

TUSD Intervention Room
Special Education Considerations

Students with disabilities (SWDs) should have equitable access to suspension alternatives such as The Intervention Room that are available to typically developing students. However, if in providing SWDs with access there is a substantive change to their **IEP placement** or the manner in which **IEP services** are delivered, the IEP team should meet to discuss to this option.

Sample IEP Agenda:

- Purpose of the Meeting: Review
- Introductions and Parent Rights
 - All team members should be present or formally excused from the meeting
 - Parent should be provided with a copy of the Procedural Safeguards
- Review of behavior or incident
 - The Administrator should provide a summary and answer any questions
- Review of Intervention Room
 - The Administrator should describe the support embedded in The Intervention Room and other details (i.e. location, hours, dates, etc.)
- The IEP Team should discuss whether the Intervention Room is appropriate for the student and if it provides the student with Educational Benefit
 - The student will have access to SPED services, teacher support, and peers in the intervention room
- The team should review the student's IEP goals and determine what IEP services will be
 - Review the goals
 - Review the length of time student to be in intervention room
 - Case manager/Administrator should make a FAPE offer of services to be provided during the intervention room stay
 - Consider that most services will be provided individually vs. group in the intervention room setting
 - Discuss what services will be when student returns to regular programming
 - In most cases, IEP services will return to the services offered in the last Annual Plan Review when student returns.
- IEP team members should sign the Amendment. Parent should sign the **Amendment page, Notice of Meeting, and/or Excusal forms**

Sample IEP Amendment for Intervention Room for informational purposes only- Final Determination of IEP Services and Placement Should be made by IEP team

IEP Amendment(s) / Addendum Page

Student Name Student _____

Date of Birth _____

Amendment Date: _____

Purpose of Meeting

To discuss recent school incident and to discuss supports that may benefit student such as The District Intervention Room.

Changes to the IEP dated

The team met to discuss a recent incident at school where Student demonstrated ____ behavior. Team members present include ____ (parent), _____, Assistant Principal, _____, Special Education Teacher, and _____ General Education Teacher. The parent was provided a copy of Special Education Procedural Safeguards. Administrator ____ described the recent incident. Administrator _____ described The Intervention Room program at North Elementary School and the embedded support in the Intervention Room. The team discussed whether the intervention room was appropriate for Student The team determined that Student would benefit from the Intervention Room. The team discussed Student's IEP goals and IEP services. Student will attend the Intervention Room for ____ school day(s) beginning on _____, 8/15/2025. While attending the Intervention Room, Student will receive 60 minutes of specialized academic instruction services to address goals in _____, _____, and _____. Additionally, Student will receive 30 minutes of counseling to address goals related to communicating needs and emotional regulation. The team agreed that Student's IEP services as enumerated in the 1/1/2025 IEP will be provided to Student after Student returns to Student's regular placement on _____, 8/19/25. The team agreed. Parents signed the amendment.

CONSENT

I agree to the contents of the amendment to the IEP dated _____

Signature _____

Parent Guardian Surrogate Adult Student _____ Date _____

Signature _____

Parent Guardian Surrogate Adult Student _____ Date _____

IEP AMENDMENT PARTICIPATION

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

Parent/Adult student has received a copy of IEP Amendments/Addendum Page

If my child requires additional special education services as part of this amendment IEP and 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