



**SONOMA COUNTY SELPA**  
**INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING**

**Student Name:** Student Sample

**Birthdate:** 11/4/2007

☐ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other

**Address**

**Dear** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

An Individual Education Program (IEP) Meeting is being arranged to discuss educational program for the student named above. You are invited to attend as a member of the IEP team. Your participation and input are important in the development of an appropriate education and arriving at decisions about your child's education. You have the right to have other individuals present who have knowledge or special expertise about your child. Your child could benefit from participation in the IEP meeting and is invited to attend. If this is the initial IEP meeting and the student was receiving services under Part C through an IFSP, you may request that the district invite the Part C Service Coordinator or other representative. Secondary students age 15 or older should attend the IEP Team meeting. Parents of adult students may also participate in the meeting.

**The meeting is scheduled for:**

**Date** \_\_\_\_\_

**Time** \_\_\_\_\_

**School/Location** \_\_\_\_\_

**Room** \_\_\_\_\_

**We anticipate that the following members may also attend:**

- ☐ Administrator/Designee
- ☐ Special Education Teacher
- ☐ General Education Teacher
- ☐ Student
- ☐ Psychologist
- ☐ Specialist

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**NOTICE:** If you wish to audio tape this meeting, you must provide 24 hour notice, we may also audio tape the meeting.

**If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**School/District** Sonoma Co. Non Public Schools and Agencies

**Phone** \_\_\_\_\_

Please complete and sign this form, and return to

**Check the following items, as appropriate:**

- ☐ **YES**, I plan to attend the meeting
- ☐ **YES**, I plan to attend the meeting and bring the following additional attendees:
- ☐ I do not plan to attend the meeting, but I am available by teleconference
- ☐ I require assistance of an interpreter. (Language)
- ☐ I request a different time and/or place. Please call me at \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_
- ☐ I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.
- ☐ **NO**, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand 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.
- ☐ **NO**, I cannot attend, but I will send \_\_\_\_\_ as my representative to speak for me. I understand 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.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

For LEA use only:

**Comments/Additional Information**



**SONOMA COUNTY SELPA**  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY**

Student Legal Name: Sample, Student

Legal Suffix:

Date of Birth: 11/4/2007

IEP Date:

Original SpEd Entry Date:

Next Annual IEP:

Last Eval:

Next Eval:

**MEETING TYPE:** ☐ Initial ☐ Annual ☐ Triennial**Additional Purpose of Meeting (If needed):** ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ OtherAge: 12 year(s) 9 months

Grade:

EL: ☐ Yes ☐ No

Student ID:

Native Language:

Redesignated: ☐ Yes ☐ No

SSID:

Interpreter ☐ Yes ☐ No

Parent/Guardian:

Home Address:

City:

State/Zip:   

Home Phone:

Work Phone:

Cell Phone:

Email:

Parent/Guardian:

Home Address:

City:

State/Zip:   

Home Phone:

Work Phone:

Cell Phone:

Email:

**District of Special Education Accountability:** Sonoma Co. Office of Education**Residence School:**Hispanic Ethnicity: ☐ Yes ☐ No ☐ Ethnicity Intentionally Left BlankRace (regardless of Ethnicity): Race 1.            Race 2.            Race 3.            Race 4.           Race 5.            ☐ Race Intentionally Left Blank

**INDICATE DISABILITY/IES** Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility. \* Low Incidence Disability

**Primary:****Secondary:**☐ Not Eligible for Special Education ☐ Exiting from Special Education (returned to reg. ed/no longer eligible)

**Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities)**

**FOR INITIAL PLACEMENTS ONLY**

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

☐ Yes ☐ No

Date of Initial Referral for Special Education Services:

Person Initiating the Referral for Special Education service:

Date District Received Parent Consent:

Date of Initial Meeting to Determine Eligibility:



## SONOMA COUNTY SELPA

## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Sample, StudentBirthdate: 11/4/2007

IEP Date:

## Strengths/Preferences/Interests

## Parent input and concerns relevant to educational progress

## Smarter Balanced Assessment Consortium (SBAC)

☐ Not Applicable

## English/Language Arts Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not MetReading ☐ Above Standard ☐ Near Standard ☐ Below StandardWriting ☐ Above Standard ☐ Near Standard ☐ Below StandardSpeaking and Listening ☐ Above Standard ☐ Near Standard ☐ Below StandardResearch/Inquiry ☐ Above Standard ☐ Near Standard ☐ Below Standard

## Math

☐ Not Applicable

## Math Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not MetConcepts and Procedures ☐ Above Standard ☐ Near Standard ☐ Below StandardProblem Solving and Data Analysis ☐ Above Standard ☐ Near Standard ☐ Below StandardCommunication Reasoning ☐ Above Standard ☐ Near Standard ☐ Below Standard

## California Alternate Assessments (CAA)

☐ Not ApplicableEnglish Language Arts ☐ Understanding ☐ Foundational Understanding ☐ Limited UnderstandingMath ☐ Understanding ☐ Foundational Understanding ☐ Limited UnderstandingScience ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

## English Language Development Test (English Learners Only)

☐ Not Applicable☐ ELPAC

Overall Score: Overall Performance Level: Oral Language Score/Level:

Written Language Score/Level:

Listening:

Speaking:

Reading:

Writing:

☐ Alternate Assessment

Name:

Overall Score/Level:

Listening:

Speaking:

Reading:

Writing:

## Physical Education Testing (grades 5, 7 &amp; 9):

## Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)

Hearing Date: ☐ Pass ☐ Fail ☐ OtherVision Date: ☐ Pass ☐ Fail ☐ Other

**Preacademic/Academic/Functional Skills**

**Communication Development**

**Gross/Fine Motor Development**

**Social Emotional/Behavioral**

**Vocational**

**Adaptive/Daily Living Skills**

**Health**

**For student to receive educational benefit, goals will be written to address the following areas of need:**



## SONOMA COUNTY SELPA SPECIAL FACTORS

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**Does the student require assistive technology devices and/or services?** ☐ Yes ☐ No

**Rationale:**

**Does the student require low incidence services, equipment and/or materials to meet educational goals?** ☐ Yes ☐ No  
(If yes, specify)

**Considerations if the student is blind or visually impaired:**

**Considerations if the student is deaf or hard of hearing:**

**If the student is an English Learner, complete the following section:**

**Does the student need primary language support?** ☐ Yes ☐ No If yes, how will it be provided?

**Where will ELD services be provided to the student?** ☐ General Education ☐ Special Education

**The student will participate in the following type of program:**

☐ Structured English Immersion ☐ Alternative Language Program (type or description)

**Comments:**

**Does student's behavior impede learning of self or others?** ☐ Yes ☐ No  
(describe)

**If yes, specify positive behavior interventions, strategies, and supports:**

☐ Behavior Goal is part of this IEP ☐ Behavior Intervention Plan (BIP) Attached



**SONOMA COUNTY SELPA  
Statewide Assessments**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

Indicate student's participation in the **California Assessment of Student Performance and Progress (CAASPP)** below:

**English Language Arts (Grades 3-8, & 11)**

**Math (Grades 3-8, & 11)**

**Science (Grades 5, 8 & High School)**

☐ If student is taking **Alternate Assessment** the IEP team has reviewed the **criteria for taking alternate assessments.**

**Physical Fitness Test (Grades 5, 7 & 9)**

- ☐ Out of testing range
- ☐ Without Accommodations
- ☐ With Accommodations
- ☐ With Modifications (Check with PFT Office prior to use)

☐ **Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s)**

☐ **Desired Results Developmental Profile (DRDP) – (Preschoolers Ages 3, 4 and 5 years)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adaptations Not Applicable            | <input type="checkbox"/> Sensory support                                  | <input type="checkbox"/> Functional positioning |
| <input type="checkbox"/> Alternative response mode             | <input type="checkbox"/> Assistive equipment or device                    | <input type="checkbox"/> Visual support         |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Augmentative or alternative communication system |   |

**English Language Proficiency Assessments of California (ELPAC; for English Learners Only).**

Please Note: Summative ELPAC will be Computer-based beginning Spring 2020. Paper-based ELPAC will continue for 'Initial ELPAC' and grades Kindergarten through 2nd (for the Writing domain only).

☐ **Initial ELPAC**

- ☐ Without Designated Supports (All domains)
- ☐ Designated Supports (All domains)
- ☐ Without Accommodations (All domains)
- ☐ Accommodations (All domains)

☐ **Summative ELPAC Computer-based**

- ☐ Without Designated Supports (All domains)
- ☐ Embedded Designated Supports
- ☐ Non-embedded Designated Supports
- ☐ Without Accommodations (All domains)
- ☐ Embedded Accommodations
- ☐ Non-embedded Accommodations

☐ **Alternate Assessment to ELPAC**

If yes, areas of alternate assessment: ☐Listening ☐Speaking ☐Reading ☐Writing

Name of alternate assessment(s)

Person responsible to administer alternate assessment(s)

☐ **Standards based Tests in Spanish STS**

☐ Math without Designated Supports or Accommodations

☐ Math with Designated Supports

☐ Math with Accommodations

☐ Reading, Language, Spelling without Designated Supports or Accommodations

☐ Reading, Language, Spelling with Designated Supports

☐ Reading, Language, Spelling with Accommodations



**SONOMA COUNTY SELPA  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

<b>Area of Need:</b>	<b>Measurable Annual Goal #:</b>
<b>Baseline:</b>	<b>Goal:</b> <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living <b>Person(s) Responsible:</b>

**Short-Term Objective:**

**Short-Term Objective:**

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

**Goal met** ☐ Yes ☐ No

**Comments:**





**SONOMA COUNTY SELPA**  
**Offer of FAPE - SERVICE**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**The service options that were considered by the IEP team (List all):**

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:**

**SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT**

☐ The IEP team discussed and determined program accommodations are not needed in general education classes or other education-related settings.

☐ The IEP team discussed and determined the following program accommodations are needed in general education classes or other education-related settings.

Program Accommodations	Start Date	End Date	Location
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☐ The IEP team discussed and determined program modifications are not needed in general education classes or other education-related settings.

☐ The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings.

Program Modifications	Start Date	End Date	Frequency	Duration	Location
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☐ The IEP team discussed and determined other supports for school personnel, or for student, or on behalf of the student are not needed.

☐ The IEP team discussed and determined the following other supports for school personnel, or for student, or on behalf of the student are needed.

Other Supports for School Personnel, or for Student, or on Behalf of Student	To Support	Start Date	End Date	Frequency	Duration	Location
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**SPECIAL EDUCATION and RELATED SERVICES**

<b>Service:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Provider:</b>	<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> min served	<b>Location:</b>	
<b>Comments:</b>		

  

<b>Service:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Provider:</b>	<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> min served	<b>Location:</b>	
<b>Comments:</b>		

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

**Special Education Transportation** ☐ Yes ☐ No

**EXTENDED SCHOOL YEAR (ESY)**

☐ Yes ☐ No

**Rationale:**

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.



**SONOMA COUNTY SELPA  
OFFER OF FAPE - EDUCATIONAL SETTING**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**Physical Education:**    ☐ General    ☐ Specially Designed    ☐ Other

**District of Service:** \_\_\_\_\_

**School of Attendance:** \_\_\_\_\_

**All special education services provided at student's school of residence?** ☐ Yes ☐ No (rationale)

**Preschool Program Setting** (Ages 3-5 only, including those in TK and Kindergarten):

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

**The location where the student receives the majority of their special education services:**

☐ Same as above    ☐ Different from above

**Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater?** ☐ Yes ☐ No

**Program Setting** (Ages 6 and older within duration of this IEP):

(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

\_\_\_\_\_ % of time student is outside the regular class & extracurricular & non academic activities

\_\_\_\_\_ % of time student is in the regular class & extracurricular & non academic activities

**Student will not participate in the regular class and/or extracurricular and/or non academic activities:** because

**Other Agency Services**

- ☐ County Mental Health
- ☐ California Children's Services (CCS)
- ☐ Regional Center
- ☐ Probation
- ☐ Department of Rehabilitation
- ☐ Department of Social Services (DSS)
- ☐ Other

**Promotion Criteria:**    ☐ District    ☐ Progress on Goals    ☐ Other

**Parents will be informed of progress:**    ☐ Quarterly    ☐ Trimester    ☐ Semester    ☐ Other

**How?**    ☐ Progress Summary Report    ☐ Other

**ACTIVITIES TO SUPPORT TRANSITION** (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)



## SONOMA COUNTY SELPA SIGNATURE AND PARENT CONSENT

Student Name: Sample, StudentBirthdate: 11/4/2007

IEP Date: \_\_\_\_\_

### IEP Meeting Participants

Parent/Guardian/Surrogate	Date	Parent/Guardian	Date
Student/Adult Student	Date	General Education Teacher	Date
LEA Representative/Admin.Designee	Date	Special Education Specialist	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date

### CONSENT

- ☐ I agree to all parts of the IEP.  
☐ I agree with the IEP, with the exception of \_\_\_\_\_  
☐ I decline the offer of initiation of special education services.  
☐ I understand that my child is not eligible for special education.  
☐ I understand that my child is no longer eligible for special education.

**Signature below is to authorize and approve the IEP.**

Signature _____ <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Adult Student	Date _____
Signature _____ <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Adult Student	Date _____

### PARENT INVOLVEMENT

As a means of improving services and results for your child did the school facilitate parent involvement?

☐ Yes ☐ No ☐ No Response

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature \_\_\_\_\_  
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

- ☐ Parent/Adult Student has received a copy of the Procedural Safeguards.  
☐ Parent/Adult Student has received a copy of assessment report (if applicable).  
☐ Parent/Adult Student has received a copy of the Individualized Education Plan (IEP).  
☐ Parent/Adult Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits.  
☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.



**SONOMA COUNTY SELPA  
IEP TEAM MEETING NOTES**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**Date:**

**Notes:**

DRAFT



## SONOMA COUNTY SELPA BEHAVIOR INTERVENTION PLAN

**Student Name:** Sample, Student
**Birthdate:** 11/4/2007
**IEP Date:**
**Date of BIP:**

This Behavior Intervention Plan is based on the following (check all that apply):

- ☐ Functional Behavior Assessment from report dated \_\_\_\_\_  
☐ Data Collection (may include observations, interviews, records review, etc.)  
☐ Social Emotional Assessment from report dated \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

**The problem behavior impeding learning is (describe what it looks like)**
**Frequency**
**Intensity**
**Duration**
☐ **Reported By**

and/or

☐ **Observed by**

### PREVENTION, PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

**What are the antecedents for the problem behavior?** (Situations in which the behavior is likely to occur: physical setting, social setting, instructional strategies, curriculum and activities, scheduling factors, degree of independence, degree of participation, social interaction, degree of choice, etc.)

**What environmental structure and supports are needed to reduce the problem behavior?** (Provide specific examples)

### ANALYSIS, PART II: FUNCTIONAL FACTORS

**Team believes the behavior occurs because:**

- ☐ **Access:**  
☐ **Avoid:**  
☐ **Automatic Reinforcement:**  
☐ **Other:**

### FERB, PART III: FUNCTIONALLY EQUIVALENT REPLACEMENT BEHAVIOR

**What team believes the student should do INSTEAD of the problem behavior?** (Replacement behavior that meets the same identified function of problem behavior)

**List teaching Strategies/Necessary Curriculum/Materials that are needed** (List successive teaching steps for student to learn replacement behavior/s)

**List reinforcement procedures needed for 1) establishing, 2) maintaining, and 3) generalizing the replacement behavior(s)?**  
**Selection of reinforcer based on:**

### RESPONSE TO PROBLEM BEHAVIOR, PART IV: STRATEGIES

Student Behaviors	Staff Response
Student early escalation behaviors may include:	Staff response to early escalation behaviors may include: (e.g. prompting relaxation strategies, offering distractions)
Student behaviors during problem behavior may include:	Staff response during problem behavior may include: (e.g. monitor for safety, one step directions, neutral tone and affect)
Student behaviors during de-escalation may include:	Staff response to promote de-escalation may include: (e.g. model deep breathing, encouragement)
Student behaviors during post incident may include:	Post incident strategies may include: (e.g. offer choices, refrain from discussing consequences)

☐ Behavioral Goal(s) are part of the student's IEP. See Goal(s) numbered:



**SONOMA COUNTY SELPA  
INDIVIDUAL TRANSITION PLANNING (ITP)**

**Student Name:** Sample, Student

**Date of Birth:** 11/4/2007

**IEP Date:**

Student Invited: ☐ Yes ☐ No

If Appropriate, and agreed upon, agencies invited:  
☐ Yes ☐ No ☐ N/A

Describe how the student participated in the process: ☐ Present At Meeting ☐ Interview Prior ☐ Interest Inventories ☐ Questionnaire

Age-appropriate transition assessments/instruments were used: ☐ Yes ☐ No

Describe the results of the assessments:

**Student's Post Secondary Goal Training or Education (Required):**

Upon completion of school I will      Linked to Annual Goal # Person/Agency Responsible:	<b>Transition Service Code as Appropriate:</b>  <b>Activities to Support Post Secondary Goal:</b>  <b>Community Experiences as Appropriate:</b> <b>Related Services as Appropriate:</b>
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**Student's Post Secondary Goal Employment (Required):**

Upon completion of school I will      Linked to Annual Goal # Person/Agency Responsible:	<b>Transition Service Code as Appropriate:</b>  <b>Activities to Support Post Secondary Goal:</b>  <b>Community Experiences as Appropriate:</b> <b>Related Services as Appropriate:</b>
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**Student's Post Secondary Goal Independent Living (As appropriate):**

Upon completion of school I will      Linked to Annual Goal # Person/Agency Responsible:	<b>Transition Service Code as Appropriate:</b>  <b>Activities to Support Post Secondary Goal:</b>  <b>Community Experiences as Appropriate:</b> <b>Related Services as Appropriate:</b>
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**SONOMA COUNTY SELPA  
INDIVIDUAL TRANSITION PLANNING (ITP)**

**Student Name:** Sample, Student

**Date of Birth:** 11/4/2007

**IEP Date:**

**District Graduation Requirements:**

**Course of Study**

A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their post secondary goal. ☐ Yes ☐ No

Units/Credits Completed:

Units/Credits Pending:

Student's course of study leads to:

☐ Certificate of Completion ☐ Diploma

Anticipated Completion Date:

**Age of Majority:**

☐ On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom: \_\_\_\_\_

Date: \_\_\_\_\_

**Conservatorship**

Is the student conserved for educational decision making?

☐ Yes ☐ No

If you are non-conserved for educational decision making and have reached the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.

Is there an appropriate measurable post secondary goal(s) that covers education or training, employment and, as needed, independent living?

☐ Yes ☐ No

Is the Post secondary goal(s) addressed/updated in conjunction with the development of the Annual IEP?

☐ Yes ☐ No

Are there transition services included in the IEP that will reasonably enable the student to meet his or her post secondary goals?

☐ Yes ☐ No

Are there annual goal(s) included in the IEP that are related to the student's transition services needs?

☐ Yes ☐ No

Comments:

Parent: ☐ agrees ☐ disagrees    Comments:

Parent received copy of Procedural Safeguards (Parent Rights): ☐ Yes ☐ No

\_\_\_\_\_  
Date

**SIGNATURES**

\_\_\_\_\_  
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Signature**

**Title**

**Date**

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## SONOMA COUNTY SELPA Manifestation Determination

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

District of Residence Sonoma Co. Office of Education

School Sonoma Co Office Of Ed

Manifestation Date:

Teacher

SSID 2092077

Grade

Gender Nonbinary

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Is the student an English Learner?

☐ Yes ☐ No

Primary Language: \_\_\_\_\_

Date of last assessment: \_\_\_\_\_

Primary Disability:

Secondary Disability:

**Current educational setting(s)**

**Description of behavior/actions of student resulting in this analysis**

Disciplinary action taken/proposed:

Date of decision of disciplinary action:

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following in relation to the behavior subject to discipline (check applicable items):

- ☐ Teacher observations of the student.
- ☐ The Student's IEP.
- ☐ Other relevant information *supplied by the parents of the student.*
- ☐ Other.

List:

Describe:

List:

List:

**The Manifestation Determination team determined that, in relation to the behavior subject to the disciplinary action**

The conduct in question was caused by or had a direct and substantial relationship to the disability. ☐ Yes ☐ No

**Comments**

Or

The conduct in question was the direct result of a failure to implement the IEP. ☐ Yes ☐ No

**Comments**

**The Manifestation Determination team decided that the student's behavior**

☐ was a manifestation of his/her disability. (requires a **yes** on any 1 of the above 2 items)

Discipline proceeding(s) may not occur at this time.

☐ Functional behavior assessment to be conducted (unless already conducted) and behavior plan to be implemented, or

☐ If a behavioral intervention plan has been developed, plan will be reviewed and modified as necessary

**Comments:**

☐ was not a manifestation of his/her disability. (requires a **no** on both of the above 2 items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident.)



**SONOMA COUNTY SELPA  
SPECIFIC LEARNING DISABILITY  
TEAM DETERMINATION OF ELIGIBILITY -DISCREPANCY ELIGIBILITY**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**School:** Sonoma Co Office Of Ed

☐ Initial Evaluation

☐ 3-Year Re-evaluation

A specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes included attention, visual processing, auditory processing, sensory-motor skills, phonological processing, and cognitive abilities including association, conceptualization and expression.

**Section I. Instructions:** Select Option A, B, or C below.

The decision as to whether or not a severe discrepancy exists takes into account all relevant material, which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education.

- ☐ A. The IEP team finds a severe discrepancy between intellectual ability and achievement based on valid standardized tests.  
☐ B. The IEP team finds a severe discrepancy based on alternative measures as specified on the assessment plan.  
☐ C. The IEP team finds a severe discrepancy between intellectual ability and achievement as a result of a disorder in one or more of the basic psychological processes. (Complete and attach the Special Learning Disability Discrepancy Documentation Form)

Area/s in which the pupil meets criteria under Option A, B, or C

- ☐ Oral Expression  
☐ Mathematics Calculation  
☐ Reading Comprehension

- ☐ Written Expression  
☐ Basic Reading Skills

- ☐ Listening Comprehension  
☐ Mathematics Problem Solving

**Section II.** The discrepancy identified above is directly related to a processing disorder: ☐ Yes ☐ No

Check appropriate area(s):

- ☐ Sensory Motor Skills  
☐ Auditory Processing  
☐ Phonological Processing

- ☐ Visual Processing  
☐ Attention

☐ Cognitive Abilities,(including association, conceptualization and expression)

**Section III.** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage. If the learning problem is primarily the result of any of the items below (A-H) check "Yes", and the student may not be identified as having a learning disability.

- |  |  |
|--|--|
| A. Visual, hearing, or motor disability                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Intellectual disability disadvantage.               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Emotional disturbance                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Cultural factors                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Environmental or economic disadvantage              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Limited English proficiency                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Limited school experience or poor school attendance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Lack of appropriate instruction in reading or math  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- a. The IEP team considered data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and  
 b. The IEP team considered data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents

**Section IV.** Additional Relevant Information:

Basis for determination of eligibility:

- ☐ Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report. ☐ Other (specify)

**Section V.** Relevant behavior related to academic functioning, noted during observation:

**Section VI.** Educationally relevant medical findings, if any:

**Section VII. Conclusion:**

The pupil has a specific learning disability.

☐ Yes ☐ No

The degree of the pupil's impairment requires special education.

☐ Yes ☐ No

I agree with the conclusions stated above:

/

Parent/Guardian/Surrogate/Adult / Date

/

LEA Representative/Admin. Designee / Date

/

Special Education Specialist / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Parent/Guardian/Surrogate/Adult / Date

/

General Education Teacher / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

**Signature and Title/Date:** \_\_\_\_\_**Date:** \_\_\_\_\_



**SONOMA COUNTY SELPA**  
**SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT**  
**(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION)**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

This form is to be completed and attached to the IEP Team Certification identification of Specific Learning Disability Form in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized test.

**Statement of the area, the degree, and the basis and method used in determining the discrepancy:**

1. Data from assessment instruments (ability and achievement):
2. Information provided by the parent:
3. Information provided by the pupil's present teacher:
4. Summary of the pupil's classroom performance:
  - a. Observations:
  - b. Work Samples:
  - c. Group Test Scores:
5. Consideration of the pupil's age:
6. Additional Relevant Information:



**SONOMA COUNTY SELPA**  
**SPECIFIC LEARNING DISABILITY**  
**TEAM DETERMINATION OF ELIGIBILITY - PATTERNS OF STRENGTH AND WEAKNESS**

**Student Name:** Sample, Student

**Birthdate:** 11/4/2007

**IEP Date:**

**School:** Sonoma Co Office Of Ed

- ☐ Initial Evaluation  
☐ 3-Year Re-evaluation

A specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes included attention, visual processing, auditory processing, sensory-motor skills, phonological processing, and cognitive abilities including association, conceptualization and expression.

**Section I.**

- ☐ The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development.

Area/s in which the pupil meets criteria

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Oral Expression         | <input type="checkbox"/> Listening Comprehension     | <input type="checkbox"/> Written Expression    |
| <input type="checkbox"/> Basic Reading Skills    | <input type="checkbox"/> Reading Fluency Skills      | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Problem Solving |  |

**Section II.** The specific learning disability identified above is directly related to a processing disorder: ☐ Yes ☐ No

Check appropriate area(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Sensory Motor Skills   | <input type="checkbox"/> Visual Processing |
| <input type="checkbox"/> Auditory Processing  | <input type="checkbox"/> Attention         |
| <input type="checkbox"/> Phonological Processing  |  |
| <input type="checkbox"/> Cognitive Abilities, (including association, conceptualization and expression) |  |

**Section III.** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage. If the learning problem is primarily the result of any of the items below (A-H) check "Yes", and the student may not be identified as having a learning disability.

- |  |  |
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| C. Emotional disturbance                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Cultural factors                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Environmental or economic disadvantage              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Limited English proficiency                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Limited school experience or poor school attendance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Lack of appropriate instruction in reading or math  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- a. The IEP team considered data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
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**Section VI.** Educationally relevant medical findings, if any:

**Section VII.** Conclusion:

The pupil has a specific learning disability.

☐ Yes ☐ No

The degree of the pupil's impairment requires special education.

☐ Yes ☐ No

I agree with the conclusions stated above:

\_\_\_\_\_  
 /  
 Parent/Guardian/Surrogate/Adult / Date  
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 LEA Representative/Admin. Designee / Date  
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 Special Education Specialist / Date  
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 Additional Participant/Title / Date  
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 Additional Participant/Title / Date  
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 Additional Participant/Title / Date

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 Parent/Guardian/Surrogate/Adult / Date  
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 General Education Teacher / Date  
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My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

**Signature and Title/Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_