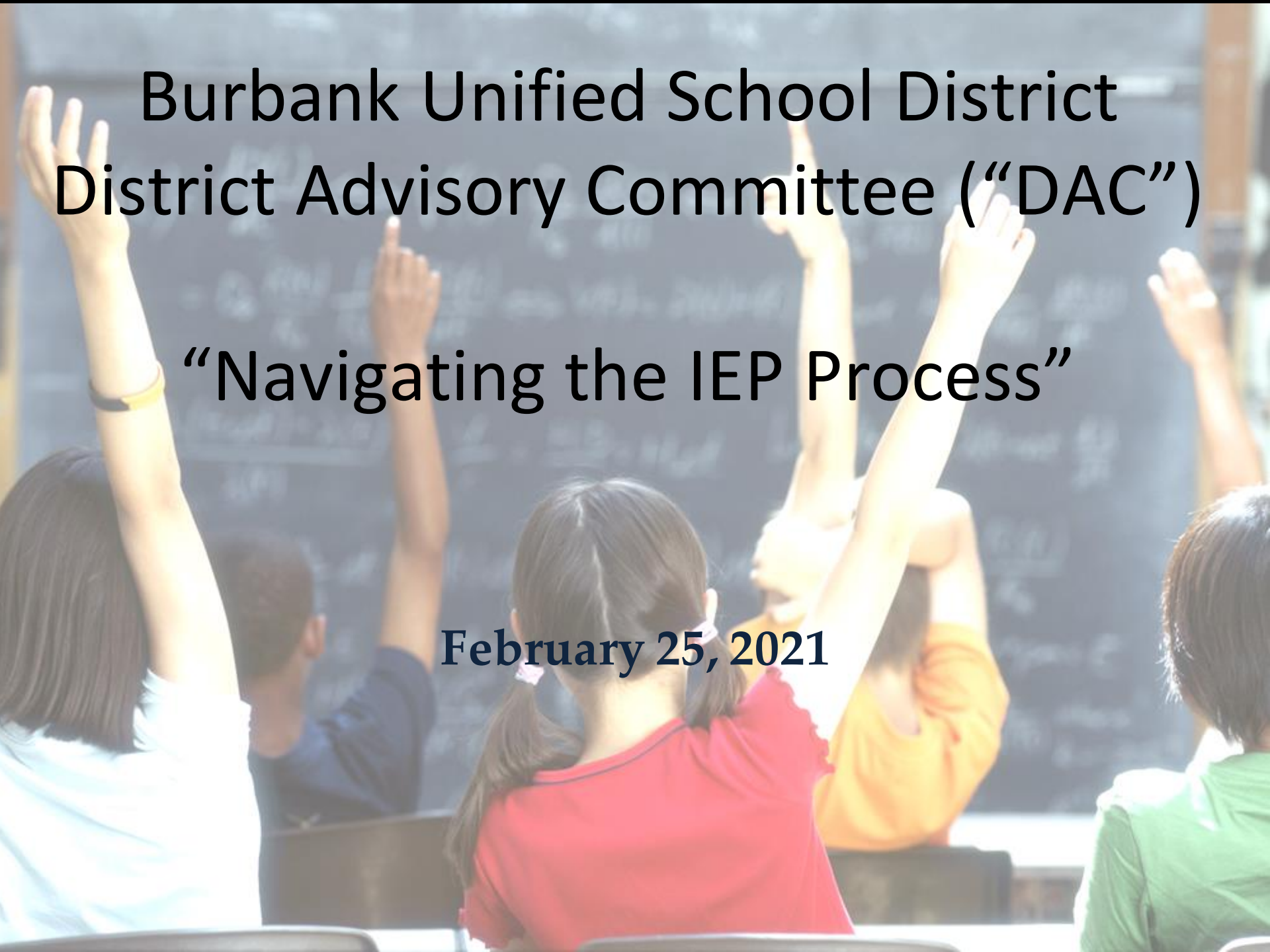


A photograph of a classroom from the back, showing several students with their hands raised. The students are wearing light blue, red, orange, and green shirts. In the background, a chalkboard is filled with faint, illegible chalk writing. The text is overlaid on the top half of the image.

Burbank Unified School District District Advisory Committee (“DAC”)

“Navigating the IEP Process”

February 25, 2021

Welcome & Introductions

Presenters

Tamara Schiern, Director of Special Education

Dr. Ingrid Jaimes, Coordinator of Special Education

Dr. Britta Davidson, Coordinator of Special Education

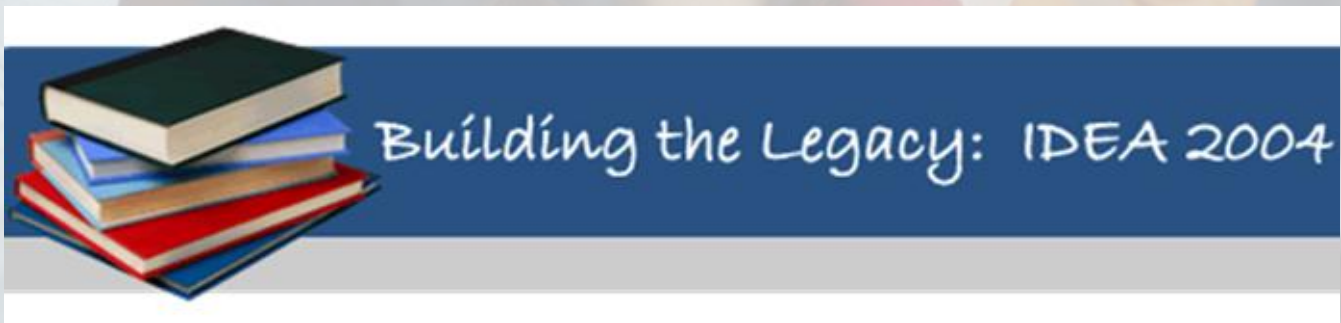
Leslie Hawa, Secondary Program Specialist

Caryn Tomer, Elementary Program Specialist

Adriana Latrovalis, BCBA, Behavior Program Specialist

IEP Defined

- The Individuals with Disabilities Education Act (IDEA) mandates special education services for children with certain disabilities, who because of this disability needs special education and related services.
- The law requires that an Individualized Education Program (IEP) be written for each child who is eligible for Special Education. Each student's IEP must be reviewed at least once a year and must be changed as the student's needs change.



Purpose of an IEP Team Meeting

Policy 2419: Regulations for the Education of Students with Exceptionalities states:

The primary purpose of an IEP Team meeting is to design an IEP that will meet the unique needs of an eligible student. The IEP Team plans the special education and related services designed to provide access to and progress in the general curriculum. The IEP Team members should come prepared to participate in an open discussion regarding the student's individual needs and how those needs affect the student's mastery of the content standards and objectives.

IEP Team Members

- Student
- Parent/Family member
- Special Education Teacher
- General Education Teacher
- Principal or Site manager
- School district representative
- Related Service Providers
- Assessors



- The student or family may invite whomever they want to participate in the IEP meeting.

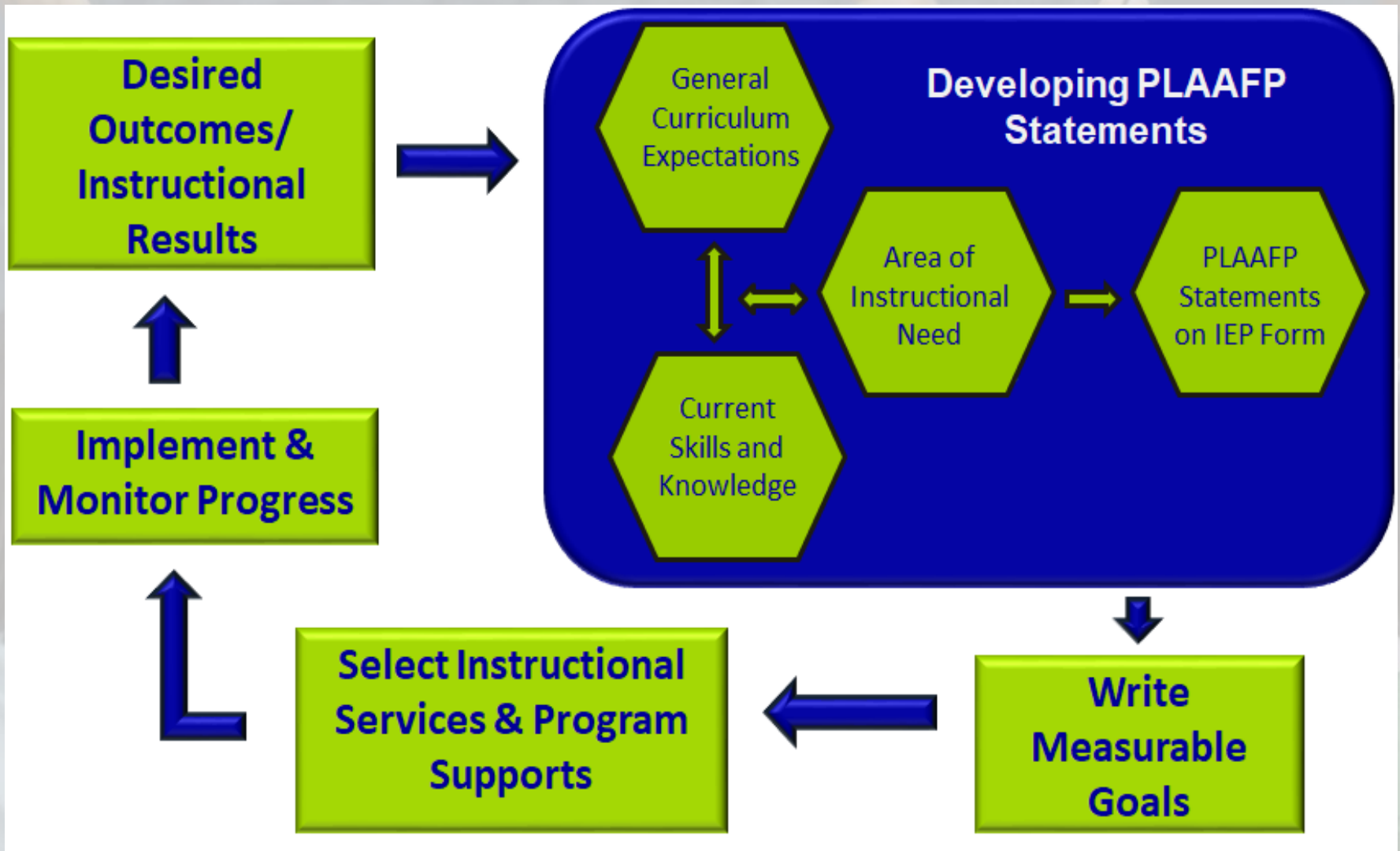
IEP Development: “GPS”

YOU

- Know where you want to go
- Enter data about where you are
- Create a map
- Adjust to opportunities/barriers
- Arrive and choose a new long-term goal



IEP Development Process



What an IEP must include:

Our Main Components



- A) A statement of the student's present level of educational performance, and special needs
- B) Annual Education Goals
- C) Related Services, as Appropriate
- D) Time a Child will participate in Regular Classes or Activities
- E) Implementation, Frequency, and duration of Placement
- F) Provisions for Career, vocational education, and alternatives for meeting requirements for graduation if required (at age 16 and above, or younger as appropriate)
- G) Placement

Statement of the student's present level of educational performance, and special needs

- **Comprehensive, meaningful assessment**
- **Establish needs**



Those working with your student will share information about what the student has accomplished and is able to do as well as what he or she needs to learn based upon the assessment results.

Annual Education Goals

- **Articulation of educational benefit**
- **Based on present levels**
- **Measurable**
- **Based on the general core curriculum or an alternative curriculum if appropriate**
- Instructional goal objectives/benchmarks may be developed for students who receive an alternative curriculum.

Related Services

All services necessary for the child to benefit from special education will be delineated.

Services may include:

- Audiological services
- Speech and language services
- Orientation & mobility services / Occupational Therapy
- Instruction in the home or hospital
- Adapted physical education
- Vision services
- Counseling and guidance
- Transportation

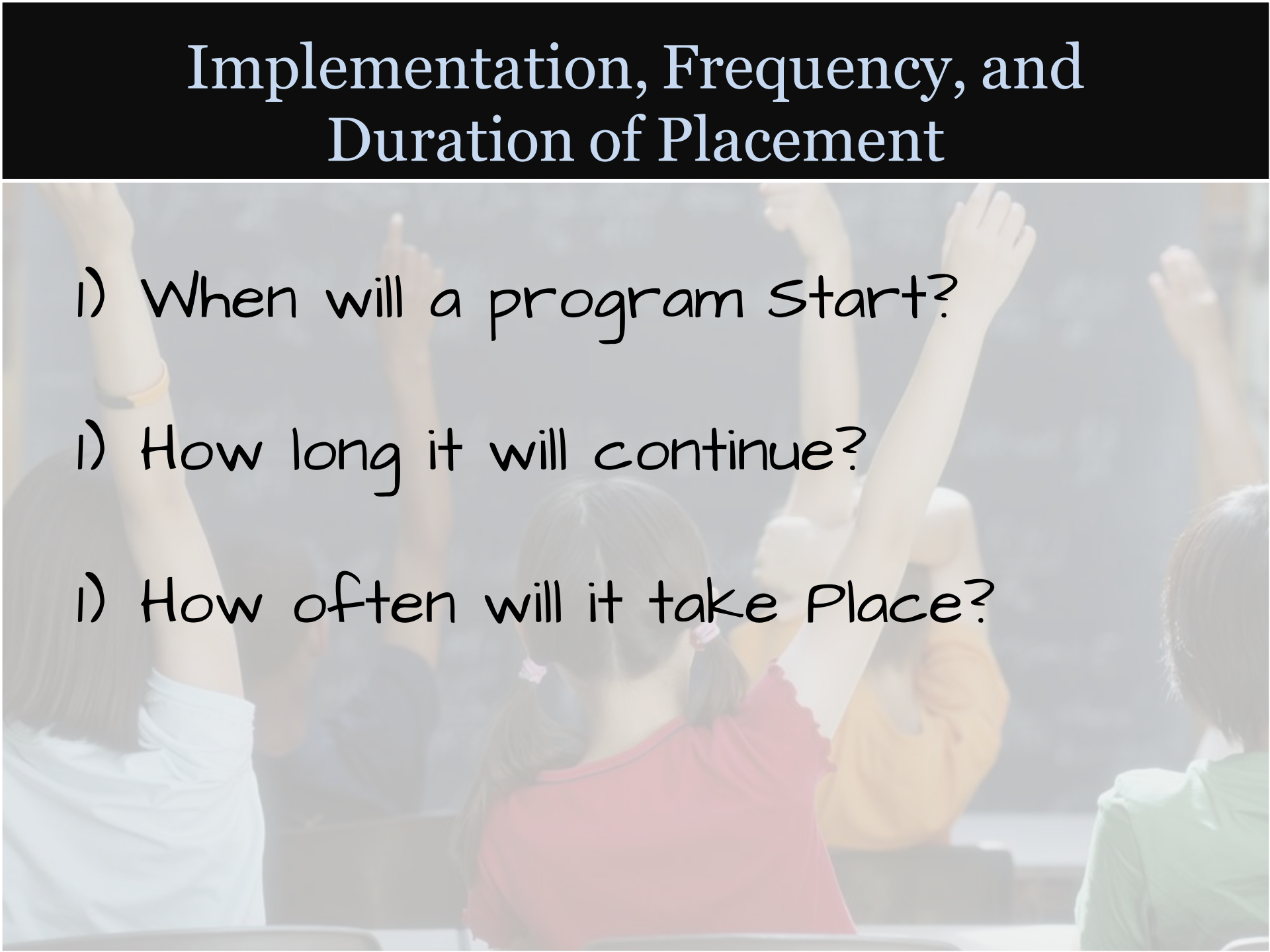
Amount of Time the Child will Participate in Regular Classes or Activities

The continuum of placements must permit students to receive an education to the maximum extent appropriate with children who do not have disabilities.

We call
this "LRE"



Implementation, Frequency, and Duration of Placement

- 
- The background of the slide is a photograph of a classroom. Several students are visible, mostly from the back, with their hands raised in the air, suggesting an interactive or active learning environment. The image is slightly faded to allow the text to be the primary focus.
- 1) When will a program start?
 - 1) How long it will continue?
 - 1) How often will it take Place?

Provisions for career, vocational education, and alternatives for meeting requirements for graduation if required

- Transition is defined as the movement of youth with disabilities into employment, post-school education, independent living and community participation.
- IDEA states that transition to adult services must begin at **16 years of age** or younger (if determined appropriate by the IEP team).
- At an IEP meeting prior to your child turning 16 years, an individual transition plan (ITP) will be established.

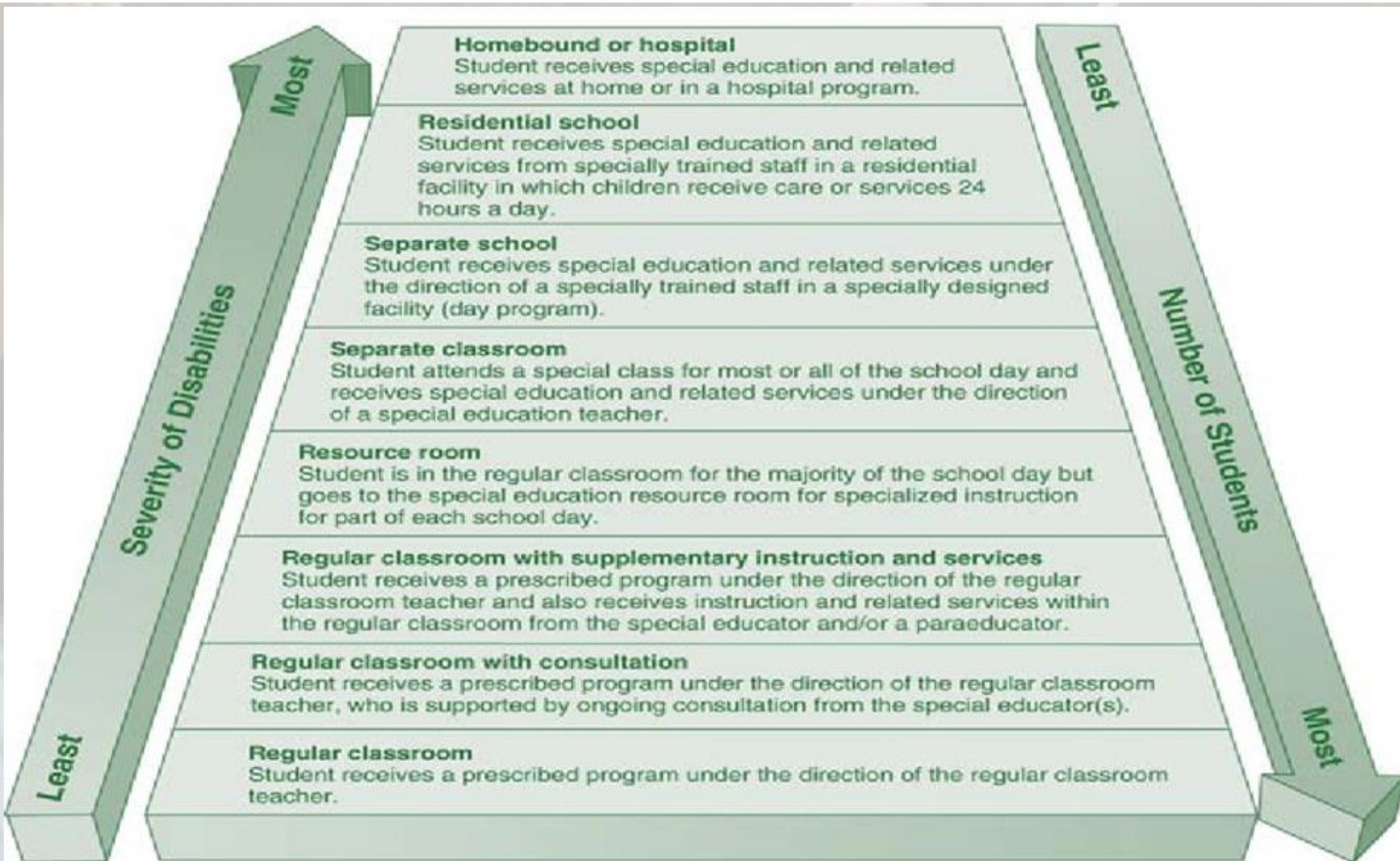


Placement

*Following a discussion of available options, well as the students' goals and objectives, the appropriate educational setting in the least restrictive environment will be determined by the team.



Least Restrictive Environment



The IEP Forms:

- Front Page of the IEP
- Present Levels of Academic Achievement and Functional Performance
- Special Factors
- Statewide Assessments
- Annual Goals and Benchmarks/Short-Term Objectives
- Services- Offer of Fape
- Educational Setting - Offer of Fape
- Individual Transition Plan (ITP) (For student 16 years of age or older)
- IEP Meeting Notes
- Signature and Parent Consent

Information/Eligibility (AKA: Cover Page)

Page ____ of ____

FOOTHILL SELPA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Name: The Pook, Winnie Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Original SpEd Entry Date: 5/6/2008 Next Annual IEP: 8/19/2019

Last Eval: 8/13/2018 Next Eval: 8/13/2021

Purpose of Meeting: ☐ Initial ☒ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other _____

Age: 18 Gender: ☒ Male ☐ Female

Grade: Eleventh grade Migrant: ☐ Yes ☒ No Native Language: English

EL: ☐ Yes ☒ No Redesignated: ☐ Interpreter: ☐ Yes ☒ No

Student ID: _____ SSID#: 0000000000

Residency: 10 Parent or Legal guardian

Parent/Guardian: _____ Home Phone: 555-555-5555
Home Address: 727 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@gmail.com

Parent/Guardian: Christopher Robert Home Phone: 555-555-5555
Home Address: 727 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@gmail.com

District of Residence: Burbank Unified Residence School: Burbank High

Ethnicity: 900 Intentionally Blank

Race 1. 900 Intentionally Blank Race 2. _____ Race 3. _____

INDICATE DISABILITIES Note: For initial and intermal IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary: Autism (AUT) Secondary: Intellectual Disability (ID) * Low Incidence Disability

☐ Not Eligible for Special Education ☐ Exiting from Sp. Ed. (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) Winnie exhibits Autism, a developmental disability that significantly impacts his verbal and nonverbal communication and social interaction. He demonstrates with engagement in some repetitive activities and stereotyped movements and may be resistant to changes in his daily routine. Additionally Winnie exhibits with significantly below average general intellectual functioning existing concurrently with deficits in his adaptive behavior that adversely impact his educational performance.

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: 10 Parent

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility: _____

Identifying information: Name, Date of Birth, IEP Date, Date of last evaluation, Next Evaluation, Purpose of Meeting, Age, Grade, Native Language, Need for Interpreter

Residency: Who the student lives with, Parent contact information, District of Residence, School of Residence, Student's Ethnicity and Race

Disability Eligibilities under IDEA (Students may have one or more qualifying disabilities), Description of how disabilities affect educational progress, Initial placement information

Present Levels of Academic Achievement and Functional Performance

Page ____ of ____

FOOTHILL SR/LA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: The Pooh, Winnie Date of Birth: 5/19/2000 IEP Date: 9/29/2018

Strengths/Preferences/Interests

Concerns of parent relevant to educational progress

Smarter Balanced Assessment Consortium (SBAC)

English/Language Arts Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Reading ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Writing ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Speaking and Listening ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Research/Inquiry ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Math Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Concepts and Procedures ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Problem Solving and Data Analysis ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Communication Reasoning ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
California Alternate Assessments (CAA)
English Language Arts
☐ Not Applicable
☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Math ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Science ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

English Language Development Test (English Learners Only)
☐ California English Language Development Test (CELDT)
☐ Alternate Assessment to CELDT
☐ Other: _____
Overall _____ Listening _____ Speaking _____ Reading _____ Writing _____

Physical Education Testing (grades 5, 7 & 9):
Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)

Hearing Date: (_____) ☐ Pass ☐ Fail ☐ Other _____
Vision Date: (_____) ☐ Pass ☐ Fail ☐ Other _____

Presacademic/Academic/Functional Skills

Page ____ of ____

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:

Student Strengths, Preferences, and Interests: Both inside and outside of school

Parent concerns: Related to the child's education

State Testing Scores from Last Available State Assessment

If student is an English Learner, their scores on the English Proficiency test
Physical Education Testing Scores

Vision/Hearing Test Results

Present Levels of Performance: In the different domains that may affect Education performance. Students may or may not have deficits in these areas.

Areas of Need: Goals address these areas

Special Factors

Page ____ of ____

FOOTHILL SELPA
SPECIAL FACTORS

Student Name The Pook, Winnie Date of Birth 5/19/2000 IEP Date: 9/22/2018

Does the student require assistive technology devices and/or services? ☐ No ☒ Yes
Rationale:
Winnie needs access to a computer on campus that has word processing capabilities with word prediction and spell check.

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

Considerations if the student is blind or visually impaired: *Winnie is not blind or visually impaired*

Considerations if the student is deaf or hard of hearing: *Winnie is not deaf or hard of hearing*

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

Does the student need primary language support? ☒ No ☐ Yes If yes, how will it be provided? ____
What will be the language of instruction for the student? English

Who will provide EL services to student? ☐ General Education ☒ Special Education

What type of classroom setting will the student attend? ☒ English Language Mainstream Immersion ☐ Structured English

☐ Alternative Program (primary language instruction)

Comments: *Winnie will receive EL support in Basic English Class*

Does student's behavior impede learning of self or others? ☐ No ☒ Yes *Winnie is often sent out of the room for defiant and disrespectful behavior when he is asked to complete work that is challenging for him. When out of the room he misses instruction and does not complete assignments.*

If yes, specify positive behavior interventions, strategies, and supports IEP goals and accommodations will be created to help Winnie learn skills to help him regulate his behavior and ask for help.

☒ Behavior Goal is part of this IEP ☒ Behavior Intervention Plan (BIP) attached

States whether student require assistive technology or low incidence services

Completed if student is an English Learner (EL)

Completed if student has behavior(s) that impede their learning. States how behavior will be addressed

Statewide Assessments

Page ____ of ____

FOOTHILL SDSLPA
Statewide Assessments

Student Name: Winnie The Pooh Date of Birth: 5/19/2000 IEP Date: 9/20/2018

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below:
English Language Arts (Grades 3-8, & 11)

11 Math testing accommodations

☒ SBAC with Designated Supports Embedded
☐ SBAC with Designated Supports Non-Embedded
☐ SBAC with Accommodations Embedded
☐ SBAC with Accommodations Non-Embedded
☐ SBAC with Accessibility Support (requires CDE Approval)

Color Contrast, Reverse Contrast, Mirroring, Text To Speech, Icons

Math (Grades 3-8, & 11)

10 Math testing accommodations

☐ SBAC without Designated Supports or Accommodations

Science (Grades 5, 8 & High School)

11 Math testing accommodations

☐ CAST with Designated Supports Embedded
☐ CAST with Designated Supports Non-Embedded
☐ CAST with Accommodations Embedded
☐ CAST with Accommodations Non-Embedded
☐ CAST with Accessibility Support (requires CDE Approval)

Text To Speech (Items and Stimuli)
Simplified Test Directions
Multiplication Table

☒ If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.
The student will not participate in the SBAC because:
Participation in an Alternate Assessment is appropriate Winnie needs to take the GMA with Accommodations and Designated Supports To align with the testing he has received in Science throughout the school year.

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):

☐ Not Applicable ☐ Sensory support ☐ Functional positioning
☐ Alternative response mode ☐ Assistive equipment or device ☐ Visual support
☐ Alternative mode for written language ☐ Augmentative or alternative communication system

☒ CELEST (English Learners Only)

☐ Listening without Accommodations
☐ Listening with Accommodations

☐ Listening with Modifications

Student marks responses in test booklet and responses are transferred to a separate answer document by an employee of the school, district, or nonpublic school

Lists the different statewide assessments that students in public education take. Depending on your child's age, different test will be required. Each test has its own applicable accommodations and/or modifications. The IEP should determine which tests are appropriate and what supports the student will need to get an accurate evaluation.

Annual Goals & Benchmarks/Short-Term Objectives

Identifies area of need that goal will address and the students current level of performance in this area (baseline).

The annual goal for the student to reach. Must be appropriate and measurable. Lists if the goal is standards based and the person responsible for reporting on the goal progress.

If a goal requires or if the IEP team deems appropriate, short term objectives are created for the goal. **Students on a functional curriculum must have short term objectives.*

Progress on goals is reported here or on a separate Progress Report Summary.

Page ____ of ____

FOOTHILL SELPA
ANNUAL GOALS AND OBJECTIVES

Student Name: The Poon, Winnie Date of Birth: 5/19/2000 IEP Date: 9/20/2018

Area of Need:	Measurable Annual Goal:
Baseline:	Goal:

☐ Enables student to be involved/progress in general curriculum/state standard

☐ Addresses other educational needs resulting from the disability

☐ Linguistically appropriate

☐ Transition Goal: ☐ Education/Training ☐ Employment ☐ Independent Living
Person(s) Responsible: _____

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:

Services - Offer of Fape

Lists the service options considered by the IEP team based on the unique needs of your child. Also lists the IEP team's recommendation of the Least Restrictive Environment (LRE).

If the IEP team determines accommodations are necessary for the student to access their curriculum, the program accommodations are listed here.

Page ____ of ____

FOOTHILL SELPA
Offer of FAPE - SERVICE

Student Name: Winnie The Pooh Birthdate: May 18, 2000 IEP Date: 6/20/2018

The service options that were considered by the IEP team (List all): The team discussed placement options, including general education and special education, including general education with supports, general education with special education collaborative supports and specialized academic instruction in a separate class.

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: The team considered a continuum of placement options and determined that Winnie requires specialized academic instruction in a small group setting in order to advance on his goals and access the curriculum at this time and agreed that there are no potential harmful effects, as Winnie requires such placement and services to make progress. This is the LRE for Winnie. Due to the nature and of his disability, education solely in a general education placement cannot be achieved satisfactorily.

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
Human Reader Reduced/shortened assignments, Access to technology on campus, Bathroom break pass and unrestricted access to liquids (medical card issued by nurse), Preferential seating near point of instruction, Short visual breaks between assignments, Special projects in lieu of assignments (discussed with teacher prior to assignment).			School
Alternative response for scantron tests/students marks answers on tests. Provide a "near copy" of materials being projected on the board/projector screen/document reader etc., Flexible seating, Use of phone approved by administration to reach out to therapist for coaching, Student must not be called on to read aloud in class.			

Services - Offer of FAPE (Continued)

If the IEP team determines modifications or supplemental aids are necessary for the student to access their curriculum, the program modifications and supplemental aids are listed here.

☒ 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
Out of grade level curriculum	12/15/2017	12/17/2018			All Classrooms
Grades based on effort and work towards mastering goal areas, not based on academic criteria	06/22/2018	06/29/2018			School
Allow take-home or open-book tests	06/22/2018	10/11/2018			School

☒ 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	Start Date	End Date	Frequency	Duration	Location
--	------------	----------	-----------	----------	----------

If the IEP team determines that a student requires a service, the service is list here, including the frequency and duration of the service and the service delivery model. If the IEP team determines a student is eligible for ESY, those services are listed here as well.

Page ____ of ____

SPECIAL EDUCATION and RELATED SERVICES

Service: Specialized Academic Instruction	Start Date: 2/3/2017	End Date: 10/27/2017
Provider: District of Service	☐ Ind ☒ Gp ☐ Sec Transition	
Duration/Freq: 55 min x 1 Totalling: 55 min served Daily	Location: Separate classroom in public integrated facility	
Comments:		
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 ☒ No ☐ Yes		
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.		

Individual Transition Plan (ITP)

Page _____ of _____

**FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)**

Student Name: The Pross, Winroe Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Student Initiated: ☒ Yes ☐ No

F Appropriate, and agreed upon, agencies involved:
☐ 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:
 Winroe is a great student who enjoys school and socializing with peers. He is very even tempered and respects authority. Winroe is looking forward to finishing high school and would like to attend a culinary institute and become a chef or open their own catering company. Winroe also took the career interest inventory. After the inventory was completed Winroe's three top career choices are education, accounting, and medical assistant. Winroe is interested into looking into other careers besides Culinary arts, but has a very difficult time with math so does not feel accounting would be a good match. Based on other assessment Winroe is very social and enjoys helping people.

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

Upon completion of school I will: Go to a community college or trade school

Transition Service Code as Appropriate:
 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
 Student will understand a research options for post-secondary training and education

Student will explore careers and jobs related to a variety of training

Student will conduct research on a topic of health, create and present the information to an audience.

Community Experiences as Appropriate:

Related Services as Appropriate:
 130 Specialized Academic Instruction

Linked to Annual Goal # 1
 Person/Agency Responsible: case manager

Student's Post Secondary Goal Employment (Required):

Upon completion of school I will: Have a full time job in the area of education

Transition Service Code as Appropriate:
 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
 Student will understand a research options for post-secondary training and education

Student will understand relationship between past experience and interests in future choices.

Student will learn self advocacy and goal setting

Student will complete assignments using Microsoft Word, power point and excel

Community Experiences as Appropriate:
 Student will be invited to participate in an employment fair at school

Related Services as Appropriate:

Linked to Annual Goal # 2
 Person/Agency Responsible: case manager

Student's Post Secondary Goal Independent Living (As appropriate):

Upon completion of school I will: Live independently or with roommates

Transition Service Code as Appropriate:
 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
 Student will identify basic budgeting practices

Student will understand the difference between checking and savings accounts

Student will identify and learn ways to manage time

Student will identify leisure activities.

Community Experiences as Appropriate:
 Student will be invited to go on a field trip to the local credit union.

Related Services as Appropriate:

Linked to Annual Goal # 3
 Person/Agency Responsible: case manager

(1)

(2)

(3)

Page _____ of _____

**FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)**

Name: The Pross, Winroe Date of Birth: 5/19/2000 IEP Date: 8/29/2018

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

A course of study is an annual description of coursework (classes or functional curriculum) that would assist the student to make progress towards his/her desired measurable post-secondary goals.

Example:
 Student will complete core courses leading to a high school diploma (community college); OR
 Student will complete course of study for CSU/UC track; OR
 Student will complete coursework leading to a certificate of completion.

"If a student is behind on units note a plan of how a student is going to make up those credits. (example: take a summer school class, credit recovery, extra period during the day, Adult School)"

Units/Credits Completed: 4 of credits student has earned to-date Units/Credits Pending: _____

Student's course of study leads to: (check one option below) ☐ 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 of age of majority (age 18)

By whom: _____ Date: _____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational progress 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

Three Post-Secondary goal areas:

- (1) Training or Education,
- (2) Employment,
- (3) Independent Living

Graduation Status
 Notice of Age of Majority date

IEP Meeting Notes

- This page should represent the topics discussed and the agreements made by the IEP teams. It is not a transcript of the meeting, but a summary of what occurred. Every team member should carefully listen to the notes read aloud (or request to read the written copy, if preferred), at the conclusion of the meeting. At this time, the parent, or any team member, can request any needed corrections or revisions. However, if on subsequent reflection after the meeting, the parent believes the notes do not accurately reflect the discussion, the parent may contact the case manager to request a correction, or the parent may submit the correction in writing to the case manager and request that it be attached to the IEP meeting notes.

Parent Tip: Small wording changes that don't result in substantive changes to the IEP and corrections to inaccuracies can be made to the meeting notes. But larger concerns/changes may require a re-convene of the IEP team.

Signature and Parent Consent

Page ____ of ____

**FOOTHILL SELPA
SIGNATURE AND PARENT CONSENT**

Student Name The Pooch, Minnie Date of Birth 5/19/2000 IEP Date 6/20/2019

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

COMMENT

☐ 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.

As a means of improving services and results for your child did the school facilitate parent involvement?
☐ Yes ☐ No ☐ No Response

Signature below is to authorize and approve the IEP.

Signature _____ Date _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature _____ Date _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

If my child is or may become eligible for public benefits (Medi-Cal) I authorize the LEA/school 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.

The top set of lines is for signing in attendance. All members of the team should sign and date this portion of the consent form at the meeting.

Initial the box if you give full consent (top box), partial consent (2nd box), decline services (3rd box), Acknowledge the student is not eligible (4th box), or no longer eligible (5th box)

If you authorize and approve of the IEP (including if you signed with exceptions), you will sign and date the IEP here. Once the IEP is signed it goes into effect.

Emergency Services

**FOOTHILL SELPA
EMERGENCY CIRCUMSTANCES PROGRAM**

Student Name: The Pooh, Winnie Birthdate: 8/5/2008 Meeting Date: 4/16/2020

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below in light of the emergency circumstances and District policy.

Specialized Academic Instruction and Related Services

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: *I will email a Distance Learning schedule.*

Transition Services ☒ NOT APPLICABLE ☐ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	--	---	--	--	--

Other: _____

Comments: _____

Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: _____

Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: _____

Supplementary Aids and Services (provided in general education classes and other general ed environments)

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☒ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
--	--	--	--	--	--

Other: _____

Comments: _____

Page ____ of ____

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. Public health orders shall be taken into account in implementing the emergency conditions provision. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances. The emergency service options will not be implemented if they are inconsistent with a public health order or directive, are inconsistent with the school's emergency preparedness procedures, and/or would interfere with the health and safety of students or staff during emergency conditions.

This page shows how the district would provide educational services if there is an emergency that results in a school closure.

It is general because it could apply to any type of emergency.

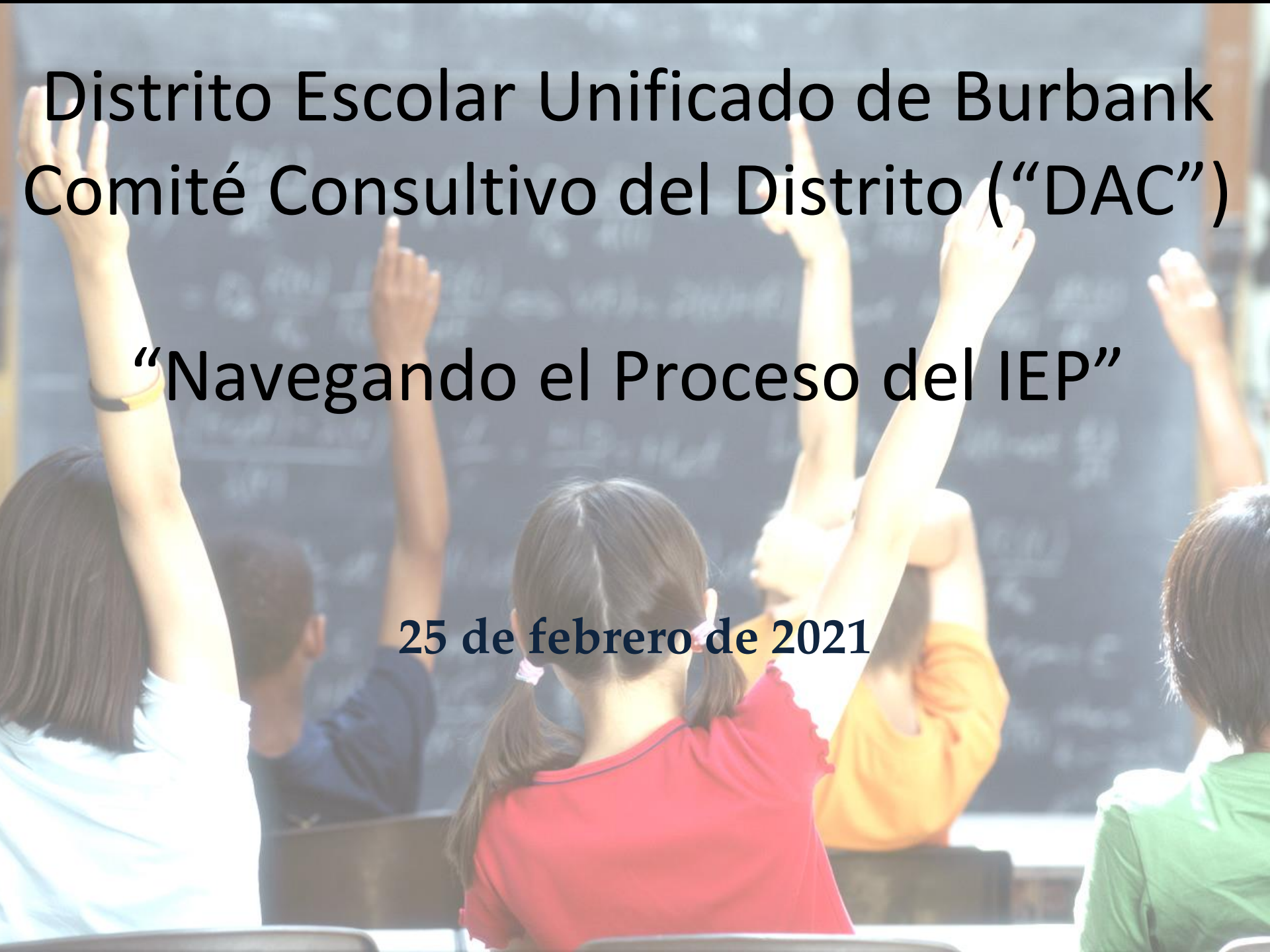
It is not specific like a distance learning plan.

This section talks about how parents will be notified within 10 days if services or instruction can't be delivered per the IEP due to an emergency and that the emergency services are not a change in the offer of FAPE and must be consistent with any public health or emergency orders.

Thank You!

**Parents need professionals,
Professionals need parents,
And the students need us all!**



A photograph of a classroom from the back of the room. Several students are visible, with their hands raised in the air, indicating an interactive or active learning environment. The students are wearing various colored shirts (light blue, red, orange, green). In the background, a chalkboard is filled with faint, illegible writing. The overall lighting is bright, suggesting a well-lit classroom.

Distrito Escolar Unificado de Burbank Comité Consultivo del Distrito (“DAC”)

“Navegando el Proceso del IEP”

25 de febrero de 2021

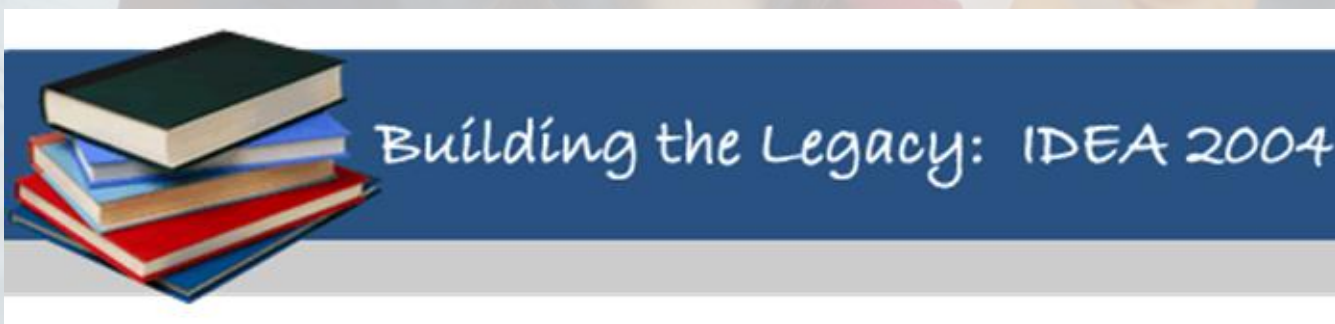
Bienvenida & Presentaciones

Presentadores

Tamara Schiern, Directora de Educación Especial
Dra. Ingrid Jaimes, Coordinadora de Educación Especial
Dra. Britta Davidson, Coordinadora de Educación Especial
Leslie Hawa, Especialista del Programa Secundario
Caryn Tomer, Especialista del Programa de Primaria
Adriana Latrovalis, BCBA, Especialista en Programa de Conducta

Definir el IEP

- La Ley de Educación de Individuos con Discapacidad (IDEA) exige servicios de educación especial para niños con ciertas discapacidades, quienes debido a esta discapacidad necesitan educación especial y servicios relacionados.
- La ley requiere que un Programa de Educación Individualizada (IEP) se escriba para cada niño que es elegible para la educación especial. El IEP de cada estudiante debe revisarse al menos una vez al año y debe cambiarse a medida que cambian las necesidades del estudiante.



Propósito de una Reunión del Equipo del IEP

Política 2419: Regulaciones para la Educación de Estudiantes con Excepcionalidades establece:

El propósito principal de una reunión del Equipo IEP es diseñar un IEP que satisfaga las necesidades únicas de un estudiante elegible. El equipo del IEP planifica la educación especial y los servicios relacionados diseñados para proporcionar acceso y progreso en el plan de estudios general. Los miembros del equipo del IEP deben venir preparados para participar en una discusión abierta sobre las necesidades individuales del estudiante y cómo esas necesidades afectan dominio de los estándares de contenido y objetivos del estudiante.

Miembros del Equipo del IEP

- Estudiante
- Padre/Miembro de Familia
- Maestro de Educación Especial
- Maestro de Educación General
- Director o Administrador de la Escuela
- Representante del Distrito Escolar
- Proveedores de Servicios Relacionados
- Asesores



- El estudiante o la familia pueden invitar a quien quieran a participar en la reunión del IEP.

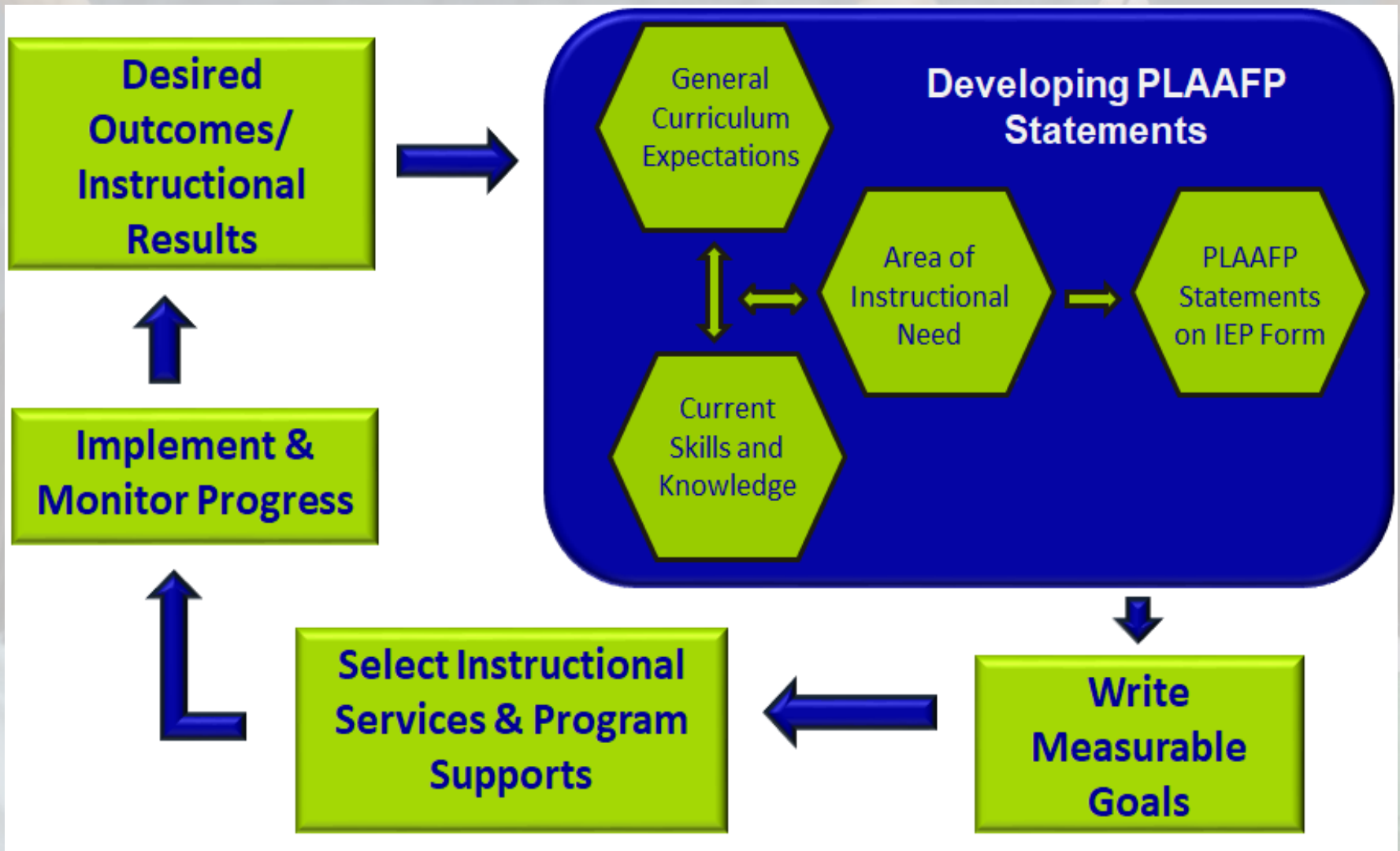
Desarrollo del IEP: “GPS”

USTED

- Sepa a donde quiere ir
- Ingrese datos sobre dónde se encuentra
- Crear un mapa
- Adaptarse a las oportunidades/barreras
- Llegar y elegir una nueva meta a largo plazo



Proceso de Desarrollo del IEP



Qué debe incluir un IEP:

Nuestros Principales Componentes



- A) Una declaración del nivel actual de desempeño educativo del estudiante y sus necesidades especiales
- B) Metas Anuales de Educación
- C) Servicios Relacionados, según sea Apropiado Implementation, Frequency, and duration of Placement
- D) Hora en que un Niño participará en Clases Regulares o Actividades
- E) Implementación, Frecuencia y Duración de la Ubicación
- F) Disposiciones para la Carrera, educación vocacional y todas las alternativas para cumplir con los requisitos de graduación si lo requiere (a los 16 años o más, o más joven, según corresponda)

Declaración del nivel actual de desempeño educativo del estudiante y necesidades especiales

- **Evaluación completa y significativa**
- **Establecer necesidades**



Los que trabajan con su estudiante compartirán información sobre lo que el estudiante ha logrado y es capaz de hacer, así como también lo que él o ella necesita aprender en base a los resultados de la evaluación.

Metas Anuales de Educación

- **Articulación de beneficio educativo**
 - **Basado en los niveles actuales**
 - **Medible**
 - **Basado en el plan de estudios básico general o un plan de estudios alternativo, si es apropiado**
- **Objetivos, metas de enseñanza/puntos de referencia pueden ser desarrollados para los estudiantes que reciben un plan de estudios alternativo.**

Servicios Relacionados

Se delinearán todos los servicios necesarios para que el niño se beneficie de la educación especial.

Los servicios pueden incluir:

- Servicios audiológicos
- Servicios de Habla y Lenguaje
- Servicios de orientación y movilidad / Terapia Ocupacional
- Instrucción en el hogar o hospital
- Educación física adaptada
- Servicios de la vista
- Consejería y orientación
- Transportación

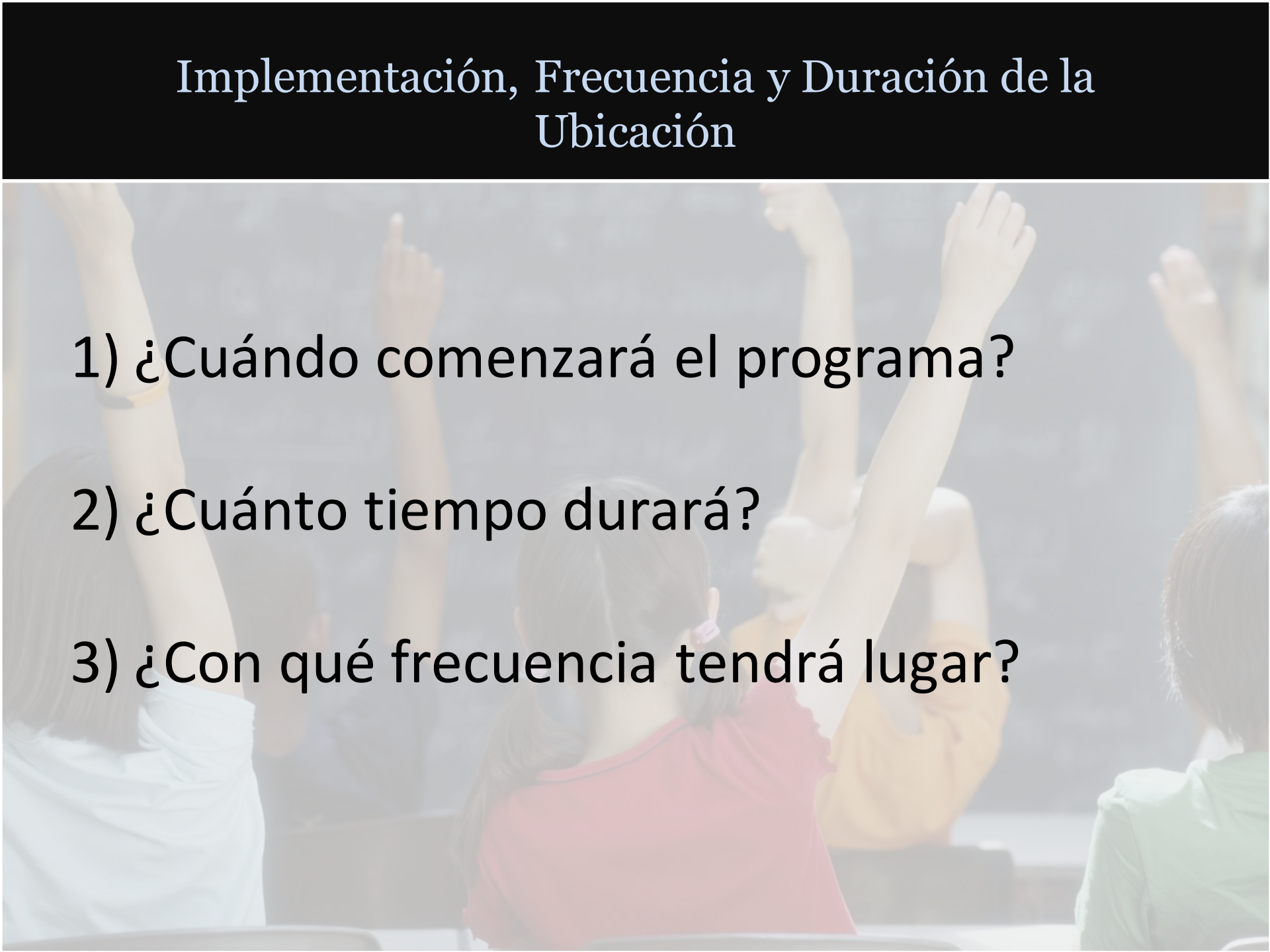
Cantidad de Tiempo que el Niño Participará en Clases o Actividades Regulares

El continuum de colocaciones debe permitir que los estudiantes reciban una educación en la máxima medida apropiada con niños que no tienen discapacidades.

Lo llamamos
“LRE”



Implementación, Frecuencia y Duración de la Ubicación

- 
- The background of the slide is a faded photograph of a classroom. Several students are visible from behind, sitting at desks and raising their hands in the air, suggesting an interactive learning environment.
- 1) ¿Cuándo comenzará el programa?
 - 2) ¿Cuánto tiempo durará?
 - 3) ¿Con qué frecuencia tendrá lugar?

Disposiciones para la carrera, educación vocacional y alternativas para cumplir con los requisitos de graduación, si es requerido

- La transición se define como el traslado de jóvenes con discapacidades hacia el empleo, la educación post-escolar, la vida independiente y la participación comunitaria.
- IDEA establece que la transición a los servicios para adultos debe comenzar a los **16 años de edad o antes** (si el equipo del IEP lo determina apropiado).
- En una reunión del IEP antes de que su hijo cumpla 16 años, se establecerá un plan de transición individualizado (ITP).

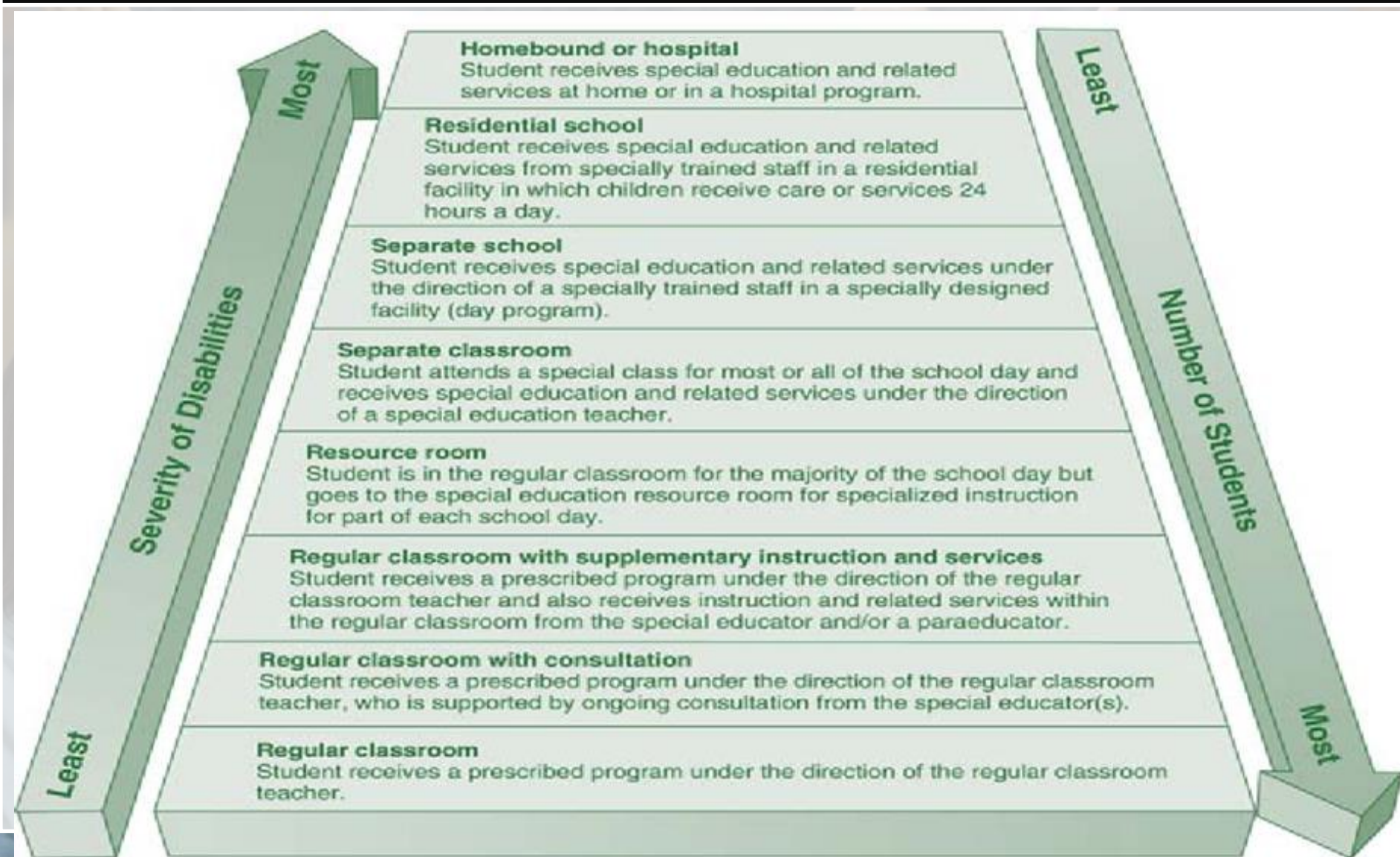


Ubicación

*Después de una discusión de las opciones disponibles, así como las metas y objetivos de los estudiantes, el ambiente educativo apropiado en el entorno menos restrictivo será determinado por el equipo.



Least Restrictive Environment



Formularios del IEP:

- Primera Página del IEP
- Niveles Actuales de Rendimiento Académico y Desempeño Funcional
- Factores Especiales
- Evaluaciones Estatales
- Metas Anuales y Puntos de Referencia/Objetivos a Corto Plazo
- Servicios-Oferta de FAPE
- Entorno Educativo - Oferta de FAPE
- Plan de Transición Individualizado (ITP) (Para estudiantes de 16 años o más)
- Notas de la Reunión del IEP
- Firma y Consentimiento de los Padres

Información/Elegibilidad (También conocido como: Portada)

Page ____ of ____

FOOTHILL SELPA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Name: The Pook, Winnie Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Original SpEd Entry Date: 5/5/2008 Next Annual IEP: 8/19/2019

Last Eval: 8/13/2018 Next Eval: 8/13/2021

Purpose of Meeting: ☐ Initial ☒ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other _____

Age: 18 Gender: ☒ Male ☐ Female

Grade: Eleventh grade Migrant: ☐ Yes ☒ No Native Language: English

EL: ☐ Yes ☒ No Redesignated: ☐ Interpreter: ☐ Yes ☒ No

Student ID: _____ SSID#: 0000000000

Residency: 10 Parent or Legal guardian

Parent/Guardian: _____ Home Phone: 555-555-5555
Home Address: 727 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@gmail.com

Parent/Guardian: Christopher Robert Home Phone: 555-555-5555
Home Address: 727 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@gmail.com

District of Residence: Burbank Unified Residence School: Burbank High

Ethnicity: 900 Intentionally Blank

Race 1: 900 Intentionally Blank Race 2: _____ Race 3: _____

INDICATE DISABILITIES Note: For initial and internal IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary: Autism (AUT) Secondary: Intellectual Disability (ID) * Low Incidence Disability

☐ Not Eligible for Special Education ☐ Exiting from Sp. Ed. (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): Winnie exhibits Autism, a developmental disability that significantly impacts his verbal and nonverbal communication and social interaction. He demonstrates with engagement in some repetitive activities and stereotyped movements and may be resistant to changes in his daily routine. Additionally Winnie exhibits with significantly below average general intellectual functioning existing concurrently with deficits in his adaptive behavior that adversely impact his educational performance.

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: 10 Parent

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility: _____

Información de identificación: Nombre, Fecha de nacimiento, Fecha del IEP, Fecha de la Última Evaluación, Próxima Evaluación, Propósito de la Reunión, Edad, Grado, Lengua Materna, Necesidad de Intérprete

Residencia: Con quién vive el estudiante, Información de contacto de los Padres, Distrito de Residencia, Escuela de Residencia, Origen Étnico y Raza del estudiante

Elegibilidad por Discapacidad: Según IDEA (los estudiantes pueden tener una o más discapacidades que califican), Descripción de cómo las discapacidades afectan el progreso educativo, Información de colocación inicial

Niveles Actuales de Rendimiento Académico y Desempeño Funcional

Page ____ of ____

FOOTHILL SELPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: The Pooh, White Date of Birth: 5/19/2000 IEP Date: 9/29/2018

Strengths/Preferences/Interests

Concerns of parent relevant to educational progress

Smarter Balanced Assessment Consortium (SBAC)

English/Language Arts Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Reading ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Writing ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Speaking and Listening ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Research/Inquiry ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Math Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Concepts and Procedures ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Problem Solving and Data Analysis ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Communication Reasoning ☐ Above Standard ☐ At or Near Standard ☐ Below Standard

California Alternate Assessments (CAA)
English Language Arts
☐ Not Applicable
☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Math ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Science ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

English Language Development Test (English Learners Only)
☐ California English Language Development Test (CELDT)
☐ Alternate Assessment to CELDT
☐ Other: _____
Overall: _____ Listening: _____ Speaking: _____ Reading: _____ Writing: _____

Physical Education Testing (grades 5, 7 & 9):
Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.):

Hearing Date: (_____) ☐ Pass ☐ Fail ☐ Other _____
Vision Date: (_____) ☐ Pass ☐ Fail ☐ Other _____

Presacademic/Academic/Functional Skills

Page ____ of ____

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:

Fortalezas, Preferencias e Intereses del estudiante: Tanto dentro como fuera de la escuela

Preocupaciones de los Padres: Relacionadas con la educación del niño

Puntajes de las Pruebas Estatales de la Última Evaluación Estatal Disponible

Si el estudiante es un Aprendiz de Inglés, sus calificaciones en la Prueba de Dominio del Inglés
Resultados de la Prueba de Educación Física

Resultados de las Pruebas de Visión/Audición

Niveles Actuales de Desempeño: En las diferentes áreas que pueden afectar el desempeño educativo. Los estudiantes pueden o no tener deficiencias en estas áreas

Áreas de Necesidad: Las metas abordan estas áreas

Factores Especiales

Page ____ of ____

FOOTHILL COLLEGE
SPECIAL FACTORS

Student Name The Pook, Winnie Date of Birth 5/19/2000 IEP Date: 9/22/2018

Does the student require assistive technology devices and/or services? ☐ No ☒ Yes
Rationale:
Winnie needs access to a computer on campus that has word processing capabilities with word prediction and spell check.

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

Considerations if the student is blind or visually impaired: *Winnie is not blind or visually impaired*

Considerations if the student is deaf or hard of hearing: *Winnie is not deaf or hard of hearing*

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

Does the student need primary language support? ☒ No ☐ Yes If yes, how will it be provided? ____
What will be the language of instruction for the student? English

Who will provide EL services to student? ☐ General Education ☒ Special Education

What type of classroom setting will the student attend? ☒ English Language Mainstream ☐ Structured English Immersion
☐ Alternative Program (primary language instruction)

Comments: *Winnie will receive EL support in Basic English Class*

Does student's behavior impede learning of self or others? ☐ No ☒ Yes *Winnie is often sent out of the room for defiant and disrespectful behavior when he is asked to complete work that is challenging for him. When out of the room he misses instruction and does not complete assignments.*

If yes, specify positive behavior interventions, strategies, and supports IEP goals and accommodations will be created to help Winnie learn skills to help him regulate his behavior and ask for help.

☒ Behavior Goal is part of the IEP ☒ Behavior Intervention Plan (BIP) attached

Indica si el estudiante requiere tecnología de asistencia o servicios de baja incidencia

Completado si el estudiante es un aprendiz de inglés (EL)

Completado si el estudiante tiene comportamiento (s) que impiden su aprendizaje. Establece cómo se abordará la conducta

Evaluaciones Estatales

Page ____ of ____

FOOTHILL SCLPA
Statewide Assessments

Student Name: Winnie The Pooh Date of Birth: 5/19/2000 IEP Date: 9/20/2018

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below:
(English Language Arts (Grades 3-8, & 11))

11 Math testing accommodations

☒ SBAC with Designated Supports Embedded
☐ SBAC with Designated Supports Non-Embedded
☐ SBAC with Accommodations Embedded
☐ SBAC with Accommodations Non-Embedded
☐ SBAC with Accessibility Support (requires CDE Approval)

Color Contrast, Reverse Contrast, Mirroring, Text To Speech, Icons

Math (Grades 3-8, & 11)

10 Math testing accommodations

☐ SBAC without Designated Supports or Accommodations

Science (Grades 5, 8 & High School)

11 Math testing accommodations

☐ CAST with Designated Supports Embedded
☐ CAST with Designated Supports Non-Embedded
☐ CAST with Accommodations Embedded
☐ CAST with Accommodations Non-Embedded
☐ CAST with Accessibility Support (requires CDE Approval)

Text To Speech (Items and Stimuli)
Simplified Test Directions
Multiplication Table

☒ If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.
The student will not participate in the SBAC because:
Participation in an Alternate Assessment is appropriate Winnie needs to take the CMA with Accommodations and Designated Supports To align with the testing he has received in Science throughout the school year.

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):

☐ Not Applicable ☐ Sensory support ☐ Functional positioning
☐ Alternative response mode ☐ Assistive equipment or device ☐ Visual support
☐ Alternative mode for written language ☐ Augmentative or alternative communication system

☒ CELEST (English Learners Only)

☐ Listening without Accommodations
☐ Listening with Accommodations

☐ Listening with Modifications

Student marks responses in test booklet and responses are transferred to a separate answer document by an employee of the school, district, or nonpublic school

Enumera las diferentes evaluaciones estatales que toman los estudiantes de educación pública. Dependiendo de la edad de su hijo, se requerirán diferentes pruebas. Cada prueba tiene sus propias adaptaciones y/o modificaciones aplicables. El IEP debe determinar qué pruebas son apropiadas y qué apoyos necesitará el estudiante para obtener una evaluación precisa.

Metas Anuales y Puntos de Referencia / Objetivos a Corto Plazo

Identifica el área de necesidad que abordará la meta y el nivel actual de desempeño de los estudiantes en esta área (línea de base).

La meta anual que debe alcanzar el estudiante. Debe ser apropiada y medible. Indica si la meta se basa en estándares y la persona responsable de informar sobre el progreso de la meta.

Si una meta lo requiere o si el equipo del IEP lo considera apropiado, se crean objetivos a corto plazo para la meta. *Los estudiantes en un plan de estudios funcional deben tener objetivos a corto plazo.

El progreso en las metas se informa aquí o en un Resumen del Informe de Progreso por separado.

Page ____ of ____

FOOTHILL SELPA
ANNUAL GOALS AND OBJECTIVES

Student Name: The Poon, Winnie Date of Birth: 5/19/2000 IEP Date: 8/20/2018

Area of Need:	Measurable Annual Goal:
Baseline:	Goal:

☐ Enables student to be involved/progress in general curriculum/state standard ..

☐ Addresses other educational needs resulting from the disability

☐ Linguistically appropriate

☐ Transition Goal: ☐ Education/Training ☐ Employment ☐ Independent Living

Person(s) Responsible: _____

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:

Servicios - Oferta de FAPE

Enumera las opciones de servicio consideradas por el equipo del IEP según las necesidades únicas de su hijo. También enumera la recomendación del equipo del IEP del Entorno Menos Restringido (LRE).

El equipo del IEP determina que las adaptaciones son necesarias para que el estudiante acceda a su plan de estudios; las adaptaciones del programa se enumeran aquí.

Page ____ of ____

**FOOTHILL SELPA
Offer of FAPE - SERVICE**

Student Name: Winnie The Pooh Birthdate: May 18, 2000 IEP Date: 6/20/2018

The service options that were considered by the IEP team (List all): The team discussed placement options, including general education and special education, including general education with supports, general education with special education collaborative supports and specialized academic instruction in a separate class.

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: The team considered a continuum of placement options and determined that Winnie requires specialized academic instruction in a small group setting in order to advance on his goals and access the curriculum at this time and agreed that there are no potential harmful effects, as Winnie requires such placement and services to make progress. This is the LRE for Winnie. Due to the nature and of his disability, education solely in a general education placement cannot be achieved satisfactorily.

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
Human Reader Reduced/shortened assignments, Access to technology on campus, Bathroom break pass and unrestricted access to liquids (medical card issued by nurse), Preferential seating near point of instruction, Short visual breaks between assignments, Special projects in lieu of assignments (discussed with teacher prior to assignment), Alternative response for scantron tests (students marks answers on test), Provide a "near copy" of materials being presented on the board/projector screen/document reader etc., Flexible seating, Use of phone approved by administration to reach out to therapist for coaching, Student must not be called on to read aloud in class.			School

Servicios - Oferta de FAPE (Continúa)

El equipo del IEP determina que las modificaciones o ayudas suplementarias son necesarias para que el estudiante acceda a su plan de estudios; las modificaciones del programa y las ayudas suplementarias se enumeran aquí.

☒ 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
Out of grade level curriculum	12/15/2017	12/17/2018			All Classrooms
Grades based on effort and work towards mastering goal areas, not based on academic criteria	06/22/2018	06/29/2018			School
Allow take-home or open-book tests	06/22/2018	10/11/2018			School

☒ 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	Start Date	End Date	Frequency	Duration	Location
--	------------	----------	-----------	----------	----------

Si el equipo del IEP determina que un estudiante requiere un servicio, el servicio se enumera aquí, incluida la frecuencia y duración del servicio y el modelo de prestación del servicio. Si el equipo del IEP determina que un estudiante es elegible para ESY, esos servicios también se enumeran aquí.

Page ____ of ____

SPECIAL EDUCATION and RELATED SERVICES

Service: Specialized Academic Instruction	Start Date: 2/3/2017	End Date: 10/27/2017
Provider: District of Service	☐ Ind ☒ Grp ☐ Sec Transition	
Duration/Freq: 55 min x 1 Totalling: 55 min served Daily	Location: Separate classroom in public integrated facility	
Comments: 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 ☒ No ☐ Yes		
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.		

Plan de Transición Individualizado (ITP)

FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)

Page _____ of _____

Student Name: The Proch, Winise Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Student Initialed: ☒ Yes ☐ No

Describe how the student participated in the process:

Appropriate, and agreed upon, agencies invited:

Agree appropriate transition assessments/instruments were used: ☒ Yes ☐ No

Describe the results of the assessments:

Winise is a great student who enjoys school and socializing with peers. He is very even tempered and respects authority. Winise is looking forward to finishing high school and would like to attend a culinary institute and become a chef or open their own catering company. Winise also took the career interest inventory. After the inventory was completed Winise's three top career choices are education, accounting, and medical assistant. Winise is interested into looking into other careers besides Culinary arts, but has a very difficult time with math to does not feel accounting would be a good match. Based on other assessment Winise is very social and enjoys helping people.

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

Upon completion of school I will: Go to a community college or trade school

Transition Service Code as Appropriate: 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:

Student will understand a research options for post-secondary training and education

Student will explore careers and jobs related to a variety of training

Student will conduct research on a topic of health, create and present the information to an audience.

Community Experiences as Appropriate:

Related Services as Appropriate: 130 Specialized Academic Instruction

Linked to Annual Goal # 1

Person/Agency Responsible: case manager

Student's Post Secondary Goal Employment (Required):

Upon completion of school I will: Have a full time job in the area of education

Transition Service Code as Appropriate: 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:

Student will identify areas of interest for future employment

Student will understand relationship between past experience and interests in future choices.

Student will learn self advocacy and goal setting

Student will complete assignments using Microsoft Word, power point and excel

Community Experiences as Appropriate:

Student will be invited to participate in an employment fair at school

Related Services as Appropriate:

Linked to Annual Goal # 2

Person/Agency Responsible: case manager

Student's Post Secondary Goal Independent Living (As appropriate):

Upon completion of school I will: Live independently or with roommates

Transition Service Code as Appropriate: 130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:

Student will identify basic budgeting practices

Student will understand the difference between checking and savings accounts

Student will identify and learn ways to manage time

Student will identify leisure activities.

Community Experiences as Appropriate:

Student will be invited to go on a field trip to the local credit union.

Related Services as Appropriate:

Linked to Annual Goal # 3

Person/Agency Responsible: case manager

(1)

(2)

(3)

FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)

Page _____ of _____

Name: The Proch, Winise Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Student 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

A course of study is an annual description of coursework (classes or functional curriculum) that would assist the student to make progress towards his/her desired measurable post-secondary goals.

Example:

Student will complete core courses leading to a high school diploma (community college); OR

Student will complete course of study for CSU/UC track; OR

Student will complete coursework leading to a certificate of completion.

"If a student is behind on units note a plan of how a student is going to make up those credits. (example: take a summer school class, credit recovery, extra period during the day, Adult School)

Units/Credits Completed: # of credits student has earned to-date: _____ Units/Credits Pending: _____

Student's course of study leads to: (check one option below) ☐ Certificate of Completion ☒ Diploma

Anticipated Completion Date: _____

Age of Majority:

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

By whom: _____ Date: _____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational progress 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

Tres áreas de metas post-secundarias:

- (1) Entrenamiento o Educación,
- (2) Empleo,
- (3) Vida Independiente

Estado de Graduación
Aviso de fecha de *Mayoría de Edad*.

Notas de la Reunión del IEP

- Esta página debe representar los temas discutidos y los acuerdos realizados por los equipos del IEP. No es una transcripción de la reunión, sino un resumen de lo ocurrido. Cada miembro del equipo debe escuchar atentamente las notas leídas en voz alta (o solicitar leer la copia escrita, si lo prefiere), al concluir la reunión. En este momento, los padres o cualquier miembro del equipo pueden solicitar las correcciones o revisiones necesarias. Sin embargo, si en una reflexión posterior después de la reunión, el padre cree que las notas no reflejan con precisión la discusión, el padre puede comunicarse con el administrador del caso para solicitar una corrección, o el padre puede enviar la corrección por escrito al administrador del caso y solicitar que se adjuntará a las notas de la reunión del IEP.

Consejo para los Padres: Se pueden hacer pequeños cambios en la redacción que no resulten en cambios sustanciales en el IEP y se pueden hacer correcciones a las inexactitudes en las notas de la reunión. Pero las preocupaciones/cambios más importantes pueden requerir una nueva reunión del equipo del IEP.

Firma y Consentimiento de los Padres

Page ____ of ____

**FOOTHILL SELPA
SIGNATURE AND PARENT CONSENT**

Student Name The Pooch, Minnie Date of Birth 5/19/2000 IEP Date 6/20/2019

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

COMMENT

☐ 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.

As a means of improving services and results for your child did the school facilitate parent involvement?
☐ Yes ☐ No ☐ No Response

Signature below is to authorize and approve the IEP.

Signature _____ Date _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature _____ Date _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

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.

El conjunto superior de líneas es para firmar la asistencia. Todos los miembros del equipo deben firmar y poner la fecha en esta parte del formulario de consentimiento en la reunión.

Ponga sus iniciales en la casilla si da su consentimiento total (casilla superior), consentimiento parcial (segunda casilla), rechaza servicios (tercera casilla), reconoce que el estudiante no es elegible (cuarta casilla) o ya no es elegible (quinta casilla).

Si autoriza y aprueba el IEP (incluso si firmó con excepciones), deberá firmar y poner la fecha en el IEP aquí. Una vez que se firma el IEP entra en vigor.

Servicios de Emergencia

**FOOTHILL SELPA
EMERGENCY CIRCUMSTANCES PROGRAM**

Student Name: The Pooh, Winnie Birthdate: 8/5/2008 Meeting Date: 4/16/2020

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below in light of the emergency circumstances and District policy.

Specialized Academic Instruction and Related Services

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: *I will email a Distance Learning schedule.*

Transition Services ☒ NOT APPLICABLE ☐ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	--	---	--	--	--

Other: _____

Comments: _____

Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: _____

Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
---	---	--	--	--	--

Other: _____

Comments: _____

Supplementary Aids and Services (provided in general education classes and other general ed environments)

Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):

☒ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
--	--	--	--	--	--

Other: _____

Comments: _____

Page ____ of ____

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. Public health orders shall be taken into account in implementing the emergency conditions provision. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances. The emergency service options will not be implemented if they are inconsistent with a public health order or directive, are inconsistent with the school's emergency preparedness procedures, and/or would interfere with the health and safety of students or staff during emergency conditions.

Esta página muestra cómo el distrito proporcionaría servicios educativos si hubiera una emergencia que resultara en el cierre de la escuela.

Es general porque puede aplicarse a cualquier tipo de emergencia.

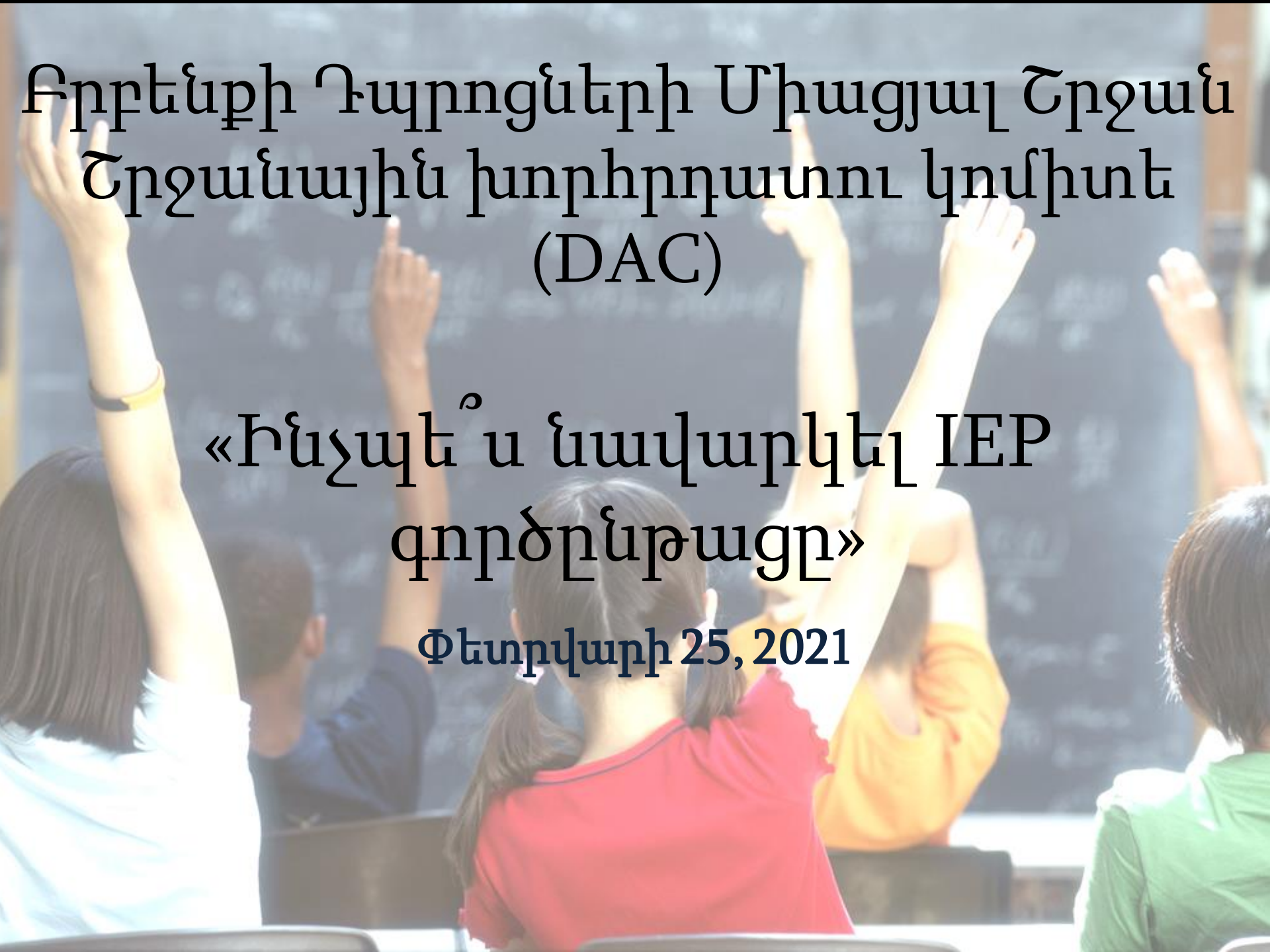
No es específico como un plan de educación a distancia.

Esta sección habla sobre cómo se notificará a los padres dentro de 10 días si los servicios o la instrucción no se pueden brindar según el IEP debido a una emergencia y que los servicios de emergencia no son un cambio en la oferta de FAPE y deben ser consistentes con cualquier plan de salud pública u órdenes de emergencia.

Gracias!

**Los padres necesitan profesionales,
los profesionales necesitan padres,
Y los estudiantes nos necesitan a
todos!**



A background image showing the backs of several students in a classroom, all with their hands raised in the air. They are facing a chalkboard which has some faint, illegible writing on it. The students are wearing various colored shirts: light blue, dark blue, red, orange, and green.

Բրբենքի Դպրոցների Միացյալ Շրջան Շրջանային խորհրդատու կոմիտե (DAC)

«Ինչպե՞ս նախարկել IEP
գործընթացը»

Փետրվարի 25, 2021

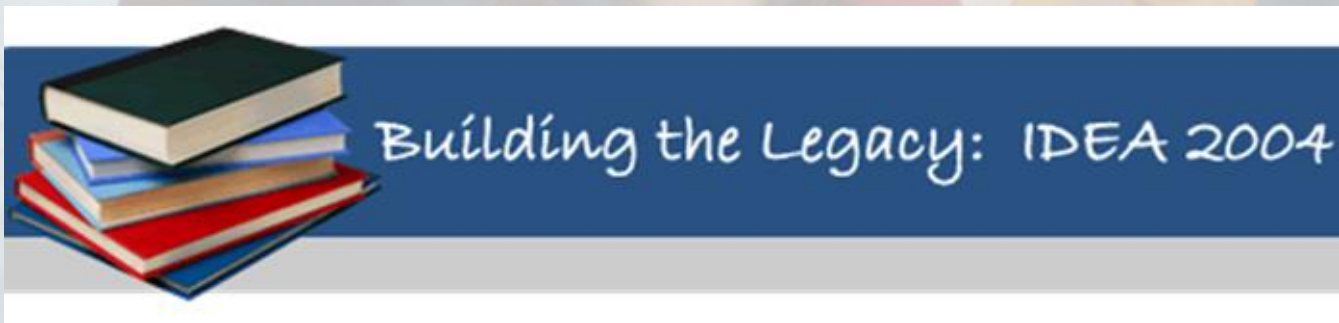
Բարի գալուստ և ծանոթություն

Ներկայացնողներ.

*Թամրա Շերն, Հատուկ ուսուցման բաժնի վարիչ
Դոկտոր Ինգրիդ Ջեյմս, Հատուկ ուսուցման կազմակերպիչ
Դոկտոր Բրիտտա Դևիդսոն, Հատուկ ուսուցման կազմակերպիչ
Լեսլի Հավա, միջնակարգ դպրոցի ծրագրի մասնագետ
Կարին Տոմեր, տարրական դպրոցի ծրագրի մասնագետ
Ադրիանա Լատրվալիս, BCBA, Կարգապահական ծրագրի մասնագետ*

IEP սահմանումը

- Հաշմանդամ անհատների կրթական ակտը (IDEA) պարտադրում է, որ որոշ հաշմանդամություն ունեցող աշակերտներին հատուկ ուսուցում և հարակից ծառայություններ հատկացնել՝ այդ հաշմանդամության պատճառով:
- Ըստ օրենքի պետք է Անհատական կրթական ծրագիր (IEP) մշակել յուրաքանչյուր երեխայի համար, ում համար հասանելի են հատուկ ուսուցման ծառայություններ: Յուրաքանչյուր աշակերտի IEP ծրագիրը պետք է վերանայել տարին առնվազն մեկ անգամ և փոփոխել ըստ նրա կարիքների:



IEP թիմի հանդիպման նպատակը

Օրենք 2419. Բացառություններ (յուրահատկություններ) ունեցող աշակերտների կրթության կանոնակարգերում նշվում է.

IEP թիմի հանդիպման հիմնական նպատակը IEP ծրագրի մշակումն է, որը պետք է բավարարի աշակերտի յուրահատուկ կարիքները: IEP թիմը նախատեսում է Հատուկ ուսուցում և հարակից ծառայություններ, որոնք հասանելի են դարձնում ընդհանուր ուսումնական ծրագիրը: IEP թիմի անդամները պետք է պատրաստված լինեն և քննարկեն աշակերտի անհատական կարիքները և ինչպես են դրանք ազդում նրա կրթական չափանիշների յուրացման վրա:

IEP թիմի անդամները

- Աշակերտ
- Ծնող/ընտանիքի անդամ
- Հատուկ ուսուցման ուսուցիչ
- Ընդհանուր ուսուցման ուսուցիչ
- Տնօրեն կամ դպրոցի կառավարիչ
- Դպրոցական շրջանի ներկայացուցիչ
- Հարակից ծառայություններ հատկացնող
- Քննողներ



- Աշակերտն ու ընտանիքը իրավունք ունի հրավիրել ցանկացած անհատի ներկա գտնվել IEP հանդիպման ընթացքում:

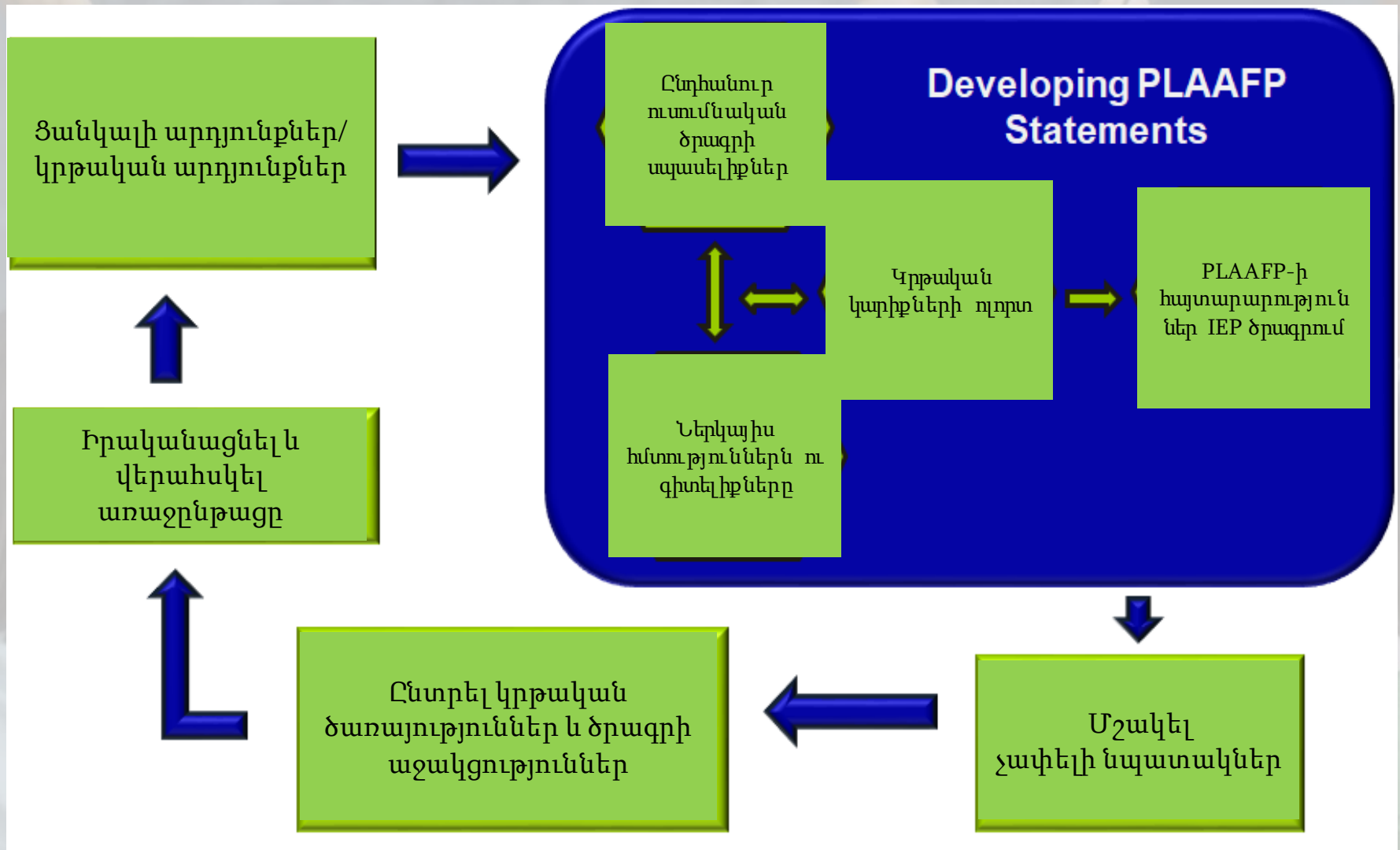
IEP ծրագրի մշակում. նախարկում

ԴՈՒՔ

- Իմացեք, թե ուր եք ուզում գնալ
- Տվեք ձեր կորդինատները
- Քարտեզ մշակել
- Հարմարվել հնարավորությունների /խոչընդոտների հետ
- Ժամանել և երկարաժամկետ նպատակներ մշակել



IEP ծրագրի մշակման գործընթաց



Ինչ պետք է ընդգրկի IEP ծրագիրը.

Մեր գլխավոր բաղադրիչները



Ա) Աշակերտի կրթական կատարողականության ընթացիկ մակարդակն ու հատուկ կարիքները:

Բ) Կրթական տարեկան նպատակները

Գ) Հարակից ծառայությունները, եթե առկա են:

Դ) Երեխայի մասնակցության ժամը դասերի և դասարանական միջոցառումների ընթացքում:

Ե) Տեղավորման (տեղաբաշխման) իրականացումը, հաճախականությունը և տևողությունը:

Զ) Մասնագիտական դրույթները, արհեստագործական կրթության և այլընտրանքային տարբերկները, եթե պահանջվում են դպրոցն ավարտելու համար (16 տարեկանից բարձր կամ ցածր)

Է) Տեղափոխում (տեղափոխություն)

Աշակերտի կրթական կատարողականության և հատուկ կարիքների ընթացիկ մակարդակը

- Հասկանալի քննություն
- Գտնել կարիքները



Ձեր աշակերտի հետ աշխատող անձիք կհայտնեն աշակերտի կատարած նվաճումները, ինչի է նա ընդունակ, ինչի կարիք ունի: Այդ ամենը հիմնված կլինեն քննական արդյունքների վրա:

Կրթական տարեկան նպատակներ

- Կրթական առավելությունների արտահայտում
- Հիմնված ներկա մակարդակների վրա
- Չափելի
- Հիմնված ընդհանուր հիմնական ծրագրի կամ անհրաժեշտության դեպքում՝ այլընտրանքային կրթական ծրագրի վրա:
- Այլընտրանքային կրթական ծրագրով սովորող աշակերտների համար կարող են մշակվել կրթական նպատակներ:

Հարակից ծառայություններ

Հատուկ ծառայություններից աշակերտը օգուտ քաղելու համար կառանձնացվեն անհրաժեշտ բոլոր ծառայությունները:

Ծառայությունները կարող են ընդգրկել.

- Լսողական ծառայություններ
- Լոգոպեդի ծառայություններ
- Շարժական ծառայություններ / մասնագիտական թերապիա
- Ուսուցում տնային կամ հիվանդանոցային պայմաններում
- Հարմարեցված ֆիզիկական կրթություն
- Տեսողական ծառայություններ
- Խորհրդատվություն և ուղեցուցում
- Տրանսպորտ

Քանի՞ ժամ պետք է երեխան անցկացնի դասասենյակում կամ միջոցառումների ընթացքում:

Տեղադրումների շարունակականությունը պետք է հնարավորություն տա աշակերտներին կրթություն ստանալ առավելագույն չափով, որը համապատասխանում է հաշմանդամություն չունեցող երեխաների ստացած հնարավորություններին:

Այն
անվանում
են «LRE»:



Տեղավորման իրականացումը, հաճախականությունը և տևողությունը

1) Ե՞րբ է ծրագիրը սկսվելու:

1) Ինչքա՞ն է այն տևելու:

1) Ի՞նչ հաճախականությամբ է տեղի
ունենալու:

Մասնագիտության, մասնագիտական կրթության և դպրոցն ավարտելու պահանջները բավարարելու դրույթներն ու այլընտրանքային տարբերակները, եթե առկա են:

- Անցումը սահմանվում է որպես հաշմանդամություն ունեցող դեռահասների անցումը դեպի աշխատանք, հետդպրոցական կրթություն, ինքնուրույն կյանք և համայնքի մասնակցություն:
- IDEA –ում նշվում է, որ անցումը դեպի չափահաս կյանքի ծառայությունների անցման պետք է սկսվի **16 տարեկանում** կամ ավելի շուտ (եթե որոշվի IEP թիմի կողմից):
- Մինչև երեխայի 16 տարին լրանալը, անցումային ծրագիր (ITP) կմշակվի IEP հանդիպման ընթացքում:

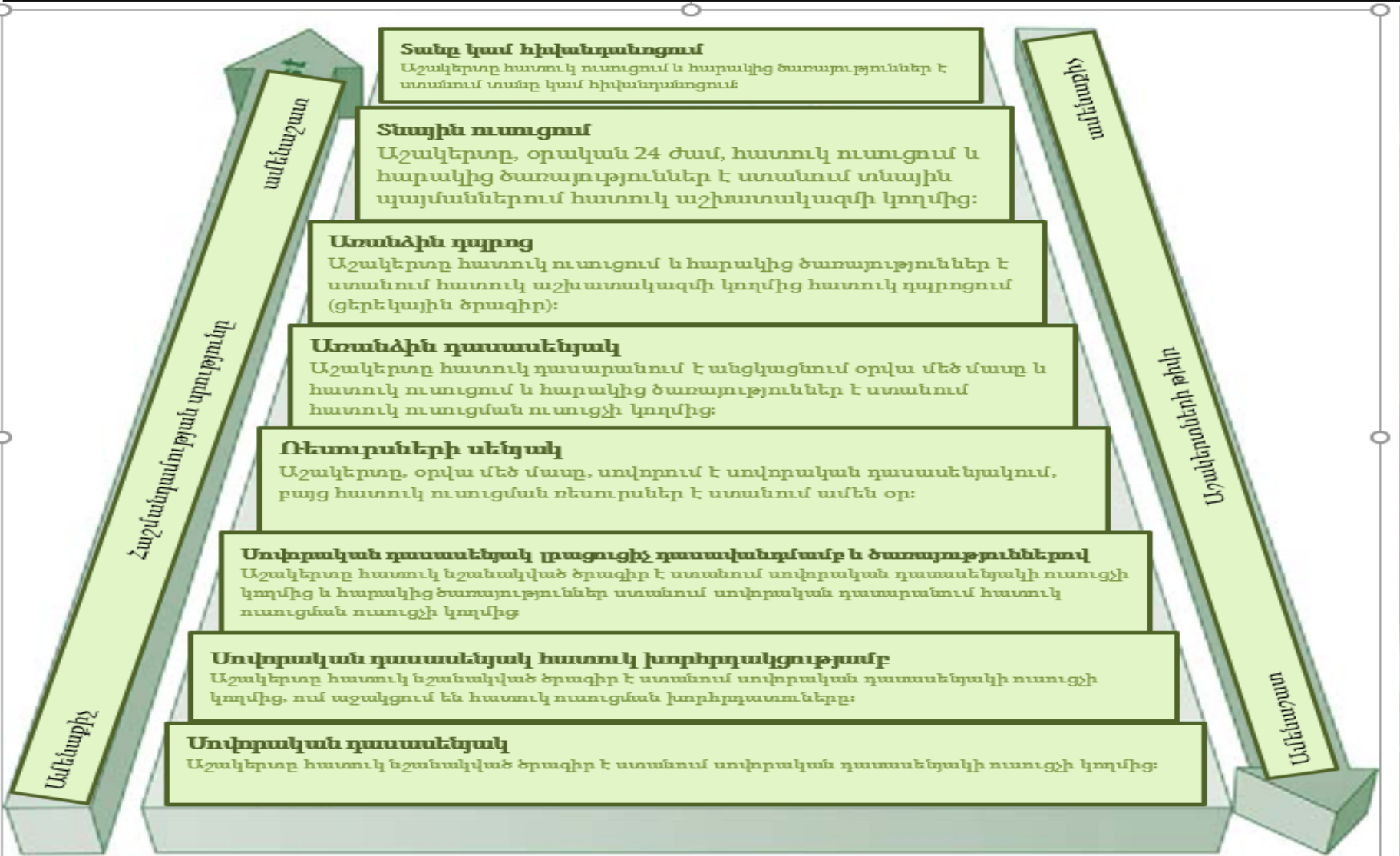


Տեղավորում (տեղաբաշխում)

*Հնարավոր տարբերակները քննարկելուց հետո, ինչպես նաև աշակերտի նպատակները, թիմի կողմից կրթական տեղավորում կկատարվի՝ նվազագույն սահմանափակ միջավայրում:

Նվազագույն
սահմանափակ
միջավայր
(LRE)

Նվազագույն սահմանափակ միջավայր (LRE)



IEP փաստաթղթեր.

- IEP փաստաթղթի առաջին էջ
- Կրթական ձեռքբերումների ներկա մակարդակները և կատարողականությունը
- Հատուկ գործոններ
- Նահանգային քննություններ
- Տարեկան և կարճաժամկետ նպատակներ
- Առաջարկված ծառայություններ - Fape
- Կրթական պարամետրեր- Fape-ի առաջարկ
- Անհատական անցումային ծրագիր (ITP) (16 տարեկանից բարձր)
- IEP հանդիպման գրառումներ
- Ստորագրություն և ծնողի համաձայնություն

Տեղեկություն/հասանելիություն (շապիկ էջ)

Page ____ of ____

FOOTHILL SELPA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Name: The Pook, Winnie Date of Birth: 5/19/2000 IEP Date: 8/22/2018

Original SpEd Entry Date: 5/5/2008 Next Annual IEP: 8/19/2019

Last Eval: 6/13/2018 Next Eval: 6/13/2021

Purpose of Meeting: ☐ Initial ☒ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other _____

Age: 18 Gender: ☒ Male ☐ Female

Grade: Eleventh grade Migrant: ☐ Yes ☒ No Native Language: English

EL: ☐ Yes ☒ No Redesignated: ☐ Interpreter: ☐ Yes ☒ No

Student ID: _____ SSID#: 0000000000

Residency: 10 Parent or Legal guardian

Parent/Guardian: _____ Home Phone: 555-555-5555
Home Address: 777 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@normal.com

Parent/Guardian: Christopher Robert Home Phone: 555-555-5555
Home Address: 777 Burbank St Work Phone: 555-555-5554
City: Burbank Cell Phone: 555-555-5556
State, Zip: CA - 91505 Email Address: parent@normal.com

District of Residence: Burbank Unified Residence School: Burbank High

Ethnicity: 900 Intentionally Blank

Race 1: 900 Intentionally Blank Race 2: _____ Race 3: _____

INDICATE DISABILITIES Note: For initial and internal IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary: Autism (AUT) Secondary: Intellectual Disability (ID) * Low Incidence Disability

☐ Not Eligible for Special Education ☐ Exiting from Sp. Ed. (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): Winnie exhibits Autism, a developmental disability that significantly impacts his verbal and nonverbal communication and social interaction. He demonstrates with engagement in some repetitive activities and stereotyped movements and may be resistant to changes in his daily routine. Additionally Winnie exhibits with significantly below average general intellectual functioning existing concurrently with deficits in his adaptive behavior that adversely impact his educational performance.

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: 10 Parent

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility: _____

Անձնական տեղեկություն. Անուն, ծննդյան ամսաթիվ, IEP ամսաթիվ, վերջին քննության ամսաթիվ, հաջորդ գնահատում, հանդիպման նպատակ, տարիք, դասարան, մայրենի լեզու, թարգմանչի կարիք

Բնակության վայր. Ում հետ է ապրում աշակերտը, տեղեկություն ծնողների մասին, բնակության շրջանը, բնակության դպրոց, աշակերտի ազգությունը և ռասան

Հաշմանդամության հասանելիություն. Ըստ IDEA-ի (աշակերտը կարող է ունենալ մի քանի անկարողունակություն), նկարագրել, թե ինչպես է անկարողունակությունը ազդում կրթական ծրագրերի վրա, նախնական տեղավորում

Կրթական ձեռքբերումների ներկա մակարդակները և կատարողականությունը

FOOTHILL SB/LPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
Student Name: The Pooh, White Date of Birth: 5/19/2000 IEP Date: 9/29/2018
Page ____ of ____

Strengths/Preferences/Interests
Concerns of parent relevant to educational progress

Smarter Balanced Assessment Consortium (SBAC)
English/Language Arts Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Reading ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Writing ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Speaking and Listening ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Research/Inquiry ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Math Overall
☐ Not Applicable
☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met
Concepts and Procedures ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Problem Solving and Data Analysis ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
Communication Reasoning ☐ Above Standard ☐ At or Near Standard ☐ Below Standard
California Alternate Assessments (CAA)
English Language Arts
☐ Not Applicable
☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Math ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding
Science ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

English Language Development Test (English Learners Only)
☐ California English Language Development Test (CELDT)
☐ Alternate Assessment to CELDT
☐ Other: _____
Overall: _____ Listening: _____ Speaking: _____ Reading: _____ Writing: _____

Physical Education Testing (grades 5, 7 & 9):
Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.):

Hearing Date: (_____) ☐ Pass ☐ Fail ☐ Other _____
Vision Date: (_____) ☐ Pass ☐ Fail ☐ Other _____

Presacademic/Academic/Functional Skills
Page ____ of ____

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:

Աշակերտի ուժեղ կողմերը, նախասիրությունները և հետաքրքրությունները. Դպրոցից դուրս և ներս Օնոդի մտահոգությունները, որոնք վերաբերվում են երեխայի կրթությանը

Նահանգային վերջին քննությունների արդյունքները

Եթե աշակերտն անգլերեն սովորող է, ապա անգլերեն լեզվի քննություն, ֆիզկուլտուրայի քննություններ

Տեսողության/լսողության քննական արդյունքներ

Կատարողականության ընթացիկ մակարդակ. Էլ ինչը կարող է ազդել կրթական կատարողականության վրա, այստեղ կարող է ոչինչ չնշվել

Կարիքները. Նպատակներն ուղղված են այստեղ

Հատուկ գործոններ

Page ____ of ____

FOOTHILL SELIPA
SPECIAL FACTORS

Student Name The Foothill Winnie Date of Birth 5/19/2000 IEP Date: 9/22/2018

Does the student require assistive technology devices and/or services? ☐ No ☒ Yes
Rationale:
Winnie needs access to a computer on campus that has word processing capabilities with word prediction and spell check.

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

Considerations if the student is blind or visually impaired: *Winnie is not blind or visually impaired*

Considerations if the student is deaf or hard of hearing: *Winnie is not deaf or hard of hearing*

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

Does the student need primary language support? ☒ No ☐ Yes If yes, how will it be provided? ____
What will be the language of instruction for the student? English

Who will provide EL services to student? ☐ General Education ☒ Special Education

What type of classroom setting will the student attend? ☒ English Language Mainstream ☐ Structured English Immersion
☐ Alternative Program (primary language instruction)

Comments: *Winnie will receive EL support in Basic English Class*

Does student's behavior impede learning of self or others? ☐ No ☒ Yes *Winnie is often sent out of the room for defiant and disrespectful behavior when he is asked to complete work that is challenging for him. When out of the room he misses instruction and does not complete assignments.*

If yes, specify positive behavior interventions, strategies, and supports IEP goals and accommodations will be created to help Winnie learn skills to help him regulate his behavior and ask for help.

☒ Behavior Goal is part of this IEP ☒ Behavior Intervention Plan (BIP) attached

Նշվում է, եթե աշակերտին տեխնոլոգիական աջակցող սարք է հարկավոր կամ այլ ծառայություններ

Լրացնել, եթե աշակերտը անգլերեն սովորող է (EL)

Լրացնել, եթե աշակերտի վարքն ազդում է նրա ուսման վրա: Նշել, թե ինչպես պետք է լուծվի վարքի հարցը:

Նահանգային քննություններ

Page ____ of ____

FOOTHILL SDSLPA
Statewide Assessments

Student Name: Winnie The Pooh Date of Birth: 5/19/2000 IEP Date: 9/20/2018

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below:
(English Language Arts (Grades 3-8, & 11))

11 Math testing accommodations

☒ SBAC with Designated Supports Embedded
☐ SBAC with Designated Supports Non-embedded
☐ SBAC with Accommodations Embedded
☐ SBAC with Accommodations Non-embedded
☐ SBAC with Accessibility Support (requires CDE Approval)

Color Contrast, Reverse Contrast, Mirroring, Text To Speech, Icons

Math (Grades 3-8, & 11)

10 Without testing accommodations

☐ SBAC without Designated Supports or Accommodations

Science (Grades 5, 8 & High School)

11 Math testing accommodations

☐ CAST with Designated Supports Embedded
☐ CAST with Designated Supports Non-Embedded
☐ CAST with Accommodations Embedded
☐ CAST with Accommodations Non-Embedded
☐ CAST with Accessibility Support (requires CDE Approval)

Text To Speech (Items and Stimuli)
Simplified Test Directions
Multiplication Table

☒ If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.
The student will not participate in the SBAC because:
Participation in an Alternate Assessment is appropriate Winnie needs to take the GMA with Accommodations and Designated Supports To align with the testing he has received in Science throughout the school year.

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):

☐ Not Applicable ☐ Sensory support ☐ Functional positioning
☐ Alternative response mode ☐ Assistive equipment or device ☐ Visual support
☐ Alternative mode for written language ☐ Augmentative or alternative communication system

☒ CELEST (English Learners Only)

☐ Listening without Accommodations
☐ Listening with Accommodations
☐ Listening with Modifications

Student marks responses in test booklet and responses are transcribed to a separate answer document by an employee of the school, district, or nonpublic school

Նշել բոլոր այն քննությունները, որոնք աշակերտը հանձնում է պետական դպրոցում: Տարբեր քննություններ կախված են երեխայի տարիքից: Յուրաքանչյուր քննություն ունի իր հարմարությունները և/կամ փոփոխությունները: IEP թիվը պետք է որոշի, թե որ քննություններ են համապատասխան և ինչ աջակցություն պետք է ցուցադրել ճշգրիտ արդյունք ստանալու համար:

Տարեկան և կարճաժամկետ նպատակներ

Նշված են նպատակներով իրականացվող կարիքները և աշակերտի ներկայիս մակարդակը (ելակետային):

Տարեկան հասանելիք նպատակը: Պետք է լինի համապատասխան չափելի: Նշվում է, եթե նպատակը հիմնված է չափանիշների վրա և նպատակին հասնելու մասին գեկուցող անձի անունը:

Եթե նպատակը պահանջում է կամ եթե IEP թիվը նպատակահարմար է գտնում, սպա մշակվում են կարճաժամկետ նպատակներ: **Ուսումնական գործող ծրագրի աշակերտները պետք է ունենան կարճաժամկետ նպատակներ :*

Այստեղ նշված է նպատակների առաջընթացը կամ առանձին գեկուցման մեջ:

FOOTHILL SELPA
ANNUAL GOALS AND OBJECTIVES

Page ____ of ____

Student Name: The Poon, Winnie Date of Birth: 5/19/2000 IEP Date: 8/20/2018

Area of Need:	Measurable Annual Goal:
Baseline:	Goal:
	☐ Enables student to be involved/progress in general curriculum/state standard ..
	☐ Addresses other educational needs resulting from the disability
	☐ Linguistically appropriate
	☐ Transition Goal: ☐ Education/Training ☐ Employment ☐ Independent Living
	Person(s) Responsible: _____

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:

Ծառայություններ - Fape-ի առաջարկ

Նշված են ծառայություններ, որոնք IEP թիմի կարծիքով հիմնված են երեխայի եզակի կարիքների վրա, ինչպես նաև նվազագույն սահմանափակող միջավայրի (LRE) IEP թիմի առաջարկը:

Եթե IEP թիմը որոշի, որ կրթական ծրագրերից օգտվելու համար հարկավոր են հարմարություններ:

Page ____ of ____

FOOTHILL SELPA
Office of FAPE - SERVICE

Student Name: Winnie The Pooh Birthdate: May 18, 2000 IEP Date: 6/20/2018

The service options that were considered by the IEP team (List all): The team discussed placement options, including general education and special education, including general education with supports, general education with special education collaborative supports and specialized academic instruction in a separate class.

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: The team considered a continuum of placement options and determined that Winnie requires specialized academic instruction in a small group setting in order to advance on his goals and access the curriculum at this time and agreed that there are no potential harmful effects, as Winnie requires such placement and services to make progress. This is the LRE for Winnie. Due to the nature and of his disability, education solely in a general education placement cannot be achieved satisfactorily.

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
Human Reader Reduced/shortened assignments, Access to technology on campus, Bathroom break pass and unrestricted access to liquids (medical card issued by nurse), Preferential seating near point of instruction, Short visual breaks between assignments, Special projects in lieu of assignments (discussed with teacher prior to assignment), Alternative response for scantron tests (students marks answers on test), Provide a "near copy" of materials being presented on the board/projector screen/document reader etc., Flexible seating, Use of phone approved by administration to reach out to therapist for coaching, Student must not be called on to read aloud in class.			School

Ծառայություններ - Fape-ի առաջարկ (շարունակություն)

Եթե IEP թիմը որոշեց, որ կրթական ծրագրերից օգտվելու համար անհրաժեշտ են ծրագրի փոփոխություններ կամ լրացուցիչ օգնություն, ապա դրանք կնշվեն այստեղ:

☒ 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
Out of grade level curriculum	12/15/2017	12/17/2018			All Classrooms
Grades based on effort and work towards mastering goal areas, not based on academic criteria	06/22/2018	06/29/2018			School
Allow take-home or open-book tests	06/22/2018	10/11/2018			School

☒ 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	Start Date	End Date	Frequency	Duration	Location

Եթե IEP թիմը որոշեց, որ աշակերտին հարկավոր ծառայություն, ապա այն նշվի այստեղ, ինչպես նաև դրա տևողությունը, հաճախականությունը և իրագործման ձևը: Եթե IEP թիմը որոշեց, որ աշակերտին հասանելի երկարացված ուսումնական տարի (ESY), ապա այն նշվի այստեղ:

Page ____ of ____

SPECIAL EDUCATION and RELATED SERVICES

Service: Specialized Academic Instruction	Start Date: 2/3/2017	End Date: 10/27/2017
Provider: District of Service	☐ Ind ☒ Gp ☐ See Transition	
Duration/Freq: 55 min x 1 Totaling: 55 min served Daily	Location: Separate classroom in public integrated facility	
Comments: 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 ☒ No ☐ Yes		
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.		

Անհատական անցումային ծրագիր (ITP)

Page _____ of _____

**FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)**

Student Name: Thea Proh, Winne Date of Birth: 5/19/2000 IEP Date: 8/29/2018

Student Initialed: ☒ Yes ☐ No

F 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:
Winne is a great student who enjoys school and socializing with peers. He is very even-tempered and respects authority. Winne is looking forward to finishing high school and would like to attend a culinary institute and become a chef or open their own catering company. Winne also took the career interest inventory. After the inventory was completed Winne's three top career choices are education, accounting, and medical assistant. Winne is interested into looking into other careers besides Culinary arts, but has a very difficult time with math so does not feel accounting would be a good match. Based on other assessment Winne is very social and enjoys helping people.

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

Upon completion of school I will: Go to a community college or trade school

Transition Service Code as Appropriate:
130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
Student will understand a research options for post-secondary training and education

Student will explore careers and jobs related to a variety of training

Student will conduct research on a topic of health, create and present the information to an audience.

Community Experiences as Appropriate:

Related Services as Appropriate:
130 Specialized Academic Instruction

Linked to Annual Goal # 1
Person/Agency Responsible: case manager

Student's Post Secondary Goal Employment (Required):

Upon completion of school I will: Have a full-time job in the area of education

Transition Service Code as Appropriate:
130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
Student will identify areas of interest for future employment

Student will understand relationship between past experience and interests in future choices.

Student will learn self-advocacy and goal setting

Student will complete assignments using Microsoft Word, power point and excel

Community Experiences as Appropriate:
Student will be invited to participate in an employment fair at school

Related Services as Appropriate:

Linked to Annual Goal # 2
Person/Agency Responsible: case manager

Student's Post Secondary Goal Independent Living (As appropriate):

Upon completion of school I will: Live independently or with roommates

Transition Service Code as Appropriate:
130 Specialized Academic Instruction

Activities to Support Post Secondary Goal:
Student will identify basic budgeting practices

Students will understand the difference between checking and savings accounts

Student will identify and learn ways to manage time

Student will identify leisure activities.

Community Experiences as Appropriate:
Student will be invited to go on a field trip to the local credit union.

Related Services as Appropriate:

Linked to Annual Goal # 3
Person/Agency Responsible: case manager

(1)

(2)

(3)

Page _____ of _____

**FOOTHILL SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)**

Name: Thea Proh, Winne Date of Birth: 5/19/2000 IEP Date: 8/29/2018

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

A course of study is an annual description of coursework (classes or functional curriculum) that would assist the student to make progress towards his/her desired measurable post-secondary goals.

Example:
Student will complete core courses leading to a high school diploma (community college). OR
Student will complete course of study for CSU/UC track. OR
Student will complete coursework leading to a certificate of completion.

"If a student is behind on units note a plan of how a student is going to make up those credits. (example: take a summer school class, credit recovery, extra period during the day, Adult School)"

Units/Credits Completed: 4 of credits student has earned to-date Units/Credits Pending: _____

Student's course of study leads to: (check one option below) ☐ 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 of age of majority (age 18)

By whom: _____ Date: _____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational progress 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

Միջնակարգ դպրոցից հետո 3 նպատակ.

- (1) մասնագիտացում կամ ուսում,
- (2) աշխատանք,
- (3) ինքնուրույն ապրելակերպ

Դպրոցի ավարտման կարգավիճակը «Մեծամանության տարիք» -ի ծանուցման ամսաթիվ

IEP հանդիպման գրառումներ

- Այս էջը պետք է ներկայացնի IEP թիմի քննարկած թեմաները և ձեռք բերված պայմանավորվածությունները: Դա ոչ թե հանդիպման արձանագրություն է, այլ տեղի ունեցած դեպքերի ամփոփագիր: Թիմի յուրաքանչյուր անդամ, պետք է ուշադիր լսի հանդիպման վերջում բարձրաձայն կարդացված գրառումները (կամ եթե նախընտրում է պահանջել կարդալ գրավոր օրինակը): Այս պահին, ծնողը, կամ թիմի ցանկացած անդամ, կարող է պահանջել ցանկացած անհրաժեշտ ուղղում կամ վերանայում: Այնուամենայնիվ, եթե հանդիպումից հետո, ծնողը պահանջի, որ գրառումները ճիշտ չեն արտացոլում քննարկումը, նա կարող է դիմել գործակալին և ուղղում պահանջելու համար կամ ծնողը կարող է գրավոր կերպ ներկայացնել ուղղումը և պահանջել այն կցել IEP հանդիպման գրառումներին:

Հուշում ծնողների համար. Բառերի փոքր փոփոխությունը, որը չի հանգեցնի էական փոփոխությունների և անճշտությունների ուղղումը կարող է կատարվել հանդիպման գրառումներում: Բայցավելի մեծ մտահոգությունները/փոփոխությունները կարող են պահանջել IEP թիմի հանդիպում:

Ստորագրություն և ծնողի համաձայնություն

Page ____ of ____

**FOOTHILL SELPA
SIGNATURE AND PARENT CONSENT**

Student Name The Pooch, Minnie Date of Birth 5/19/2000 IEP Date 6/20/2019

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

COMMENT

☐ 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.

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

☐ Yes ☐ No ☐ No Response

Signature below is to authorize and approve the IEP.

Signature _____ Date _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature _____ Date _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

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.

Տողերի վերին շարքերը ներկա գտնողների ստորագրություններն են: Թիմի բոլոր անդամները պետք է ստորագրեն և ամսաթիվ դնեն այստեղ:

Եթե ամբողջովին համաձայն եք դրեք ձեր անվանատառերը (վերին վանդակ), մասնակի համաձայնություն (2-րդ վանդակ), ծառայությունների մերժում (3-րդ վանդակ), եթե աշակերտն իրավասու չէ (4-րդ վանդակ) կամ եթե այլևս իրավասու չէ (5-րդ վանդակ):

Եթե դուք հաստատում եք IEP-ն (նույնիսկ, եթե բացառումներ կան), ապա պետք է ստորագրել և ամսաթիվ դնել այստեղ: IEP-ի ստորագրումից հետո այն ուժի մեջ մտնում:

Արտակարգ իրավիճակների ծառայություններ

FOOTHILL SELPA EMERGENCY CIRCUMSTANCES PROGRAM					
Student Name: <i>The Pooh, Winnie</i>		Birthdate: <i>8/5/2008</i>		Meeting Date: <i>4/16/2020</i>	
If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below in light of the emergency circumstances and District policy.					
Specialized Academic Instruction and Related Services					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					
Comments: <i>I will email a Distance Learning schedule.</i>					
Transition Services ☒ NOT APPLICABLE ☐ SAME AS ABOVE					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					
Comments:					
Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					
Comments:					
Extended School Year Services ☐ NOT APPLICABLE ☒ SAME AS ABOVE					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☒ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					
Comments:					
Supplementary Aids and Services (provided in general education classes and other general ed environments)					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☒ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☒ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					
Comments:					

Page ____ of ____

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. Public health orders shall be taken into account in implementing the emergency conditions provision. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances. The emergency service options will not be implemented if they are inconsistent with a public health order or directive, are inconsistent with the school's emergency preparedness procedures, and/or would interfere with the health and safety of students or staff during emergency conditions.

Այս էջը ցույց է տալիս, թե ինչպես է դպրոցական շրջանը կրթական ծառայություններ հատկացնում արտակարգ իրավիճակների պայմաններում, եթե դրա հետևանքով դպրոցները փակվեն:

Այն ընդհանուր է, որովհետև կարող է վերաբերվել արտակարգ ցանկացած իրավիճակի:

Այն մանրամասնություններ չունի ինչպես հեռակա ուսուցման ծրագիրը:

Այստեղ նշված է, թե ինչպես են ծնողները տեղեկացվելու 10 օրվա ընթացքում, եթե ծառայությունները կամ դասավանդումը չի կարող իրականացվել ըստ IEP ծրագրի, արտակարգ իրավիճակի պատճառով: Արտակարգ իրավիճակի ծառայությունները FAPE-ի առաջարկի փոփոխություն չեն և պետք է համապատասխանեցվեն ցանկացած առողջապահական կամ արտակարգ իրավիճակի ընթացքում:

Շնորհակալություն

Ծնողներին հարկավոր են մասնագետներ,
Մասնագետներին՝ ծնողներ,
Իսկ աշակերտները մեր կարիքն ունեն:

