

IEP Pages According to Meeting Type Chart Monterey County SELPA

***Note: Addendum/Amendment, Manifestation Determination, and “Other Review” do not change next IEP/Eval date.**

| Basic IEP Forms | Special Rules (Required if) | Initial Evaluation | Annual Review | Triennial/ Reevaluation | 30 Day Review | Addendum / Amendment | Other Review* (Additional Assessment) | Exit Summary |
|---|--|-----------------------|------------------|----------------------------|------------------|---------------------------|--|-----------------|
| | | | | | | | | |
| [IEP 1] Demographic and Eligibility | | Req. | Req. | Req. | Req. | Opt. | Req. | |
| [IEP 2] IEP Eligibility | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 3A] Present Levels-Goals | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 3B] Present Levels-Goals & Benchmarks | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 4] State Wide Assessments | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 5] Instructional Setting and Support | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6A] Instructional Accommodations | | Opt. | Opt. | Opt. | Opt. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6B] Preschool Strategies & Adaptations | Grade = Pre. | Opt. | Opt. | Opt. | Opt. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6C] English Learner Assessment & Support | EL Type = EL | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6D] Postsecondary Transition Plan | Age 15 opt. Age 16+ Req. | Opt. Req. | Opt. Req. | Opt. Req. | Opt. Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6E] Program Change Transition Plan | Trans from SC/NPS or from PS is "Yes" IEP 1 | Opt. Req. | Opt. Req. | Opt. Req. | Opt. Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 6F] Manifestation Determination | If disciplinary action is "Yes" on IEP 1 | Opt. | Opt. | Opt. | Opt. | Opt. Amend='Yes' Req.. | Opt. | |
| [IEP 6G-1] Behavior Intervention Plan | Behavior Plan='Yes' on IEP 1 | Req./ Opt. | Req./ Opt. | Req./ Opt. | Req./ Opt. | Opt. Amend='Yes' Req.. | Opt. | |
| [IEP 6G-2] Escalation Cycle Management Plan | Escalation Cycle Plan on BIP='Yes' Req. | Opt. | Opt. | Opt. | Opt. | Opt. Amend='Yes' Req.. | Opt. | |
| [IEP 6H] Retention Consideration | Possible retention is "Yes" on IEP 1 | Opt. | Opt. | Opt. | Opt. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 7] Special Education & Related Services | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 8] Supplemental Aids Services and ESY | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |

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|---|-----------------------------|------|------|------|------|-----------------------------|------|------|
| [IEP 8] Supplemental Aids Services and ESY | | Req. | Req. | Req. | Req. | Opt. Amend='Yes' Req. | Opt. | |
| [IEP 9] Consent and Signatures | | Req. | Req. | Req. | Req. | | Req. | |
| [IEP 10] Supplemental Review & Amendment | | | | | | Req. | | |
| [IEP 12] Notes & Additional Info. | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. | |
| [IEP 13] Revisions IEP for Next School Year | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. | |
| [NC 13] Consent to Bill MedCal | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. | |
| [NC 12] Exit Summary of Performance | Grades 12, 12+, ungraded | | | | | | | Req. |

| Pre IEP Forms | Rules | Initial Evaluation | Annual Review | Triennial/Reevaluation | 30 Day Review | Addendum / Amendment | Other Review* |
|--|---|--------------------|---------------|------------------------|---------------|----------------------|---------------|
| [NC 2A] Notice of Referral | | Req. | | | | | |
| [NC 2B] Notice of Reassessment | | | | Req. | | | Opt. |
| [NC 3] Assessment Plan | If 'Yes' on Referral or Notice of Reassessment | Req. | Opt. | Req. | | | Req. |
| [NC 4] Explanation Denied Request for Assessment | If 'Yes' on Referral or Notice of Reassessment | Opt. | Opt. | Opt. | Opt. | | Req. |
| [NC 6A] Notice of IEP Team Meeting | | Req. | Req. | Req. | Req. | Opt. | Req. |
| [NC 6B] Notice of IEP Team Meeting (continued) | | Req. | Req. | Req. | Req. | Opt. | Req. |
| [NC 7] IEP Team Member Excusal | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. |
| [IEP 11] Interim Placement | | | | | Req. | | Opt. |

| Other Forms | Rules | Initial Evaluation | Annual Review | Triennial/Reevaluation | 30 Day Review | Addendum / Amendment | Other Review |
|--|-------|--------------------|---------------|------------------------|---------------|----------------------|--------------|
| [RPT 3] Data for Manifestation Determination | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. |
| [RPT 4] Classroom Information | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. |
| [RPT 5] Parent Assmt of Child | | Opt. | Opt. | Opt. | Opt. | Opt. | Opt. |

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| Non-IEP Forms (for download only, not archived in SIRAS) | |
| [IEP 14] Special Ed at a Glance | Located under Tools menu / Download Forms / Non-IEP |

| Narrative Assessment Reports | |
|--|---|
| Form | Rule |
| [RPT 1A] Assessment Report (Background) | Required |
| [RPT 1B] Assessment Report (ELD) | Required if EL else Optional |
| [RPT 1C] Assessment Report (APE Specialist) | Optional |
| [RPT 1C] Assmt Report (Behavior Specialist) | Optional |
| [RPT 1C] Assmt Report (Clinical Therapist) | Optional |
| [RPT 1C] Assmt Report (DHH Specialist) | Optional |
| [RPT 1C] Assmt Report (Occupational Therapist) | Optional |
| [RPT 1C] Assmt Report (Physical Therapist) | Optional |
| [RPT 1C] Assmt Report (School Nurse) | Optional |
| [RPT 1C] Assmt Report (School Psychologist) | Optional |
| [RPT 1C] Assmt Report (Special Education Teacher) | Optional |
| [RPT 1C] Assmt Report (Speech Therapist) | Optional |
| [RPT 1C] Assmt Report (VI Specialist) | Optional |
| [RPT 1C] Assmt Report (Assessment Data Other 1) | Optional |
| [RPT 1C] Assmt Report (Assessment Data Other 2) | Optional |
| [RPT 1D] Assessment Report (Conclusion) | Required |
| [RPT 1] Eligibility (Autism) | Required if disability = Aut else Optional |
| [RPT 1] Eligibility (Deaf-Blind) | Required if disability = DB else Optional |
| [RPT 1] Eligibility (Deafness) | Required if disability = Deaf else Optional |
| [RPT 1] Eligibility (Emotional Disturbance) | Required if disability = ED else Optional |
| [RPT 1] Eligibility (Est Medical Disability) | Required if disability = EMD else Optional |
| [RPT 1] Eligibility (Hard of Hearing) | Required if disability = HH else Optional |
| [RPT 1] Eligibility (Intellectual Disability) | Required if disability = ID else Optional |
| [RPT 1] Eligibility (Multiple Disabilities) | Required if disability = MD else Optional |
| [RPT 1] Eligibility (Orthopedic Impairment) | Required if disability = OI else Optional |
| [RPT 1] Eligibility (Other Health Impaired) | Required if disability = OHI else Optional |
| [RPT 1] Eligibility (Specific Learning Disability) | Required if disability = SLD else Optional |
| [RPT 1] Eligibility (Speech & Lang Impairment) | Required if disability = SL else Optional |
| [RPT 1] Eligibility (Traumatic Brain Injury) | Required if disability = TMI else Optional |
| [RPT 1] Eligibility (Visual Impairment) | Required if disability = VI else Optional |
| [RPT 1] Explanation and Comments (continued) | Optional |