



Santa Barbara County SELPA Assessment Plan & Prior Written Notice

☐ Initial ☐ Triennial ☐ Transition ☐ Other: _____ Date: _____
To Parent or Guardian of: _____ (Full Student Name) Student ID: _____ (Student ID) Date Sent: _____ (Date sent)
School Attending: _____ (Current School of Attendance) Grade: _____ (Current Grade) Birthdate: _____ (Birthdate)
District of Service: _____ (Santa Maria Bonita) District of Residence: _____ (Santa Maria Bonita)
Student Language: _____ (Student Language in Aeries) Designation: ☐ EO ☐ EL ☐ IFEP ☐ RFEP ☐ TBD

Has been referred and/or recommended for an assessment by the following individual(s):

☐ Parent ☐ Nurse ☐ Teacher ☐ Special Ed Teacher ☐ Student Success Team ☐ Other

This notice is to inform the parent(s) regarding the school district's proposal to initiate an evaluation of the above-named student: This prior written notice includes a description of the proposed evaluation, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of an IEP meeting to discuss the results of the evaluation.

If your child is found eligible for special education services, a full range of program options will be considered.

Description of the proposed assessment:

In order to understand/meet your child's educational needs, the assessments in the attached assessment plan are being proposed. The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language or mode of communication may be used. Activities conducted as part of these assessments may include, but are not limited to, classroom observations, administration of rating scales, one-on-one testing, a review of records, including any previously conducted assessment(s), and any available independent assessment(s), and a review of any information the parent requests to be considered. No single procedure may be used as the sole criterion for determining appropriate educational program. All testing instruments are selected and administered so as not to be racially, culturally or sexually discriminatory. You will receive a copy of the assessment report(s). You will be asked to participate in a meeting of the Individualized Education Program Team following completion of the assessment(s). The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). No special education services will be provided to your child without your written consent. All information and assessment results are confidential.

The IEP Team is proposing the following evaluation areas for assessment from page 2 of this form:

Please see page 2 of this form.

Reason(s) for proposed assessment:

The purpose of the proposed assessment is to obtain a current measure of the student's functioning as it relates to school. Results of the assessment will help in determining special education eligibility and the most appropriate level of support.

Description of other options considered and reasons for rejecting them:

There are none being considered at this time. (unless otherwise specified)

Other factors relevant to the proposal:

There are none being considered at this time. (unless otherwise specified)

Date Received by District: _____

Santa Barbara County SELPA

Assessment Plan & Prior Written Notice

Student Name: _____	(Full Student Name)	Birthdate: _____	(Birthdate)	Sent: _____	(Date sent)
Evaluation Area				Examiner Title	
☒ Academic Achievement – These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.				Special Education Teacher	
☐ Health – Health information and testing is gathered to determine how your child's health affects school performance.					
☒ Intellectual Development – These tests measure how well your child thinks, remembers, and solves problems.				School Psychologist	
☐ Language/Speech Communication Development – These tests measure your child's ability to understand and use language and speak clearly and appropriately.					
☐ Perceptual Motor Development – These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.					
☐ Social/Emotional – These tests will indicate how your child feels about him/herself, and/or gets along with others					
☐ Behavior – These tests indicate how your child behaves at home, school and/or in the community					
☐ Adaptive Skill – These tests indicate how your child takes care of personal needs at home, school and/or in the community.					
☐ Post-Secondary Transition – Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.					
☐ Other (Specify):					
☐ Alternative Means of Assessment – Describe alternative methods of assessing the child, if applicable _____					

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

(Name of district contact) _____	(select from dropdown) _____	(School Phone & Extension) _____	(SMBSD email) _____
Print Name of District Contact	Position	Phone	Email Address

THIS FORM MUST BE SIGNED BEFORE ASSESSMENT CAN BEGIN (See statement of Notice of Procedural Safeguards)
Please check the following items, as appropriate.

- ☐ I give informed consent for my child, _____ (Full Student Name), to be assessed according to the Assessment Plan above. I understand: 1) that the results will be confidential, and that I will be invited to discuss them at an Individualized Education Program Team meeting, and; 2) that no special educational assessment or service will be provided without my written permission unless ordered by due process hearing officer.
- ☐ I deny consent to conduct the assessment described above.
- ☐ I have received a copy of the Procedural Safeguards.
- ☐ I would like the following assessment information to be considered by the IEP team: _____
- ☐ I prefer to discuss the assessment plan before I give approval. **Home Phone:** _____ **Work Phone:** _____

Signature of Parent/Adult Student: _____ Date: _____

☐ Parent
 ☐ Guardian
 ☐ Surrogate
 ☐ Adult Student

- ☐ Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-Cal Health Insurance benefits.

Note: Attach Procedural Safeguards & Medi-Cal Protections

Date Received by District/LEA: _____