



Pre-IEP Forms

Training and Technical Assistance Guide

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IEP 11

Interim Placement



Monterey County Special Education Local Plan Area

IEP – Interim Placement, Page 1 of 2

Date: _____

STUDENT INFORMATION

Student: _____ Date of Birth: _____ Age: _____
 Grade: _____ SSID Number: _____ Student Identification Number: _____ Gender: _____
 English Proficiency: EO EL IEP RFP Home Language: _____
 Residence: _____ Specify Residence Name (if applicable): _____
 Parent/Guardian: _____ Email Address: _____
 Street Address/P.O. Box: _____ City: _____ Zip: _____
 Home Phone: _____ Work 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 INFORMATION FROM PREVIOUS LEA

Current Complete IEP Date: _____ Next Assessment Due: _____
 Next Annual IEP Review Due: _____ Interim Placement Review Due: _____

PREVIOUS LEA AND SERVICES

LEA: _____ Contact Person: _____ Phone: _____
 Resource Specialist Program Learning Center Special Class (Specify): _____
 Related Services (specify): _____

ELIGIBILITY

Primary Disability: _____ Secondary Disability: _____

INTERIM PLACEMENT AUTHORIZATION

Following review of the previously approved IEP and consultation with the parent, an interim placement has been made for this student in the special education and related services identified on page 2 of this document. Within a period not to exceed 30 days, the receiving LEA shall adopt the previously approved IEP or develop and implement a new IEP.

LEA Representative Making Interim Placement: _____
 Position: _____ Signature: _____ Date: _____
 Assigned Case Manager: _____ Position: _____

NOTES/ADDITIONAL INFORMATION



Monterey County Special Education Local Plan Area

IEP – Interim Placement, Page 2 of 2

Student: _____ Date of Birth: _____ Date: _____

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:

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:

PARTICIPATION IN GENERAL EDUCATION

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

TRANSPORTATION

Special Education Transportation: No Yes
 Provided By: _____ Responsible Agency: _____

Overview

- Whenever a student with an active IEP transfers into a school district from a school district outside of the SELPA, the administrator of the receiving district or county office of education shall ensure that the student is immediately provided an interim placement comparable to what was provided in the previous district for a period not to exceed 30 days.
- This 30-day timeline may be extended when the student transfers into the LEA from outside of California. The case manager or the special education administrator is required to complete this three-page form to identify the interim placement that will be provided.
- In addition to IEP 11, IEP – Participation in District and Statewide Assessments (IEP 4) must be completed for each interim placement. The resulting document will include a total of four pages.

Procedural Notes

- IEP – Participation in District and Statewide Assessments (IEP 4) must be completed and attached. A copy of this form, IEP 4, and the Notice of Procedural Safeguards (NC 1) must be provided to the parent.
- Before the expiration of the 30-day period (unless from out-of-state), the IEP team shall convene to develop a new IEP.
- Part I, Chapter 7, of the Monterey County SELPA Procedural Handbook provides detailed information regarding interim placements.

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

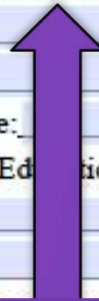
Verify the enrollment date is correct. If this information is not correct, you will need to correct this on the IEP meeting notice.



Date: 10/14/2015

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>
English Proficiency:	<input type="checkbox"/> EO	<input checked="" type="checkbox"/> EL	<input type="checkbox"/> IFEP	<input type="checkbox"/> RFEP	Home Language:	<u>French</u>	
Residence:	<u>Both Parents</u>	Specify Residence Name (if applicable):					
Parent/Guardian:				Email Address:			
Street Address/P.O. Box:				City:	Zip:		
Home Phone:	Work Phone:		Cell Phone:				
Educational Rights:	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Educational Representative	<input type="checkbox"/> Surrogate Parent	<input type="checkbox"/> Adult Student			
Ed. Rep./Surrogate (if applicable):				Email:			
Street Address/P.O. Box:				City:	Zip:		



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.

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

STUDENT INFORMATION		Date: 10/14/2015
Student: Simpson, [redacted]	Date of Birth: 4/21/2005	Age: 10.6 mo.
Grade: 5th	SSID Number: 123456	Student Identification Number: SIMBA0421
Gender: M	English Proficiency: <input type="checkbox"/> EO <input checked="" type="checkbox"/> EL <input type="checkbox"/> IEP <input type="checkbox"/> RFEP	Home Language: French
Residence: Both Parents	Specify Residence Name (if applicable):	
Parent/Guardian:	Email Address:	
Street Address/P.O. Box:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Educational Rights: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Educational Representative <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> 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.

Verify the following dates are correct: Current IEP Date, Next Assessment Date, Next Annual IEP Review Due Date, and Interim Placement Review Date.

- **Contact your CASEMIS Manager to make the following corrections:** Current IEP Date, Next Assessment Date, or the Next Annual IEP Review Due Date
- To change the Interim Placement Review Date: Type in the date of the 30 Day Review Meeting in the form field

MEETING INFORMATION FROM PREVIOUS LEA

Current Complete IEP Date: 12/19/2014 Next Assessment Due: 11/20/2018
Next Annual IEP Review Due: 11/13/2016 Interim Placement Review Due:

PREVIOUS LEA AND SERVICES

LEA: Contact Person: Phone:
 Resource Specialist Program Learning Center Special Class (Specify):
 Related Services (specify):

ELIGIBILITY

Primary Disability: Specific Learning Disability Secondary Disability: None

Verify the eligibility for services are correct. If this information is not correct, **contact your CASEMIS Manager to make the correction(s).**

Enter all requested information identifying the LEA from which the student transferred and contact information for the previous LEA. Check the boxes that identify the services the student received in the previous LEA.

The LEA Representative authorized to make interim placement for the LEA needs to provide the following information: the full name of LEA Representative Making Interim Placement, the LEA Representative's position, the signature of the LEA Representative, the current date, the name of the assignment Case Manager, and the position of the Assigned Case Manager.

INTERIM PLACEMENT AUTHORIZATION

Following review of the previously approved IEP and consultation with the parent, an interim placement has been made for this student in the special education and related services identified on page 2 of this document. Within a period not to exceed 30 days, the receiving LEA shall adopt the previously approved IEP or develop and implement a new IEP.

LEA Representative Making Interim Placement: _____
Position: _____ Signature: _____ Date: _____
Assigned Case Manager: _____ Position: _____

NOTES/ADDITIONAL INFORMATION

[Empty text area for notes and additional information]

The LEA Representative should provide any notes or additional information that relates to the Interim Placement in this form field.

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

SPECIAL EDUCATION AND RELATED SERVICES OFFERED				
Primary Service:	Provider:	Duration:	Start Date:	End Date:
		total minutes		
Delivery Model:	Responsible Staff:	Location:		
Service:	Duration:	Start Date:	End Date:	
	total minutes			
Delivery Model:	Responsible Staff:	Location:		
Service:	Duration:	Start Date:	End Date:	
	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	Start Date:	End Date:
Service:	Provider:	Physical Therapist Resource Specialist	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.

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. 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		

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. No Yes (specify below)

Description:	Provider:	Responsible Staff:	
N/A		Duration:	Start Date: End Date:
Consultation		total minutes	
Training	Provider:	Responsible Staff:	
Planning Time		Duration:	Start Date: End Date:
Instructional assistant(s) in classroom		total minutes	
Instructional assistant(s) in special education classroom	Provider:	Responsible Staff:	
Consultation with occupational therapist as needed		Duration:	Start Date: End Date:
Consultation with speech-language pathologist as needed		total minutes	
Consultation with school nurse	Provider:	Responsible Staff:	

SUPPORTS FOR SCHOOL PERSONNEL

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

Description:	Provider:	Responsible Staff:
Location:	Frequency:	Start Date: End Date:
Description:	Provider:	Responsible Staff:
Location:	Frequency:	Start Date: End Date:
Description:	Provider:	Responsible Staff:

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

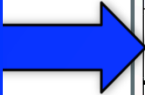
Use the dropdown menu to identify the responsible staff for providing the identified services. The responsible staff's title should be used, not their actual name.

SUPPORTS FOR SCHOOL PERSONNEL

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

Location:	Frequency:	Duration:	Responsible Staff:
		total minutes	Assistive Technology Specialist
Description:	Provider:		Audiologist
			Behavior Specialist
Location:	Frequency:	Duration:	Adapted Physical Ed. Specialist
		total minutes	Deaf/Hard of Hearing Specialist
Description:	Provider:		Inclusion Specialist
			Occupational Therapist
			Orthopedically Impaired Specialist
			Physical Therapist

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



SUPPORTS FOR SCHOOL PERSONNEL

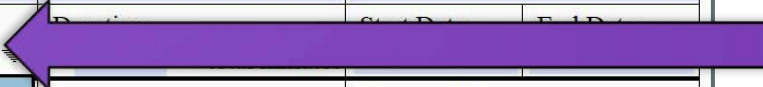
Supports for school personnel are required for this student. No Yes (specify below)

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

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

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: 89 Percent of time out of general education environment 11



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.

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

PARTICIPATION IN GENERAL EDUCATION

Percent of time in general education environment: 89 Percent of time out of general education environment 11

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.

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

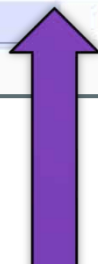
Special Education Transportation: No Yes (Check Reason Below)

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 if special education transportation is needed for the student by checking the appropriate box.

If the “Yes” box is checked, the following boxes need to be completed.

TRANSPORTATION

Special Education Transportation: No Yes

Provided By: _____

Responsible Agency: _____

IEP 11 (9/13)

District of Residence
District of Service
County Office of Education

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.)

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

NC 1

Notice of Procedural Safeguards



Monterey County Special Education Local Plan Area Notice of Procedural Safeguards, Page 1 of 8

GENERAL INFORMATION

Note: The term school district is used throughout this document to describe any public education agency responsible for providing your child's special education program. The term assessment is used to mean evaluation or testing. Federal and state laws are cited throughout this notice using English abbreviations, which are explained in a glossary on the last page of this notification.

What is the Notice of Procedural Safeguards?

This information provides you as parents, legal guardians, and surrogate parents of children with disabilities from three (3) years of age through age twenty-one (21) and students who have reached age eighteen (18), the age of majority, with an overview of your educational rights or procedural safeguards.

The Notice of Procedural Safeguards is required under the Individuals with Disabilities Education Act (in English, referred to as IDEA) and must be provided to you:

- ◆ The first time your child is referred for a special education assessment and annually thereafter
- ◆ The first time a due process or compliance complaint is filed
- ◆ When a decision is made to apply disciplinary action that constitutes a change in placement (suspension of more than 10 days or expulsion)
- ◆ When you ask for a copy

(20 USC 1415[d]; 34 CFR 300.504; EC 56301[d] [2], EC 56321, and 56341.1[g] [1])

What is the Individuals with Disabilities Education Act (IDEA)?

IDEA is a federal law that requires school districts to provide a "free appropriate public education" (in English, referred to as FAPE) to eligible children with disabilities. A free appropriate public education means that special education and related services are to be provided as described in an individualized education program (in English, known as IEP) and under public supervision to your child at no cost to you.

May I participate in decisions about my child's education?

You must be given opportunities to participate in any decision-making meeting regarding your child's special education program. You have the right to participate in IEP team meetings about the identification (eligibility), assessment, or educational placement of your child and other matters relating to your child's FAPE. (20 USC 1414[d] [1]B-[d][1]D); 34 CFR 300.321; EC 56341[b], 56343[c]

The parent or guardian, or the local educational agency (LEA), has the right to participate in the development of the IEP and to initiate their intent to electronically audiotape the proceedings of the IEP team meetings. At least 24 hours prior to the meeting, the parent or guardian shall notify the members of the IEP team of their intent to record a meeting. If the parent or guardian does not consent to the LEA audiotape recording an IEP meeting, the meeting shall not be recorded on an audiotape recorder.

Your rights include information about the availability of FAPE, including all program options, and all available alternative programs, both public and nonpublic. (20 USC 1401[3], 1412[a][3]; 34 CFR 300.111; EC 56301, 56341.1[g][1], and 56506)

Where can I get more help?

When you have a concern about your child's education, it is important that you contact your child's teacher or administrator to talk about your child and any problems you see. Staff in your school district or Special Education Local Plan Area (SELPA) may answer questions about your child's education, your rights, and procedural safeguards. Also, when you have a concern, this informal conversation often solves the problem and helps to maintain open communication. Additional resources are listed at the end of this document to help you understand the procedural safeguards.

What if my child is deaf, hard of hearing, blind, visually impaired, or deaf-blind?

Programs are available to students with these special needs within the SELPA. For information, contact the special education administrator in your district. Additionally, the State Special Schools provide services to students who are deaf, hard of hearing, blind, visually impaired, or deaf-blind at each of its three facilities: the California Schools for the Deaf in Fremont and Riverside and at the California School for the Blind in Fremont. Residential and day school programs are offered to students from infancy to age 21 at both State Schools for the Deaf. Such programs are offered to students aged five through 21 at the California School for the Blind. The State Special Schools also offer assessment services and technical assistance.



Monterey County Special Education Local Plan Area Notice of Procedural Safeguards, Page 2 of 8

For more information about the State Special Schools, please visit the California Department of Education (CDE) Web site at <http://www.cde.ca.gov/sp/ss/> or ask for more information from the members of your child's IEP team.

NOTICE, CONSENT, SURROGATE PARENT APPOINTMENT, ASSESSMENT, AND ACCESS TO RECORDS

Prior Written Notice

When is a notice needed?

This notice must be given when the school district proposes or refuses to initiate a change in the identification, assessment, or educational placement of your child with special needs or the provision of a free appropriate public education. (20 USC 1415[b][3] and [4], 1415[c][1], 1414[b][1]; 34 CFR 300.503; EC 56329 and 56506[a])

The school district must inform you about proposed evaluations of your child in a written notice or an assessment plan within fifteen (15) days of a written request for evaluation. The notice must be understandable and in your native language or other mode of communication, unless it is clearly not feasible to do so. (34 CFR 300.304; EC 56321)

What will the notice tell me?

The Prior Written Notice must include the following:

1. A description of the actions proposed or refused by the school district
2. An explanation of why the action was proposed or refused
3. A description of each assessment procedure, record, or report the agency used as a basis for the action proposed or refused
4. A statement that parents of a child with a disability have protection under the procedural safeguards
5. Sources for parents to contact to obtain assistance in understanding the provisions of this part
6. A description of other options that the IEP team considered and the reasons those options were rejected; and
7. A description of any other factors relevant to the action proposed or refused.

(20 USC 1415[b][3] and [4], 1415[c][1], 1414[b][1]; 34 CFR 300.503)

Parental Consent

When is my approval required for assessment?

You have the right to refer your child for special education services. You must give informed, written consent before your child's first special education assessment can proceed. The parent has at least fifteen (15) days from the receipt of the proposed assessment plan to arrive at a decision. The assessment may begin immediately upon receipt of the consent and must be completed and an IEP developed within sixty (60) days of your consent.

When is my approval required for services?

You must give informed, written consent before your school district can provide your child with special education and related services.

What are the procedures when a parent does not provide consent?

If you do not provide consent for an initial assessment or fail to respond to a request to provide the consent, the school district may pursue the initial assessment by utilizing due process procedures.

If you refuse to consent to the initiation of services, the school district must not provide special education and related services and shall not seek to provide services through due process procedures.

If you consent in writing to the special education and related services for your child but do not consent to all of the components of the IEP, those components of the program to which you have consented must be implemented without delay.

If the school district determines that the proposed special education program component to which you do not consent is necessary to provide a free appropriate public education to your child, a due process hearing must be initiated. If a due process hearing is held, the hearing decision shall be final and binding.

In the case of reevaluations, the school district must document reasonable measures to obtain your consent. If you fail to respond, the school district may proceed with the reevaluation without your consent. (20 USC 1414[a][1]D) and 1414[c]; 34 CFR 300.300; EC 56506[e], 56321[c] and [d], and 56348).

Overview

- This form summarizes the rights and procedural safeguards afforded to parents or the adult student upon initial referral for special education and continuing through the student's enrollment in special education and related services. The student's case manager or service provider is typically responsible for ensuring that the parent receives this notice at all of the required points in time.
- Although on SIRAS this form is always listed as an "Optional" form, please know that there are situations when this form is required, but will not be listed as "Required".

Procedural Notes

- It is important to have documentation that the parent or adult student has received the *Notice of Procedural Safeguards* at the required times.
- Various SELPA forms include boxes for parents to check indicating that they have received this notice.
- Case managers should take great care to ensure that the appropriate box is checked on each of those forms.

Directions for Provision of Notice

Parents must be provided with a *Notice of Procedural Safeguards* upon:

- Initial referral or parent request for evaluation and annually thereafter
- The first occurrence of the filing of a due process or compliance complaint
- When a decision is made to apply disciplinary action that constitutes a change in placement (suspension of more than 10 days or expulsion)
- Upon request by a parent or adult student.

NC 2A

Notice of Referral for Special Education and Proposed Action



Monterey County Special Education Local Plan Area Notice of Referral for Special Education and Proposed Action

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

Your child has been referred for an assessment to determine initial eligibility for special education and current educational needs.

To decide upon the appropriate action, the following procedures were used:

Review of student records (specify):

Review of assessments and/or assessment reports (specify):

- Observation of your child's progress in his or her current placement
- Teacher/Specialist input about your child's educational needs
- Parent input
- Other: _____

Based upon the information gathered as indicated above, the following action is proposed:

- Conduct the requested assessment (*Assessment Plan attached*)
- Deny the request for assessment (*Explanation of Denied Request for Assessment attached*)

PARENT RESPONSE

Please check one of the following boxes:

- I agree with the proposed action.
- I do not agree with the proposed action and request reconsideration.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kastle Title: _____

Location: _____ Phone: _____

A copy of the *Notice of Procedural Safeguards* is enclosed.

Procedural Notes

- This form accompanied by the *Notice of Procedural Safeguards* (NC 1) and the *Assessment Plan* (NC 3) or the *Explanation of Denied Request for Assessment* (NC 4) must be provided to the parent within 15 days of receiving either the *Initial Referral for Special Education Assessment* (RE 1) or the *Request for Specialist Assistance* (RE 3) when used to request additional assessment.
- If no additional testing for determining eligibility is proposed but parent disagrees and requests testing, testing must be conducted.

Verify the student's name, the student's date of birth, and the date that the parent is presented with the Notice of Referral for Special Education and Proposed Action.



Check the boxes that identify how information was collected to make a determination about the appropriate action. If "Review of student records" is selected, specify the records in the space provided. If "Review of assessments and/or assessment reports" is selected, specify in the space provided.

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

Your child has been referred for an assessment to determine initial eligibility for special education and current educational needs.

To decide upon the appropriate action, the following procedures were used:

- Review of student records (specify):
- Review of assessments and/or assessment reports (specify):
- Observation of your child's progress in his or her current placement
- Teacher/Specialist input about your child's educational needs
- Parent input
- Other: _____

Based upon the information gathered as indicated on this form, check the box that states the proposed action. **Only check one box.** If the “Conduct the requested assessment” box is checked, the Assessment Plan form (NC 3) must be attached. If the “Deny the request for assessment” box is checked, the Explanation of Denial Request for Assessment form (NC 4) must be attached.

Based upon the information gathered as indicated above, the following action is proposed:

- Conduct the requested assessment (*Assessment Plan* attached)
- Deny the request for assessment (*Explanation of Denied Request for Assessment* attached)

PARENT RESPONSE

Please check one of the following boxes:

- I agree with the proposed action.
- I do not agree with the proposed action and request reconsideration.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

- A copy of the *Notice of Procedural Safeguards* is enclosed.

Ask the parent to check **one** box indicating if they agree or not not agree with the proposed action.

Ask the parent to sign and date acknowledging their response.

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.

Based upon the information gathered as indicated above, the following action is proposed:

Conduct the requested assessment (*Assessment Plan* attached)

Deny the request for assessment (*Explanation of Denied Request for Assessment* attached)

PARENT RESPONSE

Please check one of the following boxes:

I agree with the proposed action.

I do not agree with the proposed action and request reconsideration.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

A copy of the *Notice of Procedural Safeguards* is enclosed.

Check the box to indicate that the parent has been provided with a copy of the *Notice of Procedural Safeguards*.

NC 2B

Notice of Referral for Reassessment and Proposed Action



Notice of Referral for Reassessment and Proposed Action

Student: Simpson, Eart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

Your child has been referred for an assessment to determine:

- Current educational needs/possible need for revision of the IEP
- Continuing eligibility for special education and current educational needs

To decide upon the appropriate action, the following procedures were used:

- Review of student records (specify):

- Review of assessments and/or assessment reports (specify):

- Observation of your child's progress in his or her current placement
- Teacher/Specialist input about your child's educational needs
- Parent input
- Other: _____

Proposed Action (Select one action from A or B, below):

A. Additional Assessment to Determine Current Educational Needs

- Conduct the requested assessment (*Assessment Plan* attached)
- Deny the request for assessment (*Explanation of Denied Request for Assessment* attached)

B. Assessment to Determine Continuing Eligibility and Current Educational Needs

- Conduct assessment to gather further data to determine continuing eligibility and/or current educational needs (*Assessment Plan* attached)
- Use existing assessment data to determine continuing eligibility and/or current educational needs (you have the right, however, to request additional assessment in the *Parent Response* section below).

PARENT RESPONSE

Please check one of the following three boxes:

- I agree with the proposed action.
- I do not agree with the proposed action as identified in item A, and request reconsideration
- I do not agree with the proposed action as identified in item B, and request additional assessment data.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Arpa Kauble Title: _____

Location: _____ Phone: _____

- A copy of the *Notice of Procedural Safeguards* is enclosed.

Procedural Notes

- This form accompanied by the *Notice of Procedural Safeguards* (NC 1) and the *Assessment Plan* (NC 3) must be provided to the parent.
- If no additional testing for determining continuing eligibility is proposed but parent disagrees and requests testing, testing must be conducted.

Verify the student's name, the student's date of birth, and the date that the parent is presented with the Notice of Referral for Special Education and Proposed Action.



Check the boxes that identify the reason that the student has been referred for an assessment.



Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

Your child has been referred for an assessment to determine:

- Current educational needs/possible need for revision of the IEP
- Continuing eligibility for special education and current educational needs

To decide upon the appropriate action, the following procedures were used:

- Review of student records (specify):
- Review of assessments and/or assessment reports (specify):
- Observation of your child's progress in his or her current placement
- Teacher/Specialist input about your child's educational needs
- Parent input
- Other: _____



Check the boxes that identify how information was collected to make a determination about the appropriate action. If "Review of student records" is selected, specify the records in the space provided. If "Review of assessments and/or assessment reports" is selected, specify in the space provided.

Only select one action one action from A or B on form NC 2B.

If additional assessment(s) are proposed to determine current eligible needs, check the box that states the proposed action. **Only check one box.** If the “Conduct the requested assessment” box is checked, the Assessment Plan form (NC 3) must be attached. If the “Deny the request for assessment” box is checked, the Explanation of Denial Request for Assessment form (NC 4) must be attached.

Proposed Action (Select one action from A or B, below):

A. Additional Assessment to Determine Current Educational Needs

- Conduct the requested assessment (*Assessment Plan* attached)
- Deny the request for assessment (*Explanation of Denied Request for Assessment* attached)

B. Assessment to Determine Continuing Eligibility and Current Educational Needs

- Conduct assessment to gather further data to determine continuing eligibility and/or current educational needs (*Assessment Plan* attached)
- Use existing assessment data to determine continuing eligibility and/or current educational needs (you have the right, however, to request additional assessment in the *Parent Response* section below).

If assessment(s) are proposed to determine continuing eligibility and current educational needs, check the box that states the proposed action. **Only check one box.** If the “Conduct assessment to gather further data to determine continuing eligibility and/or current educational needs” box is checked, the Assessment Plan form (NC 3) must be attached. If the “Use existing assessment data to determine continuing eligibility and/or current educational needs” box is checked, the parent has the right to request an additional assessment in the *Parent Response* section of this form.

Ask the parent to please check **one** of the following three boxes. If the parent does not agree with the proposed action, the IEP Team will need to discuss the next proposed steps.

Additional Assessment to Determine Current Educational Needs

- Conduct the requested assessment (*Assessment Plan* attached)
- Deny the request for assessment (*Explanation of Denied Request for Assessment* attached)

Assessment to Determine Continuing Eligibility and Current Educational Needs

- Conduct assessment to gather further data to determine continuing eligibility and/or current educational needs (*Assessment Plan* attached)
- Use existing assessment data to determine continuing eligibility and/or current educational needs (you have the right, however, to request additional assessment in the *Parent Response* section below).

PARENT RESPONSE

Please check **one** of the following three boxes:

- I agree with the proposed action.
- I do not agree with the proposed action as identified in item A, and request reconsideration
- I do not agree with the proposed action as identified in item B, and request additional assessment data.

Signature of Parent/Adult Student: _____ Date _____

Return To: Anna Kauble _____ Title: _____

Location: _____ Phone: _____

- A copy of the *Notice of Procedural Safeguards* is enclosed.

Ask the parent to sign and date acknowledging their response.

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.

- Conduct assessment to gather further data to determine continuing eligibility and/or current educational needs (*Assessment Plan* attached)
- Use existing assessment data to determine continuing eligibility and/or current educational needs (you have the right, however, to request additional assessment in the *Parent Response* section below).

PARENT RESPONSE

Please check **one** of the following three boxes:

- I agree with the proposed action.
- I do not agree with the proposed action as identified in item _____ and request reconsideration
- I do not agree with the proposed action as identified in item _____ and request additional assessment data.

Signature of Parent/Adult Student: _____ Date _____

Return To: Anna Kauble Title: _____
Location: _____ Phone: _____

- A copy of the *Notice of Procedural Safeguards* is enclosed.

Check the box to indicate that the parent has been provided with a copy of the *Notice of Procedural Safeguards*.

NC 3

Assessment Plan



Monterey County Special Education Local Plan Area Assessment Plan

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015
 Teacher: _____ Grade: 5th Age: 10 yr. 4 mo.
 LEA of Residence: MODE - Special Ed. LEA of Service: Chualar Union
 Home Language: French English Proficiency: ELL Language of Instruction: _____

Qualified staff will assess your child in the language and form most likely to yield accurate information on what he or she knows and can do academically, developmentally, and functionally, unless it is not feasible to do so. The assessment may include, but is not limited to, a review of medical and other records, observation of your child in school environments, interviews with you and your child, rating scales, developmental scales, interest surveys, standardized individual tests and/or a review of any previous assessments, including independent education evaluations, if available. The assessment will include the areas listed below.

AREA OF ASSESSMENT	TITLE OF ASSESSOR
<input type="checkbox"/> Health/Developmental History: Review of records on developmental history; health history; physician's reports; and vision/hearing screenings	
<input type="checkbox"/> Cognition: Tests in this area measure the ability to comprehend information, remember that information, and use it in solving problems	
<input type="checkbox"/> Perceptual/Motor Ability: Tests in this area measure the ability to accurately perceive what is seen and heard, and/or how well the student coordinates body movements in large and small muscles	
<input type="checkbox"/> Speech and Communication Development: Tests in this area measure the ability to speak clearly and appropriately and/or to understand and use language	
<input type="checkbox"/> Pre-Academic/Academic Performance: Tests in this area measure the student's academic readiness and/or achievement in reading, written language, spelling, mathematics, and other academic areas as appropriate	
<input type="checkbox"/> Social/Emotional/Behavioral Development: Tests in this area measure how the student interacts with others; feels about him or herself; and behaves in a variety of settings including the home, school, and community	
<input type="checkbox"/> Post-Secondary Transition: Tests in this area measure the student's interests and aptitudes related to training, education, employment, and when appropriate, independent living	
<input type="checkbox"/> Self-Help/Adaptive Skills: Tests in this area measure the student's independence in various settings including the home, school, and community	
<input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> Other (Specify): _____	

Following the assessment, an Individualized Education Program (IEP) team meeting will be held to review the results. Your child cannot be assessed, initially placed into a special education program, or have his or her educational program changed without your consent. State and federal laws guarantee the parents of students with disabilities specific rights and procedural safeguards. A copy of these rights and procedural safeguards is enclosed.

PARENT CONSENT (check all that apply)

- I have received a copy the *Notice of Procedural Safeguards*.
 I give my consent to proceed with this assessment plan.
 I do not give my consent to proceed with this assessment plan.

Signature of Parent/Adult Student: _____ Date: _____
 Return To: Anna Kavalec Title: _____
 Location: _____ Phone: _____
 Date Received by LEA: _____

Procedural Notes

- No assessment shall be conducted unless the written consent of the parent is obtained prior to the assessment, except under certain circumstances.
- This form specifies the proposed assessment plan and provides written documentation of the parent's consent or non-consent.
- The case manager or specialist, using input provided by the parent, the general education teacher, other service providers, and/or assessors, completes the form.

Procedural Notes

- This form, accompanied by the Notice of Referral and Proposed Action (NC 2) and the Notice of Procedural Safeguards (NC 1), must be provided to the parent within 15 days of receiving either the Initial Referral for Special Education Assessment (RE 1) or the Request for Specialist Assistance (RE 3), when used to request additional assessment.
- An IEP team meeting must be conducted within 60 days of receipt of parental consent to the assessment plan to discuss the results and develop an IEP, if appropriate.

Verify the date of the assessment plan, the student's name, the student's date of birth, the student's age, primary teacher, grade, room, LEA of Residence, LEA of Service, Home Language, English proficiency, and Language of Instruction are correct.



MONTERE

Date: 11/2/2015

Student: Simpson, Bart Date of Birth: 6/15/2005 Age: 10 yr. 4 mo.

Teacher: Grade: 5th Room:

LEA of Residence: MCOE - Special Ed. LEA of Service: Chualar Union

Home Language: French English Proficiency: EL Language of Instruction: English

Qualified staff will assess your child in the language and form most likely to yield accurate information of what your child knows and can do academically, developmentally, and functionally, unless it is not feasible to do so. The assessment process may include, but is not limited to, a review of medical and other records, observation of your child in school or other settings, interviews with you and your child, rating scales, developmental scales, interest surveys, standardized instruments, and a review of any previous assessments, including independent education evaluations, if available. The assessment will be conducted in the areas listed below.

AREA OF ASSESSMENT	TITLE OF ASSESSMENT
<input type="checkbox"/> Health/Developmental History: Review of records on developmental	

English
Spanish
Vietnamese
Cantonese
Korean
Pilipino (Tagalog)
Portuguese
Mandarin (Putonghu)
Japanese

To identify or change the Language of Instruction, use the dropdown menu.

Check each area to be included in the proposed assessment. If “Other” is checked, identify the specific areas to be assessed and indicate what tests in that area measure.

AREA OF ASSESSMENT	TITLE OF ASSESSOR
<input checked="" type="checkbox"/> Health/Developmental History: Review of records on developmental history; health history; physician’s reports; and vision/hearing screenings	▼
<input checked="" type="checkbox"/> Cognition: Tests in this area measure the ability to comprehend information, remember that information, and use it in solving problems	Special Education Teacher Resource Specialist Speech and Language Specialist School Psychologist Adapted Physical Ed. Specialist Behavior Specialist Assistive Technology Specialist Deaf/HOH Specialist Occupational Therapist
<input type="checkbox"/> Perceptual/Motor Ability: Tests in this area measure the ability to accurately perceive what is seen and heard, and/or how well the student coordinates body movements in large and small muscles	
<input type="checkbox"/> Speech and Communication Development: Tests in this area measure the ability to speak clearly and appropriately and/or to understand and use language	
<input checked="" type="checkbox"/> Pre-Academic/Academic Performance: Tests in this area measure the student’s academic readiness and/or achievement in reading, written language, spelling, mathematics, and other academic areas as appropriate	
<input type="checkbox"/> Social/Emotional/Behavioral Development: Tests in this area measure how the student interacts with others; feels about him or herself; and behaves in a variety of settings including the home, school, and community	
<input type="checkbox"/> Post-Secondary Transition: Tests in this area measure the student’s interests and aptitudes related to training, education, employment, and when appropriate, independent living	
<input type="checkbox"/> Self-Help/Adaptive Skills: Tests in this area measure the student’s independence in various settings including the home, school, and community	
<input checked="" type="checkbox"/> Other (Specify):	
<input type="checkbox"/> Other (Specify):	

For each area checked, use the dropdown menu to enter the title of the assessor (not the name of the assessor). If the title of the assessor is not in the dropdown menu, type into the form field.

Ask the parent to check the box to indicate that they have been provided with a copy of the *Notice of Procedural Safeguards*.

Ask the parent to check **one** of the two boxes to indicate if they give consent to process with the proposed assessment plan. If the parent does not agree with the proposed assessment plan, a meeting should be held to discuss the parent's concerns with the proposed assessment plan.

PARENT CONSENT (check all that apply)

- I have received a copy the *Notice of Procedural Safeguards*.
- I give my consent to proceed with this assessment plan.
- I do not give my consent to proceed with this assessment plan.

Signature of Parent/Adult Student: _____ Date: _____
Return To: Anna Kauble _____ Title: _____
Location: _____ Phone: _____

Date Received by LEA: _____

Identify the date that the Assessment Plan was received from the parent.

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 4

Explanation of Denied Request for Assessment



Monterey County Special Education Local Plan Area Explanation of Denied Request for Assessment

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

A special education assessment for your child has been requested (see *Notice of Referral for Special Education and Proposed Action* or *Notice of Referral for Reassessment and Proposed Action* for details). That request has been denied for the following reasons:

- Student exhibits adequate progress in his or her current general or special education program, with or without accommodations, as indicated by:
 - Satisfactory grades on report cards
 - Teacher/Specialist report of satisfactory progress
 - Classroom observation
 - Satisfactory scores on District or Statewide standardized assessments
 - Other: _____
- Educational performance appears to be affected by factors other than a disability as indicated below:
 - Incomplete class work or homework
 - Tardies or absences
 - Behavioral problems not related to an emotional disability
 - Substance abuse
 - Other: _____
- The resources of the general education program have not yet been fully considered, and when appropriate, utilized.

ALTERNATIVE INTERVENTIONS

You may wish to pursue alternate interventions such as:

- Additional classroom accommodations (contact your child's teacher for a referral to the Student Study Team)
- Development of a behavior contract (contact the school psychologist assigned to your child's school)
- Counseling (contact the school psychologist assigned to your child's school for assistance)
- Medical evaluation
- Other: _____

COMMENTS

Procedural Notes

- If it is determined that assessment is not appropriate, this form must be completed.
- The case manager or specialist, using input provided by general education teacher, service providers, and/or assessors, completes the form.
- This form, accompanied by the Notice of Referral and Proposed Action (NC 2) and the Notice of Procedural Safeguards (NC 1), must be provided to the parent within 15 days of receiving either the Initial Referral for Special Education Assessment (RE 1) or the Request for Specialist Assistance (RE 3), when used to request additional assessment.

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:	11/2/2015
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PARENT NOTICE

A special education assessment for your child has been requested (see *Notice of Referral for Special Education and Proposed Action* or *Notice of Referral for Reassessment and Proposed Action* for details). That request has been denied for the following reasons:

- Student exhibits adequate progress in his or her current general or special education program, with or without accommodations, as indicated by:
 - Satisfactory grades on report cards
 - Teacher/Specialist report of satisfactory progress
 - Classroom observation
 - Satisfactory scores on District or Statewide standardized assessments
 - Other: _____
- Educational performance appears to be affected by factors other than a disability as indicated below:
 - Incomplete class work or homework
 - Tardies or absences
 - Behavioral problems not related to an emotional disability
 - Substance abuse
 - Other: _____
- The resources of the general education program have not yet been fully considered, and when appropriate, utilized.



Check the boxes that accurately identify the reasons for the denied request for assessment. If "Other" is selected, please identify which "other" method(s) was used to identify the reasons for the the denied request for assessment.

Check the boxes that identify suggested alternate interventions.

ALTERNATIVE INTERVENTIONS

You may wish to pursue alternate interventions such as:

- Additional classroom accommodations (contact your child's teacher for a referral to the Student Study Team)
- Development of a behavior contract (contact the school psychologist assigned to your child's school)
- Counseling (contact the school psychologist assigned to your child's school for assistance)
- Medical evaluation
- Other: _____

COMMENTS

Add any additional information needed to explain the denial.

NC 6A

Notice of IEP Team Meeting



Monterey County Special Education Local Plan Area

Notice of IEP Team Meeting

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

An Individualized Education Program (IEP) team meeting has been scheduled for your child. You are requested, as a participating member of this team, to attend the meeting. Your participation is important in the development of an appropriate educational program for your child. Your child is invited to attend all or part of the meeting if it is appropriate and we strongly encourage your child's attendance if transition planning and services will be discussed. If your child is 18 years of age or older, he/she is required to participate. You may bring someone with you or you may designate another person to be your representative if you are unable to attend. The meeting is scheduled for:

Date: Thu 12/10/2015 Time: 10:00 AM Place: Conference Room

At the meeting, the following areas will be discussed:

- | | |
|--|--|
| <input type="checkbox"/> Assessment Results
<input type="checkbox"/> Eligibility for special education
<input type="checkbox"/> Development or revision of the IEP
<input type="checkbox"/> Review of student progress
<input type="checkbox"/> Transition Planning and Services*
<input type="checkbox"/> Behavioral Emergency | <input type="checkbox"/> Possible change in placement due to:
<input type="checkbox"/> Need for less restrictive placement
<input type="checkbox"/> Need for more restrictive placement
<input type="checkbox"/> Possible disciplinary action
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|--|

* With parent consent, appropriate agency representatives will be invited to attend

We anticipate that the following IEP team members will be in attendance:

Title	Name	Title	Name
LEA Representative			
General Education Teacher			

PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
- I plan to attend the meeting.
- I do not plan to attend the meeting, but am available by teleconference.
- I request a different time and/or place; please contact me at: _____
- I request an interpreter in my primary language or other mode of communication: _____
- I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- I do not plan to attend the meeting but will send _____ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

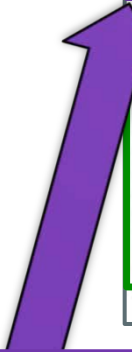
Procedural Notes

- The case manager uses this form to notify the parent of an upcoming IEP team meeting, the reason for the meeting, and the anticipated participants.
- The *Notice of Procedural Safeguards* (NC 1) must accompany this form unless one was recently provided to the parent with a *Notice of Referral and Proposed Assessment* (NC 2).
- If there are team members who are to be excused from attending the meeting, the *IEP Team Member Excusal* form (NC 7) and written input from team members who will be excused and whose areas are being discussed must also accompany it.
- IEP team meetings are required under a variety of situations. Part I, Chapter 5, of the Monterey County SELPA Procedural Handbook provides detailed information regarding circumstances that require an IEP team meeting.

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:	11/2/2015	
PARENT NOTICE						
<p>An Individualized Education Program (IEP) team meeting has been scheduled for your child. You are requested, as a participating member of this team, to attend the meeting. Your participation is important in the development of an appropriate educational program for your child. Your child is invited to attend all or part of the meeting if it is appropriate and we strongly encourage your child's attendance if transition planning and services will be discussed. If your child is 18 years of age or older, he/she is required to participate. You may bring someone with you or you may designate another person to be your representative if you are unable to attend. The meeting is scheduled for:</p>						
Date	Thu	12/10/2015	Time	10:00 AM	Place	Conference Room
At the meeting, the following areas will be discussed:						
<input type="checkbox"/>	Assessment Results	<input type="checkbox"/>	Possible change in placement due to:			
<input type="checkbox"/>	Eligibility for special education	<input type="checkbox"/>	<input type="checkbox"/>	Need for less restrictive placement		
<input type="checkbox"/>	Development or revision of the IEP	<input type="checkbox"/>	<input type="checkbox"/>	Need for more restrictive placement		
<input type="checkbox"/>	Review of student progress	<input type="checkbox"/>	<input type="checkbox"/>	Possible disciplinary action		
<input type="checkbox"/>	Transition Planning and Services*	<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Behavioral Emergency	<input type="checkbox"/>	Other: _____			
* With parent consent, appropriate agency representatives will be invited to attend						



Verify the date, time, and place of the IEP meeting. This information prepopulates from the information that you enter on the IEP Manager. To make changes this information, do so on the IEP Manager page. Please see the next page in this manual for more information on how to make these changes.



Check each box that identifies what will be discussed at the meeting.

To update the date, time, and/or place of the IEP Meeting, edit the information on the IEP Manager, not on the *Notice of IEP Team Meeting* (NC 6A)



SIRAS [Return to MIS Summary](#) [Student Info](#) [Reporting](#) [Tools](#) anna.kauble [log out]

(found set) 4 of 4 students [Modify / Reset Search](#) bart [MIS Summary](#) [IEP Manager](#) Monterey County

Test Server - All changes will be overwritten

IEP Manager Simpson, Bart (SIMBA0615) [Refresh](#) **Active**

IEP in development: Triennial/Reevaluation: 12/10/2015 Meeting Held Translation Req'd [Preview/Print](#) ✖ Delete

Pre-meeting - Evaluation completed after 38 days.

Review in lieu of new assessment

Assessment Plan Sent 11/2/2015 Assessment Plan Received 11/2/2015

Meeting Purpose: **Triennial/Reevaluation** [Edit](#) Secondary Purpose Arranged by Anna Kauble on 11/2/2015

Meeting Date: Thu 12/10/2015 10 : 00 AM

Implementation Date: 12/11/2015 Place: Conference Room

Next Triennial: 12/10/2018 Next IEP: 12/10/2016

Scheduling Notes

Pre-IEP | **Basic Forms** | Assmt. Reports | ISP Forms | Other Forms | Uploaded Documents


Forms	Status	Action	Delete
[IEP 1] Demographic and Eligibility	Required		
[IEP 2] IEP Eligibility	Required		
[IEP 3A] Present Levels-Goals	Required	0 goal(s) - Go To Goals Developer <input checked="" type="radio"/> Goals Only <input type="radio"/> Benchmarks	
[IEP 4] State Wide Assessments	Required		
[IEP 5] Instructional Setting and Support	Required		
[IEP 6A] Instructional Accommodations	Optional		
[IEP 6C] English Learner Assessment & Support	Required		
[IEP 6E] Program Change Transition Plan	Optional		
[IEP 6F] Manifestation Determination	Optional		
[IEP 6G-1] Behavior Intervention Plan	Optional		
[IEP 6G-2] Escalation Cycle Management Plan	Optional		
[IEP 6H] Retention Consideration	Optional		
[IEP 7] Special Education & Related Services	Required		
[IEP 8] Supplemental Aids Services and ESY	Required		
[IEP 9] Consent and Signatures	Required		
[IEP 12] Notes & Additional Information	Optional		
[IEP 13] Revisions to IEP for Next School Year	Optional		
[NC 13] Consent to Bill MedCal	Optional		

Forms mode PDF HTML

Enter the title and name of all IEP team members who will be in attendance. If the student is able to be mainstreamed during the next year a General Education Teacher is required to participate.

We anticipate that the following IEP team members will be in attendance:

Title	Name	Title	Name
LEA Representative		▼	
General Education Teacher		▼	
		▼	
		▼	
Adapted Physical Ed. Specialist		▼	
Assistant Principal		▼	
Assistive Technology Specialist		▼	
Audiologist		▼	
Behavior Specialist		▼	
Deaf/Hard of Hearing Specialist		▼	
General Education Teacher		▼	
Inclusion Specialist			
MCBH Representative			



For each IEP team member, use the dropdown menu to identify their title. If the title of the IEP team member is not in the dropdown menu, type into the form field.

Ask the parent to check the box to indicate that they have been provided with a copy of the *Notice of Procedural Safeguards*.



PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
 - I plan to attend the meeting.
 - I do not plan to attend the meeting, but am available by teleconference.
 - I request a different time/and or place; please contact me at: _____
 - I request an interpreter in my primary language or other mode of communication: _____
 - I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
 - I do not plan to attend the meeting but will send _____ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
 - If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.
- Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____
Location: _____ Phone: _____



Ask the parent to check **one** of the boxes to indicate their response to the scheduled IEP Team Meeting, then sign and date.

PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
- I plan to attend the meeting.
- I do not plan to attend the meeting, but am available by teleconference.
- I request a different time/and or place; please contact me at: _____
- I request an interpreter in my primary language or other mode of communication: _____
- I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- I do not plan to attend the meeting but will send _____ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble 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 6B

Notice of IEP Meeting (continued)



Monterey County Special Education Local Plan Area

Notice of IEP Team Meeting

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

An Individualized Education Program (IEP) team meeting has been scheduled for your child. You are requested, as a participating member of this team, to attend the meeting. Your participation is important in the development of an appropriate educational program for your child. Your child is invited to attend all or part of the meeting if it is appropriate and we strongly encourage your child's attendance if transition planning and services will be discussed. If your child is 18 years of age or older, he/she is required to participate. You may bring someone with you or you may designate another person to be your representative if you are unable to attend. The meeting is scheduled for:

Date: Time: Place:

This is a continuation of the meeting begun on: 12/10/2015

At the meeting, the following areas will be discussed:

- | | |
|---|---|
| <input type="checkbox"/> Assessment Results | <input type="checkbox"/> Possible change in placement due to: |
| <input type="checkbox"/> Eligibility for special education | <input type="checkbox"/> Need for less restrictive placement |
| <input type="checkbox"/> Development or revision of the IEP | <input type="checkbox"/> Need for more restrictive placement |
| <input type="checkbox"/> Review of student progress | <input type="checkbox"/> Possible disciplinary action |
| <input type="checkbox"/> Transition Planning and Services* | <input type="checkbox"/> Other: <u> </u> |
| <input type="checkbox"/> Behavioral Emergency | <input type="checkbox"/> Other: <u> </u> |

* With parent consent, appropriate agency representatives will be invited to attend

We anticipate that the following IEP team members will be in attendance:

Title	Name	Title	Name
LEA Representative			
General Education Teacher			
▼		▼	
▼		▼	
▼		▼	
▼		▼	
▼		▼	
▼		▼	
▼		▼	

PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
- I plan to attend the meeting.
- I do not plan to attend the meeting, but am available by teleconference.
- I request a different time and/or place; please contact me at:
- I request an interpreter in my primary language or other mode of communication:
- I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- I do not plan to attend the meeting but will send to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.

Signature of Parent/Adult Student: Date:

Return To: Anna Kauble Title:

Location: Phone:

Procedural Notes

- The case manager uses this form to notify the parent of an upcoming continuum of an IEP team meeting, the reason for the meeting, and the anticipated participants.
- The *Notice of Procedural Safeguards* (NC 1) must accompany this form unless one was recently provided to the parent with a *Notice of Referral and Proposed Assessment* (NC 2).
- If there are team members who are to be excused from attending the meeting, the *IEP Team Member Excusal* form (NC 7) and written input from team members who will be excused and whose areas are being discussed must also accompany it.
- IEP team meetings are required under a variety of situations. Part I, Chapter 5, of the Monterey County SELPA Procedural Handbook provides detailed information regarding circumstances that require an IEP team meeting.

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

Enter the date, time, and place of the Continuation IEP Team Meeting.

Student:	Simpson, Bart	Date of Birth:	6/15/2005	Date:	11/2/2015
PARENT NOTICE					
<p>An Individualized Education Program (IEP) team meeting has been scheduled for your child. You are requested, as a participating member of this team, to attend the meeting. Your participation is important in the development of an appropriate educational program for your child. Your child is invited to attend all or part of the meeting if it is appropriate and we strongly encourage your child's attendance if transition planning and services will be discussed. If your child is 18 years of age or older, he/she is required to participate. You may bring someone with you or you may designate another person to be your representative if you are unable to attend. The meeting is scheduled for:</p>					
Date		Time		Place	
This is a continuation of the meeting begun on: <u>12/10/2015</u>					
At the meeting, the following areas will be discussed:					
<input type="checkbox"/>	Assessment Results	<input type="checkbox"/>	Possible change in placement due to:		
<input type="checkbox"/>	Eligibility for special education	<input type="checkbox"/>	<input type="checkbox"/>	Need for less restrictive placement	
<input type="checkbox"/>	Development or revision of the IEP	<input type="checkbox"/>	<input type="checkbox"/>	Need for more restrictive placement	
<input type="checkbox"/>	Review of student progress	<input type="checkbox"/>	<input type="checkbox"/>	Possible disciplinary action	
<input type="checkbox"/>	Transition Planning and Services*	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Behavioral Emergency	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	
* With parent consent, appropriate agency representatives will be invited to attend					


Verify the date that the IEP Team Meeting began. This is **not** the date of the continuation meeting.

Check each box that identifies what will be discussed at the meeting.

Enter the title and name of all IEP team members who will be in attendance. If the student is able to be mainstreamed during the next year a General Education Teacher is required to participate.

We anticipate that the following IEP team members will be in attendance:

Title	Name	Title	Name
LEA Representative		▼	
General Education Teacher		▼	
		▼	
		▼	
Adapted Physical Ed. Specialist		▼	
Assistant Principal		▼	
Assistive Technology Specialist		▼	
Audiologist		▼	
Behavior Specialist		▼	
Deaf/Hard of Hearing Specialist		▼	
General Education Teacher		▼	
Inclusion Specialist			
MCBH Representative			



For each IEP team member, use the dropdown menu to identify their title. If the title of the IEP team member is not in the dropdown menu, type into the form field.

Ask the parent to check the box to indicate that they have been provided with a copy of the *Notice of Procedural Safeguards*.



PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
 - I plan to attend the meeting.
 - I do not plan to attend the meeting, but am available by teleconference.
 - I request a different time/and or place; please contact me at: _____
 - I request an interpreter in my primary language or other mode of communication: _____
 - I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
 - I do not plan to attend the meeting but will send _____ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
 - If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.
- Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____
Location: _____ Phone: _____



Ask the parent to check the box or boxes to indicate their response to the scheduled IEP Team Meeting, then sign and date.

PARENT RESPONSE

- I have received a copy of the *Notice of Procedural Safeguards*.
- I plan to attend the meeting.
- I do not plan to attend the meeting, but am available by teleconference.
- I request a different time/and or place; please contact me at: _____
- I request an interpreter in my primary language or other mode of communication: _____
- I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- I do not plan to attend the meeting but will send _____ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.
- If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.

Signature of Parent/Adult Student: _____


Date: _____

Return To: Anna Kauble

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 7

IEP Team Member Excusal



Monterey County Special Education Local Plan Area
IEP Team Member Excusal

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

A member of the IEP team is not required to attend an IEP team meeting, in whole or part, if the parent and the local educational agency (LEA) agree that attendance is not necessary either because the member has submitted written input into the development of the IEP to the parent and the IEP team prior to the meeting or because the member's area of curriculum or related services is not being modified or discussed.

The following IEP team member(s) are not expected to be in attendance at the IEP team meeting scheduled on:

Thu 12/10/2015 10:00 AM

IEP Team Member	Area of Curriculum or Related Service	To be Modified or Discussed? *		
		Yes	No	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* If yes, the member must submit written input to the parent and the IEP team prior to the meeting.

LOCAL EDUCATION AGENCY (LEA) AGREEMENT

The LEA agrees to excuse the IEP team members listed above.

Signature of LEA Representative: _____ Date: _____

Title/Position: _____

PARENT AGREEMENT (check one)

- I agree to excuse the IEP team members listed above.
- I request that the IEP team meeting be rescheduled so that the following team member(s) can be in attendance:

Name	Position

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

Procedural Notes

- The case manager completes this form to document that the LEA and parent have agreed to excuse one or more IEP team members from attending an IEP team meeting.
- This form must be presented to the parent with the Notice of IEP Team Meeting (NC 6).
- If the area of curriculum or related service covered by the excused team member(s) is to be discussed or modified at the meeting, the team member must submit written input to the parent and the IEP team prior to the meeting.
- If an IEP team member was expected to be in attendance but is unexpectedly absent and his or her area will not be discussed or modified, the LEA and parent agreement to excuse this member should be documented on the IEP notes (IEP 12).
- If the parent does not agree to excuse the identified team member(s), or a team member whose area is to be discussed or modified is unexpectedly absent, the meeting must be rescheduled.

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

Enter the date and time of the scheduled the IEP team meeting.

Student: Simpson, Bart Date of Birth: 6/15/2005 Date: 11/2/2015

PARENT NOTICE

A member of the IEP team is not required to attend an IEP team meeting, in whole or part, if the parent and the local educational agency (LEA) agree that attendance is not necessary either because the member has submitted written input into the development of the IEP to the parent and the IEP team prior to the meeting or because the member's area of curriculum or related services is not being modified or discussed.

The following IEP team member(s) are not expected to be in attendance at the IEP team meeting scheduled on:

Thu 12/10/2015 10:00 AM

IEP Team Member	Area of Curriculum or Related Service	To be Modified or Discussed? *		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

* If yes, the member must submit written input to the parent and the IEP team prior to the meeting.

Enter the name and position of each IEP team member who will not be in attendance. Identify the area of curriculum taught or related service provided by this IEP team member (e.g., speech and language, occupational therapy, English language arts, life skills). Check "Yes" or "No" to indicate if this area of the curriculum or related service will be modified or discussed. If "Yes" is checked, attach written input.

Have the LEA Representative sign and date the IEP Team Member excusal form to document that the LEA has agreed to excuse the identified team member(s). The Title/Position of the LEA Representative needs to be specified.

LOCAL EDUCATION AGENCY (LEA) AGREEMENT

The LEA agrees to excuse the IEP team members listed above.

Signature of LEA Representative: _____ Date: _____

Title/Position: _____

PARENT AGREEMENT (check one)

I agree to excuse the IEP team members listed above.

I request that the IEP team meeting be rescheduled so that the following team member(s) can be in attendance:

Name	Position

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble Title: _____

Location: _____ Phone: _____

Have the parent check whether they agree to excuse the IEP team member(s) or request that the meeting be rescheduled. If the parent requests that the meeting be rescheduled so that IEP team member(s) can be in attendance, ask the parent to list the name and position of any team member(s) they want in attendance, and then sign and date the form.

PARENT AGREEMENT (check one)

- I agree to excuse the IEP team members listed above.
- I request that the IEP team meeting be rescheduled so that the following team member(s) can be in attendance:

Name	Position

Signature of Parent/Adult Student: _____ Date: _____

Return To: Anna Kauble _____ 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.