



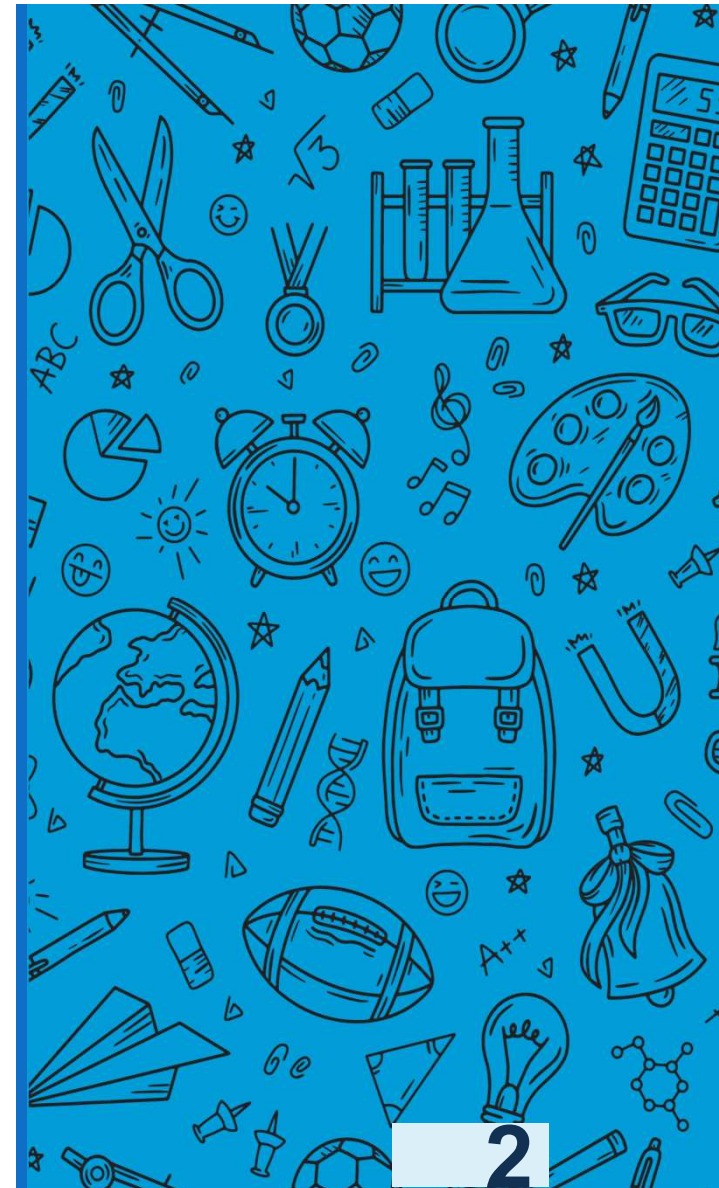
WHAT'S IN AN IEP? ADVOCATING FOR YOUR CHILD

GABRIELA TORRES
MANAGING ATTORNEY

LEAH KANG
SENIOR ATTORNEY

Agenda

1. Introduction to Special Education
2. Special Education Roadmap
3. What's in an IEP?
4. Questions





Mission, Vision, Values

Updated and Board approved: March 12, 2021

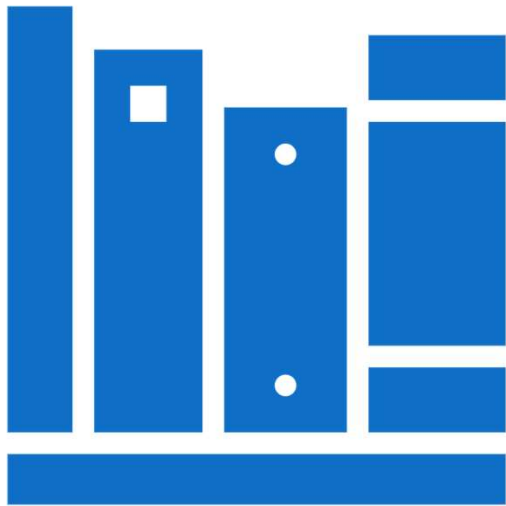
Our Mission

Disability Rights California (DRC) defends, advances, and strengthens the rights and opportunities of people with disabilities.

Our Vision

DRC works for a world where all disabled people have power and are treated with dignity and respect. In this world, people with disabilities are supported, valued, included in their communities, afforded the same opportunities as people without disabilities, and make their own decisions.

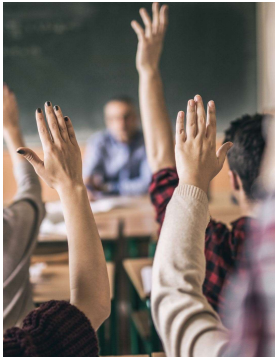


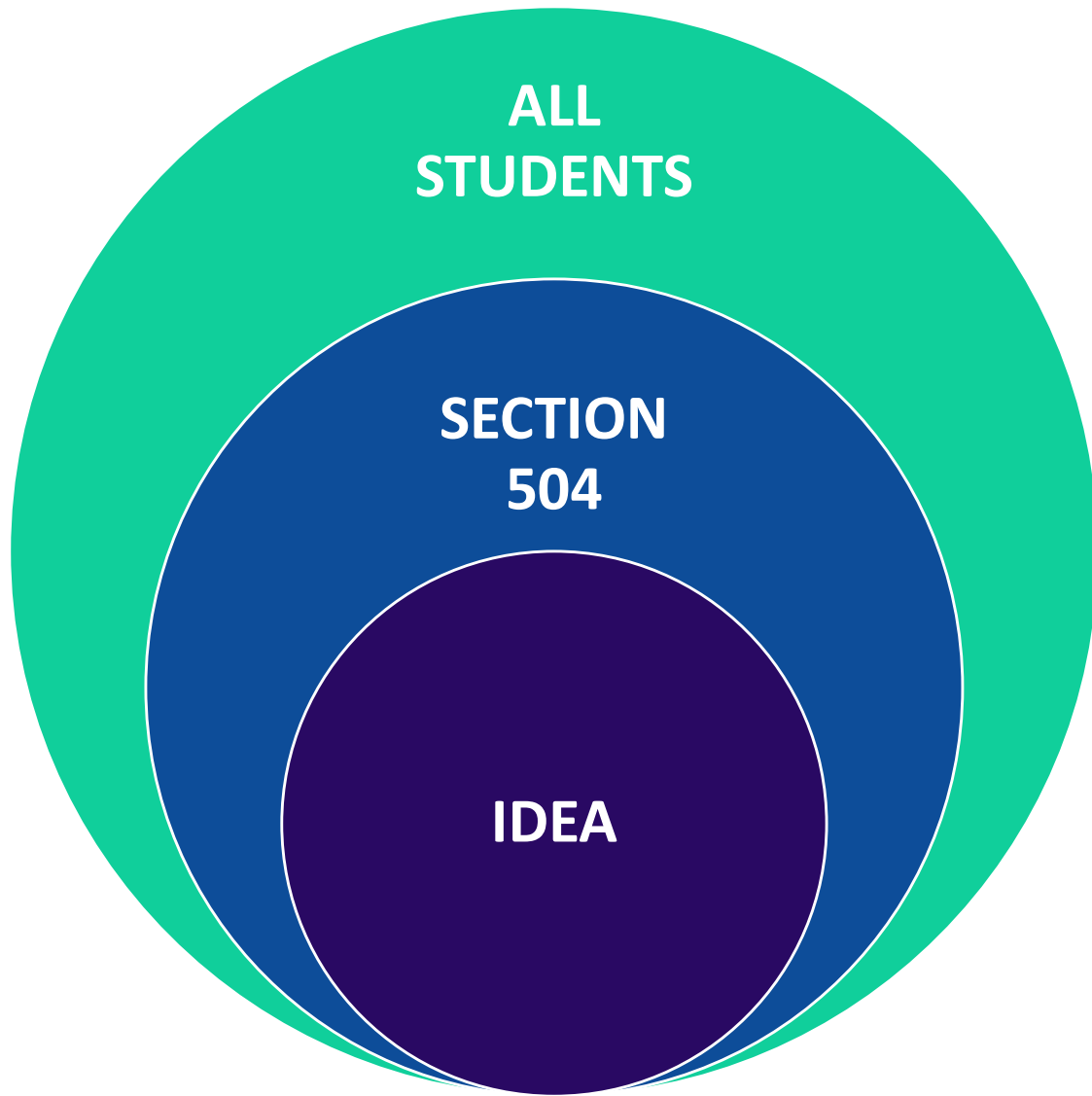


Introduction to Special Education

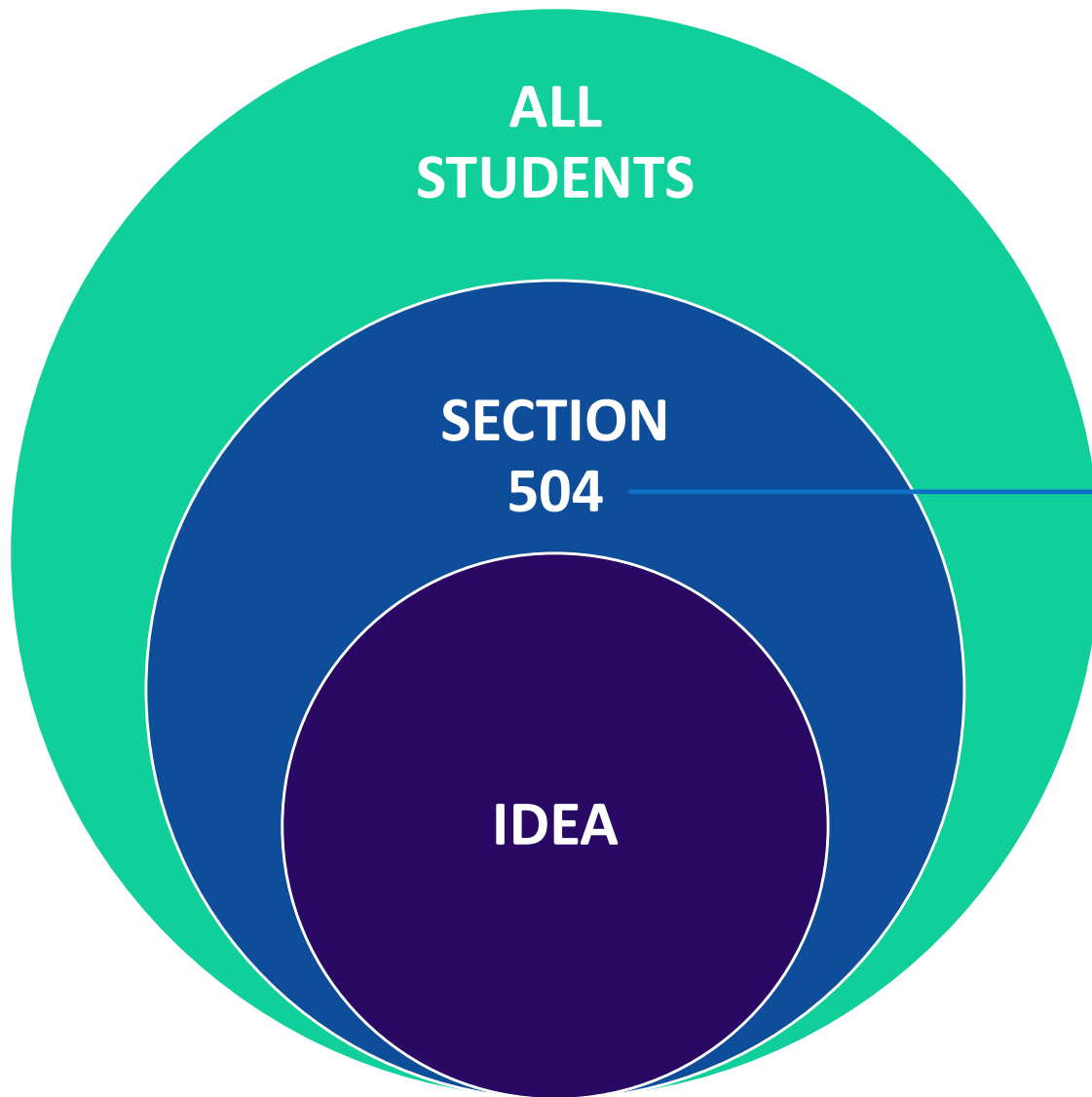


Public schools are supposed to be for ALL students





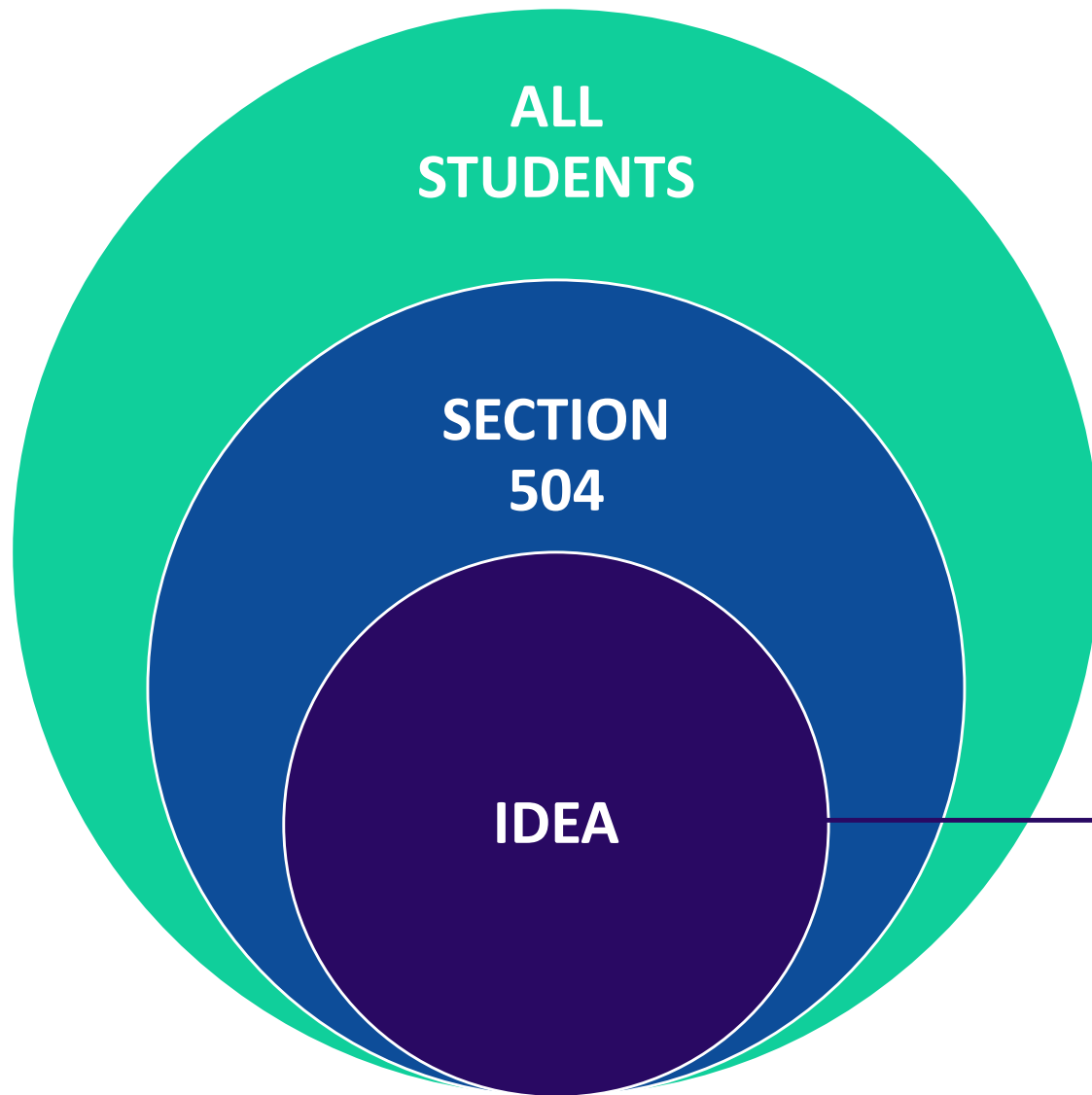
THE LEGAL LANDSCAPE



**Section 504 of the
Rehabilitation Act of 1973**

Provides **accommodations** in the
general education environment

For students who have an impairment
that **substantially limits a major life
activity**



Individuals with Disabilities Education Act (IDEA)

Provides a **Free, Appropriate Public Education (FAPE)** in the **least restrictive environment (LRE)**

For students who have a qualifying disability (13 categories of eligibility)

From the Individuals with
Disabilities Education Act
("IDEA") . . .

“

Congress finds [that] . . .
[d]isability is a natural part
of the human experience
and in no way diminishes
the right of individuals to
participate in or contribute
to society

20 U.S.C. § 1400(c)(1)

”

All children with disabilities are entitled to. . .

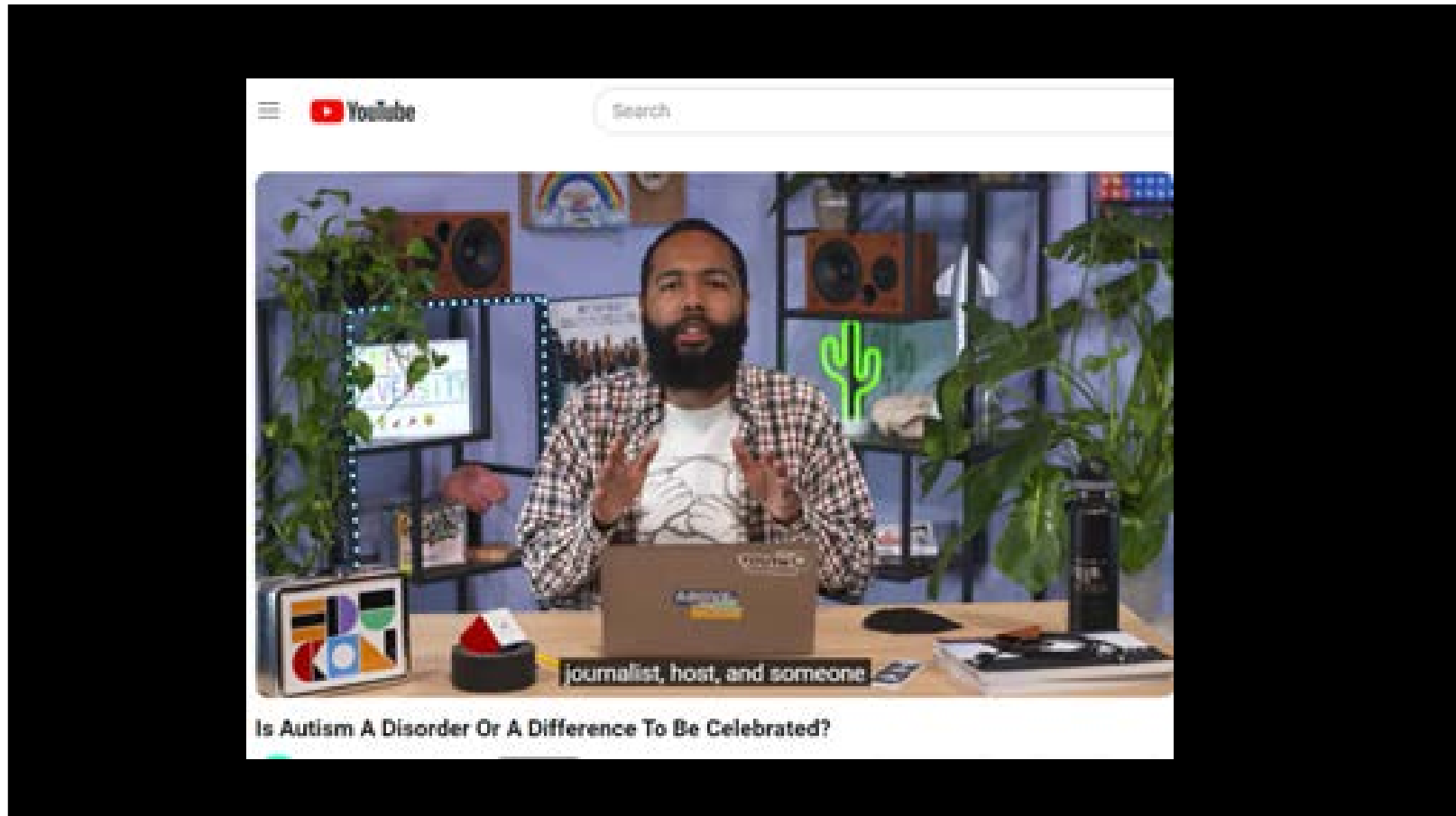
“

[A] free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.

20 U.S.C. § 1400(d)

”

The Social Model of Disability



Source: 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-views-au>

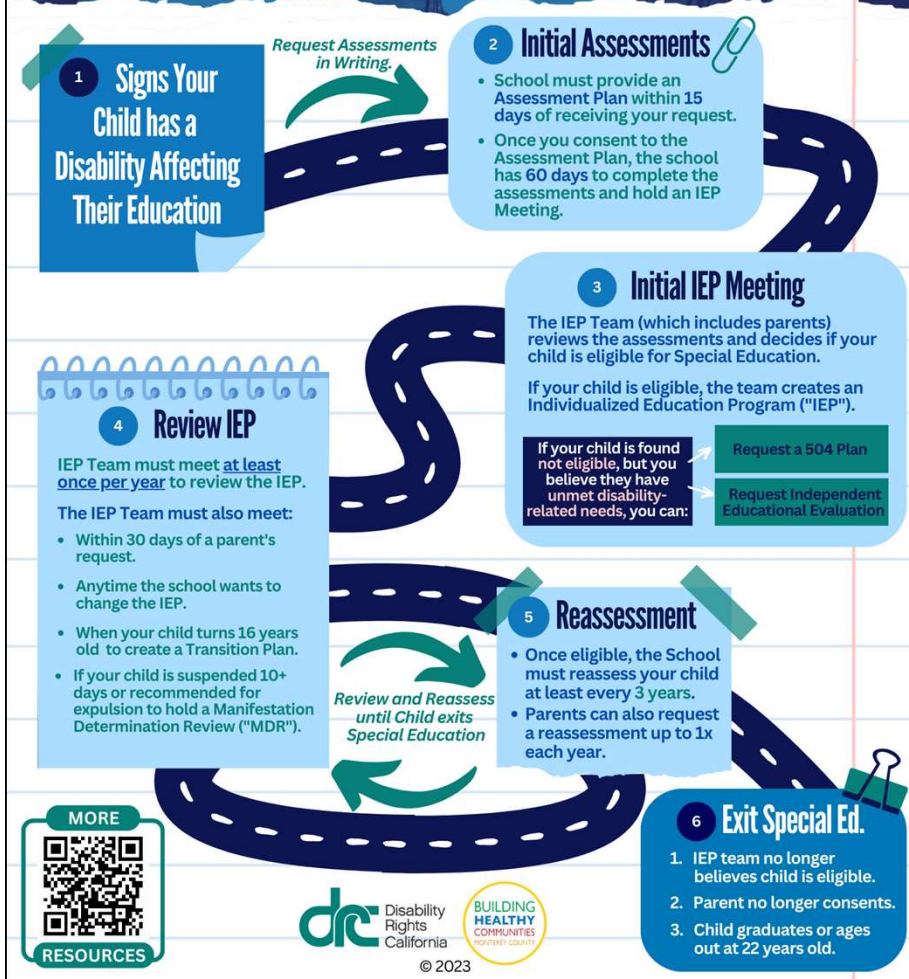
Special Education is **not a place**,
it is a **pool of services** to ensure
qualifying students with
disabilities receive FAPE.



Special Education Roadmap

Special Education Road Map

All children can be successful in school when their needs are met. Special Education is one way to meet your child's disability-related needs. This road map will help guide you through that process.



1 Signs Your Child has a Disability Affecting Their Education

Request Assessments in Writing.

2 Initial Assessments

- School must provide an Assessment Plan within 15 days of receiving your request.
- Once you consent to the Assessment Plan, the school has 60 days to complete the assessments and hold an IEP Meeting.

3 Initial IEP Meeting

The IEP Team (which includes parents) reviews the assessments and decides if your child is eligible for Special Education.

If your child is eligible, the team creates an Individualized Education Program ("IEP").

If your child is found not eligible, but you believe they have unmet disability-related needs, you can:

- Request a 504 Plan
- Request Independent Educational Evaluation

4 Review IEP

IEP Team must meet at least once per year to review the IEP.

The IEP Team must also meet:

- Within 30 days of a parent's request.
- Anytime the school wants to change the IEP.
- When your child turns 16 years old to create a Transition Plan.
- If your child is suspended 10+ days or recommended for expulsion to hold a Manifestation Determination Review ("MDR").

Review and Reassess until Child exits Special Education

5 Reassessment

- Once eligible, the School must reassess your child at least every 3 years.
- Parents can also request a reassessment up to 1x each year.

6 Exit Special Ed.

1. IEP team no longer believes child is eligible.
2. Parent no longer consents.
3. Child graduates or ages out at 22 years old.



© 2023

your child's disability-related ne

1 **Signs Your Child has a Disability Affecting Their Education**

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MORE



RESOURCES

Special Education
This road map will help guide you through that process.

Request Assessments
in Writing.



2

Initial Assessments



- School must provide an **Assessment Plan** within **15 days** of receiving your request.
- Once you consent to the **Assessment Plan**, the school has **60 days** to complete the assessments and hold an **IEP Meeting**.

3

Initial IEP Meeting



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: _____

Areas to be assessed

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: _____	

Who will conduct the assessment?

Assessment Plan

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

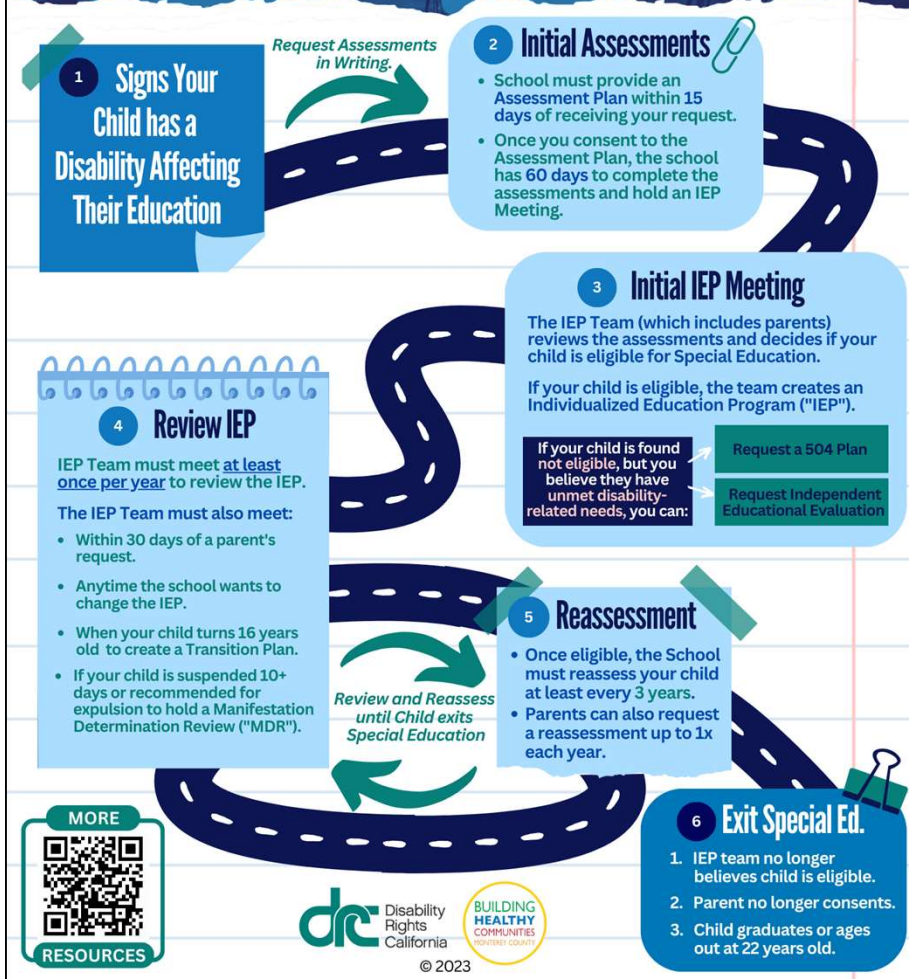
Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-Cal Health Insurance benefits.

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

Parent must consent before assessments can begin.

Special Education Road Map

All children can be successful in school when their needs are met. Special Education is one way to meet your child's disability-related needs. This road map will help guide you through that process.



...ments and hold an IEP meeting.

3

Initial IEP Meeting

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If your child is found **not eligible**, but you believe they have **unmet disability-related needs**, you can:

Request a 504 Plan

Request Independent Educational Evaluation

SCAN ME



SCAN ME



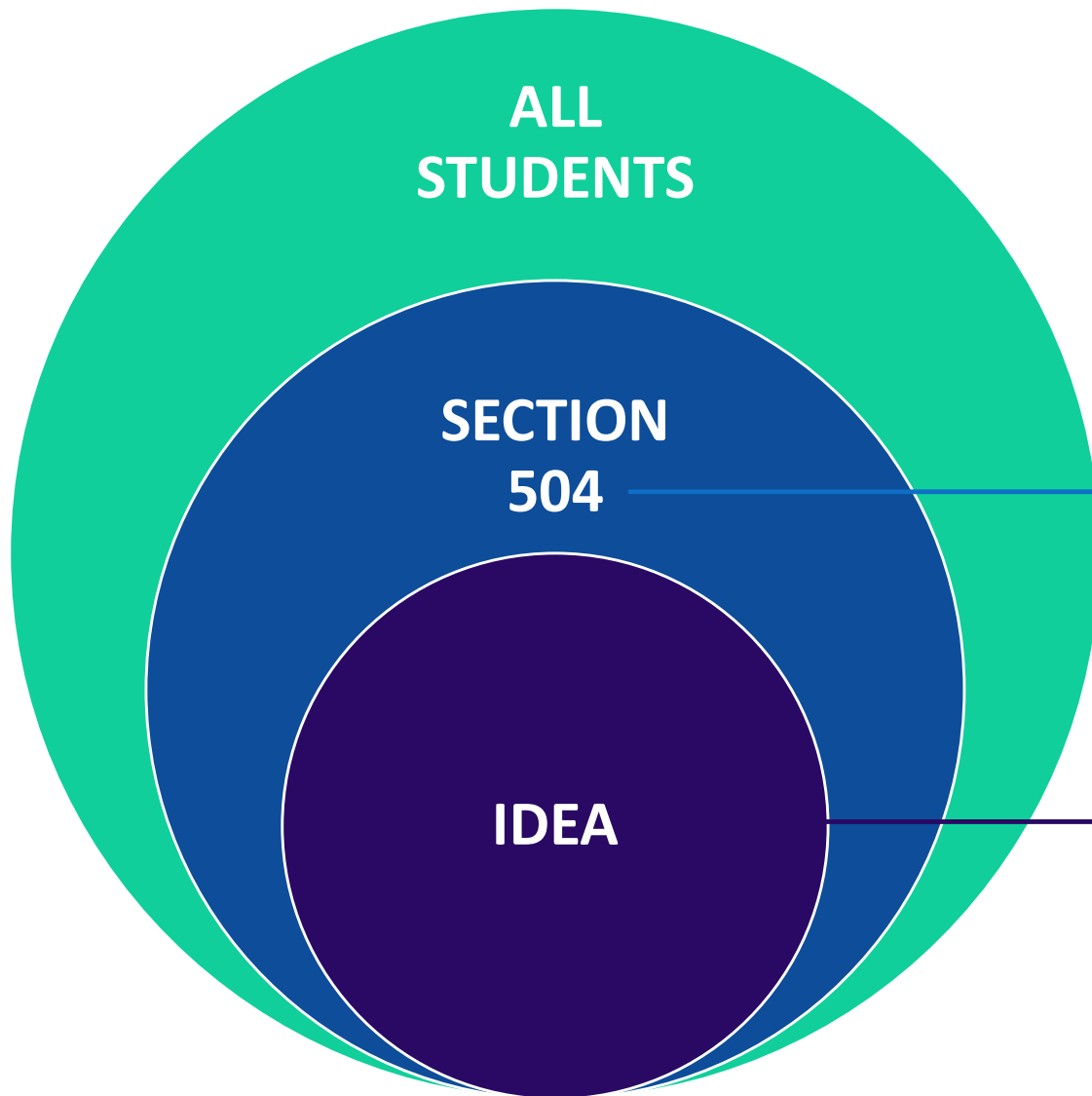
A student is eligible for Special Education if their school performance is **adversely affected** by a disability in one of these **13 categories**:

1. Hearing Impairment
2. Deafness
3. Visual Impairment
4. Visual + Hearing Impairment
5. Speech or Language Impairment
6. Severe orthopedic impairment
7. Autism
8. Other Health Impairment (strength, vitality, or alertness)
9. Intellectual Disability
10. Emotional Disturbance
11. Learning Disability
12. Traumatic Brain Injury
13. Multiple Disabilities

For more
information

SCAN ME





**Section 504 of the
Rehabilitation Act of 1973**

Provides **accommodations** in the general education environment

For students who have an **impairment** that **substantially limits a major life activity**

**Individuals with Disabilities
Education Act (IDEA)**

Provides a **Free, Appropriate Public Education (FAPE)** in the **least restrictive environment (LRE)**

For students who have a qualifying disability (13 categories of eligibility)

Parents have **rights** in IEP Meetings,
including the right:

- To **request an IEP Meeting** whenever you would like to discuss or change your child's IEP
- To meet at a **time and place** that works for you
- To be a **meaningful participant**
- To **bring other adults** to support you and your child (advocate, family, friend, service provider)
- To **interpretation** in a language you understand
- To **record** the IEP Meeting (upon giving 24-hr notice)



For more
information

SCAN ME



24



What's in an IEP?



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 IFEP 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: _____

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:

<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

[Empty box for Student Strengths, Preferences, and Interests]

PARENT CONCERNS RELEVANT TO EDUCATIONAL PROGRESS

[Empty box for Parent Concerns]

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 Eligibility

Type of IEP meeting

Whether or not student is eligible for an IEP

Student's disability/ies



IEP - Present Levels of Academic Achievement and Functional Performance

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 PERFORMANCE

IEP 2B (9/15)



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

Student: _____ Date of Birth: _____

COMMUNICATION DEVELOPMENT

GROSS / FINE MOTOR DEVELOPMENT

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

ADAPTIVE / DAILY LIVING SKILLS

GENERAL HEALTH

IEP 2B (9/15)

IEP

Present Levels of Academic Achievement and Functional Performance (PLAPs)

IEP Goals

Student: _____ Date of Birth: _____ Date: _____

ANNUAL GOALS

Area _____ Skill (Optional) _____

Baseline:	
Annual Goal:	
Curriculum Standard:	Monitored by:
<input type="checkbox"/> Goal is related to enabling the student to participate in general education curriculum. <input type="checkbox"/> Goal is related to meeting other educational needs resulting from the student's disability. <input type="checkbox"/> Goal supports the student's post-secondary goals/expectations. <input type="checkbox"/> Goal supports one or more ELD standards as identified under "Curriculum Standard"	

Area _____ Skill (Optional) _____	
Baseline:	
Annual Goal:	
Curriculum Standard:	Monitored by:
<input type="checkbox"/> Goal is related to enabling the student to participate in general education curriculum. <input type="checkbox"/> Goal is related to meeting other educational needs resulting from the student's disability. <input type="checkbox"/> Goal supports the student's post-secondary goals/expectations. <input type="checkbox"/> Goal supports one or more ELD standards as identified under "Curriculum Standard"	

Area of need

Student's baseline, based on assessments and observations

Measurable goal for the year

IEP Goals

1. Must be in a student's areas of need.
2. Must contain baselines.
3. Must be measurable.

Area: Writing

Baseline:

Gabriela can write a little. She can write letters when orally provided the sound.

Measurable Annual Goal #1:

By next year, when orally provided with 10 words, Gabriela will spell and write words with 90% accuracy.

What's wrong with this goal?

IEP Goals

1. Must be in a student's areas of need.
2. Must contain baselines.
3. Must be measurable.



Area: Writing

Baseline:

Gabriela can write a little. She can write letters when orally provided the sound.

Measurable Annual Goal #1:

By next year, when orally provided with 10 words, Gabriela will spell and write words with 90% accuracy.



Area: Writing

Baseline:

Gabriela can write her first and last name. She can write 24 out of 36 letters correctly when orally provided with the letter sound.

Measurable Annual Goal #1:

By January 30, 2024, when orally provided with 10 real or nonsense VC or CVC words "not studied prior," Gabriela will spell and write words with 90% accuracy as measured by staff-maintained data. Gabriela will read more.

Specially Designed Instruction (“SDI”)

means adapting the content, methodology, or delivery of instruction to meet the student’s disability-related unique needs and ensure the student’s access to the general curriculum so that the student can meet the educational standards that apply to all children.

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means adapting the content, methodology, or delivery of instruction to meet the student’s disability-related unique needs and ensure the student’s access to the general curriculum so that the student can meet the educational standards that apply to all children.

INSTRUCTION

customize instruction to meet student’s needs

Specialized Academic Instruction in a Special Day Class

Teaching to address IEP goals within General Education classroom

ACCOMMODATIONS

change HOW student is taught to reduce barriers to access

Extra time during exams

Permission to use calculator during Math class

MODIFICATIONS

modify WHAT a student is expected to learn

Lowering the reading level a student is expected to read at.

Simplifying exam questions.

Specially Designed Instruction (“SDI”)

means adapting the content, methodology, or delivery of instruction to meet the student’s disability-related unique needs and ensure the student’s access to the general curriculum so that the student can meet the educational standards that apply to all children.

SERVICES

supplementary aids & services that enable a student to participate in general education environment

One-on-one or push-in support

Behavioral support

SUPPORT TO PERSONNEL/PARENTS

resources to assist adults in implementing SDI

Training for teachers and service providers

Coaching / training for parents



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):

Amount of
Specialized Academic
Instruction
and Related Services

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:	
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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:	

IEP
Offer of FAPE

Supplemental supports

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)



Least Restrictive Environment (LRE)

Right to learn in their **neighborhood school** and **interact** with children who do not have disabilities to the **maximum extent appropriate**.

Schools must provide services and supports to ensure success in the general education classroom.



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	_____
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_____	Participation via <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> In Person	_____

Signatures of IEP team members who attended



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 Consent

Options for parent consent



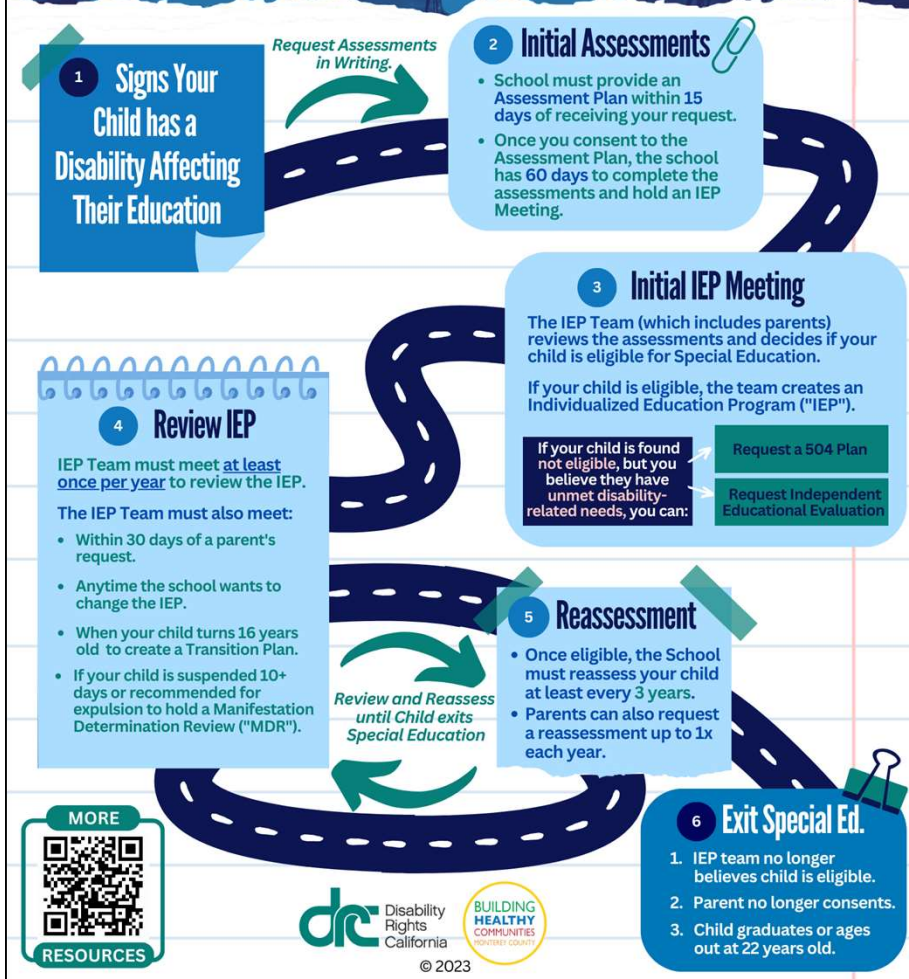
Student: _____ Date of Birth: _____ Date: _____

IEP

Meeting
Notes

Special Education Road Map

All children can be successful in school when their needs are met. Special Education is one way to meet your child's disability-related needs. This road map will help guide you through that process.



4 Review IEP

IEP Team must meet at least once per year to review the IEP.

The IEP Team must also meet:

- Within 30 days of a parent's request.
- Anytime the school wants to change the IEP.
- When your child turns 16 years old to create a Transition Plan.
- If your child is suspended 10+ days or recommended for expulsion to hold a Manifestation Determination Review ("MDR").

*Review and Reassess
until Child exits
Special Education*

Incl

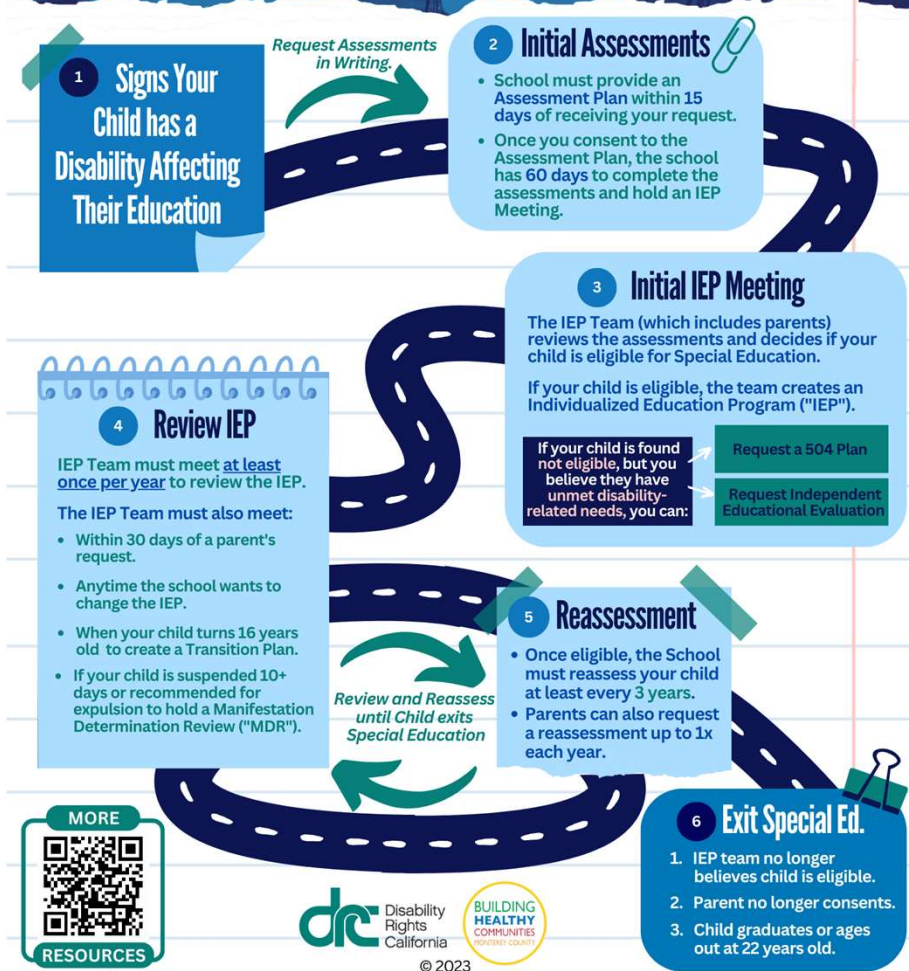
If your child is not eligible, but you believe they have unmet disability-related needs, you can:

5 Reassessment

- Once eligible, the School must reassess your child at least every 3 years.
- Parents can also request a reassessment up to 1x each year.

Special Education Road Map

All children can be successful in school when their needs are met. Special Education is one way to meet your child's disability-related needs. This road map will help guide you through that process.



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Reassessment

- Once eligible, the School must reassess your child at least every **3 years**.
- Parents can also request a reassessment up to 1x each year.

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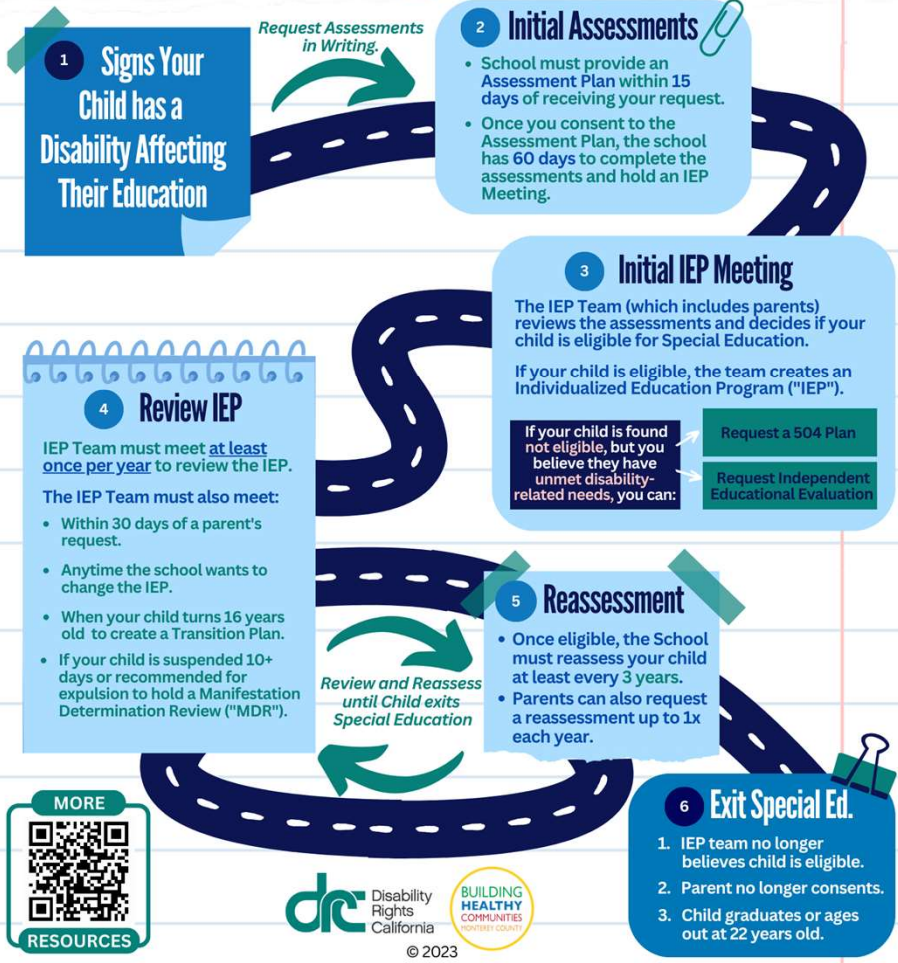
Exit Special Ed.

1. IEP team no longer believes child is eligible.
2. Parent no longer consents.
3. Child graduates or ages out at 22 years old.

BUILDING
HEALTHY
COMMUNITIES
MONTEREY COUNTY

Special Education Road Map

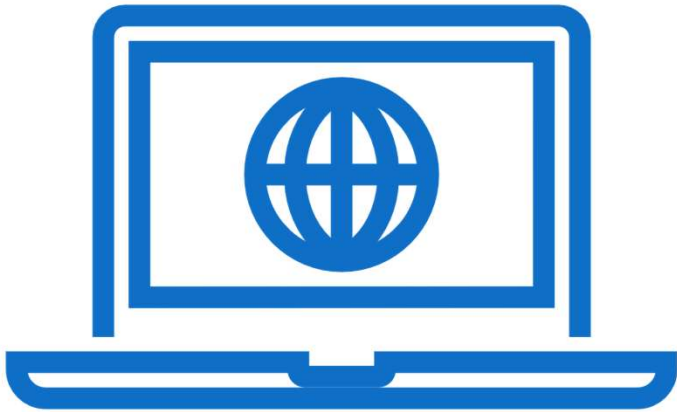
All children can be successful in school when their needs are met. Special Education is one way to meet your child's disability-related needs. This road map will help guide you through that process.



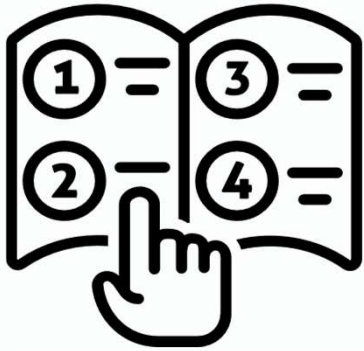
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Questions



Additional Resources



SPECIAL EDUCATION RIGHTS & RESPONSIBILITIES (SERR) MANUAL



- Chapter 1: [Basic Rights](#)
- Chapter 2: [Evaluations/Assessments](#)
- Chapter 3: [Eligibility Criteria](#)
- Chapter 4: [IEP Process](#)
- Chapter 5: [Related Services](#)
- Chapter 6: [Due Process/Compliance Procedures](#)
- Chapter 7: [Least Restrictive Environment](#)
- Chapter 8: [Discipline of Students with Disabilities](#)
- Chapter 9: [Interagency Services \(AB 3632\)](#)
- Chapter 10: [Transition Services & Vocational Education](#)

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- Chapter 11: [District-Wide Assessments / Graduation Requirements](#)
- Chapter 12: [Early Intervention Services](#)
- Chapter 13: [Preschool Education Services](#)
- Chapter 14: [Rights of Students with Significant Health Conditions](#)
- Chapter 15: [Rights of Students with Behavioral Needs and Students Who are Bullied](#)
- Chapter 16: [Section 504 and Disability-Based Discrimination](#)

ADDITIONAL SPECIAL EDUCATION RESOURCES

Special Education Basics Toolkit

- 17 Special Education Advocacy Tips
- Special Education Terms to Know
- Special Education Timelines
- Know Your Rights Wallet Card
- Template Letters



Behavior & Discipline Toolkit

- My Child with a Disability Keeps Getting Suspended or Recommended for Expulsion
- Steps to Take After Your Child with an IEP has been Restrained or Secluded in School
- Prepare for a Manifestation Determination Review Meeting
- Attendance and Truancy Facts



Disagreements with Districts Toolkit

- Template for California Department of Education Compliance Complaint
- Template Letter regarding Disagreement from IEP Meeting
- The Road to Resolution - What To Do When You Have a Disagreement with the School District



Extended School Year Toolkit

- Steps to Request Extended School Year Services from School Districts
- Know Your Rights on Extended School Year Services
- Extended School Year Letter Templates

