

## IEP Pages According to Meeting Type Chart Santa Clara NW SELPA & San Benito County SELPA (Rev. 8/2024)

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

*\*notes that the form has been adopted by SELPA ‘as is’.*

Basic IEP Forms	Special Rules (Required if)	Initial Evaluation	Annual Review	Triennial/ Reevaluation	30 Day Review	Addendum / Amendment	Other Review	Manifestation Determination	Exit Summary
[IEP 1B] Student Preferences		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 2A] IEP Eligibility		Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 2B] Present Levels of Performance		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 2C] SLD Eligibility	Required for Eval if SLD=Yes	Opt.	N/A	Req./ 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	N/A	N/A	N/A
[IEP 3A] Annual Goals		Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 3B] Goals & Benchmarks		Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 4A] State Wide Assessments*		Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 4B] Alternate Assessment Decision	Required [IEP 4A] Alt Assmt = Yes	Req.	Req.	Req.	Req.	Req.	Opt.	N/A	N/A
[IEP 5] Special Factors		Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 6A] Instructional Accommodations*		Opt.	Opt.	Opt.	Opt.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 6B] Preschool Strategies & Adaptations*	Grade = Pre.	Opt.	Opt.	Opt.	Opt.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 6C] English Learner Assessment & Support*	EL Type = EL	Req.	Req.	Req.	Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 6D] Postsecondary Transition Plan	Age 13 opt. Age 15+ Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. Req.	Opt. <i>Amend='Yes' Req.</i>	Opt.	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. <i>Amend='Yes' Req.</i>	Opt.	Opt.	N/A
[IEP 6F] Manifestation Determination	If disciplinary action is “Yes” on IEP 1	Opt.	Opt.	Opt.	N/A	Opt.	Opt.	Req.	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.	Opt.	N/A
[IEP 6G-2] Escalation Cycle Management*	Escalation Cycle Plan on BIP='Yes' Req.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 7A-1] Related Services		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req	Opt.	Opt.	N/A
[IEP 7A-2] Related Services (ESY)	ESY='Yes'	Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 7B] FAPE and Educational Setting		Req.	Req.	Req.	Req.	Opt.	Opt.	Opt.	N/A
[IEP 7C] Provision to IEP During Emergency Conditions		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[IEP 8] Supplemental Aids Services and Transportation		Req.	Req.	Req.	Req.	Opt. Amend='Yes' Req.	Opt.	Opt.	N/A
[IEP 9A] Meeting Participation		Req.	Req.	Req.	Req.	Req.	Req.	Req.	N/A
[IEP 9B] Consent for Placement		Req.	Req.	Req.	Req.	N/A	Req.	Opt.	N/A
[IEP 10] Supplemental Review & Amendment		N/A	N/A	N/A	N/A	Req.	N/A	N/A	N/A
[IEP 12] Notes & Additional Info.*		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 13] Consent to Bill MediCal		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 13] Exit Summary of Performance	Grades 12, 12+, ungraded	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Req.

ISP Forms	
[ISP 1] Individual Service Plan	ISP tab available for Initial Review; Triennial Reevaluation; Annual or Other Review. Plan type changes to 20 upon submitting the form. Submitting this form will change the Plan Type to 'ISP' and make the ISP 4 form Required.
[ISP 4] Meeting Participation	ISP tab available for Initial Review; Triennial Reevaluation; Annual or Other Review. Plan type changes to 20 upon submitting the form.
[IEP 12] Additional Notes	Optional

<b>Pre Meeting Forms</b>	Rules	Initial Evaluation	Annual Review	Triennial/Reevaluation	30 Day Review	Addendum / Amendment	Other Review	Manifestation Determination
[NC 1] Notice of Rights		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[NC 2A] Notice of Referral		Req.	N/A	N/A	N/A	N/A	N/A	N/A
[NC 2B] Triennial Reassessment Determination*		N/A	N/A	Req.	N/A	N/A	Opt.	N/A
[RPT 6] Prior Written Notice (PWN)		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	N/A
[NC 3] Assessment Plan	If 'Yes' on Referral or Notice of Reassessment	Req.	Opt.	Req.	N/A	N/A	Req.	N/A
[NC 6A] Notice of IEP Team Meeting		Req.	Req.	Req.	Req.	Req.	Req.	Req.
[NC 6B] Notice of IEP Team Meeting (continued)		Req.	Req.	Req.	Req.	Opt.	Req.	Opt.
[NC 7] IEP Team Member Excusal*		Opt.	Opt.	Opt.	Opt.	Opt.	Opt.	Opt.
[IEP 11] Interim Placement		N/A	N/A	Opt.	Req.	N/A	N/A	N/A

<b>Other Forms</b>	Rules	Initial Evaluation	Annual Review	Triennial/Reevaluation	30 Day Review	Addendum / Amendment	Other Review	Manifestation Determination
[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.

<b>Non-IEP Forms</b> (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
Bus Service Request	Located under Tools / Download Forms / Non-IEP
Bus Service Request (ESY)	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-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)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1B] Assessment Report (ELD)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assessment Report (APE Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Behavior Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Clinical Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (DHH Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Occupational Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Physical Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (School Nurse)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (School Psychologist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Special Education Teacher)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Speech Therapist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (VI Specialist)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Assessment Data Other 1)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1C] Assmt Report (Assessment Data Other 2)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[RPT 1D] Assessment Report (Conclusion)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP <i>[Spanish not available]</i>
[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 Disability)	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)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (SLI: Articulation Disorder)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (SLI: Abnormal Voice)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (SLI: Language Disorder)	Optional for Initial Eval; Annual Review; Triennial/Reevaluation; Review (30 day); Other Review; ISP
[RPT 1] Eligibility (SLI: Frequency Disorder)	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 <i>[Spanish not available]</i>