what you are supposed to write in that underlined space, then look back to this sample letter and see what was written in that same spot. Then when you are done with the letter, make a copy for yourself and mail it. When you see Optional, you can either choose to keep the sentences in the letter or cross them out. In this letter, this parent's name is Bev Blue and she is asking for a referral for special education for her son John.

Ms. Bev Blue
210 Post Street - San Mateo, CA 94402
650-555-1212

August 9, 2001

Mr. Gary Green
Director of Special Education
Robinson City Elementary District
553 Welcome Avenue
Robinson City, CA 94000

Dear Mr. Green:

I am the parent of John, who is currently enrolled at Robinson Elementary School in the 5th grade. My child has not been doing well in school and I am concerned about his educational progress.

I am writing to make a referral for assessment for special education services for John, as required by 5 C.C.R. Sec. 3021(a). John may be eligible for special assistance. I am requesting that John be given a comprehensive assessment by the school district and that an IEP meeting be scheduled for him. [Optional: As part of the assessment process, I also request that my child be assessed under Section 504 of the Rehabilitation Act of 1973 to determine whether he should be identified as “handicapped” pursuant to the law and to determine what, if any, accommodations might be required in his educational program in the event that he does not qualify for special education services or in addition to special education services. This is also to request that the School District’s Section 504 Coordinator be present at the IEP meeting to discuss the results and recommendations of the Section 504 assessment.]

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely, Bev Blue

Page 11
Sample Letter
Dear ______________________________:

I am the parent of ______________________________, who is currently enrolled at ______________________________ in the _____ grade. My child has not been doing well in school and I am concerned about the educational progress my child is making.

I am writing to make a referral for assessment for special education services for my child, as required by 5 C.C.R. Sec. 3021(a). My child may be eligible for special assistance. I am requesting that my child be given a comprehensive assessment by the school district and that an IEP meeting be scheduled for my child. **Optional:** As part of the assessment process, I also request that my child be assessed under Section 504 of the Rehabilitation Act of 1973 to determine whether my child should be identified as "handicapped" pursuant to the law and to determine what, if any, accommodations might be required in my child’s educational program in the event that my child does not qualify for special education services or in addition to special education services. This is also to request that the School District’s Section 504 Coordinator be present at the IEP meeting to discuss the results and recommendations of the Section 504 assessment.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,
Sample Letter - Request for IEP Meeting

Use this sample letter as a guide when you write your own letter. The next page has this same letter but with underlined blanks. Copy that letter out of this book and write your own information in it. If you do not know what you are supposed to write in that underlined space, then look back to this sample letter and see what was written in that same spot. Then when you are done with the letter, make a copy for yourself and mail it. When you see Optional, you can either choose to keep the sentences in the letter or cross them out. In this letter, this parent’s name is Bev Blue and she is asking for an IEP meeting for her son John who is already getting some special education services.

Ms. Bev Blue
210 Post Street
San Mateo, CA 94402
650-555-1212

August 9, 2001

Mr. Gary Green
Director of Special Education
Robinson City Elementary District
553 Welcome Avenue
Robinson City, CA 94000

Re: John Blue

Dear Mr. Green:

I am the parent of John Blue, who is currently enrolled in 5th grade at Robinson Elementary School in the special day class for disabled students with learning disabilities.

I am requesting that an IEP meeting be held for my son as soon as possible. He has been having some problems at school. I think his program may need to be modified to address his individual needs. I am worried about his reading and writing skills and I think he needs to have a one on one tutor several times a week.

I am also requesting that I receive a copy of all of John’s school records prior to the IEP meeting.

[Optional: In addition, please have the Section 504 Coordinator for the School District present at the IEP meeting to discuss whether an assessment and/or accommodations under Section 504 of the Rehabilitation Act of 1973 might be indicated for John.]
[Optional: Pursuant to 5 California Code of Regulations Section 3040(b), and Section 56321 of the California Education Code and federal law, please have my son’s most recent IEP and his most recent triennial assessment translated into Spanish so that I can read them. I would also like to request a Spanish interpreter for the IEP meeting.

I would prefer a morning IEP meeting time because it is more convenient. If you have any questions or need to discuss this letter further, please call me at 650-555-1212. Thank you in advance for your prompt action regarding this request.

Sincerely,

Bev Blue
Dear [Name],

I am the parent of [Child's Name], who is currently enrolled in [Grade] grade at [School Name] in the [School District] school district. I am worried about the following problems and/or I think my child needs the following services:

I am requesting that an IEP meeting be held for my child as soon as possible. My child has been having some problems at school. I think my child’s program may need to be modified to address my child’s individual needs.

I am also requesting that I receive a copy of all of my child’s school records prior to the IEP meeting.

[Optional: In addition, please have the Section 504 Coordinator for the School District present at the IEP meeting to discuss whether an assessment and/or accommodations under Section 504 of the Rehabilitation Act of 1973 might be indicated for my child]

[Optional: Pursuant to 5 California Code of Regulations Section 3040(b), and Section 56321 of the California Education Code and federal law, please have my child’s most recent IEP and most recent triennial assessment translated into [Language] so that I can read them. I would also like to request a [Interpreter] interpreter at the IEP.

I would prefer that the IEP be scheduled on [Date] because it is more convenient. If you have any questions or need to discuss this letter further, please call me at: [Phone Number]

Thank you in advance for your prompt action regarding this request.

Sincerely,
Who Is at the IEP Meeting?

There are several important people that need to be at your child's IEP meeting. It is the school district's responsibility to make sure these people come to the meeting. The letter from the district telling you when the IEP will take place should also tell you who will be at the meeting.

The IEP Team should include:

1. You (the district should tell you when the meeting is and schedule the meeting at a time and place that you all agree upon).
2. At least one of your child's regular education teachers if your child is or could be in a regular classroom.
3. At least one of your child's special education teachers.
4. Somebody who represents the school or school district.
5. Somebody who has assessed your child or can talk about the assessments of your child.

Also, you can bring people to support you and help you present information such as an attorney or advocate. If you have relatives or other people who know your child well, you may want to bring them with you. It is also sometimes helpful to have somebody come to take notes for you during the IEP meeting. At the end of this section, fill out who will be attending your child's next IEP meeting to make sure you have everybody you need at the meeting.

If you and the school agree, certain members of the IEP team can be excused from the IEP meeting. If a member of the team has expertise or skills that will not be needed in the IEP meeting, the member can be excused without completing paperwork. Otherwise, before the meeting the absent member must write his or her opinion on the topics to be discussed in the IEP meeting. You must agree in writing to excuse a member from the IEP meeting. If you think it is important to have everyone on the team attend the meeting, then you do not have to agree to excuse anyone and everyone must be at the meeting.
Sometimes your child may be asked to come to the IEP meeting. The school district will tell you and your child if your child is invited to the IEP meeting. Your child does **NOT** have to attend if you don’t think it’s a good idea. By the time students reach 14 years of age, they should begin transition planning that focuses on their direction of study. Before students reach 16 years of age, they should start getting transition services to start helping them think about jobs, higher education, and adult life. This may be a good time for your child to come to the IEP meeting.

If your child has Medi-Cal, California Children Services, or gets help from the County’s Mental Health Services, people from these places may come to the meeting as well. If you have a Golden Gate Regional Center social worker, that person should help you advocate for your child at the IEP meeting.

*Also remember that you can have an interpreter at the IEP meeting and it will not cost you anything. Ask to have a language interpreter at the IEP meeting when you write to the district asking for an IEP meeting.

*The Legal Aid Society of San Mateo County has more information about transition services for your child. You can call the Legal Aid Society’s Kids in Crisis Project at 1-800-381-8898 for more information.

---

These are the people who have been invited to my child’s next IEP meeting and who are coming to the meeting:

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Name 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Page 17
Who Is at the IEP Meeting
What Happens at the IEP Meeting

In this section, we take you through an actual IEP meeting so that you can be prepared for what it will be like.

Goal of the IEP Meeting

- The goal of the IEP meeting is for you and your child’s school to make a special education program that will help your child. Someone on the IEP Team will write up a description of the program in the IEP document. They will be writing while everyone is talking, so it is very important that you have time to read the entire document before signing it. You should make sure that what they wrote includes all the things the Team agreed about.

Process of the IEP Meeting

1. First, the IEP Team should talk about your child’s current level of education and skills. Look at the workbook sections called “Your Child’s Strengths” and “Things Your Child Needs to Learn” for more information on how you can prepare for this part. Also, if your child had any new assessments, these should be discussed.

2. Then, the Team should talk about your child’s current levels of performance by going over his or her current work, past assessments, and teacher reports. See the section “Your Child’s Current Level of Performance” for more information. You or your child’s teachers can bring sample of his or her current school work to show the other Team members.

3. Then, the Team should come up with annual goals for your child, which are goals that your child should be able to meet within one year. These goals must be able to be measured (such as: “John will be able to finish the 2nd grade level puzzle by the end of the year”). See the section “Your Child’s Goals and Objectives” for more information on annual goals.
4. Then, the Team will decide what type of services your child needs. This includes not only his or her special education, but also any extra help that he or she needs that affects his or her learning. See the section "Extra Help that My Child May Need" in this workbook and tell the other members of the IEP Team what type of help you think your child needs. Remember that you can get extra help for your child through the IEP process if you ask for it at the IEP meeting.

5. Then, the Team will talk about where and in what type of classroom your child should be placed. You should talk about details such as the class size, whether or not your child will be with regular students, what the teacher's qualifications need to be, etc.

* Remember that you are an important member of the Team, and that your input matters. Do not be afraid to give your opinions.

Environment of the IEP Meeting

- If all goes well, the IEP meeting is a good opportunity for you to work with the school district. But unfortunately sometimes this does not happen.
- So be prepared that IEP meetings can be difficult and it may make you feel like "you against them."
- If this happens, try to stay calm and listen carefully to the points the school district and teachers are trying to make. But also stay assertive and strong so you can make your own points that you feel are important in helping your child get the education that he or she needs.
How to Ask for Your Child's Records & Current Assessments

You have the right to see your child's records and you should ask for these before the IEP meeting so you can look them over.

- The school must give you copies of your child's school records within 5 days after you ask for them.
- You can ask for them over the phone, in person, or in writing. It is better to ask for the copies in writing because that way if the school does not give them to you within the 5 days, you will have proof that you did in fact ask for them. Make sure to put the date on your letter and keep a copy.
- The school can charge you for the cost of copying the records, but if the cost of the copies is too high and you cannot afford it, then the school must provide them to you for free.
- See the sample letter in the back of this section for more information on how to ask to see your child's records.

The school district may have two files for your child: a special education file for your child if he or she is already in special education, and a cumulative file (which is a general file on your child's regular education that has his or her records from over the years).

- You can have copies to both files but you may need to remind the school to provide the records from both files.
- Also, if you have questions about what certain things mean in your child's records, the school district has to answer your questions. This is another reason why you should ask for your child's files well before the IEP meeting. This way you will have enough time to ask the questions you have about your child's records and ask to correct any mistakes in the records.

The Assessment Process

Your child's files may contain assessments. If not, you may want to have the school district assess your child. This section tells you how to do this.

When you want to see if your child can get special education services, you write a "Referral for Special Education" to the school district.
• Within 15 days of receiving your letter, the school district should mail back an assessment plan.
• The assessment plan should talk about what types of assessments or tests the school wants to do or did recently. If you do not understand the types of assessments listed in the plan, then you should ask the school to explain to you what they are.

All areas that are related to any suspected disability (the reasons why you or the school district thinks your child is not doing so well in school) need to be assessed by the district.

• You can also ask for specific kinds of assessments if you think that they are needed and are related to a suspected disability.
• If the district does not have somebody trained to do that type of test, then you can ask the district to hire a person trained to do the test outside the district.

Once you receive the assessment plan, you have 15 days to approve the plan or write back and say why you do not approve the plan.

• If you approve the plan, the district has 60 days to finish the assessment and develop an IEP.
• If you do not approve the plan, you need to write back to the district and tell them what changes you would like them to make to the plan.
• This is the time to get the district to do any tests on your child that explain why your child is having problems in school. Let the district know what you want in the assessment plan and work with them to come up with an assessment plan that works for your child. The assessments have to be given in a language that your child speaks.

Once the assessments occur, you can get copies of these assessments by asking to get copies of your child’s records. All assessments are put in your child’s records.
If you do not agree with the results of the assessment done by the school, then you can ask for an independent evaluation (this means that you are asking that your child be tested by somebody outside the school district).

- The school district has to pay for the independent evaluation if you can show that (1) the school district’s assessment did not correctly identify your child’s disability and your child was placed in the wrong category; or (2) your child’s IEP is not good for your child because it was based on a bad assessment.
- When you want the school district to pay for an independent evaluation, it is a good idea to send them a letter telling them this. Date the letter and keep a copy.

The district can do two things after they get the letter.

- They can either pay for the independent evaluation or go to a hearing to prove that their evaluation was correct.
- If the district wins at the hearing, you still have the right to get an independent evaluation for your child, but you will have to pay for it yourself.
- Even if the district wins the hearing and you pay for the independent evaluation, the school district still has to look at the results of the independent evaluation at the IEP meeting. You always have the right to bring in independent information to the IEP, and the Team has to use this information.
Sample Letter - Request for Records

Use this sample letter as a guide when you write your own letter. The next page has this same letter but with underlined blanks. Copy that letter out of this book and write your own information in it. If you do not know what you are supposed to write in that underlined space, then look back to this sample letter and see what was written in that same spot. Then when you are done with the letter, make a copy for yourself and mail it. When you see Optional, you can either choose to keep the sentences in the letter or cross them out. In this letter, this parent's name is Bev Blue and she is asking to review the records of her son John and make copies.

Ms. Bev Blue
210 Post Street
San Mateo, CA 94402
650-555-1212

August 9, 2001

Mr. Gary Green
Director of Special Education
Robinson City Elementary District
553 Welcome Avenue
Robinson City, CA 94000

Re: John Blue

Dear Mr. Green:

I am the parent of John Blue, who is currently enrolled at the Robinson Elementary School in the 5th grade. An IEP meeting has been scheduled for John on September 18.

I would like to arrange a time to review my son's educational records (both his special education file and cumulative file) at his school within the next five days, as required by California Education Code Section 49069. I would like to make copies of some of his records at that time.

Optional: [I cannot afford to pay for the copies of his records. I will call you soon to make arrangements for my school visit.] Thank you for your cooperation.

Sincerely,

Bev Blue
Re: 

Dear : 

I am the parent of , who is currently enrolled at in the grade. An IEP meeting has been scheduled for my child on . I would like to arrange a time to review my child's educational records (both the special education file and the cumulative file) at my child's school within the next five days, as required by California Education Code Section 49069. I would like to make copies of some of my child's records at that time.

Optional: I cannot afford to pay for the copies of my child’s records. I will call you soon to make arrangements for my school visit. Thank you for your cooperation.

Sincerely,
IEP Preparation - What You Can Do

The IEP meeting can be long and confusing. You are an EQUAL MEMBER of the IEP Team and the rest of the team will or should ask you questions. The more information you give them, the more the IEP Team knows about what services your child needs.

Being prepared makes the IEP meeting easier for you and will help your child. This section will help you prepare for the meeting so make sure to complete all the workbook areas in this section and bring this workbook to your IEP meeting.

Your Child's Strengths

There is a section in the IEP document (see the sample IEP document at the back of this workbook) to list the your child’s strengths. It is important to be prepared for this section. First, look over these general categories and check the ones where you think your child’s strengths are.

- math
- speech/language
- reading
- physical/motor skills
- self-help
- motivation/attitude
- science
- social skills (how your child interacts with other children or adults)
- writing
- behavior
- health
- history
- vocation (job training/skills)
- self-advocacy (speaking or communicating for him or herself)
Now, try thinking off the top of your head what activities your child does well and what good personality characteristics your child has. Try listing them below - then you can use this list at the IEP meeting.

Examples include: outgoing, open, optimistic, enthusiastic, talks a lot, happy, likes to pretend (imaginative) etc. Or strengths could be subjects that your child likes, or things your child likes to do like "my daughter is good at math" or "my son likes to listen to music."

If you run out of ideas, then try answering these questions about your child to find more of your child's strengths. Check the box next to the question if you answer "yes" to the question. Then for the questions that you answer "yes," look to the right to find the word that would best describe your child.

Questions:

☐ 1.) Does your child listen well to instructions?
☐ 2.) Does your child like to be read to?
☐ 3.) Does your child like to listen to music?
☐ 4.) Does your child like doing arts and crafts?
☐ 5.) Does your child like to play with other children?
☐ 6.) Does your child like to do active sports?
☐ 7.) Does your child like to make things out of blocks?
☐ 8.) Does your child like to read just for fun and on his or her own?
☐ 9.) Does your child like to go to school?

If you answered "yes" to:

☐ Question #1: you can say your child is attentive.
☐ Question #2: you can say your child is a good listener.
☐ Question #3: you can say your child is musical.
☐ Question #4: you can say your child is artistic.
☐ Question #5: you can say your child is interpersonal and social.
☐ Question #6: you can say your child is athletic.
☐ Question #7: you can say your child is creative.
☐ Question #8: you can say your child is self-motivated or enjoys learning.
☐ Question #9: you can say your child is an active learner.
Things Your Child Needs to Learn

The IEP Team will also talk about your child's "weaknesses." This is really supposed to be about what help your child needs from the district. Be prepared for the meeting by being able to tell the rest of your Team where your child needs help. Let's first try to find the areas where your child needs help by looking at general categories. Then we will list your child's areas of needs more specifically.

Think about what your child needs help with and check off the areas where you think your child has problems. If you do not know how your child is doing in an area, it is a good idea to ask the teacher since your child's teacher sees your child every day at school.

☐ math  ☐ social skills (how your child interacts with other children or adults)
☐ speech/language  ☐ writing
☐ reading  ☐ behavior
☐ physical/motor skills  ☐ health
☐ self-help (doing things for him or herself)  ☐ history
☐ motivation/attitude  ☐ vocation (job training/skills)
☐ science  ☐ self-advocacy (speaking or communicating for him or herself)

Now let's break down what your child needs help with into smaller pieces. Answer the questions below by checking the box if the answer is "yes." Each question that you answer "yes" is something that you can bring up in the IEP meeting as something your child needs to learn. And remember you can always ask your child's teacher to tell you where he or she thinks your child needs help.
☐ Is it hard for your child to get to school the way that non-disabled children of the same age usually get to school? (such as walking safely to a bus stop and riding the bus without any problems)
☐ Is it hard for your child to go to the right room when the bell rings?
☐ Is it hard for your child to interact with other children in the classroom or at home?
☐ Is it hard for your child to understand and follow school and classroom rules?
☐ Is it hard for your child to understand his or her teacher?
☐ Is it hard for your child to tell you or the teacher what he or she wants, needs, feels?
☐ Is it hard for your child to not disrupt the classroom?
☐ Is it hard for your child to go to the restroom without help?
☐ Is it hard for your child to sit in his or her assigned seat?
☐ Is it hard for your child to use a school locker?
☐ Is it hard for your child to eat lunch with his or her classmates without a teacher watching or helping?
☐ Is it hard for your child to participate with the other children in Physical Education class (PE)?
☐ Is it hard for your child to play with other children during recess without a teacher watching?
☐ Does your child have behavior problems?
☐ Is the way your child acts sometimes unsafe for the other children?
☐ Is it hard for your child to copy down the homework assignment for the day correctly?
☐ Is it hard for your child to turn in the homework on time?
☐ Is it hard for your child to remember to turn in homework?
☐ Is it hard for your child to go to school every day?
☐ Is it hard for your child to stay at school for the whole day?
☐ Is it hard for your child to dress himself or herself?
☐ Is it hard for your child to pour juice or milk?
☐ Is it hard for your child to eat a snack?
☐ Is it hard for your child to tie his or her shoes?
☐ Does your child spend lots of extra time on his or her homework?
☐ Is it hard for your child to walk without help?
☐ Is it hard for your child to focus or concentrate on a task?
If you think there are other areas where your child needs extra help, then write them down in this workbook as you think of them. Think about what you do every day with your child and what you need to help him or her with in school and out of school. These areas of need do not always have to be specific activities. They could also be personal issues such as: my child has low self-esteem, gives up easily, fights with other children, is disorganized, gets frustrated quickly, is depressed or very sad. All of these are issues you should bring up at your child’s IEP meeting.

Helping Your Child

Now that you have figured out what areas your child needs to work on, you can help come up with ideas to help your child improve in these areas. The rest of the Team should also help come up with ideas. Then the IEP Team can talk about whether the school can do any of these things to help your child at school.

First, think of activities, classes, programs that your child is currently in and that you think help your child. Write them down in the areas below. You will probably want to continue these activities or have your child placed in activities that are like the ones you listed below.

Example: My child has trouble understanding something when she reads it. Activity that Helps: I read it out loud to her and she can understand it better. How the IEP Team Can Use This: Maybe your child needs someone to read assignments out loud to her or needs textbooks on audio tape.
Activities that Help my Child:

1. Area of Need: ________________________________________________________________
   Activity that Helps: _____________________________________________________________
   How the IEP Team Can Use This: ________________________________________________

2. Area of Need: ________________________________________________________________
   Activity that Helps: _____________________________________________________________
   How the IEP Team Can Use This: ________________________________________________

3. Area of Need: ________________________________________________________________
   Activity that Helps: _____________________________________________________________
   How the IEP Team Can Use This: ________________________________________________

4. Area of Need: ________________________________________________________________
   Activity that Helps: _____________________________________________________________
   How the IEP Team Can Use This: ________________________________________________

5. Area of Need: ________________________________________________________________
   Activity that Helps: _____________________________________________________________
   How the IEP Team Can Use This: ________________________________________________
If you are having trouble thinking of things that help your child, the following questions may help you. If your answer is "yes," check the box next to the question. "Yes" answers mean that you should try to get this help for your child.

☐ Does your child respond better when he or she is read to by a teacher or in a reading group?
☐ Does your child listen more closely when pictures are used along with words or phrases?
☐ Has your child improved by being in class with regular students?
☐ Does your child work better with more one to one attention from the teacher?
☐ Does your child receive any therapies or services outside school that help (such as counseling, speech, language, or physical therapy)?

Help from Teachers

It is also important to figure out what your child's teacher can do to help your child. Write down your ideas and speak up at the IEP meeting about what you think needs to be done in your child's special education.

Ask yourself "What can my child's teacher do to help him or her learn?" and write down the answers below. Also, be sure to talk to your child's teacher(s) and ask them what they do that seems to help your child in the classroom.

Examples include: repeating instructions, speaking slower, doing more art activities with my child, letting my child have more or less free time/play, spending more time with my child, etc.

1. ___________________
2. ___________________
3. ___________________
Motivating Your Child

Now, think about what keeps your child motivated to learn or what helps him or her stay interested in learning in school and at home. When you want your child to do something, do you have to do anything extra to help him or her finish what you want done? These extra things you do can help your child stay interested in learning for a longer period of time. Write down what helps your child stay interested.

Examples include: offering prizes like snacks or little toys, reading his or her favorite book, letting him or her help you or the teacher with something else if he or she finishes a certain task, letting him or her have extra free play time, etc.

1. 
2. 
3. 
4. 
5. 
Extra Help that Your Child May Need

Even though your child receives help for the disability the school district thinks is his or her main disability, your child can also receive help for other problems. For example, if your child mainly has problems with speech and language, then he or she will receive help for that. But if he or she is also depressed, then your child can receive help with the depression too, if you bring it up at the IEP meeting. This extra help is called Related Services. You may also hear the school district call this extra help Designated Instruction and Services (DIS). DIS is basically California’s term for Related Services.

So think about what other types of help your child needs and write everything down so you can talk about it in the IEP meeting. Besides your child’s primary disability, think about what other things may be difficult for your child. In this section, you can write down the extra problems that your child may have in or out of school, or you can write down what extra kind of help you think he or she needs to have.

Examples include: using computers to help your child in school, sending him to therapy if he needs it, language classes if English is not his first language, summer school, speech therapy, counseling, occupational therapy, school nursing, etc.

1. ___________________________

2. ___________________________

3. ___________________________

4. ___________________________

5. ___________________________
Your Child's Current Level of Performance

Current level of performance simply means what your child is able to do right now. This is something that the IEP Team should discuss at the IEP meeting. You should think about your child's level so you can discuss with the rest of the IEP Team where you want your child to make progress. Here are a couple of checklists to help you let the rest of the IEP Team know your child's current level of functioning.

If your child is already receiving special education services, then you should:

- Bring in work samples that your child has recently done and show them to the IEP Team at the IEP meeting.
- Have the teacher give a report on how your child is currently doing in the classroom during the IEP meeting.
- Copy the goals and objectives section of last year's IEP and bring it to the IEP meeting.
- Have the IEP Team discuss whether your child met last year's goals and objectives and if he or she did not meet the goals, what were the reasons that he or she was not able to meet them (do this for each goal listed in last year's IEP).
- Ask the IEP Team to record this information in the IEP document. The Team can write this information on a narrative page and attach the narrative page to the IEP.

If your child is not currently receiving special education services and this is his or her first IEP meeting, then you should:

- Get copies of all your child's assessments and go over them to understand what your child's current level is.
- Speak to your child's current teacher to get more information about how your child is doing in class.
- Look over your child's school work and bring samples to the IEP meeting.
- Get your child's current teacher to give a report at the IEP meeting.
Problems with Your Child’s Current IEP

If your child is already getting special education services, then it is important to look at his or her current IEP and see if it is working for your child. Do this before the IEP meeting so you can be prepared to talk about it at the meeting.

1. Look over your child’s last IEP and see if your child reached his or her goals.
2. Then look over the special education services he or she is receiving and see which services he or she enjoys, which services have helped him or her, and which services have not helped.
3. Talk to your child’s teacher(s) or service providers to get more information about what helps him or her and what does not.
4. List the services that have not helped him below.

These services have not helped my child:

Service: __________________ Has Not Helped Because: __________________
Service: __________________ Has Not Helped Because: __________________
Service: __________________ Has Not Helped Because: __________________
Service: __________________ Has Not Helped Because: __________________

Are there services your child is not getting that you think would help? If so, you should write a letter to the district asking for an evaluation to see if your child would benefit (refer back to “The Assessment Process” section in this workbook).

Your Child’s Goals and Objectives

Even though it is the IEP Team’s task to agree upon goals and objectives for your child, sometimes the IEP Team can come up with goals that are not very helpful to your child. So it is important for you to understand the purpose of having annual goals so that you are prepared for the meeting. Below is more information about annual goals:
• Annual goals can be thought of as the answer to "What do we want your child to be able to do a year from now?"
• Annual goals are created by looking at your child's past schooling, what your child's level is now, and how he or she will perform in the future.
• Annual goals are used to measure your child's progress in an area of weakness. So the annual goal must talk about an area of weakness.
• Annual goals should be realistic.
• If you think semi-annual goals are important for your child, annual goals can be split up into benchmarks and short-term objectives. Benchmarks are major goals that your child reaches while short-term objectives are the smaller, middle steps that let your child reach a benchmark. Structuring your child's IEP with semi-annual goals is not required.

Example: A benchmark for a child could be learning to speak a whole sentence and a short-term objective is to have a child say 3 words.

Annual goals are important because they let you track your child's progress in school.
• These goals also help you see if your child's educational program works for him or her.
• If your child is not meeting his or her goals, then maybe the program needs to change. The services your child receives should help him or her meet these annual goals.

To help your child in the IEP meeting, try to have some possible goals prepared ahead of time and try to brainstorm some ways that your child can reach his or her goals.
• Think about what your child is able to do now and how he or she could improve. Remember that the goal is something your child has trouble doing but should be able to do with the right kind of help.
• Look back to the "Things Your Child Needs To Learn" section and use what you listed in that section to help you start thinking of goals. Use this chart to help you organize your thoughts about what your child needs to work towards for the year.
• At the back of this section, there are also samples of goals and objectives.
<table>
<thead>
<tr>
<th>Area My Child Needs to Work On</th>
<th>Current Level in that Area</th>
<th>Goal for that Area</th>
<th>Achieve Goal by When?</th>
<th>Ways to Achieve Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Math</td>
<td>Receiving a F in math</td>
<td>Be at C level or higher</td>
<td>9/07</td>
<td>Use the math software on the computer; get one on one tutoring from the teacher; go to the learning center and practice math three times a week for 45 minutes each time</td>
</tr>
<tr>
<td>Example: Verbal skills</td>
<td>Cannot ask for snack when hungry</td>
<td>Be able to signal and make a sound when hungry</td>
<td>9/07</td>
<td>Have the teacher make the same sound and signal every time a snack is given out; use pictures of snacks and point to them when it is snack time; see a speech and language therapist 3 times a week for 1 hour each time</td>
</tr>
</tbody>
</table>
Sample Goals

Read through these sample goals so that you know what type of goals you should be setting for your child at the IEP meeting. Feel free to show these sample goals to the rest of the IEP Team at the meeting.

Try to think of the goals as what you would expect from regular students. The IEP should talk about how your child is going to get from where he is right now to where you and the rest of the IEP Team want him or her to be.

An annual goal should have 5 parts to it. The goal should show:
1. The direction you want your child to go.
2. The problem that the IEP Team is talking about.
4. The amount of change the IEP Team wants to see in one year.
5. What services will be used to reach this goal.

Look through the following examples and make sure you follow how each of the 5 parts of an annual goal are included in the examples.

Example:
Tommy will:
1. Increase.
2. Writing skills.
3. From writing 2 complete sentences currently.
4. To writing a 5 sentence paragraph by the end of the year.
5. By working with a writing tutor one on one for 3 times a week, one hour each time and by writing a question for each page he reads with his reading tutor who he sees once a week for two hours.

Example:
Sally will:
1. Increase.
2. Her ability to stay in school.
3. From staying at school for half of the day.
4. To staying at school for the whole day by the end of the year.
5. By going to counseling to help control her emotions and help her focus at school. She will go to counseling 3 times a week for one and a half hours each time.

Example:
Maria will:
1. Decrease.
2. Her behavior of running around the classroom.
3. From many times a day.
4. To only one time a day by the end of the year.
5. By working with the teacher on word prompts and a reward system.
Letting Your Child Have a Say

If your child is old enough, it would be helpful to have his or her input on what type of help he or she thinks is needed for his or her education. Let him or her fill out this form and bring it to the IEP meeting. This form can also be attached to the IEP document as an assessment.

Student's Self-Advocacy

My Name: ___________________________

Today's Date: _______________________

This is what is hard for me in school:

☐ math               ☐ social skills (how I interact with other children or adults)

☐ speech/language     ☐ writing

☐ reading             ☐ behavior

☐ physical/motor skills ☐ health

☐ self-help (doing things for myself)  ☐ history

☐ motivation/attitude   ☐ vocation (job training/skills)

☐ science             ☐ self-advocacy (speaking or communicating for myself)

Other: __________________________________________________________

__________________________________________

__________________________________________

Page 41
Letting Your Child Have a Say
This is what the school or teacher could do that would help me in the classroom:

This is what I do to help myself:

These are my strengths:

This is what I enjoy about school:
I would like to keep doing these things at school or for after-school activities:

I would like to try these new activities at school:

It is a good idea to have your child answer this question before he or she turns 16 years old:

These are some of the ideas I have about what I want to do after I graduate from high school:
### Checklist: Preparing for the IEP Meeting

Make sure to go over this checklist before you go to the meeting!

<table>
<thead>
<tr>
<th>IEP Meeting Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Request to see your child’s records and make copies of them.</td>
</tr>
<tr>
<td>- Organize your child’s school records, his or her doctor’s reports, teacher’s reports, assessments, and samples of current school work into a folder or file. Bring the file and the workbook to the meeting.</td>
</tr>
<tr>
<td>- Whenever you meet face to face or talk on the phone with your child’s teacher, principal or other school people, write down in a notebook: the date of your conversation; whom you spoke with; what you talked about.</td>
</tr>
<tr>
<td>- Go over the reports and records and ask questions about anything you do not understand. The IEP Team should include the person who did the assessments or someone who is qualified to answer your questions.</td>
</tr>
<tr>
<td>- Go over the section of this workbook that talks about your child’s rights and make sure you understand them. If you have questions about your rights or want to know more about them, do some research or ask for help. The district should also give you a list of your rights. If they don’t, ask for it.</td>
</tr>
<tr>
<td>- Visit the school programs that your child is in currently or the programs that your child could be placed into.</td>
</tr>
<tr>
<td>- Make sure to provide the school with the records required. These records are physical examinations, immunizations, certification of a specific disability from a medical person, and records of diagnostic evaluations (the tests or assessments that describe what type of disability your child has).</td>
</tr>
<tr>
<td>- Let the school know which services your child has gotten in the past.</td>
</tr>
<tr>
<td>- Get to know your child’s teacher(s).</td>
</tr>
<tr>
<td>- Ask for an interpreter for the IEP meeting if you want one. It is better if you ask for it in writing.</td>
</tr>
<tr>
<td>- Tell the school district that you want to tape record the IEP and record it.</td>
</tr>
<tr>
<td>- Ask an attorney, advocate, or friend to come to the IEP meeting if you want.</td>
</tr>
<tr>
<td>- Complete this workbook so that you are prepared for the IEP meeting.</td>
</tr>
<tr>
<td>- Know what you want to talk about in the IEP meeting.</td>
</tr>
<tr>
<td>- Dress in a way that shows that you take your child’s education seriously when you go to the IEP meeting.</td>
</tr>
<tr>
<td>- Prepare yourself to be assertive and talk to a large group of people about your child’s schooling and needs.</td>
</tr>
</tbody>
</table>
After the IEP Meeting

Once the IEP meeting is finished, you **DO NOT** have to sign the IEP form right after the meeting.

- Once you sign the IEP form that means that you have agreed to everything that the IEP says about your child's educational program for the next year. The IEP is a legal contract.
- You may not know if the IEP is exactly what you want until you have time to sit down and read it over.
- You have the right to take the IEP home to look it over and think about the different parts of the IEP before you sign the form.

If you decide to take the IEP home and look it over, you should know that there are certain items that should be written into the actual IEP form.

- A sample IEP form is included in this workbook so that you can see what it will look like.
- After the meeting, go over the checklist below and make sure these things are written into your child's IEP.

**The IEP Should Talk About**

- Your child's level of education right now. The IEP should also talk about how your child's disability affects his or her schooling.
- Annual goals that are related to your child's needs.
- How the annual goals are going to be measured.
- What kind of placement is needed to make the IEP happen.
- Specific education services (such as physical education, extended school year, class size, transportation)
- Specific amount of time spent on these services (such as physical therapy two times a week for 45 minutes each time).
- Any extra services that your child needs (such as note takers, or a one-to-one aide).
- Any changes that have been made to allow your child to participate in the educational program (such as changes to the regular classwork, or special education training for the regular teacher).
- Why your child will not be with nondisabled children in regular education classes if your child will not be with regular education children all day.
Now that you have checked over the IEP form, you have several options.

1. Sign the IEP so the program described in the IEP can start as soon as possible for your child.

2. Sign the IEP form but write in the parental comments section that you are only agreeing to some parts of the IEP and that you disagree with others. Be very specific about what you agree to and what you disagree with. The services you agree to can then start for your child. Then try to work with the school district again to come to an agreement on the parts of the IEP that you did not agree with. See the attached worksheet called "Parental Comments" at the end of this booklet for information on how to sign only certain parts of the IEP document. Or if you cannot come to an agreement with the school district on those parts of the IEP, then you can file for a due process hearing or try using another method to solve the disagreement.

3. You can agree with what the IEP says but not with the placement the IEP recommends for your child. If this happens, you can try to have another IEP meeting to try to work out a better placement or you could file for a due process hearing or try another method to solve the disagreement.

**Due Process Hearings**

Due process hearings can take a long time and can cost money if you hire an advocate or attorney. You may be awarded the cost of attorney's fees by a federal court if you are successful or partially successful in a due process hearing. It is important to remember when making your decision that the federal court will not consider the actual cost of your attorney when deciding how much to award you. Instead, you would get a "reasonable" amount to be determined by the court. In many cases it can be better to try to keep working out the parts of the IEP that you disagree with through
IEP meetings. But if you feel that the IEP meetings are going nowhere, then you may decide to file for a due process hearing. To do this, you must send a letter to the Office of Administrative Hearings. The address is:

Office of Administrative Hearings
Special Education Unit
1102 Q Street, 4th Floor
Sacramento, California 95814
(916) 323-6876
Fax: (916) 322-8014

In your request, also ask for a copy of the Notice of Procedural Safeguards so that you know all the rules of the hearing. Date and sign the letter and keep a copy. Also, send a copy of your letter to the local education agency.

If you want to file for a due process hearing, you are required to participate in a 30 day dispute resolution process. Within 15 days after you file a due process complaint (or within 15 days after the school district files a complaint), you must meet with the school district to talk about the complaint. The meeting is called a "resolution session." After this meeting, the school district has a maximum of 15 more days to resolve your complaint. You may not have a due process hearing until you have participated in the resolution session and the 30 day period has ended. You do not have to participate in the resolution session if the school district and you both agree in writing to waive the meeting.

If you reach an agreement with the school district during the dispute resolution process, you will be required to sign the agreement. The signed agreement is legally binding on you and the school district.

If you do not resolve your conflict through the 30 day dispute resolution process and you ask for a due process hearing, you have the right to have the hearing and get a final decision within 45 days.

**Alternative to Due Process Hearings**

If both you and the school district agree, you can try to go to an outside person known as an independent mediator.
• A mediator is a person who is trained to help people come to agreement over difficult issues.
• This type of process is called Alternative Dispute Resolution (ADR).

If you are interested in trying ADR, first contact your child's school district and see if the district will agree to try ADR. Then contact the San Mateo County Special Education Local Plan Area (SELP) and ask to speak with the Intake Coordinator at the SELPA office.

SELP can be reached at:
   101 Twin Dolphin Drive
   Redwood City, CA 94065-1064
   (650) 802-5471
   Fax: (650) 802-5474

If you are not interested in mediation but the school wants to use a mediator, you do NOT have to attend any meetings to discuss the value of mediation.

Filing a Complaint

You may file a compliance complaint against the school district if you think the school district is not providing your child with the services that you agreed to and that are listed the IEP, or if the school district is violating the rules of the IEP process (for example, if the school district is not following timelines, or not including you in the process). You must file the complaint within 2 years of the incident or problem.

Compliance complaints can be sent to:

   Complaint Management and Mediation Unit
   Special Education Division
   California State Department of Education
   1430 N Street, Suite 2401
   Sacramento, CA 95814
**Disciplinary Procedures**

If your child violates a school rule and is suspended or recommended for expulsion, it is important for you to know the following:

- The school MUST attempt to notify you about its decision to suspend your child no later than the day they make the decision. A message on your answering machine is enough of an attempt to notify you. You have a right to meet with the principal or the principal’s representative to discuss the suspension.

- The school MUST provide educational services to your child to make sure your child continues to work towards the IEP goals if the school decides to suspend or move your child to a temporary alternative education setting.

- The school may not suspend or move your child to an alternative setting for more than 10 days without conducting a "manifestation determination" IEP team meeting.

- At the "manifestation determination" IEP team meeting, the IEP team must review your child’s case to determine if the behavior for which your child is being disciplined was directly related to your child’s disability, or if the behavior was the direct result of the school’s failure to implement the IEP.

- If the IEP team determines that the behavior was not directly related to the disability or to a failure to implement the IEP, the school may take any disciplinary action that it would for a child without disabilities. You may contest the school’s decision at a due process hearing.

- If the IEP team, which includes you, decides that your child’s violation of school rules was related to your child’s disability, your child must be immediately returned to his or her school placement.
- Regardless of whether or not the behavior is a manifestation of the child's disability, the IEP team is required to carry out a "functional behavior assessment" and create a Behavioral Intervention Plan. If your child already has a Behavioral Intervention Plan but the plan did not work, it must be reviewed and revised.

- A Behavioral Intervention Plan provides for non-punitive, positive interventions designed to help your child replace improper behaviors with proper behaviors (for example, teacher cues to stay on task, a safe place when a behavior escalates).

- If you disagree with the actions taken by the school, you may request a hearing with the Office of Administrative Hearings (OAH). The OAH MUST ensure that the hearing occurs within 20 school days from when you request the hearing.
Appendix: Parental Comments and Sample IEP Forms
For IEP dated: __________________

Child's Name: __________________

This parental comment is to clarify my/our signature of the above-referenced IEP.

I/We agree with: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I/We do not agree with: ____________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I/We ask the school district to: ______________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________                                Signature: ___________________________

Name: _______________________________                                Name: _______________________________

(printed) (printed)

Relationship to Child: _______________                                Relationship to Child: _______________

Date: _______________________________                                Date: _______________________________
Dear ________________________________, Date ________________________________

We are planning an IEP team meeting concerning ________________________________. You are invited and encouraged to attend and participate in this meeting. Please call immediately if you are unable to attend on the meeting date. If this is also an Individual Transition Plan (ITP) meeting your child should participate. The meeting is scheduled for:

Meeting Date ________________________________  Time ________________________________  Location ________________________________

The purpose of this meeting is to:
- ☐ consider your child's need for special education services.
- ☐ consider your child's need for related services (specify)
- ☐ write an individual educational program if special education is appropriate.
- ☐ recommend an appropriate educational placement.
- ☐ review your child's current IEP.
- ☐ consider transition needs - Student should attend
- ☐ other ________________________________

You will meet personnel from the school staff and from the special education staff. We anticipate that the following may be in attendance:
- ☐ Special Education Administrator/Designee
- ☐ Speech and Language Specialist
- ☐ Special Education Teacher
- ☐ CCS Staff
- ☐ General Education Teacher
- ☐ Mental Health Staff
- ☐ Nurse
- ☐ Psychologist
- ☐ Student
- ☐ Other ________________________________

We urge your participation and attendance. Please feel free to bring a representative with you; you may designate another person to be your representative if you are unable to attend. Also, bring any other relevant information concerning your child's educational program that you feel would be helpful. If you plan to audio tape this meeting, please provide 24 hour notice by contacting the IEP team chairperson named below.

If the district intends to audiotape the IEP meeting they must also provide 24 hour notice to you. If the district initiates the notice of intent to audiotape a meeting and you object or refuse to attend the meeting because it will be tape recorded, then the meeting shall not be recorded on an audio tape recorder. We hope this meeting will result in ongoing planning for the educational benefit of your child. Upon parent request, a copy of the IEP will be provided in the primary language of the home.

A summary of your rights and the due process procedures is attached. If you would like further information about your rights, the purpose of this meeting, or have a conflict with the meeting date, please contact:

______________________________, Telephone Number ________________________________

Sincerely,

(Chairperson)

(Return original copy.)

☐ I/we plan to attend the meeting

☐ I/we cannot attend on the date. I am available on the following dates and times:

☐ I/we will send ________________________________ as my representative.

☐ I/we will not be able to attend the meeting, but the meeting can proceed without my attendance.

☐ I/we do not speak English; I need an interpreter in ________________________________ language.

Signature of Parent/Guardian/Person Acting as Parent ________________________________  Student's Name ________________________________

RETURN TO: ________________________________  Chairperson ________________________________  Address: ________________________________

- Pupil's File Copy - White  - Parent's Copy - Yellow  - Teacher's Copy - Pink

Parent Notification of IEP Team Meeting  Rev: 1/04  Prepared for printing by San Mateo County SELPA
Dear ____________________:

______________________ has been referred for assessment purposes as an individual who may need Special Education and related services. "Special Education" means specially designed instruction to meet the unique needs of individuals with exceptional needs and whose needs cannot be met with modification of the regular instructional program.

Special Education includes a continuum of services/options developed to meet the unique educational needs of students with disabilities.

In order to determine if there is a need for any of these services, it is necessary to conduct an assessment. An assessment plan with a request for your consent is attached. In addition, the Special Education Rights of Parents and Children and Notice of Procedural Safeguards is attached. Contact your district representative named below if you have any questions about your rights and procedural safeguards.

The assessment plan will outline the areas in which your child's needs will be assessed and also identify the specialists to be involved in the assessment. The results of the assessment will help the IEP Team determine eligibility for special education and, if eligible, develop appropriate recommendations for programs/services to be provided, at no cost to you, in order to meet your child's educational needs. No assessment, placement, or service will occur without your permission.

If you approve the plan, the assessment will take place and you will be invited to an Individual Education Plan (IEP) meeting (you may bring a representative) to receive assessment results. THE ONLY WAY THE ASSESSMENT CAN BE COMPLETED IS FOR YOU TO SIGN THE ASSESSMENT PLAN.

Should your child be enrolled in Special Education and related services, on-going assessments of his/her educational needs will be conducted by a team of specialists. You will be called upon to assist the team and tell them your educational priorities for your child, relative to the individualized education program.

All the tests and assessment materials will be presented to the student in English or in the native language when possible, or in another, more appropriate mode of communication that meets your child's needs.

Thank you for your cooperation.

If you have any questions, please contact:

__________________________

District Representative

__________________________

School/District/County

__________________________

Telephone
REFERRAL FOR SPECIAL EDUCATION SERVICES

Social Security/ID Number __________________________ Date _________________

Name of Student
Last __________________________ First __________________________ Middle

Address
Number Street __________________________ (Apt. No.) City __________________________ Zip Code

Phone __________________________ □ Male □ Female Birthdate __________________________

Current Educational Placement
District __________________________ School __________________________ Grade _________________

Parent's or Guardian's Name
Father's Last __________________________ First __________________________ Mother's Last __________________________ First

Address (if different from above)
Number Street __________________________ (Apt. No.) City __________________________ Zip Code

Work Phone __________________________
Father __________________________ Mother __________________________

Primary Home Language __________________________ Interpreter services needed? □ Yes □ No

Future correspondence in __________________________ Has the parent/guardian consented to this referral? __________________________

Specific Reasons for referral:
□ Poor Achievement □ Learning Difficulty □ Behavior □ Other
□ Poor Attendance □ Health □ Speech & Language
□ Other

Please describe any area checked:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate all prior attempts to resolve each of the foregoing problems within the educational program (Attach supportive documentation)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list agencies, other than public schools, which are involved with the student and should be contacted for the IEP Team Meeting (include address)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Person making referral
Name/Title/Position __________________________ Admin./Designee __________________________

Representing __________________________ Phone __________________________

District/Agency/Other

If district is referring to a County program, indicate program(s) which you think may be appropriate to address student needs:

________________________________________________________________________

Student's disability according to eligibility criteria

* Pupil's File Copy - White 
* Parent's Copy - Yellow 
* Teacher's Copy - Pink 

Referral for Special Education Services 
Rev: 9/99 
Prepared for printing by San Mateo County SELPA
Date: __________________________

Dear __________________________________:

This letter is to notify you that your son/daughter __________________________________ will be referred for assessment by a multidisciplinary team to determine whether he/she may need special education services. Special Education means specially designed instruction to meet the unique needs of individuals with exceptional needs and whose needs cannot be met with modification of the general education program.

Reason for Referral: ______________________________________________________________

Within 15 calendar days an assessment plan will be sent to you for your review and a request for your consent. The assessment cannot be conducted without your written permission. The assessment will not begin until the district has received an assessment plan with your signature. A copy of the Special Education Rights of Parents and Children and Notice of Procedural Safeguards is attached.

We are pleased to have the opportunity to work with you and your child. We look forward to your participation at every step of the assessment, planning and decision making process.

For further information, or if you have questions, please contact:

Contact Person/Title _______________________________ Phone _______________________________

School _______________________________ Address _______________________________
INSTRUCTIONS: Assessment Plan

1. Purpose of assessment
   Indicate purpose of assessment.

2. Language
   Indicate language status and primary language.

3. Area(s) to be assessed
   Check area(s) that will be assessed.
   Include description of any recent assessments conducted.
   Note if parent/guardian requests other information to be considered.

4. Receipt of the Signed Form
   When the signed, assessment plan is received by the District/County, the date should be written or stamped in the upper right hand corner. If the parent agrees to the assessment, also indicate when the 50 day timeline expires, i.e., the last day on which the IEP meeting is to be held.
San Mateo County
Special Education Local Plan Area

ASSESSMENT PLAN

To Parent(s) of ____________________________
School ____________________________ Grade __________ Date __________

Purpose:  □ Initial  □ Triennial  □ Pre-expulsion  □ Other ____________________________
Date of Birth ____________________________

Language:  □ English Only  □ Fluent English Proficient  □ English Learner

Primary Language Spoken at Home ____________________________

Based upon discussions with you, your child's teachers and/or other appropriate persons who have worked with and/or observed your child in his or her educational setting, your child will be assessed to determine whether he or she is eligible to receive special education and/or related services. Your child will be assessed in all areas of his or her suspected disability by qualified persons who will use appropriate materials and methods which may include standardized tests, classroom observations, evaluation of parent information, developmental history of your child, etc. Please review the areas checked below to ensure that they include all areas of your child's suspected disability:

□ ACADEMIC ACHIEVEMENT:  Assessment in this area measures current levels of functioning in reading, spelling, arithmetic and/or oral and written language skills.

□ INTELLECTUAL DEVELOPMENT:  Assessment in this area indicates how well your child remembers what he or she has seen and heard, how well he or she can use that information, and how well he or she solves problems.

□ COMMUNICATION DEVELOPMENT:  Assessment in this area reflects your child's ability to understand and use language and speech.

□ SOCIAL/ADAPTIVE BEHAVIOR:  Assessment in this area provides information about how your child copes with problems and functions in his or her community.

□ PSYCHO-MOTOR DEVELOPMENT:  Assessment in this area measures how well your child coordinates his or her body movements in small and large muscle activities.

□ ALTERNATE ASSESSMENT MEASURES:

□ OTHER:  Other assessments that may be appropriate include but are not limited to: Health and Development, Vision, Hearing, Orientation and Mobility Skills, Career and Vocational Abilities and Interests, Self-Help, and Functional Analysis as appropriate.

If the "Other" box is checked, the following areas will also be assessed: ____________________________

Description of any recent assessments conducted: ____________________________

Parent/Guardian also requests that the following information be considered: ____________________________

Check only one box

□ Yes, I agree with this Assessment Plan. I acknowledge that I have received a copy of the Notice of Parent's or Guardian's Rights, I understand that no assessment will be conducted without Parent/Guardian consent, I understand that I will be invited to an IEP meeting to discuss the results of this Assessment, and I understand that an individualized education program will not result without Parent/Guardian consent.

□ No, I do not agree with this assessment plan.

Signature of Parent/Guardian/Person Acting as Parent ____________________________ Date __________

If you have any questions about the above Assessment Plan, please contact the person below.

Please keep yellow copy and return others to: ____________________________

(Name/Position) (Phone Number) ____________________________

(Address) ____________________________

• Student's File Copy - White
• Parent's Copy - Yellow
• Teacher's Copy - Pink
Assessment Plan Rev. 1/04 Prepared for printing by San Mateo County SELPA
INSTRUCTIONS: Assessment Results

1. **Student Name**
Enter student name and date.

2. **Person completing assessment/present level of performance**
Enter name and title.

3. **Assessment Information/Present Level of Performance**
Check the appropriate box.

4. **Description**
This is a narrative section to include assessment information. A typed report may be used in place of this page.
<table>
<thead>
<tr>
<th>Assessment Results</th>
</tr>
</thead>
</table>
| Student's Name: \_

| Meeting Date: \_

| Person(s) completing assessment(s)/present level of performance: \_

| Name and Title: \_

<table>
<thead>
<tr>
<th>ASSESSMENT INFORMATION/PRESENT LEVEL OF PERFORMANCE (Check as appropriate):</th>
</tr>
</thead>
<tbody>
<tr>
<td>\square Pre-academic/Academic</td>
</tr>
<tr>
<td>\square Vocational</td>
</tr>
<tr>
<td>\square Psychological</td>
</tr>
<tr>
<td>\square Communication</td>
</tr>
<tr>
<td>\square Psychomotor</td>
</tr>
<tr>
<td>\square Leisure Skills</td>
</tr>
<tr>
<td>\square Social Adaptation</td>
</tr>
<tr>
<td>\square Self-help Skills</td>
</tr>
<tr>
<td>\square Other</td>
</tr>
</tbody>
</table>

A description of each evaluation procedure, test, record, report or observation used as a basis for proposing or refusing service should be included here.

Note: Include comments about student's progress in general curriculum.
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY

Student ____________________________  Birthdate ____________________________  □ Initial Evaluation
School _______________________________  Date _______________________________  □ 3-Year Re-evaluation

I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)
   □ A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the
   following areas of achievement:
   □ Oral Expression  □ Written Expression  □ Listening Comprehension
   □ Mathematics Calculation  □ Basic Reading Skills  □ Mathematics Reasoning
   □ Reading Comprehension

   □ B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does exist
   based upon the additional documentation provided in the attached report.
   (Complete and attach Specific Learning Disability Discrepancy documentation form)

II. The discrepancy identified in Item I. (above) is directly related to a processing disorder. □ Yes  □ No
   Check appropriate area(s):  □ Sensory Motor Skills  □ Visual Processing  □ Auditory Processing
   □ Attention  □ Cognitive Abilities, (including association, conceptualization and expression)

III. If any of the items below (A-E) are checked "Yes", the student may not be identified as having a specific learning disability.
   A. The discrepancy is due primarily to limited school experience or poor school attendance. □ Yes  □ No
   B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. □ Yes  □ No
   C. The discrepancy is due primarily to mental retardation or emotional disturbance. □ Yes  □ No
   D. The discrepancy is due primarily to a visual, hearing, or motor disability. □ Yes  □ No
   E. This discrepancy can be corrected through other regular or categorical services offered within the regular instructional program. □ Yes  □ No

IV. The Student has a specific learning disability. □ Yes □ No

V. Basis for determination of eligibility
   □ Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report.
   □ Response to Intervention (RTI)
   □ Other (specify) ________________________________

VI. Relevant behavior related to academic functioning, noted during observation
   □ See attached Psychoeducational report.

VII. Educationally relevant medical findings, if any (describe) ________________________________

I agree with the conclusions stated above:

School Psychologist/Date ________________________  Special Ed. Admin./Designee/Date ________________________
Special Education Teacher/Date ________________________  General Education Teacher/Date ________________________
LSH Specialist/Date ________________________  Reading Teacher/Date ________________________
Parent/Guardian/Date ________________________  Other/Date ________________________

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

Signature and Title/Date ________________________

Original – Student File  Copy 1 – Parent  Copy 2 – Teacher
9/1/04  Form 9
SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT  
(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION) 

Student Name__________________________

This form is to be completed and attached to the IEP Team Certification identification of Specific Learning Disability Form in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized test. (Ed. Code Section 3030) Paragraph C)

Statement of the area, the degree, and the basis and method used in determining the discrepancy:

1. Data from assessment instruments (ability and achievement):

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

2. Information provided by the parent:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

3. Information provided by the pupil's present teacher:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

4. Summary of the pupil's classroom performance:
   a. Observations:

      ____________________________________________________________

      ____________________________________________________________

   b. Work Samples:

      ____________________________________________________________

      ____________________________________________________________

   c. Group Test Scores:

      ____________________________________________________________

      ____________________________________________________________

5. Consideration of the pupil's age:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

6. Additional Relevant Information:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

_Original - Student File Copy 1 - Parent Copy 2 - Teacher

9/1/04 Form 9
Reason for Exit (check the one that applies):

- Graduated per District’s requirements/policy, and completion of California High School Exit Examination (CAHSEE) earning a regular high school diploma
- Earned Certificate of Completion and no longer eligible for special education services or (reached maximum age)

### Summary of the Student's Academic Achievement and Functional Performance

**Strengths/Interests/Learning Preferences:**

- Pre-Academic / Academic / Functional Skills (Note results of any general State or district-wide assessments):  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Cognitive Abilities:  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Communication Skills:  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Motor Skills (Fine/Gross):  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Health:  
  - No health concerns evident at this time.  
  - Other, explain:

- Social/Emotional/Behavioral:  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Self Help/Adaptive:  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

- Pre-Vocational/Vocational:  
  - Currently, student is performing within age appropriate range.  
  - Other, explain:

**Agency Linkages** (check agencies known to be working with the individual or could be a resource to the individual)  

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Agency Contact Person and phone number, if known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Center</td>
<td></td>
</tr>
<tr>
<td>California Children’s Services (CCS)</td>
<td></td>
</tr>
<tr>
<td>County Department of Health and Human Services</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Employment Development Department</td>
<td></td>
</tr>
<tr>
<td>California Department of Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Community College / University Disabled Student Services</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Other Recommendations:**

Form 11A  
9/22/2006
## Summary Of The Student's Academic Achievement And Functional Performance

(These accommodations have been documented on student's IEP)

### Recommendations Of Accommodations, Supports And Resources Continued:

**Related To Support:**
- Check for understanding
- Instructions/directions repeated/rephrased
- Present one task at a time
- Preferential/assigned seating; explain:
  
  - Use of assignment notebook or planner
  - Provided with progress reports
  - Supervision during unstructured time
  - Cues/prompts/reminders of rules / procedures
  - Offer choices
  - Note taking assistance
  - Access to computer on campus
  - Use of a scribe/word processing
  - Use of a calculator
  - Peer tutor/ staff assistance in

- Prior Behavior Support Plan (BSP)
  - Home/job/school communication system; explain:
    
    - Other:

**Related to Health Concerns:**
- Reminder to take medication(s)
- Medication(s) given under supervision
- Other:

**Presentation of Materials & Instructions**
- Books on tape and/or CD
- Assignments/tests modified to address identified needs of learning styles:
  - Large print
  - Closed caption
  - English language development materials
  - Manipulative/study aids for
  - Test questions/assignments- given orally
  - Tests/assignments directions- read orally
  - Tests/assignments- shorten
  - Questions on tests/assignments rephrased
  - Preview of tests/assignments
  - Tests/assignments given in smaller parts
  - Visual aids: flash cards, maps, posters, clues, etc.
  - Other; explain:

**Response to Materials & Instruction**
- Reduced/shortened tests/assignments/tasks:
- Extended time on in-class assignments/tests:
- Use of notes for tests/assignments
- Open book for tests/assignments
- Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available
- Special projects or alternate assignments in lieu of assignments given to non-disabled peers
- Use of a calculator
- Proof-reader and redo assignment or writing mechanics not graded
- Other:

**Settings:**
- Access to study carrel for task/assignments/tests
- Free from visual distractions
- Quiet environment - free from excessive noise
- In a small group environment
- Other:

**Timing/Scheduling of Tasks/Assignments/tests:**
- Extended time(s): ____ minutes for every ____ minutes given to non-disabled peers
- Tests/assignments given in shortened time segments
- Extended time on in-class assignments/tests:
- Other:

### For Additional Information
- Name of School District:
- School District's Phone number:
- Title of Contact Person:
- Best if contact is made no later than ____/____/____
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>IEP Date</th>
<th>Last IEP</th>
<th>Next IEP</th>
<th>Original SpEd Entry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Eval</th>
<th>Next Eval</th>
<th>Purpose of Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student ID</th>
<th>SSN #</th>
<th>SSID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residency</th>
<th>Parent/Guardian</th>
<th>Foster</th>
<th>Adult Student</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District of Residence</th>
<th>Residence School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity Code/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDICATE DISABILITY/S (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>210 MR                                                              220 HH *</td>
</tr>
<tr>
<td>260 ED                                                              270 OI*</td>
</tr>
<tr>
<td>310 MD                                                              320 AUT</td>
</tr>
<tr>
<td>* Low Incidence Disability</td>
</tr>
<tr>
<td>Not Eligible for Special Education</td>
</tr>
<tr>
<td>Exiting from Sp. ED (returned to reg. ed/no longer eligible)</td>
</tr>
</tbody>
</table>

Describe how student’s disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities)

<table>
<thead>
<tr>
<th>For Initial Placements Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the student received pre-referral early intervening service in the past two years</td>
</tr>
<tr>
<td>Date of initial referral for special education services</td>
</tr>
<tr>
<td>Person initiating the referral for special education service</td>
</tr>
<tr>
<td>Date District Received Parent Consent</td>
</tr>
<tr>
<td>Date of initial meeting to determine eligibility</td>
</tr>
</tbody>
</table>

7/13/06 Form 1
**SAN MATEO COUNTY PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Name ____________________________________________

Strengths/Preferences/Interests ____________________________

Concerns of parent relevant to educational progress ____________________________

<table>
<thead>
<tr>
<th>CA Standards Test</th>
<th>English/Language Arts</th>
<th>Math</th>
<th>CAT-6</th>
<th>CAPA</th>
<th>CELDT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.) ____________________________

Preacademic/Academic/Functional Skills

Communication Development ____________________________

Gross/Fine Motor Development ____________________________

Social Emotional/Behavioral ____________________________

Health (Hearing □ □ Vision □ □ □ /) □ N/A ____________________________

Vocational ____________________________

Adaptive/Daily Living Skills ____________________________

7/13/06
SAN MATEO COUNTY SPECIAL FACTORS

Name _______________________________ IEP Date __________

Does the student require assistive technology devices and/or services? □ No □ Yes - Specify ____________________________

Does the student require low incidence services, equipment and/or materials to meet educational goals? □ No □ Yes (specify) ____________________________

Considerations if the student is blind or visually impaired ____________________________

Considerations if the student is deaf or hard of hearing ____________________________

If the child is an English Learner, consider the language needs of the child as those needs relate to the IEP: ____________________________

Does student's behavior impede learning of self or others? □ No □ Yes (describe) ____________________________

If yes, specify positive behavior interventions, strategies, and supports ____________________________

□ Behavior Support Plan (BSP) attached □ Behavior Intervention Plan (BIP) attached

Areas of need to be addressed in goals for student to receive educational benefit ____________________________

Participation in State/District Wide Assessments (STAR)

□ Grade Exempt (before grade 2 and after grade 11)

□ CAT-6/California Standards Test

□ Without Accommodations/Modifications

□ With Accommodations ____________________________

□ With Modifications ____________________________

□ California Alternate Performance Assessment (CAPA) – Level 1. □ 2. □ 3. □ 4. □ 5. □

The student will not participate in the CAT-6/CST because ____________________________

Participation in the CAPA is appropriate because ____________________________

For 3, 4, & 5 preschoolers only (Desired Results Developmental Profile (DRDP))

□ DRDP-R □ DRDP Access Adaptations: ____________________________

□ Other State-Wide/ District-Wide Assessments (Accommodations/Modifications) ____________________________

□ Other State-Wide/ District-Wide Assessment(s) Alternate ____________________________

Alternate Assessment(s) appropriate because ____________________________

07/13/2006 Form 3
### SAN MATEO COUNTY ANNUAL GOALS

**Name** ___________________________  

**IEP Date** __________

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Measurable Annual Goal # _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Enables student to be involved/progress in general curriculum/state standard</td>
</tr>
<tr>
<td></td>
<td>☐ Addresses other educational needs resulting from the disability</td>
</tr>
<tr>
<td></td>
<td>☐ Linguistically appropriate</td>
</tr>
<tr>
<td></td>
<td>Person(s) Responsible __________</td>
</tr>
</tbody>
</table>

| Progress Report 1 __________/_____/____ |
| Summary of Progress __________________________________________________________|
| Comment ______________________________________________________________________|

| Progress Report 2 __________/_____/____ |
|Summary of Progress __________________________________________________________|
|Comment _________________________________________________________________|

| Progress Report 3 __________/_____/____ |
|Summary of Progress __________________________________________________________|
|Comment _________________________________________________________________|

**Goal: Annual Review**  
**Date** __________/_____/____  
**Goal Met** ☐ Yes ☐ No  
**Comments** __________________________________________________________|

7/13/06  
Form 4 Option A
<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Measurable Annual Goal #</th>
<th>IEP Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Enables student to be involved/progress in general curriculum/state standard
- Addresses other educational needs resulting from the disability
- Linguistically appropriate

<table>
<thead>
<tr>
<th>Person(s) Responsible</th>
</tr>
</thead>
</table>

| Benchmark 1 Within     | will achieve the above goal at          |
|                       |                                         |

| Benchmark 2 Within     | will achieve the above goal at          |
|                       |                                         |

| Benchmark 3 Within     | will achieve the above goal at          |
|                       |                                         |

| Progress Report 1      | / / /                                  |
| Summary of Progress    |                                         |
| Comments               |                                         |

| Progress Report 2      | / / /                                  |
| Summary of Progress    |                                         |
| Comments               |                                         |

| Progress Report 3      | / / /                                  |
| Summary of Progress    |                                         |
| Comments               |                                         |

<p>| Goal: Annual Review    |                                         |
| Date                  | / / /                                  |
| Goal Met              | Yes □ No □                             |
| Comments               |                                         |</p>
<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Baseline</th>
<th>Measurable Annual Goal #</th>
</tr>
</thead>
<tbody>
<tr>
<td>D Enables student to be involved/progress in general curriculum/state standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Addresses other educational needs resulting from the disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Linguistically appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person(s) Responsible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-Term Objective</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Progress Report 1</th>
<th>Date</th>
<th>Summary of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Progress Report 2</th>
<th>Date</th>
<th>Summary of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Progress Report 3</th>
<th>Date</th>
<th>Summary of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Goal: Annual Review</th>
<th>Date</th>
<th>Summary of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

7/13/06
SAN MATEO COUNTY SERVICES

Name ___________________________ IEP Date __/__/__

Service options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs)

SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT OR ON BEHALF OF THE STUDENT

<table>
<thead>
<tr>
<th>Aids, Services, Program Accommodations/Modifications, and/or Supports</th>
<th>Start/End Date</th>
<th>Frequency</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td><strong>/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPECIAL EDUCATION and RELATED SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Start Date <strong>/</strong></th>
<th>End Date <strong>/</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>Ind/Grp</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Start Date <strong>/</strong></td>
<td>End Date <strong>/</strong></td>
</tr>
<tr>
<td>Provider</td>
<td>Ind/Grp</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Start Date <strong>/</strong></td>
<td>End Date <strong>/</strong></td>
</tr>
<tr>
<td>Provider</td>
<td>Ind/Grp</td>
<td></td>
</tr>
</tbody>
</table>

EXTENDED SCHOOL YEAR (ESY)

Yes [ ] No [ ]

<table>
<thead>
<tr>
<th>Service</th>
<th>Start Date <strong>/</strong></th>
<th>End Date <strong>/</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Frequency | Duration | Location

Programs and services will be provided according to when student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

7/13/06 Form 5A
SAN MATEO COUNTY SIGNATURE AND PARENT CONSENT

Name___________________________________________________________

Date ___/___/___

IEP Meeting Participants

Parent ___/___/___ Date Parent ___/___/___ Date

LEA Representative/ Admin. Designee ___/___/___ Date General Education Teacher ___/___/___ Date

Student ___/___/___ Date Special Education Specialist ___/___/___ Date

Additional Participant / Title ___/___/___ Date Additional Participant / Title ___/___/___ Date

Additional Participant / Title ___/___/___ Date Additional Participant / Title ___/___/___ Date

Additional Participant / Title ___/___/___ Date Additional Participant / Title ___/___/___ Date

CONSENT

☐ I agree to all parts of the IEP or ☐ I agree with the IEP, with the exception of ____________________________

☐ I understand that my child is not eligible for special education.

☐ I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature:_____________________________________________________ Date ___/___/___

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Signature:_____________________________________________________ Date ___/___/___

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

7/13/06

Form 6
Parents have agreed that a meeting is not needed for this amendment.

Purpose of Meeting

Changes to the IEP dated ___/___/___:

(Initial) _____ I agree to the contents of the amendment to the IEP dated ___/___/___

Parent/Guardian/Surrogate Date Parent/Guardian/Surrogate Date

LEA Representative/Administrative Designee Date General Education Teacher Date

Student Date Special Education Specialist Date

Additional Participant/Title Date Additional Participant/Title Date

Additional Participant/Title Date

7/13/2006 Form 8
By mutual agreement between the parent/adult student, and designated representative of the local education agency, the presence and participation of the Individual Education Program team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting scheduled on ___/___/___ because (1) the member's area of the curriculum or related services is not being modified or discussed in the meeting or (2) the meeting involves a modification to or discussion of the member's area of curriculum or related services and the member submitted, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

<table>
<thead>
<tr>
<th>Individual Education Program Team Member(s)</th>
<th>Area Of Curriculum Or Related Services</th>
<th>Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting in whole or part:</th>
<th>Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Area Of Curriculum Or Related Services is Not Being Discussed Or Modified</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services</td>
<td></td>
</tr>
</tbody>
</table>

By mutual agreement the IEP team members identified above, have been excused from being present and participating in my child's IEP meeting.

Circle relationship to student, sign, and date below.

Signature of Parent/Guardian/Surrogate: ___________________________ Date: ___/___/___

Signature of Parent/Guardian/Surrogate: ___________________________ Date: ___/___/___

Signature of Adult Student (ages 18-21): ___________________________ Date: ___/___/___

Signature of Designated District Representative: ___________________________ Date: ___/___/___

Title/Position: ___________________________
## San Mateo County
### Special Education Local Plan Area

### INTERIM PLACEMENT INFORMATION AND AUTHORIZATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>[Name]</td>
</tr>
<tr>
<td>Date</td>
<td>[Date]</td>
</tr>
<tr>
<td>Birthdate</td>
<td>[Date]</td>
</tr>
<tr>
<td>Age</td>
<td>[Age]</td>
</tr>
<tr>
<td>Present School</td>
<td>[School]</td>
</tr>
<tr>
<td>Grade</td>
<td>[Grade]</td>
</tr>
<tr>
<td>Date Entered</td>
<td>[Date]</td>
</tr>
<tr>
<td>SS#</td>
<td>[SS#]</td>
</tr>
<tr>
<td>Parent</td>
<td>[Name]</td>
</tr>
<tr>
<td>Address</td>
<td>[Address]</td>
</tr>
<tr>
<td>Phone (Home)</td>
<td>[Phone]</td>
</tr>
<tr>
<td>Work (Parent/Guardian)</td>
<td>[Phone]</td>
</tr>
<tr>
<td>Work (Parent/Guardian)</td>
<td>[Phone]</td>
</tr>
<tr>
<td>Previous School</td>
<td>[School]</td>
</tr>
<tr>
<td>Address</td>
<td>[Address]</td>
</tr>
<tr>
<td>Previous Program</td>
<td>[Program]</td>
</tr>
<tr>
<td>Date of Last Psycho-Ed Study</td>
<td>[Date]</td>
</tr>
<tr>
<td>3 Yr Review Date</td>
<td>[Date]</td>
</tr>
<tr>
<td>Request Confidential/Psychological Records From</td>
<td>[School]</td>
</tr>
<tr>
<td>Current IEP</td>
<td>[IEP]</td>
</tr>
<tr>
<td>Date Requested by School</td>
<td>[Date]</td>
</tr>
<tr>
<td>Identified Disability</td>
<td>[Disability]</td>
</tr>
</tbody>
</table>

### Use this form only for students transferring from outside of San Mateo County SELPA. For students transferring within San Mateo County SELPA, implement the current IEP. Interim placement requirements do not apply to students transferring from Districts within San Mateo County SELPA.

Placement in comparable setting will be implemented. An IEP meeting will be held within 30 days.

### Present Levels of Performance

- Academics/Functional
- Speech/Language
- Mobility/Limitations
- Comments
- Other Agencies Involved

### Person Verifying | Title | Date
| [Name] | [Title] | [Date] |

The above individual's interim placement has been verified for the [Program] program at [School], starting [Date] because of previous IEP recommendations.

I understand that my child's IEP must be reviewed by the IEP Team within 30 calendar days. Prior to that date, the documents needed will be requested and the assessments and process, required for review of the placement, will be completed. I have received a copy of the Parent and Student Rights information. An IEP meeting will be scheduled by the following date [Date] (within 30 days of interim placement date).

- I agree to the interim special education placement recommended for my child.
- I refuse the proposed interim special education placement recommended for my child.

### Parent's/Guardian's Signature | Date
| [Signature] | [Date] |

### Administrator's Signature | Date
| [Signature] | [Date] |
Name_________________________________________________________ IEP Date _____/____/____

Describe how the student participated in the process □ Present □ Interview □ Interest □ Questionnaire

Student’s Post School Preferences/Interests/Goals ________________________________

________________________________________________

CAHSEE (California High School Exit Exam)

□ CAHSEE/ELA date ___/___/___ Score_______ □ Passed □ Did not pass

□ CAHSEE/Math date ___/___/___ Score_______ □ Passed □ Did not pass

□ No Accommodations/Modifications

□ With Accommodations ________________________________

□ With Modifications (waiver required) ________________________________

□ On or before the student’s 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom ________________________________ __/___/___

Passed Algebra I □ No □ Yes ___/___/___

CREDITS REQUIRED FOR GRADUATION _________ CREDITS EARNED _________ CREDITS NEEDED _________

Required Courses

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

Additional Courses of Study

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________
SAN MATEO COUNTY INDIVIDUAL TRANSITION PLAN

Name: ____________________________________________ IEP Date _____/____/

Results of age-appropriate transition assessments____________________________________

__________________________________________________________

Other vocational evaluation(s) needed______________________________________________

<table>
<thead>
<tr>
<th>Measurable Postsecondary Goals</th>
<th>Transition Services &amp; Courses of Study</th>
<th>Person/Agency Responsible</th>
<th>Timeline</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions: Student Discipline Plan

This form is to be used when the student is being considered for expulsion.

1. **Student Name**
Enter student name and date.

2. **Behavior Subject to Disciplinary Action**
Specifically describe the behavior of concern and enter the date the behavior was first noted.

3. **Description of Behavior**
Include a brief description of the student's behavior from all of the personnel who have knowledge of it.

4. **Additional Information**
Review all of the pertinent sources of information and record appropriate comments. Include a copy of the pre-expulsion assessment report from the psychologist.

5. **Findings Related to Manifestation Determination**
This checklist should be reviewed and answered carefully. If all the statements are answered "yes," then disciplinary actions applicable to students without disabilities are permissible.

6. **Behavioral Support Plan**
- Indicate the function or purpose of the behavior. Examples: *To gain the attention of***
  *To avoid***
- Check whether goals and objectives for desired replacement behavior are included in the IEP. If not, develop on SELPA form 05C and include.
- Address the intervention(s) to be used, conditions, personnel who will implement the plan, and procedures for evaluation.
- If the behavior is so severe that it requires a functional analysis, then the Positive Behavioral Intervention Plan per the California Hughes Bill should be followed as specified in the SELPA Local Plan.

7. **Placement Considerations**
Indicate placement decision. NOTE: In California, placement in an Alternate Education Setting (AES) for 45 days for disciplinary action is not permissible without parent agreement or court order.
Student Discipline Plan

This form to be used when the student is being considered for expulsion.

Student Name _______________________________ Date _______________________________

I. Behavior Subject to Disciplinary Action:

II. Description of behavior reported by:
   A. General Education Teacher(s):
   B. Special Education Teacher(s):
   C. Administrator, Dean, Counselor, Campus Security or Other:
   D. Parents:
   E. Other Agencies (e.g. Mental Health, CCS, Probation, Regional Center):

III. Review of Additional Information:
   A. Student Records
      Health
      Discipline Records (including history of behavior)
      Attendance
   B. Psychoeducational Report (attached)
   C. Current IEP
   D. Other

- Student File Copy - White
- Parent Copy - Yellow
- Teacher Copy - Pink

Rev: 9/99
Prepared for printing by the San Mateo County SELPA
IV. Findings Related to Manifestation Determination

Regarding the behavior subject to disciplinary action, the IEP team has determined that at the time the behavior occurred:

A. The student's IEP and placement were appropriate. □ Yes □ No
B. The supplementary aids and services specified in the IEP were provided. □ Yes □ No
C. The behavioral interventions delineated in the IEP were implemented. □ Yes □ No
D. The behavior exhibited was not caused by or a direct manifestation of the student's identified disability. □ Yes □ No
E. The disability did not impair the student's ability to understand the impact and consequences of the behavior. □ Yes □ No
F. The disability did not impair the student's ability to control the behavior. □ Yes □ No

(If all statements are answered "Yes," then relevant disciplinary procedures applicable to students without disabilities may be applied.)

V. Behavioral Support Plan

A. The IEP team has determined the function or purpose of the behavior to be:

B. Goals and objectives for replacement behavior are included in the IEP. □ Yes □ No
(If "No," then develop and attach SELPA IEP 5 Goals/Objectives)
C. Intervention procedures:
   - Specific accommodations or interventions to attain replacement behaviors:
   - Conditions under which accommodations or interventions will be implemented:
   - Persons who will implement accommodations or interventions:
   - Evaluation Procedures:

D. Behavior is so severe that it requires a functional analysis (California Standard/Hughes Bill). □ Yes □ No
(If "Yes," follow Positive Behavioral Intervention Plan as specified in SELPA Local Plan Guidelines.)

VI. Placement Considerations

☐ Current placement was found not to be appropriate. Recommendation for change of placement is indicated on Student Placement Summary (SELPA form "IEP 1")

☐ Only with parent consent or court order, placement in an Interim Alternative Education Setting for up to 45 days as indicated on SELPA form "IEP 1" is recommended because behavior in school or at school functions involved one of the following:
   - possession or use of weapons
   - possession or use of illegal drugs
   - sale or solicitation of a controlled substance