IEP Pages According to Meeting Type Chart Monterey County SELPA (revision 8/2024)

*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.	N/A
[IEP 2] IEP Eligibility		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 3A] Present Levels-Goals		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 3B] Present Levels-Goals & Benchmarks		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 4A] State Wide Assessments		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 4B] Alternate Assessment Decision	Required [IEP 4A] Alt Assmt = Yes	Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 5] Instructional Setting and Support		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 6A] Instructional Accommodations		Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 6B] Preschool Strategies & Adaptations	Grade = Pre.	Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 6C] English Learner Assessment & Support	EL Type = EL	Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req	Opt.	N/A
[IEP 6D] Postsecondary Transition Plan	Age 15 opt. Age 16+ Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[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.	N/A
[IEP 6F] Manifestation Determination	If disciplinary action is "Yes" on IEP 1	Opt.	Opt	Opt.	Opt.	Opt. Amend='Yes' Req..	Opt.	N/A
[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.	N/A
[IEP 6G-2] Escalation Cycle Management Plan	Escalation Cycle Plan on BIP='Yes' Req.	Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 6H] Retention Consideration	Possible retention is "Yes" on IEP 1	Opt.	Opt.	Opt.	Opt.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 7] Special Education & Related Services		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 8A] Supplemental Aids Services and ESY		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	N/A
[IEP 8B] Provision to IEP During Emergency		Req.	Req.	Req.	Req.	Opt.	Opt.	N/A

	Rules	Initial Evaluation	Annual Review	Triennial/Reevaluation	30 Day Review	Addendum / **Amendment**	Other Review	Exit
Conditions						Amend='Yes' Req		
[IEP 9A] Meeting Participation		Req.	Req.	Req.	Req.	Req.	Req.	N/A
[IEP 9B] Consent for Placement		Req.	Req.	Req.	Req.	N/A	Req.	N/A
[IEP 10] Supplemental Review & Amendment		N/A	N/A	N/A	N/A	Req.	N/A	N/A
[IEP 12] Notes & Additional Info.		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 13] Revisions IEP for Next School Year		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 13] Consent to Bill MediCal		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	Req.

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

Pre Meeting Forms	Rules	Initial Evaluation	Annual Review	Triennial/Reevaluation	30 Day Review	Addendum / **Amendment**	Other Review*
[NC 2A] Notice of Referral		Req.	N/A	N/A	N/A	N/A	N/A
[NC 2B] Notice of Reassessment		N/A	N/A	Req.	N/A	N/A	Opt.
[NC 3] Assessment Plan	If 'Yes' on Referral or Notice of Reassessment	Req.	Opt.	Req.	N/A	N/A	Opt.
[NC 4] Explanation Denied Request for Assessment	If 'Yes' on Referral or Notice of Reassessment	Opt.	Opt.	Opt.	Opt.	N/A	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
[IEP 14] Special Ed at a Glance		Req.	Req.	Req.	Req.	Opt.	Opt.
[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.

Non-IEP Forms (for download only, not archived in SIRAS)	
[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
[RPT 19] Reopening Review of IEP for Distance Learning	Located under Tools / Download Forms / Non-IEP
Blank Progress Reports-Benchmark	Located under Tools / Download Forms / Non-IEP
Blank Progress Reports-Goals	Located under Tools / 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