

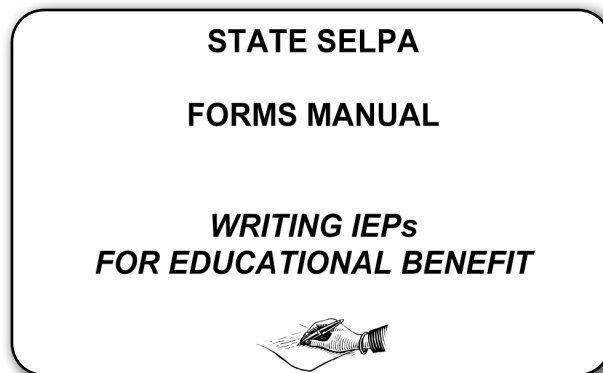
# Understanding Your Child's IEP Document

Knowing what should be on each page of your child's Individual Education Plan (IEP) empowers you to be an effective member of the IEP Team for your child. **An IEP is written to give your student educational benefit.** The IEP must also reflect the legal requirements of IDEA (Individuals with Disabilities Education Act), the Federal Special Education law.

**The pages of the IEP are in a specific order, as when an IEP is written, a specific order of steps should be followed:**

1. Parent concerns, student present level of performance and areas of need
2. Goals
3. Accommodations/modifications or other supports
4. Services
5. Location of where services will take place

This packet explains the California State IEP forms and what should be in each section. It also has educational benefit reminders. It is adapted from the Forms Manual published by the California State SELPA (Special Education Local Plan Area) Association to assist school districts in filling out the State IEP forms.



All the forms in the IEP that are reviewed in this packet are required at each annual IEP except for the Behavior Intervention Plan and Transition Plan forms. These apply only to specific students.

To help with educational terms, a glossary can be found at the end of this packet. Other Matrix packets that may be of help are:

- IEP Packet(s)
- Assessment
- Educational Benefit IEP Toolkit
- Advocacy
- Resolving Disagreements

## Pages in an IEP

**All annual Individual Education Plans (IEPs) must have the following pages:**

1. Information/Eligibility
2. Present Levels of Academic Achievement and Functional Performance
3. Special Factors
4. Statewide Assessments
5. Annual Goals (depending on the degree to which your child's disability affects education this page also will have objectives/benchmarks)
6. Services – Offer of FAPE
7. Educational Setting – Offer of FAPE
8. Signature and Parent Consent

**Other forms that may be included are:**

1. Notes page
2. Behavior Intervention Plan: For students with problem behaviors
3. Transition Services: Required for students age 16 and older. This must be in place during the IEP year a student turns 16.
4. Manifestation Determination for students facing possible expulsion
5. Specific Learning Disability Eligibility

**NOTE:** *If an annual IEP is changed before the next annual IEP meeting, there is a form for amendments. You can ask for a revised copy of the IEP with all changes written in. If you ask for this, it must be given to you.*

**There are still other forms used in the IEP process. Call our Helpline at 1-800-578-2592 if you have any of these forms and do not understand them, or if you need a set of blank forms.**

# Information/Eligibility Cover Page

The cover page frames the IEP with key information about your child and you. This sets the stage for the rest of the IEP.

**Demographics:** Name, date of birth, address, age, grade, gender, district in which you live, neighborhood school, ethnicity (what you the parent put on the student enrollment form), and your contact information etc. Native language is your student's home or birth language. EL is checked if your student is an English learner. If your student has been re-designated (no longer EL), that will be checked.

## **Key dates related to your child's IEP:**

- Last and next evaluation – this refers to triennial assessments done every three years
- Next IEP and last IEP – this refers to annual IEP meetings
- Original Special Education entry date – the date your child was made eligible for Special Education

## **Purpose of the IEP meeting:**

- Initial – to decide eligibility after initial assessment
- Annual – held within one year of the prior annual IEP meeting
- Triennial – held after this type of reassessment. This meeting may also include the annual IEP meeting
- Pre-expulsion – as part of or after a manifestation determination
- Interim – when a child with an IEP transfers into a district from another SELPA (Special Education Local Plan Area)
- Transition – such as:
  - » Infant to preschool
  - » Preschool to kindergarten
  - » Elementary to middle school
  - » Middle to high school
  - » High school to post high school starting in the year the student turns 16
  - » Public school to non-public school (NPS) or reverse

**Disability:** the district must identify the primary (or "P") Special Education eligibility related to various disabilities. There are 13 categories. A secondary "S" category is also noted if there is one. The primary is the one that has the most significant impact on your student's ability to access the general education environment. Low Incidence Disabilities are noted with an asterisk (\*).

If your student **is NOT eligible or no longer eligible** for Special Education, the reason for this and other options to address your student's educational needs should be noted on the IEP Team Comments Page. If you do NOT agree with this, your concerns need to be noted. Options to resolve your concerns and the *Notice of Procedural Safeguards* must be reviewed with you.

**How the Disability Affects Educational Performance:** This describes the disability and its impact, i.e. "auditory processing deficits adversely impact the student's ability to complete activities in the general education setting", "significant speech and language deficits interfere with the student's ability to interact with other students in the preschool setting". It is NOT what the school will do for your student or just a statement of what the disability is. This should answer the question HOW the disability impacts educational performance.

**Has the student received Coordinated Early Intervening Services (CEIS) under IDEA in the past 2 years:** This means interventions given to students who are not in Special Education and who had extra support with Special Education funding. 15% of IDEA funds are moved to the general fund section of the district budget. CEIS is required of school districts that the California Department of Education found significantly disproportionate in the number of students in Special Education. CEIS is an option for other districts. This does NOT mean the student had services in his/her early years.

**Date of Initial Referral for Special Education:** The date of the initial referral to assess and decide eligibility. This date can change if a student is found eligible, then exits Special Education, and then is re-assessed and found eligible again.

**Person Initiating the Referral:** This can be parent, teacher, Student Study Team (SST) or other school/district staff or other person.

**Date District Had Parent Consent:** The date you signed your consent for the initial evaluation.

**Date of Initial Meeting to Decide Eligibility:** The IEP meeting date when the evaluation was reviewed and eligibility was decided.

### *Educational Benefit Reminder*

- ◊ Is all information complete and correct?
- ◊ Does the IEP clearly state the eligibility of your child's disability(s)?
- ◊ Did the IEP team identify HOW the disability affects your child's involvement and progress in the general curriculum or participation in appropriate activities for the preschool child?
- ◊ Is the purpose for the meeting identified and clearly stated?
- ◊ Are all dates accurate and complete?
- ◊ Are ethnicity and race correct?

## Present Levels of Academic Achievement and Functional Performance

*Except for the CONCERNS OF THE PARENT, the district may prepare a draft of this part of the IEP prior to the meeting. Each section should be discussed at the meeting and changes made as needed based on input by members of the IEP team. REMEMBER: you, the parent, are a member of the IEP team.*

*Present Levels are statements about your child at the present time, at the time the IEP is written.*

**Strengths, Preferences, and Interests:** These are noted, as they must be considered when developing the IEP.

**Parent Concerns Related to Educational Performance:** Come prepared with a few sentences that will be entered in this section on page 2 of the IEP. Do insist that your concerns go on this page and not the Notes page. The Notes page has many notes and your concerns may not stand out. The Notes page also comes at the end of the IEP and your concerns are to be considered at the start of writing the IEP and belong on this page!

**Test Scores:** Scores showing your student's performance on state, district wide and other assessments. This should include any individually administered tests. If you gave the district private testing reports, ask to have these recorded here.

**Pre-academic/Academic/Functional Skills:** This section summarizes these skills. It includes your student's performance in the classroom, levels of mastery of the California content standards, progress in the curriculum, etc. Other skills listed here might be initiating work, managing long-term projects, having needed learning materials, and turning in homework. Pre-academic and functional skills are readiness concepts for continued academic progress in the general education curriculum, as appropriate. Examples: sorting items, recognizing patterns, making change, reading safety signs. Classroom performance in all academic areas should be included.

**Communication:** Areas of need such as articulation (making of sounds), voice, fluency and language needs; e.g. how your student understands what is said, expresses his or her ideas/ thoughts, or how language is used socially. If there are no concerns, then wording such as: "no concerns noted at this time" will be used.

**Gross/Fine Motor Development:** Fine motor is the same as small motor (holding items, using pencils/crayons, cutting, picking up items). Gross motor is large motor (sitting up in a chair, walking, holding up one's head, catching a ball). If there are no concerns, that will be noted.

**Social/Emotional/Behavioral Development:** This includes a wide range of needs that may get in the way of what is appropriate in a school setting.

**Vocational:** These are strengths, interests and needs related to pre-vocational/vocational skills. Work habits might be initiating and/or completing classroom work or school site jobs etc.

## Present Levels of Academic Achievement and Functional Performance *(continued)*

**Adaptive/Daily Living:** Self help needs such as dressing, toileting, feeding, riding a bus etc. If there are no concerns, “age appropriate” will be noted.

**Health:** Medical information that affects educational progress should be noted. You may need to give the school a document from your health provider. A nurse can be a member of the IEP team. A nurse can help the team understand how the disability can impact learning. The nurse can be the point person with your health care provider(s). If there are no health needs, it would say something like “no concerns”.

**Note:** *Some skills could fit in several of the above sections. An example might be initiating work. It could be listed as a functional skill or a vocational skill. What is important is that needed skills are listed somewhere!*

**Areas of Need:** This section lists areas of educational need identified by the IEP team (*again, remember you, the parent, are a member of the team*) for which goals will be written. These are based on assessments and present levels of academic achievement and functional performance and/or special factors. **For every identified area of need, there must be a goal.**

### ***Educational Benefit Reminder***

- ◆ Are your student’s strengths, preferences and interests clearly stated?
- ◆ Are your concerns noted?
- ◆ Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed including noting if there are “no concerns at this time”?
- ◆ Does the information clearly reflect your student’s performance in the educational setting?
- ◆ Do the Present Levels of Academic Achievement and Functional Performance reflect all needs that were identified in assessment information? This can include work samples, teacher observation, progress on prior year IEP goals, etc.

## Special Factors Page

At each annual IEP meeting, the IEP team must discuss and document if each of these factors applies to your student. This is a required page in the IEP.

**Assistive Technology:** “Yes” is checked if any type of assistive technology devices or services or low incidence services equipment and/or materials are needed to meet IEP goals. Assistive technology is not just for students with severe disabilities. A reason must be stated along with the specific type of devices, services, equipment and/or materials. More information on assistive technology can be found at the Center on Technology and Disability <http://www.ctdinstitute.org>.

**Low Incidence:** This means those eligible as Deaf/Blind, Visually Impaired, Orthopedically Impaired, or Hard of Hearing and Deaf. If low incidence equipment is needed to meet specific educational needs, “YES” is checked, and the needs are noted.

**Blindness or Visual Impairment:** This section notes whether Braille will be taught, and if not, why.

**Deaf or Hard of Hearing:** Notes are made about the student’s language and communication needs. Also noted are the full range of needs and the opportunities for direct instruction and communication with peers and staff in the student’s language, communication mode and academic level.

**English Learner:** The IEP team decides one of the three options based on the CELDT scores or proficiency in English. These are Structured English Immersion (SEI), English Language Mainstream (ELM) or an alternate program (native language instruction). Each question in this section must be filled out. All students MUST receive English Language Development services UNLESS you sign a waiver. SEI is recommended by California Department of Education if your student’s score is at beginning or early intermediate level on CELDT.

**Behavior:** If your student’s behavior gets in the way of his/her learning or the learning of others, “Yes” should be checked. The specific positive behavior interventions, strategies and supports to deal with this behavior are noted. If there is a Behavior Intervention Plan (BIP), it must be attached. If there is a behavior goal (A BIP has a goal/s) it should be written on a goal page of the IEP.

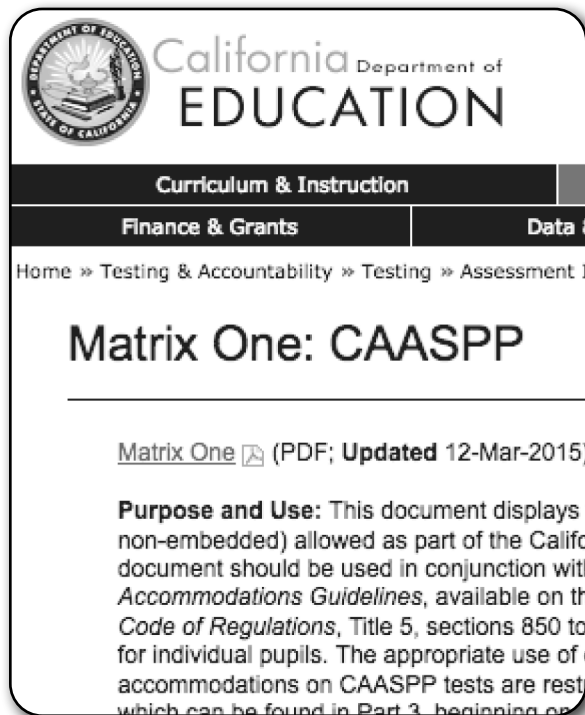
### ***Educational Benefit Reminder***

- ♦ Have all special factors been addressed that your student may need?
- ♦ If your student has behavior that gets in the way of learning are positive behavior supports, interventions and strategies listed?
- ♦ Does the IEP Team agree on areas of need that are to be addressed as goals that were identified in the Special Factors?

## Statewide Assessments

This page will note how your student will take any of the statewide assessments. This includes what test is most appropriate and what accommodations might be needed.

**The California Assessment of Student Performance and Progress (CAASPP).** This assessment is given on a computer in 3rd through 8th and in the 11th grades.



- If your child is not in a grade taking the test, "out of testing range" will be checked.
- If your student can take this test in the same way as students without Special Education, the box "Without Designated Supports or Accommodations" will be checked.
- Embedded supports are built into the computerized test and non-embedded ones are not built into the computer test. These supports do not change what is being measured.
- Supports and accommodations are based on your student's needs. A full list can be found at <http://www.cde.ca.gov/ta/tg/ai/caasppmatrix1.asp>
- The California Assessment Accessibility Resources Matrix (Accessibility Matrix) – (DOCX) displays the embedded and non-embedded universal tools, designated supports, and accommodations (UDAs) allowed as part of the California Assessment of Student Performance and Progress (CAASPP) and English Language Proficiency Assessments for California (ELPAC) Systems for 2021–22.
- There is another test for students with significant cognitive disabilities.

The Science, Physical Fitness and California High School Exit Exam tests are given in specific grades as shown on the form. If your student will have accommodations or modifications, these will be noted.

**CELDT and CAHSEE programs no longer Administered by CDE (California Department of Education).**

### *Educational Benefit Reminder*

- ♦ If alternate assessments are needed, are the reasons clearly noted and described?



# Annual Goals

There are two forms for goals. If your student takes a State test other than the CAASP as skills are quite below grade level, the form with goals AND objectives/benchmarks must be used. Best practice is to use this form for any student who is working on pre-academic or functional skills.

STATE SELPA IEP TEMPLATE ANNUAL GOALS	
Page ____ of ____	
Name _____	IEP Date ____/____/____
Area of Need  Baseline	Measurable Annual Goal # _____  <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 Person(s) Responsible _____
Progress Report 1 ____/____/____ Summary of Progress _____	

**Areas of Need:** Each area of educational need must have a goal. Needs are identified by the IEP team from assessments, present levels and academic achievement and special factors.

**Baseline:** Your student's current performance on the skill listed in the goal is noted. This should be a statement that can be quantified, i.e. reads 20 sight words from the 1st grade list. It should not just be a test score. When reading the baseline, any one should be able to form a picture of what your student is doing or not doing on the skill in the goal.

**Annual Goal:** Each goal is numbered. Each must be measurable and relate to the baseline in the goal.

## Each goal should include:

- Who (the student)
- Does what (observable behavior)
- When (by the reporting date, usually the next annual IEP date)
- Given what (conditions e.g. "when given a non-fiction 4th grade paragraph to read")
- How much (mastery level; such as "90% accuracy, 3 consecutive days")
- How will it be measured (criteria, work samples)

## Annual Goals *(continued)*

**Enables the student to be involved and progress in general curriculum:** This is noted if the goal is written to one of the California content standards.

**Addresses other educational needs resulting from the disability:** This is checked for needs such as behavior, social skills, and self-help.

**Linguistically appropriate:** The goals should align to your student's level on the CELDT and the California Department of Education English Language Standards.

**Secondary Transition:** This is for goals in a transition plan. These goals are written the year your student turns 16 and every annual IEP after that. The transition area that applies is checked.

**Person responsible:** This is who will be primarily responsible for implementing the goals and monitoring progress. This is not the parent or student.

**Progress Reports:** The date for each progress report (as often as general education students get report cards) and the summary of progress.

### *Educational Benefit Reminder*

- ♦ Are there goals and objectives (for some students) for each area of need. Each area of need has a goal.
- ♦ Are the baselines and goals specific? Can they be measured?
- ♦ Is the baseline skill area the same skill area as the goal?
- ♦ Do the goals enable your student to be involved and make progress in the curriculum?
- ♦ Are all other educational needs that result from the disability addressed?
- ♦ If your student is an English Learner, are the goals linguistically appropriate?
- ♦ Is the person identified who is primarily responsible for implementing the goals and monitoring progress?

## Services Offer of FAPE Free and Appropriate Education

Special Education and Related Services are decided at the IEP meeting ONLY after goals have been finalized. Services should be based on peer-reviewed research when practicable. Placement decisions must be made to meet the least restrictive environment (LRE) requirement of Special Education law.

**Service Delivery Options Considered:** The options discussed and considered must be noted. The team must first consider placement in the general education classroom with supports prior to recommending a more restrictive setting for all or part of the day. Harmful effects on your student or the quality of services must be considered and described.

### **The continuum of services:**

- General Education Class
- General Education Class with supplemental aids or services
- General Education Class with some direct instruction by special education staff, less than 21% of time out of the classroom
- General Education Class with 21% to 60% of the instructional day in a separate classroom
- Some/or no instruction in General Education Class, 60% or more of the day in a separate class
- Special Day School (public or non-public) with no general education students on campus
- Residential School
- Hospital Program
- Home Instruction

**Supplementary Aids, Services and Other Supports for Student and/or School Personnel:** If these are for your student (e.g. seating away from distractions, enlarged text) the student box is checked. The school personnel box is checked if these are for school staff (consultation, training). Accommodations are those that must be given. Hence, "as needed" should not be noted. Instead the conditions under which the accommodation must be given are noted along with frequency, duration, location, start and end date. Modifications to any curriculum area must be listed. It is most clear to have each item in it's own row.

**Transportation:** "Yes" is checked if your student needs transportation to the services in the IEP that are not at your child's neighborhood school. The type of transportation should be noted e.g. door-to-door, wheelchair bus.

# Services Offer of FAPE

## Free and Appropriate Education *(continued)*

### Offer of FAPE SERVICES

Page \_\_\_\_ of \_\_\_\_

Name \_\_\_\_\_ IEP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Service options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs) \_\_\_\_\_

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

Aids, Services, Program Accommodations/Modifications, and/or Supports		Start/End Date	Frequency	Duration	Location
	<input type="checkbox"/> Student	/ /			
	<input type="checkbox"/> Personnel	/ /			
	<input type="checkbox"/> Student	/ /			

**Special Education and Related Services:** These are either instruction services or services related to instruction (e.g. occupational therapy, speech/language services). Services are so your student will have educational benefit and make progress on his or her goals. Individual or group services are noted, along with the start and end date, duration and frequency. Services start the first day of school unless listed otherwise. If the service is a mix of pull out from and push in to the general education class, the amount of each should be noted. Specialized Academic Instruction (SAI) time is based on the amount of time the Special Education Specialist/Full Inclusion Specialist adapts curriculum or works with your student. SAI is a service not a location.

**Extended School Year (ESY):** A reason must be given as to whether your student does or does not need ESY. The glossary at the end of this packet explains ESY. If ESY is needed to receive a Free and Appropriate Education (FAPE), the services are noted with start and end dates, provider, frequency, duration and location.

### *Educational Benefit Reminder*

- ◊ Was the decision about supplementary aids, services and Special Education and Related Services made AFTER the goals were done?
- ◊ Are the appropriate services identified to support progress toward all goals including progress in the general curriculum, participating in extracurricular activities and other non-academic activities?
- ◊ Are the Special Education, related services and supplementary aides and services based on peer-reviewed research as is practicable?
- ◊ Are the start/end dates, provider, frequency, duration and location specific for all services?

# Educational Setting Offer of FAPE

## STATE SELPA IEP TEMPLATE

### Offer of FAPE EDUCATIONAL SETTING

Page \_\_\_\_ of \_\_\_\_

Name \_\_\_\_\_ IEP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Education ☐ General ☐ Specially Designed ☐ Other \_\_\_\_\_

District of Service \_\_\_\_\_ School of Attendance \_\_\_\_\_

School Type \_\_\_\_\_ Federal Setting \_\_\_\_\_

Federal Preschool Setting \_\_\_\_\_

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

\_\_\_\_\_ % 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 & extracurricular & non academic activities \_\_\_\_\_

because \_\_\_\_\_

Other Agency Services

☐ California Children's Services (CCS)

☐ Regional Center

**Physical Education:** The type is noted whether general education or other.

**District of Service:** This is the school district that is giving your child the majority of services. It may not be the district in which you live.

**School of Attendance:** This is the school where your child is enrolled.

**School Type:** There are many different school types, from a public day school, non-public day school, special education center, Independent Study, Juvenile Court School, Home Instruction, Charter, Head Start program, Private Preschool etc.

**Federal Setting:** This applies for ages 6 through 22. Regular classroom/public day school, and even if a student has some classes on a general education campus, these should be listed: separate school, residential facility, homebound/hospital, correctional facility, placed by parents in private school.

**All Special Education Services Provided at the Student's School of Residence:** If the answer is "no", the reason must be noted. Your child's school of residence is the first option that should be considered.

## Educational Setting Offer of FAPE *(continued)*

**Percentage of Time Outside and In Class:** This shows you the time your student is OUTSIDE the regular environment and IN the regular education environment. The percentage is based on the full school day including lunch, recess, or passing periods etc. It includes all Special Education services. This tells you how often your child is in the Least Restrictive Environment (LRE). This is a key part of Special Education law.

**Other Agency Services:** Other agencies serving your child are listed. Listing these can help coordinate services.

**Promotion Criteria:** "Progress on goals" or "other" is checked if your child's curriculum has been modified. If this is checked, the curriculum that is modified should be noted on the Services Offer of FAPE page of the IEP. Otherwise "district criteria are the same for students without disabilities" is checked.

**Parents Informed of Progress and How:** This should match when report cards are given at the school. How progress will be reported also should be noted.

**Activities to Support Transition:** If your student is going through a transition the activities to support your student in this are noted. Transition could be preschool to kindergarten, middle school to high school, special education to general education, non-public school to neighborhood school.

**Graduation Plan:** This applies if your student is in grade 7 or higher. This notes if he or she will work toward a diploma or certificate of completion. **KEY:** your student must have the chance to work toward a diploma if he/she has the ability to do so. This should be talked about each year.

### *Educational Benefit Reminder*

- ◊ Is there a clear description of the location of services, including why some services may not be given at your child's home school?
- ◊ Is there a clear description of the amount of time your student is outside the general education environment, including a reason why your student will not participate in general education for all or part of the day?
- ◊ If your student is making a transition (non-public school to public, elementary school to high school, preschool to kindergarten etc.) are activities clearly stated to support the transition?
- ◊ If your student is in grade 7 or higher, is the graduation plan stated?

## Individual Transition Plan or ITP (page 1)

*This form must be completed so it is in effect when your student turns 16 years of age or will reach age 16 before the next annual review. It can be done sooner.*

**Student was invited:** Your student is to be invited on the form that notifies you of the IEP meeting. This section shows this was done.

STATE SELPA IEP TEMPLATE INDIVIDUAL TRANSITION PLAN	
<b>Name:</b> _____	<b>Birth Date:</b> ____ / ____ / ____ <b>IEP Date:</b> ____ / ____ / ____
Student Invited: Yes/No      If appropriate, and agreed upon, agencies invited: Yes/No	Describe how the student participated in the process: _____
Age-appropriate transition assessments/instruments were used. Yes/ No    Describe the results of the assessment: _____	
<b>Student's Post Secondary Goal Training or Education (Required):</b>	
Upon completion of school I will _____	<b>Transition Service Code (Required):</b> _____

**Agency was invited:** With your permission, appropriate support agencies can be invited. These agencies should be listed on the form notifying you of the IEP meeting. If an agency is invited, "Yes" is marked. When it is not appropriate, "N/A" is marked. There never is a reason to mark "no".

**How the student participated in the process:** As the student must participate, this section documents how this happened. More than one box can be checked: present at meeting, interview prior, interest inventories, and/or questionnaire.

**Age-appropriate transition assessments/instruments were used:** These drive the ITP part of the IEP. When these are used, "Yes" is marked. Next, the information/results are noted that show your student's preferences and interests for transition planning. This should relate to your student's post-secondary goals. Assessment is to be comprehensive NOT JUST vocational. The information serves as Present Levels for the transition section of the IEP. Post-secondary goals are what the student plans on doing after graduating or completing high school. The gap between the results of the transition assessment and the student's interests is the basis for the post-secondary goals.

What your student is interested in and wants to pursue in areas of education, career and living are to be described. This should be based on the information from the transition assessments.

**Student's Postsecondary Goals:** Postsecondary goals that can be measured must include: training or education, employment, and if appropriate, independent living. What your student plans on doing when leaving school should be noted.

## **EXAMPLES:**

### **Education/Training:**

- Upon completion of school, I will enroll in the local community college
- Upon completion of school, I will learn independent living skills from the Regional Center

### **Employment:**

- Upon completion of school, I will work as a mechanic
- Upon completion of school, I will work as a teacher
- Upon completion of school, I will work in supported employment

### **Independent Living**

- Upon completion of school, I will live on my own
- Upon completion of school, I will live on my own with help from my family

Post-secondary goals must link to an annual IEP goal that will support the skills needed to reach the post-secondary goals.

On person responsible, this is your student and then whoever else will also be responsible.

**Transition Service Codes:** These are California codes for use by the district and State.

**Activities to Support Transition Service:** Activities that will help your student achieve the post-secondary goals are noted here. Examples are career research paper, college application, resume writing, self-help unit on cooking, workability training.

**Community Experiences as Appropriate:** These are activities in the community in which your student will participate. Examples are job shadowing, community based instruction, service learning, community service, youth groups, and scouts.

**Related Services/DIS as Appropriate:** These are related services that are needed based on your student's disability that will help achieve his/her post-secondary goals. Examples are speech and language, deaf and hard of hearing services, orientation and mobility transportation, and career counseling.



## Individual Transition Plan (ITP) (page 2)

**Course of Study:** This is a multi-year description of the coursework that explicitly connects to your student's desired post-school goals. It starts from your student's current year to the year he or she is expected to end school. Transcripts are NOT considered a course of study unless they have the list of future required courses.

Units/Credits Completed:	Units/Credits Pending:
Diplomas: yes/no	
Certificate of Completion: yes/no	Anticipated Completion Date: _____
<b>CAHSEE (High School Exit Exam)</b>	
<input type="checkbox"/> CAHSEE/ELA date:     _ / _ / _	Score: ____ <input type="checkbox"/> Passed <input type="checkbox"/> Did not pass
<input type="checkbox"/> CAHSEE/Math date:     _ / _ / _	Score: ____ <input type="checkbox"/> Passed <input type="checkbox"/> Did not pass
<input type="checkbox"/> CAHSEE Other: _____	
<b>Age of Majority:</b>	

### EXAMPLE 1:

If, as a junior the post-secondary goal is to have a supported employment job, a course of study could be:

**Junior Year:** Cooking, Functional Math, Functional Communication, Work Crew, PE

**Senior Year:** Cooking, Budgeting, Workability Training, Functional Math, Vocational Skills

If, as a junior the post-secondary goal is to work as a mechanic, a course of study could be:

**Junior Year:** Eng 3, PE, US History, Life Science, Algebra I, Learning Center

**Senior Year:** Eng 4, Work based learning, Govt/Econ, Senior Project, Small Engines

### EXAMPLE 2:

**Diploma:** Attach a form with all diploma related coursework currently being completed and all required future coursework. Specific electives should be noted.

**Certificate of Completion:** The functional areas are described that are being worked on currently. Future areas to work on prior to exit of school are also described.

**Units/Credits:** What has been completed is updated as of the IEP meeting along with the units/credits still to do. This includes what your student will take in the next IEP cycle.

**Course of Study Leads to:** This notes whether the course of study leads to a diploma or certificate of completion.

**Transfer of Rights:** On or before your student's 17<sup>th</sup> birthday, an educator is to explain to your student he/she will take on all Special Education rights and protections when turning 18 (unless a court has appointed a conservator). This means your student will make all IEP decisions and sign the IEP. The *Notice of Procedural Safeguards* document is reviewed with your student.

### ***Educational Benefit Reminder***

- ◇ Are there appropriate post-secondary goal or goals that can be measured? Do they cover education or training, employment, and as needed, independent living?
- ◇ Are post-secondary goals updated each year?
- ◇ Are the post-secondary goals based on age appropriate transition assessments?
- ◇ Are there transition services in the IEP that will reasonably help your student to meet his/her post-secondary goals?
- ◇ Does the course of study reasonably help your student to meet his/her post-secondary goals?
- ◇ Is there an annual IEP goal related to transition services needs?
- ◇ Was your student invited and part of the transition planning?
- ◇ Were any participating agencies invited to the IEP meeting with your consent?

# Behavior Intervention Plan (BIP)

This is based on the form suggested by the California Department of Education PENT program website, <http://www.pent.ca.gov>. A BIP is used when the team agrees one is needed to address problem behavior.

## Behavior Intervention Plan

For behavior interfering with the student's learning or the learning of his/her peers.  
Complete a Behavior Intervention Plan for each target behavior identified.

Student:

Date:

### IDENTIFICATION

1. The behavior impeding learning is:  
(description of what the behavior looks like)

2. It impedes learning because:

3. The need for a Behavior Support Plan is: ☐ Early Intervention ☐ Moderate ☐ Serious ☐ Extreme

4. Frequency or intensity or duration of behavior ☐ reported by and/or ☐ observed by

### PREVENTION: PART 1 - ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

The form explains what should be in each section. When going over your student's BIP, ask yourself if what is written relates to the instructions. Here are a few notes for some sections:

**Behavior impeding learning is:** This should describe the behavior in a way that is specific and free of judgment. Anyone reading this should be able to form an image of what your student is doing or not doing.

**Frequency or intensity:** Again, this should be specific.

*Example:* 3 to 5 times in one teaching period lasting 5 minutes each, with yelling so loud it can be heard in the hall.

**Team believes the behavior occurs because:** This should describe one of three options: getting, protesting, or avoiding something.

*Examples:* Sarah is protesting when she feels work is too hard or something is unfair. Joe is avoiding being embarrassed in front of his peers. **Note:** It should not just be a restatement of the problem behavior.

**What the team believes the student should do INSTEAD of the problem behavior?** (How should the student escape, protest or avoid or get his/her need met in an acceptable way?)

*Examples:* Sarah will write a note for the teacher or raise her hand to share that she feels the work is too hard and not fair. Joe will learn positive language to use to deal with an embarrassing moment.

**What teaching strategies/necessary curriculum materials are needed?** (List successive teaching steps for student to learn replacement behavior(s) and/or curriculum materials needed). This section is what the teacher/staff will do for the student – what steps they will use to teach your student and/or what materials they will use.

*Examples:* Conflict resolution curriculum, teach 3 step de-stress process of 3 breaths, 3 options, choose 1.

## Behavior Intervention Plan (BIP) *(continued)*

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### **What are reinforcement procedures to use for establishing, maintaining and generalizing the replacement behavior?**

These should be based on what motivates or interests your student.

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**Strategies to be used if problem behavior occurs again:** This is not just “send to the office”. This section details prompts and reminders to use positive behavior. It states what staff should do to de-escalate. It may also note other people who may be called in to help. It may include steps to keep your student or others safe.

*Examples: Use slow calm voice, avoid quickly approaching the student, give visual prompt.*

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**Behavioral Goals:** These are listed here and also copied on the IEP goal form page. The data in the first section of the BIP should be used in the baseline on the IEP goal page: description of behavior, frequency, intensity, and duration.

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**Communication:** This section describes who will communicate with whom, about what, how and when. This includes communications with you. It could also be from one staff member to another such as bus driver to principle, teacher to psychologist or behaviorist.

### ***Educational Benefit Reminder***

- ◊ Is the description of behavior specific and written in neutral words without judging your student?
- ◊ Is the function of the behavior described using one of the 3 options (protesting, avoiding, getting something)?
- ◊ Is the replacement behavior one that will meet the need your student has in a positive way?
- ◊ Are the reinforcements ones that your student will respond to?
- ◊ Are the teaching strategies or curriculum ones that will teach the desired new behaviors?
- ◊ Do the strategies to use if the behavior happens again include how to interact with the student to de-escalate a situation before steps are listed to apply disciplinary measures? Is there information on how to review the situation with the student after the behavior is over?
- ◊ Is the goal(s) in the behavior plan also written onto an IEP goal form page? Is that goal specific with measurable baseline information from the behavior plan?
- ◊ Are all key people who need to communicate with each other about improving your student’s behavior noted in the communication section?
- ◊ Is the behavior plan positive? Does it give details on what staff is to do to support your student?

## Signature and Parent Consent

**IEP Meeting Participants:** Each person who was at the IEP meeting signs his or her name, title and the date. This records if all required team members were there and who else was part of developing the IEP.

**Consent:** You do not need to decide whether to consent or not at the meeting. You can do this after the IEP meeting. This gives you time to read and understand the IEP. You can agree to all or part of the IEP or none of it. If you disagree with parts, note the parts with which you do not agree. If you do not agree with all of the IEP, steps to resolve the disagreement should be noted. If the district finds your child not eligible for special education, you will sign if you agree or not. You can decline Special Education services. **Do NOT sign the IEP if you haven't yet decided how to consent, only sign that you attended the meeting.**

If you are not deciding at the meeting, the district will give you another form to take home to use when you have made up your mind how to sign.

**As a means of improving services and results for your child did the school facilitate parent involvement:** If you check "no", the team needs to agree on a plan to address the issue in the coming year.

Two boxes note if you received a required document:

- Copy of assessment reports if they were done (*If your native language is not English, you can request these be translated*)
- Copy of the IEP

**Public Benefits:** You have to give consent for the district to use your health insurance benefits through Medi-Cal.

**Student enrolled by parent in private school:** If your child is found eligible for services, a service plan instead of an IEP is written. Once you enroll your child in public school, an IEP is written.

### *Educational Benefit Reminder*

- ♦ Did all who attended the IEP meeting sign and date?
- ♦ If you are not consenting, are areas of agreement/disagreement clearly noted? Are next steps to resolve any disagreements listed?

# IEP Team Meeting Notes

This is not a required form of the IEP. It usually is a record of key points of agreement or disagreement. It should be an accurate summary.

## Specific Learning Disability Forms

*If your student is made eligible as a student with a specific learning disability (SLD), forms must be used to show how this was done.*

**STATE SELPA IEP TEMPLATE**  
**SPECIFIC LEARNING DISABILITY**  
**TEAM DETERMINATION OF ELIGIBILITY**

**PAGE 1**

**Student Name** \_\_\_\_\_  
**School** \_\_\_\_\_  
**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IEP Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Initial Evaluation  
☐ 3-Year Re-evaluation

**I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)**  
☐ A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:
 

<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Listening Comprehension
<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Reasoning
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Reading Fluency	

**Presence of a Severe Discrepancy:** If the team finds there is a severe discrepancy, or gap, between measures of intellectual ability and **one or more** of the academic areas listed, the appropriate boxes are checked. **If the standard measures (usually test scores) do not show a severe discrepancy, the IEP Team can find that one does exist** by using other information. A Specific Learning Disability Discrepancy documentation form is then used. This form notes what was used, such as other assessments, information from you and your child's present teacher, summary of your student's classroom performance (observations, work samples, group test scores). Your child's age and any other information are considered.

**Discrepancy identified in item I is directly related to a processing disorder:** This is checked either "Yes" or "No". If "Yes", the processing disorder causing the discrepancy is checked.

The discrepancy also cannot be caused by other factors that are listed on the form. Each of these must be reviewed and checked either "yes" or "no".

This form requires your signature to show you agree.

# Manifestation Determination

If the district recommends expulsion this form is used. It is also used when a student is removed from his/her educational placement (is suspended for more than 10 consecutive days or suspended for more than 10 days in a school year if the behavior is a pattern). At the Manifestation Determination meeting, the IEP team decides if the student's action is directly related to the disability. This form notes the findings.

## MANIFESTATION DETERMINATION FINDINGS

Student: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

District of Residence: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: ☐ M ☐ F CSIS: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the student limited in English proficiency? ☐ Yes ☐ No Primary Language: \_\_\_\_\_

Date of Current IEP: \_\_\_\_\_ Date of last assessment: \_\_\_\_\_

Disability: \_\_\_\_\_ Current educational setting(s): \_\_\_\_\_

**Date of the Current IEP:** The date of the last agreed upon, signed IEP.

**Date of the Last Assessment:** The date of the last 3-year triennial or complete psycho-educational assessment.

**Disability:** The primary disability of your student. California Department of Education recommends that the IEP team also include information from any other disability your student has.

**Current Educational Setting:** Current placement.

**Description of Behavior:** A brief statement about the behavior with factual information or investigation findings/outcomes.

**Disciplinary Action Taken and Date:** This refers to suspension and the first date of the suspension.

**Evaluation and Diagnostic Results:** This box is checked if formal assessment results helped the team decide whether or not the behavior was a manifestation of the disability. The special evaluations and dates are listed.

**Observations:** This box is checked if observation data on your student was used to decide. Both the observer and the time of observation should be listed.

## Manifestation Determination *(continued)*

**Student's IEP, Services and Placement:** At the time of the behavior, if your student's IEP, services and placement were used to help the team make their determination, this box is checked. How relevant information from the IEP was used should be described.

**Other Relevant Information:** A list of any other information that was used to make the decision such as past discipline history, reports from staff, etc.

**The team determined that *in relation to the behavior subject to disciplinary action the following is true:*** "Yes" is checked if the team feels the behavior was caused by or had a direct or substantial relationship to the disability. "Yes" is also checked if the team feels the behavior was the direct result of a failure to implement the IEP (for example, if all the supports and services listed on the IEP were not taking place as outlined in the IEP at the time of the incident).

☐ Evaluation and diagnostic results. List: \_\_\_\_\_

☐ Observations of the student. List: \_\_\_\_\_

☐ Student's IEP, services, and placement. Describe: \_\_\_\_\_

☐ Other relevant information. List: \_\_\_\_\_

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

☐ Yes   ☐ No      **The behavior was caused by or had a direct and substantial relationship to the disability.**  
Comments: \_\_\_\_\_

☐ Yes      ☐ No      **The behavior was the direct result of a failure to implement the IEP.**  
Comments: \_\_\_\_\_

Form 25A

**The team decided that the student's behavior (one of the following two boxes as appropriate are checked based on the information above):**

- The first box "was a manifestation of his/her disability" is checked if the answer to any one of the two questions above were yes. If this box is checked, the discipline actions may not go forward. In most cases this means the case cannot go to the School Board to recommend expulsion. The next two boxes are what will be done to prevent the behavior in the future.
  - » A Functional Behavior Assessment will be done to better understand the behavior and a behavior plan implemented or
  - » If a behavior plan was in place, the plan will be reviewed and changed if needed.
- The second box is checked if both of the two questions above was "No". **This means the behavior was not a manifestation of the disability.** The discipline process may go forward.
- You decide to check if you agree or disagree. It is noted that you were or were not given a copy of your Procedural Safeguards (your rights). This is important so you understand what rights you have.



## Glossary of Terms

*Other Matrix packets about Special Education give more in-depth information on many of these terms.*



**Accommodations:** These changes do NOT fundamentally change or lower expectations or standards in instructional level, content, or performance criteria.

**California English Language Development Test (CELDT):** The test given to students from Kindergarten to 12<sup>th</sup> grade whose home language is not English. It identifies students who need to improve their skills in listening, speaking, reading, and writing in English. The test is given each year to students still learning English.

**Certificate of Completion:** Is an alternative to a high school diploma. It is not a diploma. It certifies that the student has satisfactorily completed a prescribed alternative course of study, has met the goals of his/her IEP or has participated in high school instruction and has met the objectives of the transition services. Students can be part of graduation ceremonies with a certificate of completion. They will not qualify for admission to traditional colleges or universities. They can attend a 2-year community college.

**Extended School Year (ESY)** Services in excess of the regular school year. These are for students who if education stops over the summer may lose skills and not be able to easily gain these skills back at the start of a new school year. Also the student will be unlikely to reach a level of self-sufficiency and independence otherwise expected in view of the disability.

**Free and Appropriate Education (FAPE):** FAPE is a core part of the Federal Special Education Law, the Individuals with Disabilities Education Act (IDEA). It is required that all students in Special Education receive FAPE as a result of their IEP. A child's education must be appropriate to meet his or her unique needs. Appropriate is defined in the Individualized Education Plan (IEP). Appropriate also means your student makes progress.

**Functional Academic Skills** are skills needed for a student to live independently. Examples: telling time, making change, reading safety signs, balancing a check book, reading a bus schedule.

## Glossary of Terms *(continued)*

**Individual Education Plan:** An IEP includes goals, supports, and services to address a student's individual educational needs. It describes how a child will be involved in and progress in the general education curriculum. The IEP must have parent consent before a service can begin or be changed. Any part of the IEP that has consent can be put in place. The IEP is re-written by the IEP team once a year. It can be changed during the year if needed.

**Least Restrictive Environment (LRE):** This requires that to the greatest extent possible, students with disabilities are educated with typically developing peers. Special classes, separate schools or removing students in other ways from the general education environment occurs only if the nature and severity of the disability is such that learning in general education with supplementary aids and services cannot be done satisfactorily.

**Low Incidence Disabilities:** These are the Special Education eligibilities of Hard of Hearing, Orthopedic Impairment, Deaf, Visual Impairment, Deaf/Blind.

### Low Incidence Services

- Specialized services often by an itinerant teacher/specialist for either the student or consultation to the teachers, staff or parents
- Deaf and hard of hearing
- Interpreter – sign language
- Audiological
- Vision
- Orientation and mobility
- Braille transcription
- Orthopedic
- Reading
- Note taking
- Transcription
- Recreation

**Manifestation Determination:** The required IEP meeting in which the IEP team decides if the actions of the student that led up to potential expulsion were significantly the result of the disability or the school not following the IEP.

**Modifications:** Changes that fundamentally alter or lower expectations or standards in instructional level, content or performance criteria.

## Glossary of Terms *(continued)*

**Non-Public School (NPS):** A private special education school that the California Department of Education has authorized to receive public school students paid for by your student's district. The school must follow California Education Code.

**Peer-Reviewed Research:** Research that is evaluated by a group of experts in the appropriate field to make sure the necessary standards are reached before use.

**Procedural Safeguards** are the rights and protections in special education for students and parents. The Procedural Safeguards document explains these. It is required that parents receive this document once a year and at other important times in the Special Education process.



### Related Services

- Language and speech
- Adapted physical education
- Health and nursing
- Assistive technology services
- Occupational therapy
- Physical therapy
- Individual counseling
- Counseling and guidance (in a small group setting)
- Parent counseling
- Social work services
- Psychological services
- Behavior intervention services
- Day treatment services to address mental health needs
- Residential treatment services, 24-hour out-of-home intensive therapeutic services to support the educational program.

## Glossary of Terms *(continued)*

**Special Education Local Plan Area or (SELPA):** California has created these consortiums in regions of big enough size and scope to provide for all special education service needs of children living within the region. Each region, Special Education Local Plan Area (SELPA), has a local plan describing how Special Education services will be provided. Services vary from SELPA to SELPA.

### Specialized Academic Instruction

- Specialized academic instruction through Resource Specialist services or Special Day Class services, in a public or non-public school
- Intensive individual instruction such as the use of an one-on-one instructional assistant
- Individual and small group instruction for preschool only



**Student Study Team (SST):** A group that meets to discuss concerns about a student's academics, behavior and/or social-emotional needs. The SST team can propose a plan of action. The team usually has a teacher, administrator, and support personnel from the school. Sometimes a psychologist or special education teacher will also be part of the SST. The parent is a part of the team, and your student can be also.



### Transition Services

- College awareness
- Vocational assessment, counseling, guidance, career assessment
- Career awareness
- Work experience education
- Job Coaching
- Mentoring
- Agency Linkages
- Travel Training