



IEP Basic Forms

Training and Technical Assistance Guide

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IEP 1

Demographic Data

Monterey County Special Education Local Plan Area
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 RIFEP
 Home Language: _____ Hispanic/Latino: Yes No Decline to State
 Race 1: _____ Race 2: _____ Race 3: _____
 LEA of Residence: _____ LEA of Service: _____
 School of Residence*: _____ School of Attendance*: _____
 *If Different, Give Reason: _____ School Type: _____
 Setting (ages 3-5): _____ Setting (ages 6-22): _____
 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

Meeting Type: Initial Annual Reassessment Other
 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: _____

SPECIAL FACTORS (check the appropriate box for each item)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	This is an initial placement and student received coordinated general education early intervening services 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).
<input type="checkbox"/>	<input type="checkbox"/>	Student has been identified as at risk for grade retention and final recommendation is being considered.

- This is the first of a series of forms used to develop the IEP and is completed by the IEP team.
- It identifies the student's demographic information, initial referral and assessment dates, dates for upcoming IEP reviews and reassessments, and the case manager.
- It also specifies a variety of special factors.

Much of the information on this page will automatically populate. You will need to verify that the information on this page is correct.

Verify the date of IEP meeting. If this information is not correct, you will need to correct this on the IEP meeting notice.

Monterey County Special Education Local Plan Area
IEP – Demographic Data

Date: 11/20/2015

STUDENT INFORMATION

Student:	<u>Simpson, Bart</u>	Date of Birth:	<u>4/21/2005</u>	Age:	<u>10 yr. 6 mo.</u>		
Grade:	<u>5th</u>	SSID Number:	<u>1234567890</u>	Student Identification Number:	<u>SIMBA0421</u>	Gender:	<u>M</u>
Migrant Program Eligibility:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	English Proficiency:	<input type="checkbox"/> EO <input checked="" type="checkbox"/> EL <input type="checkbox"/> IEP <input type="checkbox"/> RIEP				
Home Language:	<u>French</u>	Hispanic/Latino:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decline to State				
Race 1:	<u>White</u>	Race 2:		Race 3:			

Verify the student's name, student's date of birth, age of the student, grade of the student, and gender of the student. If any of this information is not correct, let your CASEMIS Manager know and they will update the student record in SIRAS. Verify the SSID Number and the Student Identification Number. Make sure these numbers match previously generated IEPs and forms. These numbers are assigned by your CASEMIS Manager.

Select if the student is eligible for the Migrant Program, the student's English Language Proficiency, the student's home language, and if the student is Hispanic or Latino. This information is found in current Student Records. Please verify this information with your CASEMIS Manager before making any corrections.

Use the dropdown menu(s) to identify the student's race(s).

Migrant Program Eligibility: Yes No English Proficiency: EO EL IFEP RFEP
Home Language: French Hispanic/Latino: Yes No Decline to State
Race 1: White Race 2: Race 3:
LEA of Residence: Chualar Union LEA of Service: Chualar Union
School of Residence*: Chualar Elementary School of Attendance*: Chualar Elementary
*If Different, Give Reason: School Type: Public day school

Identify the LEA and School. LEA is a term used to describe a school district participating in a SELPA.

LEA of Residence: the school district boundaries in which the student resides

LEA of Service: the school district that the student attends for school and/or provides the special education services

School of Residence : the school boundaries in which the student resides

School of Attendance: the school that the student attends

If the School of Residence and the School of Service are different, use the dropdown menu to specify the reason for the difference.

School of Residence*: Chualar Elementary School of Attendance*: Chualar Elementary

*If Different, Give Reason: School Type: Public day school

Setting (ages 3-5): Setting (ages 6-22): Regular class/Public school

Residence: Both Parents Intra-District Transfer

Parent/Guardian: Inter-District Transfer

Street Address/P. O. Box: Alternative Setting, Parent Choice

Address Name (if applicable): Email:

City: Zip:

Verify the School Type. This information is provided by your CASEMIS Manager. If this information is missing or incorrect, please contact your CASEMIS Manager to make any corrections. School Types are defined on the next 6 pages.

School Types are defined on the next 6 pages.

School Types

No School: Ages 0-5 only

Public Day School: Day schools operated or administered by a public agency to provide instruction in general education. This includes schools listed in the *California Public Schools Directory* published by the CDE. This category does not include residential school or other types of schools listed under this Field.

Public Residential School: Schools operated or administered by a public agency to provide instruction in general education, where students reside at the same location. This category does not include any other types of schools listed under this Field.

Special Education Center or Facility: A separate school operated by an LEA for students with disabilities. (*USC 1412(a) (5) (A)*)

Other Public School or Facility: (Such as a store-front transition program) Any other setting where an LEA may provide special education services, including community facilities, off-campus classrooms, etc. (*EC 56361(g), USC 1401(29)(A)*)

Continuation School: Continuation schools primarily serve students 16 through 18 years old by providing individualized instruction and flexible scheduling to meet individual graduation needs, while allowing students to comply with the compulsory part-time attendance laws. It also is mandated to provide guidance, placement, and follow-up services to students. (*EC 48400-48454, CAC Title 5 §11000-11010*).

School Types (continued)

Alternative Work Education Center/Work Study Program: An alternative program to teach basic academic skills, with emphasis on the improvement of student motivation for achievement in order to obtain employment or to return to regular high school. Center will operate on a clinical, client-centered basis, and provide classroom instruction, on-the-job training, career counseling, and placement services. (*EC 52900*). The center may also provide appropriate educational services to school dropouts through recruitment or referral. These services may include: instruction in basic academic skills, motivation, employment, or re-entry orientation. The goal is to transition to public school, diploma equivalency program, vocational program, military or other service program, or postsecondary education. In addition, a program administered by the Student Aid Commission to provide an opportunity for college students to earn money while gaining experience in educationally beneficial or career-related employment. (*EC 69951*).

Independent Study: An alternative to classroom instruction consistent with a school district's course of study. This is an instructional strategy (not a categorical program) that responds to an individual's needs and styles of learning. (*EC 46300(3), 51745-51749.5, CCR Title 5 §11700-11703*).

Juvenile Court School: An alternative program that serves the educational needs of students who are under the protection or authority of the Juvenile Court or local school district. The County Office of Education provides for the education programs in juvenile ranches, camps, and schools, as well as juvenile halls. Students are placed in juvenile court schools when referred by the juvenile court or a deputy probation officer. These programs seek to transition the students back to an appropriate educational, training, and/or employment setting upon release or after the court terminates jurisdiction. (*W&IC §202 et seq., EC §1980 et seq.*).

School Types (continued)

Community School: An alternative program that serves the educational needs of students. The County Office of Education provides for the education programs in community schools. Students are placed in community schools when expelled from school, or referred by a School Attendance Review Board (SARB). These programs seek to transition the students back to an appropriate educational, training, and/or employment setting. This also includes district operated community schools.

Correctional Institution or Incarceration Facility: It is an institution run by the California Department of Corrections and Rehabilitation, Division of Juvenile Justice, or any other public agency where an individual is detained for infraction with the law and where educational classes provide instruction in civic, vocational, literacy, health, homemaking, technical, and general education.

Home Instruction: (based on IEP team determination): An alternative to classroom instruction. An IEP team decision states and certifies that the student's diagnosed condition prevents him/her from attending a school setting. Instruction may be delivered individually, in small groups, or by teleclass. (Title V, §3051.4).

Hospital Facility: A public hospital, state licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes. (EC 56167-56168).

Community College: This includes specialized services and educational programs offered by the postsecondary community colleges for students over high school age in academics, reading and mathematics labs, and vocational, career, and community development skills.

School Types (continued)

Adult Education Program: This includes programs, such as, parenting, basic education, high school diploma, English as a second language, citizenship, short-term vocational programs, older adults, adults with disabilities, home economics education, and health and safety in order to provide or improve the skills of adults.

Charter School (Operated by a LEA/District/COE): Charter schools that are deemed to be a public school within the district/SELPA participate in either the same manner as other schools within the district or as described in a memorandum of understanding.

Charter School (Operated as a LEA/District): Charter schools that are deemed a local educational agency for the purpose of special education must participate in an approved special education local plan (SELPA) as a LEA. (*EC 56195.1 §(a),(b), or (c) (20 USC 1400 et seq., EC 47641 (a), AB 1115, Chapter 78, Statutes of 1999).*

Head Start Program: A part-day comprehensive child development program for children 3–5 years of age from low-income families. Services are provided in this program through four components: education, social services, parent involvement, and health. Head Start is mandated to make a minimum of 10% of its enrollment opportunities available for preschool age children with disabilities.

Child Development or Child Care Facility: Any residence or building, or part thereof, in which child care and development services are provided. The facility must be licensed by the California Department of Social Services.

School Types (continued)

State Preschool Program: Part-day comprehensive developmental programs for children 3-5 years of age from low-income families. The programs include educational development, health services, parent education and participation, program evaluation, and staff development.

Private Preschool: A preschool program operated by a private agency, that provides basic supervision, age appropriate activities, nutrition, and parent education for preschool children ages 3–5.

Extended Day Care: An extended school day program that provides educational activities that are appropriate to the ages of the students and that capture the students' interests and needs. (EC 58752).

Nonpublic Day School: A nonpublic, nonsectarian day school (under the Field *SCH_TYPE*) that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one special educator, and is certified by the CDE (EC 56034).

Nonpublic Residential School: A nonpublic, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one special educator, and is certified by the CDE. This school provides an educational program at the same location where the student resides (often a licensed children's institution). (EC 56034).

Private Day School (not certified by Special Education Division): A school, sectarian or nonsectarian, which is not administered by a public agency and does not provide special education services. Students attending this school do not reside at the school premises. Services are provided through an ISP, in accordance with district policy for serving students in private schools.

School Types (continued)

Private Residential School (not certified by Special Education Division): A school, sectarian or nonsectarian, which is not administered by a public agency, and does not provide special education and services. The student resides at this school, although private residential schools may provide a combination of residential and day programs. The status of a student (whether day or residential) will depend on where the student resides. Services are provided through an ISP, in accordance with district policy for serving students in private schools.

Nonpublic: Agency A private, nonsectarian establishment or individual that is certified by the CDE that provides related services necessary for an individual with exceptional needs to benefit educationally from the pupils' educational program pursuant to an individualized education program. It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency; an affiliate of a state or local agency; including a private, nonprofit corporation established or operated by a state or local agency, a public university or college; or a public hospital. The nonpublic, nonsectarian agency shall also meet standards as prescribed by the State Superintendent of Public Instruction and State Board of Education.

Parochial School: A school that is affiliated with or run by a religious organization.

Identify the School Setting based on age.

LEA of Residence: Chualar Union LEA of Service: Chualar Union
School of Residence*: Chualar Elementary School of Attendance*: Chualar Elementary
*If Different, Give Reason: School Type: Public day school
Setting (ages 3-5): Setting (ages 6-22): Regular class/Public school



If the student is between the ages of 3 and 5, use this dropdown menu to identify the setting.



If the student is between the ages of 6 and 22, use this dropdown menu to identify the setting.

School Settings by age are defined on the next 2 pages.

School Setting for Ages 3-5

General Program; Provided Regular Program:

- Less than ten hours per week: majority of special education services provided in the regular early childhood program or kindergarten. A program setting that includes at least 70% nondisabled children.
- More than ten hours per week: majority of special education services provided in the regular early childhood program or kindergarten. A program setting that includes at least 50 to 69% nondisabled children.

General Program; Provided Other Location:

- Less than ten hours per week: majority of special education services provided in some other location than the regular early childhood program or kindergarten.
- More than ten hours per week: majority of special education services provided in some other location than the regular early childhood program or kindergarten.

Separate Class: In this setting the student attends a special education program in a class with less than 50% nondisabled children.

Separate School: This is a placement setting where children receive all special education programs in public or private day schools designed specifically for children with disabilities.

Residential Facility: This is where children receive all special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.

Home: This is the setting when children receive all special education and related services in the principal residence of the child's family or caregivers.

School Setting for Ages 6-22

Regular Class/Public School: A program setting that includes at least 50 percent nondisabled children.

Separate School: This is a setting where children receive all special education and related services in educational programs for greater than fifty percent of the school day in public or private day schools specifically for children with disabilities.

Residential Facility: Public and private residential facilities where students reside during the school week and receive special education and related services for greater than 50 percent of the school day. **Do not include children who receive special education programs at the facility but do not live there.**

Homebound/Hospital: This setting is where students receive special education programs and related services in homebound/hospital environment. **Do not include children with disabilities whose parents have opted to home-school them and who receive special education at the public expense.**

Correctional Facility:

This setting includes students who received special education programs in correctional facilities. These data are intended to be a count of all children receiving special education in: short-term detention facilities (community-based or residential), or correctional facilities.

Parentally placed in private school: This setting is where students have been enrolled by parents or guardians in regular, parochial, or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan. Include children whose parents chose to home-school, but who receive special education and related services at public expense. **Do not include children placed in private schools by the LEA.**

Use the dropdown menu to identify the residence of the student

Provide the following information for each parent/guardian and other contact if applicable: full name, email, home address or P.O. Box, and contact phone numbers

Residence: Both Parents 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: _____

Identify who holds educational rights. This needs to be identified on **every IEP**. Documentation related to who holds educational rights can be found in the student's cumulative file.

If an educational representative or surrogate parent holds educational rights, provide their full name, email, home address or P.O. Box, and contact phone numbers.

The Meeting/Case Manager Information automatically populates based on the IEP Meeting Notice and the MIS Summary Page. Verify the information provided is correct.

MEETING/CASE MANAGER INFORMATION

Meeting Type: <input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Other: _____
Initial Referral Date: _____	10/30/2012	Referred By: _____	Student study team / Intervention team
Date of Parent Consent for Initial Assessment: _____	10/30/2012	Initial Assessment IEP Date: _____	12/20/2012
Initial Special Education Entry Date: _____	12/20/2012	Last Complete IEP Date: _____	12/19/2014
Most Recent Assessment IEP Date: _____	11/20/2015	Next Assessment Due: _____	11/20/2018
Supplemental IEP Review (if prior to annual) Due: _____		Next Annual IEP Review Due: _____	11/20/2016
Case Manager: _____		Position: _____	▼
Phone: _____	Cell Phone: _____	Email: _____	

How to make corrections to this section of IEP 1:

- Meeting Type: The IEP Meeting Notice will need to be corrected.
- **Contact your CASEMIS Manager to make the following corrections:** Referred by Date, Initial Special Education Entry Date, Initial IEP Date, Last Complete IEP Date, Most Recent Assessment IEP Date, Next Assessment Date, Supplemental IEP Review (if applicable), Next Annual IEP Review Date
- To make corrections to the Case Manager's position, phone number, or email- Type in the appropriate form field.

If the Case Manager does not have a work cell phone number, an alternative phone number may be provided or the type box may be left blank.

Check the appropriate box for each of the Special Factors.

SPECIAL FACTORS (check the appropriate box for each item)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | This is an initial placement and student received coordinated general education early intervening services 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). |
| <input type="checkbox"/> | <input type="checkbox"/> | Student has been identified as at risk for grade retention and final recommendation is being considered. |


Check the appropriate box for each of the Special Factors.

If Special Factors are selected, additional IEP Forms may be required.

- Student exhibits behavior that requires a behavior intervention plan. (IEP 6G or IEP 6G1)
- Student is transitioning from special class or NPS to general education class on public campus. (IEP 6E)
- Student is transitioning from preschool to elementary school. (IEP 6E)
- Student is being considered for possible change in placement due to disciplinary action. (IEP 6F)
- Student has been identified as at risk for grade retention and final recommendation is being considered. (IEP 6H)

IEP 2

Eligibility



Monterey County Special Education Local Plan Area
IEP - Eligibility

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

ELIGIBILITY

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 funding (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: _____

STUDENT STRENGTHS, PREFERENCES, AND INTERESTS

PARENT CONCERNS RELEVANT TO EDUCATIONAL PROGRESS

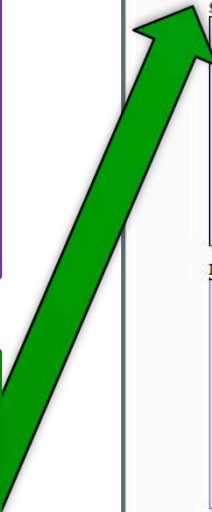


IEP 2 (9/13)


- This form identifies the student's eligibility for special education and related services, specifies the effect of the student's disability, and areas of need.
- It also provides space to record information about the student's strengths, preferences, and interests as well as any concerns that the parent has relevant to educational progress.
- The IEP team completes this form.

Enter the student's full name, the student's date of birth, and the date of the meeting.

Check the **one** box that applies to the eligibility of the student. If the student is eligible for special education and related services, enter a primary and a secondary (if applicable) disability. If the student is not eligible for special education and related services, an explanation needs to be provided on the Notes and Additional Information page (IEP 12) If the student is exiting, enter the exit date and reason for exiting the student from special education

Check all boxes that apply to the student. If "Other" is checked, enter the curricular area that is affected.



 Monterey County Special Education Local Plan Area
IEP – Eligibility

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

ELIGIBILITY

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 funding (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: _____

STUDENT STRENGTHS, PREFERENCES, AND INTERESTS

PARENT CONCERNS RELEVANT TO EDUCATIONAL PROGRESS

IEP 2 (9/13)

Procedural Notes

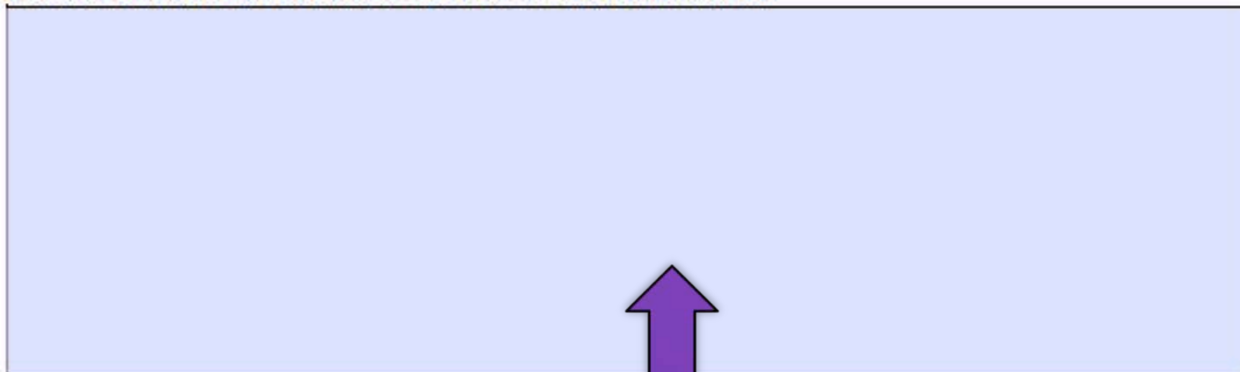
- In addition to IEP 2, the RPT 1 Eligibility form needs to be completed for each area of eligibility being considered if this is an initial or a three year reassessment.
- If the student's primary or secondary eligibility is identified as deaf, hard-of-hearing, or visually impaired the IEP team must complete the appropriate section of the IEP – Instructional Setting and Supports (IEP 5) form.
- An assessment must be conducted prior to determining that a student is no longer eligible for special education unless the student is graduating with a regular diploma or has exceeded the age limit (see form NC 12). Student can only be exited from Special education during a triennial or other review.
- Each area of Identified Need requires the development of present levels of academic achievement and functional performance as well as related goals and, when applicable or if student will be taking an alternative assessment, short-term objectives or benchmarks in that area (IEP 3A or IEP 3B).

Provide a summary of the student's strengths, preferences, and interests. This information should include input from classroom teachers and the parent gathered using RPT 4 and RPT 5 located in the added forms on SIRAS or through interview before or during the IEP meeting.

STUDENT STRENGTHS, PREFERENCES, AND INTERESTS




PARENT CONCERNS RELEVANT TO EDUCATIONAL PROGRESS



Provide a summary of parent concerns. This information should reflect input from the parent gathered using RPT 5 or through interview before or during the IEP meeting. Parent concerns listed here must be addressed during the IEP meeting or a timeline for addressing these concerns needs to be outlined in the IEP meeting notes on IEP12.

IEP 3A

Present Levels and Goals



Monterey County Special Education Local Plan Area
IEP – Present Levels and Goals

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE / ANNUAL GOALS

Area 1 Academic: Math Skill (Optional)

Present Level:
Bart can currently multiply single-digit whole numbers (0-9) using the standard algorithm.

ANNUAL GOAL 1

Annual Goal:
By 12/17/2016, given manipulatives, Bart will fluently multiply multi-digit whole numbers using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Baseline:
Currently, Bart can fluently multiply multi-digit whole numbers using the standard algorithm with 0% correct for 4 out of 5 trials as measured by teacher recorded data.

Curriculum Standard: Number & Operations Base 10	Implemented by: NBT 5.5 Special Ed Teacher
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Goal is related to enabling the student to participate in general education curriculum.
 Goal is related to meeting other educational needs resulting from the student's disability.
 Goal supports the student's post-secondary goals/expectations.
 Goal supports one or more FLD standards as identified under "Curriculum Standard"

Area 2 Academic: Math Skill (Optional)

Present Level:
Currently, Bart can read, write, and compare whole numbers to the thousands and decimals to the tenths.

ANNUAL GOAL 2

Annual Goal:
By 12/17/2016, given manipulatives, Bart will read, write, and compare decimals to thousandths with 95% correct for 4 out of 5 trials as measured by teacher recorded data.

Baseline:
Currently, Bart can read, write, and compare decimals to thousandths with 0% correct for 4 out of 5 trials as measured by teacher recorded data.

Curriculum Standard: Number & Operations Base 10	Implemented by: NBT 5.3 Special Ed Teacher
---	--

Goal is related to enabling the student to participate in general education curriculum.
 Goal is related to meeting other educational needs resulting from the student's disability.
 Goal supports the student's post-secondary goals/expectations.
 Goal supports one or more FLD standards as identified under "Curriculum Standard"

PROGRESS REPORT METHOD AND FREQUENCY

Report Provided: With Grade Reports At Conferences Other: _____ Frequency: Quarterly

IEP 3A (10/13)

- For each area of identified need, the student's present level of academic achievement and functional performance must be performed and at least one annual measurable goal must be developed.
- Additionally, the IEP must include a description of the manner in which progress of the student toward meeting the annual goal will be measured and when periodic reports on the student's progress will be provided.
- The IEP team uses this form to record that information.

Procedural Notes

- Copies of this form with the progress report section completed are to be forwarded to the LEA special education office as directed by the special education administrator, but at least on an annual basis for inclusion in the student's central special education file.
- Part I, Chapter 6, of the Monterey County SELPA Procedural Handbook provides detailed information regarding the development of goals and short-term objectives or benchmarks.

Enter the student's full name, the student's date of birth, and the date of the meeting.

Enter the curricular area as identified on IEP 2 under Effect of Disability and Areas of Need and specify a more specific skill, if desired.

Provide a brief description of the student's present level related to the identified area of need.

Develop at least one goal for each present level. In this text box, include observable behavior, conditions, and mastery level/criteria.

Identify a baseline that specifies a less complex behavior, a more controlled condition, or a lower level of mastery/criteria.

Monterey County Special Education Local Plan Area
IEP – Present Levels and Goals

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE /ANNUAL GOALS

Area 1 Academic-Math Skill (Optional)

Present Level:
Bart can currently multiply single-digit whole numbers (0-9) using the standard algorithm.

ANNUAL GOAL 1

Annual Goal:
By 12/17/2016, given manipulatives, Bart will fluently multiply multi-digit whole numbers using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Baseline:
Currently, Bart can fluently multiply multi-digit whole numbers using the standard algorithm with 0% correct for 4 out of 5 trials as measured by teacher recorded data.

Curriculum Standard:
Number & Operations Base 10 NBT 5.5

Implemented by:
Special Ed Teacher

Goal is related to enabling the student to participate in general education curriculum.
 Goal is related to meeting other educational needs resulting from the student's disability.
 Goal supports the student's post-secondary goals/expectations.
 Goal supports one or more ELD standards as identified under "Curriculum Standard".

Enter curriculum standard, whenever possible.

Identify who will implement the goal. Identify their title such as Resource Specialist, Special Education Teacher, or General Education Teacher. **Do not identify the implementer by their name.** More than one implementer may be listed.

Check the box that identifies whether the goal is related to participating in the general education curriculum or other educational needs resulting from the student's disability.

Curriculum Standard: Number & Operations Base 10	NBT 5.3	Implemented by: Special Ed Teacher
<input checked="" 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"		
PROGRESS REPORT METHOD AND FREQUENCY		
Report Provided: <input checked="" type="checkbox"/> With Grade Reports <input type="checkbox"/> At Conferences <input type="checkbox"/> Other: _____		Frequency: Quarterly


IEP 3A (10/13)

Check the appropriate boxes if the goal supports the student's post-secondary goals/expectations and/or supports one or more ELD standards as identified under "Curriculum Standard."

Check the box that identifies how the student's progress will be reported to the parent. If "Other" is checked, specify the method. Use the dropdown menu to identify the frequency of reporting.

IEP 3B

Present Levels and Goals with Objectives and Benchmarks



Monterey County Special Education Local Plan Area
IEP – Present Levels and Goals with Objectives/Benchmarks

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area 1 Academic- Math Skill (Optional):
Bart can currently multiply single-digit whole numbers (0-9) using the standard algorithm.

ANNUAL GOAL and SHORT-TERM OBJECTIVES OR BENCHMARKS

Annual Goal:
By 12/17/2016, given manipulatives, Bart will fluently multiply multi-digit whole numbers using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Baseline:
Currently, Bart can fluently multiply multi-digit whole numbers using the standard algorithm with 0% correct for 4 out of 5 trials as measured by teacher recorded data.

Curriculum Standard: Number & Operations Base 10	Implemented by: NBT.5.5 Special Ed Teacher
---	---

Goal is related to enabling the student to participate in general education curriculum.
 Goal is related to meeting other educational needs resulting from the student's disability.
 Goal supports the student's post-secondary goals/expectations.
 Goal supports one or more ELD standards as identified under "Curriculum Standard".

Short-Term Objective or Benchmark:
By 3/17/2016, given manipulatives, Bart will fluently multiply a one-digit number by a two-digit number in an operation that does not require regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Short-Term Objective or Benchmark:
By 6/17/2016, given manipulatives, Bart will fluently multiply a one-digit number by a two-digit number with regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Short-Term Objective or Benchmark:
By 10/17/2016, given manipulatives, Bart will fluently multiply a two-digit whole number by a two-digit whole with regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

PROGRESS REPORT METHOD AND FREQUENCY

Report Provided: With Grade Reports At Conferences Other: _____ Frequency: Quarterly

IEP 3B (10/13)

- For each area of identified need (documented on IEP2), the student's present level of academic achievement and functional performance must be indicated and at least one annual measurable goal must be developed.
- Additionally, the IEP must include a description of the manner in which progress of the student toward meeting the annual goal will be measured and when periodic reports on the student's progress will be provided.
- The IEP team uses this form to record that information.

Procedural Notes


- Check with your district for specific procedures for where completed progress reports are to be forwarded.
- All service providers should use the same target dates.
- For school-aged students, target dates should correspond to reporting periods of the general education program.
- Part I, Chapter 6, of the Monterey County SELPA Procedural Handbook provides detailed information regarding the development of goals and short-term objectives or benchmarks.

Enter the student's full name, the student's date of birth, and the date of the meeting.

Enter the curricular area as identified on IEP 2 under Effect of Disability and Areas of Need and specify a more specific skill, if desired.

Provide a brief description of the student's present level related to the identified area of need.

Develop at least one goal for each present level. In this text box, include observable behavior, conditions, and mastery level/criteria.

 Monterey County Special Education Local Plan Area
IEP – Present Levels and Goals with Objectives/Benchmarks

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area 1 Academic- Math Skill (Optional)

Bart can currently multiply single-digit whole numbers (0-9) using the standard algorithm.

ANNUAL GOAL and SHORT-TERM OBJECTIVES OR BENCHMARKS

Annual Goal:
By 12/17/2016, given manipulatives, Bart will fluently multiply multi-digit whole numbers using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.

Baseline:
Currently, Bart can fluently multiply multi-digit whole numbers using the standard algorithm with 0% correct for 4 out of 5 trials as measured by teacher recorded data.

Curriculum Standard:
Number & Operations Base 10 NBT 5 Implemented by:
Special Ed Teacher

Goal is related to enabling the student to participate in general education curriculum.
 Goal is related to meeting other educational needs resulting from the student's disability.
 Goal supports the student's post-secondary goals/expectations.
 Goal supports one or more ELD standards as identified under "Curriculum Standard"

Identify the baseline by specifying the student's exact performance on the annual goal at the time the goal is developed.

Enter curriculum standard, whenever possible.

Identify who will implement the goal. Identify their title such as Resource Specialist, Special Education Teacher, or General Education Teacher. **Do not identify the implementer by their name.** More than one implementer may be listed.

Curriculum Standard: Number & Operations Base 10	NBT 5.3	Implemented by: Special Ed Teacher
<input checked="" 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"		

Check the box that identifies whether the goal is related to participating in the general education curriculum or other educational needs resulting from the student's disability.

Check the appropriate boxes if the goal supports the student's post-secondary goals/expectations and/or supports one or more ELD standards as identified under "Curriculum Standard."

For students taking alternative state assessment, or for other students as determined appropriate, enter benchmarks or short-term objectives. Each benchmark or short-term objective must include observable behavior, conditions, and mastery level/criteria. All service providers should use the same target dates. For school-aged students, target dates should correspond to reporting periods used in the general education program.



<p>Short-Term Objective or Benchmark: By 3/17/2016, given manipulatives, Bart will fluently multiply a one-digit number by a two-digit number in an operation that does not require regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.</p>
<p>Short-Term Objective or Benchmark: By 6/17/2016, given manipulatives, Bart will fluently multiply a one-digit number by a two-digit number with regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.</p>
<p>Short-Term Objective or Benchmark: By 10/17/2016, given manipulatives, Bart will fluently multiply a two-digit whole number by a two-digit whole with regrouping using the standard algorithm with 90% correct for 4 out of 5 trials as measured by teacher recorded data.</p>
<p>PROGRESS REPORT METHOD AND FREQUENCY</p> <p>Report Provided: <input checked="" type="checkbox"/> With Grade Reports <input type="checkbox"/> At Conferences <input type="checkbox"/> Other: _____ Frequency: Quarterly ▼</p>



Check the box that identifies how the student's progress will be reported to the parent. If "Other" is checked, specify the method. Use the dropdown menu to identify the frequency of reporting.

IEP 4

Participation in District and Statewide Assessments

Monterey County Special Education Local Plan Area
IEP – Participation in District and Statewide Assessments

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

DESIRED RESULTS DEVELOPMENTAL PROFILE (Preschool Only)
Adaptations Required? No Yes (specify below)

STATEWIDE ASSESSMENT SYSTEM (Supports and Accommodations for Accessibility) Current Grade: 5th

This student will be assessed using the state-approved standard assessment system following state requirements for participation. Specific assessments and supports/accommodations are specified below. If the CMA is selected for science, the student meets the CMA eligibility criteria and the parent has been informed that the assessment is based on modified achievement standards.
 The student is unable to participate in the state-approved standard assessment due to a significant cognitive disability and meets the criteria for taking the following alternate assessment:

English Language Arts/Literacy Assessment: Smarter Balanced without Supports/Accommodations

Designated Supports: (Non-Embedded)	Accommodations: (Non-Embedded)

Designated Supports: (Embedded) **Accommodations: (Embedded)**

Mathematics Assessment: Smarter Balanced without Supports/Accommodations

Designated Supports: (Non-Embedded)	Accommodations: (Non-Embedded)

Designated Supports: (Embedded) **Accommodations: (Embedded)**

Science Assessment:

Designated Supports: (Non-Embedded)	Accommodations: (Non-Embedded)

Non-Embedded Universal Tools that may be distracting for this student are identified below and should be deactivated.

English Language Arts	Mathematics	Science

OTHER DISTRICT OR STATEWIDE ASSESSMENTS

Assessment	Supports and Accommodations for Accessibility

Physical Fitness:

Variations	Accommodations

IEP # (014)

- The IEP team completes this form to describe how the student will participate in district and statewide assessments.

Procedural Notes

- Students in grades 3–8 and 11 will receive full-length tests for both English language arts/literacy and mathematics, with approximately seven to eight hours of total testing time for each student.
- Accommodations and modifications can only be used for statewide testing if those same accommodations and modifications have been identified in the IEP as required by the student as a regular part of his or her instruction.
- To select an accommodation or modification for a student to use during testing, use the Individual Student Assessment Accessibility Profile (ISAAP) process and the ISAAP Tool which can be accessed through the California Assessment of Student Performance and Progress (CAASPP) or the California Department of Education (CDE) websites.
- The ISAAP process represents a thoughtful and systematic approach to addressing student access needs for the Smarter Balanced Assessment. The overall goal of using the ISAAP process and the ISAAP Tool is to provide students with a comfortable testing experience that allows them to demonstrate what they know and can do. For students with an IEP, ISAAP decisions are determined by the IEP team.

Procedural Notes

- The ISAAP tool is designed to facilitate selection of the designated supports and accommodations that match student access needs for the Smarter Balanced assessment, as supported by the *Smarter Balanced Usability, Accessibility, and Accommodations Guidelines* and state regulations and policies related to assessment accessibility as a part of the ISAAP process. Links to the *Smarter Balanced Usability, Accessibility, and Accommodations Guidelines* and the *ISAAP Tool* can be found on the CAASPP Webpage.
- A copy of the Matrix of Test Variations, Accommodations, and Modifications for Administration of California Statewide Assessments can be obtained on the California Department of Education website or by contacting the site testing coordinator. This matrix identifies the specific accommodations and modifications that are allowed for each test.
- For more information on the usability, accessibility, and accommodations guidelines reference the following links:
 - <http://www.cde.ca.gov/ta/tg/ca/accesssupport.asp>
 - http://www.smarterbalanced.org/wordpress/wp-content/uploads/2014/08/SmarterBalanced_Guidelines.pdf

Procedural Notes

- Part I, Chapter 6, of the Monterey County SELPA Procedural Handbook provides detailed information regarding each of the statewide assessments including who must take them and the specific criteria that must be met before a student is eligible to participate in California Alternative Assessment (CAA).

California Alternative Assessment (CAA) Student Eligibility Requirements

The following are the eligibility requirements to assign a student to take the CAA Field Test.

- **The student has a significant cognitive disability.** A review of the student's record (e.g., individualized educational program (IEP), Section 504 plan, or cumulative record) indicates a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior as defined by essential actions needed for someone to live independently and to function safely in daily life. Having a significant cognitive disability is not determined by an IQ test score, but rather a holistic understanding of a student.
- **The student is learning content linked to (derived from) the Common Core State Standards (CCSS).** Goals and instruction listed in the IEP for the student are linked to the enrolled grade-level CCSS through Core Content Connectors (CCCs) and address knowledge and skills that are appropriate and challenging for this student. The student is learning content that is linked with (derived from) the CCSS that appropriately breaks the standards into smaller steps. A CCC is a representation of the essential "core" content of a standard in the CCSS.
- **The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade and age-appropriate curriculum.** The student:
 - requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature, and
 - uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings.

Enter the student's full name, the student's date of birth, and the date of the meeting.



Monterey County Special Education Local Plan Area
IEP – Participation in District and Statewide Assessments

Student: Allan, Madison Alyssa Date of Birth: 5/20/2006 Date: 12/1/2015

DESIRED RESULTS DEVELOPMENTAL PROFILE (Preschool Only)

Adaptations Required? No Yes (specify below)

This section of the form is for **Preschool Assessments only**. If the student is in preschool, identify if adaptations for testing are required by checking the appropriate box.

Selecting the "yes" box will allow you to access the drop down boxes to specify the adaptations needed.

Verify the current grade level of the student. If the current grade specified is not correct, contact your CASEMIS Manager to change this information.



STATEWIDE ASSESSMENT SYSTEM (Supports and Accommodations for Accessibility)

Current Grade: 4th

- This student will be assessed using the state-approved standard assessment system following state requirements for participation. Specific assessments and supports/accommodations are specified below. If the CMA is selected for science, the student meets the CMA eligibility criteria and the parent has been informed that the assessment is based on modified achievement standards.
- The student is unable to participate in the state-approved standard assessment due to a significant cognitive disability and meets the criteria for taking the following alternate assessment:



Identify if the student will be assessed using the state-approved standard assessment system following the state requirements for participation or if the student is unable to participate in the state-approved standard assessment due to a significant disability. If the student will be assessed using the state-approved standard assessment system following the state requirements for participation, accommodations for accessibility, must be specified below.



If the student is unable to participate in the state-approved standard assessment due to a significant disability and meeting the criteria for taking an alternative assessment, the alternative assessment must be identified.

English Language Arts/Literacy Assessment: Smarter Balanced without Supports/Accommodations	
Designated Supports (Non-Embedded)	
Smarter Balanced without Supports/Accommodations	
Smarter Balanced with Designated Supports	
Smarter Balanced with Accommodations	
To participate in alternate assessment	
Exempt-EL Enrolled in U.S. School Less Than 1 Year	
Designated Supports (Embedded)	Accommodations (Embedded)
Mathematic Assessment: Smarter Balanced without Supports/Accommodations	
Designated Supports (Non-Embedded)	Accommodations (Non-Embedded)
Designated Supports (Embedded)	Accommodations (Embedded)
Science Assessment:	
Designated Supports (Non-Embedded)	Accommodations (Non-Embedded)

Use the dropdown menus to identify the student's participation in English Language Arts/Literacy, Mathematics, and Science assessments.

If a student requires a combination of designated supports and accommodations, select "with Accommodations."

Use the dropdown menus to identify the non-embedded universal tools that may be deactivated for the student for each assessment (English Language Arts/Literacy, Mathematics, and Science).

Non-Embedded Universal Tools that may be deactivating for this student are identified below and should be deactivated.		
English Language Arts	Mathematics	Science
▼	▼	▼
▼	▼	▼

OTHER DISTRICT OR STATEWIDE ASSESSMENTS	
Assessment	Supports and Accommodations for Accessibility

Type in the form field boxes to identify other district or statewide assessments the student will be participating in and the supports and accommodations that the student needs for accessibility. This might include district benchmark tests, district writing tests, etc.

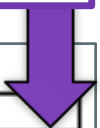
Use the dropdown menu to identify the student's participation in the physical fitness assessment. There are certain requirements that need to be on file to exempt a student from the physical fitness assessment. Please reference your district procedures when considering exempting a student from the physical fitness assessment.



Physical Fitness: With testing variations:	
	Not to participate
	No adaptations
	With testing variations
	With testing accommodations
	Medical exemption

IEP 4 (8/14)

Use the dropdown menus to specify the assessment variations or accommodations that the student will require for the physical fitness assessment.



Physical Fitness: With testing accommodations:	
Variations	Accommodations

To activate the dropdown menus, you must click in the empty form fields.

If a student requires a combination of variations and accommodations, select "with Accommodations."

IEP 5

Instructional Setting and Supports

Monterey County Special Education Local Plan Area
IEP – Instructional Setting and Supports

Student: _____ Date of Birth: _____ Date: _____

PARTICIPATION IN GENERAL EDUCATION
Percent of time in general education environment: _____ % Percent of time out of general education environment: _____
Description of activities during which the student will not participate in the general education environment:

Reason student will not participate in the above activities within the general education environment:

ASSISTIVE/AUGMENTATIVE DEVICES OR TOOLS
Does student require assistive/augmentative devices or tools? * No Yes (specify below and include justification)

LOW INCIDENCE BOOKS, MATERIALS, EQUIPMENT
Does student require low incidence books, materials, equipment? * No Yes (specify below and include justification)

SUPPORTS FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING
* Support in this area required? No Yes (complete information below)
Language Mode:
Specify how opportunities for direct communication with peers of similar abilities and language mode, direct communication with professionals who are proficient in the student's language mode, and for appropriate academic instruction, school services, and extracurricular activities in the student's language mode will be provided.

SUPPORTS FOR STUDENTS WHO ARE VISUALLY IMPAIRED
* Support in this area required? No Yes (based on an evaluation of needs in the areas of reading and writing:
 Instruction in Braille is recommended. Instruction in Braille is not recommended.
 Other: _____

PROMOTION/RETENTION STANDARD	GRADUATION PLAN (Grade 8 and Up)*
<input type="checkbox"/> General education curriculum standards without accommodations	<input type="checkbox"/> Diploma
<input type="checkbox"/> General education curriculum standards with accommodations	<input type="checkbox"/> Certificate
<input type="checkbox"/> General education curriculum standards with modifications	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Alternative life skills curriculum standards	

* A student's right to a free and appropriate public education (FAPE) is terminated upon graduation with a high school diploma or upon reaching the maximum age for eligibility (age 22 years).
IEP 5 (6/14)

- The IEP team completes this form to identify the percentage of time that the student will participate in the general education environment as well as the supports that the student requires (including instructional accommodations, assistive technology and low incidence services, equipment, and materials).
- Additionally, this form identifies the student's promotion/retention standard and graduation plan.

Procedural Notes

- Supplementary aids and services must be provided when required to enable individuals with exceptional needs to progress towards their goals, be involved in and progress in general education, participate in extracurricular and nonacademic activities, and be educated to the maximum extent appropriate with non-disabled children. Supplementary aids and services include assistive technology devices, interventions, accommodations, program modifications, and supports to school personnel. The IEP must include frequency, location, and duration of each.
 - Part I, Chapter 6, of the Monterey County SELPA Procedural Handbook provides detailed information regarding items addressed on this page in the Supplementary Aids and Services section.
- If a student is receiving modified curriculum/grades, the parent must be informed. Modifications should be indicated on IEP 6A.


Procedural Notes

- State funds are available to purchase, repair, and conduct inventory maintenance for specialized books, materials, and equipment as required for students who have a primary or secondary low incidence disability (e.g., deaf-blind, deaf, hard-of-hearing, severe orthopedic impairment, and/or visual impairment). Funds may be used for all students with a low incidence disability (0 through age 21). Purchasing specialized equipment and materials for infants with low incidence disabilities is also an allowable expenditure for Part C funds. It is permissible to “pool” funds to be used by one or more students with low incidence disabilities. There is no legal limit on the amount of funding for any particular student. As a condition of receiving these funds, each SELPA is required to ensure that the items purchased are coordinated as necessary.
- Part I, Chapter 7, of the handbook details the process that the IEP team must follow if the IEP indicates that the student is eligible for low incidence funding (IEP 2) and requires low incidence books, materials and/or equipment as specified on this IEP page.

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ % Percent of time out of general education environment _____ %

Description of activities during which the student will not participate in the general education environment:



Reason student will not participate in the above activities within the general education environment:



When identifying total minutes of the school day include all instructional minutes including recess, lunch, passing periods, etc.

Percent of time in general education environment: To find the percent of time in the general education environment, determine all of the minutes of the school day from start bell to end bell for an entire week. Then determine the minutes that a student is **NOT removed** from the general education environment for the entire week. To calculate the percentage, take the amount of minutes that the student is **NOT removed** from the general education environment for an entire week and divide that number by the total number of school minutes for an entire week (from start bell to end bell). Then multiply that quotient by 100 to find the percentage.

Any services provided through a “push-in model” are considered minutes in the general education environment because the student is **NOT removed** from the general education environment.

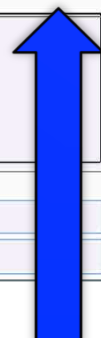
PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ % Percent of time out of general education environment _____ %

Description of activities during which the student will **not** participate in the general education environment:

Reason student will not participate in the above activities within the general education environment:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



When identifying total minutes of the school day include all instructional minutes including recess, lunch, passing periods, etc.

Percent of time out of general education environment: To find the percent of time out of the general education environment, determine all of the minutes of the school day from start bell to end bell for an entire week. Then determine the minutes that a student is removed from the general education environment for “pull-out” services for the entire week. To calculate the percentage, take the amount of minutes that the student receives “pull-out” services for an entire week and divide that number by the total number of school minutes for an entire week (from start bell to end bell). Then multiply that quotient by 100 to find the percentage.

Percent of time out of general education environment **only includes minutes when the student is physically removed** from the general education environment.

The percentages of time in and out of general education must total 100%.

Provide a description of each activity during which the student will **not** participate in the general education environment. A narrative of each activity should be provided instead of only a list of activities. Carefully consider each specified activity and if participation is appropriate prior to listing the activity.

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ % Percent of time out of general education environment _____ %

Description of activities during which the student will **not** participate in the general education environment:

Example: Student will not participate in the general education classroom during Language Arts because the student requires a combination of large and small group instruction. The small-group instruction is needed to reinforce concepts taught in the large group and provide student with opportunities to ask questions and get immediate feedback.

Reason student will not participate in the above activities within the general education environment:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



Use the dropdown menus to provide the reason(s) the student will not participate in the listed activities within the general education environment. If you provide a reason not listed, type in the form field.

Identify if the student requires assistive/augmentative devices or tools. If “Yes” is selected, a justification must be provided in the field box. This might include low tech as well as high tech devices such as picture boards and icons in a book.

ASSISTIVE/AUGMENTATIVE DEVICES OR TOOLS

Does student require assistive/augmentative devices or tools? No Yes (specify below and include justification)

Identify if the student requires low incidence books, materials, or equipment. If “Yes” is selected, a justification must be provided in the field box. These types of materials are generally associated with a low incidence disability or eligibility such as deaf or hard of hearing, Vision Impairment, or Orthopedic Impairment.

LOW INCIDENCE BOOKS, MATERIALS, EQUIPMENT

Does student require low incidence books, materials, equipment? No Yes (specify below and include justification)

SUPPORTS FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

Support in this area required? No Yes (complete information below)

Language Mode: _____

Specify how opportunities for direct communication with peers of similar abilities and language mode, direct communication with professionals who are proficient in the student's language mode, and for appropriate academic instruction, school services, and extracurricular activities in the student's language mode will be provided:

Example: Student will have a 1:1 sign language aide to assist in communication with peers and professionals.

Identify if the student is deaf or hard of hearing and requires support. If "Yes" is selected, the language mode must be identified.

Language mode might include ASL, PECS symbols, visual communication board, etc.

In the field box, specify how opportunities for direct communication with peers of similar abilities and language mode, direct communication with professional who are proficient in the student's language mode, and how appropriate academic instruction, school services, and extracurricular activities in the student's language mode will be provided. An example is provided in the field box.

Identify if the student is visually impaired and requires supports. If “Yes” is selected, identify if instruction in Braille is recommended. You may select “Other” if appropriate and list any other appropriate supports for the student who is visually impaired.

SUPPORTS FOR STUDENTS WHO ARE VISUALLY IMPAIRED

Support in this area required? No Yes (based on an evaluation of needs in the areas of reading and writing:

Instruction in Braille is recommended.

Instruction in Braille is not recommended.

Other: _____

“Other” types of supports for students who are visually impaired may include: large print, colored paper, specific color of text on backgrounds, reading stand or tilt-topped desk, light boards, etc.

PROMOTION/RETENTION STANDARD

- General education curriculum standards without accommodations
- General education curriculum standards with accommodations
- General education curriculum standards with modifications
- Alternative life skills curriculum standards

GRADUATION PLAN (Grade 8 and Up)*

- Diploma ✘
- Certificate
- Other (specify): _____

Identify the Promotion/Retention Standard and Graduation Plan for students that are in Grade 8 and up. **It is important to discuss this before Grade 8.**

General education curriculum standards without accommodations: If this is selected, the student will be able to access curriculum standards similarly to students without disabilities. If this is selected, “Diploma” should be selected as the Graduation Plan.

General education curriculum standards with accommodations: If this is selected, the student will be able to access curriculum standards, but *how* the student learns the material will be changed. If this is selected, “Diploma” will generally be selected as the Graduation Plan. (See next page for examples of accommodations)

General education curriculum standard with modifications: If this is selected, the student will be able to access curriculum stands, but *what* the student is taught or expected to learn will be changed. If this is selected, the IEP Team should carefully consider the Graduation Plan selected. (See next page for examples of modifications.)

Alternative life skills curriculum standards: If this is selected, the student will be taught alternative life skills curriculum standards *instead* of curriculum standards. If this is selected, “Certificate” should be selected as the Graduation Plan.

If an “Other” Graduation Plan is selected, specify the plan such as “GED”.

Accommodations vs. Modifications

Accommodations

- Instructional accommodations must be related to the student's disability. Accommodations alter how instruction is provided, but do not alter the content of the curriculum. Examples of accommodations include:
 - Setting/Schedule
 - Sensory Needs
 - Directions/Instructions
 - Student Response
 - Organization/Study Skills
 - Personal Care/Equipment

Modifications

- Modifications allow the student to be more successful, but fundamentally alter or lower course standards or student expectations. Examples of modifications include changes in:
 - Subject
 - Content
 - Assignment and Test Grading
 - Requirements
 - Course Grading

Procedural Notes

- Part I, Chapters 6 and 7, of the Monterey County SELPA Procedural Handbook provide detailed information regarding items addressed on this IEP form.

Accommodations vs. Modifications

Accommodations

- Instructional accommodations must be related to the student's disability. Accommodations alter how instruction is provided, but do not alter the content of the curriculum. Examples of accommodations include:
 - Setting/Schedule
 - Sensory Needs
 - Directions/Instructions
 - Student Response
 - Organization/Study Skills
 - Personal Care/Equipment

Modifications

- Modifications allow the student to be more successful, but fundamentally alter or lower course standards or student expectations. Examples of modifications include changes in:
 - Subject
 - Content
 - Assignment and Test Grading
 - Requirements
 - Course Grading

Instructional accommodations needed for the student to be involved in and progress in the core curriculum must be related to the student's disability. Accommodations alter how instruction is provided, but do not alter the content of the curriculum.

Enter the student's full name, the student's date of birth, and today's date.

Monterey County Special Education Local Plan Area
IEP – Instructional Accommodations & Modifications

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

ACCOMMODATIONS

Instructional accommodations needed for the student to be involved in and progress in the core curriculum (must be related to the student's disability). Accommodations alter how instruction is provided but do not alter the content of the curriculum. The accommodations listed below apply to all subjects and settings unless specified otherwise.

Setting/Schedule	Sensory Needs
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼
Directions/Instructions	Student Response
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼
Organization/Study Skills	Personal Care/Equipment
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼

Use the dropdown menus to identify the accommodations that a student needs related to setting/schedule, sensory needs, directions/instruction, student response, organization/study skills, and personal care/equipment. The accommodations listed apply to all subjects and settings unless specified otherwise.

Modifications allow the student to be more successful, but fundamentally alter or lower the course standards or student expectations. The provision of these modifications means that: the student's grades may not count towards the honor roll or academic awards, modified grades may affect a student's class ranking, the student may not be fully exposed to curriculum in preparation for taking the state assessments, and a student provided with modified curriculum and grades might not graduate with a regular diploma.

MODIFICATIONS


Modifications allow the student to be more successful but fundamentally alter or lower course standards or student expectations. The provision of these modifications means that:

1. The student's grade may not count towards the honor roll or academic awards.
2. Modified grades may affect a student's class ranking.
3. The student may not be fully exposed to curriculum in preparation for taking the CST or the CAHSEE.
4. A student provided with modified curriculum/grades might not graduate with a regular diploma.

Subject	Assignments/Tests		Courses	
	Content	Grading	Requirements	Grading
None	▼	▼	▼	▼
	▼	▼	▼	▼
	▼	▼	▼	▼
	▼	▼	▼	▼
	▼	▼	▼	▼

* The report card will show a modified grade but will not indicate that the student has received special education and related services unless doing so would help the parent or guardian to understand the progress his or her child is making in specific classes, course content, or curriculum. High school transcripts will show a modified grade but will not indicate that the student has received special education and related services. Post-secondary institutions will not be provided with an explanation of the modified grade and of the student's special education status without written consent of the parent or adult student.

IEP 6A (8/13)



Use the dropdown menus to identify the modifications for content and grading or assignments and tests as well as the requirements and grading for courses. Modifications should be specified for each subject as necessary.

Modification of Course Grading Procedural Note

- The report card will show a modified grade, but will not indicate that the student has received special education and related services unless doing so would help the parent or guardian to understand the progress his or her child is making in specific classes, course content, or curriculum.
- Post-secondary institutions will not be provided with an explanation of the modified grade and of the student's special education status without written consent of the parent or adult student.

IEP 6C

Assessment and Support for English Learners

Monterey County Special Education Local Plan Area
IEP – Assessment & Support for English Learners

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

ENGLISH PROFICIENCY ASSESSMENT

Listening: CELDT Alternate (specify): _____

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Speaking: CELDT Alternate (specify): _____

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Reading: CELDT Alternate (specify): _____

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Writing: CELDT Alternate (specify): _____

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

INSTRUCTIONAL SUPPORT

English Proficiency Assessment Results:
Date of Most Recent Assessment: _____

CELDT: Listening: _____ Speaking: _____ Reading: _____
 Writing: _____ Overall: _____

Alternative Assessment Results: _____

English Learner Needs:
Based upon assessed English language proficiency and other areas of identified need, this student requires (check all that apply):

Primary language support Primary language instruction
 Cross-cultural training Goals that address English language development needs
 Instructional strategies for comprehensible input in English (specify below): _____

The following instructional setting in general education is recommended (check one):

Mainstream English Structured English Immersion Bilingual Alternative
English language development provided in: General Education Special Education

The student requires instruction in special education using the following language: _____

IEP 6C (9/13)

- The IEP team completes this form for all students who are English Learners.
- This form identifies assessment variations, accommodations, and modifications as well as instructional supports that may be needed by the student who is an English Learner.

Enter the student's full name, the student's date of birth, and today's date.



Monterey County Special Education Local Plan Area
IEP – Assessment & Support for English Learners

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

ENGLISH PROFICIENCY ASSESSMENT

Listening: * CELDT Alternate (specify):

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Speaking: * CELDT Alternate (specify):

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Reading: * CELDT Alternate (specify):

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Writing: * CELDT Alternate (specify):

Variations	Accommodations	Modifications
▼	▼	▼
▼	▼	▼
▼	▼	▼

Identify if the student will participate in the CELDT or an alternative assessment to assess each area of the student's English proficiency (listening, speaking, reading, and writing). If an alternative assessment is selected, specify the alternative assessment that will be used to assess the student's English proficiency.

Use the dropdown menus to identify the variations, accommodations, and modifications that are needed for the student to participate in each area of the English proficiency assessment (listening, speaking, reading, and writing).

Based upon the student's assessed English language proficiency and other areas of need, identify the student's areas of need related to language development.

Checking this box will allow dropdown options for strategies to be utilized.

If instructional strategies for comprehensible input in English are an identified area of the student's need related to their language development, specify which instructional strategies should be utilized by typing in the field form box.

Identify the student's English proficiency results. Typically these results should be no older than the previous school year.

INSTRUCTIONAL SUPPORT

English Proficiency Assessment Results:

Date of Most Recent Assessment: _____

CELDT: Listening: _____ Speaking: _____ Reading: _____
Writing: _____ Overall: _____

Alternative Assessment Results: _____

English Learner Needs:

Based upon assessed English language proficiency and other areas of identified need, this student requires (check all that apply):

Primary language support

Primary language instruction

Cross-cultural training

Goals that address English language development needs

Instructional strategies for comprehensible input in English (specify below):

The following instructional setting in general education is recommended (check one):

Mainstream English

Structured English Immersion

Bilingual Alternative

English language development provided in: General Education

Special Education

The student requires instruction in special education using the following language: _____

Identify if the student requires language development instruction in special education. If the student does require language instruction in special education, identify which language should be used for instruction with the dropdown option.

Overview

- The IEP team uses this form to document transfer of rights and long-range postsecondary transition goals, the student's status regarding graduation, the services that will be required by the student to achieve the goals specified, and the agencies that currently serve the student or to which a referral will be made.
- The student must be invited to an IEP meeting when postsecondary transition will be discussed. If the student is unable to attend, the LEA must ensure that the student's preferences and interests are considered.
- Measurable postsecondary goals detail the student's ambitions after leaving high school or a postsecondary program. Students are required to have at least two such goals: one to address employment and the other to address education or training.
 - When appropriate, the student must also have a goal in the area of independent living.
- The transition plan is developed no later than the first IEP to be in effect when the student turns 16, and updated annually thereafter.

Procedural Notes

- All agencies that are or may be involved in the student's program should be invited to the IEP team meeting.
- If information will be exchanged between the LEA and other agencies, the parent or adult student must consent using the Parent Consent to Release/Exchange Information form (NC 9).
- If the student is unable to attend the meeting, the LEA must ensure that the preferences and interests of the student are represented.
- Part I, Chapter 7, of the Monterey County SELPA Procedural Handbook provides detailed information regarding transition planning.

Enter the student's full name, the student's date of birth, and today's date.

No later than the student's 17th birthday, review with the student the rights that will transfer to him or her at the age of 18 years. Ask the student to sign and date the IEP form to document this discussion.

Student: Simpson, Bart Date of Birth: 6/15/1999 Date: 12/17/2015

TRANSFER OF RIGHTS

On or before your 17th birthday, you must be advised of the transfer of rights that will occur when you reach the age of 18, the age of majority. At that time, unless a conservator is appointed, you will have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at IEP team meeting and give or deny consent to the IEP and all related documents in place of your parent or guardian.

I have been informed of the transfer of rights to me at the age of 18 years.

Signature of Student: _____ Date: _____

EDUCATIONAL RIGHTS (check one of the following)

- Student has not yet reached the age of 18 and education rights remain with the parent or education representative.
- Student has reached the age of 18 and educational rights have transferred to the adult student.
- Student has reached the age of 18 and is an adult with a legally appointed conservator (identify below):

Name of Conservator: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

STUDENT PARTICIPATION IN TRANSITION PLANNING

The student's preferences and interests related to transition planning and services was obtained through:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Attendance at IEP team meeting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interview | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Questionnaire/Survey | <input type="checkbox"/> Other: _____ |

Check the appropriate box to identify who holds educational rights.

Check the box or boxes that identify how the student's postsecondary preferences and interests were obtained. If "Other" is checked, specify the method used.

Measurable postsecondary goals, based upon age-appropriate assessment, are required in the areas of employment, education/training, and, if appropriate independent living. These goals describe the student's life ambitions after high school or postsecondary program. The IEP team must assist the student, as needed, to complete the goal areas. Annual goals should be written to support the student's progress toward postsecondary ambitions.

Using information collected regarding the student's preferences and interests (including age-appropriate transition assessment data), address all requested information. Record the goal number of the annual goal developed on IEP 3 that is needed to support each postsecondary goal.

Identify the transition assessment that was administered and the date of administration.

MEASURABLE POSTSECONDARY GOALS

Transition Assessment (specify): _____ Date: _____

Measurable postsecondary goals, based upon age-appropriate transition assessments, are required in the areas of employment, education/training, and, if appropriate, independent living. These goals describe the student's life ambitions after high school or postsecondary programs. The IEP team must assist the student, as needed, to complete the following goal areas. Annual goals should be written to support the student's progress toward postsecondary ambitions.

Employment (required) *

After high school (or postsecondary program), I will seek part-time or full-time employment in the following work environment:

Independent Supported Sheltered Other: _____

I am interested in the following field: _____

Annual goals that support this postsecondary ambition include goal #s: _____

Education or Training (required-check one)

After high school, I will enroll/participate in a:

Vocational Program Two-year college Four-year college Other: _____

Annual goals that support this postsecondary ambition include goal #s: _____

Independent Living (if appropriate)

After high school, I will: _____

Annual goals that support this postsecondary ambition include goal #s: _____

Examples of Postsecondary Goals and Related Annual Goals

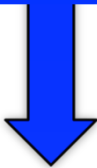
Education/Training

- I will enroll in a 2-year college (or vocational training program) to develop entry-level skills in computer graphics.
- By June 2016, given a list of 2-year colleges (or training programs), Student will complete applications to at least 3 programs with 100% accuracy.

Independent Living

- I will live at home and assist in planning my daily activities.
- By June 2016, when offered 3 activity choices from a picture icon board, Student will choose a preferred activity by pointing within 10 seconds in 4 out of 5 trials.

Enter the student's full name, the student's date of birth, and today's date.



Student: Simpson, Bart Date of Birth: 6/15/1999 Date: 12/17/2015

COURSE OF STUDY

A multiple year plan of courses to be provided during the period of this IEP and to be provided in following years to support the student in achieving the postsecondary goals.

Current Year	Future Year 1	Future Year 2	Future Year 3
▼	▼	▼	▼
▼	▼	▼	▼
▼	▼	▼	▼
▼	▼	▼	▼

Credits Required: Credits Earned: Credits Needed:
Algebra I Passed: No Yes Date of Pass: NA (certificate, waiver/exemption, CAPA)



Identify a multiple year plan of courses to be provided during the period of this IEP and to be provided in following years to support the student in achieving the postsecondary goals.

Use the dropdown menu to identify the transition service or agency. Information on transition services and agencies can be found in the Sam's Guide located on the SELPA Website.

Transition service options are defined on the following pages.

TRANSITION SERVICES AND ACTIVITIES				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

TRANSITION SERVICES AND ACTIVITIES				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

Use the dropdown menu to identify the service provider, **not the actual name of the service provider or agency.**

Use the dropdown menu to identify the responsible staff for providing the identified services. The responsible staff's title should be used, **not their actual name.**

TRANSITION SERVICES AND ACTIVITIES				
Delivery Model:	Frequency:	Duration:	Responsible Staff:	Location:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

Transition Services

College Awareness Preparation: College awareness is the result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid.

Vocational Assessment, Counseling, Guidance, and Career Assessment: Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions.

Career Assessment: Transition services include a provision for in self-advocacy, career planning, and career guidance.

Work Experience Education: Work experience education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.

Job Coaching: Job coaching is a service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled and trained on the job that can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance.

Transition Services (continued)

Mentoring: Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.

Agency Linkages (Referral and Placement): Service coordination and case management that facilitates the linkage of individualized education programs.

Travel Training (Includes Mobility Training): Orientation and mobility services means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community.

Other transition Services: These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and post-secondary agencies. (Note: This code should be used with caution and only when appropriate).

Other Special Education/ Related Services: Any other specialized service required for a student with a disability to receive educational benefit. (Note: Review all other service codes and contact the SELPA before using this code.)

TRANSITION SERVICES AND ACTIVITIES

Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

Use the dropdown menu to identify the location of the transition service or activity.

Use the dropdown menu to identify the delivery model.

TRANSITION SERVICES AND ACTIVITIES

Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

TRANSITION SERVICES AND ACTIVITIES

Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:

Additional related services that support postsecondary goals are on the Special Education and Related Services page.

Use the dropdown menu to identify the frequency of service. Frequency should be indicated on either a daily or weekly basis.

Identify the duration, or total minutes, of service that the student will receive for the specified service.

Identify the date that the specified services will start.

TRANSITION SERVICES AND ACTIVITIES				
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
<input type="checkbox"/> Additional related services that support postsecondary goals are on the Special Education and Related Services page.				

Identify the date that the specified services will end. If there is not an end date for the specified service, input the due date of the next IEP.

Check this box if additional related services that support postsecondary goals are on the Special Education and Related Services page (IEP 7).

Check the appropriate box to indicate if the parent consented to inviting appropriate agency representative to this IEP meeting.

ADULT AGENCIES CURRENTLY SUPPORTING STUDENT or THAT MAY SUPPORT STUDENT


Parent consented to inviting appropriate agency representatives to this meeting. Yes No

Agency Name	Service(s) Provided	Referral Needed	Person Responsible

If a student is a client of an agency, indicate the service(s) provided. If the student is not currently a client but could benefit from services provided by an agency, indicate that a referral is needed and enter the date by which a referral will be made.

IEP 6E

Program Change Transition Plan



Monterey County Special Education Local Plan Area
IEP – Program Change Transition Plan

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PURPOSE OF PLAN

Transition from NPS to Public School Transition from Special Class to Less Restrictive Environment
 Transition from Preschool to Elementary School Fading of Service (specify): _____
 Other: _____

DESIRED OUTCOME

PRESENT LEVELS OF PERFORMANCE AND LEARNING STYLE (Preschool to Elementary Only)

ACTIVITIES

A. Describe the activities to be provided to prepare the student for success in the new or modified program.

Activities	Time in Activities	Responsible Agency/Person

B. Describe the activities to be provided to support the student during the initial period of participation in the new or modified program.

Activities	Time in Activities	Responsible Agency/Person

COMMENTS

IEP 6E (10/13)

- The IEP team is required to complete this form if a student is transitioning from a nonpublic school to a public school or from a special class to a less restrictive environment.
- The form may also be used to identify the activities that will be used to fade a student off of a service such as a one-to-one aide.
- Preschool to Kindergarten, Elementary to Middle School, Middle School to High School and even TK to K could be a time to consider a transition plan.

Enter the student's full name, the student's date of birth, and today's date.

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

PURPOSE OF PLAN

Transition from NPS to Public School Transition from Special Class to Less Restrictive Environment
 Transition from Preschool to Elementary School Fading of Service (specify): _____
 Other: _____

DESIRED OUTCOME

Example: Student will be able to successfully transition from Preschool to Elementary School. To successfully transition the student will need to participate in the following activities: learn the new procedures at the Elementary School and within their classroom, navigate around the new campus, become familiar with professionals that will be working with the student, and adjust to the increased social interactions due to larger school attendance.

PRESENT LEVELS OF PERFORMANCE AND LEARNING STYLE (Preschool to Elementary Only)

Example: Student is able to recognize and rote-count numbers 1-5, however has not yet mastered 1 to 1 correspondence. Student is able to recognize their name when given 2 names to choose from if the names do not have similar letters. Student is learning how to grip a large pencil and can produce curved lines with oversized chalk. Student learns best through hands-on activities, social interactions, and small group instruction with visual and verbal redirection cues and praises.

Check the box that identifies the purpose of the plan. If "Fading of Service" or "Other" is selected, specify the purpose.

Indicate the desired outcome.

Only if the student is transitioning from preschool to elementary school, indicate the student's present levels of performance and learning style. If the student is not transitioning from preschool to elementary school, leave this box blank.

Describe the activities, time in activities, and responsible agency and/or person that will be provided to prepare the student for the new or modified program.



ACTIVITIES

A. Describe the activities to be provided to prepare the student for success in the new or modified program.

Activities	Time in Activities	Responsible Agency/Person
Examples: Student will visit the high school campus three times before transitioning to the new site: 1 time with his entire class for a formal tour, one time with his parent during open house or other public event and one time during a formal tour with the Special Education Teacher from the high school within one week of starting school.	Example: 4 hours or more	Examples: School district coordinates, parent coordinates and new high school Special Education Teacher coordinates

B. Describe the activities to be provided to support the student during the initial period of participation in the new or modified program.

Activities	Time in Activities	Responsible Agency/Person
Examples: Student will be paired with a general education peer buddy during transition between classes	Example: 20 minutes each day for 4 weeks	Examples: New Special Education Teacher will set up

Describe the activities, time in activities, and responsible agency and/or person that will provide support to the student during the initial period of the new or modified program.



COMMENTS


Example: Information regarding low-incidence equipment, communication devices, or materials that are specifically used by the student in order to help them access the curriculum should be listed here so that the equipment transitions with the student to the new setting. Include details regarding where the equipment can be picked-up at the beginning of the new school year.

Add any comments needed to clarify the transition plan.



IEP 6F

Manifestation Determination



Monterey County Special Education Local Plan Area
IEP – Manifestation Determination

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2013

SUSPENSION/PRE-EXPULSION INFORMATION

First day of current suspension: _____ Total days of suspension for this incident: _____
Total days of suspension this year: _____

Alleged misconduct:

REVIEW OF CONDUCT

1a. Yes No Was the conduct in question caused by the student's disability?
1b. Yes No Did the conduct in question have a direct and substantial relationship to the disability?

If yes to question 1a or 1b, the proposed disciplinary action cannot proceed. Please explain a yes response:

If no to question 1a and/or 1b, address questions 2a and 2b.

2a. Yes No At the time of the conduct in question, was the student's IEP being implemented?
2b. Yes No If no to question 2a, was the conduct in question a direct result of the LEA's failure to implement the IEP?

If no to question 2a and yes to question 2b, the proposed disciplinary action cannot proceed. Please explain a no response to question 2a and/or a yes response question 2b:

MANIFESTATION DETERMINATION

The alleged misconduct is not a manifestation of the student's disability or the LEA's failure to implement the IEP. The disciplinary action and procedures prescribed by the governing board of the LEA may proceed.
 The alleged misconduct is a manifestation of the student's disability or the LEA's failure to implement the IEP. The disciplinary action and procedures prescribed by the governing board of the LEA may not proceed. The IEP Team shall develop or revise a behavior plan and/or determine a more appropriate placement.

IEP 6F (8/13)

- The IEP team completes this form when considering whether a student's alleged misconduct was a manifestation of his or her disability.
- A manifestation determination is a process, required by IDEA, which is conducted when considering the exclusion of a student with a disability that constitutes a change of placement.

Procedural Notes

- The parent/guardian of the student must be notified of the IEP team meeting in which the Manifestation Determination is being developed and must be invited to attend. Parents need to be informed of the purpose of the meeting.
- A Notice of Procedural Safeguards is to be included with the Notice of IEP Team Meeting (NC 6A).
- In preparation for the IEP team meeting, the school psychologist facilitates collection of pertinent data by reviewing student records, conducting interviews with the student, parents, and staff, and conducting classroom observations, when possible. These data are summarized in a written report and discussed at the IEP team meeting.
- Part I, Chapter 7, of the Monterey County SELPA Procedural Handbook provides detailed information regarding suspension, expulsion, and conducting a manifestation determination.

Enter the student's full name, the student's date of birth, and today's date.



Student: <u>Simpson, Bart</u>	Date of Birth: <u>6/15/2005</u>	Date: <u>12/17/2015</u>
SUSPENSION/PRE-EXPULSION INFORMATION		
First day of current suspension: <u> </u>	Total days of suspension for this incident: <u> </u>	
Total days of suspension this year: <u> </u>		
Alleged misconduct:		
<div style="background-color: #e0e0ff; height: 150px;"></div>		

Enter the date of the first day of the current suspension, the total days of suspension for this incident, and the total days of suspension during the current school year.

Provide a brief description of the student's alleged misconduct.

Suspensions including in-house suspensions need to be counted.

Answer each question by checking “Yes” or “No”.

Use this box to record the reason for a “Yes” response.

Answer each question by checking “Yes” or “No”.

Use this box to record the reason for a “No” response to 2a and/or a “Yes” response to 2b.

REVIEW OF CONDUCT

1a. Yes No

Was the conduct in question caused by the student’s disability?

1b. Yes No

Did the conduct in question have a direct and substantial relationship to the disability?

If *yes* to question 1a or 1b, the proposed disciplinary action cannot proceed. Please explain a *yes* response:

If *no* to question 1a and/or 1b, address questions 2a and 2b.

2a. Yes No

At the time of the conduct in question, was the student’s IEP being implemented?

2b. Yes No

If *no* to question 2a, was the conduct in question a direct result of the LEA’s failure to implement the IEP?

If *no* to question 2a and *yes* to question 2b, the proposed disciplinary action cannot proceed. Please explain a *no* response to question 2a and/or a *yes* response question 2b:

MANIFESTATION DETERMINATION


The alleged misconduct is *not* a manifestation of the student’s disability or the LEA’s failure to implement the IEP. The disciplinary action and procedures prescribed by the governing board of the LEA may proceed.

The alleged misconduct is a manifestation of the student’s disability or the LEA’s failure to implement the IEP. The disciplinary action and procedures prescribed by the governing board of the LEA may *not* proceed. The IEP Team shall develop or revise a behavior plan and/or determine a more appropriate placement.

Document the determination of the IEP team regarding whether the behavior was a manifestation of the student’s disability and whether the disciplinary action and procedures of the governing board may proceed by checking the appropriate box.

IEP 6G

Behavior Intervention Plan (Modified from PENT BIP Forms)



Monterey County Special Education Local Plan Area
IEP 6G – Behavior Intervention Plan

Student: _____ Date of Birth: _____ Date: _____

1. The behavior impeding learning is... *(describe what it looks like)*

2. It impedes learning because...

3. The need for a Behavior Intervention Plan early stage intervention moderate serious extreme


4. Frequency or intensity or duration of behavior

Reported by _____
 Observed by _____

PREVENTION PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5. What are the predictors for the behavior?
(Situations in which the behavior is likely to occur: people, time, place, subject, etc.)

IEP 6G (12/15) Modified from PENT BIP Form developed by Diana Browning Wright



Monterey County Special Education Local Plan Area
IEP 6G – Behavior Intervention Plan

6. What supports the student using the problem behavior?
(What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior?
(Changes in Time/Space/Materials/Interactions to remove likelihood of behavior)

Who will establish and who will monitor? _____
Frequency? _____

ALTERNATIVES PART II: FUNCTIONAL FACTORS / BEHAVIORS TO TEACH AND SUPPORT

8. Function of behavior: getting something rejecting something (protest, escape, or avoid)
Team believes the behavior occurs because... *(specify the function of the behavior in detail below)*

IEP 6G (12/15) Modified from PENT BIP Form developed by Diana Browning Wright

Procedures


- Creating a positive classroom environment promotes and encourages appropriate behavior for most students. Individual students, however, may develop problematic behaviors that have an adverse impact on their learning and/or the learning of others. In this case, the IEP team must consider the use of behavioral interventions, supports, and strategies to address that behavior.
- The student's case manager consults with the school psychologist to determine if these behaviors are serious.
- If it is determined that the behaviors are serious, a behavioral assessment should be conducted and a behavior intervention plan (BIP) needs to be developed.
- An interim BIP must be developed while further assessment is conducted to determine whether a systematic BIP is necessary.

Procedures

- Detailed instruction on how to complete this form can be found in 2 locations.
- The PENT BIP Desk Reference may be downloaded on SIRAS.
 - To download the reference go to:
 - Tools -> Support -> Support Documents
 - Under the Support Documents Category of Training Material, locate the “Overview: Desk Reference for PENT BIP”
- The manual can also be downloaded directly from the PENT website at:
 - <http://www.pent.ca.gov/dsk/BIPdeskreference2013.pdf>

IEP 6G-1

Behavior Intervention Plan



Monterey County Special Education Local Plan Area
IEP – Behavior Intervention Plan, Page 1 of 2

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

Behavior Intervention Plan Interim Behavior Intervention Plan

PROBLEM BEHAVIOR

Describe the behavior that is causing difficulty in objective and measurable terms (what it looks and sounds like):

Describe the typical pattern of the problem behavior including the antecedent events that precede or trigger the behavior and the consequences that support continuation of the behavior.

Antecedents	Behavior	Consequences

Frequency, Duration, and Intensity: _____

The hypothesized function of the problem behavior is to obtain protest avoid the following: _____

DESIRED BEHAVIOR

Describe the behavior that the student is expected to exhibit:


REPLACEMENT BEHAVIOR

Describe what the student may do instead of the problem behavior to get his or her needs met while progressing towards mastery of the desired behavior.

COMMUNICATION ABOUT THE PLAN

From:	To:	Frequency:	Method:
Content:			
From:	To:	Frequency:	Method:
Content:			
From:	To:	Frequency:	Method:
Content:			

IEP 6G-1 (8/13)



Monterey County Special Education Local Plan Area
IEP – Behavior Intervention Plan, Page 2 of 2

INTERVENTIONS

Describe in the boxes below the strategies that will be used to increase positive behavior and decrease problem behavior.

Behavior (Specify each)	Desired Behavior	Replacement Behavior	Problem Behavior

Area	To Develop & Increase Desired Behavior	To Develop & Increase Replacement Behavior	To Eliminate Or Reduce Problem Behavior
Alteration of Antecedents: Environmental Structures and Supports			
Plan to Teach the Behavior: Curriculum and Instructional Strategies/Materials			
Manipulation of Consequences: Procedures to Reinforce, Ignore, Redirect			

STRATEGIES FOR ADDRESSING RECURRING PROBLEM BEHAVIOR

Describe in the box below the strategies that will be employed to ensure safety if the problem behavior occurs again or attach an Escalation Cycle Management Plan. If an Emergency Plan is needed, describe when / how techniques will be employed.

An Escalation Cycle Management Plan is attached.

EVALUATION OF PLAN'S EFFECTIVENESS

Dates of Periodic Review to Evaluate the Plan's Effectiveness: _____

COMMENTS

IEP 6G-1 (8/13)

Overview

- **If IEP 6G: Behavior Intervention Plan (Modified from PENT Form) has been completed, do not complete IEP 6G-1.**
- Creating a positive classroom environment promotes and encourages appropriate behavior for most students. Individual students, however, may develop problematic behaviors that have an adverse impact on their learning and/or the learning of others. In this case, the IEP team must consider the use of behavioral interventions, supports, and strategies to address that behavior.
- The student's case manager consults with the school psychologist to determine if these behaviors are serious.
- If it is determined that the behaviors are serious, a behavioral assessment should be conducted and a behavior intervention plan (BIP) needs to be developed.
- An interim BIP must be developed while further assessment is conducted to determine whether a systematic BIP is necessary.

Procedural Notes

- The BIP must be completed only after completion of a functional analysis assessment and by or under the supervision of a trained behavior intervention case manager (BICM).
- The Monterey County SELPA provides training annually for those interested in becoming a BICM. This training includes thorough instruction in how to develop a BIP.
- Part I, Chapter 7, of the *SELPA Procedural Handbook* provides detailed information regarding behavior intervention and development of behavior plans. Note that the previous requirements for a functional analysis assessment (FAA), a more formal behavior intervention plan, and a behavior intervention case manager (BICM), which were included in the “Hughes Bill”, have been eliminated.

Identify if this form is being completed for a Behavior Intervention Plan or an Interim Behavior Intervention Plan.

Describe the behavior that is causing difficulty in objective and measurable terms. Describe how it looks and sounds.

Describe the typical pattern of the problem behavior. Describe the antecedents that precede or trigger the behavior and the consequences that support continuation of the behavior. Each should be described in an objective terms.

Enter the student's full name, the student's date of birth, and today's date.

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

Behavior Intervention Plan Interim Behavior Intervention Plan

PROBLEM BEHAVIOR

Describe the behavior that is causing difficulty in objective and measurable terms (what it looks and sounds like).

Describe the typical pattern of the problem behavior including the antecedent events that precede or trigger the behavior and the consequences that support continuation of the behavior.

Antecedents	Behavior	Consequences

Frequency, Duration, and Intensity:

The hypothesized function of the problem behavior is to obtain protest avoid the following:

Identify the frequency, duration, and intensity of the problem behavior.

Hypothesize the function of the problem behavior. Describe the hypothesized function objectively.

Identify the desired behavior by describing the behavior that the student is expected to exhibit in observable terms.

DESIRED BEHAVIOR

Describe the behavior that the student is expected to exhibit.



REPLACEMENT BEHAVIOR

Describe what the student may do instead of the problem behavior to get his or her needs met while progressing towards mastery of the desired behavior.



Identify the replacement behavior(s) by describing what the student may do instead of the problem behavior to get his or her needs met while progressing towards mastery of the desired behavior. All replacement behaviors need to serve the same function as the problem behavior and have no functional contaminators present (e.g., control, power, vengeance, revenge).

COMMUNICATION ABOUT THE PLAN			
From:	To:	Frequency:	Method:
Content:			
From:	To:	Frequency:	Method:
Content:			
From:	To:	Frequency:	Method:
Content:			

Communication needs to be between all important stakeholders, frequently enough to result in the continuous teaming necessary to achieve success. The BIP must specify who communicates with whom, how frequently, and in what method. The content of the communication also needs to be identified (e.g., improvements or changes to behavior, positive or negative behavioral incidents, data and progress monitoring of problem and replacement behaviors).

Identify the behavioral interventions by describing the strategies that will be used to increase positive behavior and decrease problem behavior.

Identify the desired behavior, replacement behavior, and problem behavior in observable terms.

Identify the environmental structures and supports that are needed to develop and increase desired behavior, develop and increase replacement behavior, and eliminate or reduce problem behavior.

Identify curriculum and instructional materials and strategies that are needed to develop and increase desired behavior and replacement behavior.

INTERVENTIONS

Describe in the boxes below the strategies that will be used to increase positive behavior and decrease problem behavior.

Behavior	Desired Behavior	Replacement Behavior	Problem Behavior
(Specify each)			

Area	To Develop & Increase Desired Behavior	To Develop & Increase Replacement Behavior	To Eliminate Or Reduce Problem Behavior
<i>Alteration of Antecedents:</i> Environmental Structures and Supports			
<i>Plan to Teach the Behavior:</i> Curriculum and Instructional Strategies/Materials			
<i>Manipulation of Consequences:</i> Procedures to Reinforce, Ignore, Redirect			

Identify the procedures to reinforce, ignore and redirect the student to increase desired behavior, develop and increase replacement behavior, and eliminate or reduce problem behavior.

Identify strategies for addressing recurring problem behavior. Describe strategies that will be used to ensure safety if the problem behavior occurs again or attach an Escalation Cycle Management Plan (IEP 6G-2). If an Emergency Plan is needed, describe when and how techniques will be used.

If an Escalation Cycle Management Plan (IEP 6G-2) is attached, check this box.

The effectiveness of the Behavior Intervention Plan (BIP) needs to be periodically reviewed. Specify the dates that the BIP will be reviewed.

STRATEGIES FOR ADDRESSING RECURRING PROBLEM BEHAVIOR

Describe in the box below the strategies that will be employed to ensure safety if the problem behavior occurs again or attach an Escalation Cycle Management Plan. If an Emergency Plan is needed, describe when / how techniques will be employed.

An Escalation Cycle Management Plan is attached.

EVALUATION OF PLAN'S EFFECTIVENESS


Dates of Periodic Review to Evaluate the Plan's Effectiveness: _____

COMMENTS

Provide any comments related to the BIP that are not addressed through the Behavior Intervention Plan.

IEP 6G-2

Escalation Cycle Management Plan



Monterey County Special Education Local Plan Area
IEP – Escalation Cycle Management Plan

Student: _____ Date of Birth: _____ Date: _____

Describe what the student's behaviors look and sound like in each stage of the escalation cycle and what the staff will do to reduce further escalation and/or its severity, promote de-escalation, and return the student to instruction as soon as possible.

If Student...		Then Staff...
1a. Early escalation behaviors	1b. Use strategy to help student return to task (desired behavior)	
2a. Subsequent escalation behaviors	2b. Prompt replacement behavior	
3a. Severe problem behaviors	3b. Calm and ensure safety	
4a. De-escalation behaviors	4b. Give time, space, break for cool down	
5a. Post-incident behaviors	5b. Praise/reinforce return to task	

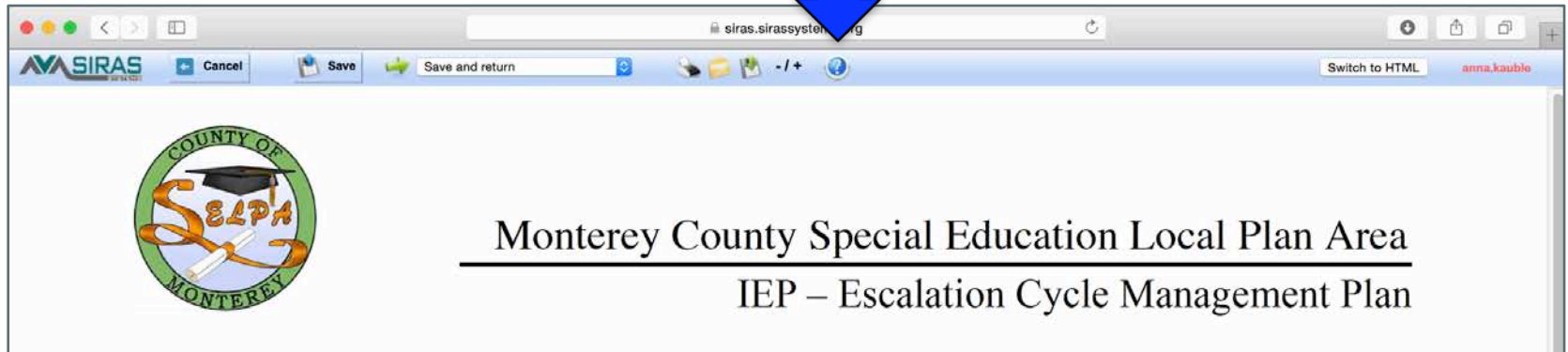
IEP 6G-2 (8/13)

- If a Behavior Intervention/Support Plan (IEP 6G-) is completed for a student and the IEP team checks the box under “Strategies for Addressing Recurring Problem Behavior” that indicates an Escalation Management Plan is attached, this form must be completed.

Procedural Notes

- Part I, Chapter 7, of the *Monterey County SELPA Procedural Handbook* provides detailed information regarding behavior intervention and development of behavior plans.
- This form should never be used as a stand-alone form. If an IEP team or an IEP team member determines that a stand-alone Escalation Cycle Management Plan is sufficient for meeting the identified behavioral needs, GDE 4 should be used instead.
- A detailed explanation on how to complete this form can be found on SIRAS by following the steps on the following slides.

Once on IEP 6G-2, select the blue question mark to access detailed information on completing the Escalation Cycle Management Plan form.



Click on the hyperlink “Directions Download for ECMP.” A PDF file will open. You may save the PDF to your device or simply open the PDF and use it as a reference.



Form Instructions

IEP – Escalation Cycle Management Plan (IEP 6G-2)

[Directions Download for ECMP](#)

Overview

If a Behavior Intervention/Support Plan (IEP 6G-1) is completed for a student and the IEP team checks the box under “Strategies for Addressing Recurring Problem Behavior” that indicates an Escalation Management Plan is attached, this form must be completed.

Directions for Completion

1. Review prepopulated fields to ensure student’s name, date of birth, and today’s date are accurate and/or manually enter information, as needed.
2. Address each item in numerical order to describe the behavior, the contributing factors, and the staff plan for reducing the likelihood that the problem behavior will escalate.
3. Attach to IEP 6G-1.


Procedural Notes

Part I, Chapter 7, of the *Monterey County SELPA Procedural Handbook* provides detailed information regarding behavior intervention and development of behavior plans.

This form should never be used as a stand-alone form. If an IEP team or an IEP team member determines that a stand-alone Escalation Cycle Management Plan is sufficient for meeting the identified behavioral needs, GDE 4 should be used instead.

IEP 6H

Grade Retention Consideration



Monterey County Special Education Local Plan Area
IEP – Grade Retention Consideration

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 12/17/2015

QUESTIONS FOR CONSIDERATION PRIOR TO RETENTION RECOMMENDATION

Y N The Individualized Education Plan (IEP)

Does the current IEP identify appropriate areas of need?
 Were linguistic needs appropriately addressed (for students who are English learners)?
 Were the goals, special education and related services, and supplemental aids and services identified on the IEP appropriate for meeting the identified needs of the student?
 Has the student received all of the services and supports identified on the IEP?
 Were appropriate accommodations/modifications identified for administration of State and district-wide standardized tests?
 Were State and district-wide tests administered in accordance with the IEP?
 Is the student's promotion standard appropriate as identified on the IEP?

Y N Supplemental Instructional Opportunities

Were appropriate supplemental instructional opportunities offered when the student was identified as "at risk" for retention?
 Did the student participate in the supplemental instructional opportunities offered?
 Has the student made adequate progress as a result of those opportunities?

Y N Accessing the Curriculum

Is the student able to access the general education curriculum or course of study of his or her current grade level with or without accommodations?
 If not, would the student be able to access the general education curriculum or course of study with or without accommodations following retention?

Y N Concluding Questions

Would an additional year at the current grade level provide benefit to this student?
 If the student would benefit, is it likely that the benefit would be sustained over time?

RETENTION RECOMMENDATION

Select One

The IEP team recommends promotion.
 The IEP team has determined that revisions to the student's IEP are needed, but recommends promotion (a new IEP or an amendment to the current IEP is to be developed).
 The IEP team has determined that the student would benefit from, and recommends, retention.

COMMENTS

IEP 6H (8/13)

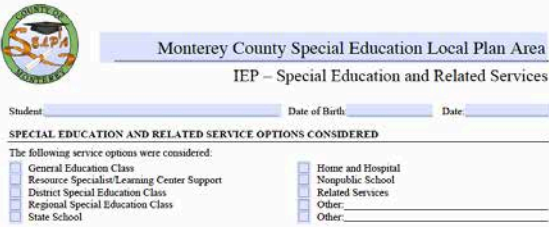
- The IEP team completes this form when retention is being considered.

Procedural Notes

- Special education students are subject to the district-wide policy on retention and promotion.
- IEP teams are required, however, to specify needed program modifications in each student's IEP.
- Individual promotion standards may be developed as a program modification when the IEP team determines that they are necessary to meet the student's unique needs.
 - For a student for whom retention seems likely, an IEP team meeting should be conducted early in the school year to determine the appropriateness of the current placement, services, aids, and interventions; to discuss whether individual promotion standards should be developed; and to revise the IEP if needed.
 - If an individual promotion standard is developed, the IEP should include the criteria for promotion that will be used and how the student's achievement will be demonstrated.
- The IEP team should reconvene toward the end of the school year to make final recommendations regarding retention, using this form.
- Part I, Chapter 7, of the Monterey County SELPA Procedural Handbook provides detailed information regarding grade retention consideration.

IEP 7

Special Education and Related Services



Monterey County Special Education Local Plan Area
IEP – Special Education and Related Services

Student: _____ Date of Birth: _____ Date: _____

SPECIAL EDUCATION AND RELATED SERVICE OPTIONS CONSIDERED

The following service options were considered:

<input type="checkbox"/> General Education Class	<input type="checkbox"/> Home and Hospital
<input type="checkbox"/> Resource Specialist/Learning Center Support	<input type="checkbox"/> Nonpublic School
<input type="checkbox"/> District Special Education Class	<input type="checkbox"/> Related Services
<input type="checkbox"/> Regional Special Education Class	<input type="checkbox"/> Other: _____
<input type="checkbox"/> State School	<input type="checkbox"/> Other: _____

SPECIAL EDUCATION AND RELATED SERVICES OFFERED

Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:

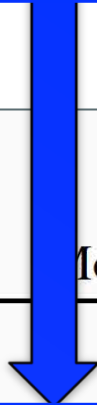
IEP 7 (8/13)

- The IEP team completes this form to identify the special education and related services that the student requires in order to achieve the annual IEP goals.

Procedural Notes

- If the service will be provided using **more than one location**, specify the delivery model, frequency, duration, and start date for **each location of service**.
- If the service will be provided using **more than one delivery model**, specify the frequency, duration, and start date for **each delivery model**.
- Part I, Chapter 8, of the Monterey County SELPA Procedural Handbook provides detailed information regarding placement and services.

Verify the student's name, date of birth, and date of meeting.



Monterey County Special Education Local Plan Area
IEP – Special Education and Related Services

Student: Simpson, Bart Date of Birth: 4/21/2005 Date: 11/20/2015

SPECIAL EDUCATION AND RELATED SERVICE OPTIONS CONSIDERED

The following service options were considered:

- | | |
|--|--|
| <input type="checkbox"/> General Education Class | <input type="checkbox"/> Home and Hospital |
| <input type="checkbox"/> Resource Specialist/Learning Center Support | <input type="checkbox"/> Nonpublic School |
| <input type="checkbox"/> District Special Education Class | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> Regional Special Education Class | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> State School | <input type="checkbox"/> Other: _____ |



Check the boxes that indicate the service options that were considered. If "Other" is checked, specify the service considered.

Use the dropdown menu to identify the primary service. Primary services are defined on the following pages.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Responsible Staff:	Location:	
Specialized Academic Instruction Occupational therapy Intensive individualized services Individual & small group instruction (pre onl Speech and Language Adapted physical education Specialized deaf & hard of hearing services Specialized vision services	Frequency:	Duration:	total minutes	Start Date: End Date:
	Provider:	Responsible Staff:	Location:	
	Frequency:	Duration:	total minutes	Start Date: End Date:
	Provider:	Responsible Staff:	Location:	

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Duration:	Start Date:	End Date:
Delivery Model:	District of Serv. COE SELPA Another district/COE WorkAbility Regional Center Alcohol/drug prog State presch Head Start	total minutes		
Service:		Responsible Staff:	Location:	
Delivery Model:		Duration:	Start Date:	End Date:
Service:		total minutes		
		Responsible Staff:	Location:	

Use the dropdown menu to identify the service provider, **not the actual name of the agency.**

Use the dropdown menu to identify the responsible staff for providing the identified services. The responsible staff's title should be used, **not their actual name.**

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Adapted Physical Ed. Specialist Assistive Technology Specialist Behavior Specialist Deaf/Hard of Hearing Specialist Inclusion Specialist Occupational Therapist Orthopedically Impaired Specialist Physical Therapist Resource Specialist	Start Date:	End Date:
Service:	Provider:		Location:	
Delivery Model:	Frequency:		Start Date:	End Date:
Service:	Provider:		Location:	

Primary Services

Specialized Academic Instruction: Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (RSP- school based, RSP, SDC inclusion services, SDC-public integrated, SDC-public segregated, SDC-non-public school.)

Intensive Individual Instruction: IEP Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. Such as the use of an one-on-one instructional assistant.

Individual and Small Group Instruction (Preschool): Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program. (FOR PRESCHOOL ONLY)

Language and Speech: Includes receptive and expressive language, articulation, voice, and fluency.

Adapted Physical Education: Direct physical education services provided by an APE.

Health and Nursing- Specialized Physical Health Services: Specialized physical health care services means those health services prescribed by the child's licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.

Primary Services (continued)

Health and Nursing- Other Services: This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems, which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.

Assistive Technology Services: Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.

Occupational Therapy: OT includes services to improve student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.

Physical Therapy: Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.

Individual Counseling: One-to-one counseling, provided by a qualified individual pursuant to an IEP.

Counseling and Guidance: Counseling in a group setting, provided by a qualified individual pursuant to an IEP.

Primary Services (continued)

Parent Counseling: Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs.

Social Work Services: Includes services provided pursuant to an IEP by a qualified individual.

Psychological Services: These services provided by a credentialed or licensed psychologist pursuant to an IEP.

Behavior Intervention Services: A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the LRE.

Day Treatment Services: Structured education, training and support services to address the student's mental health needs.

Residential Treatment Services: A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program.

Note: Mark residential services as "Daily" in "Frequency" and 1,440 minutes under "Duration" as the service is by its nature provided 24/7. Any other mental health service received (i.e. counseling, behavioral intervention, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service.

Primary Services (continued)

Specialized Services for Low Incidence Disabilities: Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.

Specialized Deaf and Hard of Hearing Services: These services include speech therapy, speech reading, auditory training, and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.

Interpreter Services: Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.

Audiological Services: These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.

Specialized Vision Services: This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.

Primary Services (continued)

Orientation and Mobility: Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an IEP.

Braille Transcription: Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.

Specialized Orthopedic Services: Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.

Note Taking Services: Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes.

Transcription Services: Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.

Recreation Services: Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED

Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	General ed class	
Service:	Provider:	Responsible Staff:	Separate class	
Delivery Model:	Frequency:	Duration:	Home	
Service:	Provider:	Responsible Staff:	Hospital	
Delivery Model:	Frequency:	Duration:	Head Start	
Service:	Provider:	Responsible Staff:	Child development center	
Delivery Model:	Frequency:	Duration:	Public preschool	
Service:	Provider:	Responsible Staff:	Private presch	
Delivery Model:	Frequency:	Duration:	After sch program	

Use the dropdown menu to identify the location of the service.

Use the dropdown menu to identify the delivery model.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED

Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
Co-Teaching	Provider:	Responsible Staff:	Location:	
Consultation	Frequency:	Duration:	Start Date:	End Date:
Individual, Co-Therapy	Provider:	Responsible Staff:	Location:	
Individual, Out of General Ed.	Frequency:	Duration:	Start Date:	End Date:
Large Group, Co-Therapy	Provider:	Responsible Staff:	Location:	
Large Group, In General Ed.	Frequency:	Duration:	Start Date:	End Date:
Large Group, Out of General Ed.	Provider:	Responsible Staff:	Location:	
Small Group, Co-Therapy	Frequency:	Duration:	Start Date:	End Date:
Small Group, In General Ed.	Provider:	Responsible Staff:	Location:	

Use the dropdown menu to identify the frequency of service. Frequency should be indicated on either a daily or weekly basis.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED

Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
Service:	Daily	Responsible Staff:	Location:	
Delivery Model:	Weekly	Duration:	Start Date:	End Date:
Service:	Monthly	Responsible Staff:	Location:	
Delivery Model:	Yearly	Duration:	Start Date:	End Date:

Identify the duration, or total minutes, of service that the student will receive for the specified service.


SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	total minutes		

Identify the date that the specified services will start.

Identify the date that the specified services will end. If there is not an end date for the specified service, input the due date of the next IEP.

IEP 8

Supplementary Aids, Services, and Extended School Year



Monterey County Special Education Local Plan Area
IEP – Supplementary Aids, Services, Extended School Year

Student: _____ Date of Birth: _____ Date: _____

SUPPORTS FOR SCHOOL PERSONNEL
Supports for school personnel are required for this student. No Yes (specify below)

Description	Provider	Responsible Staff
Location: _____ Frequency: _____ Duration: total minutes _____ Start Date: _____ End Date: _____		
Description: _____ Provider: _____ Responsible Staff: _____		
Location: _____ Frequency: _____ Duration: total minutes _____ Start Date: _____ End Date: _____		
Description: _____ Provider: _____ Responsible Staff: _____		
Location: _____ Frequency: _____ Duration: total minutes _____ Start Date: _____ End Date: _____		

TRANSPORTATION
Special Education Transportation: No Yes (Check Reason Below)
 Required in order to access appropriate program Severe or orthopedic disability
 Other: _____
Provided By: _____ Responsible Agency: _____

PHYSICAL EDUCATION
Physical Education: Regular Modified Adapted (list on IEP 7) Requirement met or legally waived by LEA

EXTENDED SCHOOL YEAR (ESY)
Without ESY, would the nature and/or severity of this student's disability (or interfering behaviors):
 Yes No Prohibit benefit from his or her educational program during the subsequent year?
 Yes No Cause regression in critical skills and/or difficulty in recovering those skills within a reasonable period of time?
 Yes No Based upon the above information, ESY services are required (if yes, complete remainder of page).

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model: _____ Frequency: _____ Duration: total minutes _____ Dates: LEAs ESY calendar unless otherwise stated below			

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year. (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) and/or ESY dates that differ from the approved LEA ESY calendar:

IEP 8 (8/13)

- The IEP team completes this form to identify additional services and supports that are required in order to achieve the developed IEP goals.

Procedural Notes

- Part I, Chapter 6, of the Monterey County SELPA Procedural Handbook provides detailed information regarding items addressed on this IEP form.

Verify the student's name, date of birth, and date of meeting.



Student: Simpson, Bart Date of Birth: 4/21/2005 Date: 11/20/2015

SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. No Yes (specify below)

Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Identify if supports for school personnel are required for this student by checking the appropriate box. If you check "Yes", will you need to provide the description, provider, responsible staff, location, frequency, duration, start date, and end date for each support that is required for the student. You will need to check "Yes" for the dropdown menus to become visible.

You will need to complete ALL of the following steps for every support that is offered for the next school year.

Use the dropdown menu to identify the description of the support.

SUPPORTS FOR SCHOOL PERSONNEL			
Supports for school personnel are required for this student. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify below)			
Description:	Provider:	Responsible Staff:	
N/A	Duration: [] total minutes	Start Date:	End Date:
Consultation	Provider:	Responsible Staff:	
Training	Duration: [] total minutes	Start Date:	End Date:
Planning Time	Provider:	Responsible Staff:	
Instructional assistant(s) in classroom	Duration: [] total minutes	Start Date:	End Date:
Instructional assistant(s) in special education classroom	Provider:	Responsible Staff:	
Consultation with occupational therapist as needed	Duration: [] total minutes	Start Date:	End Date:
Consultation with speech-language pathologist as needed	Provider:	Responsible Staff:	
Consultation with school nurse	Duration: [] total minutes	Start Date:	End Date:

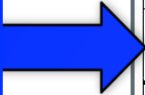
SUPPORTS FOR SCHOOL PERSONNEL				
Supports for school personnel are required for this student. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify below)				
Description:	Provider:	Start Date:	End Date:	
Location:	Frequency:	District of Serv.	Responsible Staff:	
Description:	Frequency:	COE	Start Date:	End Date:
Location:	Frequency:	SELPA	Responsible Staff:	
Description:	Frequency:	Another district/COE	Start Date:	End Date:
Location:	Frequency:	WorkAbility	Responsible Staff:	
Description:	Frequency:	Regional Center	Start Date:	End Date:
Location:	Frequency:	Alcohol/drug prog	Responsible Staff:	
Description:	Frequency:	State presch	Start Date:	End Date:
Location:	Frequency:	Head Start	Responsible Staff:	

Use the dropdown menu to identify the provider of the support, **not the actual name of the agency.**

Use the dropdown menu to identify the staff member who is responsible for the support. The responsible staff's title should be used, **not their actual name.**

SUPPORTS FOR SCHOOL PERSONNEL			
Supports for school personnel are required for this student. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify below)			
Location:	Frequency:	Duration:	Responsible Staff:
[]	[]	[] total minutes	Assistive Technology Specialist
Description:	Provider:	Start Date:	Audiologist
Location:	Frequency:	Duration:	Behavior Specialist
[]	[]	[] total minutes	Adapted Physical Ed. Specialist
Description:	Provider:	Start Date:	Deaf/Hard of Hearing Specialist
Location:	Frequency:	Duration:	Inclusion Specialist
[]	[]	[] total minutes	Occupational Therapist
Description:	Provider:	Start Date:	Orthopedically Impaired Specialist
Location:	Frequency:	Duration:	Physical Therapist
[]	[]	[] total minutes	

Use the dropdown menu to identify the location of the support.



SUPPORTS FOR SCHOOL PERSONNEL

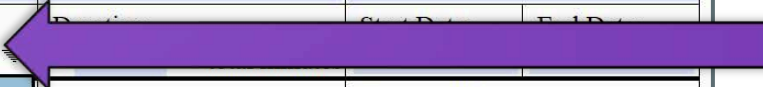
Supports for school personnel are required for this student. No Yes (specify below)

Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
<ul style="list-style-type: none"> General ed class Separate class Home Hospital Head Start Child development center Public preschool Private preschool After sch program 		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. No Yes (specify below)

Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
<ul style="list-style-type: none"> Daily Weekly Monthly Yearly 		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		



Use the dropdown menu to identify the frequency of the support. Frequency should be indicated on either a daily or weekly basis.

Identify the duration, or total minutes for each support that is required for the student.

SUPPORTS FOR SCHOOL PERSONNEL				
Supports for school personnel are required for this student.				<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify below)
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Identify the date that the specified support will start.

Identify the date that the specified support will end. If there is not an end date for the specified service, input the due date of the next IEP.

Identify if special education transportation is needed by checking the appropriate box.
If the “Yes” box is checked, the reason will have to be specified.



TRANSPORTATION

Special Education Transportation: No Yes (Check Reason Below)

Required in order to access appropriate program Severe or orthopedic disability

Other:

Provided By:

Responsible Agency:



To specify the reason that special education transportation is needed, check the appropriate box. The possible reasons include: required in order to access appropriate program, severe or orthopedic disability, and other. If “other” is selected, type the reason in the adjacent blank text box.

Identify who will provide the special education transportation.
Do not list a specific person's name. List the title of the individual
(parent, instructional aide, etc.)



TRANSPORTATION

Special Education Transportation: No Yes (Check Reason Below)
 Required in order to access appropriate program Severe or orthopedic disability
 Other:

Provided By: _____

Responsible Agency: | _____

District of Residence
District of Service
County Office of Education

PHYSICAL EDUCATION

Physical Education: Regular Modified Adapted (list on IEP 7) Required

EXTENDED SCHOOL YEAR (ESY)



Use the dropdown menu to select the agency that is responsible for providing
special education transportation.

PHYSICAL EDUCATION

Physical Education: Regular Modified Adapted (list on IEP 7) Requirement met or legally waived by LEA

Identify the type of physical education the student will participate in by checking the appropriate box. If “Adapted” is checked, Adapted Physical Education must also be listed as a service on IEP 7. If the physical education requirement has been met or is legally waved by the LEA, provide the rationale behind this selection on the IEP Notes and Additional Information Page (IEP 12).

Answer “Yes” or “No” to each question regarding extended school year. Responses to question 1 and 2 should be based on data collected from previous school breaks.



EXTENDED SCHOOL YEAR (ESY)

Without ESY, would the nature and/or severity of this student’s disability (or interfering behaviors):

- Yes No Prohibit benefit from his or her educational program during the subsequent year?
 Yes No Cause regression in critical skills and/or difficulty in recovering those skills within a reasonable period of time?
 Yes No Based upon the above information, ESY services are required (if *yes*, complete remainder of page).

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model:	Frequency:	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below



If the student is eligible for Extended School Year (ESY), specify the primary service that will be provided. If “Yes” is not selected for Question 3, the dropdown menus and form fields will not appear.

Use the dropdown menu to identify the primary service for ESY.

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Specialized Academic Instruction Occupational therapy Intensive individualized services Individual & small group instruction (pre on Speech and Language Adapted physical education Health & Nursing - specialized physical health Health & Nursing - other services Assistive technology services	Frequency:	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) and/or ESY dates that differ from the approved LEA ESY calendar:

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model:	District of Serv. COE SELPA Another district/COE WorkAbility Regional Center Alcohol/drug prog State presch Head Start	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) and/or ESY dates that differ from the approved LEA ESY calendar:

Use the dropdown menu to identify the service provider for ESY, **not the actual name of the agency.**

Use the dropdown menu to identify the responsible staff for providing the identified services for ESY. The responsible staff's title should be used, **not their actual name.**

Responsible Staff:	Primary Location:
Assistive Technology Specialist Audiologist Behavior Specialist Adapted Physical Ed. Specialist Deaf/Hard of Hearing Specialist Inclusion Specialist Occupational Therapist Orthopedically Impaired Specialist	Dates: LEAs ESY calendar unless otherwise stated below

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) and/or ESY dates that differ from the approved LEA ESY calendar:

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model:	Frequency:	Duration: total minutes	

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) **and/or** ESY dates that differ from the approved LEA ESY calendar:

- General ed class
- Separate class
- Home
- Hospital
- Head Start
- Child development center
- Public preschool
- Private presch
- After sch program

Use the dropdown menu to identify the primary location of the service for ESY.

Use the dropdown menu to identify the delivery model for ESY.

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model:	Frequency:	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) **and/or** ESY dates that differ from the approved LEA ESY calendar:

- Co-Teaching
- Consultation
- Individual, Co-Therapy
- Individual, In General Education
- Individual, Out of General Education
- Large Group, Co-Therapy
- Large Group, In General Education
- Large Group, Out of General Education
- Small Group, Co-Therapy

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
Delivery Model:	Frequency:	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) **and/or** ESY dates that differ from the approved LEA ESY calendar:

- Daily
- Weekly
- Monthly
- Yearly

Use the dropdown menu to identify the frequency of service. **Frequency should be indicated on either a daily or weekly basis.**

Identify the duration, or total minutes, of service that the student will receive for the specified service.

The dates for ESY automatically populate the response, “LEAs ESY calendar unless otherwise stated below”.

Primary Service for ESY:	Provider:	Responsible Staff:	Primary Location:
▼	▼	▼	▼
Delivery Model:	Frequency:	Duration: total minutes	Dates: LEAs ESY calendar unless otherwise stated below
▼	▼		

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) **and/or** ESY dates that differ from the approved LEA ESY calendar:

Specify any ESY service (other than the primary service) that will differ from what is outlined in the IEP for the regular academic year, (e.g., related services, frequency/duration of related services, time in general education, transportation, type of physical education, any other aid or support) **and/or** ESY dates that differ from the approved LEA ESY calendar.

Procedural Notes

- Informed parental consent is required prior to provision of initial special education services. If a parent refuses to provide consent to the initial IEP, the LEA is not considered to be in violation of the requirement to provide FAPE and is not required to request due process to obtain consent. In the event that the parent later refuses to provide consent for one or more, but not all, services, the LEA must seek due process unless it feels the student can receive FAPE without the service(s). If the parent revokes consent for all special education and related services, however, all services must be discontinued following provision of prior written notice (see NC 14).

Ask parent(s) to check each box that applies (#1-6).

Enter the student's name, date of birth, and the date of the IEP meeting.

Monterey County Special Education Local Plan Area
IEP – Consent and Signatures

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: _____
- 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.
- Yes No The school district facilitated parent involvement as a means of improving services & results for my child.

If parent(s) do not attend, enter method and date of attempts to contact the parent to arrange for their attendance. (#3a-3d)

If the parent requests a copy of the IEP in their primary language, specify the language (#4).



Monterey County Special Education Local Plan Area IEP – Consent and Signatures

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: _____

- 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.
- Yes No The school district facilitated parent involvement as a means of improving services & results for my child.

If the parent requests a copy of the IEP in their primary language (#4), the translation option will need to be selected on SIRAS IEP Manager so your district is aware that the IEP needs to be translated.

The screenshot shows the SIRAS IEP Manager interface. At the top, there are navigation links: 'Return to MIS Summary', 'Student Info', and 'Tools'. Below that, there's a search bar with 'bart' entered and a 'Modify / Reset Search' button. A red warning message reads: 'Test Server - All changes to data will be overwritten'. The main header shows 'IEP Manager' and the student name 'Simpson, Bart (SIMBA0421)'. In the main content area, there are several checkboxes: 'IEP in development: Triennial/Reevaluation: 11/20/2015', 'Meeting Held', and 'Translation Req'd' (which is checked). Below these, there's a 'Pre-meeting - Evaluation completed after 52 days.' section and a 'Review in lieu of new assessment' checkbox. At the bottom, there are two date pickers: 'Assessment Plan Sent' (9/29/2015) and 'Assessment Plan Received' (9/29/2015).

Ask parent(s) to check **one** box indicating whether they agree with the eligibility determination.

Ask parent(s) of students who are determined eligible to check **one** of the three boxes regarding consent to the IEP contents. If item 2 is checked, ask the parent(s) to specify the exception.

PARENT CONSENTS

Check one of the following two 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.

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-scheduled 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: _____

Ask parent(s) of students who are determined eligible to check this box indicating they received a copy of the consent form for the district to access Medi-Cal benefits.

Obtain parent signature(s) and date.

Ask all IEP team members to sign, identify their position, and enter the date of attendance. The date is especially important when the meeting is split into several parts over a period of two or more dates and not all IEP team members are in attendance on each date.

IEP TEAM MEETING PARTICIPANTS

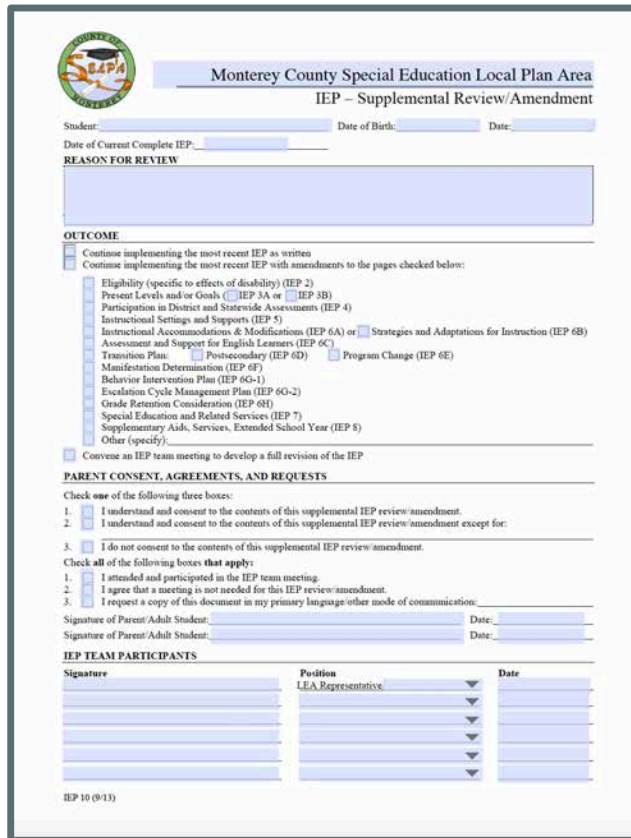
The following people participated in the IEP team meeting. If the student has been determined eligible under the category of specific learning disability, each participant agrees that the eligibility finding reflects his or her own conclusion unless a "D" is placed next to his or her signature, indicating a dissenting opinion. Any IEP team member placing a "D" by his or her signature must attach a statement specifying the team member's differing conclusion.

Signature	Position	Date
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	
	▼	

If the student has been determined eligible under the category of Specific Learning Disability, each participant agrees that the eligibility finding reflects his or her own conclusion unless a "D" is placed next to his or her signature, indicating a dissenting opinion. Any IEP team member placing a "D" by his or her signature must attach a statement specifying the team member's differing conclusion.

IEP 10

Supplemental Review / Amendment



Monterey County Special Education Local Plan Area
IEP - Supplemental Review/Amendment

Student: _____ Date of Birth: _____ Date: _____

Date of Current Complete IEP: _____

REASON FOR REVIEW

OUTCOME

Continue implementing the most recent IEP as written

Continue implementing the most recent IEP with amendments to the pages checked below:

- Eligibility (specific to effects of disability) (IEP 2)
- Present Levels and/or Goals IEP 3A or IEP 3B
- Participation in District and Statewide Assessments (IEP 4)
- Instructional Settings and Supports (IEP 5)
- Instructional Accommodations & Modifications (IEP 6A) or Strategies and Adaptations for Instruction (IEP 6B)
- Assessment and Support for English Learners (IEP 6C)
- Transition Plan: Postsecondary (IEP 6D) Program Change (IEP 6E)
- Manifestation Determination (IEP 6F)
- Behavior Intervention Plan (IEP 6G-1)
- Exclusion Cycle Management Plan (IEP 6G-2)
- Grade Retention Consideration (IEP 6H)
- Special Education and Related Services (IEP 7)
- Supplementary Aids, Services, Extended School Year (IEP 8)
- Other (specify): _____

Convene an IEP team meeting to develop a full revision of the IEP

PARENT CONSENT, AGREEMENTS, AND REQUESTS

Check **one** of the following three boxes:

- I understand and consent to the contents of this supplemental IEP review/amendment.
- I understand and consent to the contents of this supplemental IEP review/amendment except for: _____
- I do not consent to the contents of this supplemental IEP review/amendment.

Check **all** of the following boxes that **apply**:

- I attended and participated in the IEP team meeting.
- I agree that a meeting is not needed for this IEP review/amendment.
- I request a copy of this document in my primary language/other mode of communication: _____

Signature of Parent/Adult Student: _____ Date: _____

Signature of Parent/Adult Student: _____ Date: _____

IEP TEAM PARTICIPANTS

Signature	Position	Date
_____	LEA Representative	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


IEP 10 (0/13)

- The IEP team uses this form to document the acknowledgements, requests, and consents of the parent and the attendance/participation of team members during a supplemental review / amendment meeting.

Procedural Notes

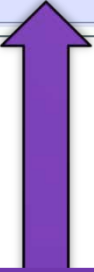
- An amendment to the IEP can happen in one of two ways:
 - the entire IEP team may make changes to an IEP at an IEP team meeting
 - if the parent and the LEA agree, the amendment may be developed without an IEP team meeting being convened.
- It is imperative that all team members receive copies of each amendment to ensure appropriate implementation.
- Development of multiple amendments to an IEP can be confusing and may lead to inadvertent errors in implementation of the IEP; therefore, amendments should be used with caution.

Verify the student's name, date of birth, date of the meeting, and the date of the current complete IEP.



Student: Simpson, Bart Date of Birth: 4/21/2005 Date: 11/20/2015
Date of Current Complete IEP: 12/19/2014

REASON FOR REVIEW



Provide a brief description of the reason for the amendment such as, “At parent request, the IEP team met to review progress in speech and language therapy.”

Check the box that accurately identifies the outcome of the meeting.

OUTCOME

- Continue implementing the most recent IEP as written
- Continue implementing the most recent IEP with amendments to the pages checked below:
 - Eligibility (specific to effects of disability) (IEP 2)
 - Present Levels and/or Goals (IEP 3A or IEP 3B)
 - Participation in District and Statewide Assessments (IEP 4)
 - Instructional Settings and Supports (IEP 5)
 - Instructional Accommodations & Modifications (IEP 6A) or Strategies and Adaptations for Instruction (IEP 6B)
 - Assessment and Support for English Learners (IEP 6C)
 - Transition Plan: Postsecondary (IEP 6D) Program Change (IEP 6E)
 - Manifestation Determination (IEP 6F)
 - Behavior Intervention Plan (IEP 6G-1)
 - Escalation Cycle Management Plan (IEP 6G-2)
 - Grade Retention Consideration (IEP 6H)
 - Special Education and Related Services (IEP 7)
 - Supplementary Aids, Services, Extended School Year (IEP 8)
 - Other (specify): _____
- Convene an IEP team meeting to develop a full revision of the IEP

If the second box is selected, check each box that identifies any section of the IEP that has been revised. If "Other" is checked, specify what has been amended. Attach the associated revised IEP forms.

Ask parent(s) to check one of the three boxes to indicate whether they consent to the IEP contents. If item 2 is checked, ask them to write what they do not agree to.

Ask parent(s) to check all boxes that apply. If translation of the IEP into another language is requested, specify the language.

PARENT CONSENT, AGREEMENTS, AND REQUESTS

Check **one** of the following three boxes:

- I understand and consent to the contents of this supplemental IEP review/amendment.
- I understand and consent to the contents of this supplemental IEP review/amendment except for: _____
- I do not consent to the contents of this supplemental IEP review/amendment.

Check **all** of the following boxes **that apply**:

- I attended and participated in the IEP team meeting.
- I agree that a meeting is not needed for this IEP review/amendment.
- I request a copy of this document in my primary language/other mode of communication: _____

Signature of Parent/Adult Student: _____ Date: _____
Signature of Parent/Adult Student: _____ Date: _____

IEP TEAM PARTICIPANTS

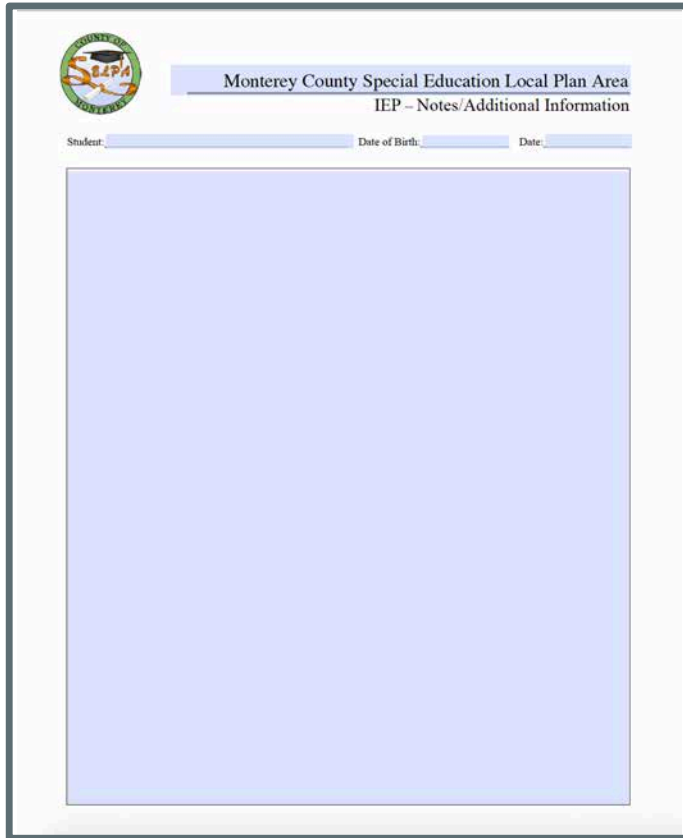
Signature	Position	Date
_____	LEA Representative/ _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ask all IEP team members to sign, identify their position, and enter the date of attendance.

Obtain parent signature(s) and date.

IEP 12

Notes / Additional Information



The image shows a screenshot of a form titled "Monterey County Special Education Local Plan Area IEP - Notes/Additional Information". The form includes a logo for the Monterey County Office of Special Education (OSPE) in the top left corner. Below the logo, the title "Monterey County Special Education Local Plan Area" is displayed, followed by "IEP - Notes/Additional Information". There are three input fields for "Student:", "Date of Birth:", and "Date:". The main body of the form is a large, empty light blue rectangular area for writing notes or additional information.

- The LEA should select an IEP team member as the scribe for any IEP notes. The scribe should be an employee and should not be the team facilitator, the parent, or the LEA's attorney. The notes should be written in a factual and neutral tone avoiding use of inflammatory or accusatory language that may aggravate what may already be a contentious situation. Always proofread IEP notes prior to the end of the meeting and distributing copies of the IEP to be certain that they are accurate and are consistent with other portions of the IEP.

Notes and Additional Information

- Monterey County SELPA IEP forms are intended to provide for all required elements and, in most cases, detailed IEP notes are not necessary. IEP notes are helpful, though, in certain circumstances.
- When used to document any part of the proposed or refused offer that is not included in any other part of the IEP, the notes provide evidence that the LEA provided prior written notice and was compliant in developing the IEP.
- Too much information recorded in the notes, however, can complicate and compromise the intent of the IEP team.
- The IEP notes should summarize the elements of the team discussion and agreements rather than provide a detailed written transcript of every conversation that is held as part of the meeting.

What **Should** be Documented in the IEP Notes

- Agreement on the part of all IEP team members, including the parent, to excuse one or more team members who were expected to be in attendance and, therefore, were not previously excused as documented on the SELPA-approved form
- Attempts to convince a parent that they should attend the IEP team meeting when a meeting is being held without parent participation because the parent could not be convinced to participate (a good practice is to try one more time to reach the parent by phone during the meeting so that the parent can participate by teleconference)
- Efforts to persuade the student's parents to stay when they decide to leave the meeting (note time) and that the IEP team decided to continue with the meeting
- Which eligibility categories were considered and why the student was or was not found eligible in each category
- That the IEP team reviewed and discussed all assessment reports

What **Should** be Documented in the IEP Notes

- That the IEP team considered independent educational evaluation reports and whether team members agreed with the reports (team must consider but is not obligated to implement recommendations)
- Any element of the student's goal progress and/or the offered placement and services that is too complex to fully document on other IEP pages
- Input and participation provided on the part of the parent
- Lack of participation on the part of the parent despite all attempts to solicit input especially when the non-participation is due to direction from the parents' advocate or attorney
- Documents that are being attached to the IEP by parent request

What **Should** be Documented in the IEP Notes

- Any placement or service that is being offered for a limited time only and is not intended to be part of any future “stay put” requirements.
- Reasons for parent refusal to consent to the IEP, if provided, and attempts made to address the parents’ concerns
- Methods or plan(s) to address parent concern(s)
 - Indicated when parent felt their concern(s) were addressed
- All agreements between the IEP team and the parents

What Should NOT be Documented in the IEP Notes

- A particular methodology or brand name of a device (unless the team believes the methodology is necessary in order for the student to receive FAPE)
- Qualifications of providers unless necessary to demonstrate that the IEP meets the unique needs of the student (in this case, providing the information via a separate letter is usually recommended)
- Repetition of information that is included in another portion of the IEP unless further detail is needed to fully explain the offer or agreement
- Statements such as, “the program being requested is too expensive”, “all students at the student’s school get one hour of speech support per week”, “the student’s behavior was so extreme that he will never be welcomed back into the classroom”



IEP 13

Revisions to IEP for Next School Year



Monterey County Special Education Local Plan Area

IEP – Revisions to IEP for Next School Year, Page 1 of 2

To enter next year's district, school or case manager go to 'Student Info' then select 'Next Year's Data'.

Student: _____ Date of Birth: _____ Date: _____

LEA AND SCHOOL

LEA of Residence: _____ LEA of Service: _____
 School of Residence: _____ School of Attendance: _____

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ Percent of time out of general education environment: _____

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR

Primary Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____
Service: _____	Provider: _____	Responsible Staff: _____	Location: _____	
Delivery Model: _____	Frequency: _____	Duration: _____ total minutes	Start Date: _____	End Date: _____

IEP – Revisions to IEP for Next School Year, Page 2 of 2

SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student: No Yes (specify below)

Description: _____	Provider: _____	Responsible Staff: _____
Location: _____	Frequency: _____	Duration: _____ total minutes
Start Date: _____	End Date: _____	
Description: _____	Provider: _____	Responsible Staff: _____
Location: _____	Frequency: _____	Duration: _____ total minutes
Start Date: _____	End Date: _____	
Description: _____	Provider: _____	Responsible Staff: _____
Location: _____	Frequency: _____	Duration: _____ total minutes
Start Date: _____	End Date: _____	

TRANSPORTATION

Special Education Transportation: No Yes (Check Reason Below)
 Required in order to access appropriate program Severe or orthopedic disability
 Other: _____
 Provided By: _____ Responsible Agency: _____

CASE MANAGER (Tentative)

Case Manager: _____ Position: _____
 Phone: _____ Cell Phone: _____ Email: _____

COMMENTS



WARNING

- Enter Next Year's Data, prior to completing IEP 13.
- Next Year's Data includes:
 - Next year's school information
 - Special education placement, percentage of time in general education, and special transportation identification
 - State testing participation
 - Upcoming services
 - Next year's service providers

Before entering next year's district, school, or case manager check with your CASEMIS Manager to determine if you should be completing the steps detailed on the next three slides. If your CASEMIS Manager completes the steps detailed on the next three slides, please wait until the information is updated prior to completing IEP 13: Revisions for IEP for Next School Year.

The screenshot displays the SIRAS CASEMIS Manager web application. At the top left is the SIRAS logo. The navigation bar includes 'Return to MIS Summary', 'Student Info', 'Reporting', and 'Tools'. The user 'anna.kauble' is logged out. Below the navigation bar, there are navigation icons for '(found set) 5 of 5 students', 'Modify', 'MIS Summary', 'IEP Manager', and 'Monterey'. A red warning message reads: 'Test Server - All changes to data will be overwritten'. The main content area is titled 'IEP Manager' and shows a form for an IEP in development. The 'Student Info' dropdown menu is open, listing options: Student Profile, Special Ed. Profile, Discipline Providers, IEP Manager, Goals Developer, Data Collection and Progress, MIS Summary, Student History, Next Year's Data (highlighted), Print Profile Summary, and New Student. Two blue arrows point from the bottom text box to the 'Student Info' menu and the 'Next Year's Data' option.

To enter next year's district, school, or case manager go to 'Student Info' then select 'Next Year's Data'.



Test Server - All changes to data will be overwritten

Next Year's Data

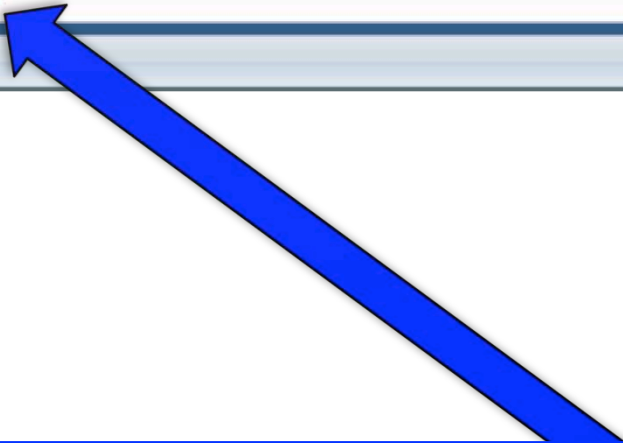
Simpson, Bart (1234567890)

[Refresh](#)

Active

[Create Next Year's Data](#)

[Support](#) [Contact](#)



Click on 'Create Next Year's Data'

Test Server - All changes to data will be overwritten

Next Year's Data

Simpson, Bart (1234567890)

Refresh Active

These changes for next year will take effect and grades will be incremented shortly after CASEMIS is sent on 7/1/2016. For all fields that are blank, the current data will remain.

« Next Year's School

Next Year's Data		Current Data
SELPA	Monterey County - 2700	Monterey County
District Attending		Chualar Union
School Type		Public day school
School Attending	Track	Chualar Elementary -
Retain Grade	Next grade: Eighth grade	Seventh grade
District of Residence / Responsibility		Chualar Union
School of Residence		Chualar Elementary

« Special Ed

Next Year's Data	Current Data
% Time in General Ed.	
Placement	
Special Transportation	Yes No No

« Participation

Next Year's Data	Current Data
SBAC ELA	
SBAC Math	
Participation in Science	
Participation in CAHSEE	Not to participate in statewide assmt.

« Upcoming Services

Current services will remain in effect (unless the specified end date has passed)
[Copy current services to edit for next year](#)

Next Year's Services (will replace current services)

Service	Location	Provider	Duration	Frequency	Start Date	End Date	ESY	Notes
Create New Service								

« Next Year's Providers

Current providers will remain in effect
[Copy current providers to edit for next year](#)

Name	Role	Action
Role: Any Role / Find New Provider		
Search by name:		
Select provider to assign		

Delete/Reset

Identify Next Year's Data for your student.
If you are not sure of the Next Year's Data, please check with your CASEMIS Manager, Special Education Director, or other specified personnel before entering incorrect information.

IEP 13

Revisions to IEP for Next School Year



Monterey County Special Education Local Plan Area

IEP – Revisions to IEP for Next School Year, Page 1 of 2

To enter next year's district, school or case manager go to 'Student Info' then select 'Next Year's Data'

Student: _____ Date of Birth: _____ Date: _____

LEA AND SCHOOL

LEA of Residence: _____ LEA of Service: _____
 School of Residence: _____ School of Attendance: _____

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ Percent of time out of general education environment: _____

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR

Primary Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	x
Delivery Model:	Frequency:	Duration: total minutes	Start Date:	End Date:
▼	▼	▼	▼	▼

IEP – Revisions to IEP for Next School Year, Page 2 of 2

SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. No Yes (specify below)

Description:	Provider:	Responsible Staff:	
Location:	Frequency:	Duration: total minutes	Start Date: End Date:
▼	▼	▼	▼
Description:	Provider:	Responsible Staff:	
Location:	Frequency:	Duration: total minutes	Start Date: End Date:
▼	▼	▼	▼
Description:	Provider:	Responsible Staff:	
Location:	Frequency:	Duration: total minutes	Start Date: End Date:
▼	▼	▼	▼

TRANSPORTATION

Special Education Transportation: No Yes (Check Reason Below)
 Required in order to access appropriate program Severe or orthopedic disability
 Other: _____
 Provided By: _____ Responsible Agency: _____

CASE MANAGER (Tentative)

Case Manager: _____ Position: _____
 Phone: _____ Cell Phone: _____ Email: _____

COMMENTS

Verify the demographic information at the top of the page. Verify the student's name, the student's date of birth, and the date of the IEP Meeting.



Monterey County Special Education Local Plan Area

IEP – Revisions to IEP for Next School Year, Page 1 of 2

To enter next year's district, school or case manager go to 'Student Info' then select 'Next Year's Data'.

Student: _____ Date of Birth: _____ Date: _____

LEA AND SCHOOL

LEA of Residence: _____ LEA of Service: _____
School of Residence: _____ School of Attendance: _____

Verify the LEA and School. LEA is a term used to describe a school district participating in a SELPA.

LEA of Residence: the school district boundaries in which the student resides

LEA of Service: the school district that the student attends for school

School of Residence : the school boundaries in which the student resides

School of Attendance: the school that the student attends

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ % Percent of time out of general education environment _____ %

Description of activities during which the student will not participate in the general education environment:



Reason student will not participate in the above activities within the general education environment:



When identifying total minutes of the school day include all instructional minutes including recess, lunch, passing periods, etc.



Percent of time in general education environment: To find the percent of time in the general education environment, determine all of the minutes of the school day from start bell to end bell for an entire week. Then determine the minutes that a student is **NOT removed** from the general education environment for the entire week. To calculate the percentage, take the amount of minutes that the student is **NOT removed** from the general education environment for an entire week and divide that number by the total number of school minutes for an entire week (from start bell to end bell). Then multiply that quotient by 100 to find the percentage.

Any services provided through a “push-in model” are considered minutes in the general education environment because the student is **NOT removed** from the general education environment.

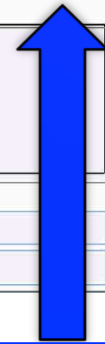
PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: _____ % Percent of time out of general education environment _____ %

Description of activities during which the student will **not** participate in the general education environment:

Reason student will not participate in the above activities within the general education environment:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



When identifying total minutes of the school day include all instructional minutes including recess, lunch, passing periods, etc.

Percent of time out of general education environment: To find the percent of time out of the general education environment, determine all of the minutes of the school day from start bell to end bell for an entire week. Then determine the minutes that a student is removed from the general education environment for “pull-out” services for the entire week. To calculate the percentage, take the amount of minutes that the student receives “pull-out” services for an entire week and divide that number by the total number of school minutes for an entire week (from start bell to end bell). Then multiply that quotient by 100 to find the percentage.

The percentages of time in and out of general education must total 100%.

Percent of time out of general education environment only includes minutes when the student is physically removed from the general education environment.

Complete the table to identify Special Education and Related Services Offered for the **Next School Year**

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR				
Primary Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		
Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	▼	▼	▼
		total minutes		

You will need to complete ALL of the following steps for every service that is offered for the next school year.

Use the dropdown menu to identify the primary service. Primary services are defined on the following pages.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Responsible Staff:	Location:	
Specialized Academic Instruction Occupational therapy Intensive individualized services Individual & small group instruction (pre onl Speech and Language Adapted physical education Specialized deaf & hard of hearing services Specialized vision services	Frequency:	Duration:	total minutes	Start Date: End Date:
	Provider:	Responsible Staff:	Location:	
	Frequency:	Duration:	total minutes	Start Date: End Date:
	Provider:	Responsible Staff:	Location:	

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Duration:	Start Date:	End Date:
Delivery Model:	District of Serv. COE SELPA Another district/COE WorkAbility Regional Center Alcohol/drug prog State presch Head Start	Duration:	Start Date:	End Date:
Service:		Responsible Staff:	Location:	
Delivery Model:		Duration:	Start Date:	End Date:
Service:		Responsible Staff:	Location:	

Use the dropdown menu to identify the service provider, **not the actual name of the agency.**

Use the dropdown menu to identify the responsible staff for providing the identified services. The responsible staff's title should be used, **not their actual name.**

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Responsible Staff:	Location:	
Delivery Model:	Frequency:	Adapted Physical Ed. Specialist Assistive Technology Specialist Behavior Specialist Deaf/Hard of Hearing Specialist Inclusion Specialist Occupational Therapist Orthopedically Impaired Specialist Physical Therapist Resource Specialist	Start Date:	End Date:
Service:	Provider:		Location:	
Delivery Model:	Frequency:		Start Date:	End Date:
Service:	Provider:		Location:	

Primary Services

Specialized Academic Instruction: Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (RSP- school based, RSP, SDC inclusion services, SDC-public integrated, SDC-public segregated, SDC-non-public school.)

Intensive Individual Instruction: IEP Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. Such as the use of an one-on-one instructional assistant.

Individual and Small Group Instruction (Preschool): Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program. (FOR PRESCHOOL ONLY)

Language and Speech: Includes receptive and expressive language, articulation, voice, and fluency.

Adapted Physical Education: Direct physical education services provided by an APE.

Health and Nursing- Specialized Physical Health Services: Specialized physical health care services means those health services prescribed by the child's licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.

Primary Services (continued)

Health and Nursing- Other Services: This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems, which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.

Assistive Technology Services: Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.

Occupational Therapy: OT includes services to improve student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.

Physical Therapy: Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.

Individual Counseling: One-to-one counseling, provided by a qualified individual pursuant to an IEP.

Counseling and Guidance: Counseling in a group setting, provided by a qualified individual pursuant to an IEP.

Primary Services (continued)

Parent Counseling: Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs.

Social Work Services: Includes services provided pursuant to an IEP by a qualified individual.

Psychological Services: These services provided by a credentialed or licensed psychologist pursuant to an IEP.

Behavior Intervention Services: A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the LRE.

Day Treatment Services: Structured education, training and support services to address the student's mental health needs.

Residential Treatment Services: A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program.

Note: Mark residential services as "Daily" in "Frequency" and 1,440 minutes under "Duration" as the service is by its nature provided 24/7. Any other mental health service received (i.e. counseling, behavioral intervention, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service.

Primary Services (continued)

Specialized Services for Low Incidence Disabilities: Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.

Specialized Deaf and Hard of Hearing Services: These services include speech therapy, speech reading, auditory training, and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.

Interpreter Services: Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.

Audiological Services: These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.

Specialized Vision Services: This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.

Primary Services (continued)

Orientation and Mobility: Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an IEP.

Braille Transcription: Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.

Specialized Orthopedic Services: Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.

Note Taking Services: Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes.

Transcription Services: Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.

Recreation Services: Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR

Primary Service:	Provider:	Responsible Staff:	Location:
Delivery Model:	Frequency:	Duration: _____ total minutes	General ed class Separate class Home Hospital Head Start Child development center Public preschool Private presch After sch program
Service:	Provider:	Responsible Staff:	
Delivery Model:	Frequency:	Duration: _____ total minutes	
Service:	Provider:	Responsible Staff:	

Use the dropdown menu to identify the location of the service.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR

Primary Service:	Provider:	Responsible Staff:	Location:
Delivery Model:	Frequency:	Duration: _____ total minutes	Start Date: End Date:
Co-Teaching Consultation Individual, Co-Therapy Individual, Out of General Ed. Large Group, Co-Therapy Large Group, In General Ed. Large Group, Out of General Ed. Small Group, Co-Therapy Small Group, In General Ed.	Provider:	Responsible Staff:	Location:
	Frequency:	Duration: _____ total minutes	Start Date: End Date:
	Provider:	Responsible Staff:	Location:
	Frequency:	Duration: _____ total minutes	Start Date: End Date:

Use the dropdown menu to identify the delivery model.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR

Primary Service:	Provider:	Responsible Staff:	Location:
Delivery Model:	Frequency:	Duration: _____ total minutes	Start Date: End Date:
Service:	Daily Weekly Monthly Yearly	Responsible Staff:	Location:
Delivery Model:		Duration: _____ total minutes	Start Date: End Date:

Use the dropdown menu to identify the frequency of service. Frequency should be indicated on either a daily or weekly basis.

Identify the duration, or total minutes of service that the student will receive for the specified service.

SPECIAL EDUCATION AND RELATED SERVICES OFFERED FOR NEXT SCHOOL YEAR				
Primary Service:	Provider:	Responsible Staff:	Location:	
▼	▼	▼	▼	
Delivery Model:	Frequency:	Duration:	Start Date:	End Date:
▼	▼	total minutes		
Services:	Provider:	Responsible Staff:	Locations:	

Identify the date that the specified services will start.

Identify the date that the specified services will end. If there is not an end date for the specified service, input the due date of the next IEP.

Identify if supports for school personnel are required for this student by checking the appropriate box. If you check “Yes”, will you need to provide the description, provider, responsible staff, location, frequency, duration, start date, and end date for each support that is required for the student. You will need to check “Yes” for the dropdown menus to become visible.



SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. Yes (specify below) No

Description:		Provider:	Responsible Staff:		
Location:		Frequency:	Duration:	Start Date:	End Date:
			total minutes		
Description:		Provider:	Responsible Staff:		
Location:		Frequency:	Duration:	Start Date:	End Date:
			total minutes		
Description:		Provider:	Responsible Staff:		
Location:		Frequency:	Duration:	Start Date:	End Date:
			total minutes		

You will need to complete ALL of the following steps for every support that is offered for the next school year.

Use the dropdown menu to identify the description of the support.

SUPPORTS FOR SCHOOL PERSONNEL			
Supports for school personnel are required for this student. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify below)			
Description:	Provider:	Responsible Staff:	
N/A	Duration: [] total minutes	Start Date:	End Date:
Consultation	Provider:	Responsible Staff:	
Training	Duration: [] total minutes	Start Date:	End Date:
Planning Time	Provider:	Responsible Staff:	
Instructional assistant(s) in classroom	Duration: [] total minutes	Start Date:	End Date:
Instructional assistant(s) in special education classroom	Provider:	Responsible Staff:	
Consultation with occupational therapist as needed	Duration: [] total minutes	Start Date:	End Date:
Consultation with speech-language pathologist as needed	Provider:	Responsible Staff:	
Consultation with school nurse	Duration: [] total minutes	Start Date:	End Date:

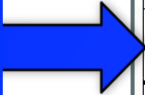
SUPPORTS FOR SCHOOL PERSONNEL			
Supports for school personnel are required for this student. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify below)			
Description:	Provider:	Responsible Staff:	
Location:	Frequency:	Start Date:	End Date:
Description:	Another district/COE	Responsible Staff:	
Location:	Frequency:	Start Date:	End Date:
Description:	Head Start	Responsible Staff:	

Use the dropdown menu to identify the provider of the support, **not the actual name of the agency.**

Use the dropdown menu to identify the staff member who is responsible for the support. The responsible staff's title should be used, **not their actual name.**

SUPPORTS FOR SCHOOL PERSONNEL			
Supports for school personnel are required for this student. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify below)			
Location:			Responsible Staff:
Frequency:	Duration: [] total minutes	Assistive Technology Specialist	
Description:	Provider:	Audiologist	
Location:	Frequency:	Behavior Specialist	
Description:	Provider:	Adapted Physical Ed. Specialist	
Location:	Frequency:	Deaf/Hard of Hearing Specialist	
Description:	Provider:	Inclusion Specialist	
Location:	Frequency:	Occupational Therapist	
Description:	Provider:	Orthopedically Impaired Specialist	
Location:	Frequency:	Physical Therapist	

Use the dropdown menu to identify the location of the support.



SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. No Yes (specify below)

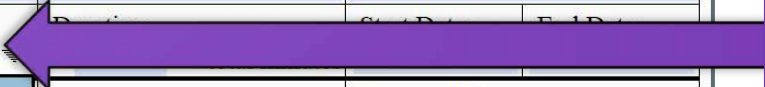
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
<ul style="list-style-type: none"> General ed class Separate class Home Hospital Head Start Child development center Public preschool Private presch After sch program 		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

SUPPORTS FOR SCHOOL PERSONNEL

Supports for school personnel are required for this student. No Yes (specify below)

Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
<ul style="list-style-type: none"> Daily Weekly Monthly Yearly 		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Use the dropdown menu to identify the frequency of the support.



Identify the duration, or total minutes for each support that is required for the student.

SUPPORTS FOR SCHOOL PERSONNEL				
Supports for school personnel are required for this student.				<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify below)
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		
Description:		Provider:	Responsible Staff:	
Location:	Frequency:	Duration:	Start Date:	End Date:
		total minutes		

Identify the date that the specified support will start.

Identify the date that the specified support will end. If there is not an end date for the specified service, input the due date of the next IEP.

Identify if special education transportation is needed for the next school year by checking the appropriate box.

If the “Yes” box is checked, the reason will have to be specified.



TRANSPORTATION

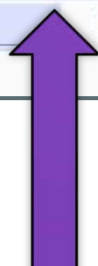
Special Education Transportation: No Yes (Check Reason Below)

Required in order to access appropriate program Severe or orthopedic disability

Other:

Provided By:

Responsible Agency:



To specify the reason that special education transportation is needed for the next school year, check the appropriate box. The possible reasons include: required in order to access appropriate program, severe or orthopedic disability, and other. If “other” is selected, type the reason in the adjacent blank text box.

Identify who will provide the special education transportation.
Do not list a specific person's name. List the title of the individual
(parent, instructional aide, etc.)

TRANSPORTATION

Special Education Transportation: No Yes (Check Reason Below)

Required in order to access appropriate program Severe or orthopedic disability

Other: _____

Provided By: _____

CASE MANAGER (Tentative)

Case Manager: _____ Position: _____

Phone: _____ Cell Phone: _____ Email: _____

Responsible Agency: |
District of Residence
District of Service
County Office of Education

Use the dropdown menu to select the agency that is responsible for providing special education transportation.

Identify the name of the tentative Case Manager for the next school year.



CASE MANAGER (Tentative)		
Case Manager:	Position:	
Phone:	Cell Phone:	Email:
COMMENTS		<ul style="list-style-type: none">Special Education TeacherResource SpecialistSpeech and Language SpecialistSchool PsychologistBehavior SpecialistAssistive Technology SpecialistAdapted Physical Education SpecialistDeaf/HOH SpecialistOccupational Therapist



Use the dropdown menu to identify the position of the Case Manager.

This information will prepopulate if you have your contact information saved in SIRAS.

CASE MANAGER (Tentative)

Case Manager:

Position:

Phone:

Cell Phone:

Email:

Identify the phone number of the tentative Case Manager for next year. It is recommended that the Case Manager's work or office phone number is provided. Case Managers do not need to provide their personal cell phone number.

Identify the email address of the tentative Case Manager for next year. It is recommended that the Case Manager's work email is provided.

Use the “Comments Box” to identify all areas on the IEP 13 form that require additional explanation or considerations.



COMMENTS

A large, empty rectangular box with a light blue background, intended for entering comments. The box is outlined in black and occupies the majority of the lower half of the page.

NC 12

Notice of Exit Summary of Achievement / Performance



Monterey County Special Education Local Plan Area
Notice of Exit-Summary of Achievement/Performance, Page 1 of 2

Student: _____ Date of Birth: _____ Date: _____

NOTICE OF EXIT FROM SPECIAL EDUCATION

It is anticipated that this student will exit from special education on: _____

This exit is due to: _____

In order to reach this determination, the following information was reviewed:

- Student files including assessments, IEPs, and progress reports
- Progress towards completion of the district's graduation requirements or alternative curriculum
- Performance on district and statewide assessments
- Parent input
- Student input
- Teacher input
- Observation(s) of the student
- Other: _____

Based upon the above information, no other options are appropriate, at this time.

Upon graduating with a diploma or exceeding the maximum age of eligibility, your child will no longer be eligible for special education and related services.

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area	Academic Achievement or Functional Performance
Cognitive Ability	
Communication Skills	
Math	
Reading	
Written Language	
Independent Living (If Appropriate)	
Other:	
Strengths, Interests, Learning Preferences	

NC 12 (10/13)



Monterey County Special Education Local Plan Area
Notice of Exit-Summary of Achievement/Performance, Page 2 of 2

RECOMMENDATIONS FOR ACCOMMODATIONS, SUPPORTS, AND RESOURCES

Setting	Recommendation (Documented on IEP)
Training/Education	
Employment	
Independent Living (If appropriate)	
Other:	

AGENCY LINKAGES (Agencies known to be supporting student or those that may be of benefit)

Agency	Contact Person and Phone Number
<input type="checkbox"/> ROP/Career Education	
<input type="checkbox"/> WorkAbility/TPP	
<input type="checkbox"/> San Andreas Regional Center	
<input type="checkbox"/> Department of Rehabilitation	
<input type="checkbox"/> Social Security Administration	
<input type="checkbox"/> Monterey County Behavioral Health	
<input type="checkbox"/> Monterey County Social and Employment Services	
<input type="checkbox"/> Other:	

ADDITIONAL INFORMATION/COMMENTS

A copy of the *Notice of Procedural Safeguards* is enclosed. If you have questions, contact the person below.

Name: _____ Title: _____
Location: _____ Phone: _____

NC 12 (10/13)

Procedural Notes

- A student must be reassessed before determining that he or she is no longer a student with a disability except when termination of eligibility is due to graduation from secondary school with a regular diploma or exceeding age eligibility.
- In such cases, the LEA must provide the student with a summary of the student's academic achievement and functional performance including recommendations on how to assist the student in meeting the student's post-secondary goals.
- Additionally, an LEA must provide prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, or educational placement of a student.
- This form provides a summary of the student's academic achievement and functional performance and also provides prior written notice that, upon graduating, the student will no longer be eligible for special education and related services.

Procedural Notes

- The case manager and other service providers complete this form.
- Information reported in this document should be based upon the student's previous IEPs and, in particular, the student's postsecondary transition plan.
- Part I, Chapter 8, of the Monterey County SELPA Procedural Handbook provides detailed information regarding exit from special education due to exceeding the maximum age of eligibility, including timelines for exit.

Enter the student's full name, the student's date of birth, and today's date.



Monterey County Special Education Local Plan Area
Notice of Exit-Summary of Achievement/Performance, Page 1 of 2

Student: Simpson, Bart Date of Birth: 6/15/1997 Date: 12/17/2015

NOTICE OF EXIT FROM SPECIAL EDUCATION

It is anticipated that this student will exit from special education on: 12/18/2015

This exit is due to:

In order to reach the


- Student files in
- Progress toward
- Performance of
- Parent input
- Student input
- Teacher input
- Observation(s) of the student
- Other:

- Graduated from high school with a regular diploma
- Graduated from HS with certificate of completion
- Reached maximum age
- Completed GED or requirements of EC 56390
- Graduated with a diploma using an exemption
- Graduated with a diploma using a waiver

Enter the date that the student is anticipated to exit from special education. This date is determined at the IEP meeting or at the age that they are no longer eligible for services.

Use the dropdown menu to indicate the reason for exiting the student from special education.

Check the appropriate boxes to indicate the information that was reviewed to determine that the student would be exiting from special education.




In order to reach this determination, the following information was reviewed:

- Student files including assessments, IEPs, and progress reports
- Progress towards completion of the district's graduation requirements or alternative curriculum
- Performance on district and statewide assessments
- Parent input
- Student input
- Teacher input
- Observation(s) of the student
- Other: _____

Based upon the above information, no other options are appropriate, at this time.


Upon graduating with a diploma or exceeding the maximum age of eligibility, your child will no longer be eligible for special education and related services.

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	
Area	Academic Achievement or Functional Performance
Cognitive Ability	
Communication Skills	
Math	
Reading	
Written Language	
Independent Living (If Appropriate)	
Other:	
Strengths, Interests, Learning Preferences	





Provide a summary of the student's achievement or performance levels for each area. Address all areas except Independent Living (unless appropriate).

Identify recommendations for accommodations, supports, and resources in each of the four areas. These recommendations should be based on accommodations, supports, and resources that have previously been identified in the IEP as required by the student.



RECOMMENDATIONS FOR ACCOMMODATIONS, SUPPORTS, AND RESOURCES	
Setting	Recommendation (Documented on IEP)
Training/Education	
Employment	
Independent Living (If appropriate)	
Other:	

AGENCY LINKAGES (Agencies known to be supporting student or those that may be of benefit)	
Agency	Contact Person and Phone Number
<input type="checkbox"/> ROP/Career Education	
<input type="checkbox"/> WorkAbility/TPP	
<input type="checkbox"/> San Andreas Regional Center	
<input type="checkbox"/> Department of Rehabilitation	
<input type="checkbox"/> Social Security Administration	
<input type="checkbox"/> Monterey County Behavioral Health	
<input type="checkbox"/> Monterey County Social and Employment Services	
<input type="checkbox"/> Other:	



Check the boxes that identify the agencies that are already supporting the student, or that he or she may benefit from in the future.

Provide contact names and phone numbers for each identified agency.

Add any additional information that may be helpful to the student in post-secondary environments.



ADDITIONAL INFORMATION/COMMENTS

A large, empty rectangular box with a light blue background, intended for additional information or comments.

A copy of the *Notice of Procedural Safeguards* is enclosed. If you have questions, contact the person below.

Name: Title:
Location: Phone:



Identify the name, title, location, and phone number of the assigned individual. The title of the assigned individual should be their job title such as Special Education Teacher, Special Education Director, or Speech and Language Specialist. The location of the individual should be the location of their office or classroom and/or their site location. The phone number of the assigned individual should be their work phone number. Please do not place personal contact information on this form.

NC 13

Consent to Bill Medi-Cal and Release Information



Monterey County Special Education Local Plan Area Consent to Bill Medi-Cal and Release Information, Page 1 of 2

Student: Simpson, Bart Date of Birth: 6/15/1997 Date: 12/17/2015

ABOUT MEDI-CAL BILLING

All public school districts and County Offices of Education are referred to as Local Educational Agencies (LEAs). Through the Medi-Cal LEA Billing Option, the LEA(s) providing special education and related services to your child may submit claims to California Medi-Cal in order to receive federal funds to help pay for health-related special education and related services as identified on his or her Individualized Education Program (IEP).

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive so it does not negate any billing that occurred after consent was given and before it was revoked. Your consent will not result in a denial or limitation of community-based services provided outside of school. If you refuse to consent for the school district and/or the County Office of Education to access California Medi-Cal to pay for health-related special education and/or related services, the school district and/or County Office of Education must still ensure that all required special education and related services are provided at no cost to you.

This consent is good for one year unless you withdraw your consent before that time. It can be renewed annually at the IEP team meeting.

Information about your child and family is strictly confidential. Your rights are preserved under Title 34 of the Code of Federal Regulations, Section 300.154; Family Education Rights Privacy Act of 1974; Title 20 of the United States Code, section 1232(g); and Title 34 of the Code of Federal Regulations, Section 99.

When providing the special education and related services required to ensure that a student receives a free appropriate public education (FAPE) under Part B of the IDEA, an LEA may not:

- Require parents to enroll in public benefits or insurance programs, including Medi-Cal in order to receive FAPE (34 CFR § 300.154(d)(2)(i)).
- Require parents to incur any out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services and reimbursement through Medi-Cal (34 CFR § 300.154(d)(2)(ii)).
- Use a student's benefits under Medi-Cal if that use would decrease available lifetime coverage or any other insured benefit; result in the family paying for services that would otherwise be covered by the public benefits or insurance program (Medi-Cal) and are required for the child outside of the time the child is in school; increase premiums or lead to the discontinuation of public benefits or insurance (Medi-Cal); or risk loss of eligibility for home and community-based waivers, based on aggregate health related expenditures (34 CFR § 300.154(d)(2)(iii)9A-D)).



Monterey County Special Education Local Plan Area Consent to Bill Medi-Cal and Release Information, Page 2 of 2

PARENT CONSENT

I authorize the LEA to release the following health-related information to representatives of the LEA's Medi-Cal Billing Company:

- Child's name;
- Date of Birth;
- Gender;
- Type and number of services specified on the IEP;
- Service provider name(s); and
- Service dates.

This information may be disclosed for the sole purpose of processing claims to the Medi-Cal program for reimbursement for costs in providing health - related special education and related services.

I do not authorize the LEA to release any health-related information to representatives of the LEA's Medi-Cal Billing Company.

Signature of Parent/Guardian: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

Procedural Notes

- The school must ask for parent consent every year in order to bill Medi-Cal insurance for IEP health-related services. Consent is given through the *Consent to Bill Medi-Cal and Release Information* form (NC 13).
- Parents do not have to give their consent.
- Parents can withdraw their consent at any time, and withdrawal will not affect the IEP health-related services a student receives.
- Consent forms must be distributed annually and are valid as long as the student receives special education, for up to one year, or until the parent withdraws their consent.

Procedural Notes

- IEP Health-Related Services:
 - Are the developmental, corrective, and supportive services required to help a child with a disability benefit from special education
 - Are written in the Individualized Education Program (IEP) or Individualized Family Services Plan (IFSP)
 - Are provided during school hours
 - May include speech-language pathology, specialized transportation, audiology, mental health services, physical and/or occupational therapy, nursing services, PCA services, assistive technology devices, and medical consultation and assessment

Procedural Notes

- Records and Privacy:
 - Parents have the right to ask for and receive a copy of all records and information given to any party for IEP health related services.
 - Records given to parties outside the school may include a student's name, date of birth, IEP, assessment summary, medical orders, documentation of service and progress, and attendance records.
 - The school district can only share information to appropriate parties in order to get paid for IEP services, to be audited, or to check the quality of services a student is receiving.

Verify the student's name, the student's date of birth, and the date of the IEP Meeting.



Monterey County Special Education Local Plan Area
Consent to Bill Medi-Cal and Release Information, Page 1 of 2

Student: Simpson, Bart Date of Birth: 6/15/1997 Date: 12/17/2015

ABOUT MEDI-CAL BILLING

All public school districts and County Offices of Education are referred to as Local Educational Agencies (LEAs). Through the Medi-Cal LEA Billing Option, the LEA(s) providing special education and related services to your child may submit claims to California Medi-Cal in order to receive federal funds to help pay for health-related special education and related services as identified on his or her Individualized Education Program (IEP).



Monterey County Special Education Local Plan Area
Consent to Bill Medi-Cal and Release Information, Page 2 of 2

PARENT CONSENT

* I authorize the LEA to release the following health-related information to representatives of the LEA's Medi-Cal Billing Company:

- Child's name;
- Date of Birth;
- Gender;
- Type and number of services specified on the IEP;
- Service provider name(s); and
- Service dates.

This information may be disclosed for the sole purpose of processing claims to the Medi-Cal program for reimbursement for costs in providing health - related special education and related services.

I do not authorize the LEA to release any health-related information to representatives of the LEA's Medi-Cal Billing Company.

Signature of Parent/Guardian: _____ Date: _____

Return To: Anna Kauble Title: _____
Location: _____ Phone: _____

Ask the parent to check **one** of the boxes to indicate if they authorize the LEA to release health-related information to representatives of the LEA's Medi-Cal Billing company.

Ask the parent to sign and date.

Identify the name, title, location, and phone number of the assigned individual. The title of the assigned individual should be their job title such as Special Education Teacher, Special Education Director, or Speech and Language Specialist. The location of the individual should be the location of their office or classroom and/or their site location. The phone number of the assigned individual should be their work phone number. Please do not place personal contact information on this form.