



IEP中有哪些内容? 为您的孩子辩护

GABRIELA TORRES

管理律师

LEAH KANG

高级律师

议程

1. 特殊教育简介
2. 特殊教育路线图
3. IEP中有哪些内容?
4. 有任何疑问?





使命，愿景，价值观

更新并获得董事会批准：2021年3月12日

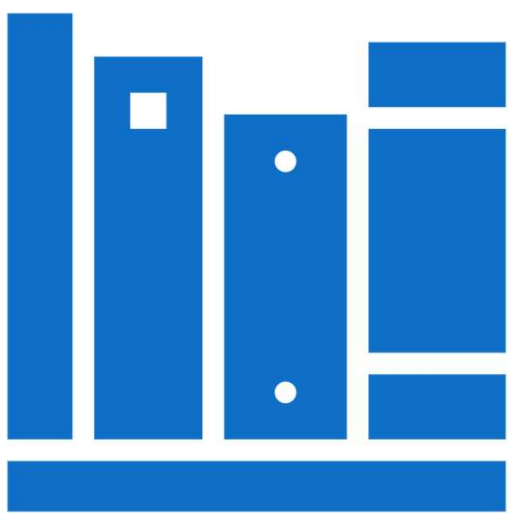
我们的任务

加利福尼亚州残疾人权利中心 (DRC) 捍卫、促进和加强残疾人的权利和机会。

我们的愿景

C 为一个所有残疾人都拥有权力并得到尊严和尊重的世界而努力。在这个世界上，残疾人受到支持、受到重视、被纳入其社区，获得与非残疾人相同的机会，并做出自己的决定。

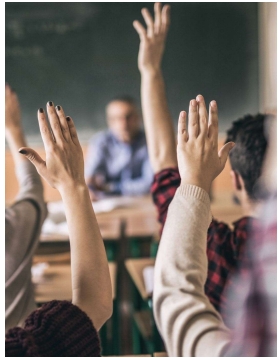


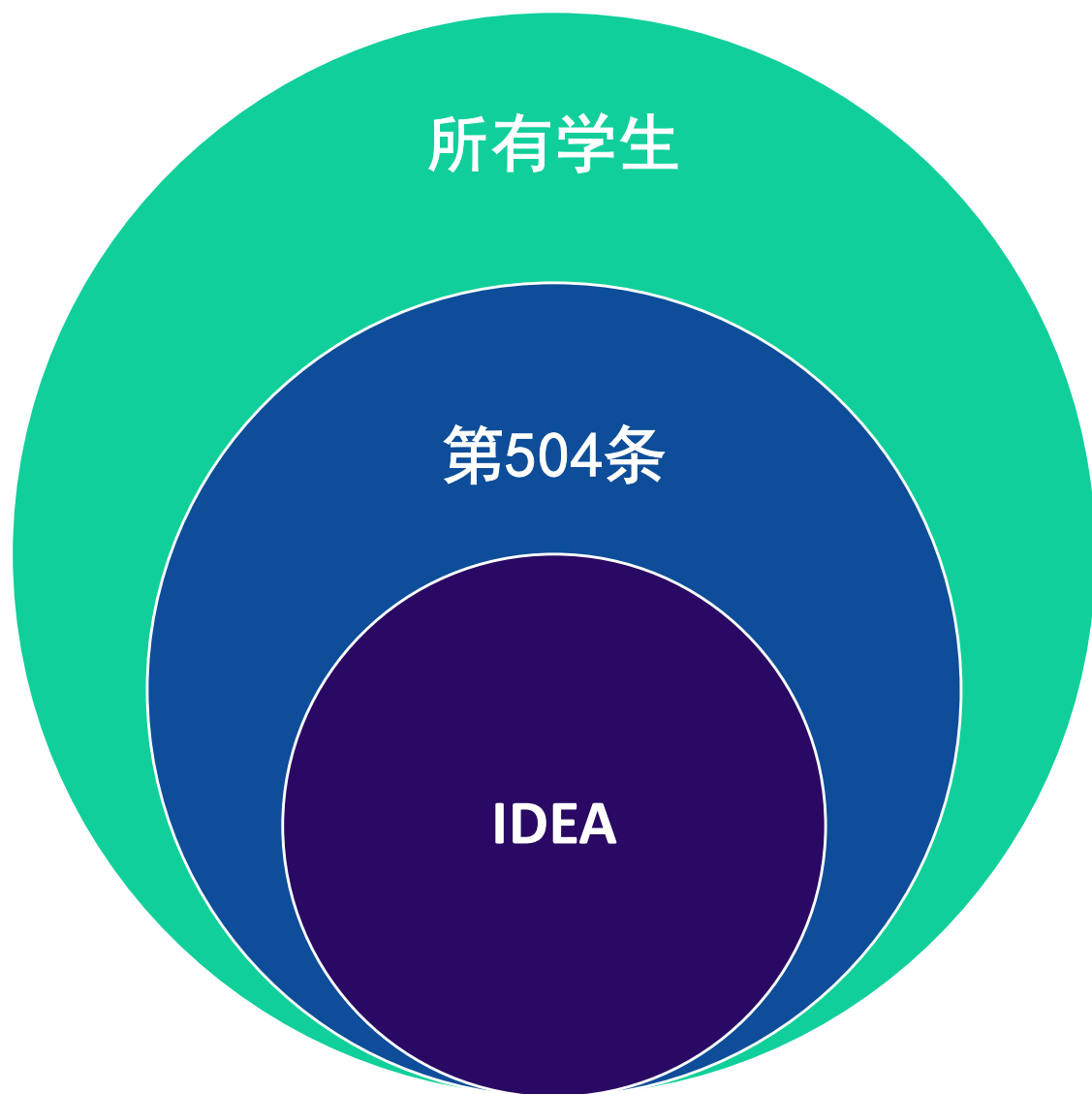


特殊教育简介

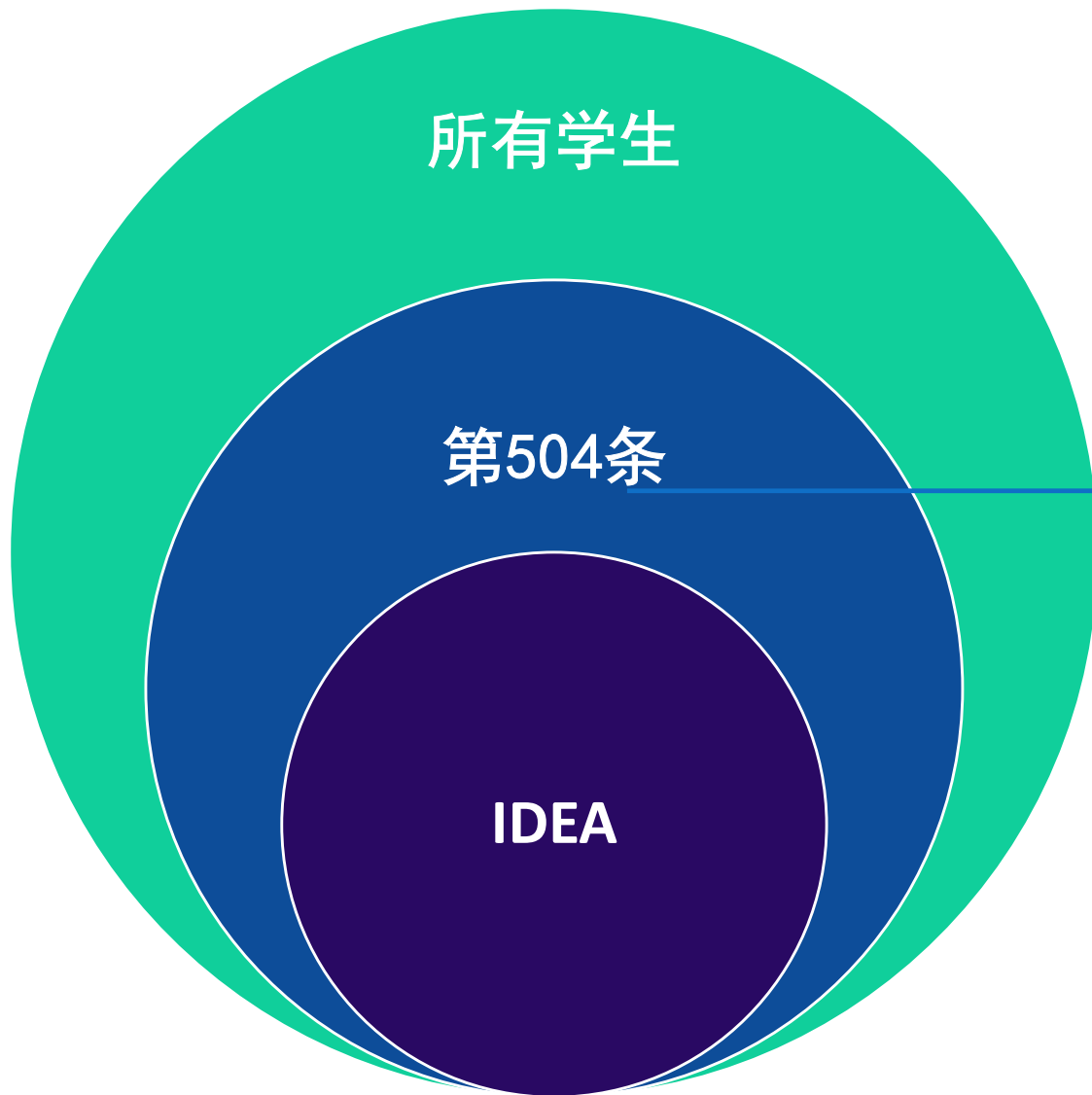


公立学校应该面向所有学生开设





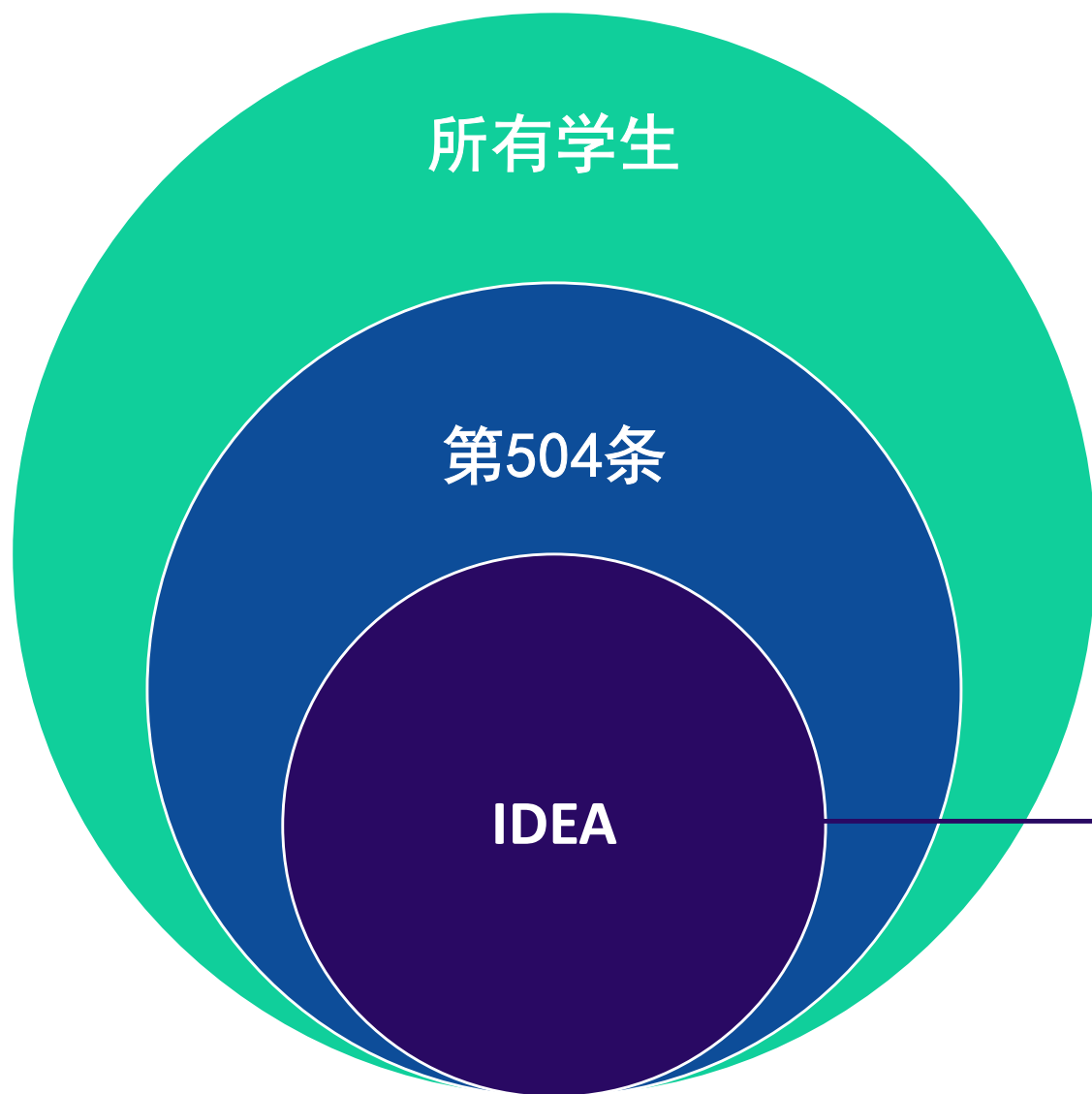
法律环境



1973年《康复法案》第504条

在通识教育环境中提供住宿

适用于患有严重限制主要生活活动的障碍的学生



残疾人教育法 (IDEA, Individuals with Disabilities Education Act)

在限制最少的环境 (LRE, Least Restrictive Environment) 中提供免费、适当的公共教育 (FAPE, Free, Appropriate Public Education)

适用于符合资格的残疾学生 (13种资格类别)

摘自《残疾人教育法》
(“IDEA”) ...

“

国会认为 [，] . . . [残]疾
是人类经历的自然组成部分，
绝不会削弱个人参与社会或为
社会做出贡献的权利

20 U.S.C. § 1400(c)(1)

”

所有残疾儿童都有权享有...

“

[一种]免费适当的公共教育，着重特殊教育和相关服务，旨在满足他们的独特需求，并为他们继续接受教育、就业和独立生活做好准备。

20 U.S.C. § 1400(d)

”

残疾的社会模式



资料来源：PBS Learning Media, Above the Noise Collection, *How Can the Social Model of Disability Change How Society Views Autism?*, available at: <https://ca.pbslearningmedia.org/resource/how-society-v>

特殊教育不是一个场所，而是一系列服务，以确保符合条件的残疾学生获得FAPE。



特殊教育路线图

特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。



...需要，因材施教，
为一种方式，满足孩子在残障方面的

1 有迹象表明，孩子的残障问题已对教育造成影响

申请书面评估。

2

- 学校须在...内提供一...
- 在您同意...校方须在...流程并召...

特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。



每个孩子都可以在学业上有所成就。特殊
方面的需求。这一路线图可引导您完成这一

申请书面评估。



2

初步评估



- 学校须在收到申请后15天内 提供一份评估计划。
- 在您同意执行评估计划后，校方须在60天 内完成评估流程并召开IEP会议。

3

初步



North West Santa Clara County SELPAs
Assessment Plan & Prior Written Notice

Initial Triennial Transition Other: _____ Date: 12/6/2023
 To Parent or Guardian of: _____ Student ID: _____ Birthdate: _____
 School Attending: _____ Grade: _____
 District of Service: _____ District of Responsibility: _____
 Student Language: _____ Designation: EO EL IFEP RFEP TBD
 Has been referred and/or recommended for an assessment by the following individual(s):
 Parent Nurse Teacher Special Ed Teacher Student Success Team Other

This notice is to inform the parent(s) regarding the school district's proposal to initiate an evaluation of the above-named student. This prior written notice includes a description of the proposed evaluation, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of an IEP meeting to discuss the results of the evaluation.

If your child is found eligible for special education services, a full range of program options will be considered.

Description of the proposed assessment:
 In order to understand/meet your child's educational needs, the assessments in the attached assessment plan are being proposed. The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language or mode of communication may be used. Activities conducted as part of these assessments may include, but are not limited to, classroom observations, administration of rating scales, one-on-one testing, a review of records, including any previously conducted assessment(s), and any available independent assessment(s), and a review of any information the parent requests to be considered. No single procedure may be used as the sole criterion for determining appropriate educational program. All testing instruments are selected and administered so as not to be racially, culturally or sexually discriminatory. You will receive a copy of the assessment report(s). You will be asked to participate in a meeting of the Individualized Education Program Team following completion of the assessment(s). The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). No special education services will be provided to your child without your written consent. All information and assessment results are confidential.

Reason(s) for proposed assessment:

Description of other options considered and reasons for rejecting them:

Other factors relevant to the proposal:

Date Received by District: _____

需要评估的领域

North West Santa Clara County SELPAs
Assessment Plan & Prior Written Notice

Student Name: _____ Birthdate: _____

Evaluation Area	Examiner Title
<input type="checkbox"/> Academic Achievement – These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.	
<input type="checkbox"/> Health – Health information and testing is gathered to determine how your child's health affects school performance.	
<input type="checkbox"/> Intellectual Development – These tests measure how well your child thinks, remembers, and solves problems.	
<input type="checkbox"/> Language/Speech Communication Development – These tests measure your child's ability to understand and use language and speak clearly and appropriately.	
<input type="checkbox"/> Perceptual Motor Development – These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.	
<input type="checkbox"/> Social/Emotional – These tests will indicate how your child feels about him/herself, and/or gets along with others.	
<input type="checkbox"/> Adaptive/Behavior – These tests indicate how your child behaves and/or takes care of personal needs at home, school and/or in the community.	
<input type="checkbox"/> Post-Secondary Transition – Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.	
<input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> Alternative Means of Assessment – Describe alternative methods of assessing the child, if applicable _____	
Comments: _____	

谁将开展评估?

评估计划

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name of District Contact _____ Position _____ Phone _____ Email Address _____

THIS FORM MUST BE SIGNED BEFORE ASSESSMENT CAN BEGIN (See statement of Notice of Procedural Safeguards)
 Please check the following items, as appropriate.

- I give informed consent for my child, _____, to be assessed according to the Assessment Plan above. I understand: 1) that the results will be confidential, and that I will be invited to discuss them at an Individualized Education Program Team meeting, and; 2) that no special educational assessment or service will be provided without my written permission unless ordered by due process hearing officer.
- I deny consent to conduct the assessment described above.
- I have received a copy of the Procedural Safeguards.
- I would like the following assessment information to be considered by the IEP team: _____
- I prefer to discuss the assessment plan before I give approval. Home Phone: _____ Work Phone: _____

Signature of Parent/Adult Student: _____ Date: _____
 Parent Guardian Surrogate Adult Student

- Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-Cal Health Insurance benefits.

Note: Attach Procedural Safeguards & Medi-Cal Protections Date Received by District/LEA: _____

评估开始前必须获得家长同意。

特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。



...行完成评估
...召开IEP会议。

3

初次IEP会议

IEP团队（包括家长）审查评估结果，确定孩子是否满足接受特殊教育的条件。

若孩子符合条件，团队将制定个性化教育计划（IEP, Individualized Education Program）。

若孩子不符合条件，
但您认为他们在残障方面
的需求尚未得到满足，
则可以：

申请504计划

申请独立教育评估

SCAN ME



SCAN ME



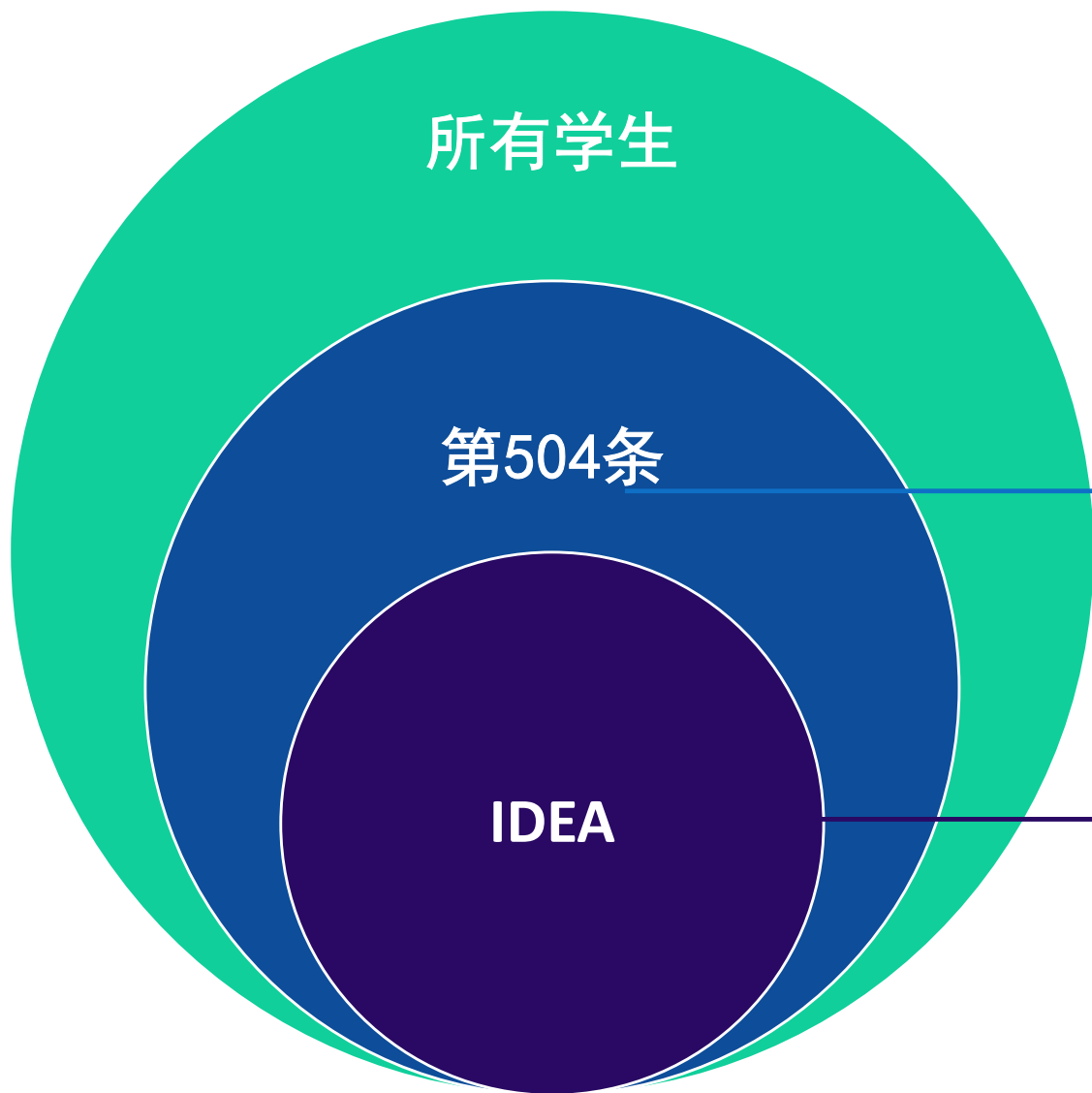
如果学生的学校表现因以下**13个类别**之一的
残疾而受到**不利影响**，则该学生有资格接
受特殊教育：：

1. 听力障碍
2. 失聪
3. 视力障碍
4. 视力+听力障碍
5. 言语或语言障碍
6. 严重骨科损伤
7. 自闭症
8. 其他健康损害（体力、活力或警觉性）
9. 智力障碍
10. 情绪障碍
11. 学习障碍
12. 创伤性脑损伤
13. 多重残疾

了解更多信息
扫一扫

SCAN ME





1973年《康复法案》第504条

在通识教育环境中提供住宿

适用于患有严重限制 主要生活活动的障碍的学生

残疾人教育法 (IDEA, Individuals with Disabilities Education Act)

在限制最少的环境 (LRE, Least Restrictive Environment) 中提供免费、适当的公共教育 (FAPE, Free, Appropriate Public Education)

适用于符合资格的残疾学生 (13种资格类别)

家长在IEP会议中享有**权利**，包括：

- 每当您想要讨论或更改您孩子的IEP时，即可**请求召开IEP会议**
- 在适合您的**时间和地点**召开会议
- 成为**有意义的参与者**
- 让**其他成年人**为您和您的孩子提供支持（辩护律师、家人、朋友、服务提供者）
- 以您能理解的语言进行**口译**
- **录制**IEP会议（提前24小时通知）



了解更多信息
扫一扫

SCAN ME



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I EP中有哪些内容？



North West Santa Clara County SELPAs

IEP – Demographic Data

Date: _____

STUDENT INFORMATION

Student: _____ Date of Birth: _____ Age: _____
 Grade: _____ SSID Number: _____ Student Identification Number: _____ Gender: _____
 Migrant Program Eligibility: Yes No English Proficiency: EO EL IEP RFEP TBD
 Home Language: _____ Hispanic/Latino: Yes No Decline to State
 Race 1: _____ Race 2: _____ Race 3: _____
 LEA of Special Education Accountability: _____
 Reporting LEA: _____ Setting (ages 3-22): _____
 School of Residence*: _____ School of Attendance*: _____
 *If Different, Give Reason: _____ School Type: _____
 Residence: _____ Specify Residence Name (if applicable): _____
 Parent/Guardian: _____ Email: _____
 Street Address/P.O. Box: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent/Guardian: _____ Email: _____
 Street Address/P.O. Box: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Other Contact: _____ Email: _____
 Street Address/P.O. Box: _____ City: _____ Zip: _____
 Main Phone: _____ Alternate Phone: _____ Cell Phone: _____
 Educational Rights: Parent/Guardian Educational Representative Surrogate Parent Adult Student
 Ed. Rep./Surrogate (if applicable): _____ Email: _____
 Street Address/P.O. Box: _____ City: _____ Zip: _____
 Main Phone: _____ Alternate Phone: _____ Cell Phone: _____

IEP会议类型

MEETING/CASE MANAGER INFORMATION

Initial Annual Triennial/Reassessment Addendum or Amendment Review (30 day)
 Manifestation Determination Other Review Secondary Purpose: _____

Initial Referral Date: _____ Referred By: _____
 Date of Parent Consent for Initial Assessment: _____ Initial Assessment IEP Date: _____
 Initial Special Education Entry Date: _____ Last Complete IEP Date: _____
 Most Recent Assessment IEP Date: _____ Next Assessment Due: _____
 Supplemental IEP Review (if prior to annual) Due: _____ Next Annual IEP Review Due: _____
 Case Manager: _____ Position: _____
 Phone: _____ Cell Phone: _____ Email: _____

ADDITIONAL FACTORS:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	This is an initial placement and student received coordinated general education early intervening services (CEIS) using Federal IDEA funds in one or both of the preceding two years.
<input type="checkbox"/>	<input type="checkbox"/>	Student exhibits behavior that requires a behavior intervention plan.
<input type="checkbox"/>	<input type="checkbox"/>	Student is transitioning from special class or NPS to general education class on public campus.
<input type="checkbox"/>	<input type="checkbox"/>	Student is transitioning from preschool to elementary school and may require a less intensive program.
<input type="checkbox"/>	<input type="checkbox"/>	Student is being considered for possible change in placement due to disciplinary action (more than 10 days of suspension or possible expulsion).



North West Santa Clara County SELPAs

IEP – Eligibility

Student: _____ Date of Birth: _____ Date: _____

ELIGIBILITY

STUDENT STRENGTHS, PREFERENCES, AND INTERESTS

PARENT CONCERNS RELEVANT TO EDUCATIONAL PROGRESS

Student is eligible for special education and related services in the area(s) identified below.
 Primary Disability: _____ Secondary Disability: _____

Student is eligible for low incidence hunting (visual impairment, deaf/hard-of-hearing, or severe orthopedic impairment).

Student is not eligible for special education and related services (explain on IEP Notes/Additional Information page).

Student will be exiting special education and related services effective: _____
 This exit is due to: _____

EFFECT OF DISABILITY AND AREAS OF NEED (complete for eligible students only)

This student's disability causes difficulty developing skills in the areas checked below which might affect his or her ability to participate and progress in the general curriculum or (for preschoolers) participate in appropriate activities:

<input type="checkbox"/> Reading – Decoding / Fluency	<input type="checkbox"/> Receptive Language	<input type="checkbox"/> Recreation/Leisure
<input type="checkbox"/> Reading – Comprehension	<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Math – Calculation	<input type="checkbox"/> Articulation/Voice Fluency	<input type="checkbox"/> Mobility
<input type="checkbox"/> Math – Applications	<input type="checkbox"/> Study/Organization Skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Written Language	<input type="checkbox"/> Social/Behavioral/Emotional Skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Readiness – English Language Arts	<input type="checkbox"/> Attention	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Readiness – Math	<input type="checkbox"/> Vocational Skills	<input type="checkbox"/> Other: _____

IEP 资格

学生是否有资格参与 IEP

学生的残疾



IEP - Present Levels of Academic

Student: _____

Statewide Assessments

- SBAC CAA English/Language Arts
- CAST CAA Math
- CAST CAA Science

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

Last vision screening: _____ Pass Failed

PRE-ACADEMIC / ACADEMIC / FUNCTIONAL SKILLS

[Large empty box for Pre-academic / Academic / Functional Skills]

IEP 2B (9/15)



North
IEP - Present Levels of Academic Achievement and Functional Performance

Student: _____ Date of Birth: _____

COMMUNICATION DEVELOPMENT

[Large empty box for Communication Development]

GROSS / FINE MOTOR DEVELOPMENT

[Large empty box for Gross / Fine Motor Development]

SOCIAL EMOTIONAL/BEHAVIORAL

[Large empty box for Social Emotional/Behavioral]

IEP 2B (9/15)



North West Santa Clara County SELPAs
IEP - Present Levels of Academic Achievement and Functional Performance

Student: _____ Date of Birth: _____ Date: _____

VOCATIONAL

[Large empty box for Vocational]

ADAPTIVE / DAILY LIVING SKILLS

[Large empty box for Adaptive / Daily Living Skills]

GENERAL HEALTH

[Large empty box for General Health]

IEP 2B (9/15)

IEP

目前的学业成绩和功能表现水平
(PLAP, Present Levels of Academic Achievement and Functional Performance)

Student: _____ Date of Birth: _____ Date: _____

ANNUAL GOALS

Area _____ Skill (Optional) _____

Baseline:

Annual Goal:

Curriculum Standard: _____ Monitored by: _____

- Goal is related to enabling the student to participate in general education curriculum.
- Goal is related to meeting other educational needs resulting from the student's disability.
- Goal supports the student's post-secondary goals/expectations.
- Goal supports one or more ELD standards as identified under "Curriculum Standard"

Area _____ Skill (Optional) _____

Baseline:

Annual Goal:

Curriculum Standard: _____ Monitored by: _____

- Goal is related to enabling the student to participate in general education curriculum.
- Goal is related to meeting other educational needs resulting from the student's disability.
- Goal supports the student's post-secondary goals/expectations.
- Goal supports one or more ELD standards as identified under "Curriculum Standard"

需求领域
 基于评估和观察的学生基线水平

年度可衡量目标

IEP 目标

IEP目标

1. 必须归属于学生的需求领域。
2. 必须包含基线。
3. 必须可衡量。

需求领域：书写

基线：

Gabriela会写一点。她可以在听到口头发音时写下字母。

可衡量的年度目标#1：

到明年，当为Gabriela口头提供10个单词的发音时，她拼写和书写单词的准确率将达到90%。

这个目标存在什么问题？

IEP目标

1. 必须归属于学生的需求领域。
2. 必须包含基线。
3. 必须可衡量。



需求领域：书写

基线：

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可衡量的年度目标#1：

到明年，当为Gabriela口头提供10个单词的发音时，她拼写和书写单词的准确率将达到90%。



需求领域：书写

基线：

Gabriela可以写出她的名字和姓氏。当为她口头提供字母发音时，她可以正确写出36个字母中的24个。

可衡量的年度目标#1：

到2024年1月30日，当为她口头提供10个“之前未学习过”的真实或无意义的VC或CVC单词时，根据工作人员维护的数据测量，Gabriela拼写和书写单词的准确率将达到90%。Gabriela将阅读更多内容。

专门设计的教学

(“SDI,” Specially Designed Instruction)

是指调整教学内容、方法或教学方式，以满足学生与残疾相关的独特需求，并确保学生能够学习通识课程，从而满足适用于所有儿童的教育标准。

专门设计的教学 (“SDI”)

是指调整教学内容、方法或教学方式，以满足学生与残疾相关的独特需求，并确保学生能够学习通识课程，从而满足适用于所有儿童的教育标准。

教学

定制教学以满足学生的需求

特殊日间课程的专业学术指导

在通识教育课堂中进行IEP目标的教学

住宿

改变对学生的教学方式以减少获取学习的障碍

考试期间的额外时间

允许在数学课上使用计算器

修改

修改学生预期学习的内容

降低学生预期阅读的难度水平。

简化考试题目。

专门设计的教学 (“SDI”)

是指调整教学内容、方法或教学方式，以满足学生与残疾相关的独特需求，并确保学生能够学习通识课程，从而满足适用于所有儿童的教育标准。

服务

使学生能够参与到通识教育环境的
补充辅助工具和服务

一对一支持或推入式支持

行为支持

对人员/家长的支持

协助成年人实施SDI的资源

针对教师和服务提供者的培训

针对家长的辅导/培训



North West Santa Clara County SELPAs

IEP – Special Education and Related Services

Student: _____ Date of Birth: _____ Date: _____

SPECIAL EDUCATION AND RELATED SERVICE OPTIONS CONSIDERED

The service options that were considered by the IEP team (List all):

专业学术教学及相关服务的数量

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:

SPECIAL EDUCATION AND RELATED SERVICES OFFERED

Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Sessions:	Duration: min	Frequency:	Start Date: End Date:
Notes:				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Sessions:	Duration: min	Frequency:	Start Date: End Date:
Notes:				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Sessions:	Duration: min	Frequency:	Start Date: End Date:
Notes:				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Sessions:	Duration: min	Frequency:	Start Date: End Date:
Notes:				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Sessions:	Duration: min	Frequency:	Start Date: End Date:
Notes:				

IEP 7 A-1 (11/23)



North West Santa Clara County SELPAs

IEP – Supplementary Aids, Services & Transportation

Student: _____ Date of Birth: _____ Date: _____

SUPPLEMENTAL SUPPORTS

Supports for student and school personnel are required for student? No Yes (specify below)

Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:
Aids, Services and/or Supports:	Provider:	To Support: <input type="checkbox"/> Student <input type="checkbox"/> Personnel		
Location:	Frequency:	Duration: total minutes	Start Date:	End Date:

IEP
FAPE提供的服务

其他支持

TRANSPORTATION

Special Education Transportation: No Yes

Student Type: Non-Ambulatory

Transportation Needs:

Reg ESY

- A/C Required
- Alternate Address
- Bring Equipment
- Buckle Guard
- Car Seat
- Curb-to-curb
- Vest
- Other: _____
- Other: _____

Reg ESY

- Electric Chair
- Limited Ride
- Medical Protocol
- Nurse/Aide on Bus
- Parent Transport
- Release Form
- Walker
- Station to Station

Reg ESY

- Restraint Harness
- Rides Cab
- Seat Belt
- Transportation Medication
- Transportation Behavior Plan
- Travel Chair
- Wheelchair
- Access to Electronic Device

IEP 8 (8/19)



限制最少的环境 (LRE, Least Restrictive Environment)

在**邻里学校**学习并在**最大程度上**与非残疾儿童**互动**的权利。

学校必须提供服务和支持，以确保通识教育课堂取得成功。



North West Santa Clara County SELPAs

IEP – Meeting Participation

Student: _____ Date of Birth: _____ Date: _____

Meeting Purpose: _____ Continuation Meeting: _____

IEP TEAM MEETING PARTICIPANTS

The following people participated in the IEP team meeting:

Signature	Position	Date
_____	Parent/Guardian/Adult Student Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Parent/Guardian/Adult Student Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	LEA Representative Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____
_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____

出席的IEP团队成员的签名



North West Santa Clara County SELPAs

IEP - Consent for Placement

Student: _____ Date of Birth: _____ Date: _____

PARENT ACKNOWLEDGEMENTS AND REQUESTS

Check all of the following boxes that apply:

- I have received a copy the *Notice of Procedural Safeguards*.
- I attended and participated in the IEP team meeting.
- I received notice of the IEP team meeting but did not attend.
If parent did not attend, specify the methods and dates of contact to encourage the parent to attend.
a. Method/Date: _____ c. Method/Date: _____
b. Method/Date: _____ d. Method/Date: _____
- Parent did not attend, but the IEP meeting proceeded without the parent.
- I request a copy of this IEP in my primary language/other mode of communication: _____
- I have received a copy of the assessment report(s) reviewed in developing this IEP if applicable.
- I have received a copy of the IEP.
- Yes No The school district facilitated parent involvement as a means of improving services & results for my child.

PARENT CONSENTS

Check one of the following three boxes:

- I agree with the determination of my child's eligibility or ineligibility for special education.
- I do not agree with the determination of my child's eligibility or ineligibility for special education.
- I have declined the offer of initiation of special education services.

If your child is eligible for special education, check one of the following three boxes:

- I understand and consent to the contents of this IEP.
- I understand and consent to the contents of this IEP except for: _____
- I do not consent to the contents of this IEP.

If your child is eligible for special education, check the box below, if applicable

- I have received a copy of "Consent to Bill Medi-Cal and Release Information".

I understand that services will not be made-up when my child is absent or when a normally scheduled session falls on a non-student day unless otherwise agreed upon and that services will not be provided during school holidays and breaks except for those provided during extended school year.

Signature of Parent/Adult Student: _____ Date: _____

Signature of Parent/Adult Student: _____ Date: _____

IEP 同意书

家长同意的选项



Student: _____ Date of Birth: _____ Date: _____

IEP

会议记录

特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。



4 审查 IEP

IEP团队需定期对IEP项目进行审查，审查频率为一年至少一次。

IEP团队须采取以下措施：

- 家长提出申请后30天内。
- 若学校针对IEP项目提出更改意愿，应随时予以配合。
- 若孩子年满16岁，需制定一份过渡计划。
- 若孩子停课10天以上或被建议退出该项目，需进行表现确定审查 (MDR, Manifestation Determination Review) 。

若孩...
(IEP, Ind...

若孩子 不 符合条件，
但您认为他们 在残障方
面的需求尚未得到满足，
则可以：

5 重新评估

- 若条件符合，学校须对孩子进行重新评估：至少每3年1次。
- 家长也可以提出申请：要求每年重评1次。

审查与评估 (接受
特殊教育期间)

6 退出特殊教育

1. IEP团队认为孩子已不符
2. 家长

了解更多



特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。



评估 (接受
特殊教育期间)

- 若条件符合，学校须对孩子进行重新评估：至少每3年1次。
- 家长也可以提出申请：要求每年重评1次。

6 退出特殊教育。

1. IEP团队认为孩子已不符合条件
2. 家长不同意继续执行该项计划
3. 孩子已毕业或年满22岁，达到年龄上限。

Disability
Rights
California



2023

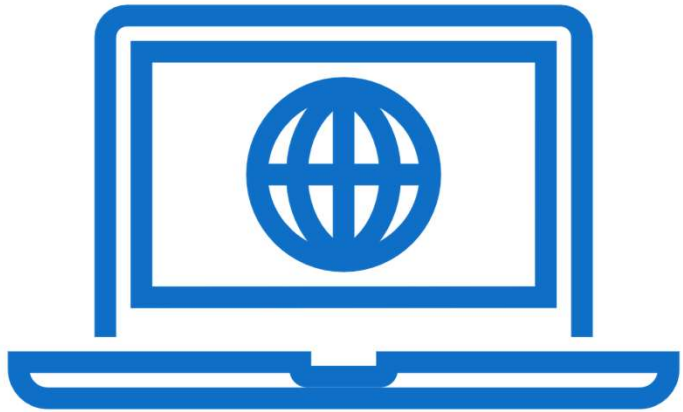
特殊教育路线图

若根据自身需要，因材施教，每个孩子都可以在学业上有所成就。特殊教育可以作为一种方式，满足孩子在残障方面的需求。这一路线图可引导您完成这一过程。

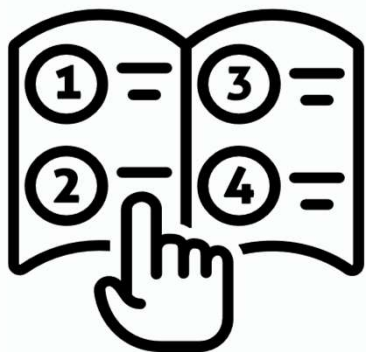




有任何疑问？



其他资源



特殊教育 权利和责任 (SERR, Special Education Rights & Responsibilities) 手册



- 第1章: [基本权利](#)
- 第2章: [评价/评估](#)
- 第3章: [资格标准](#)
- 第4章: [IEP流程](#)
- 第5章: [相关服务](#)
- 第6章: [正当程序/合规程序](#)
- 第7章: [限制性最小的环境](#)
- 第8章: [残疾学生的纪律](#)
- 第9章: [机构间服务 \(AB 3632\)](#)
- 第10章: [过渡服务和职业教育](#)

- 第11章: [全学区评估/毕业要求](#)
- 第12章: [早期干预服务](#)
- 第13章: [学前教育服务](#)
- 第14章: [患有严重健康问题的学生的权利](#)
- 第15章: [有行为需求的学生和受到欺凌的学生的权利](#)
- 第16章: [第504条和基于残疾的歧视](#)

其他特殊教育资源

特殊教育基础工具包

- 17个特殊教育宣传技巧
- 需要了解的特殊教育术语
- 特殊教育时间表
- 了解您的权利钱包卡
- 模板信函



行为与纪律工具包

- 我的残疾孩子不断遭到停学或收到开除建议
- 接受IEP的孩子在学校受到限制或隔离后应采取的步骤
- 准备召开一次表现判定审查会议
- 出勤和旷课情况



与学区工具包的分歧

- 加州教育部合规投诉模板
- 关于IEP会议分歧的信函模板
- 解决之道 - 当您与学区存在分歧时该怎么办



延长学年工具包

- 向学区申请延长学年服务的步骤
- 了解您在延长学年服务方面的权利
- 延长学年信函模板

