## IEP Pages According to Meeting Type Chart Santa Barbara County SELPA (Rev. 2/1/21)

Basic IEP Forms		Initial	Annual	Triennial/					
	Special Rules	Evaluation	Review	Reevaluation	Review	Addendum /	Other	Manifestation	Exit Summary
	(Required if)				(30 Day)	Amendment	Review	Determination	
[IEP 1] Demographic and Eligibility		Req.	Req.	Req.	Req.	Opt.	Req.	Req.	N/A
[IEP 2A] IEP Eligibility		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 2B] Present Levels of Performance		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 2C] Eligibility (Specific Learning Disability)		Opt.	N/A	Opt.	N/A	Opt.	Opt.	N/A	N/A
[IEP 2D] SLD Discrepancy Documentation Report	Required [IEP 2C] Section 1 C = Yes	Hidden unless Required	N/A	Hidden unless Required	N/A	N/A	Opt.	N/A	N/A
[IEP 3E] Eligibility (Specific Learning Disability - RTI)		Opt.	N/A	Opt.	N/A	N/A	Opt.	N/A	N/A
[IEP 3F] Eligibility (Specific Learning Disability - PSW)		Opt.	N/A	Opt.	N/A	N/A	Opt.	N/A	N/A
[IEP 3A] Annual Goals		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 3B] Goals & Benchmarks		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 4] State Wide Assessments		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 5] Special Factors		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 6A] Instructional Accommodations		Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 6B] Preschool Strategies & Adaptations	Grade = Pre.	Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 6C] English Learner Assessment & Support*	EL Type = EL	Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 6D] Postsecondary Transition Plan	Age 13 opt. Age 15+ Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A

[IEP 6E] Program Change Transition Plan	Trans from SC/NPS or from PS is "Yes"	Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes'	Opt.	Opt.	N/A
	IEP 1	Req.	Req.	Req.	Req.	Req.			
[IEP 6F] Manifestation Determination	If disciplinary action is "Yes" on IEP 1; or if Secondary Purpose = MD	Opt.	Opt.	Opt.	N/A	Opt. Amend='Yes' Req.	Opt.	Req.	N/A
[ <b>IEP 6G-1</b> ] Behavior Intervention Plan (6 pg)	Behavior Plan='Yes' on IEP 1	Req./ Opt.	Req./ Opt.	Req./ Opt.	Req./ Opt.	Opt. Amend='Yes' Req	Opt.	Opt.	N/A
[IEP 6G-2] Behavior Intervention Plan (2 pg)	Behavior Plan='Yes' on IEP 1	Req./ Opt.	Req./ Opt.	Req./ Opt.	Req./ Opt.	Opt. Amend='Yes' Req	Opt.	Opt.	N/A
[IEP 6G-3] [IEP 6G-3] Individual Health Care Plan		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 7A-1] Special Education & Related Services		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req	Opt.	Opt.	N/A
[IEP 7A-2] ESY Eligibility Worksheet		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 7A-3] Extended School Year and Services	ESY='Yes', Hidden unless required	Hidden unless Required	Hidden unless Required	Hidden unless Required	Hidden unless Required	Opt.	Opt.	N/A	N/A
[IEP 7B] FAPE and Educational Setting		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 7C] Emergency Conditions Provisions		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 8] Supplemental Aids & Transportation		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req	Opt.	Opt.	N/A
[IEP 9] Notes & Additional Info.		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 10A] Meeting Participation		Req.	Req.	Req.	Req.	N/A	Req.	N/A	N/A
[IEP 10B] Consent for Placement		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 13] Revisions IEP for Next School Year*		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 12] Exit Summary of Performance	Grades 12, 12+, ungraded	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Req.
[IEP 14] IEP Addendum-Amendment		N/A	N/A	N/A	N/A	Req.	N/A	N/A	N/A
[NC 15] Consent to Bill MediCal		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A

Pre Meeting Forms	Rules	Initial	Annual	Triennial/	30 Day	Addendum /	Other	Manifestation
		Evaluation	Review	Reevaluation	Review	Amendment	Review	Determination
[NC 1] Notice of Rights and Safeguards		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[IEP 11] Interim Placement		N/A	N/A	Opt.	Req.	N/A	N/A	N/A
[NC 2A] Notice of Referral		Req.	N/A	N/A	N/A	N/A	N/A	N/A
[NC 2B] Notice of Reassessment		N/A	N/A	Opt.	N/A	N/A	Opt.	N/A
[NC 3] PWN-Assessment Plan	If 'Yes' on Referral or Notice of Reassessment	Req.	Opt.	Req.	N/A	N/A	Req.	N/A
[NC 8-1] PWN Completion of Course of Study-	Required if grad plan	Req. else	Req.	Req. else	Req.	N/A	N/A	Opt.
Diploma	= Diploma, else hidden	hidden	else hidden	hidden	else hidden			
[NC 8-2] PWN Completion of Course of Study-	Required if grad plan	Req. else	Req.	Req. else	Req.	N/A	N/A	Opt.
Certificate	= Certificate, else hidden	hidden	else hidden	hidden	else hidden			
[NC 12] Request for Adult Agency Input		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 6A] Notice of IEP Team Meeting		Req.	Req.	Req.	Req.	Required for Addendum; else hidden	Req.	Req.
[NC 6B] Notice of IEP Team Meeting (continued)		Req.	Req.	Req.	Req.	Optional for Addendum; else hidden	Req.	Opt.
[NC 7] Staff IEP Meeting Notice		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 13] Designation of Ed Representative		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A.
[NC 7] IEP Team Member Excusal*		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A

Other Forms	Rules	Initial Evaluation	Annual Review	Triennial/ Reevaluation	30 Day Review	Addendum / Amendment	Other Review	Manifestation Determination
[IEP 6G-1] Behavior Intervention Plan		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[RPT 4] Classroom Information*		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[RPT 5] Parent Input for IEP		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[RPT 6] Prior Written Notice		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[RPT 7] Health History		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[RPT 11] Worksheet for Reclassification of ELD	Hidden unless EL=Y	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.

ISP Forms	
[ISP 1] Notice of ISP Meeting	ISP tab available for Initial Review; Triennial Reevaluation; Annual or Other Review. Plan type changes to 20 upon
	submitting the form.
[ISP 2A] Data-Eligibility-Present Levels	Required if ISP else Optional
[ISP 2B] Instructional Accommodations	Required if ISP else Optional
[ISP 3] Service and Consents	Required if ISP else Optional
[ISP 4] Notes & Additional Information	Optional

Non-IEP Forms (for download only, not archived in SIRAS) (Check the 'Fill in' checkbox to partially fill in the form)				
[IEP 14] Special Ed at a Glance	Located under Tools / Download Forms / Non-IEP			
[IEP 17] Receipt of Referral to SpEd	Located under Tools / Download Forms / Non-IEP			
[IEP 18] IEP Meeting Agenda	Located under Tools / Download Forms / Non-IEP			
Blank Progress Reports-Goals	Located under Tools / Download Forms / Non-IEP			
Blank Progress Reports-Goals	Located under Tools / Download Forms / Non-IEP			

## **Narrative Assessment Reports**

- This module is optional and up to school districts if they choose to use. Ignore 'Assmt Report' tab and any required forms if not using this module.
- Spanish not available
- Eligibility Required if Disability = same as form

Form	Rule
[RPT 1A] Assessment Report (Background)	Required for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1B] Assessment Report (ELD)	Required if EL = Yes, else Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (School Psychologist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Special Ed. Teacher)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Speech Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Occupational Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (School Nurse)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Behavior Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Clinical Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (DHH Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (VI Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (OI Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (APE Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP

[RPT 1C] Assmt Report (Physical Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1C] Assmt Report (Other)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1D] Assessment Report (Conclusion)	Required for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Autism)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Deaf-Blind)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Deafness)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Emotional Disturbance)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Est Medical Disability)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Hard of Hearing)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Intellectual Disability)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Multiple Disabilities)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Orthopedic Impairment)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Other Health Impaired)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Specific Learning Disability - PSW)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Specific Learning Disability - RTI)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] [Eligibility (Specific Learning Disability - SLD)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Speech or Lang Impairment)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Traumatic Brain Injury)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (Visual Impairment)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Explanation and Comments (continued)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP