SPECIAL EDUCATION LOCAL PLAN AREA
SUPERINTENDENTS' and OPERATION'S MEETING
Plumas Lake Elementary School District
2743 Plumas School Rd.
Plumas Lake, CA 95961

Agenda

August 27, 2025

YUBA COUNTY SELPA

Special Education Local Plan Area

Superintendents' Council	Operation's Council
Patrick Brose	Patrick Brose
Matt Taylor	Jennifer Nelson
Chris Mahurin	Kimberly Bentonwolfgram
Jordan Reeves	Rusty Gordon
Craig Guensler	Toni Vernier
Rob Gregor	Erin Oaks
Jeff Roberts, Ed. D	Samantha Chan
Nicole Newman, Ed. D	Lauren Link
Louise Miller	Melonie Soland

YCOE
Yuba County Office of Education
Better Together

Kristen Nottle-Powell, Ed. D
Assistant Superintendent of Special Education & SELPA

SPECIAL EDUCATION LOCAL PLAN AREA MEETING
Wednesday, August 27, 2025 – 10:30 a.m.
Plumas Lake Elementary School District
2743 Plumas School Rd. Plumas Lake, CA 95961

AGENDA

1. CALL TO ORDER, ATTENDANCE, AND PLEDGE OF ALLEGIANCE

2. PUBLIC COMMENTS

Persons wishing to address the Board (Agenda Items and/or Non-Agenda Items) are requested to fill out a "Request to Speak" card before the start of the meeting and give it to the Secretary, Board President, or Superintendent. Individual speakers will be allowed five minutes to address the Board - fifteen minutes' total time for public input on each item.

The California Government Code, Section 54595.2(a)(2) states, *"No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3."*

3. APPROVAL OF AGENDA – Page: 2-3 **ACTION ITEM**

4. CONSENT AGENDA **ACTION ITEM**

4.1 APPROVAL OF May 28, 2025 MINUTES – Page: 4-7

The above items are self-explanatory. All items on the Consent Agenda are considered a routine item or one that has been previously discussed. Any Superintendent or Operations Council may request that an item be pulled for further discussion.

5. SPECIAL EDUCATION LOCAL PLAN AREA FINANCE **INFORMATION ITEM**

5.1 2025-2026 SELPA Advance Apportionment Schedule – Page: 8-11
The advance apportionment schedule shows the cash payments each SELPA member receives in AB602 funding from July 2025-January 2026.

5.2 2025-2026 SELPA Revenue Projection – Page: 12-14
Revenue estimates for each member LEA for 2025-2026.

5.3 End of Year Fiscal Forms – Page: 15-59
Maintenance of Effort Determination Forms and Information.

5.4 Excess Cost Calculation (Update) – Page: 60-64

5.5 SELPA Finance Report – Page: 65-73
Document provides reminders regarding fiscal timelines, resources, and California Longitudinal Pupil Achievement Data System updates.

5.6 Low Incidence Budget 2024-2025 – Page: 74-75
Carryover remaining from 2024-2025

6. SPECIAL EDUCATION LOCAL PLAN AREA POLICIES & PROCEDURES **INFORMATION/ ACTION ITEM**

6.1 Approval of revised SELPA Level II Referral Procedures – Page: 76-80
Member LEA lead contacts update for the 2025-2026 school year and Level II referral procedures revised.

6.2 Approval of the revised SELPA Policy SP.028 Independent education evaluation – Page: 81-96

7. STATE SPECIAL EDUCATION LOCAL PLAN AREA INDIVIDUAL EDUCATION PLAN AREA MANUALS 2025-2026 **INFORMATION ITEM**

7.1 Individualized Education Program Forms Manual – Page: 97-131

7.2 Supplemental Manual – Page: 132-169

7.3 Individualized Family Service Plan Manual and Adopted Special Education Information System Templates – Page: 170-171

8. SPECIAL EDUCATION LOCAL PLAN AREA MEETING CALENDAR 2025-2026 – Page: 172 **ACTION ITEM**

Meeting locations added and Community Advisory Committee meeting dates revised.

9. CALIFORNIA AUTISM PROFESINAL TRAINING AND INFORMATION NETWORK AND POSITIVE ENVIRONMENTS, NETWORK OF TRAINERS REPRESENTATIVE NOMINATIONS **INFORMATION ITEM**

Opportunity for local education agencies to put forward nominations for SELPA CAPTAIN and PENT.

10. SUPERINTENDENT & OPERATIONS COUNCIL AGENDA CONTENT **INFORMATION ITEM**

Discussion preferred content to be included in Superintendent and Operation Council agenda.

11. SUPERINTENDENT & OPERATIONS COUNCIL VOTING PROXY **INFORMATION ITEM**

Superintendents to identify their voting proxy if absent from any Superintendents and Operations Council meetings.

12. USE OF ELECTRONIC DEVICES TO ACCESS SPECIAL EDUCATION LOCAL PLAN AREA AGENDA MATERIALS **INFORMATION ITEM**

Discussion re-use of utilize electronic devices to access SELPA Agenda/Minutes during the SELPA meetings, instead of paper copies.

13. ADVANCED PLANNING **INFORMATION/ ACTION ITEM**

13.1 NEXT REGULAR MEETING
SEPTEMBER 24, 2025 – 10:30AM
LOCATON: YUBA COUNTY ONE STOP,
BECKWOURTH ROOM, 1114 YUBA STREET,
MARYSVILLE, CA 95901

14. ADJOURN **ACTION ITEM**

YUBA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

JOINT MEETING OF THE SUPERINTENDENTS' COUNCIL and OPERATION'S COUNCIL

May 28, 2025

Chairperson: Rob Gregor
Meeting facilitated by Lora Gonzalez - SELPA Director

Members in Attendance:	Superintendents	Operation's Council
	Patrick Brose	Patrick Brose
	Jennifer Nelson for Matt Taylor	Jennifer Nelson
	Kimberly BentonWolfgram for Chris Mahurin	Kimberly BentonWolfgram
	Rusty Gordon for Jordan Reeves	Rusty Gordon
	Toni Vernier for Jeff Roberts, Ed.	Toni Vernier
	Craig Guensler	Erin Oakes
	Rob Gregor	Kristen Nottle- Powell
Visitor in Attendance:	Aaron Thornsberry, CBO for YCOE	

Minutes

1.0 Call to Order

Lora Gonzalez called the meeting to order at 10:30 a.m.
Lora Gonzalez led the council in the pledge of allegiance.

2.0 Roll Call of Members of Superintendents' Council and Operation's Council

2.1 Voting representatives for Superintendents' Council:

Patrick Brose - Camptonville Union Elementary School District
Jennifer Nelson for Matt Taylor - California Montessori Project
Kimberly BentonWolfgram for Chris Mahurin - CORE Charter
Rusty Gordon for Jordan Reeves - Marysville Joint Unified School District
Craig Guensler - Wheatland School District
Rob Gregor - Yuba County Office of Education
Toni Vernier for Jeff Roberts, Ed. D - Plumas Lake Elementary School District

Absent:
Nicole Newman, Ed. D - Wheatland Union High School District
Louise Miller - YES Charter

Voting representatives for Operation's Council:

Patrick Brose - Camptonville Union Elementary School District
Jennifer Nelson - California Montessori Project
Kimberly BentonWolfgram - CORE Charter
Rusty Gordon - Marysville Joint Unified School District
Toni Vernier - Plumas Lake Elementary School District
Erin Oakes - Wheatland School District
Kristen Nottle-Powell, Ed. D - Yuba County Office of Education

Absent:
Lauren Link - Wheatland Union High School District
Eve Domingo - YES Charter Academy

2.2 Recognition of Visitors
Aaron Thornsberry - Yuba County Office of Education

3.0 Public Comment (Non-Agenda and Agenda Items) to Come to the Attention of the SELPA Governance Council

No requests for public comments.

4.0 Public Hearing: 2025-2026 SELPA Local Plan

4.1 Section D: Annual Budget Plan + Attachments
Lora briefly reviewed the SELPA Local Plan – Section D: Annual Budget Plan, which captures a snapshot of projected revenue and expenditures for the 2025-26 school year. This is an annual requirement so that the public is aware of how the revenue and expenditures operate in and across the SELPA. There were no comments or questions from the public.

4.2 Section E: Annual Service Plan + Attachments
Lora reviewed SELPA Local Plan – Section E: Annual Service Plan. A list of all CALPADS service codes and definitions are included in the plan. This is an annual required submission so that the legislation and public are aware of the procured special education services being offered to students in and across the Yuba County SELPA. The attachments include a list of each member LEA and the schools that display which services are being delivered. There were no comments or questions from the public.

Lora closed the public hearing at 10:43 a.m.

Lora re-opened the Superintendents/Operation's Governance Council meeting at 10:44 a.m.

5.0 Consent Agenda

5.1 Approval of May 28, 2025 Meeting Agenda
Craig Guensler moved to approve the meeting agenda. Rob Gregor seconded the motion. The motion carried unanimously.

5.2 Approval of April 23, 2025 Meeting Minutes
Craig Guensler moved to approve the meeting agenda. Rob Gregor seconded the motion. The motion carried unanimously.

5.3 Approval of 2025-2026 SELPA Local Plan: Section D and E
Patrick Brose moved to approve the 2025-26 SELPA Local Plan Annual Budget Plan, Annual Service Plan, associated attachments and certifications. Craig Guensler seconded the motion. The motion carried unanimously.

6.0 SELPA Finance

6.1 May 2025: SELPA Finance Report

Lora noted that the monthly State SELPA Finance Report was attached to the agenda and shared to support CBOs in their reporting activities as they conclude their reports for the 2024-25 school year.

6.2 Governor's May Revise: Full Budget Summary - TK-12 Education

Lora attached the Governor's May Revise – full budget summary. She stated there isn't too much related to special education. Aaron added that the COLA is at a 2.3%.

6.3 Projected 2025-2026 SELPA: Revenue and Excess Costs

Aaron reviewed the 2025-2026 projected revenue and excess costs for the SELPA. He updated the revenue projections based on his projection of P-2 ADA. The revenue handout illustrates how funds are distributed across the LEA's. It also displays how the Yuba County Office of Education allocates its funds internally as well. The projection was based on this year's fiscal revenue received and the projected 2.3% COLA. The excess cost document illustrates the projected estimated excess costs for each LEA that receives services from Yuba COE. Aaron explained the increase is attributed to increases in salaries and position step and column advancements.

7.0 CCEE: Statewide Systems of Support Resources

Lora shared how the CCEE went to the state SELPA meeting in May. They shared the statewide system of support and links to get connected with any of the state resources.

8.0 CDE: Monitoring and Reporting

8.1 Implementation Monitoring LEA Submission

Lora pointed out that there are 4 LEA's have completed and submitted and are ready for review. She encouraged other LEA's to complete the process as soon as possible.

8.2 DRDPs - LEA Submission to SELPA

Lora indicated that there are only 3 students still working on DRDPs in YCOE, everyone else are complete.

8.3 2025 Prong II Student Record Review

Lora expressed how important it is to have IEP's and assessments completed in a timely matter. Record reviews from 2023-2024 is the reason for 2024-2025 Prong II. August 1st is the deadline.

8.4 CALPADS End-of-Year Reports 3 and 4: SELPA Certification

Lora informed the committee members that LEA's have to certify CALPADS by July 25, 2025. She also noted that she will continue to help and support with reviewing and finalizing until everyone is certified.

8.5 State SELPA C3 May Report

Lora stated that this report will be the one stop shop moving forward. All monitoring, activities, due dates and update will be on this report that everyone will have access to.

9.0 CYBHI: Children and Youth Behavioral Initiative

Lora shared that Mike Lombardo met with the state SELPA association. The handout is a summary for mostly the special education directors to stay connected.

10.0 2025-2026 SLEPA Meeting Calendar

Lora asked committee members to share the new SELPA Meeting Calendar with CBO's and CAC representatives.

11.0 LEA Updates

Camptonville: Received a new student with speech from Alta in a short amount of time. Needs services but school site does not have the proper tools to provide services they need. Will investigate a new delay code for assessment clearing.

CMP: Today is the last day of school, end of the year wrap up. Many open vacancies, needing teachers.

CORE Charter: Everything is going good. Students are graduating.

MJUSD: Plugging away as the school year ends.

PLESD: Working on a program to get it up and running by next summer. Next Friday is the last day of school for the school site. Hired a SLP, fully staffed now. Done with testing.

WSD: Going well. Getting ready for end of school. Created to summer camps, one in June and one in July.

WUHSD: Absent

YCOE: Working with an international hiring company, bring teachers from overseas on a work/cultural exchange program. Also, working with PLESD and WSD to bring training for next year.

YES Charter: Absent

12.0 Adjournment

Superintendent Craig Guensler made the motion to adjourn the meeting. Superintendent Rob Gregor seconded the motion. The meeting adjourned at 11:28 a.m. The motion carried unanimously

NEXT MEETING:

Joint Superintendents'/Operation's Council Meeting
August 27, 2025 at 10:30 a.m. – Plumas Lake ESD Board Room

Respectfully submitted,
Donna Silva
SELPA Secretary III, Yuba County Office of Education

YUBA COUNTY SELPA
2025-26
Special Education Revenue Advance Allocation
For Payment Calculation Purposes Only
Not Intended for
Revenue Estimates

					1	2	3	4	4	5		6	7	8	9	10	11	12
					State Funds Allocation	Local Funds Allocation	Net State Allocation	Low Incidence Equipment	OHC/LI PS/RS			IDEA Federal Funds Part B					IDEA Federal Funds Part C	Total
				Resource Code	6500	0000		6500	6500			3310	Preschool Pupil Count	3315	3345	3395	3385	
				Grant Title	AB602	Property Tax	AB602	AB602	AB602			SPED		Preschool	Preschool PD	ADR	Infant/Toddler	
				Total Award	$16,665,671	$2,532,895	$14,132,776	$81,456	$1,157,037			$3,916,279		$96,628	$1,018	$14,807	$63,140	$21,996,036.00
				Per ADA Amount					Block allocations			$219.18		$715.76	$7.54	Lump Sum	Lump Sum	
	LEA	ADA	SDC ADA	Total ADA	Allocated by ADA	Allocated by Prop Tax District ADA		Allocated by LI Count		ADA		Allocated by ADA		Allocated by Preschool Pupil Count	Allocated by Preschool Pupil Count			
	CMP - San Juan	1443.01		1443.01	$1,345,918.85		$1,345,918.85	$4,541.54	$0.00	1443.01		$316,278.52						**$1,666,738.91**
	CMP - Elk Grove	538.31		538.31	$502,090.47		$502,090.47	$1,000.00	$0.00	538.31		$117,986.63						**$621,077.10**
	CMP - Shingle Springs	516.08		516.08	$481,356.19		$481,356.19	$2,416.62	$4,839.00	516.08		$113,114.27						**$601,726.08**
	CMP - Capitol	391.32		391.32	$364,990.52		$364,990.52	$1,000.00	$0.00	391.32		$85,769.41						**$451,759.93**
	CORE (includes Camptonville ADA)	600.06		600.06	$383,255.03		$383,255.03	$3,833.23	$14,516.00	600.06		$131,520.98						**$533,125.24**
	Camptonville (25% CORE/Camptonville)				$176,430.67		$176,430.67	$1,000.00	$0.00									**$177,430.67**
	Marysville	9761.72	186.67	9948.39	$9,279,024.82	$1,808,071.69	$7,470,953.13	$42,790.15	$368,222.00	9948.39		$2,180,485.26	96	$68,713	$724			**$11,939,959.39**
	Plumas Lake	1634.65	1.19	1635.84	$1,525,774.52	$297,306.00	$1,228,468.52	$6,666.46	$19,354.00	1635.84		$358,542.94	22	$15,747	$166			**$1,926,250.60**
Prop tax ADA	Wheatland	1288.76	1.99	1290.75	$1,203,903.47	$234,587.56	$969,315.91	$3,124.92	$24,193.00	1290.75		$282,906.21	17	$12,168	$128			**$1,526,423.76**
13,936.52	Wheatland High	1057.22	4.32	1061.54	$990,115.59	$192,929.75	$797,185.84	$6,666.46	$43,547.00	1061.54		$232,668.03						**$1,272,997.08**
	YCOE/SELPA															$14,807	$63,140	**$77,947.00**
	TEM/JH	53.56		53.56	$49,956.28		$49,956.28	$0.00	$0.00	53.56		$11,739.27						**$61,695.55**
	YES	171.51		171.51	$159,970.16		$159,970.16	$1,000.00	$4,839.00	171.51		$37,591.51						**$203,400.67**
	Career Prep Charter	217.52		217.52	$202,884.43		$202,884.43	$2,416.62	$4,839.00	217.52		$47,675.97						**$257,816.02**
	Total YCOE per ADA allocation	442.59		442.59	$412,810.87		$412,810.87		$9,678.00	442.59		$97,006.75						**$519,495.62**
	YCOE/SELPA- Low Incidence 80% of Funding							$5,000.00	$325,824.00									**$330,824.00**
	YCOE/SELPA Program Specialist/Regionalized Services (PS/RS)								$346,864.00									**$346,864.00**
	Totals:	**17,673.72**	**194.17**	**17,867.89**	**$16,665,671.00**	**$2,532,895.00**	**$14,132,776.00**	**$81,456.00**	**$1,157,037**	**17,867.89**		**$3,916,279.00**	**135**	**$96,628**	**$1,018**	**$14,807**	**$63,140**	**$21,996,036.00**
							Total AB602		**$15,371,269.00**								$21,914,580.00	

YCOE Internal Calculation:

	ADA	% ADA	Yes = Total allocation. Adjust TEM & charter to equal total entitlement	Net State AB 602 Allocation	OHC	Total AB602 Resr 6500	3310	Total
TEM/JH	53.56	12.10%	42,528.95	42,528.95	$0.00	$42,528.95	19,166.60	61,695.55
YES (receive all AB602)	171.51	38.75%	198,561.67	198,561.67	$4,839.00	$203,400.67		203,400.67
Career Prep Charter	217.52	49.15%	175,136.87	175,136.87	$4,839.00	$179,975.87	77,840.15	257,816.02
Total YCOE	442.59	100.00%	416,227.49	416,227.49	$9,678.00	$425,905.49	97,006.75	522,912.24

YUBA COUNTY SELPA
2025-26 AB602
Special Education Advance Apportionment

					1	2	3	4	5	6	7	8	9	10
					State Funds Entitlement	Local Funds Allocation	Net State Allocation	July	Low Incidence Equipment Allocation	July	Projected Out of Home Care Allocation	July	Total AB602 Allocation	July
				Resource Code	6500	0000		5%		5%		5%		5%
				Grant Title	AB602	Property Tax	AB602	AB 602	AB 602		OHC	AB602	Grand Total	Grand Total
				Total Award	$16,665,671.00	$2,532,895.00	$14,132,776.00	Base Allocation	LI Allocation			OHC Allocation		
				Per ADA Amount	$ -		Before OHC, LI, PS/RS	State Payment Received						
	LEA	ADA	SDC ADA	Total ADA				$ 740,444.00	$ 81,456.00		$ 484,349.00			
	CMP - San Juan	1443.01		1443.01	$1,345,918.85		$1,345,918.85	67,295.94	$4,541.54	227.08	$0.00	-	$1,350,460.39	67,523.02
	CMP - Elk Grove	538.31		538.31	$502,090.47		$502,090.47	25,104.52	$1,000.00	50.00	$0.00	-	$503,090.47	25,154.52
	CMP - Shingle Springs	516.08		516.08	$481,356.19		$481,356.19	24,067.81	$2,416.62	120.83	$4,839.00	241.95	$488,611.81	24,430.59
	CMP - Capitol	391.32		391.32	$364,990.52		$364,990.52	18,249.53	$1,000.00	50.00	$0.00	-	$365,990.52	18,299.53
	CMP Consortium	**2888.72**		**2888.72**	**$2,694,356.03**		**$2,694,356.03**	**$134,717.80**	**$8,958.16**	**$447.91**	**$4,839.00**	**$241.95**	**$2,708,153.19**	**$135,407.66**
	CORE (includes Camptonville ADA)	600.06		600.06	$383,255.03		$383,255.03	19,162.75	$3,833.23	191.66	$14,516.00	725.80	$401,604.26	20,080.21
	Camptonville (25% CORE/Camptonville)				$176,430.67		$176,430.67	8,821.53	$1,000.00	50.00	$0.00	-	$177,430.67	8,871.53
Prop tax	Marysville	9761.72	186.67	9948.39	$9,279,024.82	$1,808,071.69	$7,470,953.13	373,547.66	$42,790.15	2,139.51	$368,222.00	18,411.10	$7,881,965.28	394,098.27
ADA	Plumas Lake	1634.65	1.19	1635.84	$1,525,774.52	$297,306.00	$1,228,468.52	61,423.43	$6,666.46	333.32	$19,354.00	967.70	$1,254,488.98	62,724.45
	Wheatland	1288.76	1.99	1290.75	$1,203,903.47	$234,587.56	$969,315.91	48,465.80	$3,124.92	156.25	$24,193.00	1,209.65	$996,633.83	49,831.70
13,936.52	Wheatland High	1057.22	4.32	1061.54	$990,115.59	$192,929.75	$797,185.84	39,859.29	$6,666.46	333.32	$43,547.00	2,177.35	$847,399.30	42,369.96
	YCOE/SELPA													
	TEM/JH	53.56		53.56	$42,528.95		$42,528.95	2,126.45	$0.00	-	$0.00	-	$42,528.95	2,126.45
	YES	171.51		171.51	$198,561.67		$198,561.67	9,928.08	$1,000.00	50.00	$4,839.00	241.95	$204,400.67	10,220.03
	Career Prep Charter	217.52		217.52	$175,136.87		$175,136.87	8,756.84	$2,416.62	120.83	$4,839.00	241.95	$182,392.49	9,119.62
	Total YCOE per ADA allocation	442.59		442.59	$416,227.49		**$416,227.49**						$ 416,227.49	
	Out of Home Care							-					-	-
	YCOE/SELPA- Low Incidence						$325,824.00	16,291.20	5,000.00	250.00			330,824.00	16,541.20
	YCOE/SELPA Program Specialist/Regionalized Services (PS/RS)						$346,864.00	17,343.20					346,864.00	17,343.20
	Totals:	**17,673.72**	**194.17**	**17,867.89**	**$16,669,087.62**	**$2,532,895.00**	**$14,808,880.62**	**$740,444.03**	**$81,456.00**	**$4,072.80**	**$484,349.00**	**$24,217.45**	**$15,374,685.62**	**$768,734.28**
							Net State Allocation (Includes LI, PS/RS)							

Low Incidence Funding For Eqiupment 2025-26 Advance Apportionment
Allocate LI Funding Based on District of SPED Accountability
20% of LI Funding Less $5,000 for SELPA Maintenance

LEA	LI Count
CMP - San Juan	5
CMP - Elk Grove	0
CMP - Shingle Springs	2
CMP - Capitol	1
CORE	4
Camptonville	0
Marysville	59
Plumas Lake	8
Wheatland	3
Wheatland High	8
YCOE (YCCPCS)	2
YES	0
Total	**92**

LI Funding from Advance Apportionment	**$ 407,280**
20% for Equipment	**20%**
LI Funding for Equipment	**81,456**
Reserve for SELPA Equipment Maintenance	(5,000)
Materials and equipment revenue less reserve for equipment maintenance	76,456.00
Amount per LI Student	831.04
LEAs	12

Minimum $1000 Per LEA			Below $1,000	Miminum Allocation	Additional Allocation based on LI	Total Allocation	July 5%
LEAs							
CMP - San Juan		4,155.22	No	$ 1,000.00	3,541.54	$ 4,541.54	$ 227.08
CMP - Elk Grove		-	Yes	$ 1,000.00	-	$ 1,000.00	$ 50.00
CMP - Shingle Springs		1,662.09	No	$ 1,000.00	1,416.62	$ 2,416.62	$ 120.83
CMP - Capitol		831.04	Yes	$ 1,000.00	-	$ 1,000.00	$ 50.00
CORE		3,324.17	No	$ 1,000.00	2,833.23	$ 3,833.23	$ 191.66
Camptonville		-	Yes	$ 1,000.00	-	$ 1,000.00	$ 50.00
Marysville		49,031.57	No	$ 1,000.00	41,790.15	$ 42,790.15	$ 2,139.50
Plumas Lake		6,648.35	No	$ 1,000.00	5,666.46	$ 6,666.46	$ 333.32
Wheatland		2,493.13	No	$ 1,000.00	2,124.92	$ 3,124.92	$ 156.25
Wheatland High		6,648.35	No	$ 1,000.00	5,666.46	$ 6,666.46	$ 333.32
YCOE		1,662.09	No	$ 1,000.00	1,416.62	$ 2,416.62	$ 120.83
YES		-	Yes	$ 1,000.00	-	$ 1,000.00	$ 50.00
Total		**76,456.00**		**$ 12,000.00**		**$ 76,456.00**	**$ 3,822.79**
Amount Remaining				$ 64,456.00			
Students remaining after small LEAs				91			
Amount per Student				$ 708.31			

YUBA COUNTY SELPA
2025-26
Special Education Revenue Advance Allocation
For Payment Calculation Purposes Only
Not Intended for Revenue Estimates

	AB602 Funding: Out of Home Care	Foster Youth Funding	STRTP Funding	Community Care Funding	Intermediate Care Funding	Skilled Nursing Funding	Subtotal	Proportionate Share of Saving	Total
	Total Award	**$365,805**	**$0**	**$4,070**	**$0**	**$0**		**$114,474**	**$484,349**
		Split by Foster Youth Count	**District of Location**	**District of Location**	**District of Location**	**District of Location**		**Split by Proportion of Subtotal**	
LEA	**23-24 Foster Youth Count**	**$ 3,695.00**	**$ -**	**$ 41.11**	**$ -**	**$ -**		**$ 557.88**	
Camptonville	-	$0	$0	$0	$0	$0	$0	$0	**$0**
CORE	3	$11,085	$0	$0	$0	$0	$11,085	$3,431	**$14,516**
Marysville	75	$277,125	$0	$4,070	$0	$0	$281,195	$87,027	**$368,222**
Plumas Lake	4	$14,780	$0	$0	$0	$0	$14,780	$4,574	**$19,354**
Wheatland	5	$18,475	$0	$0	$0	$0	$18,475	$5,718	**$24,193**
Wheatland High	9	$33,255	$0	$0	$0	$0	$33,255	$10,292	**$43,547**
YCOE (Carden and TE Mathews Only)	-	$0	$0	$0	$0	$0	$0	$0	**$0**
Yuba County Career Prep	1	$3,695	$0	$0	$0	$0	$3,695	$1,144	**$4,839**
Yuba County Environmental Science Charter Academy	1	$3,695	$0	$0	$0	$0	$3,695	$1,144	**$4,839**
CMP-Capitol	-	$0	$0	$0	$0	$0	$0	$0	**$0**
CMP - Elk Grove	-	$0	$0	$0	$0	$0	$0	$0	**$0**
CMP-Shingle Springs	1	$3,695	$0	$0	$0	$0	$3,695	$1,144	**$4,839**
CMP-San Juan	-	$0	$0		$0	$0	$0	$0	**$0**
TOTAL	**99**	**$365,805**	**$0**	**$4,070**	**$0**	**$0**	**$369,875**	**$114,474**	**$484,349**

YUBA COUNTY SELPA
2025-26
Special Education Revenue Projection
Estimated 08/07/2025

				1	2	3	4	5		6		7	8	9	10	11
				State Funds Allocation	Local Funds Allocation	Net State Allocation	Low Incidence Equipment	OHC PS/RS SELPA LI		IDEA Federal Funds Part B					IDEA Federal Funds Part C	Total
	Resource Code			6500	0000		6500	6500		3310	Pre-School Pupil Count	3315	3345	3395	3385	
	Grant Title			AB602	Property Tax	AB602	AB602	AB602		SPED		Preschool	Preschool PD	ADR	Infant/Toddler	
	Total Award			$16,394,287.67	$2,435,630	$13,958,657.67	$80,129	$1,138,195.68		$3,916,279		$96,628	$1,016	$14,807	$63,140	$21,704,482.35
	Per ADA Amount			$917.52			Per LI Student	Block allocations		$219.18		$715.76	$7.53	Lump Sum	Lump Sum	
LEA	ADA	SDC ADA	Total ADA				Allocated by LI Count									
CMP - San Juan	1443.01		1443.01	$1,323,987.12		$1,323,987.12	$4,469.00	$0.00		$316,274.98						**$1,644,731.10**
CMP - Elk Grove	538.31		538.31	$493,908.92		$493,908.92	$1,000.00	$0.00		$117,985.31						**$612,894.23**
CMP - Shingle Springs	516.08		516.08	$473,512.50		$473,512.50	$2,387.00	$17,135.00		$113,113.00						**$606,147.50**
CMP - Capitol	391.32		391.32	$359,043.00		$359,043.00	$1,000.00	$4,283.00		$85,768.45						**$450,094.45**
CORE (includes Camptonville ADA)	600.26		600.26	$380,170.66		$380,170.66	$3,775.00	$17,135.00		$131,563.34						**$532,644.00**
Camptonville (25% of AB602 State Aid and IDEA Only CORE/Camptonville)				$170,578.48		$170,578.48	$1,000.00									**$171,578.48**
Marysville	9761.72	186.67	9948.39	$9,127,823.25	$1,738,640.43	$7,389,182.82	$41,930.00	$326,533.00		$2,180,460.85	96	$68,713	$722			**$11,746,182.83**
Plumas Lake	1634.65	1.19	1635.84	$1,500,912.05	$285,889.23	$1,215,022.82	$6,550.00	$42,837.00		$358,538.93	22	$15,747	$166			**$1,924,750.34**
Wheatland	1288.76	1.99	1290.75	$1,184,285.89	$225,579.23	$958,706.66	$3,081.00	$4,283.00		$282,903.05	17	$12,168	$128			**$1,486,848.85**
Wheatland High	1057.22	4.32	1061.54	$973,981.67	$185,521.11	$788,460.56	$6,550.00	$34,271.00		$232,665.43						**$1,247,468.10**
YCOE/SELPA														$14,807	$63,140	**$77,947.00**
TEM/JH	53.56		53.56	$49,142.24		$49,142.24		$12,851.00		$11,739.13						**$73,732.37**
YES	171.51		171.51	$157,363.45		$157,363.45	$1,000.00	$4,283.00		$37,591.09						**$200,237.54**
Career Prep Charter	217.52		217.52	$199,578.44		$199,578.44	$2,387.00	$12,851.00		$47,675.44						**$262,491.88**
Total YCOE per ADA allocation	442.59		442.59	$406,084.13		$406,084.13		$29,985.00		$97,005.66						**$533,074.79**
YCOE/SELPA Low Incidence							$5,000.00	$320,518.00								**$325,518.00**
YCOE/SELPA Program Specialist/Regionalized Services (PS/RS)								$341,215.81								**$341,215.81**
Totals:	**17,673.92**	**194.17**	**17,868.09**	**$16,394,287.67**	**$2,435,630.00**	**$13,958,657.67**	**$80,129.00**	**$1,138,195.81**		**$3,916,279**	**135**	**$96,628**	**$1,016**	**$14,807**	**$63,140**	**$21,704,482.48**
							Total AB602	**$15,176,982.48**							$21,624,353.48	

Prop tax ADA 13,936.52

YCOE Internal Calculation:

	ADA	% ADA	Yes = Total allocation. Adjust TEM & charter to equal total entitlement	Net State AB 602 Allocation	OHC	Low Incidence	Total AB602 Resr 6500	3310	Total
TEM/JH	53.56	12.10%	41,714.99	41,714.99	$12,851.00		$54,565.99	19,166.38	73,732.37
YES (receive all AB602)	171.58	38.76%	194,954.54	194,954.54	$4,283.00	$1,000.00	$200,237.54		200,237.54
Career Prep Charter	217.52	49.14%	169,414.60	169,414.60	$12,851.00	$2,387.00	$184,652.60	77,839.28	262,491.88
Total YCOE	442.66	100.00%	406,084.13	406,084.13	$29,985.00	$3,387.00	$439,456.13	97,005.66	536,461.79

YUBA COUNTY SELPA
2025-26 Estimated 08/7/25
Projected Out of Home Care Funding Allocation
Allocated by CALPADS 5.7

	AB602 Funding: Out of Home Care	Foster Youth Funding	STRTP Funding	Community Care Funding	Intermediate Care Funding	Skilled Nursing Funding	Subtotal	Proportionate Share of Saving	Total
	Total Award	**$359,848**	**$0**	**$4,004**	**$0**	**$0**		**$112,610**	**$476,462**
		Split by Foster Youth Count	**District of Location**	**District of Location**	**District of Location**	**District of Location**		**Split by Proportion of Subtotal**	
LEA	**24-25 Foster Youth Count**	**$ 3,271.35**	**$ -**	**$ 36.40**	**$ -**	**$ -**		**$ 1,023.73**	
Camptonville/CORE	4	$13,085	$0	$0	$0	$0	$13,085	$4,050	**$17,135**
Marysville	75	$245,353	$0	$4,004	$0	$0	$249,357	$77,176	**$326,533**
Plumas Lake	10	$32,713	$0	$0	$0	$0	$32,713	$10,124	**$42,837**
Wheatland	1	$3,271	$0	$0	$0	$0	$3,271	$1,012	**$4,283**
Wheatland High	8	$26,171	$0	$0	$0	$0	$26,171	$8,100	**$34,271**
YCOE (Carden and TE Mathews Only)	3	$9,814	$0	$0	$0	$0	$9,814	$3,037	**$12,851**
Yuba County Career Prep	3	$9,814	$0	$0	$0	$0	$9,814	$3,037	**$12,851**
Yuba County Environmental Science Charter Academy	1	$3,271	$0	$0	$0	$0	$3,271	$1,012	**$4,283**
CMP-Capitol	1	$3,271	$0	$0	$0	$0	$3,271	$1,012	**$4,283**
CMP - Elk Grove	-	$0	$0	$0	$0	$0	$0	$0	**$0**
CMP-Shingle Springs	4	$13,085	$0	$0	$0	$0	$13,085	$4,050	**$17,135**
CMP - San Juan	-	$0	$0	$0	$0	$0	$0	$0	**$0**
TOTAL	**110**	**$359,848**	**$0**	**$4,004**	**$0**	**$0**	**$363,852**	**$112,610**	**$476,462**

LI EQUIPMENT FUNDING ESTIMATE 25-26 8/7/2025
Allocate LI Funding Based District of SPED Accountability
20% of LI Funding Less $5,000 for Maintenance
Claims Method

LEA	LI Count
CMP - San Juan	5
CMP - Elk Grove	0
CMP - Shingle Springs	2
CMP - Capitol	1
CORE	4
Camptonville	0
Marysville	59
Plumas Lake	8
Wheatland	3
Wheatland High	8
YCOE (YCCPCS)	2
YES	0
Total	**92**

Projected Low Incidence (LI) Funding	**400,647.00**
20% of Projected LI Funding	**80,129.00**
Less $5,000 for Equipment Reserve	**(5,000.00)**
Materials and equipment revenue less reserve for equipment maintenance	75,129.00
Amount per LI Student	816.62
LEAs	12

Minimum $1000 Per LEA **LEAs**		Below $1,000	Miminum Allocation	Additional Allocation	**Total Allocation**
CMP - San Juan	4,083.10	no	$ 1,000.00	3,468.63	$ 4,469.00
CMP - Elk Grove	-	Yes	$ 1,000.00	-	$ 1,000.00
CMP - Shingle Springs	1,633.24	no	$ 1,000.00	1,387.45	$ 2,387.00
CMP - Capitol	816.62	Yes	$ 1,000.00	-	$ 1,000.00
CORE	3,266.48	no	$ 1,000.00	2,774.90	$ 3,775.00
Camptonville	-	Yes	$ 1,000.00	-	$ 1,000.00
Marysville	48,180.55	no	$ 1,000.00	40,929.79	$ 41,930.00
Plumas Lake	6,532.96	no	$ 1,000.00	5,549.80	$ 6,550.00
Wheatland	2,449.86	no	$ 1,000.00	2,081.18	$ 3,081.00
Wheatland High	6,532.96	no	$ 1,000.00	5,549.80	$ 6,550.00
YCOE (Charter)	1,633.24	no	$ 1,000.00	1,387.45	$ 2,387.00
YES	-	Yes	$ 1,000.00	-	$ 1,000.00
Total	**75,129.00**		**$ 12,000.00**		**$ 75,129.00**
Amount Remaining			$ 63,129.00		
Students remaining after small LEAs			91		
Amount per Student			$ 693.73		

UNAUDITED ACTUALS
SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
2024-25 EXPENDITURES BY LEA (LE-CY)

CHARTER NAME:

Object Code	Description	Special Education Unspecified (Goal #5001)	Special Education Ages 5-22 (Goal #5760)	Adjustments	Total
				Unduplicated Pupil Count	
TOTAL EXPENDITURES					
1000 - 1999	Certificated Salaries				0.00
2000 - 2999	Classified Salaries				0.00
3000 - 3999	Employee Benefits				0.00
4000 - 4999	Books & Supplies				0.00
5000 - 5999	Services & Other Operating Expenditures				0.00
6000 - 6999	Capital Outlay				0.00
7130	State Special Schools				0.00
7430 - 7439	Debt Service				0.00
	Total Direct Costs	0.00	0.00	0.00	0.00
7310	Transfers of Indirect Costs				0.00
7350	Transfers of Indirect Costs - Interfund				0.00
	Total Indirect Costs	0.00	0.00	0.00	0.00
	TOTAL COSTS	0.00	0.00	0.00	0.00
FEDERAL EXPENDITURES (Resources 3000-5999, EXCEPT 3385)					
1000 - 1999	Certificated Salaries				0.00
2000 - 2999	Classified Salaries				0.00
3000 - 3999	Employee Benefits				0.00
4000 - 4999	Books & Supplies				0.00
5000 - 5999	Services & Other Operating Expenditures				0.00
6000 - 6999	Capital Outlay				0.00
7130	State Special Schools				0.00
7430 - 7439	Debt Service				0.00
	Total Direct Costs	0.00	0.00	0.00	0.00
7310	Transfers of Indirect Costs				0.00
7350	Transfers of Indirect Costs - Interfund				0.00
	Total Indirect Costs	0.00	0.00	0.00	0.00
	TOTAL COSTS	0.00	0.00	0.00	0.00
STATE & LOCAL EXPENDITURES (Resources 0000-2999, 3385, 6000-9999)					
1000 - 1999	Certificated Salaries				0.00
2000 - 2999	Classified Salaries				0.00
3000 - 3999	Employee Benefits				0.00
4000 - 4999	Books & Supplies				0.00
5000 - 5999	Services & Other Operating Expenditures				0.00
6000 - 6999	Capital Outlay				0.00
7130	State Special Schools				0.00
7430 - 7439	Debt Service				0.00
	Total Direct Costs	0.00	0.00	0.00	0.00
7310	Transfers of Indirect Costs				0.00
7350	Transfers of Indirect Costs - Interfund				0.00
	Total Indirect Costs	0.00	0.00		0.00
	TOTAL COSTS BEFORE CONTRIBUTIONS	0.00	0.00	0.00	0.00
8980	Contributions from Unrestricted Revenue Resources				
	TOTAL COSTS	0.00	0.00	0.00	0.00
LOCAL EXPENDITURES (Resources 0000-1999 & 8000-9999)					
1000 - 1999	Certificated Salaries				0.00
2000 - 2999	Classified Salaries				0.00
3000 - 3999	Employee Benefits				0.00
4000 - 4999	Books & Supplies				0.00
5000 - 5999	Services & Other Operating Expenditures				0.00
6000 - 6999	Capital Outlay				0.00
7130	State Special Schools				0.00
7430 - 7439	Debt Service				0.00
	Total Direct Costs	0.00	0.00	0.00	0.00
7310	Transfers of Indirect Costs				0.00
7350	Transfers of Indirect Costs - Interfund				0.00
	Total Indirect Costs	0.00	0.00		0.00
	TOTAL COSTS BEFORE CONTRIBUTIONS	0.00	0.00	0.00	0.00
8980	Contributions from Unrestricted Revenue Resources				
	TOTAL COSTS	0.00	0.00	0.00	0.00

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
2023-24 EXPENDITURES BY LEA (LE-PY)

CHARTER NAME:

Descriptions		State and Local	Local Only
2023-24 EXPENDITURES			
1.	Enter Total Costs amounts from the 2023-24 Expenditures by LEA worksheet. Total Column, for the State and Local Expenditures section and the Local Expenditures section		
2.	Enter audit adjustments of 2023-24 special education expenditures from Unaudited Actuals data, not included in Line 1 (explain below) (resources 0000-2999 & 6000-9999; Object 9793)	0.00	0.00
3.	Enter restatements of 2023-24 special education beginning fund balances from Unaudited Actuals, not included in Line 1 (explain below) (resources 0000-2999 & 6000-999; Object 9795)	0.00	0.00
4.	Enter any other adjustments, not included in Line 1 (explain below)	0.00	0.00
5.	2023-24 Expenditures, Adjusted for 2023-24 MOE Calculation (Sum lines 1 through 4)	0.00	0.00
UNDUPLICATED PUPIL COUNT			
1.	Enter the unduplicated pupil count reported in 2023-24 Expenditures by LEA LEA worksheet		
2	Enter any adjustments not included in Line 1 (explain below)		
3.	2023-24 Unduplicated Pupil Count, Adjusted for 2024-25 MOE Calculation (Line 1 plus Line 2)	0.00	0.00

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-A)

SELPA: Yuba County

CHARTER:

This form is used to check Maintenance of Effort (MOE) for a Charter LEA,

Per the federal Subsequent Years Rule, in order to determine the required level of effort, the LEA must look back to the last fiscal year in which the Charter LEA maintained effort using the same method by which it is currently establishing the compliance standard. To meet the requirement of the Subsequent Years Rule, the LMC-A worksheet has been revised to add Section 3.A.1, 3.A.2, 3.B.1, 3.B.2 and Section 3.B.2. The revised sections allow the LEA to compare the 2024-25 expenditures to the most recent fiscal year the LEA met MOE using that method, which is the comparison year. To ensure the LEA is comparing 2024-25 expenditures to the appropriate comparison year, the LEA is required to complete the Subsequent Years Tracking (SYT) worksheet with their LMC-A worksheet. The SYT worksheet tracks the result for each Education of the four methods back to FY 2011-12, which is the baseline year for LEA MOE calculations established by the Office of Special Education Programs. The SYT worksheet is available at:http://www.cde.ca.gov/sp/se/as/documents/subseqyrtrckwrksht.xls.

There are four methods that the LEA can use to demonstrate the compliance standard. They are (1) combined state and local expenditures; (2) combined state and local expenditures on a per capita basis; (3) local expenditures only; and (4) local expenditures only on a per capita basis.

The LEA is only required to pass one of the tests to meet the MOE requirement. However the LEA is required to show results for all four methods. These results are necessary both for historical purposes and for the possibility that the LEA may want, or need, to switch methods in future years.

SECTION #1 **Exempt Reduction Under 34 CFR Section 300.204**

If your Charter LEA determines that a reduction in expenditures occurred as a result of one or more of the following conditions, you may calculate a reduction to the required MOE standard. Reductions may apply to local only MOE standard, combined state and local MOE standard, or both.

1. Voluntary departure, by retirement, or otherwise, or departure for just cause, of special education or related services personnel.

2. A decrease in the enrollment of children with disabilities

3. The termination of the obligation the agency to provide a program of special education to a particular child with a disability that is an exceptionally costly program, as determined by the SEA, because the child:

   a. Has left the jurisdiction of the agency;
   b. Has reached the age at which the obligation of the agency to provide free appropriate public education (FAPE) to the child has terminated; or
   c. No longer needs the program of special education.

4. The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities.

5. The assumption of cost by the high cost fund operated by the SEA under 34 CFR Section 300.704 (c)

Provide the condition number , if any, to be used in the calculation below	State & Local	Local Only
Total Exempt Reductions	0.00	0.00

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-A)

SECTION #2 **Reduction to MOE Requirement Under IDEA, Section 613 (a)(2)(C) (34CFR Section 300.205)**

IMPORTANT NOTE: Only Charter LEAs that have a "meets requirement" compliance determination and are not found significantly disproportionate for the current year are eligible to use this option to reduce their MOE requirement

Up to 50% of the increase in IDEA Part B, Section 611 funding in current year compared with prior year may be used to reduce the required level of state and local expenditures. This option is available only if the LEA used or will use the freed up funds for activities authorized under the Elementary and Secondary Education Act of 1965. Also, the amount of Part B funds used for early intervening services (34 CFR 300.226(a)) will count toward the maximum amount by which the LEA may reduce its MOE requirement under this exception.

		State & Local	Local Only
Current Year Funding			
Local Assistance Grant Award, Resource #3310			
Less Prior Year Funding			
Local Assistance Grant Award, Resource #3310			
Increase in Funding (if difference is positive)	0		
Maximum available for MOE Reduction (50% of increase in funding)	0 (a)		
Current year funding (IDEA Section 619 - Resource 3315)	0		
Maximum available for early intervening services (EIS) (15% of current year funding - Resources 3310 and 3315)	0 (b)		

SECTION NOT APPLICABLE
If (b) is greater than (a).

Enter portion to set aside for EIS (cannot exceed (b). Maximum available for EIS)	0 (c)		
Available for MOE reduction. (line (a) minues line (c), zero if negative)	0 (d)		
Available for MOE reduction).			

SECTION NOT APPLICABLE
If (b) is less than (a).

exceed line (a), Maximum available for MOE reduction, second and	(e)		
Available to set aside for EIS (line (b) minus line (e), zero if negative)	0 (f)		

NOTE: If you LEA exercises the authority under 34 CFR 300.205(a) to reduce the MOE requirement, the LEA must list the activities (which are authorized under the ESEA) paid with the freed up funds:

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-A)

SECTION #3

A. Combined State and Local Expenditures Method	Column A **Actual Expenditures FY 2024-25 (LE-CY Worksheet)**	Column B **Actual Expenditures Comparison Year**	Column C **Difference (Col A - Col B)**
1. Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on state and local expenditures			
a. Total Special Education Expenditures	0.00		
b. Less: Expenditures paid from Federal Sources	0.00		
c. Expenditures paid from State & Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from state and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2			
e. Net Expenditures paid from State and Local Sources	0.00	0.00	0.00

If the difference in Column C for the Section 3.A.1 is positive or zero, the MOE compliance requirement is met based on the combination of state and local expenditures.

	Actual FY 2024-25	**Comparison Year**	**Difference**
2 Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the per capita state and local expenditures capita state and local expenditures.			
a. Total Special Education Expenditures	0.00		
b. Less: Expenditures paid from Federal Sources	0.00		
c. Expenditures paid from State & Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from State and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2			
Net Expenditures paid from State and Local Sources	0.00	0.00	
d. Special Education Unduplicated Pupil Count	0.00		
e. Per Capita State and Local Expenditures	#DIV/0!	#DIV/0!	#DIV/0!

If the difference in Column C for the Section 3.A.2. is positive or zero, the MOE compliance requirement is met based on the per capita state and local expenditures.

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2024-25 ACTUAL VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-A)

SECTION #3

B. Local Expenditures Only Method

	Actual FY 2024-25	Comparison Year	Difference
1. Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the local expenditures only.			
a. Expenditures paid from Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from state and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2			
Net Expenditures paid from Local Sources	0.00	0.00	0.00

If the difference in Column C for the Section 3.B.1 is positive or zero, the MOE compliance requirement is met based on the local expenditures only.

	Actual FY 2024-25	Comparison Year	Difference
2. Under "Comparison Year", enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the per capita local expenditures only			
a. Expenditures paid from Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2			
Net Expenditures paid from Local Sources	0.00	0.00	
b. Special Education Unduplicated Pupil Count	0		
c. Per Capita Local Expenditures (B2a/B2b)	#DIV/0!	#DIV/0!	#DIV/0!

If the difference in Column C for the Section 3.B.2 is positive or zero, the MOE compliance requirement is met based on the per capita local expenditures only.

Contact Name

Telephone Number

Title

Email Address

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2025-26 BUDGET VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-B)

SELPA: Yuba County

CHARTER:

This form is used to check Maintenance of Effort (MOE) for a Charter LEA,

Per the federal Subsequent Years Rule, in order to determine the required level of effort, the LEA must look back to the last fiscal year in which the Charter LEA maintained effort using the same method by which it is currently establishing the compliance standard. To meet the requirement of the Subsequent Years Rule, the LMC-I worksheet has been revised to add Section 3.A.1, 3.A.2, 3.B.1, 3.B.2 and Section 3.B.2. The revised sections allow the LEA to compare the 2025-26 projected expenditures to the most recent fiscal year the LEA met MOE using that method, which is the comparison year.

There are four methods that the LEA can use to demonstrate the compliance standard. They are (1) combined state and local expenditures; (2) combined state and local expenditures on a per capita basis; (3) local expenditures only; and (4) local expenditures only on a per capita basis.

The LEA is only required to pass one of the tests to meet the MOE requirement. However the LEA is required to show results for all four methods. These results are necessary both for historical purposes and for the possibility that the LEA may want, or need, to switch methods in future years.

SECTION #1 **Exempt Reduction Under 34 CFR Section 300.204**

If your Charter LEA determines that a reduction in expenditures occurred as a result of one or more of the following conditions, you may calculate a reduction to the required MOE standard. Reductions may apply to local only MOE standard, combined state and local MOE standard, or both.

1. Voluntary departure, by retirement, or otherwise, or departure for just cause, of special education or related services personnel.

2. A decrease in the enrollment of children with disabilities

3. The termination of the obligation the agency to provide a program of special education to a particular child with a disability that is an exceptionally costly program, as determined by the SEA, because the child:

   a. Has left the jurisdiction of the agency;
   b. Has reached the age at which the obligation of the agency to provide free appropriate public education (FAPE) to the child has terminated; or
   c. No longer needs the program of special education.

4. The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities.

5. The assumption of cost by the high cost fund operated by the SEA under 34 CFR Section 300.704 (c)

Provide the condition number , if any, to be used in the calculation below	State & Local	Local Only
Total Exempt Reductions	0.00	0.00

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2025-26 BUDGET VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-B)

SECTION #2 **Reduction to MOE Requirement Under IDEA, Section 613 (a)(2)(C) (34CFR Section 300.205)**

IMPORTANT NOTE: Only Charter LEAs that have a "meets requirement" compliance determination and are not found significantly disproportionate for the current year are eligible to use this option to reduce their MOE requirement

Up to 50% of the increase in IDEA Part B, Section 611 funding in current year compared with prior year may be used to reduce the required level of state and local expenditures. This option is available only if the LEA used or will use the freed up funds for activities authorized under the Elementary and Secondary Education Act of 1965. Also, the amount of Part B funds used for early intervening services (34 CFR 300.226(a)) will count toward the maximum amount by which the LEA may reduce its MOE requirement under this exception.

		State & Local	Local Only
Current Year Funding			
Local Assistance Grant Award, Resource #3310			
Less Prior Year Funding			
Local Assistance Grant Award, Resource #3310			
Increase in Funding (if difference is positive)	0		
Maximum available for MOE Reduction (50% of increase in funding)	0 (a)		
Current year funding (IDEA Section 619 - Resource 3315)			
Maximum available for early intervening services (EIS) (15% of current year funding - Resources 3310 and 3315)	(b)		

SECTION NOT APPLICABLE

If (b) is greater than (a).

		State & Local	Local Only
Enter portion to set aside for EIS (cannot exceed (b). Maximum available for EIS)	(c)		
Available for MOE reduction. (line (a) minues line (c), zero if negative)	0 (d)		
Enter portion used to reduce MOE requirement (cannot exceed line (d). Available for MOE reduction).			

SECTION NOT APPLICABLE

If (b) is less than (a).

		State & Local	Local Only
Enter portion used to reduce MOE requirement (first column cannot exceed line (a), Maximum available for MOE reduction, second and third columns cannot exceed (e), portion used to reduce MOE requirement).	(e)		
Available to set aside for EIS (line (b) minus line (e), zero if negative)	0 (f)		

NOTE: If you LEA exercises the authority under 34 CFR 300.205(a) to reduce the MOE requirement, the LEA must list the activities (which are authorized under the ESEA) paid with the freed up funds:

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2025-26 BUDGET VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-B)

SECTION #3

	Column A Budgeted Amounts FY 2025-26 (LB-B Worksheet)	Column B Actual Expenditures Comparison Year	Column C Difference (Col A - Col B)
A. Combined State and Local Expenditures Method			
1. Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on state and local expenditures			
a. Total Special Education Expenditures	0.00		
b. Less: Expenditures paid from Federal Sources	0.00		
c. Expenditures paid from State & Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from state and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2		0.00	
e. Net Expenditures paid from State and Local Sources	0.00	0.00	0.00

If the difference in Column C for the Section 3.A.1 is positive or zero, the MOE compliance requirement is met based on the combination of state and local expenditures.

	Budgeted Amounts FY 2025-26	Comparison Year	Difference
2 Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the per capita state and local expenditures capita state and local expenditures.			
a. Total Special Education Expenditures	0.00		
b. Less: Expenditures paid from Federal Sources	0.00		
c. Expenditures paid from State & Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from State and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2		0.00	
Net Expenditures paid from State and Local Sources	0.00	0.00	
d. Special Education Unduplicated Pupil Count	0.00		
e. Per Capita State and Local Expenditures	#DIV/0!	#DIV/0!	#DIV/0!

If the difference in Column C for the Section 3.A.2. is positive or zero, the MOE compliance requirement is met based on the per capita state and local expenditures.

SPECIAL EDUCATION MAINTENANCE OF EFFORT (MOE)
2025-26 BUDGET VS. ACTUAL COMPARISON YEAR
LEA MAINTENANCE OF EFFORT CALCULATION (LMC-B)

SECTION #3

B. Local Expenditures Only Method

	Budget FY 2023-24	Comparison Year	Difference
1. Under "Comparison Year," enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the local expenditures only.			
a. Expenditures paid from Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from state and Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2		0.00	
Net Expenditures paid from Local Sources	0.00	0.00	0.00

If the difference in Column C for the Section 3.B.1 is positive or zero, the MOE compliance requirement is met based on the local expenditures only.

	Budget FY 2025-26	Comparison Year	Difference
2. Under "Comparison Year", enter the most recent year in which MOE compliance was met using the actual vs. actual method based on the per capita local expenditures only			
a. Expenditures paid from Local Sources	0.00		
Add/Less: Adjustments required for MOE Calculation			
Comparison Year's expenditures, adjusted for MOE Calculation			
Net Expenditures paid from Local Sources		0.00	
Less: Exempt Reduction(s) from Section 1		0.00	
Less: 50% reduction from Section 2		0.00	
Net Expenditures paid from Local Sources	0.00	0.00	
b. Special Education Unduplicated Pupil Count	0		
c. Per Capita Local Expenditures (B2a/B2b)	#DIV/0!	#DIV/0!	#DIV/0!

If the difference in Column C for the Section 3.B.2 is positive or zero, the MOE compliance requirement is met based on the per capita local expenditures only.

Contact Name

Telephone Number

Title

Email Address

[Enter the SELPA's name here.]
[Enter the LEA's name here.]

Excess Cost Calculation
School Year/Fiscal Year 2024-25

This calculation determines the excess costs of the provision of special education and related services.
Maintenance-of-Effort, on the other hand, demonstrates that the LEA has not supplanted local funds with IDEA funds to pay those excess costs.

Except as otherwise specified, funds provided to an LEA under Part B of the Individuals with Disabilities Education Act (Act) may only be used to pay the excess costs of providing special education and related services to children with disabilities. Excess costs are those costs for the education of an elementary school or secondary school student with a disability that are in excess of the average annual per student expenditure in an LEA during the school year/fiscal year for an elementary school or secondary school student, as may be appropriate. Per 34 Code of Federal Regulations (CFR) Section 300.202(b)(2)(i), an LEA meets the excess cost requirement if it has spent at least a minimum average amount for the education of children with disabilities, before using Part B funds.

Section 602(8) of the Act and CFR Section 300.16 require the LEA to compute the minimum average amount for the education of children with disabilities in its elementary schools and for children with disabilities in its secondary schools. Calculations must be made separately for elementary and secondary schools in an LEA. LEAs **may not** compute the minimum average amount it must spend on the education of children with disabilities based on a combination of the enrollments in its elementary and secondary schools.

The calculations below demonstrate how to compute the minimum average amount an LEA must spend for the education of each of its elementary and secondary school children with disabilities under section 602(3) of the Act before it may us funds under Part B of the Act.

There are no Federal rules on how to define elementary from secondary within an LEA. CDE's direction is to split elementary from secondary based on certificated full time equivalent (FTE) personnel. To do this, the LEA should count the number of certificated FTE assigned as elementary and the number of certificated FTE personnel assigned as secondary and pro-rate expenditures proportionately. If the FTE personnel serves in a LEA-wide capacity, pro-rate them in a reasonable manner. LEAs should maintain documentation of the method chosen to separate elementary from secondary for this local definition.

For the year ending June 30, 2025, LEAs must submit the Excess Cost Calculation Excel Workbook to their Special Education Local Plan Area (SELPA) with the signature of the Special Education Director and the Chief Business Officer, or their designees, on or before September 15, 2025. SELPAs must submit reports electronically to the CDE prior to November 15, 2025. The email for submission of electronic copies of the Excess Cost Calculation Excel Workbook is spedfiscalprogrpts@cde.ca.gov. Also, the CDE requests the SELPA's name is in the subject line of the email (i.e. "2024-25 Excess Cost Calculation for Flintstone County SELPA").

All Fiscal and Student Data is for the 2024-25 school year/fiscal year

	Local Definition	
	% Elementary	% Secondary
Enter all certificated staff FTE %s, both general education and special education		

Use the LEA's Financial System to generate the following reports:

Section A. Determine the total expenditures from all Federal, State, and local operating funds in the school year/fiscal year.

		Total Amount	Elementary Amount	Secondary Amount
Item 1	State and Local Expenditures: FD 01-07, 09, 13, 61, 62; RS 0000-2999 & 6000-9999; OB 1000-7999		$ -	$ -
Item 2	Federal Expenditures: FD 01-07, 09, 13, 61, 62; RS 3000-5999; OB 1000-7999. **Exclude preschool and infant funding** (RS 3308, 3315, 3317, 3318, 3345, 3385) **Exclude one-time Federal COVID-19 related funding** (RS 3210, 3212 through 3219, 3225 through 3228, 5316, 5632 through 5634).		$ -	$ -
Item 3	Total Expenditures	$ -	$ -	$ -

Section B. Subtract the supplemental expenditures from the total expenditures calculated in Section A above.

		Total Amount	Elementary Amount	Secondary Amount
Item 4	Total Expenditures	$ -	$ -	$ -
Item 5	IDEA, Part B Expenditures: FD 01-07, 09, 13, 61, 62; RS 3310, 3311, 3312, 3327, 3386; OB 1000-7999		$ -	$ -
Item 6	ESEA, Title I, Part A Expenditures: FD 01-07, 09, 13, 61, 62; RS 3010, 3185; OB 1000-7999		$ -	$ -
Item 7	ESEA, Title III, Parts A & B Expenditures: FD 01-07, 09, 13, 61, 62; RS 4201-4204; OB 1000-7999		$ -	$ -
Item 8	State & Local Expenditures for Children with Disabilities: FD 01-07, 09, 13, 61, 62; RS 0000-2999 & 6000-9999; GL 5xxx (excluding 5710 & 5730 for preschool & infants); OB 1000-7999		$ -	$ -
Item 9	State & Local Expenditures for ESEA, Title I, Part A & Title III, Parts A & B: OB 8980 state and local general fund contributions from unrestricted revenues for the above programs (Items 6-7). If none, enter "0".		$ -	$ -
Item 10	Total Expenditures less supplemental expenditures	$ -	$ -	$ -

Section C. Deduct capital outlay and debt service for resources not listed in Section B above.

		Total Amount	Elementary Amount	Secondary Amount
Item 11	Total Expenditures less supplemental expenditures	$ -	$ -	$ -
Item 12	Capital Outlay and Debt: FD 01-07, 09, 13, 61, 62; OB 6xxx &/or OB 7438 &/or OB 7439 &/or FN 8500		$ -	$ -
Item 13	Total Expenditures less Capital Outlay & Debt	$ -	$ -	$ -

[Enter the SELPA's name here.]
[Enter the LEA's name here.]

Excess Cost Calculation

School Year/Fiscal Year 2024-25

This calculation determines the excess costs of the provision of special education and related services.
Maintenance-of-Effort, on the other hand, demonstrates that the LEA has not supplanted local funds with IDEA funds to pay those excess costs.

Section D. Determine the average annual expenditure per student by dividing the average number of students enrolled in the school of the agency during the school year/fiscal year (including children with disabilities) into the amount computed under the above paragraph. The amount obtained through this computation is the minimum amount the LEA must spend (on the average) for the education of each of its children with disabilities "before" Part B funds may be used.

		Total Amount	Elementary Amount	Secondary Amount
Item 14	Total amount for average calculation	$ -	$ -	$ -
Item 15	Number of **all students** enrolled in school year/fiscal year: All students include both general education and special education (TK-12), **excluding preschool and infants.**		0	0
Item 16	Average annual expenditure per student	$ -	$ -	$ -

Section E. Determine the total minimum amount of funds the LEA must spend for the education of its children with disabilities in the LEA. The LEA must multiply the number of children with disabilities in the LEA during the school year/fiscal year times the average annual per student expenditure obtained in Section D above. Funds under Part B of the Act can only be used for excess costs over and above this minimum.

Note: Item 18 below requires the LEA to calculate the amount of time each student is in special education. The CALPADS field 14.34 General Education Percentage Range reports the range of time in general education, which cannot be used for this calculation. Use data within your Special Education Data System (SEDS), which likely has the actual percentage in general education to calculate the FTE. Refer to the tab labeled "Calculating FTE" for an instructional guide.

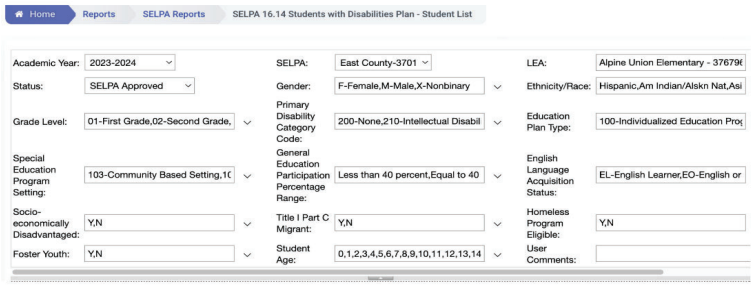
		Total Amount	Elementary Amount	Secondary Amount
Item 17	Average annual expenditure per student	$ -	$ -	$ -
Item 18	Number of full-time special education student equivalents TK-12 (FTE of time spent in special education classes) **excluding preschool and infants**		0.00	0.00
Item 19	TOTAL MINIMUM AMOUNT THAT MUST BE SPENT BEFORE USING PART B FUNDS (Excess Cost)	$ -	$ -	$ -

Section F. Finally, determine how much was spent in the school year/fiscal year 2024-25 on LEA children with disabilities and verify this amount is equal to or exceeds the amount calculated in Section E above

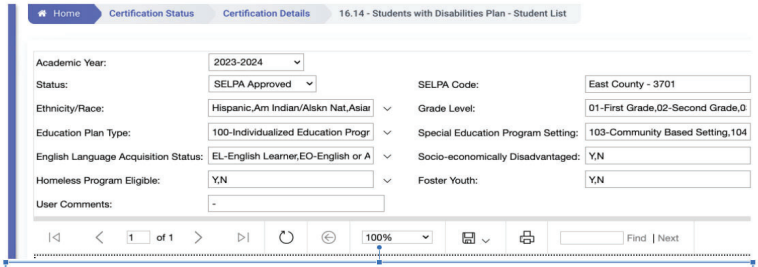
		Total Amount	Elementary Amount	Secondary Amount
Item 20	TOTAL MINIMUM AMOUNT THAT MUST BE SPENT BEFORE USING PART B FUNDS (Excess Cost)	$ -	$ -	$ -
Item 21	State & Local Funds Spent for Children with Disabilities: FD 01-07, 09, 13, 61, 62; RS 0000-2999 & 6000-9999; GL 5xxx (excluding 5710 & 5730 for preschool & infants); OB 1000-7999 [Note: This is the same as Item 8.]	$ -	$ -	$ -
Item 22	Amount LEA spent on children with disabilities in excess of requirement. Item 22 should be positive. If it is negative, then the LEA has not met the excess cost requirement and may not use any of their Federal IDEA Part B funds.	**$ -**	**$ -**	**$ -**

Special Education Director or Designee

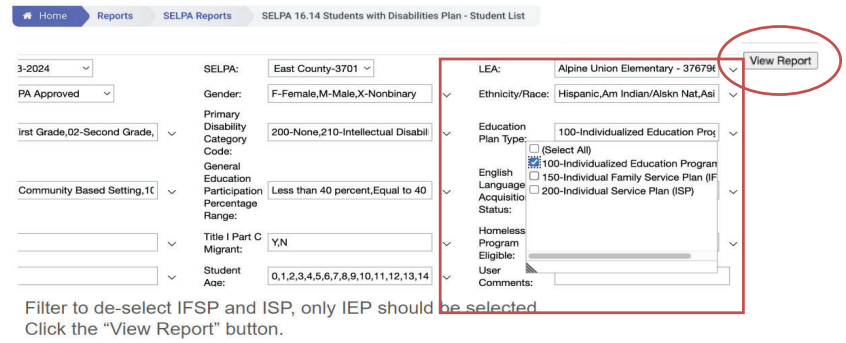
Chief Business Officer or Designee



The data to create the FTE calculation is now available via CALPADS Report 16.14.
The report 16.14 from Fall 1 SELPA Approved from the SELPA user view is shown.

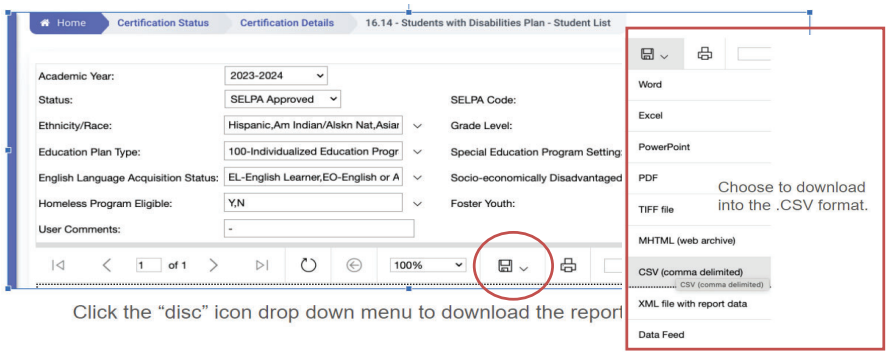


Here is the LEA version in CALPADS to use the Fall 1 SELPA Approved 16.14 report.

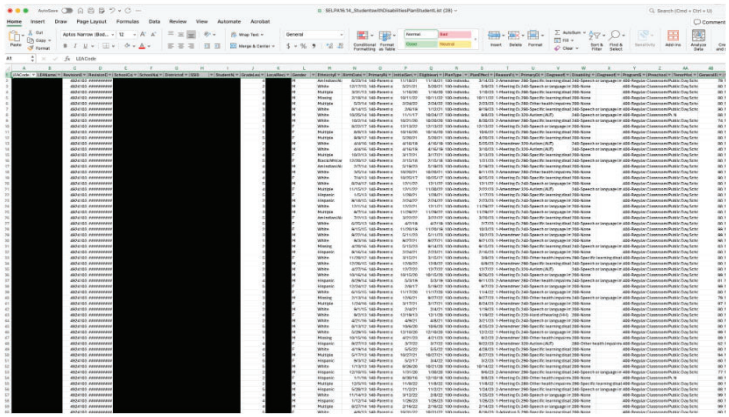


Filter to de-select IFSP and ISP, only IEP should be selected.
Click the "View Report" button.

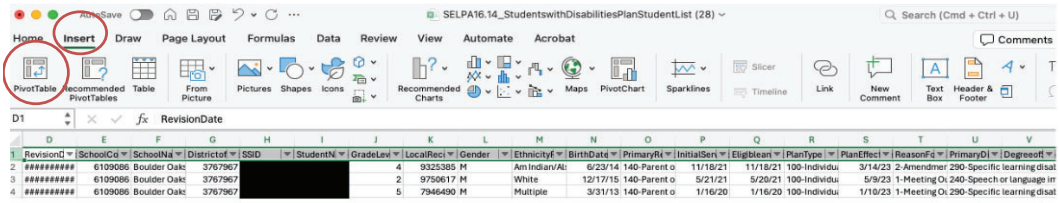
Deselect infant and Preschool grade levels from the report.



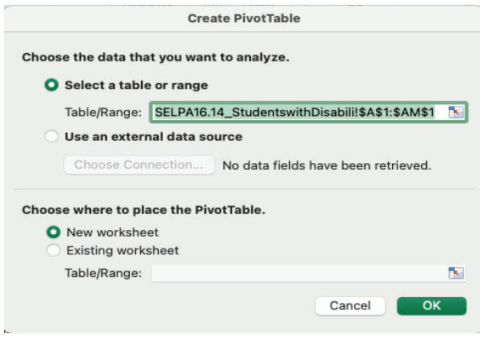
Click the "disc" icon drop down menu to download the report

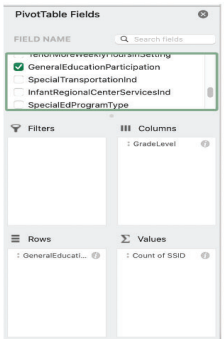


This is the .csv version of the 16.14 report. Shown with Student Names and SSID redacted.



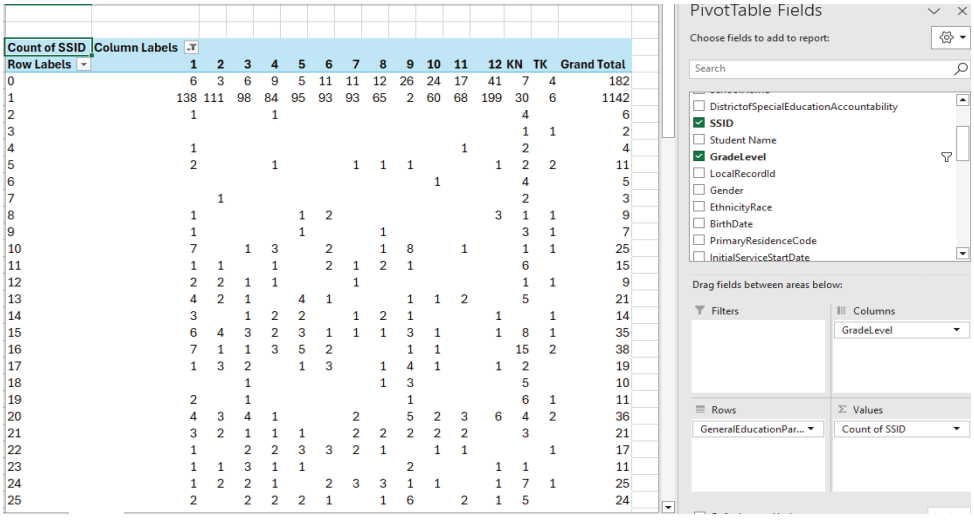
In your Excel Document, click on the Insert Tab and click on PivotTable





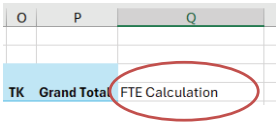
Select Column= Grade Level
Row=General Education Percentage
Value=Count of SSID

Resulting Pivot Table. Remember to remove PreK from either the CALPADS run, or remove the PreK grade level by editing the GradeLevel field.

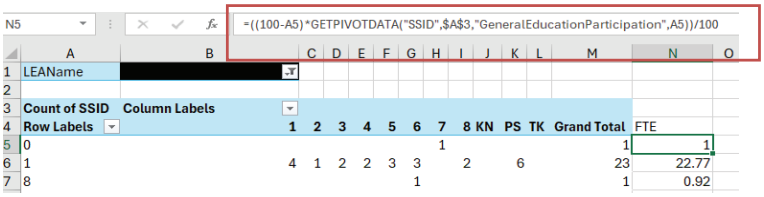


Count of SSID	Column Labels														
Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	KN	TK	Grand Total
0	6	3	6	9	5	11	11	12	26	24	17	41	7	4	182
1	138	111	98	84	95	93	93	65	2	60	68	199	30	6	1142
2	1			1									4		6
3													1	1	2
4	1										1		2		4
5	2			1			1	1	1			1	2	2	11
6										1			4		5
7		1											2		3
8	1				1	2						3	1	1	9
9	1				1			1					3	1	7
10	7		1	3		2		1	8		1		1	1	25
11	1	1		1		2	1	2	1				6		15
12	2	2	1	1			1						1	1	9
13	4	2	1		4	1			1	1	2		5		21
14	3		1	2	2		1	2	1			1		1	14
15	6	4	3	2	3	1	1	1	3	1		1	8	1	35
16	7	1	1	3	5	2			1	1			15	2	38
17	1	3	2		1	3		1	4	1		1	2		19
18			1					1	3				5		10
19	2		1						1				6	1	11
20	4	3	4	1			2		5	2	3	6	4	2	36
21	3	2	1	1	1		2	2	2	2	2		3		21
22	1		2	2	3	3	2	1		1	1			1	17
23	1	1	3	1	1				2			1	1		11
24	1	2	2	1		2	3	3	1	1		1	7	1	25
25	2		2	2	2	1		1	6		2	1	5		24

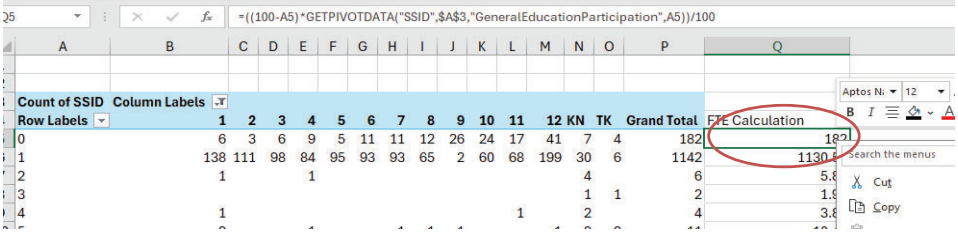
Click on the Column Next to the Grand Total Column. Label it FTE Calculation



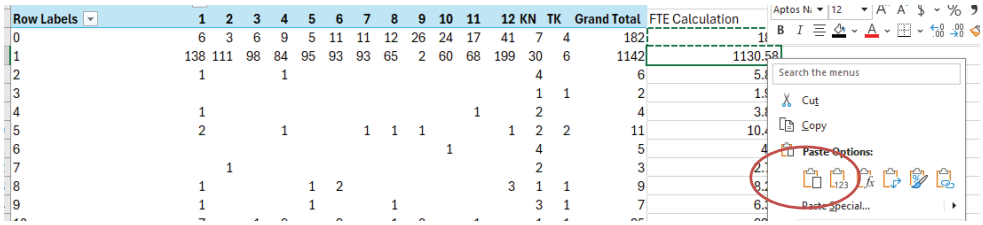
Select the first cell under the FTE label. This cell represents students who are participating in general education 0% of the time.
Copy the following formula into the cell N5: =((100-A5)*GETPIVOTDATA("SSID",A3,"GeneralEducationParticipation",A5))/100



Copy the formula from the top cell and paste it in all other cells in the column to capture general education participation from 1 through 100.



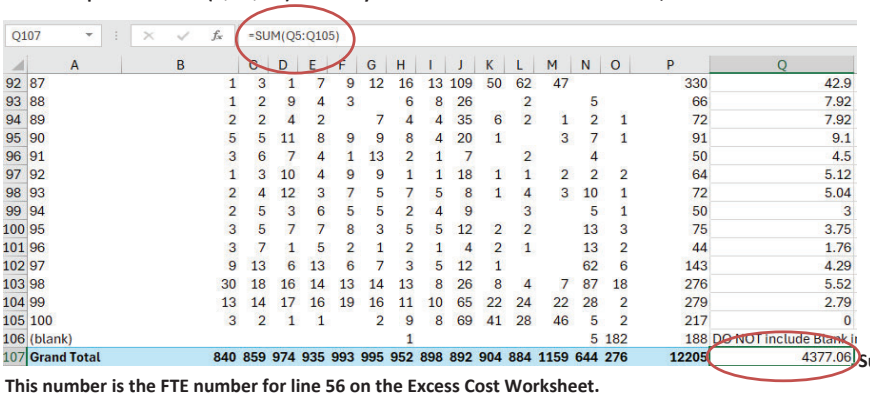
Paste the copied formula to all other rows representing percent participation in general education from 1 - 100
You may need to click on the first Paste Option showing the clip board with the box.



It should look like the below data set, with 1 FTE for students participating at 0% and down to 0 FTE for any student participating at 100%
Blank general education participation percentage should not be captured in the FTE calculation. To correct, update CALPADS to reflect correct %.

Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	KN	TK	Grand Total	FTE Calculation
0	6	3	6	9	5	11	11	12	26	24	17	41	7	4	182	182
1	138	111	98	84	95	93	93	65	2	60	68	199	30	6	1142	1130.58
2	1			1									4		6	5.88
3													1	1	2	1.94
4	1										1		2		4	3.84
5	2			1			1	1	1			1	2	2	11	10.45
6										1			4		5	4.7
7		1											2		3	2.79
8	1				1	2						3	1	1	9	8.28
9	1				1			1					3	1	7	6.37
10	7		1	3		2		1	8		1		1	1	25	22.5
11	1	1		1		2	1	2	1				6		15	13.35
12	2	2	1	1			1						1	1	9	7.92
13	4	2	1		4	1			1	1	2		5		21	18.27
14	3		1	2	2		1	2	1			1		1	14	12.04
15	6	4	3	2	3	1	1	1	3	1		1	8	1	35	29.75
16	7	1	1	3	5	2			1	1			15	2	38	31.92
17	1	3	2		1	3		1	4	1		1	2		19	15.77
18			1					1	3				5		10	8.2
19	2		1						1				6	1	11	8.91
20	4	3	4	1			2		5	2	3	6	4	2	36	28.8
21	3	2	1	1	1		2	2	2	2	2		3		21	16.59
22	1		2	2	3	3	2	1		1	1			1	17	13.26

Select the cell next to the grand total on the BOTTOM of your Pivot table.
In this cell you will add a SUM formula. A Sum formula adds together all cells with data from the column.
Use the format: =SUM(LetterNumber of top cell:LetterNumber of last cell)
This example uses =SUM(Q5:Q105). You may have more or less rows or columns, so check the cell numbers carefully.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
92	87		1	3	1	7	9	12	16	13	109	50	62	47		330	42.9
93	88		1	2	9	4	3		6	8	26		2		5	66	7.92
94	89		2	2	4	2		7	4	4	35	6	2	1	2	1	72	7.92
95	90		5	5	11	8	9	9	8	4	20	1		3	7	1	91	9.1
96	91		3	6	7	4	1	13	2	1	7		2		4		50	4.5
97	92		1	3	10	4	9	9	1	1	18	1	1	2	2	2	64	5.12
98	93		2	4	12	3	7	5	7	5	8	1	4	3	10	1	72	5.04
99	94		2	5	3	6	5	5	2	4	9		3		5	1	50	3
100	95		3	5	7	7	8	3	5	5	12	2	2		13	3	75	3.75
101	96		3	7	1	5	2	1	2	1	4	2	1		13	2	44	1.76
102	97		9	13	6	13	6	7	3	5	12	1			62	6	143	4.29
103	98		30	18	16	14	13	14	13	8	26	8	4	7	87	18	276	5.52
104	99		13	14	17	16	19	16	11	10	65	22	24	22	28	2	279	2.79
105	100		3	2	1	1		2	9	8	69	41	28	46	5	2	217	0
106	(blank)								1						5	182	188	DO NOT include Blank i
107	**Grand Total**		**840**	**859**	**974**	**935**	**993**	**995**	**952**	**898**	**892**	**904**	**884**	**1159**	**644**	**276**	**12205**	4377.06

Sum Formula goes in this cell, next to the grand total

This number is the FTE number for line 56 on the Excess Cost Worksheet.

EXEMPT REDUCTIONS TO MAINTENANCE OF EFFORT

IDEA Regulations 34 *Code of Federal Regulations* § 300.204

Local Education Agency (LEA) Name	Special Education Local Plan Area (SELPA)	**ATTENTION:**
		Complete only rows 4, 6, and 7 on this sheet
Name of Person Completing Report	Telephone & Fax Numbers	**Complete *detail reduction* tabs 1, 2, 3, and 4-- totals transfer automatically to this page**

Maintenance of Effort (MOE) Shortfall from LEA MOE Calculation (LMC-A or LMC-B) Worksheet	**$0.00**	**FY xxxx/xxxx**

The LEA may reduce the level of expenditures below the level of the preceding fiscal year if the reduction is attributable to any of the following reasons. Provide specific details and dollar amounts. If the total justifications equal/exceed the MOE shortfall, fiscal effort has been maintained for the reporting year.

1. The voluntary departure, by retirement or otherwise, or departure for just cause, of certificated and/or classified special education or related services personnel (does not include contract non-renewal or staff lay-off due to budget shortfall). **ENTER INFORMATION on the *detail reduction 1* tab; totals will carry forward to this section**	**$0.00**
2. A decrease in enrollment of children with disabilities. **ENTER INFORMATION on the *detail reduction 2* tab; totals will carry forward to this section**	**$0.00**
3. The termination of the obligation to provide a program of special education to a particular child with a disability that is an exceptionally costly program because: **A. *Child has left the jurisdiction of the agency; OR*** **B. *Child has reached the age at which the obligation of the agency to provide free appropriate public education (FAPE) to the child has*** **C. *No longer needs the program of special education*** **ENTER INFORMATION on the *detail reduction 3* tab; totals will carry forward to this section**	**$0.00**
4. The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities (must have per unit cost of $5,000 or more). **ENTER INFORMATION on the *detail reduction 4* tab; totals will carry forward to this section**	**$0.00**
TOTAL ALLOWABLE EXEMPTIONS TO MOE **(must equal amount of total exemption reductions entered in Section 1 of the LMC-A or LMC-B)**	**$0.00**
CDE Use Only	

California Department of Education, Special Education Division, July 2022

Local Education Agency (LEA) Name	Special Education Local Plan Area (SELPA)
0	0

EXEMPT REDUCTIONS TO MAINTENANCE OF EFFORT

1. The voluntary departure, by retirement or otherwise, or departure for just cause, of certificated and/or classified special education or related services personnel (does not include contract non-renewal or staff lay-off due to budget shortfall).

DEPARTING

No.	Position Title	Employee Name	Reason for Leaving	Salary	Benefits	Total
1.						$0.00
2.						$0.00
3.						$0.00
4.						$0.00
5.						$0.00
6.						$0.00
7.						$0.00
8.						$0.00
9.						$0.00
10.						$0.00
11.						$0.00
12.						$0.00
13.						$0.00
14.						$0.00
15.						$0.00
16.						$0.00
17.						$0.00
18.						$0.00
19.						$0.00
20.						$0.00
21.						$0.00
22.						$0.00
23.						$0.00
24.						$0.00
25.						$0.00
26.						$0.00
27.						$0.00
28.						$0.00
29.						$0.00
30.						$0.00
			Departing Total	***$0.00***	***$0.00***	***$0.00***

REPLACED BY

No.	Position Title	Employee Name		Salary	Benefits	Total
1.						$0.00
2.						$0.00
3.						$0.00
4.						$0.00
5.						$0.00
6.						$0.00
7.						$0.00
8.						$0.00
9.						$0.00
10.						$0.00
11.						$0.00
12.						$0.00
13.						$0.00
14.						$0.00
15.						$0.00
16.						$0.00
17.						$0.00
18.						$0.00
19.						$0.00
20.						$0.00
21.						$0.00
22.						$0.00
23.						$0.00
24.						$0.00
25.						$0.00
26.						$0.00
27.						$0.00
28.						$0.00
29.						$0.00
30.						$0.00
			Replacement Total	***$0.00***	***$0.00***	***$0.00***
			1. Departure Net Difference	**$0.00**	**$0.00**	**$0.00**

detail reduction 1

Local Education Agency (LEA) Name	Special Education Local Plan Area (SELPA)
0	**0**

EXEMPT REDUCTIONS TO MAINTENANCE OF EFFORT

2. A decrease in enrollment of children with disabilities.

A.	Current Year Special Ed. Unduplicated Pupil Count (SEMA or SEMB, Section 3, Line A.2.d, Column A	0
B.	Prior Year Special Ed. Unduplicated Pupil Count (SEMA or SEMB, Section 3, Line A.2.d, Column B)	0
C.	Difference (only applicable if negative)	**not applicable**
D.	Fractional decline (Line 2C (expressed as positive) divided by Line 2B)	0.00000%
E.	Prior Year Expenditures from State and Local Sources (SEMA or SEMB, Section 3, Line A.1.c, Column B)	$0.00
F.	Allowable decline in expenditures related to decline in pupil count (Line D x Line E)	$0.00
	2. Decrease in Enrollment	**$0.00**

California Department of Education, Special Education Division, July 2022

reduction 2 supporting detail

Local Education Agency (LEA) Name	Special Education Local Plan Area (SELPA)
0	0

EXEMPT REDUCTIONS TO MAINTENANCE OF EFFORT

3. The termination of the obligation to provide a program of special education to a particular child with a disability that is an exceptionally costly program because:

A. ***Child has left the jurisdiction of the agency; OR***

B. ***Child has reached the age at which the obligation of the agency to provide free appropriate public education (FAPE) to the child has terminated; OR***

C. ***No longer needs the program of special education***

	Student Name	Reason (indicate A, B, or C)	Total
1.			$0.00
2.			$0.00
3.			$0.00
4.			$0.00
5.			$0.00
6.			$0.00
7.			$0.00
8.			$0.00
9.			$0.00
10.			$0.00
11.			$0.00
12.			$0.00
13.			$0.00
14.			$0.00
15.			$0.00
16.			$0.00
17.			$0.00
18.			$0.00
19.			$0.00
20.			$0.00
21.			$0.00
22.			$0.00
23.			$0.00
24.			$0.00
25.			$0.00
26.			$0.00
27.			$0.00
28.			$0.00
29.			$0.00
30.			$0.00
	3. Total of Termination of Obligation		**$0.00**

detail reduction 3

Local Education Agency (LEA) Name	Special Education Local Plan Area (SELPA)
0	0

EXEMPT REDUCTIONS TO MAINTENANCE OF EFFORT

4. The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities (must have per unit cost of $5,000 or more).

	Description of Expenditure	Total
1.		$0.00
2.		$0.00
3.		$0.00
4.		$0.00
5.		$0.00
6.		$0.00
7.		$0.00
8.		$0.00
9.		$0.00
10.		$0.00
11.		$0.00
12.		$0.00
13.		$0.00
14.		$0.00
15.		$0.00
16.		$0.00
17.		$0.00
18.		$0.00
19.		$0.00
20.		$0.00
21.		$0.00
22.		$0.00
23.		$0.00
24.		$0.00
25.		$0.00
26.		$0.00
27.		$0.00
28.		$0.00
29.		$0.00
30.		$0.00
	4. Total Termination of Costly Expenditures	**$0.00**

detail reduction 4

Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Plumas Lake Elementary School District (58-72744)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 840,999.90	Pass $ -	$ 13,140.62	Pass $ -	$ 595,872.87	Pass $ -	$ 9,310.51	Pass $ -	64	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 922,401.07	Pass $ -	$ 14,412.52	Pass $ -	$ 590,652.05	Fail $ -	$ 9,228.94	Fail $ -	64	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 931,558.32	Pass $ -	$ 14,114.52	Fail $ -	$ 594,481.32	Fail $ -	$ 9,007.29	Fail $ -	66	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 999,682.02	Pass $ -	$ 15,146.70	Pass $ -	$ 599,895.06	Pass $ -	$ 9,089.32	Fail $ -	66	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 960,883.02	Fail $ -	$ 12,319.01	Fail $ -	$ 580,567.86	Pass With Exemption(s) $ 21,409.34	$ 7,443.18	Fail $ 334.52	78	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 949,939.23	Fail $ -	$ 12,336.87	Fail $ -	$ 824,674.97	Pass $ -	$ 10,710.06	Pass $ -	77	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 1,165,845.69	Pass $ -	$ 15,140.85	Fail $ -	$ 921,730.23	Pass $ -	$ 11,970.52	Pass $ -	77	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 1,253,423.06	Pass $ -	$ 14,407.16	Fail $ -	$ 953,493.60	Pass $ -	$ 10,959.70	Fail $ -	87	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 1,763,010.08	Pass $ -	$ 13,059.33	Fail $ -	$ 1,187,177.84	Pass $ -	$ 8,793.91	Fail $ -	135	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 1,995,118.18	Pass $ -	$ 12,789.22	Fail $ -	$ 1,082,240.55	Pass With Exemption(s) $ 191,676.19	$ 6,937.44	Fail $ 2,489.30	156	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 2,467,910.29	Pass $ -	$ 13,943.00	Fail $ -	$ 1,238,730.24	Pass $ -	$ 6,998.48	Fail $ -	177	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 2,951,032.12	Pass $ -	$ 14,904.20	Fail $ -	$ 1,674,705.57	Pass $ -	$ 8,458.11	Fail $ -	198	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 3,508,728.15	Pass $ -	$ 17,456.36	Pass $ -	$ 2,233,736.16	Pass $ -	$ 11,113.12	Fail $ -	201	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	 $ -	$ -	 $ -	$ -	 $ -	$ -	 $ -	233	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		 $ -		 $ -		 		 $ -		Pass

The signature of authorized agent conveys agreement with and accuracy of the information provided.

Signature of Authorized Agent	**Date Signed**
Printed Name and Title of Authorized Agent	**Contact Person's Name, E-Mail, and Telephone Number**

Version 1 This form should be submitted to the SELPA by September 15, 2025. SELPAs will submit this form, and supporting SEMOE documentation to CDE by November 15, 2025.

Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Camptonville Union Elementary School District (58-72728)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 68,698.08	Pass $ -	$ 34,349.04	Pass $ -	$ -	Pass $ -	$ -	Pass $ -	2	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 46,006.09	Pass With Exemption(s) $ 22,837.00	$ 1,437.69	Fail $ 713.66	$ -	Pass $ -	$ -	Pass $ -	32	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 83,372.45	Pass $ -	$ 2,874.91	Fail $ -	$ 55,396.00	Pass $ -	$ 1,910.21	Pass $ -	29	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 97,463.49	Pass $ -	$ 3,609.76	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	27	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 83,625.20	Fail $ -	$ 2,144.24	Fail $ -	$ 75,677.88	Pass $ -	$ 1,940.46	Pass $ -	39	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 253,587.38	Pass $ -	$ 5,071.75	Fail $ -	$ 48,596.93	Fail $ -	$ 971.94	Fail $ -	50	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 340,313.51	Pass $ -	$ 5,970.41	Fail $ -	$ 9,888.60	Fail $ -	$ 173.48	Fail $ -	57	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 539,248.87	Pass $ -	$ 8,048.49	Fail $ -	$ 2,423.33	Fail $ -	$ 36.17	Fail $ -	67	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 598,706.96	Pass $ -	$ 7,578.57	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	79	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 613,083.38	Pass $ -	$ 7,128.88	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	86	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 643,873.16	Pass $ 21,386.63	$ 7,757.51	Fail $ 10,693.32	$ -	Fail $ -	$ -	Fail $ -	83	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 683,718.46	Pass $ -	$ 7,858.83	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	87	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 169,450.37	Pass With Exemption(s) $ 636,565.46	$ 28,241.73	Pass With Exemption(s) $ 318,282.73	$ -	Fail $ -	$ -	Fail $ -	6	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	7	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

The signature of authorized agent conveys agreement with and accuracy of the information provided.

Signature of Authorized Agent	**Date Signed**
Printed Name and Title of Authorized Agent	**Contact Person's Name, E-Mail, and Telephone Number**

Version 1 This form should be submitted to the SELPA by September 15, 2025. SELPAs will submit this form, and supporting SEMOE documentation to CDE by November 15, 2025.

Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Marysville Joint Unified School Dist (58-72736)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 8,799,198.43	Pass $ -	$ 9,400.85	Pass $ -	$ 4,899,748.65	Pass $ -	$ 5,234.77	Pass $ -	936	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 10,309,575.98	Pass $ -	$ 11,049.92	Pass $ -	$ -	Fail $ -	$ -	Fail $ -	933	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 10,844,564.92	Pass $ -	$ 9,546.27	Fail $ -	$ 7,390,689.83	Pass $ -	$ 6,505.89	Pass $ -	1136	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 11,941,649.51	Pass $ -	$ 10,357.02	Fail $ -	$ 7,755,115.40	Pass $ -	$ 6,726.03	Pass $ -	1153	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 13,095,915.81	Pass $ -	$ 10,949.76	Fail $ -	$ 8,980,886.81	Pass $ -	$ 7,509.10	Pass $ -	1196	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 16,241,795.54	Pass $ -	$ 12,808.99	Pass $ -	$ 9,858,348.89	Pass $ -	$ 7,774.72	Pass $ -	1268	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 15,516,462.48	Fail $ -	$ 12,353.87	Fail $ -	$ 11,265,724.88	Pass $ -	$ 8,969.53	Pass $ -	1256	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 15,821,773.48	Fail $ -	$ 12,647.30	Fail $ -	$ 11,460,888.16	Pass $ -	$ 9,161.38	Pass $ -	1251	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 19,005,487.96	Pass $ -	$ 15,502.03	Pass $ -	$ 11,099,121.54	Fail $ -	$ 9,053.12	Fail $ -	1226	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 17,460,114.35	Fail $ 370,140.29	$ 13,577.07	Fail $ 301.91	$ 11,091,289.60	Pass With Exemption(s) $ 370,140.29	$ 8,624.64	Fail $ 295.88	1286	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 22,435,273.18	Pass $ -	$ 17,126.16	Pass $ -	$ 14,017,568.19	Pass $ -	$ 10,700.43	Pass $ -	1310	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 25,230,134.68	Pass $ -	$ 18,913.14	Pass $ -	$ 13,737,224.50	Fail $ -	$ 10,297.77	Fail $ -	1334	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 26,372,679.67	Pass $ -	$ 16,586.59	Fail $ -	$ 21,205,313.93	Pass $ -	$ 13,336.68	Pass $ -	1590	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ 23,224,611.00	$ -	$ -	$ -	0	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ 23,224,611.00	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Signature of Authorized Agent	**Date Signed**
Printed Name and Title of Authorized Agent	**Contact Person's Name, E-Mail, and Telephone Number**

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Wheatland Elementary School District (58-72751)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 1,357,007.68	Pass With Exemption(s) $ 58,483.78	$ 16,548.87	Pass With Exemption(s) $ 713.22	$ 867,691.33	Pass $ -	$ 10,581.60	Pass $ -	82	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 1,320,242.16	Fail $ 12,576.85	$ 19,705.11	Pass $ 187.71	$ -	Fail $ -	$ -	Fail $ -	67	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 1,401,934.54	Pass $ 19,490.11	$ 18,945.06	Fail $ 290.90	$ 1,040,986.81	Pass $ -	$ 14,067.39	Pass $ -	74	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 1,510,389.37	Pass $ -	$ 18,879.87	Fail $ -	$ 968,344.97	Fail $ -	$ 12,104.31	Fail $ -	80	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 1,781,242.52	Pass $ -	$ 21,460.75	Pass $ -	$ 1,101,830.35	Pass $ -	$ 13,275.06	Fail $ -	83	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 1,891,587.40	Pass $ -	$ 28,660.42	Pass $ -	$ 1,446,109.23	Pass $ -	$ 21,910.75	Pass $ -	66	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 2,024,040.15	Pass $ -	$ 24,683.42	Fail $ -	$ 1,484,779.86	Pass $ -	$ 18,107.07	Fail $ -	82	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 2,110,745.91	Pass $ 30,000.00	$ 21,107.46	Fail $ 454.55	$ 1,606,374.64	Pass $ -	$ 16,063.75	Fail $ -	100	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 2,236,389.46	Pass $ -	$ 14,713.09	Fail $ -	$ 1,606,307.73	Fail $ -	$ 10,567.81	Fail $ -	152	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 2,444,018.19	Pass $ -	$ 16,079.07	Fail $ -	$ 1,353,714.10	Fail $ -	$ 8,906.01	Fail $ -	152	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 3,636,918.43	Pass $ -	$ 22,041.93	Fail $ -	$ 1,532,591.55	Fail $ -	$ 9,288.43	Fail $ -	165	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 4,483,028.46	Pass $ -	$ 23,471.35	Fail $ -	$ 2,326,879.82	Pass $ -	$ 12,182.62	Fail $ -	191	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 4,830,347.57	Pass $ -	$ 23,562.67	Fail $ -	$ 2,401,780.73	Pass $ -	$ 11,716.00	Fail $ -	205	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	 $ -	$ -	 $ -	$ -	 $ -	$ -	 $ -	230	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		 $ -		 $ -				 $ -		Pass

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Signature of Authorized Agent	**Date Signed**
Printed Name and Title of Authorized Agent	**Contact Person's Name, E-Mail, and Telephone Number**

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Wheatland Union High School District (58-72769)	BC 5800 Yuba County

Fiscal Year: 2024-2025

	A	B	C	D	E	F	G	H	I	J
School Year	State and Local Total Amount	State and Local Total MOE Result	State and Local Per Capita Amount	State and Local Per Capita MOE Result	Local Only Total Amount	Local Only Total MOE Result	Local Only Per Capita Amount	Local Only Per Capita MOE Result	CALPADS 16.12 SPED Pupil Count	Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 533,816.64	Pass $ -	$ 9,365.20	Pass $ -	$ 182,142.73	Pass $ -	$ 3,195.49	Pass $ -	57	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 445,830.01	Pass With Exemption(s) $ 129,156.66	$ 8,106.00	Pass With Exemption(s) $ 2,348.30	$ -	Fail $ -	$ -	Fail $ -	55	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 525,559.26	Pass $ -	$ 7,844.17	Fail $ -	$ 312,742.71	Pass $ -	$ 4,667.80	Pass $ -	67	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 665,625.60	Pass $ 11,710.66	$ 11,476.30	Pass $ 212.92	$ 356,209.18	Pass $ -	$ 6,141.54	Pass $ -	58	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 704,011.56	Pass $ -	$ 12,351.08	Pass $ -	$ 471,063.33	Pass $ -	$ 8,264.27	Pass $ -	57	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 852,603.41	Pass $ -	$ 10,525.97	Fail $ -	$ 533,207.19	Pass $ -	$ 6,582.80	Fail $ -	81	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 979,011.25	Pass $ -	$ 11,125.13	Fail $ -	$ 573,944.78	Pass $ -	$ 6,522.10	Fail $ -	88	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 1,013,794.91	Pass $ -	$ 10,137.95	Fail $ -	$ 782,866.25	Pass $ -	$ 7,828.66	Fail $ -	100	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 1,209,982.54	Pass $ -	$ 10,083.19	Fail $ -	$ 644,701.62	Fail $ -	$ 5,372.51	Fail $ -	120	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 1,252,235.29	Pass $ 117,122.91	$ 9,707.25	Fail $ 2,054.79	$ 630,908.05	Fail $ -	$ 4,890.76	Fail $ -	129	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 2,203,636.46	Pass $ -	$ 13,947.07	Pass $ -	$ 927,056.22	Pass $ -	$ 5,867.44	Fail $ -	158	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 2,836,374.72	Pass $ -	$ 16,883.18	Pass $ -	$ 1,417,011.07	Pass $ -	$ 8,434.59	Pass $ -	168	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 3,335,678.06	Pass $ -	$ 19,393.48	Pass $ -	$ 1,797,723.16	Pass $ -	$ 10,451.88	Pass $ -	172	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	155	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
California Montessori Project - Capitol Campus (0111757)	BC 5800 Yuba County

Fiscal Year: 2024-2025

	A	B	C	D	E	F	G	H	I	J
School Year	State and Local Total Amount	State and Local Total MOE Result	State and Local Per Capita Amount	State and Local Per Capita MOE Result	Local Only Total Amount	Local Only Total MOE Result	Local Only Per Capita Amount	Local Only Per Capita MOE Result	CALPADS 16.12 SPED Pupil Count	Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 144,769.99	Pass $ 1,087.90	$ 7,619.47	Pass $ 57.26	$ 48,279.58	Pass $ -	$ 2,541.03	Pass $ -	19	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 208,740.04	Pass $ 3,500.00	$ 10,437.00	Pass $ 175.00	$ -	Fail $ -	$ -	Fail $ -	20	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 253,606.44	Pass $ -	$ 9,057.37	Fail $ -	$ 94,160.13	Pass $ -	$ 3,362.86	Pass $ -	28	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 291,279.93	Pass $ -	$ 7,872.43	Fail $ -	$ 132,468.11	Pass $ -	$ 3,580.22	Pass $ -	37	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 217,577.54	Fail $ 21,948.54	$ 4,532.87	Fail $ 1,097.43	$ 116,370.51	Pass With Exemption(s) $ 21,948.54	$ 2,424.39	Fail $ 593.20	48	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 359,527.86	Pass $ -	$ 6,657.92	Fail $ -	$ 249,663.77	Pass $ -	$ 4,623.40	Pass $ -	54	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 354,370.03	Fail $ -	$ 6,006.27	Fail $ -	$ 339,394.67	Pass $ -	$ 5,752.45	Pass $ -	59	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 521,033.26	Pass $ -	$ 8,831.07	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	59	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 615,691.49	Pass $ -	$ 11,401.69	Pass $ -	$ -	Fail $ -	$ -	Fail $ -	54	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 394,753.26	Fail $ 200,295.23	$ 6,366.99	Fail $ 3,709.17	$ 176,144.52	Pass With Exemption(s) $ 200,295.23	$ 2,841.04	Pass With Exemption(s) $ 3,394.83	62	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 412,941.10	Fail $ 57,302.91	$ 6,882.35	Fail $ 1,061.17	$ 164,965.15	Pass With Exemption(s) $ 57,302.91	$ 2,749.42	Pass With Exemption(s) $ 924.24	60	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 461,249.68	Fail $ 75,705.85	$ 6,589.28	Fail $ 1,401.96	$ 112,011.15	Pass With Exemption(s) $ 75,705.85	$ 1,600.16	Pass With Exemption(s) $ 1,261.76	70	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 494,844.19	Fail $ -	$ 6,426.55	Fail $ -	$ 161,142.73	Pass $ -	$ 2,092.76	Pass $ -	77	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ 693,529.80	$ -	$ 7,792.47	$ -	89	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ 693,529.80 $ 693,529.80	Comparison Year 2024-2025	$ 7,792.47 $ 7,792.47	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
California Montessori Project - Elk Grove Campus (0111732)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 178,351.24	Pass $ 1,285.48	$ 6,859.66	Pass $ 49.44	$ 65,450.47	Pass $ -	$ 2,517.33	Pass $ -	26	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 189,588.62	Pass $ 84,500.00	$ 7,899.53	Pass $ 3,520.83	$ -	Fail $ -	$ -	Fail $ -	24	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 329,757.79	Pass $ -	$ 11,370.96	Pass $ -	$ 133,628.98	Pass $ -	$ 4,607.90	Pass $ -	29	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 357,837.57	Pass $ -	$ 10,524.63	Fail $ -	$ 159,386.65	Pass $ -	$ 4,687.84	Pass $ -	34	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 331,970.22	Fail $ -	$ 8,096.83	Fail $ -	$ 182,788.92	Pass $ -	$ 4,458.27	Fail $ -	41	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 341,606.06	Fail $ -	$ 6,832.12	Fail $ -	$ 191,337.71	Pass $ -	$ 3,826.75	Fail $ -	50	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 425,090.13	Pass $ -	$ 8,174.81	Fail $ -	$ 449,486.35	Pass $ -	$ 8,643.97	Pass $ -	52	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 614,592.75	Pass $ -	$ 9,038.13	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	68	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 882,133.39	Pass $ -	$ 10,890.54	Fail $ -	$ 672,803.07	Pass $ -	$ 8,306.21	Fail $ -	81	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 787,477.25	Pass With Exemption(s) $ 112,671.89	$ 9,487.68	Pass With Exemption(s) $ 3,885.24	$ 444,376.66	Fail $ 112,671.89	$ 5,353.94	Fail $ 2,166.77	83	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 679,531.05	Pass With Exemption(s) $ 142,315.19	$ 8,601.66	Pass With Exemption(s) $ 1,714.64	$ 433,889.07	Fail $ 142,315.19	$ 5,492.27	Fail $ 2,736.83	79	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 636,982.62	Pass With Exemption(s) $ 240,846.47	$ 8,493.10	Pass With Exemption(s) $ 3,048.69	$ 123,547.40	Fail $ 240,846.47	$ 1,647.30	Fail $ 4,631.66	75	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 625,788.64	Pass With Exemption(s) $ 34,085.09	$ 7,921.38	Fail $ 454.47	$ 127,672.45	Fail $ -	$ 1,616.11	Fail $ -	79	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	78	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Printed Name and Title of Authorized Agent	**Contact Person's Name, E-Mail, and Telephone Number**

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
California Montessori Project - San Juan Campuses (0112169)	BC 5800 Yuba County

Fiscal Year: 2024-2025

	A	B	C	D	E	F	G	H	I	J
School Year	State and Local Total Amount	State and Local Total MOE Result	State and Local Per Capita Amount	State and Local Per Capita MOE Result	Local Only Total Amount	Local Only Total MOE Result	Local Only Per Capita Amount	Local Only Per Capita MOE Result	CALPADS 16.12 SPED Pupil Count	Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 638,675.99	Pass $ 4,406.01	$ 7,603.29	Pass $ 52.45	$ 252,697.45	Pass $ -	$ 3,008.30	Pass $ -	84	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 958,689.74	Pass $ 6,949.68	$ 9,044.24	Pass $ 65.56	$ -	Fail $ -	$ -	Fail $ -	106	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 1,143,893.69	Pass $ -	$ 9,078.52	Pass $ -	$ 588,482.31	Pass $ -	$ 4,670.49	Pass $ -	126	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 1,258,124.05	Pass $ -	$ 8,558.67	Fail $ -	$ 592,607.75	Pass $ -	$ 4,031.35	Fail $ -	147	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 1,092,130.81	Fail $ -	$ 7,185.07	Fail $ -	$ 650,237.23	Pass $ -	$ 4,277.88	Fail $ -	152	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 1,263,115.88	Pass $ -	$ 7,994.40	Fail $ -	$ 797,630.15	Pass $ -	$ 5,048.29	Pass $ -	158	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 1,295,609.13	Pass $ -	$ 7,621.23	Fail $ -	$ 1,617,242.38	Pass $ -	$ 9,513.19	Pass $ -	170	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 1,467,513.66	Pass $ -	$ 7,264.92	Fail $ -	$ -	Fail $ -	$ -	Fail $ -	202	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 2,121,355.66	Pass $ -	$ 9,470.34	Pass $ -	$ -	Fail $ -	$ -	Fail $ -	224	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 1,926,175.40	Pass With Exemption(s) $ 257,266.07	$ 8,338.42	Pass With Exemption(s) $ 1,148.51	$ 694,258.96	Fail $ -	$ 3,005.45	Fail $ -	231	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 1,838,548.51	Pass With Exemption(s) $ 358,552.08	$ 8,433.71	Pass $ 1,552.17	$ 795,188.51	Fail $ -	$ 3,647.65	Fail $ -	218	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 1,373,577.63	Pass With Exemption(s) $ 472,287.76	$ 5,303.39	Fail $ 2,166.46	$ 38,267.43	Fail $ 472,287.76	$ 147.75	Fail $ 2,778.16	259	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 1,642,999.61	Pass $ -	$ 5,685.12	Fail $ -	$ 299,963.23	Fail $ -	$ 1,037.94	Fail $ -	289	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	266	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
California Montessori Project - Shingle Springs Campus (0111724)	BC 5800 Yuba County

Fiscal Year: 2024-2025

	A	B	C	D	E	F	G	H	I	J
School Year	State and Local Total Amount	State and Local Total MOE Result	State and Local Per Capita Amount	State and Local Per Capita MOE Result	Local Only Total Amount	Local Only Total MOE Result	Local Only Per Capita Amount	Local Only Per Capita MOE Result	CALPADS 16.12 SPED Pupil Count	Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 194,836.87	Pass $ 838.14	$ 5,127.29	Pass $ 22.06	$ 79,129.74	Pass $ -	$ 2,082.36	Pass $ -	38	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 173,076.75	Fail $ 14,760.00	$ 4,221.38	Fail $ 360.00	$ -	Fail $ -	$ -	Fail $ -	41	Fail
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 223,180.63	Pass $ -	$ 6,031.91	Pass $ -	$ 77,736.22	Fail $ -	$ 2,100.98	Pass $ -	37	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 226,966.61	Pass $ -	$ 5,158.33	Fail $ -	$ 56,919.37	Fail $ -	$ 1,293.62	Fail $ -	44	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 224,839.65	Pass With Exemption(s) $ 6,290.00	$ 4,242.26	Fail $ 170.00	$ 77,243.67	Pass With Exemption(s) $ 6,290.00	$ 1,457.43	Fail $ 170.00	53	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 236,339.71	Pass $ -	$ 4,459.24	Fail $ -	$ 86,287.55	Pass $ -	$ 1,628.07	Fail $ -	53	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 257,093.90	Pass $ -	$ 3,955.29	Fail $ -	$ 179,127.70	Pass $ -	$ 2,755.81	Pass $ -	65	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 271,001.15	Pass $ -	$ 3,763.90	Fail $ -	$ 224,051.68	Pass $ -	$ 3,111.83	Pass $ -	72	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 516,949.12	Pass $ -	$ 7,492.02	Pass $ -	$ -	Fail $ -	$ -	Fail $ -	69	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 511,089.57	Pass With Exemption(s) $ 49,612.07	$ 6,724.86	Fail $ 719.02	$ 198,970.61	Pass With Exemption(s) $ 49,612.07	$ 2,618.03	Pass With Exemption(s) $ 689.06	76	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 433,079.26	Pass With Exemption(s) $ 127,772.37	$ 6,662.76	Pass With Exemption(s) $ 1,851.77	$ 81,118.82	Pass With Exemption(s) $ 127,772.37	$ 1,247.98	Pass With Exemption(s) $ 1,681.22	65	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 415,104.82	Pass With Exemption(s) $ 86,615.88	$ 5,461.91	Pass With Exemption(s) $ 1,332.55	$ 155.37	Pass With Exemption(s) $ 86,615.88	$ 2.04	Pass With Exemption(s) $ 1,332.55	76	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 498,071.35	Pass $ -	$ 7,662.64	Pass $ -	$ -	Fail $ -	$ -	Fail $ -	65	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	 $ -	$ -	 $ -	$ 210,033.60	 $ -	$ 3,443.17	 $ -	61	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ 210,033.60 $ 210,033.60	Comparison Year 2024-2025	$ 3,443.17 $ 3,443.17	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		 $ -		 $ -		 		 $ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Yuba County Office of Education (58-10587)	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ 6,464,124.30	Pass $ -	$ 9,492.11	Pass $ -	$ 899,893.41	Pass $ -	$ 1,321.43	Pass $ -	681	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ 5,910,222.67	Fail $ -	$ 14,962.59	Pass $ -	$ 918,228.81	Pass $ -	$ 2,324.63	Pass $ -	395	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ 7,231,477.78	Pass $ -	$ 16,662.39	Pass $ -	$ 177,091.47	Fail $ -	$ 408.04	Fail $ -	434	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ 7,907,799.20	Pass $ -	$ 17,116.45	Pass $ -	$ 409,277.38	Fail $ -	$ 885.88	Fail $ -	462	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ 9,069,113.91	Pass $ -	$ 18,933.43	Pass $ -	$ 450,656.70	Fail $ -	$ 940.83	Fail $ -	479	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ 8,772,716.83	Fail $ -	$ 18,200.66	Fail $ -	$ 428,657.31	Fail $ -	$ 889.33	Fail $ -	482	Fail
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ 9,510,134.37	Pass $ -	$ 19,135.08	Pass $ -	$ 554,252.08	Fail $ -	$ 1,115.20	Fail $ -	497	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ 11,455,319.48	Pass $ -	$ 23,668.02	Pass $ -	$ 622,240.07	Fail $ -	$ 1,285.62	Fail $ -	484	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ 11,032,247.98	Fail $ -	$ 32,163.99	Pass $ -	$ 523,588.96	Fail $ -	$ 1,526.50	Fail $ -	343	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ 11,124,887.00	Pass With Exemption(s) $ 355,293.11	$ 30,479.14	Fail $ 1,035.84	$ 210,673.08	Fail $ -	$ 577.19	Fail $ -	365	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ 11,887,418.06	Pass $ 689,125.68	$ 36,576.67	Pass $ 2,009.11	$ 250,750.92	Fail $ -	$ 771.54	Fail $ -	325	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ 14,926,195.52	Pass $ -	$ 40,893.69	Pass $ -	$ 338,829.94	Fail $ -	$ 928.30	Fail $ -	365	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 15,191,486.81	Pass $ -	$ 51,671.72	Pass $ -	$ 449,353.01	Fail $ -	$ 1,528.41	Fail $ -	294	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	 $ -	$ -	 $ -	$ -	 $ -	$ -	 $ -	245	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025	$ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		 $ -		 $ -		 		 $ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
CORE Charter 58 72728 6115935	BC 5800 Yuba County

Fiscal Year: 2024-2025

School Year	A State and Local Total Amount	B State and Local Total MOE Result	C State and Local Per Capita Amount	D State and Local Per Capita MOE Result	E Local Only Total Amount	F Local Only Total MOE Result	G Local Only Per Capita Amount	H Local Only Per Capita MOE Result	I CALPADS 16.12 SPED Pupil Count	J Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 746,127.22	Pass $ -	$ 8,777.97	Pass	$ -	Pass $ -	$ -	Pass	85	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	92	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025	$ - $ -	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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Subsequent Year Tracking Worksheet

LOCAL EDUCATIONAL AGENCY (LEA):	SELPA Code and SELPA Name:
Yuba Environmental Science Charter Academy 58 10587 0117242	BC 5800 Yuba County

Fiscal Year: 2024-2025

	A	B	C	D	E	F	G	H	I	J
School Year	State and Local Total Amount	State and Local Total MOE Result	State and Local Per Capita Amount	State and Local Per Capita MOE Result	Local Only Total Amount	Local Only Total MOE Result	Local Only Per Capita Amount	Local Only Per Capita MOE Result	CALPADS 16.12 SPED Pupil Count	Result for Fiscal Year
2011-2012 Expenditures (Compliance) SEMA - SACS2012ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2012-2013 Expenditures (Compliance) SEMA - SACS2013ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2013-2014 Expenditures (Compliance) SEMA - SACS2014ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2014-2015 Expenditures (Compliance) SEMA - SACS2015ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2015-2016 Expenditures (Compliance) SEMA - SACS2016ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2016-2017 Expenditures (Compliance) SEMA - SACS2017ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2017-2018 Expenditures (Compliance) SEMA - SACS2018ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2018-2019 Expenditures (Compliance) SEMA - SACS2019ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2019-2020 Expenditures (Compliance) SEMA - SACS2020ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2020-2021 Expenditures (Compliance) SEMA - SACS2021ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass

2021-2022	Expenditures (Compliance) SEMA - SACS2022ALL	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2022-2023	Expenditures (Compliance) SEMA - SACS Web 2022/23	$ -	$ -	$ -		$ -	$ -	$ -		0	Pass
2023-2024	Expenditures (Compliance) SEMA - SACS Web 2023/24	$ 267,968.27	Pass $ -	$ 10,306.47	Pass	$ 70,338.72	Pass $ -	$ 2,705.34	Pass	26	Pass
2024-2025	Expenditures (Compliance) SEMA - SACS Web 2024/25	$ -	$ -	$ -	$ -	$ 183,280.00	$ -	$ 5,236.57	$ -	35	Pass
	Expenditures (Eligibility No PCRA) SEMB - SACS Web 2024/25 (Expenditures less PCRA for Comparison Year)	$ - $ - $ -	Comparison Year 2024-2025	$ - $ - $ -	Comparison Year 2024-2025	$ 183,280.00 $ 183,280.00	Comparison Year 2024-2025	$ 5,236.57 $ 5,236.57	Comparison Year 2024-2025		
2025-2026	Budget (Eligibility) SEMB - SACS Web 2024/25		$ -		$ -				$ -		Pass

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YUBA COUNTY SELPA
2024/25 FINAL EXCESS COST CALCULATION
Excess Cost Calculation:
8/26/2025

The formula attempts to separate costs in a logical way to isolate costs per setting.
The Excess Cost is divided by the projected pupil count for October 2024
The Excess Cost is then calculated for each entity based on the pupils served
No revenue offset due to full funding allocation back to LEAs (only direct credit of property tax and LCFF transfer)

EXPENSES		Duplicated Visual Impair		Site 097 (Camptonville only) Hearing & Vision Screening		ESN		Total	
Direct Costs		111,640	1.05%	682	0.01%	10,498,986	98.94%	10,611,307.33	10,611,307
Central Admin		1,416		9		133,194		134,619	Admin
Total Estimated Direct Costs		113,056	1.05%	690	0.01%	10,632,180	98.94%	10,745,927	10,745,927
Total Direct Cost Estimate		113,056		690		10,632,180		10,745,927	
Less Object 5100 Subagreements for Services		-66,320		0		-3,684,836		-3,751,156	
Total Direct Costs Less Object 5100		46,736		690		6,947,344		6,994,770	
Indirect	6.01%	2,809		41		417,535		420,386	
Excess Cost Expenses by setting		115,865		732	0.01%	11,049,715		11,166,312	11,166,312
Cost per pupil		32 Students $ 3,620.79		srv	731.84	172 Students $ 64,242.53		204 Students 54,736.82	EXCESS COST

Marysville Joint Unified- ESN	164	10,535,774.99
Wheatland El District- ESN	3	192,727.59
Wheatland High Sch Dist - ESN	2	128,485.06
Plumas Elem. Sch Dist- ESN	3	192,727.59
Camptonville-ESN	0	0.00
Total Regional ESN	172	11,049,715.23
Marysville Joint Unified- VI	20	72,415.77
Wheatland Elem - VI	3	10,862.37
Wheatland High Sch Dist-VI	5	18,103.94
CORE Charter	2	7,241.58
Plumas Elem. Sch Dist	1	3,620.79
Career Prep Charter - VI	1	3,620.79
Total Dup VI	32	115,865.24
Camptonville- Hearing & Vision Screening	srv	731.84
TOTAL Nursing	0	731.84
24/25 Excess Cost Expense	204	11,166,312.31

Estimated Excess Cost		Property Taxes	LCFF Transfer	Other Local Revenue	Total Billing	Billed Cost Per Student
Marysville Jt. Unified	**10,608,190.76**	(1,812,211.94)	(2,187,978.00)	(19,279.00)	6,588,721.82	35,808.27
Wheatland Elem	**203,589.96**	(235,124.73)	(22,100.00)	(370.00)	(54,004.77)	(18,001.59)
Wheatland High	**146,589.00**	(193,371.54)	(31,347.00)	(266.41)	(78,395.95)	(11,199.42)
Plumas Elem.	**196,348.38**	(297,986.79)	(28,209.00)	(356.84)	(130,204.25)	(43,401.42)
Camptonville Union	**731.84**	-	-	-	731.84	-
CORE Charter	**7,241.58**	-	-	-	7,241.58	3,620.79
Career Prep Charter	**3,620.79**	-	-	-	3,620.79	3,620.79
CMP		-	-	-	-	-
TOTAL	**$ 11,166,312.31**	**$ (2,538,695.00)**	**$ (2,269,634.00)**	**$ (20,272.25)**	**$ 6,337,711.06**	**$ 31,067.21**

Yuba County SELPA 24/25

Excess Costs

Previous Billback Estimate Vs. Final 24-25

LEA	75% Invoice Excess Cost Before Offset Revenue	100% Invoice Before Offset Revenue	Change
MJUSD	11,573,637	10,608,191	(965,446)
Wheatland	222,161	203,590	(18,571)
Wheatland High	160,006	146,589	(13,417)
Plumas	214,228	196,348	(17,880)
Camptonville	733	732	-1
CORE	7,933	7,242	(691)
Career Prep Charter	3,966	3,621	(345)
Total	**$12,182,664**	**$11,166,313**	**($1,016,351)**

8.35% reduction from previous estimate.

Budget vs Actual by Major Object Code

Category	Budget	Actual	Change
Certificated Salaries	2,116,535	2,024,732	($91,803)
Classified Salaries	2,471,940	2,310,678	(161,262)
Benefits	2,081,338	1,985,981	(95,357)
Books and Supplies	214,923	138,044	(76,879)
Services and Other	4,835,898	4,286,491	(549,407)
Indirect Costs	462,030	420,386	(41,644)
Total	**12,182,664**	**11,166,313**	**(1,016,351)**

Excess Cost Trend

Fiscal Year	SDC/ESN
19/20	$ 36,874.71
20/21	$ 35,315.93
21/22	$ 44,641.12
22/23	$ 46,235.21
23/24	$ 55,929.62
24/25	$65,883.09*

$282,176 was directly paid from Medi-Cal LEA BOP Funds and was not included in the Billback Summary. Billback summary shows $64,243 per student.

SELPA ADMINISTRATORS OF CALIFORNIA

Finance Committee
July 2025
Prior Finance Reports

SELPA Finance Committee Resources
SELPA Finance Committee Report Summaries

Updates and Reminders

- 2025-26 ADR Grant Applications were emailed out by CDE on May 1 and were due by June 1
  - If you submitted an application, you should have received a response from adr@cde.ca.gov on June 3, 2025
  - 127 SELPAs applied - each SELPA is eligible to receive $15,157.00
  - Next Step: 2025-26 SPED ADR INITIAL BUDGET SUMMARY WAS DUE BY **JUNE 30**
    - Budget Summary needs to be sent to ADR@cde.ca.gov.
- Annual Budget Plan and Annual Services Plan was due to CDE by June 30 (via Box.com)
- Expenditure Reports for Federal Grants
  - 2023-24
    - Report 6 due by July 30
      - For expenditures from April 1 to June 30
    - Final/Report 7 due by October 10 (and Indirect Cost Report)
      - For expenditures from July 1 to September 30
  - 2024-25
    - Report 3 due by July 30
      - For expenditures from April 1 to June 30
- The Fiscal Calendar for 2025-26 is now in the SELPA Finance Committee Resources (see above) - Please note the multiple tabs on the bottom.

Required Data - Creating an enrollment for students in a Private School

Information pulled from May 2025 CDE Presentation - Slides 17-21 (complete presentation also in SELPA Finance Committee Resources)

- To ensure that CALPADS reflects accurate counts of students enrolled in private schools, it is **MANDATORY** to create an enrollment for the student **at the private school:**
  - **Enrollment Status Code –** 50 – Non-ADA Enrollment
  - **School of attendance:** 0000002 – Private School Group
  - **Enrollment Start Date**
    - For initial evaluations: Date of parental consent for evaluation or third birthday for students not yet age three
    - For transferring students: Date student started at private school
- An enrollment at a private school (0000002) represents the LEA's Child Find responsibility and an acknowledgement by the LEA that a student attending a private school within the LEA's boundaries:
  - Requires initial evaluation for services; or
  - Was on an existing IEP/ISP at another LEA and has now transferred into a private school within the LEA's boundaries
- Common Mistakes: **DO NOT DO THE FOLLOWING:**
  - Create an enrollment at the district-level
  - Create an enrollment at the student's "school of residence"
- Required Data
  - **Eligible and Participating**
    - SENR – Private School Enrollment
    - SWDS – 1 – Eligible and Participating
    - PLAN – 200 – ISP

        - SERV – Services associated with ISP
    - **Eligible, Not Participating**
        - SENR – Private School Enrollment
        - SWDS – 2 – Eligible, Not Participating, Nonparticipation Reason Code 11 – Parent Declined FAPE/Services
        - DO NOT USE SWDS Status 3 – Eligible, Not Enrolled

MOE Workgroup

- July 2022 (link below) is the most up to date (508 compliant) MOE exemption form. The SACS user guide still links to the 2015 version (there are not many changes between the forms and the 2015 version is still good)
    - Correct Version - MOE Exemptions Form
    - If there are questions, email spedfiscalprogrpts@cde.ca.gov
- CDE indicates they are fairly confident that for RES 3310 will be consistent with FY 24 funds - will depend on whether there are additional charters added, etc.
    - CDE recommends using FY 24 grant award amounts for your estimates for FY 25
    - CDE continues to recommend to complete their Federal Expenditure reports as soon as possible.
- Infant Funds - CDE was notified, as of June 24, there is a SMALL amount of State Early Intervention Grant (SEIG) funds!! $500K is now available
    - CDE convened to determine how to distribute among the Infant Discretionary Fund applicants.
    - This will add to some infant program operators' revenue
        - SELPAs getting those funds will get notified in the future
- EOY Forms anticipated to be out by end of July-Early August

California Budget - Budget Process Comparison

The only notation directly related to special education in the Final Budget Agreement is the 2.30% COLA. Other special education adjacent and general education components included the following information (adapted from the SSC Article *2025-26 State Budget Agreement Reached*):

	Governor's Proposal	Legislative Proposal	Final Budget Agreement
Prop 98 and General Fund Items			
2024-25 Proposition 98 Minimum Guarantee	Appropriates $117.6B, which is $1.3B less than the calculated level of $118.9B	Includes Governor's proposal	Appropriates $118B, which is $1.9B less that the calculated level of $119.9B
Public School System Stabilization Account	In 2024-25, the the deposit is reduced from $1.2B (discretionary) to $540M (mandatory) In 2025-26, there is a mandatory withdrawal of $540M, exhausting the reserves	Includes the Governor's proposal, plus authorizes a discretionary deposit of up to $650M when the 2024-25 Proposition 98 minimum guarantee is recalculated in the future	In 2024-25, the agreed upon budget projects a revised $455M required deposit In 2025-26, there is a mandatory withdrawal of $455M, exhausting the reserves
Deferrals	Retires the deferrals included in the 2024-25 Budget Act Adds a new $1.8 billion deferral from June 2026 to July 2026	Includes the Governor's proposal to retire the 2024-25 Budget Act deferrals Reduces the June 2026 to July 2026 deferral to $846M, with the intent that up to $579M will be paid off in 2026-27, and an additional deferral of $267.4M will be added from 2026-27 to 2027-28	Retires the deferrals included in the 2024-25 Budget Act Authorizes a new June to July 2026 deferral of $1.9B with the intent to pay down the deferral with settle-up funds, and if insufficient Proposition 98 growth is available, continue deferrals into the 2027-28 budget year

Prop 98 'Split' and Community Colleges	Reclaims Proposition 98 funds from the California Community Colleges (CCC) for transitional kindergarten (TK) starting in 2023-24, which increases the TK-12 share by $492.4M and reduces the community college share by an equal amount	Rejects the proposal in 2023-24 and 2024-25, which returns $260M to the CCC, but includes the Governor's proposal starting in 2025-26	Funds the cost of TK enrollment outside of Proposition 98 split between TK-12 education and the CCC starting in 2025-26
COLA	Funds the 2.30% statutory COLA for the Local Control Funding Formula (LCFF) and other programs that receive the statutory COLA, except state preschool	Includes the Governor's Proposal	Funds the 2.30% statutory COLA NOTE: New AB 602 Base Rate is projected to be $917.53
Student Support and Discretionary Block Grant	$1.7B one-time, allocated based on average daily attendance (ADA)	$500M one-time, with likely changes to the distribution methodology (Assembly allocates based on the LCFF)	Funds the grant at $1.7B, one-time, allocated based on ADA
Learning Recovery Emergency Block Grant	Partial restoration of $378.6M	Includes the Governor's Proposal	Funds the partial restoration of $378.6M
Expanded Learning Opportunities Program (ELO-P)	Expands universal access by reducing the threshold for Rate 1 from 75% unduplicated pupil percentage (UPP) to 55% UPP starting on July 1, 2025 Increases the minimum grant award from $50,000 to $100,000	Delays expansion of Rate 1 to January 1, 2026 Includes the Governor's proposal to increase the minimum grant award Adds a provision to stabilize Rate 2 at an unspecified amount	Expands universal access by reducing the threshold for Rate 1 from 75% unduplicated pupil percentage (UPP) to 55% UPP starting on July 1, 2025 Starting in 2025-26, when LEAs transition from Rate 1 to Rate 2, for one year only, they will be audited for compliance based on their prior-year

			requirement Increases the minimum grant award from $50,000 to $100,000
Early Childhood, UTK			
Universal Transitional Kindergarten (UTK)	Invests $2.1B ongoing for the final year of UTK implementation	Includes the Governor's Proposal	Provides an additional $2.1B funding for the final year of UTK implementation
TK Ratio LCFF Add-On	Invests $1.2B ongoing, including funds for the 10:1 TK student-to-adult ratio	Includes the Governor's Proposal	Includes the $1.2B ongoing for 10:1 UTK child-to-staff ratios
Instructional Support			
Literacy Instruction Professional Development	$200M one-time	Includes the Governor's Proposal	Appropriates $200M one-time
Literacy and Math Coaches	$455M one-time	$100M one-time	Appropriates $215M one-time for the Literacy Coaches and Reading Specialists Grant Program, of which $15M is used for training

Finance Bulletin - Economic and Revenue Updates - June 2025

Economic Update -

- In the first quarter of 2025, real Gross Domestic Product (GDP) contracted by 0.2 likely reflective of the frontrunning tariffs as net exports subtracted 4.9% from GDP.
- U.S. headline inflation ticked up 0.1 percentage point from 2.3 percent year-over-year in April to 2.4 percent in May 2025.
- Core inflation—which excludes food and energy— remained unchanged at 2.8 percent year-over-year.
- Shelter inflation—which includes owners' equivalent rent and residential rent—slowed slightly from 4 percent in April to 3.9 percent in May.

Labor Market Update -

U.S.:

■ In May 2025, the U.S. unemployment rate remained at 4.2 percent for the third consecutive month, however, household employment decreased by 696,000 persons and the labor force decreased by 625,000 persons.

The U.S. added 139,000 nonfarm payroll jobs with nine of eleven sectors gaining jobs driven by:

- Private educational and health services (87,000)
- Leisure and Hospitality (48,000)
- Financial activities (13,000).
- Other services (9,000),
- Construction (4,000),
- Trade, transportation, and utilities (4,000),
- Information (2,000) and

Four sectors declined in employment: Professional and Business Services (-18,000), Manufacturing (-8,000), Mining and Logging (-1,000), and Government (-1,000).

CA: California's unemployment rate remained at 5.3 percent for the third consecutive month in May 2025. The state added 17,700 nonfarm payroll jobs in six sectors:

- Private education and health services (10,400)
- Leisure and hospitality (9,000 jobs),
- Information (2,600 jobs),
- Government (1,500)
- Other services (1,400)
- Transportation, and utilities (1,000 jobs),

Four Sections lost jobs:

- Professional and business services (-4,800 jobs),
- Construction (-1,900 jobs),
- Manufacturing (-1,100 jobs),
- Financial activities (-400 jobs).

Monthly Cash Report

Preliminary General Fund agency cash receipts were $1.1 billion, or 7.7 percent, above the May Revision forecast in May and $1.1 billion, or 0.6 percent, above the fiscal year-to-date forecast.

- Personal income tax cash receipts were $675 million, or 8.9 percent, above the forecast in May and $571 million, or 0.5 percent, above the fiscal year-to-date forecast. Final payments, which were due April 15 and are related to tax year 2024, were $194 million above forecast in May and $424 million above the fiscal year-to-date forecast due to strong payments at the end of April and into early May.

- Corporation tax cash receipts were $229 million, or 19.8 percent, above forecast in May and $361 million, or 1.3 percent, above the fiscal year-to-date forecast. The overage in May was due to other payments exceeding the forecast by $196 million and refunds being $170 million below forecast.
- Preliminary sales and use tax receipts were $120 million, or 2.7 percent, below forecast in May and $116 million, or 0.4 percent, below the fiscal year-to-date forecast.

Federal News

Federal Grants Held for Review

On Monday, June 30, 2025, the USDOE informed the CDE that it would not be issuing grant award notifications obligating more than $810M in federal funds per the standard process on July 1st. The notification states the USDOE is "reviewing the FY2025 funding for the [Title I-C, II-A, III-A, IV-A, IV-B] grant program(s), and decisions have not yet been made concerning submissions and awards for this upcoming academic year." The programs under review are as follows:

- Title I-Part C—Education of Migratory Children
- Title II-Part A—Supporting Effective Instruction
- Title III-Part A—English Language Acquisition, Language Enhancement, and Academic Achievement
- Title IV-Part A—Student Support and Academic Enrichment Grants
- Title IV-Part B—21st Century Community Learning Centers

It is important to note the following in relation to the dollars being withheld for review:

- Direct special education funding **is not impacted** in the above grants being reviewed. Additionally, there are specific components of the title funding being held for review (it is not all of Title I, Title II, etc.)
- While CDE referred to this as an impoundment of funds in their statement on July 1st (**CDE Press Release**), this is not officially an impoundment. The Department has noted that this is a review. Two important distinctions in what happens next:
    - Impoundments carry with them specific rules and timelines (See ***What is Impoundment Control Act*)**
    - To adjust funding already approved, the Administration must use the rescission process:
        - Propose to Congress the rescission details, including amounts and reason for cancellation
        - Committees have 25 days to consider the proposal (or can expedite by calling for a vote)
        - Congress has 45 days to act on the rescission proposal or funds must be made available
        - If both chambers pass the rescission, or there is a joint resolution, then funds are cancelled
        - If Congress does not act, or rejects proposal, the funds must be obligated as originally intended
        - A general review does not carry the same process as a formal impoundment. Additionally, we have been given no clarity to what this review process will entail and/or include.

Federal Timelines and Logistics

- The federal fiscal year runs from October 1st through September 30th (this is different from the state fiscal year of July 1st through June 30th). .
- For Federal Fiscal Year 2025 (2024-25), 25% of funds are released by the Department of

Education on July 1st. The remaining 75% of funds are released on the following October 1st (in the example of FFY25…this would be October 1, 2025). **There is no statutory requirement that the first 25% be allocated on July 1st, it is just something that typically happens.**

- These funds have regularly been approved by Congress (the most recent approval having occurred in March, 2025 via continuing resolution.
    - This is an important distinction in the timeline - because the funds were approved via CR, LEAs included these funds into their budgets and staffing projections for the 2025-26 school year.
- While the total amount being held for review is $810M, to this point, the Department of Education has until October 1st to release the remaining funds (i.e., there have been no actions outside of typical process to this point other than the notation that a review was being held).

SSC Fiscal Report - USDOE Delays FY25 Funds

One Big Beautiful Bill (FY Reconciliation Bill)

The One Big Beautiful Bill Act (HR1) was introduced in the House of Representatives on May 20, 2025 and subsequently passed by the House on May 22, 2025. The bill then moved into the Senate where it passed with amendments on July 1, 2025, by a 51–50 vote broken by the Vice President. The bill moved back into the House for consideration of the amendments; final passage in the house occurred on July 3rd, 2025. It was then signed into law by President Trump on July 4, 2025. Remember that this item is separate from the federal budget act.

What's in HR1?

Education (FY26)

- The administration has said it will keep current levels of federal special education funding, and in its recent budget letter to Congress, the administration requested the same amount of special education funding for FY2026 as last year.
- It should also be noted that the above letter also proposes a shift to allocate the funding through a new simplified funding program that consolidates existing IDEA programs and provides states and school districts with greater flexibility to support students with special needs. Those potential consolidations include (based on previous statements and directives from the Administration).
    - IDEA Part B preschool grants to states
    - IDEA Part D funding for technical assistance and teacher preparation into the larger Part B, school-age program.
    - Programs planned for consolidation into the overall Part B program include parent information centers, which were funded at $33M in FY 2025.
- IDEA Part C for services to infants and toddlers with disabilities — at a proposed level funding of $540M — would remain a separate formula grant program.

Medicaid (via *Center on Budget and Policy Priorities*)

- The Congressional Budget Office (CBO) confirms the legislation will cut more than $1 trillion from Medicaid over the course of its timeline.
- If most states maintained their current Medicaid expansion programs, the proposal would shift an additional $93B in federal Medicaid funding to states from 2031 through 2034 on top of the cuts already in the Senate bill.
- If all states dropped expansion in the face of these massive funding cuts, after accounting for coverage losses due to other parts of the bill, an additional 10.6 million people could lose

their Medicaid coverage.

- The federal government now pays 90% of the costs of covering Medicaid enrollees who gained coverage through the expansion. Under the proposal, the 90% matching rate would be reduced to the states' regular matching rates, which range from 50-74% in expansion states.
    - An exception would be made for the costs of covering people already enrolled in the expansion group, who would continue to be covered at the 90% match rate for the duration of their current enrollment.

What it Means in California

- Given the high rates of enrollment in California, this puts a potential strain on the health care system.
- Medi-Cal reimbursements are expected to be reduced significantly which may result in decreased services, positions, and supports provided by Medi-Cal funded programs.

Interesting Articles and Resources Related to HR1

- ***Committee for a Responsible Federal Budget Overview* (CFRFB)**
- ***HR1 Fiscal Projections - via CFRFB*** (a very detailed spreadsheet with fiscal projections by program)

Federal Injunction Update (Still in Place - No Updates as it Pertains to USDOE Reductions)

On May 22, 2025 two judicial actions took place that have significant impacts on education.

- A preliminary injunction has been filed on the layoffs and implementation of an Executive Order facilitating the closure of the U.S. Department of Education.
    - A federal judge ordered the reinstatement of almost 1,400 fired federal workers at the ED, handing a temporary victory to the 21 Attorneys General (AGs), including California AG Ron Bonta, who filed to reverse the reduction in force layoffs and disrupt the plans to dismantle the ED without approval by Congress.
    - The ED has shrunk from 4,133 employees as of January 2025 to fewer than 2,200.
        - *Remember that,* while some of these positions are not directly related to the Department of Education they may have a peripheral impact.
    - The judge summarized, "A department without enough employees to perform statutorily mandated functions is not a department at all. This court cannot be asked to cover its eyes while the Department's employees are continuously fired and units are transferred out until the Department becomes a shell of itself."

Yuba County SELPA
Low Incidence Balance 6/30/2025
Resc 6500 Site 119

2013/14 Ending Balance/carryover	$35,570.95
2014/15 Total Allocation	38,413.02
Total available 2014/15	$73,983.97
2014/15 Expenditures	-41,224.24
2014/15 Actual ending balance	$32,759.73
2015/16 Services and Materials Revenue	35,057.00
2015/16 Expenditures	-44,578.98
2015/16 Actual ending balance	$23,237.75
2016/17 Services and Materials Revenue	28,863.00
2016/17 Expenditures	-41,253.87
2016/17 Actual ending balance	$10,846.88
2017/18 Actual Services, Equip & Materials Revenue	$32,803.27
2017/18 Expenditures	-21,753.43
2017/18 Actual ending balance	$21,896.72
2018/19 Actual Services, Equip & Materials Revenue	$35,376.00
2018/19 Expenditures	-24,749.48
2018/19 Actual Ending Balance	$32,523.24
2019/20 Actual Equip & Materials Revenue	$39,159.00
2019/20 Expenditures	-52,739.91
2019/20 Actual Ending Balance for Equip and Materials	$18,942.33
2020/21 Actual Equip & Materials Revenue	$39,808.13
2020/21 Expenditures Equipment and Materials	-43,334.68
2020/21 Actual Ending Balance	$15,415.78
2021/22 Budget Equip & Materials Revenue	$40,602.21
2021/22 Budget Expenditures Equipment and Materials	-54,086.03
2021/22 Budget Ending Balance	$1,931.96

2015/16 Low Incidence Actual		
	$35,057	Total State Allocation Actual
x 20%	7,011	Set aside for Services
	$28,046	Available for Equipment and Materials

2016/17 Low Incidence Actual		
	$28,863	Total State Allocation Actual
x 20%	5,773	Set aside for Services
	$23,090	Available for Equipment and Materials

2017/18 Low Incidence Actual		
	32,803.27	Total State Allocation Actual
x 20%	6,560.65	Set aside for Services
	$26,242.62	Available for Equipment and Materials

2018/19 Low Incidence Actual		
	35,376.00	Total State Allocation Actual
x 20%	7,075.20	Set aside for Services
	$28,300.80	Available for Equipment and Materials

2019/20 Low Incidence	Actual	
	39,159.00	Total State Allocation Actual
x 20%	7,075.00	Set aside for Services
	$32,084.00	Available for Equipment and Materials

2020/21 Low Incidence Actual		
	265,387.53	Total State Allocation Actual
x 85%	225,579.40	Set aside for Services
	$39,808.13	Available for Equipment and Materials

2021/22 Low Incidence Estimate (Estimated at P-1)		
	270,681.41	Total State Allocation Actual
x 85%	230,079.20	Set aside for VI Services
	$40,602.21	Available for Equipment and Materials

2022/23 Actual Equip & Materials Revenue	$46,522.68
2022/23 Actual Expenditures Equipment and Materials	-42,930.48
2022/23 Actual Ending Balance	$5,524.16

2022/23 Low Incidence Actual		
	310,151.19	Total State Allocation Estimate
x 85%	263,628.51	Set aside for VI Services
	$46,522.68	Available for Equipment and Materials

2023/24 Actual Equip & Materials Revenue	$53,093.95
2023/24 Actual Expenditures Equipment and Materials	-56,318.60
2023/24 Actual Ending Balance	$2,299.51

2023/24 Low Incidence Actual		
	353,959.64	Total State Allocation Estimate
x 85%	300,865.69	Set aside for VI Services
	$53,093.95	Available for Equipment and Materials

2024/25 Actual Equip & Materials Revenue	$78,327.91
2024/25 Actual Expenditures Equipment and Materials	-67,569.84
2024/25 Actual Ending Balance	$13,057.58

2024/25 Low Incidence Actual		
	391,639.56	Total State Allocation Estimate
x 80%	313,311.65	Set aside for VI Services
	$78,327.91	Available for Equipment and Materials

AT 8/14/25

Level II Referral Procedures

DRAFT

Every SELPA, through the adoption of its Local Plan by member local education agencies (LEAs), assures that a full continuum of services will be available to any resident student from birth to age 22. Not every district in a multi-LEA SELPA can provide every service needed, therefore, banding together into a SELPA has been the way to guarantee that range of services, ensuring available access to regional programs to any student who needs the special education services offered. Such programs in California have typically been for with moderate/severe disabilities, Emotional Disabilities (ED), and low incidence services as most LEAs are only able to serve locally the majority of other students with more mild/moderate disabilities. This has been the case in the Yuba County SELPA until recent program transfers altered the regional program operator/service provider to not only just the Yuba County Office of Education; but also to Marysville Joint Unified School District and Wheatland School District.

At present, when a student is recommended for consideration for placement into a special day class (SDC) for students with moderate/severe disabilities **OR** into a special day class (SDC) program for students with an emotional disability, the following procedures are to be followed:

1. The referring district IEP team makes the recommendation as part of the IEP. They complete all required paperwork and explain to the parent the need for observation by staff from the program being considered. This process is terminated without parent permission.

2. The person responsible for special education programs at the student's home district OR the designated case manager will be responsible for the referral packet. This packet must include:

    a. Current student identification information: *age, gender, location, teacher, previous and current IEP, health and developmental history, educational history, reason for the referral and a short narrative about the student*.

    b. If appropriate, recent psychological testing information including, but not limited to *cognitive, academic, behavior and if intellectual disability is suspected, an adaptive behavior scale*. If appropriate, a current speech and language assessment should also be included.

    c. If the psychological testing data is more than two years old, **a complete psychological reevaluation will need to be completed prior to processing the referral**.

    d. If an Autism Spectrum Disorder is suspected, include all of the above listed in item b as well as the results from an occupational therapy (OT) assessment and speech/language assessment.

3. The case manager shall send all of the above information to the administrator of the potential program containing regionalized services. Contact information is listed within the table below.

Member LEA	Lead Contact	Programs with Regionalized Services
Marysville Joint Unified School District	Amy Eggleston, SPED Coordinator aeggleston@mjusd.k12.ca.us Wakita Wilson, SPED Coordinator wwilson@mjusd.com	Special Day Classes for Emotional Disabilities • Cedar Lane Elementary • McKenney Intermediate • Lindhurst High Special Day Classes for Mod/Severe (Intermediate, High School and Post-High) • McKenney Intermediate (6th – 8th) • Marysville High School (9th-12th) • Yuba College (18-22 yrs.) Special Day Class for ESN (PreK) • Ella Preschool • Olivehurst Preschool • Linda Preschool I and II • Kynoch Preschool
Plumas Lake Elementary School District	Toni Vernier tvernier@plusd.org	Special Day Class for ESN (PreK) • Rio Del Oro Elementary
Wheatland School District	Erin Oakes, SPED Coordinator eoakes@wheatland.k12.ca.us Angela Gouker, SPED Director agouker@wheatland.k12.ca.us	Special Day Class for ESN (PreK-3) • Wheatland Elementary Special Day Class for ESN (4-8) • Bear River Intermediate
Wheatland Union High School District	Lauren Link llink@wheatlandhigh.org	Special Day Class for ESN (9-22) • Wheatland High School
Yuba County Office of Education	Courtney Coburn, Principal courtney.coburn@yubacoe.k12.ca.us *OT and APE Program Oversight Sarah Eredia, Principal sarah.eredia@yubacoe.k12.ca.us Samantha Chan, SPED Director samantha.chan@yubacoe.k12.ca.us *V.I. Program and SLP Oversight	Special Day Class for ESN (PreK-22) • Virginia School • Spring Valley School (Primary Program and Life Skills Program) • YCOE/Anna Bell Karr Special Day Class for ESN (K-5) • YCOE/Ella Elementary • YCOE/Olivehurst (Goldfield) • YCOE/Kynoch Elementary

	Kristen Nottle-Powell, Ed.D Kristen.nottlepowell@yubacoe.k12.ca.us *School Psychologists and BCBA Oversight	

4. An observation by the SPED program operator placement staff will be scheduled at a time agreeable to both school site and program operator personnel.

   If the staff receiving the referral packet determines more information is needed to make a recommendation for the child or the packet is incomplete, the program administrator will contact the case manager for the needed information.

   The case manager for the home district will be notified when the observation and review of records is complete. In most cases, it will take approximately three weeks from the time a complete referral packet is received to the time the district special education administrator/case manager is notified to set up a Level II IEP meeting. The district case manager will be responsible for:

   a. Scheduling the date and time for the IEP meeting with appropriate personnel.
   b. Sending out IEP meeting notice to parents and staff.
   c. Scheduling a language interpreter, *if needed*.
   d. Chairing the meeting.

5. No actions will be taken on INCOMPLETE Referrals.
6. Where programs are at capacity due to staffing shortage and / or space availability, referrals will be reviewed, and when approved, the LEA may choose whether or not they would like the student placed on a wait list.

Packets for Level II Referrals must be received by April 1st to be considered for that school year.

Exit Criteria for Students Returning to District from Regional Programs

If the program operator for either the Moderate/Severe SDC programs or Emotional Disturbance programs considers returning a student back to the home district, the program operator SPED administrator will contact the district responsible for special education programs concerning the case via e-mail and will submit a referral letter and packet of materials which will include #1, #2a and #2b above.

If the staff at the home (receiving) school determines more information is needed in order to assist the IEP team in making a placement decision, the program administrator will be contacted for the needed information by the case manager of the student's district of residence.

The current program operator of regionalized services program administrator or designee will be responsible for initiating the Level II meeting, including:

- Scheduling the date and time for the IEP meeting with appropriate personnel.
- Sending out IEP meeting notice to parents and staff.
- Scheduling a language interpreter, *if needed*.
- Chairing the meeting.

Returning and receiving personnel will decide on the location of the IEP meeting per parent and staff needs; however, in most cases, the meeting will be held at the current school of attendance.

When referring a child to a more restrictive program OR returning a student to his/her home school, personnel will observe the child in his/her current placement. The purpose of the observation is to gather more data, see the child in the school environment and talk with staff. The observation is just one factor in determining the least restrictive environment and services and is not the only deciding factor. The final placement decision will be based on the identified needs of the student and recommendations of the IEP team.

Checklist for Level II Referrals

Student's Name: _____ Date of Birth: _____

Current Identifying Identification:

- ☐ Age _____
- ☐ Gender _____
- ☐ Location _____
- ☐ Teacher _____
- ☐ Previous and Current IEP _____
- ☐ Health and Developmental History _____
- ☐ Educational History _____
- ☐ Reason for Referral _____
- ☐ Short Narrative about Student _____

Recent Psychological Testing:

Note: *If the psychological testing data is more than two years old, a complete psychological reevaluation will need to be completed prior to processing the referral.*

- ☐ Cognitive
- ☐ Academic
- ☐ Behavior

If Autism Spectrum Disorder is suspected:

- ☐ Cognitive
- ☐ Academic
- ☐ Behavior
- ☐ Occupational Therapy
- ☐ Speech

If Intellectual Disability is suspected:

- ☐ Adaptive Behavior Scale

- ☐ Observation by Regional Program Operator Completed
- ☐ Memo Sent to District Contact Person of Completed Observation

Packets for Level II referrals must be received by April 1 to be considered for the current school year.

Independent Educational Evaluation

The Yuba County Special Education Local Plan Area ("SELPA") has developed this policy, corresponding procedures and criteria that govern Independent Education Evaluations (IEE). (20 USC §1415; EC §56506[c] and §56329[b]; 34 CFR §300.502) For purposes of this policy, the term "*SELPA*" also includes the school district and/or administrative unit responsible for your child's education. Parents should be sure to read the entire document carefully. The policy, procedures, and criteria are to be read in conjunction with one another as one comprehensive document. Parents who need additional information about IEEs should contact the SELPA Director for Yuba County contact the California Department of Education as outlined in their Notice of Procedural Safeguards.

Parents have the right to request an IEE at public expense if they disagree with an evaluation completed by the local educational agency (LEA). Parents may request one IEE in response to each evaluation completed by the LEA, which must be funded unless the LEA files for an administrative hearing to challenge the request. If an IEE is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the LEA uses when it initiates an evaluation, to the extent to those criteria are consistent with the parent's right to an IEE (34 CFR §300.502 (e)(1)). Local Education Agencies may not impose other conditions or timelines that are inconsistent with the LEA's criteria used to initiate its own evaluations and/or would deny the student's and parent's right to obtain an IEE at public expense.

Notice to Parents

1. Please read this document before obtaining or paying for an IEE. This policy delineates your right to, and limitations regarding public agency payment or reimbursement for the IEE.
2. Before obtaining an IEE, please contact the special education administrator to discuss your child's assessment and related questions and options.
3. The local education agency (LEA); better known as the district or county office of education, will not automatically reimburse parents who unilaterally obtain IEEs.
4. Parents may only request one publicly funded IEE for each evaluation completed by the LEA. A request for an IEE must be made within two years of the date of the LEA's evaluation report.

Definitions

"*Independent Educational Evaluation*" means an evaluation conducted by a qualified examiner who is not employed by the responsible local educational agency (LEA).

"*Parent*" means the holder of educational rights of a student and includes a parent, guardian, or surrogate parent.

"*Public Expense*" means that the LEA ensures the IEE is provided at no cost to the parent.

"*Qualified Examiner*" means an evaluator who is competent to perform evaluations through criteria established by the SELPA in accordance with California Education Code §56322.

Parameters for Seeking IEE

The SELPA requires that the parent first inform the LEA, either in writing or during an IEP meeting, that the parent:

1. Disagrees with a LEA's evaluation and
2. Is requesting an IEE at public expense.

Explanation of Disagreement

If parents request an IEE at the expense of the LEA, the parents may be asked for a reason why they object to the LEA's evaluation. There is no requirement that the parents specify areas of disagreement with LEA's evaluation as a prior condition to obtaining the IEE.

LEA's Response to a Request for an IEE

Upon request for an IEE at public expense, the LEA will respond *without unnecessary delay*. The LEA may either initiate a due process hearing to show that its evaluation is appropriate or will provide the parent an opportunity to obtain an IEE.

If the LEA initiates a hearing and the final decision is that the LEA's evaluation and/or criteria appropriate the parent still has the right to an IEE, but not at public expense.

If the LEA agrees to fund an IEE, the parent may select a qualified examiner, and/or the LEA may propose a qualified examiner. The LEA will provide a nonexclusive list of public agencies and private individuals who the LEA/SELPA has determined are qualified in their respective areas of evaluation.

If the parent requests an examiner who is not qualified in accordance with the criteria set form in this policy, the LEA will attempt to confer with the parent to determine the unique circumstances justifying the use of an examiner who is not qualified.

1. If the LEA agrees that the unique circumstances justify utilizing and examiner who does not meet the criteria set form in this policy, then the district and parent may proceed with obtaining the IEE from that examiner.

2. If the LEA does not agree that unique circumstances justify the use of an examiner who does not meet the criteria set form in this policy, and the parent does not agree to use an examiner meeting those criteria, the LEA shall initiate a due process request to resolve the dispute.

Timelines Regarding IEEs

The only timeline imposed upon a LEA related to provision of an IEE is that the LEA must respond to the parent's request for an IEE *without unnecessary delay*. In the interest of consistency between public and private evaluations, parents are encouraged to choose an option for additional assessment offered by the district *without unnecessary delay* of receiving the options.

Once the LEA and parent have agreed upon an assessor, the LEA will arrange for, or initiate a contract with the examiner.

LEAs have little to no control related to the behavior of independent assessors, including but not limited the time taken to respond to a request for information, execution of a contract or completion of an IEE.

Information Provided to Parents

Upon request of an IEE, the LEA will provide the parents with a copy of this policy for IEEs and the parent's procedural safeguards.

Parent Initiated Evaluations

If the parents obtain an IEE at private expense or obtains an evaluation by an individual who does not meet the criteria set forth in this policy, the results of the evaluation:

1. Must be considered by the LEA; and
2. May be presented as evidence at a due process hearing regarding that student

Evaluations Ordered by Hearing Officers

If a hearing officer orders an IEE as part of a hearing, the cost of the evaluation must be at the LEA's expense. (See "Option 3")

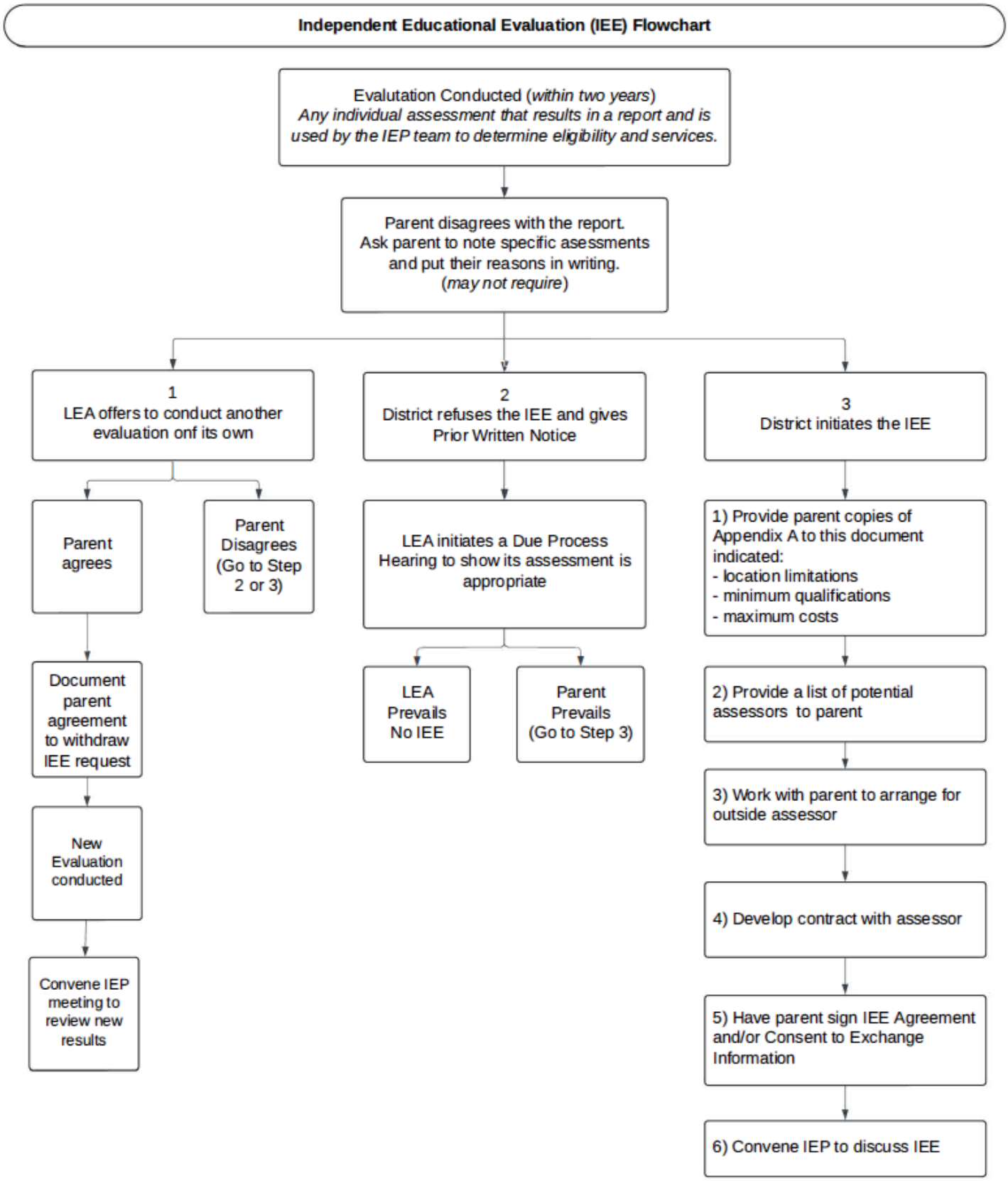
See flowchart Appendix A.

Option 1	Another assessor within the LEA or from SELPA staff. Ideas may include someone who: • Has equal (or better) credentialing/licensure • Has equal (or more) experience assessing students with the suspected area of disability/area of concern • Is at another school in the district (to remove the emotional factor which may be at the current site)

	• Has special training which makes them qualified to conduct this assessment. If LEA and parent agree to this option, the parents must put in writing that they agree to revoke their request for an IEE. However, parents retain the right to dispute the prior assessment and seek an IEE later.
Option 2	Initiate a hearing to show the LEA's evaluation is appropriate. Things to consider in deciding whether to defend the assessment conducted by the LEA: • Was the assessment ***valid***? Was the instrument used appropriate for the disability/area of concern? Did the norming sample include children with the same disabilities/area of concern as the student being assessed? Was the test administered according to the directions in the testing manual? • Are the assessment results ***reliable***? Were there no variables that impacted the ability of the assessor to get a true picture of the student? (i.e., student was not ill, tired, hungry, there were no major absences or gaps in the assessment, the testing location was adequate). Do others who know the student (i.e., teacher, paraeducators, other specialists), feel that the results are typical of/commensurate with the student's skills? • Was the assessor ***qualified***? Did the assessor have the appropriate credentials/licensure, training, and experience to administer the assessment? • Did the assessment address the concerns articulated by the parents in their disagreement? If you decide that your assessment is adequate, complete a "Prior Written Notice to Parent of Action" form indicating that you are refusing to pay for an IEE, the reasons why and factors you considered. Next, file a "Notice of Due Process Complaint" with the Office of Administrative Hearings.
Option 3	Arranging for an IEE at Public Expense 1. Administrator provides parent with a copy of the IEE policy. 2. LEA offers parent a list of assessors. One source of assessors is the list of Nonpublic Agencies with whom the SELPA has a Master Contract. SELPA personnel may not be considered Independent Educational Evaluators if the SELPA provides that service to the district. 3. Parent and Administrator arrange for an outside assessor who meets the requirements for location, qualifications, and maximum cost listed in the SELPA policy. Costs above the maximum allowable amounts will not

	be approved unless the parent can demonstrate that unique circumstances justify going above the cost described. 4. Parent/district may utilize Agreement for IEE form with consent for exchange of information (Appendix B) and/or parent will be required to sign a release of information authorizing communication with the IEE provider. District may refuse to pay for an IEE if parent refuses to sign consent to exchange information. 5. Administrator may develop an Agreement for IEE (Appendix C) for the assessment to be done by the Assessor. Assessor must agree to release their assessment information and results (including protocols) directly to the district before receiving payment from the district. 6. Standard Assessment Plan should not be used. (It would imply a 60-day timeline, which is not applicable). 7. Assessment is conducted. If assessment will include observation, give copy of “Guidelines for Observations by Independent Education Assessors” (Appendix D) to the Assessor. Copy of report is forwarded to district and parent. 8. IEP Team reconvenes to discuss the new Assessment Report. IEE Assessor may attend IEP meeting to review the report and to address any questions from IEP team members.

APPENDIX A


Independent Educational Evaluation (IEE) Flowchart
Evalutation Conducted (within two years)
Any individual assessment that results in a report and is used by the IEP team to determine eligibility and services.
Parent disagrees with the report.
Ask parent to note specific asessments and put their reasons in writing.
(may not require)
1
LEA offers to conduct another evaluation onf its own
2
District refuses the IEE and gives Prior Written Notice
3
District initiates the IEE
Parent agrees
Parent Disagrees (Go to Step 2 or 3)
Document parent agreement to withdraw IEE request
New Evaluation conducted
Convene IEP meeting to review new results
LEA initiates a Due Process Hearing to show its assessment is appropriate
LEA Prevails No IEE
Parent Prevails (Go to Step 3)
1) Provide parent copies of Appendix A to this document indicated:
- location limitations
- minimum qualifications
- maximum costs
2) Provide a list of potential assessors to parent
3) Work with parent to arrange for outside assessor
4) Develop contract with assessor
5) Have parent sign IEE Agreement and/or Consent to Exchange Information
6) Convene IEP to discuss IEE

Yuba County SELPA's Criteria

1. If an IEE is at the LEA's expense, the criteria under which the evaluation is obtains, including the location limitations for the evaluation, the minimum qualifications of the examiner, cost limits, and use of approved instruments must be the same as the criteria that the LEA uses when it initiates an evaluation.
2. Except for the criteria described in the SELPA policy and procedures and criteria, the SELPA imposes no other conditions related to obtaining an IEE at the LEA's expense.

Circumstances Resulting in Evaluations not Funded by the LEA

Because the parent must first disagree with the LEA's evaluation in writing, the LEA does not have an obligation to reimburse parents for privately obtained evaluations obtained prior to the date that the LEA's evaluation is completed and discussed at an IEP team meeting. The LEA is not obligated to reimburse parents for privately obtained evaluations if the parent disagrees with the LEA's evaluation and independently seeks a private evaluation without first notifying the LEA in writing of their disagreement with the LEA's evaluation and requesting an IEE for the LEA except as provided below.

Circumstances Resulting in a Privately Obtained Evaluation Reimbursed by the Yuba County SELPA

The LEA may, but is not required to, reimburse parents for a privately obtained IEE even though the policy above was not followed in any one of the following three circumstances:

1. All the following conditions have been met:
    a) The parent disagreed with the LEA's evaluation,
    b) The parentally obtained evaluations meets the SELPA criteria,
    c) The parent upon request provides the LEA with timely, written consent to exchange information with the examiner,
    d) The parent provides a copy of the written evaluation report and all other documents / tests related to the report, an
    e) The examiner attends the relevant IEP team meeting by phone, virtual platform or in person to discuss his or her findings and provides protocols of all evaluations to the LEA.
2. The LEA's evaluation has not been provided in compliance with the law.
3. The privately obtained evaluation assessed the student in an area of suspected disability that was not previously assessed by the LEA.

Reimbursement will be in accordance with the Yuba County SELPA policy, procedures, and criteria and in an amount no greater that the actual cost to the parents. In all cases, if the LEA initiates a due process hearing to show that the LEA's evaluation is appropriate, no reimbursement shall be made unless ordered by a Hearing Officer.

Evaluator Criteria

Minimum Qualifications for Evaluators

All evaluators must be conducted by persons competent to perform the evaluation as determined by the LEA/SELPA (E.C. 56322).

Evaluators with credentials other than those listed will not be approved unless the parent and LEA agree that the student's unique circumstances warrant utilizing an assessment by an individual who does not meet the criteria.

Type of Evaluation	Qualifications
Academic Achievement	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Educational Psychologist
Adaptive Behavior	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Educational Psychologist
Adaptive Physical Education (APE)	Credentialed Adaptive PE Teacher
Assistive Technology (AT)	Credentialed or Licensed Speech Language Pathologist Credentialed Special Education Teacher
Auditory Acuity	Licensed or Credentialed Audiologist
Auditory Perception/Auditory Processing	Licensed or Credentialed Speech Language Pathologist Credentialed School Psychologist Licensed Educational Psychologist
Augmentative & Alternative Communication (AAC)	Licensed or Credentialed Speech Language Pathologist
Cognitive or Psycho-Educational	Credentialed School Psychologist Licensed Educational Psychologist
Educationally Related Mental Health Services (ERMHS)	Credentialed School Psychologist Licensed Educational Psychologist Licensed Clinical Social Worker Licensed Marriage and Family Therapist
Functional Behavior Assessment	Credentialed School Psychologist Licensed Educational Psychologist Board Certified Behavior Analyst

Health	Licensed Physician School or Registered Nurse
Motor	Licensed Occupational Therapist Licensed Physical Therapist Credentialed Adapted PE Teacher Credentialed Teacher of Students with Orthopedic Impairments
Music Therapy	Board Certified Music Therapist
Occupational Therapy	Licensed Occupational Therapist
Physical Therapy	Licensed Physical Therapist
Speech and Language	Credentialed or Licensed Speech/Language Pathologist
Visual Acuity / Developmental Vision	Licensed Ophthalmologist Optometrist Credentialed Teacher of the Students with Visual Impairments
Functional Vision	Credentialed Teacher of the Visually Impaired
Vision Perception/ Visual Processing / Visual Motor Integration	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Educational Psychologist
Orientation and Mobility	Credentialed Teacher of Students with Visual Impairments
Transition to Adult Life	Credentialed Special Education Teacher

Independent evaluators must agree to release their evaluation information and results to the LEA prior to the receipt of payment for services.

Cost Containment

The cost of an IEE shall be comparable to those costs that the LEA incurs when it uses its own employees or contractors to perform a similar evaluation. Costs include observations, administration and score of tests, report writing and attendance in person (including transportation), via virtual platform or by phone at the IEP team meeting where the IEE is presented. Reimbursement will be in an amount no greater than the actual cost to the parent and will be subject to proof of payment.

Guidelines for all IEE costs are calculated by considering time required for the evaluation and the appropriate LEA employee hourly rate. Costs above these amounts will not be approved unless the parent can demonstrate that such costs reflect unique circumstances justifying the selection of an evaluator whose fees fall outside these criteria.

When insurance will cover all or partial costs of the IEE, the LEA will request that the parent voluntarily have their insurance pay the IEE costs covered by their insurance. However, parents will not be asked to have insurance cover independent evaluation costs if such action would result in a financial cost to the parents including, but not limited to the following:

1. A decrease in available lifetime coverage or any other benefit under an insurance policy,
2. An increase in premiums or the discontinuance of the policy, or
3. An out-of-pocket expense such as payment of the deductible amount incurred in filing a claim unless the parent is willing to have the LEA reimburse them for the amount of the deductible.

As part of the contracted evaluation, independent evaluators must:

1. Provide original protocols of all the evaluations, and
2. Provide a written report prior to the IEP team meeting

Independent evaluators must agree to release their evaluation information and results to the LEA prior to receipt for services. The results of the IEE will be considered in the determination of eligibility, program decisions, and placement of the student with disabilities as required by the Individuals with Disabilities Act (IDEA).

Location

Absent demonstrated extraordinary circumstances pre-approved by the LEA, IEEs paid for by the LEA shall conduct the assessment within a radius of 100 miles from the school of attendance (or if on home hospital or independent study, the home) of the student.

Fingerprinting and TB Clearance

All independent Educational Evaluators shall be fingerprinted and have a current TB clearance, consistent with all requirements for public school assessors, on file prior to the administration of any evaluation.

2024-25 Cost Containment for Independent Educational Evaluations (IEE)

As stated in the Yuba County SELPA IEE Policy:

- The cost of an IEE shall be comparable to those costs that the LEA incurs when it uses its own employees or contractors to perform a similar evaluation. Costs include observations, administration and scoring of tests, report writing, and attendance in person (including transportation), via virtual platform or by phone at the IEP team meeting where the IEE is presented. Reimbursement will be in an amount no greater than the actual cost to the parent and will be subject to proof of payment.
- Costs above these amounts will not be approved unless the parent can demonstrate that such costs reflect unique circumstances justifying the selection of an evaluator whose fees fall outside these criteria.

The following table provides cost limitations based upon the types of assessment being conducted. Rates are monitored and adjusted accordingly.

Type of Assessment	Maximum Allowable Rate
Academic Achievement	$ 4,000
Adaptive Behavior	$ 750
Adaptive Physical Education (APE)	$ 2,250
Assistive Technology (AT)	$ 4,500
Audiological Services	$ 3,000
Augmentative & Alternative Communication (AAC)	$ 4,500
Central Auditory Processing Disorder (CAPD)	$ 1,250
Cognitive	$ 2,500
Educationally Related Mental Health Services (ERMHS)	$ 4,500
Functional Behavioral Assessment (FBA)	$ 4,500
Health Assessment	$ 4,000
Music Therapy	$ 2,000
Occupational Therapy (Fine and Gross Motor)	$ 2,500
Orientation and Mobility	$ 2,250
Physical Therapy	$ 2,500

NOTE: Removed Recreational Therapy and Social/Emotional/Behavioral as a stand alone as that is included in Psycho-Educational Assessments.

Psycho-Educational (including cognitive, social emotional, behavior and adaptive behavior)	$ 6,000
Speech and Language	$ 4,000
Visual Acuity / Developmental Vision	$ 1,000
Functional Vision	$ 1,000
Vision Perception/ Visual Processing / Visual Motor Integration	$ 1,000
Transition	$ 2,250

The cost criteria were developed by the Yuba County SELPA through an ongoing process in which evaluators specializing in different disciplines within the region, specifically Yuba County, including the Sacramento region, were contacted. An inquiry was made of each assessor type regarding fees for evaluations, and opinions were solicited as to what constituted a reasonable fee for a particular assessment. Based upon this information received from the assessors and surrounding SELPAs, the SELPA established a reasonable rate for each assessment which became the LEA rate, or cost criteria, for conducting independent evaluations. The cost criteria were not an average of the rates from the assessors contacted, the rates that were too low or too high were disregarded in the determination of the district's independent evaluation cost criteria. The assessors who did not agree to work within the district's cost criteria were not on the SELPA's list of assessors.

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Yuba County
Special Education Local Plan Area

Yuba County SELPA
Parent/LEA Agreement for Independent Educational Evaluation (IEE)

This will serve as evidence of agreement between _____, parent(s), guardian, or surrogate of _____ and the Local Education Agency (LEA), _____ for an Independent Educational Evaluation, paid for by the LEA, _____, as follows:

*Area(s) of Assessment: _____
Assessor Name: _____
Assessor Qualifications: _____

Assessor will be present at the IEP by telephone, virtual platform, or in person to share findings: ☐ Yes ☐ No

It is agreed that the area(s) of assessment are limited to those specified above. The Assessor meets minimum qualifications as specified in Yuba County SELPA guidelines, unless parent/LEA have agreed to an exception(s). Note exceptions here: _____

Assessment to be administered in _____ language.

The LEA agrees to pay all costs for the above assessments.

Parent/Guardian/Surrogate signature below indicates agreement for LEA to exchange with Assessor reports and other information from the student's educational file necessary to conduct the evaluation.

All parties agree that any services, materials, and/or equipment that may be recommended based on review of this IEE by the IEP team shall not be provided by the assessor and/or his/her agents.

Signatures:

_____ _____ _____
LEA Representative Title Date

_____ _____
Parent/Guardian/Surrogate Date

**Note: Complete one agreement per assessor.*

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Yuba County
Special Education Local Plan Area

Yuba County SELPA
AGREEMENT FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE)

Local Education Agency (LEA): _____
Street Address: _____
City: _____ State: _____ Zip: _____
LEA Case Manager: _____
Phone: _____ E-mail: _____

Student Name: _____
Grade: _____ D.O.B.: _____ Sex: ☐ Male ☐ Female ☐ Non-Binary

Parent/Guardian/Surrogate Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: Phone: _____ E-mail: _____

Assessor: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

ESTIMATED MAXIMUM COST: $ _____

Other Provisions/Attachments: _____

IEE Assessor	**Local Education Agency**
_____	_____
Name of Assessor	Name of Local Education Agency
_____	_____
Signature Date	Signature Date
_____	_____
Name and Title	Superintendent or Authorized Designee

GUIDELINES FOR OBSERVATIONS BY INDEPENDENT EDUCATIONAL ASSESSORS

Outside evaluators have the right to observe a student receiving special education services in his or her current placement or any placement proposed by the local education agency (LEA) *if* the public agency's assessment includes, or its assessment procedures permit, such an observation.

- The length of the observation and the location(s) of the observation will be agreed to consistent with LEA policies regarding observations and any observation by the assessor will be equivalent to what the LEA's assessors did or would be allowed to do.

- The independent educational assessors will notify the LEA Special Education Administrator of their request to schedule an observation in writing prior to the date of the observation.

- The LEA Special Education Administrator may coordinate with the school site administrator and independent educational assessors to determine a mutually agreeable time and place for the observation. Observations will be limited to one independent evaluator per day.

- The LEA Special Education Administrator may assign a district staff member to meet the independent assessor and accompany him/her during the observation.

- In order to protect the privacy of other students, there will be no videotaping or recording during observations. There will be no direct contact with students.

- If the independent assessor wishes to discuss the observation with district staff, advance notification of this request will be necessary, so that adequate coverage of students can be arranged.

Legal Authority

Federal Code and Regulations
20 U.S.C. §1415 (b)(1)
34 C.F.R. §300.502
34 C.F.R. §300.503
34 C.F.R. §300.502(b)(4)

California Education Code
§56320
§56327
§56326
§56345
§56506

Case Law and Other Guidance
Student v. Fullerton School District, OAH Case No. 2011061318
Student v. Bellflower Unified School District, OAH Case No. 2015020485
Student v. Goleta Unified School District, OAH Case No. 2014100277
Letter to Anonymous 56 IDELR 175 (OSEP 2010)
Letter to Parker 41 IDELR 155 (OSEP 2004)

STATE SELPA FORMS MANUAL

WRITING IEPS FOR EDUCATIONAL BENEFIT

January 2021(Updated July 2025)

This manual and accompanying IEP Forms were developed by members of the SELPA Administrators of California to address the legal requirements of IDEA, state law, and the State Performance Plan, as appropriate. This IEP is a recommended template to provide greater consistency for districts around California. This manual is considered general guidance and not a replacement/substitute for local policies and procedures. If you would like to provide input or find any errors on this document or state forms, please contact your SELPA Director in order for the item to be brought to the State SELPA Forms Committee for review.

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FORM 1 – INDIVIDUALIZED EDUCATION PROGRAM – INFORMATION/ELIGIBILITY

1. Student Legal Name: Enter the student last name and first name. This information should be taken from an official document (birth certificate, etc.). Do not use nicknames.

2. Date of Birth: Enter the exact birthdate. This information should be taken from an official document (birth certificate, etc.).

3. IEP Date: Enter date of the current plan review (annual) IEP,

4. Original SpEd Entry Date: Enter the date the student first received special education services, including IFSP (0-3 infant services). If the student entered the program, left, and then came back several times, use the date of the **first entry** to special education.

5. Next Plan Review IEP: Enter the next plan review IEP date that will be one year from the current plan review IEP.

6. Last Eval: Enter the date of the most recently completed comprehensive assessment to determine or re- determine eligibility for special education and related services (reevaluation or initial IEP date).

7. Next Eval: Enter the date when the next reevaluation is due.

8. Meeting Type: Select Meeting Type (must be one of three meeting types)
   - *Initial* is the IEP to determine eligibility after initial assessment.
   - *Plan Review* is the IEP meeting to be held within one year of prior IEP.(Annual)
   - *Reevaluation* is the IEP meeting to be held after reassessment (Triennial). This meeting may also include the Plan Review IEP Meeting.

   Additional Purpose of Meeting (If needed):
   - *Transition* means transition from infant to preschool, preschool to kindergarten, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
     - Transition also means for students who are 16 or older, or who will turn 16 when this IEP is in effect, the IEP team must address needed post-secondary transition services. These services must include the results of age appropriate transition assessments, measurable post-secondary goals related to training/education, employment and independent living skills (as appropriate) and describe the focus of the student's course of study.
   - *Pre-expulsion* means an IEP meeting that is being held as part of or following a manifestation determination.
   - *Interim* means if the child has an IEP and transfers into a district from another SELPA.
   - *Other*

9. Age: The student's age as of the IEP meeting date.

10. Gender: Enter Male, Female, or Non-binary

11. Grade: Enter the appropriate grade designation.

12. Native Language: This field was previously known as home language. This is the student's home language or birth language.

13. EL: Check if the student is an English learner or check if the student has been re-designated. (R-FEP)

    Whether or not the student is an English learner (EL), this definition includes non English proficient students as well. This refers to a student who's primary or home language is not English and who does

not have the clearly developed English language skills of comprehension, speaking, reading, and writing necessary to succeed in the school's regular educational program. The determination of which pupils are EL shall be made in accordance with the procedures specified in *EC* §*62002*.

14. Interpreter: Check if an interpreter is needed for the IEP meeting.

15. Student ID and SSID: The student ID number is automatically assigned through CALPADS. The SSID, formerly CSIS, is assigned by the State. Each student must have a SSID.

    All LEAs are responsible for obtaining and maintaining SSIDs for all K–12 public school students enrolled in the district. In addition to all K–12 students, this includes students enrolled in education programs administered through County Offices of Education, charter school students, and preschool-aged students receiving special education services. The district is also responsible for obtaining and maintaining the Statewide Student Identifier (SSID) for district students that are placed in nonpublic, nonsectarian schools (NPS).

16. Parent/Guardian Information: Enter the contact information for the parent/guardian. If the student resides in an out-of-home placement through a non-educational agency, put the parent contact information in the second contact area, if known.

17. District of Special Education Accountability: The District of Special Education Accountability (DSEA) for a student with in IEP is defined to be either of the following:

    - The District of GEOGRAPHIC residence, if any of the following conditions apply
        a. The student's parents or guardians reside in the same district in which the student is receiving special education instruction and related services
        b. The student is placed outside his/her district of geographic residence through the IEP process.

    OR

    - A district OTHER THAN the district of geographic residence, if any of the following conditions apply:
        a. The student has a formal inter-district transfer agreement under EC 63600. (The DSEA = the county/district code of the district to which the student has transferred.)
        b. The student attends a charter school. (The DSEA = the school code of the charter.)
        c. The student is a ward of the court and housed in a juvenile court, court/community school, or licensed children's institution. (The DSEA = the county/district code of the district or COE serving the student while the student is incarcerated or institutionalized.)
        d. The student is a ward of the court and housed in an adult correctional facility (e.g., a county jail.) (The DSEA = the county/district code of the district that was last responsible for the student's IEP.)

18. Residence School: Enter the child's neighborhood school.

19. Ethnicity & Race: Refer to the student enrollment data in the site/district MIS system. If this information is not in the site/district MIS system, the LEA is responsible for providing this information.

    Ethnicity: Is the student of Hispanic ethnicity? Mark Yes or No; or Ethnicity Intentionally Left Blank

    Regardless of ethnicity, complete race information. Race category is indicative of a biological descendant designation often, but not always, reflected in physical traits that distinguish it clearly from other races. Only up to four race categories can be listed.

Race Categories	
100-Native American:	A Native American is a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
201-Chinese:	A person having origins in any of the original peoples of China.
202-Japanese:	A person having origins in any of the original peoples of Japan.
203-Korean:	A person having origins in any of the original peoples of Korea.
204-Vietnamese:	A person having origins in any of the original peoples of Vietnam.
205-Asian Indian:	A person having origins in any of the original peoples of the Indian subcontinent.
206-Laotian:	A person having origins in any of the original peoples of Laos.
207-Cambodian:	A person having origins in any of the original peoples of Cambodia.
208-Hmong:	A person having origins in any of the original peoples of the mountainous regions of Vietnam, Laos, and Thailand.
299-Other Asian:	A person having origins in any of the original peoples of the other Asian countries not listed above, e.g., Thailand, Indonesia, and Tibet.
301-Hawaiian:	A person having origins in any of the original peoples of the Hawaiian islands.
302-Guamanian:	A person having origins in any of the original peoples of the island of Guam.
303-Samoan:	A person having origins in any of the original peoples of the Samoan islands.
304-Tahitian:	A person having origins in any of the original peoples of the Tahitian islands.
399-Other Pacific Islander:	A person having origins in any of the original peoples of the Polynesian, Micronesian or Melanesian islands except Hawaiian, Samoan, Guamanian or Tahitian islands. (Excludes the Philippine Islands.)
400-Filipino:	A person having origins in any of the original peoples of the Philippine Islands.
600-African-American:	A person having origins in any of the black racial groups of Africa.
700-White:	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, e.g., England, Egypt, Portugal, and Iran.
900-Intentionally Blank	

If a student does not fall into one of these race/ethnic categories, use a category that closely represents their race. If race and ethnicity fields are coded as 900- Intentionally Blank, the student will be multi-ethnic for Federal reporting purposes. If parents intentionally left race/ethnicity blank on enrollment data, the student will be considered multi-ethnic for Federal reporting purposes.

20. Disability: Mark primary disability with “P” and secondary disability with ”S”. The primary disability should be the one that has the most significant impact on the student’s ability to access the general education environment. Note: For funding purposes, low incidence disabilities marked as primary or secondary will generate low incidence funding.

    If team determines the student has a *Specific Learning Disability*, complete *Specific Learning Disability Team Determination of Eligibility*. Evaluation team members sign form as appropriate.

21. If the student is not eligible or no longer eligible for special education:
    - Document reason for decision and other options to address the student’s educational needs on *IEP Team Comments Page* (Form 7).
    - IEP team members sign as appropriate on (Form 6).
      If parent(s) do not agree that the child is not eligible for special education services, note their concerns, discuss options for resolving their concerns, and review *Notice of Procedural Safeguards.*

22. How Disability Affects Educational Performance: Write a statement that describes the disability and it's impact on school performance or participation in appropriate activities for preschool.

For Initial Placements Only (Ages 3 to 22 only – Do not include infant referral dates)

1. Has the Student Received Coordinated Early Intervening Services (CEIS) under the IDEA in the Past Two Years: Coordinated Early Intervening Services (CEIS) are coordinated interventions for students not currently identified as requiring special education who need additional academic and behavior support to succeed in a general education environment. This is required for districts that have been found to be significantly disproportionate by the CDE and optional for other districts. Districts can choose to use up to 15% of IDEA Local Assistance dollars for CEIS. Districts that are found to be significantly disproportionate by CDE must use 15% of IDEA Local Assistance dollars for CEIS. **NOTE: Do not confuse this with early intervention**.

   Coordinated early intervening services include educational and behavioral evaluations, services and supports including scientifically based literacy instruction. If the student received coordinated early intervening services (CEIS) during the past two years, check "yes". If you check "yes" then it is assumed that the district has moved 15% of their Federal Local Assistance (IDEA) funds to general education and that data is being collected on the students who have are receiving CEIS. Coordinated early intervening services are only required for districts who have been identified as *significantly disproportionate*. Otherwise, check no.

2. Date of Initial Referral for Special Education Services: Enter the date of the initial referral to assess and determine eligibility for education services (ages 3-22). Note: This date can change if a student is found eligible, then exits, and then is re-assessed and found eligible again.

3. Person Initiating the Referral: Select the person initiating the referral (Parent, Teacher, SST, Other School/District Personnel, Other).

4. Date District Received Parent Consent: Enter the date the district received parent signature/consent for initial evaluation.

5. Date of Initial Meeting to Determine Eligibility: Enter the date of IEP Team meeting to review initial evaluation and determine eligibility for special education.

Educational Benefit Reminder

- *Is all of the information complete and correct?*
- *How will the manager of the school MIS system be informed of any changes?*
- *Does the IEP clearly specify the child's disability(s)?*
- *Did the IEP Team identify how the child's disability affects his or her involvement and progress in the general curriculum or participation in appropriate activities for the preschool child?*
- *Is the purpose for the meeting identified and clearly defined?*
- *Are all dates accurate and complete?*
- *Is ethnicity and race properly identified, matches CALPADS and accurately completed?*

FORM 2 (PAGE 1) – INDIVIDUAL TRANSITION PLANNING (ITP)

This form must be completed in time to be in effect when the student reaches 16 years of age or sooner if appropriate or will reach 16 years of age before the next plan review review.

1. Student was invited: The student is to be invited on the meeting notification form. When the student is invited mark **YES** on the transition page. Keep the documentation of the meeting notification in the student's file.

2. Agency was invited: When appropriate support agencies need to be invited on the meeting notification, with the parent/guardian/student permission. If an agency is invited mark **YES**, when it is "not appropriate" mark **N/A**. You should never need to mark **NO**. Keep the documentation of the meeting notification in the student's file.

   IDEA 2004 requires that, "to the extent appropriate, with the consent of the parent or a child who has reached the age of majority,…the public agency must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services" (300.321 [b][3]).

3. How the Student Participated in the Process: Describe how the student participated in the process by choosing the best answer. Note: IEP teams may choose more than one option.

4. Age-appropriate transition assessments/instruments were used: Age-appropriate transition assessments/instruments are to be used and drive the individual transition planning portion of the IEP. When used mark YES. The next step is to record the transition assessment information/results used to identify the student's preferences and interests for transition planning as they relate to his/her post-secondary goals Assessment needs to be comprehensive NOT JUST Vocational. This information serves as Present Levels for the transition section of the IEP. The post-secondary goals are what the student plans on doing upon graduation/completing school. The gap between the results of the transition assessment and the student's interests is the basis for the post-secondary goals.

   Describe what the student is interested in and wants to pursue in areas of education, career and living based on the information you get from the transition assessments. Be sure this is documented on Form 1A.

   Transition assessment is the ***ongoing*** **process** of collecting data on the individual's needs, preferences, and interests as they relate to the demands of current and future work, education, independent living, and social environments. Age appropriate assessment based on the student's chronological age may need to be adapted for some students so that meaningful data are obtained.

   Presence of the following information, as appropriate, in the student's file and a clear link of such information to the student's postsecondary goal(s) would meet the requirements of age appropriate transition assessment.
   - State mandated test scores gathered during high school
   - Quarterly or semester grades or progress notes throughout high school
   - Current psychological assessment data indicating areas of strength and weakness, while documenting the presence of a diagnosed disability
   - College entrance exam scores, if applying to 4-year colleges
   - Informal interviews with students
   - Interest inventories or questionnaires
   - Career interest inventory and/or career skill inventory
   - An adaptive behavior scale (with a student self-assessment component included)
   - Teacher/ employer observations of school or community-based work experiences
   - Various student self-assessments.

Best practices would also include assessment information (a) provided by multiple people, (b) regarding student performance in multiple environments, (c) based on naturally occurring experiences, (c) that is understandable, and (d) that was gathered through instruments and methods sensitive to cultural diversity.

5. Student's Postsecondary Goals:
The student's IEP must include appropriate measurable postsecondary goal or goals that cover education or training, employment, and, if appropriate, independent living.

Postsecondary goals refer to those goals that a student hopes to achieve ***after*** exiting high school. A postsecondary goal is not the process of pursuing or moving toward a desired outcome, but the identification of what the desired outcome will be.

EXAMPLES

Education/Training:
- *Upon completion of school, I will join the Army.*
- *Upon completion of school, I will enroll in the local Community College.*
- *Upon completion of school, I will learn independent living skills from the Regional Center.*

Employment:
- *Upon completion of school, I will work as a mechanic.*
- *Upon completion of school, I will work as a teacher.*
- *Upon completion of school, I will work at the Opportunity Center.*
- *Upon completion of school, I will work in competitive employment.*
- *Upon completion of school, I will work in supported employment.*

Independent Living
- *Upon completion of school, I will live on my own.*
- *Upon completion of school, I will live with friends in a home or apartment.*
- *Upon completion of school, I will live on my own with help from my family.*

Make sure the post-secondary goal is linked to an plan review goal that will support the skills needed to reach the students post-secondary goals.

Person/agency responsible: Put in the student's name and then whoever else will also be responsible.

Updated Annually: There must be documentation that the postsecondary goals in the IEP are for the current year and have been updated according to the student's changing strengths, preferences and interests.

6. Transition Services Codes: Choose an appropriate Transition Service Code that will be used to support the student's post-secondary goal. Descriptions of services can be found on the Services- Offer of FAPE form.

Transition services are a coordinated set of activities for a student with a disability that:
- Is designed to be within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education; vocational education; integrated employment (including supported employment); continuing and adult education; adult services; independent living or community participation
- Is based on the individual child's needs, taking into account their strengths, preferences, and interests;

- Includes *instruction*, *related services*, *community experiences*, the development of *employment and other post-school adult living objectives* and, when appropriate, acquisition of *daily living skills* and *functional vocational evaluation*.

7. Related Services/DIS as Appropriate: Include any related services the student may need based on their disability that will help the student achieve his/her post-secondary goals. (ex. Speech and Language, Deaf and Hard of Hearing services, Orientation and Mobility Transportation, Career Counseling, etc.). Descriptions of services can be found on the Services- Offer of FAPE form.

8. Activities to Support Post Secondary Goal: Identify different activities that will be employed to help the student achieve his/her post-secondary goals. (Ex. career research paper, college application, job applications, resume writing, self-help unit on cooking, Workability training etc.)

9. Community Experiences as Appropriate: Identify any activities in the community in which the student will be participating in the community. (Ex. Job shadowing, community-based instruction, service learning, community service, youth group, scouts, and ballet)

FORM 2 (PAGE 2) – INDIVIDUAL TRANSITION PLANNING (ITP)

1. Course of Study: Courses of study are defined as a multi-year description of coursework that explicitly connect to the student's desired post-school goals, from the students' current to anticipated exit year. Transcripts are not considered a course of study unless they also contain the list of future required courses to be completed by the student. Include a sentence as to how the completion of the student's course of study and diploma or certificate of completion will increase the student's ability to achieve his or her post-secondary goals. Here are options for conveying this information:

The chart below reflects the generic courses with commonly used course titles

Grade 9	Grade 10	Grade 11	Grade 12
English I Social Science (personal growth, geography) Math (Algebra I) Science (Biology) PE Elective	English II Social Science (History) Math (Intermediary Algebra) Science (Physical Science) PE Elective	English III Social Science (American Government) Math (Geometry) Science (Chemistry) Elective Elective	English IV Social Science (Economics) Elective Elective Elective Elective

- Electives are defined as Foreign Language (a language that is not English), Visual/Performing Arts, and Career-Technical Education classes and Regional Occupation Programs/Classes.
- The course of study may also include extracurricular activities that relate to post-secondary goals (yearbook, school newspaper, athletics, student leadership organizations (Future Farmers of America, Future Business Leaders of America, Key Clubs, etc.)

The school transcript suffices for meeting this expectation only if it includes the multi-year course of study. If it only lists the current or past years' classes, grades and credits, it is insufficient for meeting this requirement.

A sample course of study for a certificate bound student may include:

Functional Academics	Domestic Domain	Community Domain	Vocational Domain
● Math ● English Language Arts ● Listening & Speaking	● Grooming & Hygiene ● Personal Safety ● Life Skills	● Social Behavior ● Community Resources ● Recreation and Leisure ● Communication Skills	● Career Exploration ● Work Related Training ● Future Living, Working

Diploma: Attach a form with all diploma coursework presently being completed and all required future coursework that needs to be completed. Be sure to include the names of the specific electives that are being taken and will be taken.

2. Alternative Pathway to a Diploma: Mark "yes" or "no." If "yes" is marked, it indicates that the student will pursue a diploma per Ed.Code 51225.31 because they are 1) eligible to participate in the California Alternative Assessment AND 2) They are enrolled in coursework aligned with the state standards.

3. Units/Credits: Update the units/credits the student has completed up to this meeting and then the units/credits the student still has to complete or has pending for a diploma/certificate including what the student will take in the next IEP cycle.

4. Course of Study leads to: The IEP Team indicates by checking which option - a Certificate of Completion or a Diploma – will the courses the student is currently enrolled in lead to a certificate of completion or a diploma.

5. Age of Majority: On or before the student's 17th birthday, the teacher is to explain that he and/or she will assume all special education rights and protections upon turning 18 (unless a conservator has been

appointed by the court). Review the *Notice of Procedural Safeguards* with the student. Have the student and parent sign this section.

6. Conservatorship: Identify if the student is conserved for educational decision-making purposes.

Educational Benefit Reminder

- *Is there an appropriate measurable post-secondary goal or goals that covers education or training, employment, and as needed, independent living?*
- *Are the post-secondary goals updated annually?*
- *Are the post-secondary goals based on age appropriate transition assessments?*
- *Are there transition services in the IEP that will reasonably enable the student to meet his/her post-secondary goals?*
- *Does the course of study reasonably enable the student to meet their post-secondary goals?*
- *Is there a plan review (annual)IEP goal related to the student's transition services needs?*
- *Was the student invited and involved in their transition planning?*
- *Was a representative of any participating agency invited to the IEP Team meeting with prior consent from parent, guardian, or student?*

FORM 3 – PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Except for the Concerns of the Parent, a draft of this portion of the IEP may be prepared prior to the meeting. Each section should be discussed at the meeting and changes made as appropriate based on input by members of the IEP team.

1. Strengths, Preferences, and Interests: Provide information on student's relative areas of strength in academic areas including non-academic school activities. Provide information about the student's learning preferences and interests.

2. Parent Input and Concerns Relevant to Educational Progress: This information should be discussed at the IEP Team meeting. Ask the parents for concerns about their child's educational performance. Follow-up with parent and document any concerns related to student's educational needs, goals, and/or services.

3. Test Scores: Scores reflecting the student's performance on state, district wide and other assessments may be gathered prior to the meeting. Document and review results of the prior year's assessment results including any of the following that apply:
   - Smarter Balanced Assessment Consortium (SBAC) for English/Language Arts Overall and for Reading and Listening and Writing and Research, Mathematics overall and for Concepts and Procedures and Mathematical PracticesCalifornia Alternate Assessment (CAA)
   - English Language Development Test (EL Students)
   - Physical Fitness Test (Grades 5, 7, & 9)
   - Other Assessment Data, including results of district wide and/or individually administered assessments. For preschoolers/TK/ and K students who won't turn 6 during the school year include DRDP *2015.*
   - Hearing and Vision Screening: Enter date and if the student passed or failed the hearing and vision screening. Note the reason for "other", such as parent exemption.
     Notes:
     - Hearing and vision screening results must be within a year of any assessment administered as part of the student's determination for eligibility.
     - Staff must ensure that student passed his/her vision and hearing screenings prior to administering tests to ensure validity and reliability of test results.
     - Student being considered for eligibility under visual impairment, hearing impairment, deafness, blindness, and/or deafness-blindness will not pass vision and/or hearing screenings.

4. Pre-academic/Academic/Functional Skills: Summarize Pre-academic/Academic/ Functional skills, including the student's performance in the classroom, levels of mastery of the California content standards, progress in the curriculum, etc. Pre-academic and functional skills should address the student's development of readiness concepts for continued academic progress in the general education curriculum, as appropriate. Include classroom performance in all academic areas.

5. Communication: For the students with identified areas of need in communication, describe the student's articulation, voice, fluency, and language needs. If this is not an area of concern, *provide a brief and/or general information about the student's overall functioning in this area. Ex. Based on data (i.e., work samples, observation, parent report, teacher report, SST records, district/statewide assessments, etc.), this is not an area of concern.*

6. Gross/Fine Motor Development: For a student, who has been identified with motor development concerns, describe his or her specific skills and/or needs. If this is not an area of concern, *provide a brief and/or general information about the student's overall functioning in this area. Ex. Based on data (i.e., work samples, observation, parent report, teacher report, SST records, district/statewide assessments, etc.), this is not an area of concern.*

7. Social/Emotional/Behavioral Development: Describe the student's social/emotional/ behavioral strengths and needs. If this is not an area of concern, *provide a brief and/or general information about the student's overall functioning in this area. Ex. Based on data (i.e., work samples, observation, parent report, teacher report, SST records, district/statewide assessments, etc.), this is not an area of concern.*

8. Vocational: Include strengths, interests, and needs related to pre-vocational/ vocational skills. Address traits, such as work habits, initiative, completion of classroom or school site jobs, etc.

9. Adaptive/Daily Living Skills: For those students with needs in self-help, specify skills such as dressing, toileting, feeding, etc. If this is not an area of concern, *provide a brief and/or general information about the student's overall functioning in this area. Ex. Based on data (i.e., work samples, observation, parent report, teacher report, SST records, district/statewide assessments, etc.), this is not an area of concern.*

10. Health: Describe pertinent medical information that relates to the student's educational progress. If this is not an area of concern, *provide a brief and/or general information about the student's overall functioning in this area. Ex. Based on data (i.e., work samples, observation, parent report, teacher report, SST records, district/statewide assessments, etc.), this is not an area of concern.* Indicate whether or not the student has an Individual Health Plan by checking yes or no.

11. Area/s of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. Note: There must be a corresponding goal for every identified area of need.

Educational Benefit Reminder

- *Are the student's strengths, preferences, and interests clearly identified?*
- *Are the concerns of the parent identified?*
- *Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed including documentation of "no concerns noted at this time?*
- *Does this clearly reflect the student's performance in the educational setting?*
- *Do the Present Levels of Academic Achievement and Functional Performance reflect all needs identified in the assessments?*

FORM 4 – SPECIAL FACTORS

1. Assistive Technology: Does the student require assistive technology devices and services or low incidence services, equipment and materials to meet educational goals and objectives? Check yes or no. If yes, specify the type of devices, services, equipment, and/or materials needed.

2. Low Incidence: *This applies only to the students with the following eligibility categories: DB, VI, OI, HH, and Deaf.* Low incidence equipment is indicated only if it is required to meet specific educational needs. Check yes or no. If yes, specify.
   Note: Best practice – assistive technology should be addressed in the Supplemental Aids and Services section and/or in a goal.

3. Blindness or Visual Impairment: Is the student blind or visually impaired? If the student is visually impaired, indicate whether instruction in Braille will be provided, and if not, why? If the student will not be using Braille he/she may use large print text or other modified input.

4. Deaf or Hard of Hearing: If the student is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the student's language and communication mode. If the student is not deaf or hard of hearing, indicate "N/A".

5. English Learner: If the student is an English Learner complete the sections listed below.
   a. Will the student need primary language instruction? If yes, indicate how this support will be provided.

      Most students that are functioning in the intermediate range or below in their English language acquisition will need *Primary Language Support.* This is not bilingual education. This is support provided to assist the student in accessing their education. For example, if a student would benefit from the use of a bilingual dictionary or thesaurus to complete tests, preview/review, if a student needs the directions to learning a new math concept provided in their language (written or by an interpreter), etc.

      Examples of providing primary language support would be to preview/review or directions on tests or assignments in native language Examples of primary language support would be:
      - Translation of test or assignment directions in native language by an interpreter or use of a bilingual dictionary (talking or written)
      - Translation of a new math concept in the native language by an interpreter or bilingual dictionary (talking or written)

      Be sure to state how it will be provided.

   b. Indicate where the ELD services will be provided to the student. General Education or Special Education

      This refers to the required English Language Development (ELD) services that all English learners are required to receive (sometimes this is integrated in the context of a general education class and sometimes it is a pull out non SPED but general education service; however, it must be targeted to the student's ELD levels and needs). The IEP team may determine if the ELD daily service is going to be provided in a pull-out special education setting or within the general education setting (pull-out of integrated in class). Typically, most students with disabilities that are EL should receive their services in the general education setting. ELD is not a special education service.

   c. The student will participate in the following type of program:

Structured English Immersion refers to a setting where the student that is an English learner is immersed in all English throughout most of the day. It is one program option.

An *Alternative Program* is one that involves some level or amount of bilingual instruction (a dual immersion type of a program where the student is instructed a certain percentage in English and a percentage in another language/native language, or a full bilingual program where the student is instructed primarily only in another language/native language).

If selected, provide a description of the Alternative Program.

If applicable, provide any additional comments related to the student's English Language Development (ELD)

6. Behavior: Does the student's behavior impede learning? Check yes or no. If yes, describe how the behavior impedes learning. Specify positive behavior interventions, strategies, and supports to address the behaviors. Check if there is a Behavior Intervention Plan and attach a copy to the IEP. If there is a behavior goal, check the appropriate box to indicate a goal is included in the IEP to address the student's behavior.

FORM 5 – STATEWIDE ASSESSMENTS

Participation in the California Assessment of Student Performance and Progress (CAASPP): Indicate how the student will participate in CAASPP:

English Language Arts (3rd – 8th grade; 11th grade)

- Choose "out of testing range" if the student is not between 3rd and 8th grade or 11th grade
- Smarter Balance Assessment Consortium (SBAC)
  - The IEP team determines if the student needs allowable designated supports and/or accommodations.
  - If the student does not need designated supports or accommodations, choose "SBAC without Designated Supports or Accommodations"
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- Alternate Assessment
  - Indicate participation in the alternate assessment if the student meets the criteria for taking the alternate assessment.
  - If the student does not need designated supports or accommodations, choose "Alternate Assessment without Designated Supports or Accommodations"
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.

Mathematics (3rd – 8th grade; 11th grade)

- Choose "out of testing range" if the student is not between 3rd and 8th grade or 11th grade
- Smarter Balance Assessment Consortium (SBAC)
  - The IEP team determines if the student needs allowable designated supports and/or accommodations.
  - If the student does not need designated supports or accommodations, choose "SBAC without Designated Supports or Accommodations"
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- Alternate Assessment
  - Indicate participation in the alternate assessment if the student meets the criteria for taking the alternate assessment.
  - If the student does not need designated supports or accommodations, choose "Alternate Assessment without Designated Supports or Accommodations."
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.

Science (5th, 8th and high school only)

- Choose "out of testing range" if the student is not in 5th, 8th or high school.
- California Science Test (CAST)
  - If the student does not need designated supports or accommodations, choose "CAST without Designated Supports or Accommodations"
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate supports and/or accommodations.

- If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.
- If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.

- Alternate Assessment
  - Indicate participation in the alternate assessment if the student meets the criteria for taking the alternate assessment.
  - If the student does not need designated supports or accommodations, choose "Alternate Assessment without Designated Supports or Accommodations"
  - If the student needs designated supports and/or accommodations, choose the correct boxes and indicate the appropriate embedded or non-embedded items.
  - If Accessibility Support is needed for the student, approval must be obtained from CDE. Note: Contact the district or test site CAASPP coordinator to complete and submit the appropriate form to CDE.

For students taking the Alternate Assessment, the IEP team must review the criteria for taking alternate assessments and check the corresponding box in the IEP document. The team must document the reason why the student is not participating in the SBAC and why participation in alternate assessment is appropriate.

Physical Fitness Test (5th, 7th, & 9th grades only):
- Specify if the student will be taking the Physical Fitness Test with accommodations or modifications.

Other Statewide or District-wide Assessments/Alternate Assessments
- Specify the name of any assessment and accommodations or modifications the student may need to participate in Other State/District-Wide Assessments/Alternative Assessments.

Desired Results Developmental Profile (Ages 3-5 Years)
- If the child will take DRDP, indicate the appropriate adaptations that will allow the student to be accurately assessed in his or her typical environment.

ELPAC
- For each area, indicate if the student will be tested with or without Designated Support or Accommodations. Additionally, indicate if the student requires non-embedded accommodations and/or unlisted resources (requires CDE approval).

Alternate Assessment to ELPAC
- Document the specific area/s for assessment and specify the name of the alternative assessment being used.

Standards Based Test in Spanish (STS)
- For each area, indicate if the student will be tested with or without designated supports or accommodations. Specify designated supports and accommodations for each area tested.

Educational Benefit Reminder

- *Has the IEP Team addressed all the special considerations the student may require?*
- *Does the student demonstrate behavior(s) that impede learning, and if so, how will positive interventions, strategies, and supports be provided?*
- *Does the IEP Team agree on the areas of need to be addressed in goals as identified in the Present Levels of Academic Achievement and Functional Performance and in Special Factors?*
- *Is participation on state and district wide assessments, including accommodations and modifications, in accordance with state guidelines?*
- *Are alternate assessment(s), including the reasons, clearly noted and described?*
- *If a student requires any waivers or exemptions to the CAHSEE, is this clearly documented?*

6A – ANNUAL GOALS

IEP Form 6B is required for students who take the statewide alternate assessment. These students require annual goals AND objectives. Best practice would be to use Form 6B for any students who are working on pre-academic or functional skills.

1. Areas of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. Reminder: There must be a corresponding goal for every identified area of need.

2. Baseline: Specify the student's baseline performance. The baseline should describe the child's current performance on the skills identified in the goal. The baseline should be a quantifiable description of classroom performance in the specified area. (i.e., reads 20 sight words, writes a simple paragraph of 2-4 sentences, etc.)

3. Measurable Annual Goal #: Enter the number of the annual goal.

4. Standard: First consider standards at the student's chronological grade level. Also consider pre-requisite skills, levels of the cognitive domain, accommodations, modifications, and assistive technology.

5. Annual Goal: Annual goals must be measurable and relate to the baseline data. Goals must include:
   - **WHO – Student**
   - **DOES WHAT - Observable Behavior –** describes what the student will do to complete goal or objective/benchmark: *When given a choice of an activity, "Student" will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
   - **WHEN – By Reporting Date**
   - **GIVEN WHAT - Conditions –** describes the "givens" that will need to be in place for the goal or objective/benchmark to be completed. *When given a choice of an activity, "Student" will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
   - **HOW MUCH - Mastery** – describes the performance accuracy of the behavior needed for the goal and objective/benchmark to be considered mastered. *When given a choice of an activity, "Student" will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
   - **HOW MUCH - Criteria –** describes how many times the behavior must be observed for the goal or objective/benchmark to be considered completed. *When given a choice of an activity, "Student" will point and label the item/activity following no more than one (1) prompt on 3/5 trials 100% of the time as measured by teacher recorded data.*
   - **HOW WILL IT BE MEASURED – Performance Data**

6. Enables the student to be Involved and Progress in the General Curriculum: Select if student is working on the goal written to California content standards.

7. Addressed other Educational Needs Resulting from Disability: Select if the student is working on other educational needs (i.e., behavior, social skills, self-help, etc.).

8. Linguistically Appropriate Goals: To be linguistically appropriate, the goals should align to the student's assessed level on the ELPAC (if appropriate) and the CDE English Language Standards.

9. Secondary Transition Goal: If the goal is related to secondary transition, check the box and then check the appropriate area: Education/Training, Employment, or Independent Living.

10. Progress Reports: Document the date and the summary of the progress.

Educational Benefit Reminder

- *Are there goals and objectives/benchmarks (if appropriate) for each area of need and vice versa?*
- *Are the goals and objectives/benchmarks measurable?*
- *Do the goals and objectives/benchmarks enable the student to be involved/progress in the curriculum?*
- *Are all other educational needs resulting from the disability addressed?*
- *If the student is an English Learner, are the goals and objective/benchmarks linguistically appropriate?*
- *Is the person(s) identified who is primarily responsible for implementing the goals and objectives/benchmarks, and monitoring progress?*

IEP FORM 6B – ANNUAL GOALS AND OBJECTIVES/BENCHMARKS

Use IEP Form 6A for students who are not taking statewide alternate assessment. Objectives or benchmarks are no longer required for students who are accessing the general curriculum. Draft goals (and objectives or benchmarks, if required) may be developed prior to the meeting and reviewed with the team for changes. Annual goals must be measurable, and at least one annual goal must be written for each area of identified need.

Follow the directions for Form 6A above and include measurable objectives for each goal. Objectives are sub skills leading towards goal mastery (i.e. multiply 2 digits by 3 digits; analyze word problem to identify data needed to determine area of a rectangle).

FORM 7A – SERVICES OFFER OF FAPE

Special education and related services are determined at the IEP meeting only after goals and if appropriate objectives / benchmarks have been finalized. Placement decisions must be made in conformity with the least restrictive environment (LRE) provisions. These provisions direct that to the maximum extent appropriate, students with disabilities be educated with typically developing peers, and that special classes, separate schooling or other removal of students from the general education environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. The placement must be made in the school that the student would attend if the student did not have a disability unless unique circumstances prevent this placement. Special education and related services and supplementary aids and services should be based on peer-reviewed research to the extent practicable.

1. Service Delivery Options Considered: Discuss and document service delivery options considered. The team must first consider placement in the general education classroom with supports prior to recommending a more restrictive setting all or part of the day.

   Follow the continuum of services below as a guide to determining LRE:
   - General Education Class
   - General Education Class – Supplemental aids or services
   - General Education Class – Some direct instruction by special education staff. Less than 21% of time out of the classroom for special education services.
   - General Education Class – 21% to 60% of instructional day in a separate classroom.
   - Some/or no instruction in General Education Class – 60% or more of the instructional day in a separate classroom (intensive services).
   - Special day school – Separate facility (public or nonpublic) with no general education students on campus.
   - Residential School.
   - Hospital Program.
   - Home Instruction.

2. Describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs
   Discuss and document potential harmful effects of the identified placement. Potential harmful effects for the IEP team to consider may include, but not limited, to the following:
   - decreased access to the instructional opportunities available in integrated settings
   - decreased access to instructional opportunities with typical peers
   - decreased opportunities for appropriate social interactions with typically developing peers
   - potential negative impact to student's self-esteem
   - limited access to peers in the home community since placement is not located at the student's school of residence

3. Supplementary Aids, Services and Other Supports for Student and/or School Personnel:
   Delineate the specific supplementary aids and services and/or supports offered for the student and offered for school personnel

   Program Accommodations:
   - Discuss and document the student's need for program accommodations.
   - If the student needs program accommodations, specify accommodations and indicate start and end dates and location.

   Accommodations ***do not*** fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria

Program Modifications:

- Discuss and document the student's need for program modifications.
- If the student needs program modifications, specify modifications and indicate start and end dates, frequency, duration, and location.

Modifications fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.

Supports for School Personnel:

- Discuss and document the need for supports for school personnel.
- If supports for school personnel are necessary, specify supports and indicate if the supports are for the student of school personnel. Indicate start and end dates, frequency, duration, and location.

4. Special Education and Related Services: The team needs to determine the special education and related services that will provide educational benefit and facilitate progress on the goals for the student (e.g. specialized academic instruction, health and nursing, language and speech, etc.). Identify the type of service. Indicate if the service will be individual or group**.** NOTE: Specialized Academic Instruction (SAI) is the core special education service that most students receive. The duration and frequency for SAI is based on the amount of time the Special Education Specialist/Full Inclusion Specialist is adapting curriculum and/or working with the student. SAI is not based on the amount of time a general education teacher may spend adapting curriculum for a student. SAI is a service not a location. If the service is to support secondary transition, check the secondary transition box. See CALPADS codes below:

Specialized Instruction

330	Specialized academic instruction	Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (RSP- school based, RSP, SDC inclusion services, SDC-public integrated, SDC- public segregated, SDC-non-public school.)
340	Intensive individual instruction	IEP Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. Such as the use of an one-on-one instructional assistant.
350	Individual & small group instruction	Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program. (FOR PRESCHOOL ONLY)

Related Services

415	Language and Speech	Includes receptive and expressive language, articulation, voice, and fluency.
425	Adapted physical education	Direct physical education services provided by an APE.
435	Health & nursing – specialized physical health care services	Specialized physical health care services means those health services prescribed by the child's licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.

436	Health & nursing – other services	This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems, which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.
445	Assistive technology services	Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.
450	Occupational therapy	OT includes services to improve student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.
460	Physical therapy	Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.
510	Individual counseling	One-to-one counseling, provided by a qualified individual pursuant to an IEP.
515	Counseling & guidance	Counseling in a group setting, provided by a qualified individual pursuant to an IEP.
520	Parent counseling	Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs.
525	Social work services	Includes services provided pursuant to an IEP by a qualified individual.
530	Psychological services	These services provided by a credentialed or licensed psychologist pursuant to an IEP.
535	Behavior intervention services	A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the LRE.
540	Day treatment services	Structured education, training and support services to address the student's mental health needs.
545	Residential treatment services	A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program. Note: Mark residential services as "Daily" in "Frequency" and 1,440 minutes under "Duration" as the service is by its nature provided 24/7. Any other mental health service received (i.e. counseling, behavioral intervention, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service.

Coding for Residential Placements
When students are placed in residential placements by the IEP team it is critical that the IEP reflect this type of placement. Refer to example below:

IEP/CALPADS Field	Code	Description
Primary Residence	230	Residential School/Dormitory
Special Education Program Setting	301	Residential Facility
Service/s	330	Specialized Academic Instruction
	540	Day Treatment Services
	545	Residential Treatment Services
	865	Case Management
		Other Related Services as appropriate
Provider	100	District of Service (or)
	410	Nonpublic school (NPS) under contract with SELPA or district
Service Location	360	Residential Facility (or)
	550	Public Residential School

Low Incidence Services

610	Specialized services for low incidence disabilities	Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.
710	Specialized deaf and hard of hearing services	These services include speech therapy, speech reading, auditory training, and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.
715	Interpreter services	Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.
720	Audiological services	These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.
725	Specialized vision services	This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.
730	Orientation and mobility	Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an IEP.

735	Braille transcription	Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.
740	Specialized orthopedic services	Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.
745	Reader Services	
750	Note taking services	Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape- recorded information from a class, or aide designated to take notes.
755	Transcription Services	Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.
760	Recreation Services	Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

Transition Services

820	College Awareness Preparation	College awareness is the result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid.
830	Vocational assessment, counseling, guidance, and career assessment	Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions.
840	Career awareness	Transition services include a provision for in self-advocacy, career planning, and career guidance.
850	Work experience education	Work experience education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.
855	Job Coaching	Job coaching is a service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled and trained on the job that can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance.

860	Mentoring	Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction of informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.
865	Agency linkages (referral and placement)	Service coordination and case management that facilitates the linkage of individualized education programs.
870	Travel Training (includes mobility training)	Orientation and mobility services means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community.
890	Other transition services	These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and post-secondary agencies. (Note: This code should be used with caution and only when appropriate)
900	Other Special Education/ Related Services	Any other specialized service required for a student with a disability to receive educational benefit. (Note: Review all other service codes and contact the SELPA before using this code.)

5. Start and End Date: This will often be the same start/end dates for the primary service on the IEP.

6. Provider: Indicate the provider of special education and/or related services. These codes are used to indicate the student's services' provider.

Code	Service Provider
100	District of service
110	County office of education
120	SELPA
130	Another district, county, or SELPA
200	WorkAbility
210	Transition Partnership Program (TPP) Check if this is ok.
220	Regional Center
230	Alcohol and drug prevention programs
240	Child development funded program
250	Head Start
300	California Department of Mental Health (DMH)
310	California Children's Services (CCS)
320	California Department of Social Services (DSS)
330	California Department of Rehabilitation (DOR)
340	Employment Development Department (EDD)
400	Nonpublic agency (NPA) under contract with SELPA or district
410	Nonpublic school (NPS) under contract with SELPA or district
500	Other public program
600	Other private program

7. Frequency: Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.

8. Duration: Indicate duration of service and the number of times per frequency.

9. Location: Select the location of where the service is provided to the student from the following:

Code	Service Location
210	Home, instruction based on IEP team determination (not medical)
220	Hospital
310	Head Start program
320	Child development or child care facility
330	Public preschool
340	Private preschool
350	Extended day care
360	Residential facility

Code	Service Location
510	Regular classroom/public day school - Includes students who are fully included in general education classrooms. Also includes students who are seen under a “push in” model in the general education classroom and students who receive DIS services in the general education classroom. Additionally, students who receive services in a setting that includes other students with special needs are included here if there are general education students who are “reverse mainstream” students in that class for that portion of the day.
520	Separate classroom in public integrated facility - Includes students receiving special education “pullout” services, including RSP and DIS, or in a “special day class” model,” etc.
530	State Special School
540	Separate school or Special Education Center or facility
550	Public residential school
560	Other public school or facility
570	Charter school (operated by an LEA/district)
580	Charter school (operated as an LEA/district)
610	Continuation school
620	Alternative work education center/work study facility
630	Juvenile court school
640	Community school
650	Correctional institution or facility
710	Community college
720	Adult education facility
810	Nonpublic day school
820	Nonpublic residential school, in California
830	Nonpublic residential school, outside California
840	Private day school (not certified by Special Education Division)
850	Private residential school (not certified by Special Education Division)
860	Parochial school
890	Service provider location
900	Any other location or setting

10. Transportation: Check “No” if the IEP team determines that the student does not need special education transportation. Check “Yes” if the student will require special education transportation and specify the type of transportation (e.g. door to door, wheel chair bus, etc.). Contact your Special Education Department to obtain information and clarification on transportation as a related service for students with disabilities.

11. Extended School Year (ESY): Discuss if the student needs ESY to receive FAPE. Check yes or no. If yes, specify in the grid the services the student will receive, the start and end date, provider, frequency, duration, and location. An explicitly defined rationale must be included in determining whether a student does or does not need ESY. Attaching the ESY form provides this rationale. If the ESY form is not attached a written description must be contained in the text box following "Rationale".

    Note: *ESY shall be provided to a student with a disability who the IEP deems requires special education and related services in excess of the regular academic year. Such students shall have disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability.* (5 CCR 3043)

Educational Benefit Reminder

- *Was the determination of the appropriate supplementary aids and services, and special education and related services completed after the goals were finalized?*
- *Are the appropriate services identified to support progress toward all goals including: progress in the general curriculum, participation in extracurricular activities, and other nonacademic activities?*
- *Are the special education, related services, and supplementary aids and services based on peer-reviewed research to the extent practicable?*
- *Are the start/end dates, provider, frequency, duration, and location specified for supplementary aids and services as well as special education and related services?*

FORM 7B – EDUCATIONAL SETTING
OFFER OF FAPE

1. Physical Education: Check the type of physical education, if applicable.
   - General Physical Education: Movement activities are provided by the general PE teacher and may include accommodations, adaptations, or modifications, which are made by the general PE teacher.
   - Specially Designed Physical Education: Physical education programming, for a special education class, that requires minimal or limited adaptations, accommodations, or modifications, and is taught by the person, general or special educator, who normally teaches physical education for this population.

   Note: Adapted physical education is a physical education program for children with disabilities who have needs that cannot be solely met in general or specially designed physical education. APE must be indicated on the special education and related services section of the IEP.

2. District of Service: Specify district providing the majority of services to the student.

3. School of Attendance: This is the school where the student is enrolled.

4. All Special Education Services Provided at Student's School of Residence: Check yes or no to the question "all special education services provided at the student's school of residence." If the team determines "no," rationale must be documented.

5. Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn): Indicate the type of school setting the student attends. If the student is currently enrolled in TK/Kgn but will not turn 5 until after the next CALPADS Census Day (first Wednesday of October), this category must be completed. *If the student is dually or concurrently enrolled in general education and a special education program for an equal amount of time, consider the student as being in a regular early childhood or kindergarten program.* If IEP team is prepared to project an additional Preschool Program Setting, click yes on form.

Code	Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn)
200	Home: For infants ages 0-35 months old, early intervention services are provided primarily in the principal residence of the child's family or caregivers. For children ages 3-5 years old, this is the setting when children receive all special education and related services in the principal residence of the child's family or caregivers. This code value is not applicable to students age 5 and above in TK/Kgn).
201	Regular Early Childhood Program or Kindergarten: The majority of special education services are provided in a regular early childhood or kindergarten program. This code value is only applicable to children ages 3-5 years old in preschool and 4 years old in TK/Kgn. Early childhood programs include, but are not limited to: • Head Start • Kindergarten • Reverse mainstream classrooms • Private preschools • Preschool classes offered to an eligible pre-kindergarten population by the public school system • Group childcare
203	Separate Class: This code value is only applicable to children ages 3-5 years old in preschool and 4 year old in TK/Kgn. In this setting, the student attends a special education program in a class with less than 50% nondisabled children.

Code	Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn)
204	Service Provider Location: This code value is only applicable to children ages 3-5 years old in preschool and 4 year old in TK/Kgn. This is the setting when children receive all special education and related services from a service provider, and child did not attend an early childhood program or special education program provided in a separate class, separate school, or residential facility. For example, speech instruction provided in: • Private clinician's office • Clinician's offices located in school buildings • Hospital facilities on an outpatient basis • Libraries and other public locations
300	Separate School: This is a placement setting where children receive all special education programs in public or private day schools designed specifically for children with disabilities.
301	Residential Facility: This is where children receive all special education and related services in publicly or privately-operated residential schools or residential medical facilities on an inpatient basis.

6. (Note: Answer two items below for students ages 3-5 in preschool and 4 year old in TK/Kgn only if the Preschool Program Setting is 201- Regular Early childhood Program or Kindergarten setting)
The location where the student receives the majority of their special education services:
Same as above or Different from above
Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater?
Yes or No

7. Program Setting (TK/Kgn or greater and age 5-22): Indicate the type of school setting the student attends. If the student turns 5 on or before the next CALPADS Census Day (first Wednesday of October) and attends or will attend TK/Kgn or greater prior to the next CALPADS Census Day, this category must be completed. If IEP team is prepared to project an additional Program Setting, click yes on form.

Code	Program Setting (TK/Kgn or greater and age 5-22)
300	Separate School: This is a setting where children receive all special education and related services in educational programs for greater than fifty percent of the school day in public or private day schools specifically for children with disabilities.
301	Residential Facility: Public and private residential facilities where students reside during the school week and receive special education and related services for greater than 50% of the school day. Do not include children who receive special education programs at the facility but do not live there.
400	Regular Classroom/Public Day School: A program setting that includes at least 50% non-disabled children. Select if the student attends classes on a general education school campus regardless of the type of program
401	Homebound/Hospital: This setting is where students receive special education programs and related services in homebound/hospital environment. Do not include children with disabilities whose parents have opted to home-school them and who receive special education at the public expense.
402	Correctional Facility: This setting includes students who received special education programs in correctional facilities. These data are intended to be a count of all children receiving special education in short-term detention facilities (community-based or residential), or correctional facilities.

403	Parentally Placed in Private School: This setting is where students have been enrolled by parents or guardians in regular, parochial, or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan. Include children whose parents chose to home-school, but who receive special education and related services at public expense. Do not include children placed in private schools by the LEA.

Code	Program Setting (TK/Kgn or greater and age 5-22)
500	Home schooled per IEP/Independent study charter school/Virtual charter school: This setting is where via the IEP process the student is home schooled or enrolled in an independent charter or virtual charter school.

8. Percentage of Time Outside and In Class & Extracurricular & Non Academic Activities (ages 5 (TK/Kgn)-22): Document the percentage of time the student is ***outside*** the regular environment and document percentage of time the student is ***in*** the regular education environment. Consider the full day including lunch, recess, passing periods, etc. If IEP team is prepared to project an additional Program Setting, click yes on form. This is not entered for 5 year olds in preschool.

9. Student Will Not Participate in the Regular Class & Extracurricular & Non Academic Activities: Document the regular education environments where the student will not participate with typically developing peers: Provide rationale for non-participation.

10. Other Agency Services: Note other agency services the child is receiving.

11. Promotion Criteria: Check appropriate box. District criteria are the same for students without disabilities. Progress on goals or 'other' should be noted if the child's curriculum has been modified to meet his/her unique needs.

12. Parents will be Informed of Progress and How: Check the frequency and how the progress will be reported. NOTE: Progress reporting should match frequency of report card schedule.

13. Activities to Support Transition: If the student is going through a transition (preschool to kindergarten, special education to general education, etc.), document the activities to support the transition.

Educational Benefit Reminder

- *Is there a clear description of the location of services, including why some services may not be provided at the child's school of residence, if appropriate?*
- *Is there a clear description of the amount of time the student is outside the general education environment, including an explanation of why the student will not participate in general education for all or part of the day?*
- *If appropriate, are the activities clearly identified to support transition from preschool to kindergarten, from special education and/or NPS to general education, 8th-9th grade, etc.?*
- *If appropriate, is the graduation plan identified for students Grade 8 or higher?*

FORMS 8A & 8B – SIGNATURE AND PARENT CONSENT

1. IEP Meeting Participants: Have all meeting participants sign and date that they were in attendance. Make sure to include titles of each participant.

2. Consent: Have the parent(s)/guardian/surrogate/adult student initial, if they agree in-whole or in-part to the IEP. If they agree only in-part, document the areas they are not in agreement with.

   Not Eligible: If team determines child is not eligible for special education, check the appropriate box.

   If the parent(s)/guardian/surrogate/adult student declines the initiation of special education and related services, check the box.

   No Longer Eligible: If team determines child is no longer eligible for special education, check the appropriate box.

   After initialing appropriate response, parent(s)/guardian/surrogate/adult student signs to authorize and approve the IEP.

3. Parent Involvement: **As a means of improving services and results for your child did the school facilitate parent involvement?** When in the "Future IEP" be sure to uncheck the box prior to the IEP meeting. During the IEP meeting**,** check the appropriate box. This is a required CALPADS data field. One of the boxes must be checked. Note: you need to ask this question annually, and the parent needs to check the box. No response does not mean "we forgot to ask". If the parent(s)/guardian/surrogate/adult student checks "no", then the team needs to agree on a plan to address the issue in the coming year.

4. Public Benefits: If parent/guardian/surrogate/adult student agrees to authorize district access to health insurance benefits provided by Medi-Cal.

5. Parent(s)/guardian/surrogate/adult student received a copy of procedural safeguards, assessment reports (if appropriate), a copy of the IEP, and written notification of protections related to Medi-CAL benefits.

6. Students Enrolled in Private Schools by their Parents: If the student is enrolled in private school by his/her parent(s)/guardian/surrogate/adult student, check the box and refer for a Service Plan, if appropriate.

Note: Form 8A is used by the District/LEA/SELPA with Medi-Cal signatures.
Form 8B is used by the District/LEA/SELPA without Medi-Cal signatures.

Educational Benefit Reminder

- *Did all IEP Meeting participants sign and date, if required?*
- *Do the parent(s)/guardian/surrogate/adult student consent to all components of the IEP?*
- *If not, are areas of agreement and/or disagreement clearly specified?*
- *Are the next steps identified for reaching resolution, if appropriate?*
- *Are all required notifications marked for compliance?*

FORM 9 – IEP TEAM MEETING NOTES

Things to Consider:

- IEP notes are mandated when they add required content too complicated for the form
- IEP notes are helpful where they document compliance with mandatory procedures

Best Practices:

- Write notes contemporaneously with what is stated during the meeting. When a due process hearing is either pending or inevitable, take copious notes of what was said during the meeting.
- Document IEP team member participation or lack thereof: Include an IEP team member's recommendations, questions, consent and disagreement
- Document the school district's efforts to encourage participation – Especially important when the school district is trying to include a reluctant parent in the IEP discussion
- If other portions of the IEP document (i.e., special education and related services section) do not provide sufficient detail concerning the school district's offer and/or may not be easily understood by a parent, the IEP meeting comments should provide clarification.
- Proofread the IEP meeting comments to ensure that what is written is consistent with the other portions of the IEP.

What is *NOT* or *MAY NOT* be Required to be Included in IEP Meeting Notes:

- If a particular methodology is not necessary for a student to receive a FAPE, then it does not need to be addressed in the IEP. If methodology is an essential part of the student's program, it does need to be discussed and incorporated in the student's IEP.
- School districts are not required to document in the IEP the particular qualifications of teachers and staff. Document the qualifications of teachers and/or staff where necessary to demonstrate the IEP meets the unique needs of the student.
- Do not include in the IEP meeting comments information found in another portion of the IEP. Write more detailed comments in order to show compliance with the procedural requirements (such as parent participation, the IEP was not predetermined and prior written notice) *or* when the matter is contentious and/or may become a potential due process case.

Important Notes on Parent Refusal and/or Disagreement:

- If a parent refuses to consent to the IEP, document in the IEP meeting comments the reason for the refusal if stated and any attempts made to address the parent's concerns.
- Document the parent's disagreement by attaching the parent's written disagreement to the IEP document (either written during or after the IEP meeting); and/or writing the parent's disagreement into the IEP meeting notes.
- Even if the parent refuses to sign IEP, the district should ask the parent to sign the IEP to indicate attendance at the meeting, but not agreement.
- If the student's parent wants to leave the IEP meeting before it is completed, encourage the parent to stay. If the parent refuses to do so, the IEP team may continue to meet but document the efforts made to persuade parent to stay and note time parent left.

Educational Benefit Reminder

- *Is this information a summary of the meeting?*
- *Does everyone agree that the information accurately reflects what was discussed and the agreements that were made?*
- *Are next steps clearly identified, including individuals responsible, if needed?*

FORM 10 – IEP AMENDMENT(S) / ADDENDUM PAGE

IDEA Section 614(d) (3) (D) In making changes to a child's IEP after the plan review IEP meeting for a school year, the parent(s)/guardian/surrogate/adult student of the child with a disability and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead develop a written document to amend or modify the child's current IEP.

IDEA Section 614(d) (3) (F) Changes to the IEP may be made either by the entire IEP Team by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent(s)/guardian/surrogate/adult student shall be provided with a revised copy of the IEP with the amendments incorporated.

- Serves as the option for making minor amendments to the IEP if the parent(s)/guardian/surrogate/adult student and district agree that a meeting is not needed
- Attach this form to current IEP after getting consent and signature(s) from parent(s)/guardian/surrogate/adult student.
- Districts need to designate who can serve as the LEA representative. LEA representative is authorized to approve the amendments.
- Parent(s)/guardian/surrogate/adult student will receive a copy of the IEP with the amendments incorporated. The box at the bottom of the page will be initialed by the parent, etc. to indicate they have received this amendment.

Educational Benefit Reminder

- *Is the amendment clear?*
- *Do the parent(s)/guardian/surrogate/adult student and staff agree on the amendment?*
- *Are all affected staff (special education teacher(s), DIS provider(s), general education teacher(s), etc.), including the LEA representative, informed of the amendment/change?*
- *Is there documentation to indicate that the parent has received the copy of the IEP with the amendments incorporated?*

STATE SELPA SUPPLEMENTAL FORMS MANUAL

WRITING IEPS FOR EDUCATIONAL BENEFIT

January 2021 (Updated July 2025)

This manual and accompanying IEP Forms were developed by members of the SELPA Administrators of California to address the legal requirements of IDEA, state law, and the State Performance Plan, as appropriate. This IEP is a recommended template to provide greater consistency for districts around California. This manual is considered general guidance and not a replacement/substitute for local policies and procedures. If you would like to provide input or find any errors on this document or state forms, please contact your SELPA Director in order for the item to be brought to the State SELPA Forms Committee for review.

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FORM 11A SPECIFIC LEARNING DISABILITY – DETERMINATION OF ELIGIBILITY

This form documents the requirements for identifying a student as having a "specific learning disability" (SLD).

A draft of this form is typically completed prior to the IEP meeting with a discussion and final decision reached by the IEP team during the meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations indicating the area of achievement that is severely discrepant from the level of intellectual ability and the processing disorder associated with this discrepancy.

- Indicate whether the discrepancy is or is not caused by poor attendance, environmental, emotional, sensory or the other reasons listed in Section III.

- Include any medical findings that are educationally relevant and the other information required on this form.

- If there is a team decision that is not based on the standard measures indicated, support that decision.

- Obtain signatures from all participants in the IEP meeting on this form.

FORM 11B SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT
IEP TEAM CERTIFICATION

This form documents the presence of a specific learning disability in instances when the student's standardized testing results do not exhibit a severe discrepancy between ability and achievement.

Legal Citation: Ed. Code Section 3030j Paragraph C

A draft of this form may be completed prior to the IEP meeting, but more typically is completed during the IEP meeting with extensive discussion and final decision reached by the IEP team during that meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations including intellectual ability and academic achievement.

- As the testing results did not indicate a severe discrepancy the decision is based on information provided by the parent, information provided by the student's teacher, observations, work samples, state testing results or other group testing scores.

- The student's chronological age is taken into consideration and any other relevant supporting information is documented.

FORM 11C SPECIFIC LEARNING DISABILITY (RESPONSE TO INTERVENTION)
DOCUMENTATION REPORT
IEP TEAM CERTIFICATION

This form documents the requirements for identifying a student as having a "specific learning disability" (SLD) based on determinations through a Response to Intervention process.

A draft of this form is typically completed prior to the IEP meeting with a discussion and final decision reached by the IEP team during the meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations indicating whether or not the area the student has made sufficient progress to meet age or state-approved grade-level standards based on the pupil's response to scientific, research-based intervention.

- Indicate whether the learning disability is or is not caused by poor attendance, environmental, emotional, sensory or the other reasons listed in Section III.

- Include any medical findings that are educationally relevant and the other information required on this form.

- If there is a team decision that is not based on the standard measures indicated, support that decision. (Form 11B)

- Obtain signatures from all participants in the IEP meeting on this form.

FORM 11D SPECIFIC LEARNING DISABILITY (PATTERNS OF STRENGTHS AND WEAKNESSES)
DOCUMENTATION REPORT
IEP TEAM CERTIFICATION

This form documents the requirements for identifying a student as having a "specific learning disability" (SLD) based on determinations through a process indicating the student's pattern of strengths and weaknesses.

A draft of this form is typically completed prior to the IEP meeting with a discussion and final decision reached by the IEP team during the meeting.

The Case Manager completes the form with input from the appropriate IEP team members (School Psychologist, Special Education Teacher, General Education Teacher, etc.)

- Fill out the appropriate information based on the evaluations indicating whether or not the student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development.

- Indicate whether the learning disability is or is not caused by poor attendance, environmental, emotional, sensory or the other reasons listed in Section III.

- Include any medical findings that are educationally relevant and the other information required on this form.

- If there is a team decision that is not based on the standard measures indicated, support that decision. (Form 11B)

- Obtain signatures from all participants in the IEP meeting on this form.

FORM 21 REFERRAL FOR SPECIAL EDUCATION AND RELATED SERVICES

This form is used by school personnel when requesting an assessment for eligibility for special education and related services.

A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized. EC 56303

- **Student Name:** Use legal first and last name.
- **D.O.B.:** Enter date of birth
- **Grade:** Enter current grade designation.
- **Name of parent or legal guardian:** Enter first and last name of parent or legal guardian.
- **Address:** Enter complete address and phone number.
- **Date parent notified of intent to refer:** Enter exact date parent notified.
- **Method of notifying parent of intent to refer:** Check method used to notify parent.
- **Parent's native language:** If other than English enter language or primary mode of communication.
- **Primary Concern Regarding Student:** This should be the specific reason or area where you suspect a disability.
- **Specific Reason for Referral:** Check the appropriate box or enter a description of the reason next to "other".
- **General Education Interventions Attempts:** Describe the interventions attempted and attach documentation.
- **Name of Referring Person:** Enter the name of referring person and title.

Note: The bottom part of the form "For District Use Only" is helps keep track of the assessment timelines.

FORM 22 NOTICE OF RECEIPT OF REFERRAL FOR SPECIAL EDUCATION ASSESSMENT

This form serves as a notice to parent or guardian that their child has been referred for assessment. It is in a letter format and should be put on district letterhead.

- Enter date referral received
- Enter child's name
- Enter the name of the people who will be attending the IEP meeting.
- Enter name of contact person and phone number.

FORM 23A ASSESSMENT PLAN

The assessment plan is to be completed by the assessment team and approved by the parent(s), guardian, surrogate, or adult student in writing at the initial referral for special education and/or request for assessment and each time the Local Education Agency (LEA)/District proposes to conduct assessment. There are two versions of the Assessment Plan Form. Form 23A includes the Medi-cal statement authorizing billing , appropriate parent signature and receipt of written notification.

NOTE: For initial assessments, Some SELPAs use a *Prior Written Notice* Form 24.

Demographic information to be included when completing the Assessment form includes:

1. Student Name: Enter the student last name and first name.

2. Date of Birth: Enter the exact birthdate.

3. Date: Enter date the form was created and sent to parent/guardian/surrogate/adult student.

4. Select reason the assessment plan is proposed.
   - *Initial* is the IEP to determine eligibility after initial assessment. (Annual)
   - *Plan Review* is the IEP meeting to be held within one year of prior IEP. (Triennial)
   - *Reevaluation* is the IEP meeting to be held after reassessment. This meeting may also include the Plan Review IEP Meeting.
   - *Transition* means transition from infant to preschool, preschool to kindergarten, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
     Transition also means for students who are 16 or older, or who will turn 16 when this IEP is in effect, the IEP team must address needed post-secondary transition services. These services must include the results of age appropriate transition assessments, measurable post-secondary goals related to training/education, employment and independent living skills (as appropriate) and describe the focus of the student's course of study.
   - *Interim* means if the child has an IEP and transfers into a district from another SELPA.
   - *Other*

5. Parent/Guardian Information: Enter the name of the parent/guardian/surrogate.

6. LEA/District: This is the LEA/District proposing the assessment.

7. School: Enter the child's neighborhood school.

8. Grade: Enter the appropriate grade designation.

9. Native Language: This field was previously known as home language. This is the student's home language or birth language.

10. English Proficiency Level: Enter the appropriate English proficiency level.

Assessment" means an individual evaluation of a pupil in all areas of suspected disability in accordance with Sections 56320 through 56329 of the Education Code and Sections 300.530 through 300.534 of Title 34 of the Code of Federal Regulations.

"**Assessment plan**" means a written statement that delineates how a pupil will be evaluated and meets the

requirements of Section 56321 of the Education Code.

Note: An assessment plan must be completed and signed and agreed to by the parent(s), guardian, surrogate, or adult student if the district plans to administer testing to the student that is not part of an assessment being administered to all or a group of students.

- Mark the **reason** the assessment plan is being sent: Initial, Plan Review, Reevaluationl, Transition, or Interim (or other such as Manifest Determination, Special Requested, etc.).

- Check the boxes to the left of each **category of assessment** that will be administered. In the right column, state the professional title of the examiner that will be administering the assessment such as Speech & Language Specialist, Special Education Teacher, School Psychologist, NPA, etc. For **"alternate means of assessment"** list the alternate types of assessment that will be conducted such as criterion referenced, observation.

- Enter date that signed consent was received by the District/LEA.

- Public Benefits: By signing this section, the parent/guardian/surrogate/adult student agrees to authorize district access to health insurance benefits provided by Medi-Cal. Check the box indicating the parent has received written notification of the protections available to them.

Legal Citations: 2 CCR 60010; 30 EC 56321; 1 GC 7572; 30 EC 56043

FORM 23B ASSESSMENT PLAN
WITHOUT MEDICAL SIGNATURE

The assessment plan is to be completed by the assessment team and approved by the parent(s), guardian, surrogate, or adult student in writing at the initial referral for special education and/or request for assessment and each time the Local Education Agency (LEA)/District proposes to conduct assessment. Form 23B is the second of the two versions of the Assessment Plan Form. Form 23B does not include any Medi-cal information. All requirements of Form 23A in regards to assessment plan procedures are also required and included in Form 23B

FORM 24 PRIOR WRITTEN NOTICE FOR INITIAL ASSESSMENT

The Prior Written Notice form must be completed and sent with the Assessment Plan for all initial referrals for assessment.

- **Student Name**: Enter the student last name and first name.
- **Date of Birth**: Enter the exact birthdate.
- **Date**: Enter date the form was created and sent to parent/guardian/surrogate/adult student.
- **Evaluation procedure(s)** – List the types of assessment data that were used in making the decision to assess the student (i.e., observation, standardized testing, statewide assessment, etc.).
- **Assessments** – List the assessments used to make the determination to engage in further assessment
- **Record(s)** – List any records that are or are not part of the student's cumulative file to make the determination to assess.
- **"Alternatives considered/rejected" –** List any other options that were considered and rejected such as intervention programs offered, curriculum adaptations, etc.
- **"Other factors" –** list any other relevant factors to be considered such as: the student has been retained, the student is working far below grade level, and the student has received scientific-based intervention and has not responded, etc.

Legal Citations: 30 EC 56500.4

FORM 25A INDIVIDUALIZED EDUCATION PROGRAM – INVITATION/NOTICE OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

The State SELPA Form has two meeting notification forms, one listing school district titles and the other with the title and a line to write in specific staff names. It is up to your local district//SELPA to determine which form to use.

Type of Meeting: Check the box to indicate what type of meeting is being proposed.
Example: Initial, Plan Review, Reevaluation, Transition etc.

Student Name etc. Complete all demographic information, including date.

Parent's Name: Enter the name of the person you are inviting to the meeting (Parent/Guardian/Surrogate)

Meeting Schedule: Enter Date, Time and location of the proposed meeting.

Anticipated Team Members: Check appropriate boxes to indicate IEP team members that may attend the meeting. Form 23A would include the member's name next to their title. Specialist type: indicate any related service providers that may be attending, such as SLP, OT, APE etc. **NOTE**: This gives the parents notice that if they wish to audiotape the meeting, they must give 24-hour notice and the school would be taping also. The notice in paragraph (a) of 34 CFR Section 345 also allows a District/LEA to inform parents that they may bring other people to the meeting that have specific knowledge of their child or expertise about the child's disability.

Further Information: Enter Name, Title and contact information.

Return To: Enter the name of the case carrier. **Note:** It is often helpful to highlight this so the parent realizes they should complete the form and return it to school.

Parent Response: Parent is to check the appropriate boxes, indicating attendance, sign, date and return the form to school.

FORM 25B INDIVIDUALIZED EDUCATION PROGRAM – INVITATION/NOTICE OF MEETING

30 EC 56341.5 - Parent Participation in IEP Team Meeting

The State SELPA Form has two meeting notification forms, one listing school district titles and the other with the title and a line to write in specific staff names. It is up to your local district//SELPA to determine which form to use.

Type of Meeting: Check the box to indicate what type of meeting is being proposed.
Example: Initial, Plan Review, Reevaluation, Transition etc.

Student Name etc. Complete all demographic information, including date.

Parent's Name: Enter the name of the person you are inviting to the meeting (Parent/Guardian/Surrogate)

Meeting Schedule: Enter Date, Time and location of the proposed meeting.

Anticipated Team Members: Check appropriate boxes next to the district title indicating the IEP team members that may attend the meeting. **NOTE**: This gives the parents notice that if they wish to audiotape the meeting, they must give 24-hour notice and the school would be taping also. The notice in paragraph (a) of 34 CFR Section 345 also allows a District/LEA to inform parents that they may bring other people to the meeting that have specific knowledge of their child or expertise about the child's disability.

Further Information: Enter Name, Title and contact information.

Return To: Enter the name of the case carrier. **Note:** It is often helpful to highlight this so the parent realizes they should complete the form and return it to school.

Parent Response: Parent is to check the appropriate boxes, indicating attendance, sign, date and return the form to school.

FORM 26 MANIFESTATION DETERMINATION

The Manifest Determination form is used to report findings for a Manifest Determination Review each time the Local Education Agency (LEA) / recommends a student in special education (or on a 504 Plan) for expulsion and/or when the student is removed from his/her current educational placement (is suspended for more than 10 consecutive days or suspended for more than 10 days in a school year if the behavior constitutes a pattern).

Legal Citations: Title 34 Part CFR §300.530 -300.536; 27 EC 48900; 27 EC 48915

Part I. Student Information
Lines 1 through 6 – fill in information about the student as stated

- **Date of the Current IEP** is the date of the last agreed upon, signed IEP (by the parent/guardian)

- **Date of Last Assessment –** List the date of the last three-year reevaluation or complete psycho-educational assessment conducted (it may be an assessment that was conducted as part of the Manifest Determination).

- **Disability –** State the "primary" disability of the student. It is recommended that the IEP team also include information for their determination that would come from any other disability of the student.

- **Current Educational Setting** – List the current placement (i.e., special class, regular education class, etc.)

- **Description of the Behavior –** Write a brief statement about the behavior that occurred (it is best to list factual information or investigation findings/outcomes)

- **Disciplinary Action Taken and Date –** This refers to suspension and the first date of the suspension

Part II. In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following:

- **Evaluation and diagnostic results –** Check this box if formal assessment results helped the team to make the decision regarding whether or not the behavior was a manifestation of the student's disability. List the specific evaluations/dates used).

- **Observations –** Check this box if student observation data was used to help the team make the decision regarding whether or not the behavior was a manifestation of the student's disability. List who observed and when.

- **Student's IEP, services, and placement –** Check this box if the IEP, services or placement of the student at the time of the behavior incident were used to help the team make the decision regarding whether or not the behavior was a manifestation of the student's disability. Describe how used (relevant information from IEP).

- **Other relevant information –** List any other information that contributed to the decision such as past discipline history of the student, reports from staff, etc.

Part III. The Manifestation Determination team determined that, <u>in relation to the behavior subject to disciplinary action the following is true:</u>

- Check “yes” if the team feels the behavior was caused by or had a direct or substantial relationship to the disability. Check no if team feels it did not.

- Check “yes” if the team feels the behavior was the direct result of a failure to implement the IEP (for example, if all the supports and services listed on the IEP were not taking place as outlined as the time of the incident)

Part IV. The Manifestation Determination team decided that the student's behavior (check one of the following two boxes as appropriate based on the boxes check above:

- Check the first box “**was a manifestation of his/her disability”** if the answer to the two questions above (steps 12 and 13) were “yes” – if this box is check the discipline proceedings may not go forward (in most cases this will mean that the case cannot go forward to the Board of Education for to recommend expulsion)

- Check the second box if one of the answer to both of the two questions above was “no.” This means the behavior **was not a manifestation of his/her disability.**

- On this line indicate **“yes” or “no”** to indicate if the parent(s)/guardian/surrogate/adult student agreed with the findings

FORM 27 (Page 1) SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

The SOP must be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student. Legal Citation: IDEA 2004 §Sec. 300.305(e) (3).

- Student Name: Indicate the name of the student
- D.O.B.: List the exact date (Month/Day/Year) of birth
- Summary Date: List the exact date (Month/Day/Year) that the SOP was completed.
- Date of Initial IEP: Indicate the exact date (Month/Day/Year) of student's initial IEP.
- Date of Most Recent IEP: Indicate the exact date (Month/Day/Year) of student's most recent IEP.
- Disability(ies): List student's disability(ies).
- Native Language: List student's native language.
- If Student Is ELL, List Services Provided To Assist the Student: List the English Language Development services provided to the student per their most recent IEP.
- SOP Completed By: Indicate the name of the person who completed the student's SOP form.
- Social Media Accounts: List possible accounts to reach the student privately.
- Cell Phone: List student's cell phone contact number.
- Email Address: Indicate the student's contact email address
- Reason for Exit: Indicate the one reason allowing the student to exit.
- Strengths/Interests/Learning Preferences: Provide information about the student's strengths, interests and learning preferences.
- Pre-Academic/Academic/Functional Skills: Indicate student's academic present levels including grade level, standard scores, strengths and needs.
- Cognitive Abilities: Indicate student's cognitive present levels.
- Communication Skills: Indicate student's communication performance.
- Motor Skills (Fine/Gross): Indicate student's motor performance.
- Health: Indicate student's health status/condition
- Social/Emotional/Behavioral: Indicate student's social-emotional and behavioral performance.
- Self-Help/Adaptive: Indicate student's self-help and adaptive skills.
- Student's Postsecondary Goal: List the student's postsecondary goal(s).
- If Employment is the Primary Goal, Student's Top Three Job Interests: List the student's top three job interests.
- Recommendations to Assist the Student in Meeting Postsecondary Goals: Include suggestions for accommodations, assistive devices and/or services, compensatory strategies, and/or collateral support services to enhance access in the areas of higher education or career-technical education, employment, independent living, and/or community participation. Only complete those areas relevant to the student's postsecondary goals identified in the Individual Transition Plan [ITP] portion of the IEP.
- Agency Linkages: Check the agencies known to be working with student or could be a resource to the student. Include the agency contact person and phone number, if known.
- Contact Information: Indicate district name, phone number, title of district contact person, and date when contact can be made no later than

Note: The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended, however, that one individual from the IEP Team be responsible for gathering and organizing the information required on the SOP

FORM 27 (Page 2) SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (SOP)

For a child whose eligibility terminates due to aging out or receipt of a diploma, the district/LEA must provide the child with a SOP, which shall include recommendations on how to assist the child in meeting the child's post-secondary goals. The SOP must be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student's final year to the child with the most updated information on the performance of the so that this information may be passed on to relevant post-secondary agencies and/or employers.

Supplementary Aids, Services & Supports: List supplementary aids and services, program accommodations and modifications, and/or supports offered for the student and offered for school personnel. Indicate if the supports are for the student or for school personnel by checking the appropriate box.

FORM 28 NOTICE OF ACTION/PRIOR WRITTEN NOTICE

This form is provided to parents prior to the district initiating or refusing to change the identification, evaluation, educational or placement or provision of a free appropriate public education.

- Fill out student name, date of birth, and date of notice.

- Indicate the purpose/s of the Notice of Action (Prior Written Notice): Identification, Evaluation, Educational Placement, Provision of FAPE, and/or Other. Specify purpose when indicating Other.

- Action/s Proposed:
  - Briefly describe the action/s proposed.
  - Note the specific reason/s for the action/s proposed.
  - Document the procedures that the district used in making the determination for the action/s refused.
  - Indicate the date the proposed actions will be implemented.

- Action/s Refused:
  - Briefly describe the action/s refused
  - Note the specific reason/s for the action/s refused.
  - Document the procedures that the district used in making the determination for the action/s refused.

- Other Options Considered: Document other options that were considered and the reasons for rejecting the options.

- Other factors relevant to the proposal or refusal: Document any other factors that were relevant to the district's decision to propose or refuse to do an action.

- Print name of LEA/District contact, position, phone and email address

FORM 29 (Pages 1 & 2) PRIOR WRITTEN NOTICE WHEN PARENT OR ADULT STUDENT WHO IS NOT CONSERVED REVOKES CONSENT TO SPECIAL EDUCATION AND RELATED SERVICES

If at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education related services, the LEA/District:

- May not continue to provide special education and related services to the child, but must provide Prior Written Notice before ceasing the provision of special education and related services;
- May not use the procedures of due process;
- Will not be considered in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
- Is not required to convene an IEP team meeting or develop an IEP for the child for further provision of services.
- If student is 18 years of age or older and is not conserved, please complete the form for Adult Students.

FORM 30 SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

1. **Student Legal Name**: Enter the student's last name and first name.

2. **DOB**: Enter the student's date of birth.

3. **Meeting Date**: Enter the date on which the Service Plan was held.

4. **Original SpEd Entry Date:** : Enter the date the student first received special education services, including IFSP (0-3 infant services). If the student entered the program, left, and then came back several times, use the date of the **first entry** to special education.

5. **Next Plan Review IEP**: Enter the date of the next Plan Review (Annual) IEP

6. **Last Eval:** Enter the date of which the last evaluation.

7. **Next Eval**: Enter the date of the next evaluation.

8. **Parent / Guardian/Surrogate Names**: Enter the name(s) of the parent(s), guardian(s) or surrogate.

9. **Address**: Enter the student's current address. If the student is living in a residential school, enter the address of the parent.

10. **Home Phone***:* Enter the phone number of the parent(s) or guardian(s).

11. **Cell Phone**: Enter the cell number of the parent(s) or guardian(s), if known.

12. **Work Phone**: Enter the work phone of one of the parent(s) or guardian(s), if known.

13. **Email**: Enter the email of one of the parent(s) or guardian(s), if known.

14. **District of Special Education Accountability while attending Private School:** Enter the name of the district where the private school is located (unless other agreements have been made. This would be the district drafting and implementing the Service Plan.

15. **Private School of Attendance**: Enter the name of the private school the student is attending.

16. **Private School Phone**: Enter the phone number of the private school the student is attending.

17. **District of Geographical Residence** Enter the name of the district where the student's parent(s) or guardian(s) reside.

18. **District of Geographical Residence Phone**: Enter the phone number of the district where the student's parent(s) or guardian(s) reside.

19. **Home School**: Enter the name of the school the student would attend if they were living at the address of their parent(s) or guardian(s) and not attending a private school.

20. **Indicate Disability/ies:** Primary: Secondary:

21. **Date of Initial Referral for Special Education Services**: Enter the date of the most recent initial referral for special education services

22. **Person initiating the Referral for Special Education Services**: Enter the correct code for the person/s making the referral: 10 (Parent); 20 (Teacher); 30 (Student Study Team); 40 (Other School/District personnel); 90 (Other)

23. **Date District Received Parent Consent**: Enter the date the district received parent consent.

24. **Date of Initial Meeting to Determine Eligibility**: Enter the date of the Initial IEP Meeting

25. **Special Education Program Setting Code**: This can only be 403, Parently-Placed Private School

26. **Services**: Enter the special education service(s) below for the student while enrolled in private school or until the proportionate share of federal funds have been expended for the current school year.

    Area(s) or need: Enter the area(s) of need based on the assessment results.

    Summary of Present Levels: Enter the present levels in relevant areas assessed (social / emotional, academic, etc.).

    Enter the service(s): Enter the service(s) being offered. Remember, the services offered must be based on the final decisions the SELPA / District have made with respect to private school services. (§300.320)
    Frequency: Enter how often the service will take place or how many sessions, etc.

    Duration: Enter how long (minutes, hours, etc.) each service will take place.

    Location: Enter the location where services will take place.

    Start Date: Enter the date when services will begin.

    End Date: Enter the date when services will end.

    Service Provider: Enter the "title," not the name, of the service provider.

27. **Check one of the following:** (check only one)
    - ❒ Student's parents have declined the district's offer of a Service Plan
    - ❒ Student's parents have accepted the district's offer of a Service Plan

28. **Acknowledements**: Parent/guardian(s) should initial each item if they are accepting the offer of a service plan.
    Section 1: Parent/guardian(s) is agreeing that they understand their due process rights as related to the acceptance of a service plan.
    Section 2: Parent/guardian(s) is agreeing that the student is an eligible student for special education services and that offer of FAPE which has been made is appropriate, if they were choosing to accept it.
    Section 3: Parent/guardian(s) is agreeing that they understand that the choice to enroll their child precludes them from an IEP and if they wish to pursue an IEP they most contact the District of Geographical Residence.

29. **Signature Lines**:
    Parent(s), guardian(s), surrogate or the adult student
    Have the parent/guardian/surrogate or adult student sign and date in attendance.

    LEA Representative – enter the name of the person who is representing the district / LEA. Remember this person must have the authority to allocate services. Have them sign and date.

Other – have any other persons in attendance sign the Service Plan. Have them sign and date.

30. **Parent Involvement:** Have the parent check one of the boxes.

31. **Acknowledgement of copies received:** Have the parent check the appropriate boxes.

32. **Next Plan Review Due by**: Enter the next plan review date (approximately one year from the date of the current service plan meeting.

33. **Reevaluation Due by**: Enter the reevaluation date. This is three years from the date of the last assessment review or the initial assessment review.

FORM 31 INTERIM SPECIAL EDUCATION SERVICES

This form is used for placement of a student coming from another SELPA or from out-of-state.

1. **Student Name**: Enter the student's last name and first name.

2. **Birth Date**: Enter the student's birth date.

3. **Age**: The student's age as of the meeting date.

4. **Grade**: Enter the student's current grade.

5. **Gender**: Enter the student's gender (M or F).

6. **School of Attendance**: Enter the child's neighborhood school.

7. **School of Residence**: This is the student's district of residence.

8. **Transportation**: Check "No" if the IEP team determines that the student does not need special education transportation. Check "Yes" if the student will require special education transportation and specify the type of transportation (e.g. door to door, wheel chair bus, etc.)

9. **Parent**: Enter the parent / guardian/surrogate name.

10. **Home Phone**: Enter the parent's / guardian's home phone number, if known.

11. **Cell Phone**: Enter the parent's / guardian's cell number, if known

12. **Address**: Enter the parents / guardian's home address, city and zip code.

13. **Native Language**: Enter the student's home language or birth language.

14. **EL**: Check if the student is an English Learner and whether or not they have been re-designated.

15. **Redesginated**: Check the appropriate box indicating if the student has or has not been re-designated. (R-FEP)

16. **Ethnicity**: Enter the student's ethnicity as it has been entered on the school enrollment form for the school.

17. **Indicate Disability**: Check the appropriate disability as reflected on the IEP from the sending SELPA.

18. **Special Education Entry Date**: Enter the date the student first received special education services, including IFSP (0-3 infant services).

19. **Interim Placement to be Reviewed**: Enter the date of the next meeting to determine appropriate special education placement. This date must be within 30 calendar days.

20. **Reevaluation Date**: Enter the date when the next reevaluationl evaluation is due to be completed.

22. **Last Placement**: Enter the name of the School / District / County where the student was last enrolled.

23. **Phone**: Enter the phone number of the student's last school.

24. **Contact Person**: Enter the name of an appropriate contact person at the student's last school or district. This could be the Special Education Teacher, Program Specialist, Special Education Director, etc.

25. **Special Education Program Authorization**: Enter the appropriate, comparable special education services, starting date of the services, frequency of that service, duration, location, and the service provider (the title, not the name).

26. **% of Time OUTSIDE**: Enter the % of time the student is out of the general education classroom receiving special education services.

27. **Name of LEA Representative**: The LEA representative, who looked at the incoming IEP and determined the appropriate placement, prints their name, signs the form, indicates their position, and dates the form.

FORM 32 IEP TEAM MEMBER EXCUSAL FORM

This form is to be used when the LEA is requesting the parent or guardian to excuse a required IEP team member from an IEP in whole or in part. Separate columns and check boxes have been added to clearly identify the area of curriculum or related service not being discussed as well as the submission of written input provided to the parent/guardian/surrogate or adult student for the area of curriculum or related services of the missing IEP Team member. (As of 7/1/2024, this form has been revised to align with current laws)

1. **Student Name:** Enter student's full name.

2. **Date of Meeting:** Enter the date of the meeting.

3. **Check the Box in Whole or in Part:** If the IEP team member is being excused for the entire meeting check "in whole" and check "in part" if the team member is only being excused for part of the meeting. It is noted that the excused member of the team must confer with the parent/adult student prior to the meeting.

4. **Individual Education Program Team Member(s):** List the members that will be excused from the IEP team meeting in whole or in part.

5. **Area of Curriculum or Related Services:** List the area of curriculum or related services that pertain the IEP team member being excused.

6. **Area of Curriculum or Related Services is Not Being Discussed:** Check the column if the area of curriculum or related services is not being discussed at the IEP team meeting.

7. **Written Input has Been Submitted to the Parent and the IEP Team Prior to the Meeting Regarding Area of Curriculum or Related Services:** If the area of curriculum or related services pertaining to the IEP team member is going to be discussed at the IEP team meeting, then IEP team member must submit his/her in writing to the parent and the IEP team prior to the meeting.

8. **Parent/Guardian/Surrogate or Adult Student Signature:** The parent/guardian/surrogate or adult student must sign a date this form and identify in the check box their relationship to the student in order for the IEP team to be excused in whole or in part.

9. **Signature of Designated District Representative:** The district representative must also sign and date the form.

FORM 33 TRIENNIAL REEVALUATION DETERMINATION

This form is to be completed prior to each reevaluation (triennial) IEP in order to document the LEA's process for determining if further assessment is needed to inform the IEP Team at a reevaluation (triennial) IEP meeting (See 30 EC 56381).

Remember, parent/guardian/surrogate or adult student input regarding whether or not further assessment is required. (This form has been revised)

Indicate the student's name, date of birth, date of form/ date form sent out, school (current school of attendance), date of determination (date (triennial) reevaluation need was determined), the due date of the NEXT (triennial) reevaluation IEP, and the student's case manager as indicated in SEIS.

The LEA should check **all** four boxes:

- ❑ Existing assessment data has been reviewed, including assessments provided by the parents
- ❑ Current classroom based assessments have been reviewed
- ❑ Teacher and related service providers observations have been reviewed
- ❑ Parent/guardian/surrogate or adult student input has been reviewed and considered

Mark "Yes" if it is determined that additional information is needed (even if it is only academic, or another area). If the answer is "Yes" mark the appropriate boxes below this section to indicate exactly what types of formal assessment will be completed.

Mark "No" if the IEP has determined that no additional formal assessment will be completed in any domain, to include academics

If the "Yes" box was check and it was determined that additional assessment was needed, indicate why by checking the appropriate boxes.

Likewise, if the "No" box was checked that indicated no additional formal assessment was needed write a brief statement as to why (for example, "it is deemed that current, appropriate assessment data is available to inform the IEP Team regarding the educational or related service needs, including approved academic achievement and functional performance, of the pupil").

There is a statement that indicates that the parent(s) understand that they have the right ti request, in writing, an assessment to determine if their child continues to meet special education eligibility criteria and to determine educational needs. Parent must mark "Yes" or "No" indicating their understanding of this provision.

NOTE: There is no requirement in state or federal law or regulation to obtain a parent/guardian/surrogate or adult student's signature to substantiate the above process was followed; however, it is recommended the LEA's do so in order to document the parent/guardian/surrogate or adult student participated in the process. Parents/Guardian/ Surrogate or Adult Student must sign that they are in agreement with no additional testing being necessary and that they understand that the District has completed a records review in lieu of additional testing.

Finally, the District/LEA Representative must sign and date the form.

FORM 34 (Pages 1 & 2) EXTENDED SCHOOL YEAR (ESY) ELIGIBILITY WORKSHEET

The ESY worksheet was formally adopted by the Forms Committee in February, 2013 as an optional form in order to assist IEP Teams when making Extended School Year (ESY) determinations. The worksheet is to describe and properly document the recoupment and regression that determines the need for ESY.

Definitions: Explains exactly what ESY is and how/why it is determined to be needed by the student. This section also provides the definition for Rate of Recoupment and Regression and Recoupment in order for the IEP to completely discuss the needs of the student.

Question Section: Each of the questions 1 through 5 must be discussed and determined to be “Yes” or “No” for each item.

Question 1: The IEP Team must determine if the student is unable to regain skills in the same manner and timeline as their general education peers. If the student is not able to regain skills in such a manner the IEP Team must identify the area(s) in which the student is does not make progress in a manner similar to his/her peers.

Question 2: This question documents the loss of skills a student exhibits during short breaks throughout the school year which may determine the need for ESY services. If a student shows a loss of skills during s short break the IEP Team must identify the area(s) which is affected.

Question 3: This question identifies essential skills or crucial areas of improvement a student is achieving that would otherwise be lost should the student have a lengthy break of service. The IEP Team is to identify the skills or areas that would be adversely affected should the student have a significant break in service.

Question 4: This questions summarizes the above information indicating the loss of skills that would occur without ESY services.

Question 5: This questions documents the relationship between the student’s disabling condition and the need for ESY services.

Should any of the 5 Questions receive a “Yes” answer, Page 2 of the Worksheet must be completed.

Page 2 of the ESY Worksheet describes in more detail the need for services. The IEP committee is responsible for ensuring that a student receives a free appropriate public education (FAPE), and must determine the special education and related services necessary to meet the student's unique needs. This section provides this justification.

Failing to master IEP goals does not automatically make a student eligible for ESY services

FORM 35 PRIOR WRITTEN NOTICE FOR CERTIFICATE OF COMPLETION

This form is provided to inform parents and/or adult student prior to the district initiating to change the educational placement or provision of a free appropriate public education based on the criteria of completing their high school requirements for a Certificate of Completion.

.

The form describes requirements mandated of a Prior Written Notice. The form is an optional form.

- Fill out date letter is being sent to parent and/or adult student.
- Fill in the name of the student within each paragraph.
- Enter the date of the last IEP that describe the last agreed upon offer of FAPE and the date this IEP will conclude.
- In the final paragraph, print the name of district contact person should the parent and/or adult student disagree with the decision of promotion based on a Certificate of Completion with the phone number and/or email address to make contact.
- Sign the letter with your name and title.
- Enclose a copy of procedural safeguards when sending this letter.

FORM 36 PRIOR WRITTEN NOTICE FOR GRADUATION FROM HIGH SCHOOL

This form is provided to inform parents and/or adult student prior to the district initiating to change the educational placement or provision of a free appropriate public education based on the criteria of completing their high school requirements with a Regular High School Diploma.

The form describes requirements mandated of a Prior Written Notice . The form is an optional form.

- Fill out date letter is being sent to parent and/or adult student.
- Fill in the name of the student within the body of the first paragraph.
- Enter the specific reason why options other than a regular high school diploma is not appropriate for the student.
- In the final paragraph, print the name of district contact person should the parent and/or adult student disagree with the decision of promotion based on a Certificate of Completion with the phone number and/or email address to make contact.
- Sign the letter with your name and title.
- Enclose a copy of procedural safeguards when sending this letter.

FORM 37 – INFANT AND FAMILY SERVICE PLAN DATA SHEET

This form is provided to document the necessary data points for the CALPADS collection. This form is for internal use only and is not necessary to be given to parents.

Documentation is to include all of the following information:

1. **District of Residence:** This is the student's district of residence.
2. **School of Attendance**: Enter the child's neighborhood school.
3. **School of Residence**: This is the student's district of residence.
4. **District of Service**: Specify district providing the majority of services to the student.
5. **Student SSID/CSIS**: The SSID, formerly CSIS, is assigned by the State. Each student must have a SSID. Social Security Number is optional.
6. **Student ID:** The student ID number is automatically assigned through CALPADS.
7. **Student Last Name**: Enter the student's last name as documented on the official birth certificate.
8. **Student First Name**: Enter the student's first name as documented on the official birth certificate.
9. **Grade:** The grade is for Infants only and this is a pre-filled field.
10. **Birthdate**: Enter the exact birthdate.
11. **Gender**: Enter the student's gender (M or F).
12. **Case Manager**: The person indicated on the students IFSP forms to manage the student's program.
13. **Student Address/City/State/Zip**: Enter the parents / guardian's home address, city, state and zip code.
14. **Parent/Guardian Address/City/State/Zip**: Enter the parent / guardian/surrogate name. Enter the contact information for the parent/guardian. If the student resides in an out-of-home placement through a non-educational agency, put the parent contact information in the second contact area, if known.
15. **Phone #1**: Enter the parent's / guardian's home phone number, if known.
16. **Phone #2**: Enter the parent's / guardian's cell or work number, if known
17. **Ethnicity**: Check the appropriate ethnicity(s). Note: Only one ethnicity can be listed. This should be the ethnicity designated by the parent on the student enrollment form.
18. **Race:** Enter a code from the federally identified list, must select one or more, regardless of Ethnicity. This is required for those students whose ethnicity was listed as 501 or 900.
19. **EL**: Check if the student is an English Learner and whether or not they have been re-designated.
20. **Migrant**: Check Yes or No to reflect the student's Migrant status.
21. **Native Language**: Enter the student's home language or birth language.

22. **Early Intervention:** Check No. Early Intervention cannot be Yes for Infants.

23. **Disability:** Mark primary disability with “P” and secondary disability with ”S”. The primary disability should be the one that has the most significant impact on the student’s ability to access the general education environment. Note: For funding purposes, low incidence disabilities marked as secondary will generate low incidence funding.

24. **Referral Date**: Enter the date of the initial referral to assess and determine eligibility for education services (ages 0-3). Note: This date can change if a student is found eligible, then exits, and then is re-assessed and found eligible again.

25. **Parent Consent**: Enter the date the district received parent signature/consent for initial evaluation.

26. **Initial Evaluation**: Enter the date the IFSP team determined the student is eligible for services.

27. **Date of Original Special Education Entry**: Enter the date of IFSP Team meeting to review initial evaluation and determine eligibility for special education.

28. **Referred By**: Select the box that identified the appropriate person initiating the referral (Parent, Teacher, SST, Other School/District Personnel, Other).

29. **Plan Type**: Select the box the identifies the plan determined to best meet the needs of the student.

30. **Residential Status:** Select the box that best identifies the student’s residential status.

31. **Solely Low Incidence**: Mark “Yes” or “No” if the student is eligible under a category identified as a low incidence disability. A “Yes” answer would apply only to the students with the following eligibility categories: DB, VI, OI, HH, and Deaf.

32. **Infant Setting:** Discuss and document service delivery options considered. Select the appropriate box that identifies the type of setting the student will receive service.

33. **Federal Infant Setting (Ages 0-2)**: After the discussion of placement options, identify the location the student will receive services.

34. **Transportation:** Check “No” if the IFSP team determines that the student does not need special education transportation. Check “Yes” if the student will require special education transportation and specify the type of transportation (e.g. door to door, wheelchair bus, etc.)

35. **Services Chart**: The team needs to determine the special education and related services that will provide educational benefit and facilitate progress on the goals for the student (e.g. specialized academic instruction, health and nursing, language and speech, etc.). Identify the following information within the chart:
    I. Service: type of service
    II. Provider: Note the title of the provider of the service (do not put the person’s name).
    III. Location: Select the location of where the service is provided to the student from the following: Home – Community - Other
    IV. Frequency: Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.
    V. Duration: Indicate number of times per frequency
    VI. Start and End Date: This will often be the same start/end dates for the primary service on the IEP.

36. **Special Education Exit Date**: Document the date the student was exited from their special education program and mark within the chart below the date line as to the exact reason for the student’s exit.

EMERGENCY CIRCUMSTANCES PROGRAM, FORM A

This form is to be used at each plan review IEP meeting (or next IEP meeting if it has not yet been filled out) to provide information about the means of service delivery in the case of an emergency condition.

Student Name: Enter the student's last name and first name.

Birth Date: Enter the student's birth date.

Meeting Date: Enter the date of the meeting.

Specialized Academic Instruction and Related Services

Means of Delivery: Check as many boxes as could apply.

Other: Consider other means not listed.

Comments: List comments, including any other descriptive agreements on emergency services that the IEP team determines necessary.

Transition Services: Check box if (1) NOT APPLICABLE or (2) SAME AS ABOVE

Means of Delivery: Check as many boxes as could apply.

Other: Consider other means not listed.

Comments: List comments, including any other descriptive agreements on emergency services that the IEP team determines necessary.

Extended School Year Services: Check box if (1) NOT APPLICABLE or (2) SAME AS ABOVE

Means of Delivery: Check as many boxes as could apply.

Other: Consider other means not listed.

Comments: List comments, including any other descriptive agreements on emergency services that the IEP team determines necessary.

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

Means of Delivery: Check as many boxes as could apply.

Other: Consider other means not listed.

Comments: List comments, including any other descriptive agreements on emergency services that the IEP team determines necessary.

EMERGENCY CIRCUMSTANCES PROGRAM, FORM B

This form is to be used at each plan review IEP meeting (or next IEP meeting if it has not yet been filled out) to provide information about the means of service delivery in the case of an emergency condition.

Student Name: Enter the student's last name and first name.

Birth Date: Enter the student's birth date.

Meeting Date: Enter the meeting date.

School Year: Enter current school year.

Specialized Academic Instruction and Related Services

Each column represents a service. For **each column**, enter:
Service: Insert Service and check individual or group box
Frequency & Duration: Insert Frequency & Duration
Service Delivery Method(s): Please enter a number, 1-6, based on key at the top of the page. Other options may be typed in, as necessary.
IEP Goals to be Addressed from IEP Dated: Enter date of plan review IEP. Enter goal number or descriptor from Plan Review IEP Goals page (e.g., ELA#1, Math#3, etc).

Transition Services

If Transition Services do not apply, check the box NOT APPLICABLE
Each column represents a service. For **each column**, enter:
Service: Insert Service and check individual or group
Frequency & Duration: Insert Frequency & Duration
Service Delivery Method(s): Please enter a number, 1-6, based on key at the top of the page. Other options may be typed in, as necessary.
IEP Goals to be Addressed from IEP Dated: Enter date of plan review IEP. Enter goal number or descriptor from Plan Review IEP Goals page (e.g., Transition#1, etc).

Extended School Year Services

If Extended School Year Services do not apply, check the box NOT APPLICABLE
Each column represents a service. For **each column**, enter:
Service: Insert Service and check individual or group
Frequency & Duration: Insert Frequency & Duration
Service Delivery Method(s): Please enter a number, 1-6, based on key at the top of the page. Other options may be typed in, as necessary.
IEP Goals to be Addressed from IEP Dated: Enter date of plan review IEP. Enter goal number or descriptor from Plan Review IEP Goals page (e.g., ELA#1, Math#3, etc).

Supplementary Aids and Services

If Supplementary Aids and Services do not apply, check the box NOT APPLICABLE
Each column represents a service. For **each column**, enter:
Service: Insert Service and check individual or group
Frequency & Duration: Insert Frequency & Duration
Service Delivery Method(s): Please enter a number, 1-6, based on key at the top of the page. Other options may be typed in, as necessary.
IEP Goals to be Addressed from IEP Dated: Enter date of plan review IEP. Enter goal number or descriptor from Plan Review IEP Goals page (e.g., ELA#1, Math#3, etc).

Additional Comments or Provisions: List comments, including any other descriptive agreements on emergency services that the IEP team determines necessary.

ENGLISH LANGUAGE RECLASSIFICATION FORM

This form is an optional reclassification form for use to discuss reclassification of English Language Learners.Reclassification criteria, pursuant to California Education Code (EC) 313(f).

Name: Enter student's first and last name

Date: Put in date of discussion

There are four criteria that the student should meet in order to be reclassified.

Criteria 1: Performance of ELPAC: This criteria discusses the student's performance on the ELPAC.

> **Pathway 1:** If the student is identified as a student with an IEP and is able to demonstrate English proficiency in all four domains without accommodations, check this box (score of 4 or better on the ELPAC)
>
> **Pathway 2:** If the student has an IEP and assessed using the Alternate ELPAC and are able to to score a 3 (Fluent English Proficient) overall, check this box. *The alternate assessment confirmation worksheet should be completed in order to determine if the Alternate ELPAC is appropriate*.
>
> **Pathway 3:** If the student has an IEP and is not eligible to take the Alternate ELPAC, but has disabilities which preclude assessment in one or more domains on the ELPAC and there are no appropriate accommodations for the affected domain(s) and the student earned a 4 using one or more domain exemptions, check this box. For the Overall score to be generated, only one domain from the Oral Language score (Listening or Speaking) and one from the Written Language score (Reading or Writing) may be exempt. *Use the Initial and Summative ELPAC Domain Exemption Decision-Making Tool to assist.*

Criteria 2: Student Performance: This is a locally determined criteria based on the LEA's EL Master Plan in order to determine appropriate artifacts for use when considering reclassification of a student with an IEP. This criteria requires teams to compare the student's performance in basic skills against an empirically establish range of performance of English proficient students of the same age in basic skills areas. A chart is included to help determine comparative performances on the SBAC or CAA for students. Progress on IEP goals and objectives related to English/Language arts may be used to assist the team with measurement of progress towards English Language proficiency, where district benchmark assessments may not be a true reflection of the student's skill set. Plan Review (Annual)IEP data from standardized and non-standardized assessments may also be utilized to further demonstrate progress toward fluent English proficiency.

Criteria 3: Teacher Evaluation:This is locally determined based on the LEA's EL Master Plan in order to determine appropriate artifacts for use when considering reclassification. This may include, but is not limited to: progress monitoring data, present levels of academic functional performance , progress on IEP goals and objectives, data from scientific research-based interventions, examples of curriculum, instructional objectives, and student work samples. The Observation Protocol for Teachers of English Learners (OPTEL) is a useful tool. Fill in the box for criteria 3 with what was used and outcomes.

Criteria 4: Parent Consultation: Parents must be meaningfully involved in the redesignation process. This a locally determined process based on the LEA's EL Master Plan in order to determine appropriate artifacts. Document in the box what the consultation with family indicated and how it was elicited.

CALIFORNIA ALTERNATIVE ASSESSMENT (CAA) DETERMINATION

The Alternate Assessment Decision-Making Tool was created to abbreviate the CDE CAA Determination Form. The CDE version is still available and appropriate; however, the abbreviated version is a more concise version.

There are 3 questions posed by this form.

Question 1: Is the student eligible for special education under one or more of the categories listed in the description? The team will mark the "Yes" or "No" box.

Question 2: Does the student have a significant cognitive impairment? The team will determine based on the information listed in this area on the form and will mark the "Yes" or "No" box.

Question 3: Does the student require substantial support and intensive instruction aligned with the Prioritized CCCs, Essential Understandings, CA NGSS SCs, and/or ELD Connectors to achieve measurable gains towards the California State Standards? The team will determine whether to mark the "Yes" or "No" box.

The team will mark "Yes" or "No" in the corresponding box as to whether or not the student meets all the criteria in questions 1, 2, and 3.

The student must have a "Yes" answer to all 3 criteria in order to be considered for alternate assessments.

If the student does not meet all 3 criteria, the student will NOT participate in alternative assessments.

RELEASE OF INFORMATION

This form is to be used when requesting information from an outside source such as a physician, agency, private school, or any other source who may provide information who does not have legal educational rights over the student.

Student Name: Enter the student's last name and first name.

Medical Record Number: Enter number if there is request for specific medical information.

Birth Date: Enter the student's birth date.

Address of Student: Enter student's address.

Home Phone Number: Enter phone number used to contact parent/guardian or ed rights holder.

Other/Cell Phone No: Enter any other relevant phone numbers.

Releasing of Records: Check the box indicating that the records will be released. In the fillable box, indicate who the receiving party is, their address, and the city, state, and zip of the receiving organization. Indicate the telephone number and fax number of the receiving party.

Party Obtaining Records: Check the box indicating that the individual's records will be obtained. In the fillable box, indicate the obtaining party's name, address, and phone number/fax number.

Duration: There is a statement indicating that the authorization shall become effective upon signing and be in effect for one year from the date of signature.

Revocation: There is information indicating revocation may occur at anytime with written notification.

Redisclosure: Language is present here to indicating that information disclosed to another party may not be protected from federal laws and regulations. However, FERPA indicates that the recipient may not disclose information without parent consent.

Health Information: There is a statement indicating authorizing the disclosure of health information is voluntary.

Specifying Records: The type of information disclosed should be indicated by checking one or more of the boxes in the following areas: Medical Information, Drug/Alcohol Information, Educational Records, Psychological/Psychiatric Information, Mental Health Information, or Other (indicate what the other is on the line).

Purpose of Release: The parent/guardian, student or educational legal rights holder must check the box for which the records may be released. The following options are available: Educational Assessment, Education Planning/IEP Development, Other (indicate what the other is on the line).

Signature: Signature of Student or Student's representative (parent/guardian, educational rights holder) is requested at the bottom of this form after they have read the statement above.

Description of Relationship to Student: Person's relationship to student must be written here.

Date: Date form was signed should be written here.

OFFER OF FAPE - EDUCATIONAL SETTING

Student Name_____ **Date of Birth** ___/___/_____ **IEP Date** ___/___/_____

Physical Education ☐ General ☐ Specially Designated ☐ Other _____

District of Service _____ **School of Attendance** _____

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

Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn): _____

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program and 4 year-olds in TK/Kgn)

The location where the student receives the majority of their special education services the same as above:

☐ Same as above ☐ Different from above

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

☐ *IEP team is prepared to project an additional Preschool Program Setting*

Start Date ___/___/____ **Preschool Program Setting** (3-5 year-old Preschool and 4 year-old TK/Kgn): _____

The location where the student receives the majority of their special education services the same as above:

☐ Same as above ☐ Different from above

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

---

Program Setting: (TK/Kgn or greater, ages 5-22) _____

(Note: Percentage of time is required for those that will be 5 and in Transitional Kindergarten/Kindergarten or greater within the duration of this IEP)

_____**% of time student is outside the regular class & extracurricular & non academic activities**

_____**% of time student is in the regular class & extracurricular & non academic activities**

☐ *IEP team is prepared to project an additional Program Setting*

Start Date ___/___/_____ **Program Setting** (TK/Kgn or greater, ages 5-22, within the duration of this IEP): _____

_____**% of time student is outside the regular class & extracurricular & non academic activities**

_____**% of time student is in the regular class & extracurricular & non academic activities**

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

_____

OFFER OF FAPE - EDUCATIONAL SETTING

Other Agency Services

☐ California Children's Services (CCS) ☐ Regional Center

☐ Probation ☐ Department of Rehabilitation

☐ Department of Social Services (DSS) ☐ County Mental Health (CMH)

☐ Other _____

Promotion Criteria ☐District ☐Progress on Goals ☐Other _____

Parents will be informed of progress ☐Quarterly ☐Trimester ☐Semester ☐Other _____

How? ☐Progress Summary Report ☐Other _____

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

_____

_____

_____

PARENT INVOLVEMENT

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

Yuba County SELPA

Special Education Local Plan Area

935 14th Street
Marysville, CA 95901

Phone: 530-749-4873
Fax: 530-741-6500

2025-2026 Yuba County SELPA Meeting Calendar

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
SELPA Joint Superintendents'/ Operations Governance Council *10:30 a.m.* *In-Person*	-	27th Plumas Lake Elementary School District	24th Yuba County One Stop	22nd Wheatland School District	19th Yuba County One Stop	-	28th Plumas Lake Elementary School District	25th Yuba County One Stop	25th Wheatland School District	22nd Yuba County One Stop	27th Yuba County One Stop	-
SELPA Finance Committee *9:00 a.m.* *In-Person*	-	-	8th	-	-	-	-	-	16th	-	18th	-
SELPA Community Advisory Committee *3:30 p.m.* *In-Person*	-	-	17th	-	12th	-	21ST	-	18th	-	-	-

Additional Information

- All SELPA Superintendents'/Operations Governance Council meetings are held in-person at the location listed above.
- All SELPA Finance meetings are held in-person at the Yuba COE Main Office – Oak Room.
- All SELPA CAC meetings are held in-person at the Yuba COE Main Office – Oak Room.

Superintendents'/Operations Council Meeting: Draft 5.28.2025;