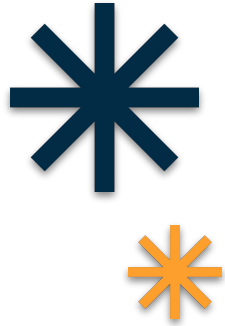


A Parent's Guide to Special Education and the IEP

September 29, 2026



Meet the Special Education Admin Team



Dr. Damian
Huertas-Ruiz
Director of
Special Education



Jen Avner
Coordinator of Special Education -
Staffing and Development



Cynthia Blumberg
Coordinator of Compliance

Program Specialists



Dr. Chris Berry



Kelly Dean



Tara Jones



Karris Brillee
Coordinator of Special Education -
Early Intervention and Identification



R. Noelle Gutierrez
Coordinator of Special Education -
Learning & Improvement



Purpose of Today's Conversation

Coffee and Conversations is designed to be a welcoming space for parents and guardians to learn more about special education, ask general questions, and better understand the IEP process.

Our focus is on providing information, building understanding, and helping families know how to partner with their child's IEP team.

To help keep our time helpful and respectful for everyone:

- Questions should be broad and general so the information can benefit the whole group.
- This is not a forum for promoting or advertising private companies, services, programs, or advocacy organizations.

We may not be able to address every individual situation during the session, but we are happy to help connect families with the appropriate person for follow-up after our meeting.



What is Special Education?

Special education is individualized support and instruction designed to meet a student's unique educational needs. It is not a specific place, but rather a set of services and supports provided to help a student access their education and make meaningful progress. Under the Individuals with Disabilities Education Act (IDEA), special education is defined as specially designed instruction, provided at no cost to parents, to meet the unique needs of an eligible student with a disability.



IDEA

Federal law that protects the educational rights of eligible students with disabilities.



INDIVIDUALIZED

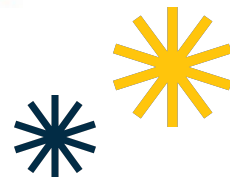
Services and supports are based on each student's unique strengths and needs.



ACCESS & PROGRESS

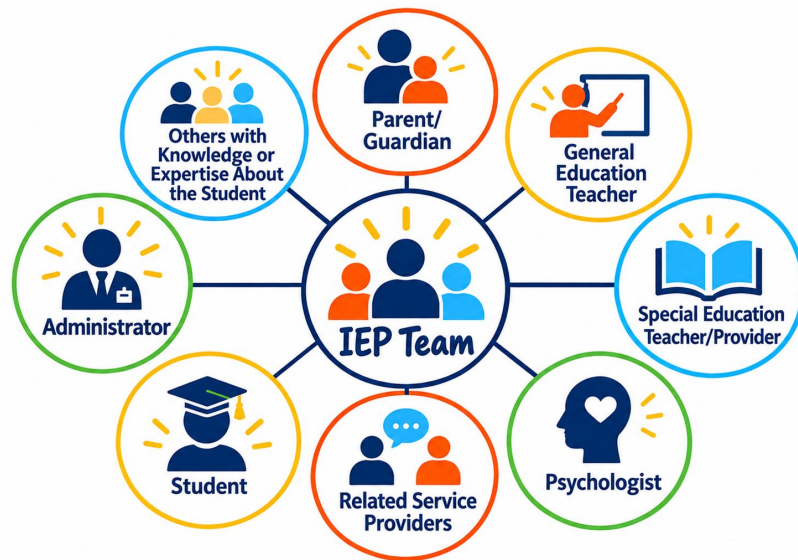
Special education helps students access learning and make meaningful educational progress.

Special education looks different for every student.

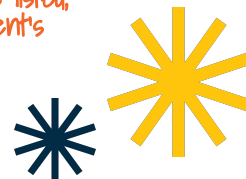


What is an IEP?

An Individualized Education Program (IEP) is a written plan developed by the IEP team that describes a student's unique educational needs, goals, services, supports, and how progress will be measured.



IEP team members may include some or all of the individuals listed, depending on the purpose of the meeting and the student's needs.



What is FAPE?



Free Appropriate Public Education

Under IDEA, eligible students with disabilities are entitled to a public education that is appropriate to their individual needs and provided at no cost to their families.

- **Free** – Provided at no cost to the family
- **Appropriate** – Designed to meet the student's individual educational needs
- **Public** – Provided through the public education system
- **Education** – Includes the special education and related services needed for the student to access and benefit from their education

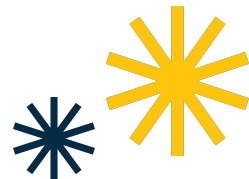
FAPE is individualized to best meet the needs of the particular student.

How Does a Student Become Eligible?

- * Autism (AUT)
- * Deafness (DEAF) (DHH)
- * Deaf-Blindness (DB)
- * Emotional Disability (ED)
- * Hard of Hearing/Hearing Impairment (HH/HI)
- * Intellectual Disability (ID)
- * Multiple Disabilities (MD)
- * Orthopedic Impairment (OI)
- * Other Health Impairment (OHI)
- * Specific Learning Disability (SLD)
- * Speech or Language Impairment (SLI)
- * Traumatic Brain Injury (TBI)
- * Visual Impairment (VI)



Having a diagnosis or disability does not automatically mean a student qualifies for special education. The IEP team determines whether the student meets eligibility criteria and needs special education and related services because of the disability.



Supporting Students From Birth to Adulthood



- ★ **Birth to 36 Months**
 - Riverside County Office of Education
 - Inland Regional Center
 - Infant /Early Start Services
 - Individualized Family Service Plan (IFSP)

- ★ **36 Months to Ages 18/22**
 - School District
 - Individualized Education Plan (IEP)
 - Age 18 - Graduate with a high school diploma or alternate pathway diploma
 - Age 22 - Certificate of completion for students in the Adult Transition Program



Common Acronyms Used During IEPs



AAC – Augmentative and Alternative Communication

AP – Assessment Plan

APE – Adaptive Physical Education

AT – Assistive Technology

BIP – Behavior Intervention Plan

FBA – Functional Behavior Assessment

FLS – Functional Life Skills

IEP – Individualized Education Program

LRE – Least Restrictive Environment

NOM – Notice of Meeting

OT – Occupational Therapy

PLAAFP – Present Levels of Academic Achievement and Functional Performance

PT – Physical Therapy

RSP – Resource Specialist Program

SAI – Specialized Academic Instruction

SDC – Special Day Class

SLP – Speech-Language Pathologist

SST – Student Study Team

SWD – Student with Disability



[Click here to access a comprehensive list of Acronyms.](#)

Continuum of Special Education Service Options

Least Restrictive

- 1  General Education Class
- 2  General Education Class with Supplemental Aids and Services
- 3  General Education Class with Related Services
- 4  General Education Class with Consult and/or Collaboration from Special Education Staff
- 5  General Education Class with Specialized Academic Instruction (Resource Specialist Program)
- 6  Separate Classroom with Specialized Academic Instruction
- 7  Separate Classroom with Specialized Academic Instruction Using Alternative Curriculum
- 8  State Special School Referral
- 9  Non-Public School
- 10  Alternative Education
- 11  Home/Hospital
- 12  Instruction in Non-Classroom Setting/ Residential Treatment Facility

Continuum of
Special Education
Services &
Programs

What is the IEP Process?



Identification and Referral



Assessment and Evaluation



IEP Meeting and Development



IEP Implementation



Plan Review (annually)/Reevaluation (every three years)

Important Timelines



- ★ **15 Days** – After a referral for special education assessment, the school provides a response to the parents within 15 days.
- ★ **60 Days** – Once the assessment plan is signed and returned, the school has 60 days to complete assessments and hold an IEP meeting to determine eligibility.
- ★ **30 Days** - When there is a request for an IEP meeting to review part or all of it, the meeting will be held within 30 days.
- ★ **Plan Review** – The IEP must be reviewed and updated at least once a year to evaluate progress and make any necessary adjustments.
- ★ **Reevaluation** – Every three years, a full reevaluation must be conducted to determine if the student continues to qualify for special education and to assess any changes in educational needs.
- ★ **5 Days** – Upon a parent's written request, the school provides access to student records within five days.

Note: Timelines pause during extended breaks (Winter, Spring, Summer)



RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

2935 Indian Ave., Perris, CA 92571

Telephone (951) 490-0375 FAX (951) 490-0376

NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS

Special Education Rights of Parents and Children Under the Individuals with Disabilities Education Act, Part B,
and the California Education Code

Revised January 2025

Note: The term school district is used throughout this document to describe any public education agency responsible for providing your child's special education program. The term assessment is used to mean evaluation or testing. Federal and state laws are cited throughout this notice using English abbreviations, which are explained in a glossary at the end of this notification.

What is the Notice of Procedural Safeguards?

This information provides you as parents, legal guardians, and surrogate parents of children with disabilities from 3 years of age through age 21 and students who have reached age 18, the age of majority, with an overview of your educational rights or procedural safeguards.

The Notice of Procedural Safeguards is required under the Individuals with Disabilities Education Act (IDEA) and must be provided to you:

- One time per school year
- When you ask for a copy
- The first time your child is referred for a special education assessment
- Each time you are given an assessment plan to evaluate your child
- Upon receipt of the first state or due process complaint in a school year, and
- When the decision is made to make a removal that constitutes a change of placement

An electronic copy of the Notice of Procedural Safeguards can be found on the California Department of Education (CDE), Special Education Family Involvement & Partnerships web page at <https://www.cde.ca.gov/sp/se/fp/>.

(20 *United States Code [USC]* Section 1415[d]; 34 *Code of Federal Regulations [CFR]* Section 300.504; California *Education Code [EC]* Section 56301[d] [2], *EC* Section 56321, and *EC* Section 56341.1[g] [1])

Procedural Safeguards/Parents' Rights

The Notice of Procedural Safeguards explains the rights and protections available to parents and students throughout the special education process.

It includes information about:

- Parent participation in the IEP process
- Consent for assessment and services
- Access to educational records
- Prior Written Notice
- Independent Educational Evaluations
- Disagreements and dispute-resolution options
- Due process and complaint procedures

Parents receive information about these rights so they can understand and participate meaningfully in decisions about the child's special education program.



Student:
Date of Birth:

Page 1 of 59
Name
DOB



OFFICE OF SPECIAL EDUCATION
150 District Center Drive
Palm Springs, California 92262

CONFIDENTIAL

Authorized Personnel Only Do Not Copy Without Permission

This psychological report, including any attachments, is for the sole use of the intended recipient(s) and contains information that is confidential, legally privileged, proprietary, or otherwise protected from disclosure. Any unauthorized review, use, disclosure, or distribution is strictly prohibited. If you have received this report in error, please notify the evaluating psychologist immediately and return and/or shred any hard copies you have received of the report and/or delete any electronic copies or emails.

Assessment Reports

The assessment report summarizes the evaluations completed as part of the special education assessment process.

Parents may find information about:

- The areas that were assessed
- The assessments and other information used
- The student's strengths and areas of need
- Assessment results and how they may affect learning
- Recommendations for the IEP team to consider

The assessment results help the IEP team make decisions about eligibility and educational needs.



**RIVERSIDE COUNTY SELPA
INDIVIDUALIZED EDUCATION PROGRAM**

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Student Legal Name: _____ Legal Suffix: _____ Birthdate: _____ IEP Date: _____
 Plan Effective Start Date: _____ Next Annual Plan Review: _____ Original Special Ed Entry Date: _____
 Last Reevaluation: _____ Next Reevaluation: _____

MEETING TYPE:

☐ Initial ☐ Plan Review ☐ Reevaluation

Additional Purpose of Meeting (If Needed):

☐ Transition Planning ☐ Manifestation Determination ☐ Interim ☐ Possible Change of Placement/Services ☐ Other

Birthdate: _____

Age: _____

Grade: _____

Native Language: _____

English Learner: ☐ Yes ☐ No ☐ Reclassified ☐ English
 Learner - Undesignated (Preschool)

Interpreter? ☐ Yes ☐ NoTranslation Requested? ☐ Yes ☐ No

Student ID: _____

SSID#: _____

PRIMARY RESIDENCY:

Residency Name: _____

Parent/Guardian: _____

Home Address: _____

City/State/Zip: _____

☐ Parent/Guardian☐ or Student Address (if different than above)

Home Address: _____

City/State/Zip: _____

District of Special Education Accountability:**Residence School:**Hispanic Ethnicity: ☐ Yes ☐ No☐ Ethnicity Intentionally Left Blank

Race: (Enter Code; must select one or more, regardless of Ethnicity): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

☐ Race Intentionally Left Blank

INDICATE DISABILITY/IES *Note: For Initial and Reevaluation IEPs, assessment must be done and discussed by IEP Team before determining eligibility. * Low Incidence Disability*

Primary: _____**Secondary:** _____

☐ Not Eligible for Special Education ☐ Exiting from Special Education (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) Joan's social, communication, developmental, and behavioral delays impact his rate of progress and ability to participate in age appropriate development activities.

FOR INITIAL IEP PLACEMENTS ONLY

Date of Initial Referral for Special Education Services: _____

Person Initiating the Referral for Special Education service: _____

Date assessment plan was provided to parent: _____

Date District Received Parent Consent: _____

Date of Initial Meeting to Determine Eligibility: _____

Eligibility

This page documents the IEP team's determination of whether the student meets criteria for special education services.

It includes:

- Demographic and contact information
- Meeting type and purpose
- The student's identified eligibility category or categories
- The disability or disabilities considered by the team
- Documentation of the team's eligibility decision

Eligibility is determined by the IEP team based on assessment information and the student's educational needs.



RIVERSIDE COUNTY SELPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Student Legal Name: _____ Legal Suffix: _____ Birthdate: _____ IEP Date: _____

Strengths/Preferences/Interests:

Concerns of parent relevant to educational progress:

ASSESSMENT	ASSESSMENT	RESULTS OF ASSESSMENT			
SBAC	Smarter Balanced Assessment Consortium	Standard Exceeded	Standard Met	Standard Nearly Met	Standard Not Met
☐ Not Applicable	English/Language Arts Overall	☐	☐	☐	☐
		Above Standard	Near Standard	Below Standard	
	Reading/Listening	☐	☐	☐	☐
	Writing/Research	☐	☐	☐	☐
SBAC	Smarter Balanced Assessment Consortium	Standard Exceeded	Standard Met	Standard Nearly Met	Standard Not Met
☐ Not Applicable	Mathematics Overall	☐	☐	☐	☐
		Above Standard	Near Standard	Below Standard	
	Concepts and Procedures	☐	☐	☐	☐
	Mathematical Practices	☐	☐	☐	☐
CAA	California Alternate Assessments	Understanding	Foundational Understanding	Limited Understanding	
☐ Not Applicable	English/Language Arts	☐	☐	☐	☐
	Math	☐	☐	☐	☐
English Language Development Test (English Learners Only) ☐ Not Applicable					
ELPAC ☐	English Language Proficiency Assessments for California ☐ Initial ELPAC ☐ Summative ELPAC				
	Overall Score: Overall Performance Level: Oral Language Score/Level:				
	Written Language Score/Level:				
	Listening: Speaking:				
	Reading: Writing:				
	☐ Alternate English Language Proficiency Assessments for California:				
	☐ Initial Alternate ELPAC ☐ Summative Alternate ELPAC				
	Overall Score/Level: Overall Performance Level: ☐ Fluent ☐ Intermediate ☐ Novice				
Physical Education Testing (Grades 5, 7 & 9)					
Other Assessment Data (e.g. curriculum assessment, other district assessment, etc.)					
Hearing	☐ Pass ☐ Fail ☐ Parent permission denied ☐ Other/comments				
Vision	☐ Pass ☐ Fail ☐ Parent permission denied ☐ Other/comments				

Progress on each Prior Goal from IEP dated:

GOAL #	ANNUAL GOAL AREA	PROGRESS TOWARD MEETING ANNUAL GOAL		
		Met	Partially Met	Not Met
		☐	☐	☐

If goal is not met and discontinued please explain WHY:

Present Levels

Present Levels describe where the student is currently performing and provide the foundation for the rest of the IEP.

This section includes information about:

- Academic and functional strengths
- Areas of need
- Current performance and assessment data
- Progress on previous IEP goals
- Parent concerns and input

Developmental/Academic/Functional Skills: (Including classroom performance in all academic areas)

Reading:

Writing:

Math:

Communication Development:

Gross/Fine Motor Development:

Social/Emotional/Behavioral:

Health:

Does this student have an Individual Health Plan? ☐ Yes ☐ No

Vocational:

Adaptive/Daily Living Skills:

Areas of necessity explained in terms of goals and objectives in order that student receives educational benefits:

Present Levels

Present Levels also describe how the student's disability affects their involvement and progress in the general education curriculum.

Information on these pages helps the team determine:

- Which areas need to be addressed through goals
- What services and supports may be needed
- How the student can access instruction



ANNUAL GOALS

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Name: _____ Birthdate: ____ / ____ / ____ IEP Meeting Date: ____ / ____ / ____

Area of Need: _____ Baseline: _____		Measurable Annual Goal # ____ by ____ / ____ / ____ as measured by: ☐ Enables student to be involved/progress in general curriculum/state standard # ____ ☐ Addresses other educational needs ☐ Linguistically appropriate* ☐ Transition Goal: ☐ Education ☐ Training ☐ Employment ☐ Independent Living Person(s) Responsible: _____	
Progress Report 1: ____ / ____ / ____ Summary of Progress: _____	Progress Report 2: ____ / ____ / ____ Summary of Progress: _____	Progress Report 3: ____ / ____ / ____ Summary of Progress: _____	Goal: Annual Review Date: ____ / ____ / ____ Goal Met: ☐ Yes ☐ No
Comment: _____	Comment: _____	Comment: _____	Comment: _____

Area of Need: _____ Baseline: _____		Measurable Annual Goal # ____ by ____ / ____ / ____ as measured by: ☐ Enables student to be involved/progress in general curriculum/state standard # ____ ☐ Addresses other educational needs ☐ Linguistically appropriate* ☐ Transition Goal: ☐ Education ☐ Training ☐ Employment ☐ Independent Living Person(s) Responsible: _____	
Progress Report 1: ____ / ____ / ____ Summary of Progress: _____	Progress Report 2: ____ / ____ / ____ Summary of Progress: _____	Progress Report 3: ____ / ____ / ____ Summary of Progress: _____	Goal: Annual Review Date: ____ / ____ / ____ Goal Met: ☐ Yes ☐ No
Comment: _____	Comment: _____	Comment: _____	Comment: _____

* Note: If English Learner, one of the goals must address English Language Development.

Annual Goals

Annual goals describe the skills the IEP team expects the student to work toward during the year.

Each goal includes:

- The area of need being addressed
- The student's current level or baseline
- A measurable annual goal
- How progress will be measured
- When progress will be reported to parents

Goals should connect directly to needs identified in the student's Present Levels.



**RIVERSIDE COUNTY SELPA
SPECIAL FACTORS**

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Student Legal Name: _____ Legal Suffix: _____ Birthdate: _____ IEP Date: _____

Does the student require assistive technology devices and/or services? ☐ No or ☐ Yes (explain)

Based on a review of existing information, including data and observations, supplied by school personnel and parents, there do not appear to be any identified needs for high-tech assistive technology or services. It is recommended that low-tech assistive technology options, such as pictures for communication purposes, be utilized in the classroom, as appropriate.

Does the student require low incidence services, equipment and/or materials to meet educational goals due to

☐ Blind/Vi ☐ D/H/H ☐ OI?

☐ No or ☐ Yes (explain)

Physical Education: ☐ Requirement Met ☐ General ☐ Specially Designed

Not required in preschool

Special Transportation: ☐ None/General Ed ☐ Special Ed

Rationale: _____

Specify Type: _____

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

1. All students who are English Learners must receive Comprehensive English Language Development (ELD) (designated and Integrated ELD instruction) as part of their core instructional program, based on assessed English language proficiency.

a. Does the student need primary language supports during integrated ELD (across content areas)?

☐ No or ☐ Yes (how will it be provided?)

If yes, please select:

☐ Oral clarification of directions in the primary language

☐ Bilingual dictionary

☐ Glossaries in primary language

☐ Illustrated glossaries in primary language

☐ Graphic organizer with key concepts translated to primary language

☐ Pair key text/words translated to primary language with visuals

☐ Pair key text/words translated to primary language

☐ Provide definitions in primary language in context of lesson

☐ Frontloading using primary language, to bridge new learning to previous knowledge

☐ Teach relationships between concepts in primary language

☐ Conduct frequent comprehension checks, allow for student response in primary language

☐ Other: _____

b. Where will the student receive Designated ELD? ☐ General Education ☐ Special Education

2. The student who is an English Learner is currently participating in:

☐ Structured English Immersion (SEI) or ☐ Other, parent selected multilingual/language acquisition program

Comments: _____

Does student's behavior impede learning of self or others? ☐ No or ☐ Yes (describe)

If yes, specify positive behavior interventions, strategies, and supports

☐ Positive Behavioral Intervention Plan attached _____ Goal(s) # _____

PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENT PROGRAMS

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

Special Factors

Special Factors identifies additional considerations that may affect a student's education and need to be addressed by the IEP team.

Depending on the student, the team may discuss items such as:

- Vision or hearing needs for students with visual impairments or who are deaf/hard of hearing
- Assistive technology and AAC
- Transportation in the least restrictive environment
- English language development needs
- Behavior that may impact learning



Student Name: Birthdate: IEP Date:

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below.

English Language Arts (Grades 3-8, & 11)

Math (Grades 3-8, & 11)

Science (Grades 5, 8 & High School)

☐ If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.

Physical Fitness Test (Grades 5, 7 & 9)

- ☐ Out of testing range
☐ Without Accommodations
☐ With Accommodations
☐ With Modifications (Check with PFT Office prior to use)

☐ Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s)

☐ **Desired Results Developmental Profile (DRDP) – (Ages 3-5 Years)**

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

English Language Proficiency Assessments of California (ELPAC; for English Learners Only).

Please Note: Computer-based is for all domains grades 3-12. The writing domain is paper-based only for grades K-2. All other domains for grades K-2 are computer-based.

☐ **Initial ELPAC**

☐ **Summative ELPAC Computer-based**

- ☐ Elpac Without Designated Supports or Accommodations
☐ Embedded Designated Supports
☐ Non-embedded Designated Supports
☐ Embedded Accommodations
☐ Non-embedded Accommodations

☐ **Domain Exemption:**

Alternate ELPAC

☐ **Initial Alternate ELPAC**

☐ **Summative Alternate ELPAC**

- ☐ Alternate ELPAC Embedded Designated Supports

Statewide Assessments

This section identifies how the student will participate in state and district assessments.

It may include:

- The assessment(s) the student will take
- Designated supports and accommodations
- Alternate assessments, when appropriate
- Supports that are also used during regular classroom instruction



Transition Pages

Transition planning helps students and families prepare for changes that come with transitioning to adulthood.

The IEP team may discuss:

- Graduation requirements and diploma pathways
- Course selection and scheduling aligned directly with the student's post-high school aspirations
- Transfer of rights that comes with students reaching the age of majority
- Student strengths, interests, and goals for their future
- Transition services to assist with successful transition from high school to adulthood

Transition plans are coordinated roadmaps designed to guide youth from high school into postsecondary education, employment, and independent living.

Name:		Birthdate: _ / _ /		IEP Meeting Date: _ / _ /	
Describe how the student participated in the process: Present Interview Inventory Questionnaire					
Results of age-appropriate transition assessments (describe):					
Student's Post Secondary Goals:					
200 Training OR 300 Education		(Required)		Transition Service (See 800 Codes)	
Upon graduation I will				Activities to Support Transition Service	
Linked to Annual Goal? Yes No		Tran. Goal #			
Person/Agency Responsible:					
400 Employment		(Required)		Transition Service (See 800 Codes)	
Upon graduation I will				Activities to Support Transition Service	
Linked to Annual Goal? Yes No		Tran. Goal #			
Person/Agency Responsible:					
500 Independent Living		(As Appropriate)		Transition Service (See 800 Codes)	
(e.g. Post School Living Objectives, Acquiring Daily Living Skills)				Activities to Support Transition Service	
Upon graduation I will					
Linked to Annual Goal? Yes No		Tran. Goal #			
Person/Agency Responsible:					
500 Community Experiences		(As Appropriate)		Transition Service (See 800 Codes)	
Upon graduation I will				Activities to Support Transition Service	
Linked to Annual Goal? Yes No		Tran. Goal #			
Person/Agency Responsible:					
900 Related Services 900 Other		(As Appropriate)		Transition Service (See 800 Codes)	
(e.g., Functional Vocational Evaluation)				Activities to Support Transition Service	
Upon graduation I will					
Linked to Annual Goal? Yes No		Tran. Goal #			
Person/Agency Responsible:					
Age of Majority					
On or before the student's 17 th birthday, he/she has been advised of rights at age of majority (age 18)					
By whom:		Date: _ / _ /			
When you reach the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.					
Student Signature				Parent/Guardian Signature	
Course of Study					
A multi-year description of student's coursework from current year to anticipated exit year					
See attached Course of Study or Listed below					
Transition Checklist - 9 Items to Review					
Are there appropriate post secondary goals?	Yes No	Are goals related to student's needs?	Yes No		
Are the goals updated annually?	Yes No	Is there evidence student was invited?	Yes No		
Are goals based on age appropriate transition assessment?	Yes No	Were representatives from outside agencies invited, if appropriate?	Yes No N/A		
Do the services enable student to meet goals?	Yes No	Does the IEP meet all 8 of the requirements on this checklist? (All 8 marked Yes or N/A?) Yes No			

RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
TIER 2 POSITIVE BEHAVIORAL INTERVENTIONS (PBI)

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA).

Name of Student: _____	Birthdate: ____/____/____	Date: ____/____/____	
School of Attendance: _____	District of Residence: _____	District of Service: _____	

Tier 2 positive behavioral interventions provide targeted, systematic interventions, strategies and supports for students displaying at-risk behaviors. This form would be utilized to document these efforts.

NOTE: If the team determines observations are necessary, an assessment plan is required.

Description of Behavior:
What is the student doing?

How often is this happening? (3 times daily, 1 time weekly):

Is this mild (causes some classroom disruption of academics), **moderate** (causes disruption of class performance or activities often), or **severe behavior** (physically fighting with others, property damage, injury to self or others)? Explain:

How long does each episode last?

Predictors of Target Behavior
Situations in which the behavior is likely to occur: (e.g., time of day, class subject, recess, lunch, during transitions)

Additional Information (if applicable): (Relating to the behavior and student such as medical conditions, medications taken, mental health diagnosis, early developmental history that is relevant)

Documentation of Previous Interventions
Description of the supports, services and interventions previously implemented:

Goal(s): Identify the skill(s) the student needs to learn so they do not need to use the inappropriate habit.
Goals are to be written into the student's IEP.

Teaching Strategies & Reinforcement Procedures: Describe how the student will be reinforced for desired behavior.
Check all that apply or list others below:

☐ Verbal Praise	☐ Model the appropriate behavior- role play	☐ Cue/prompt the student to use the appropriate behavior	☐ Earn computer time
☐ Provide a short break	☐ Remind of social skill	☐ Give choices within the task	☐ Earn time with preferred person
☐ Earn points for reward	☐ Earn time to listen to music	☐ Token Economy	☐ First this/Then card
☐ Teacher helper	☐ Recess report card	☐ Visual reminders posted on desk	☐ High fives or other gestural support
☐ Home-School communication note	☐ Point system	☐ Change seating	☐ Individual schedule
☐ Peer buddy	☐ Social stories	☐ Task-list	☐ Special class job
☐ Behavior contract	☐ Levels system	☐ Self-management	☐ Check-in/Check-out
☐ Small group setting	☐ Use of a timer	☐ Provide Choices	☐ Be first in line

Behavior Intervention Plans



A Behavior Intervention Plan is a plan developed to help address behaviors that interfere with a student's learning or participation at school.

It may include:

- The behavior being addressed
- Information about what may be contributing to the behavior
- Positive, proactive strategies and supports
- Replacement skills the student will be taught
- How staff will respond and provide support
- How progress will be monitored

Tier 2 supports provide more targeted interventions for students who need additional behavioral support.

Tier 3 supports are more individualized and intensive and may include a Functional Behavior Assessment (FBA) and a Behavior Intervention Plan.

**RIVERSIDE COUNTY SELPA
EDUCATIONAL SETTING
Offer of Free Appropriate Public Education (FAPE)**

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Student Legal Name: _____ Legal Suffix: _____ Birthdate: _____ IEP Date: _____
District of Service: _____ School of Attendance: _____

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn):

Note: Answer items below for students ages 3-5 in 201-Regular Early Childhood Program 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 or Kindergarten 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 grades TK/Kindergarten or higher 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

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

List out Student's non academic activities (i.e. lunch, recess, extra curricular activities) in relation to their same age peers:

Student will not participate in the general education environment and extracurricular & non academic activities for:
because:

In selecting Least Restrictive Environment, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:

Are additional assessments needed? ☐ Yes ☐ No In the area(s) of:

OTHER AGENCY SERVICES

☐ California Children's Services (CCS) ☐ Dept. of Social Services (DSS) ☐ Department of Rehabilitation
☐ Probation ☐ Regional Center ☐ Other -
☐ County Mental Health (CMH)

PROGRESS AND PROMOTION

Promotion Criteria: ☐ District ☐ Progress on Goals ☐ Other -

Parents will be informed of progress: ☐ Quarterly ☐ Trimester ☐ Semester ☐ Other -

How? ☐ Annotated Goals ☐ Progress Summary Report ☐ Other -

ACTIVITIES TO SUPPORT TRANSITION

(e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, NPS to public school)
For those students in a NPS setting, yearly the IEP team must consider whether or not the needs of the pupil continue to be best met at nonpublic school and whether the pupil may be transitioned to a public school setting.

GRADUATION PLAN

(Grade 7 and Higher)

PROJECTED GRADUATION DATE and/or secondary completion date

Passed Algebra I? ☐ Yes ☐ No

☐ To participate in high school curriculum leading to a Diploma

☐ To participate in high school curriculum leading to a Certificate of Completion

☐ To participate in an alternative pathway to a Diploma

CREDITS REQUIRED

FOR GRADUATION

CREDITS EARNED

CREDITS NEEDED

Educational Setting

This page describes where the student will receive their education and services and documents the student's participation with general education peers.

It may include:

- The student's educational placement
- Percentage of time inside and outside the general education setting
- Participation in extracurricular and nonacademic activities
- Information related to Least Restrictive Environment (LRE)
- Placement is determined by the IEP team based on the individual needs of the student.

Page _____ of _____

**RIVERSIDE COUNTY SELPA
EMERGENCY CONDITIONS PROVISIONS PLAN**

Student Legal Name: _____ Legal Suffix: _____ Birthdate: _____ Meeting Date: _____

This form must be completed in its entirety

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions as referenced in Cal. Ed. Code § 46392(a) and 41422(a), the IEP will be provided by means of "distance learning" consistent with this Emergency Conditions Provisions Plan in light of the emergency circumstances at that time including applicable public health orders. This applies to the special education and related services in the IEP, including post-secondary transition services, extended school year services, and supplementary aids and services.

"Distance learning" means instruction in which the pupil and instructor are in different locations. "Distance learning" may include, but is not limited to, all of the following:

- (1) Interaction, instruction, and check-ins between teachers and pupils through the use of a computer or communications technology.
- (2) Video or audio instruction in which the primary mode of communication between the pupil and certificated employee is online interaction, instructional television, video, telecourses, or other instruction that relies on computer or communications technology.
- (3) The use of print materials incorporating assignments that are the subject of written or oral feedback.

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 school days due to a qualifying state of emergency, the parent will be notified as to the specific alternative means by which the student's IEP will be provided, in light of the emergency circumstances present at that time.

Distance Learning Means of Delivery, to the Extent Feasible: Do any of the following apply? If yes, describe how services will be delivered.
☐ Yes ☐ No Special Education and Related Services:

Service(s)	☐ Individual ☒ Group	☐ Individual ☐ Group	☐ Individual ☐ Group	☐ Individual ☐ Group	☐ Individual ☐ Group
Frequency & Duration	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:
Service Delivery	_____	_____	_____	_____	_____
IEP Goals to be Addressed from IEP Dated _____	_____	_____	_____	_____	_____

☐ Yes ☐ No Supplementary aids and services (accommodations, modifications, and other supports) in the IEP:

☐ Yes ☐ No Transition to Adult Life Services - Individual Transition Plan:

Service(s)	☐ Individual ☐ Group	☐ Individual ☐ Group	☐ Individual ☐ Group	☐ Individual ☐ Group	☐ Individual ☐ Group
Frequency & Duration	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:	Frequency: Duration:
Service Delivery	_____	_____	_____	_____	_____

Emergency Contingency

The Emergency Conditions Provision Plan explains how special education and related services may be provided if instruction or services cannot be delivered in the usual way because of an emergency condition.

It documents how the student may receive:

- Specialized Academic Instruction
- Related services
- Accommodations and supports
- Access to instructional materials



**RIVERSIDE COUNTY SELPA
SIGNATURE AND PARENT CONSENT**

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Student Legal Name: _____ **Legal Suffix:** _____ **Birthdate:** _____ **IEP Date:** _____

IEP MEETING PARTICIPANTS

Parent/Guardian	Date	Parent/Guardian	Date
LEA Representative/Admin.Designee	Date	General Education Teacher	Date
Student	Date	Special Education Specialist	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date

CONSENT

- | Initials | Agreement |
|----------|---|
| 1a _____ | I agree to all parts of the IEP |
| 1b _____ | I agree with the IEP, with the exception of _____ |
| 1c _____ | I do not agree with this IEP |
| | Eligibility |
| 2a _____ | I understand and agree that my child is not eligible for special education. |
| 2b _____ | I understand and agree that my child is no longer eligible for special education. |
| | Safeguards |
| 3a _____ | I have received a copy of the assessment report(s) and/or IEP at no charge. |
| 3b _____ | I have been advised of and given a copy of the Notice of Procedural Safeguards, as required once per year. |
| 3c _____ | I have been advised of the full continuum of service options. |
| 3d _____ | The school district facilitated parent involvement as a means of improving services and results for my child. |
| | Private School |
| 4a _____ | My child is eligible for special education services. However, I choose to enroll my child in a private school at parent/guardian expense and understand that this IEP cannot be implemented by the school district in the private school. |
| 4b _____ | I choose to enroll my child in a private school and request an Individual Service Plan.
District of Service: _____ |

Signature below is to authorize and confirm agreement with the areas initialed above:

Signature: _____ **Date:** _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Signature: _____ **Date:** _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

(IF APPLICABLE) I CONSENT to the review, access, processing of claims, and reimbursement of Medi-Cal benefits/information by the LEA and/or IEP team for services provided under this IEP, including, if appropriate, the provision of Targeted Case Management Services.

Parent Signature: _____

Signature & Parent Consent

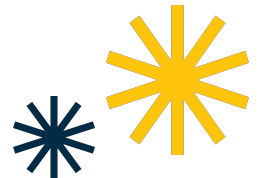
The signature and consent page documents participation in the IEP meeting and the parent/guardian's response to the district's offer.

Parents may:

- Provide consent to the IEP
- Consent to only part of the IEP
- Indicate disagreement with portions of the IEP
- Request additional discussion or another meeting



Community Resources for Parents



Contact Information

If you have questions or concerns about your student's IEP, please contact your student's case manager or administrator at the school site via email or phone.

If you need to speak to a district administrator, please contact the Program Specialist assigned to your student's site.



Kelly Dean



kdean1@psusd.us

BW, CAH, DSL, JC, JWMS, KF, RVES, SSES, TBPES, Preschool



Chris Berry, Ed.D



cberry@psusd.us

CCHS, DHSHS, DLA, MSJ, NCMS, PHMS, RCMS, RMHS



Tara Jones

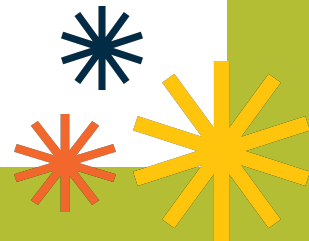


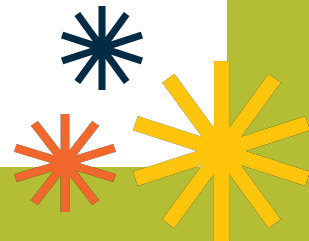
tjones2@psusd.us

ACES, BVES, CCES, CVC, CYES, DSMS, LES, RMES, VDMES



PALM SPRINGS
UNIFIED SCHOOL DISTRICT
Special Education





Upcoming Events

Riverside County SELPA Community Advisory Committee

Palm Springs Unified School District is seeking parent and guardian volunteers to join Riverside County's Community Advisory Committee (CAC). CAC is made up of parents and other individuals with a personal or professional interest in ensuring that students with disabilities have access to appropriate services. The CAC membership represents the geographic, ethnic, and socioeconomic makeup of the community it serves, including representatives from each participating district. The mission of CAC is to create a network of parents, students, educators, and community members to promote equity and access for ALL children. The goal is to serve as a link between home, school, and community and to empower parents and caregivers to actively participate and become effective partners in the education of their child(ren). CAC membership is a two-year commitment.

Riverside County SELPA holds several CAC meetings throughout the year. As a CAC member, participants are expected to attend the scheduled meetings and actively participate in the committee. For additional information about meeting dates and locations, please [click here](#).

If you are interested in becoming a CAC member, please click on and complete the [interest form](#) by October 1, 2026. Once submitted, PSUSD's Special Education Department will contact you to review the next steps in the process, which includes approval by the PSUSD Board of Education.

If you have any questions, please reach out to R. Noelle Gutierrez at RGutierrez@psusd.us.

CAC
COMMUNITY ADVISORY COMMITTEE
SUPPORT • GUIDANCE • COLLABORATION



SEPAC MEETINGS

Welcome to the 2026-2027 school year! Our mission is to empower parents, teachers, paraprofessionals, and all other staff to work cohesively as a team towards a better education for our children with exceptional needs by providing resources through support, training, and community awareness programs. We welcome you to join us in accomplishing this mission.

GPM-7PM ZOOM
Register- <https://bit.ly/SEFAC2627>

OCTOBER 14, 26
UNDERSTANDING YOUR IEP & MEET THE TEAM
NOVEMBER 18, 26
SUPERINTENDENT
DECEMBER 16, 2026
SUPPORT AND ENCOURAGE POSITIVE BEHAVIORS
FEBRUARY 10, 2027
PSUSD ADULT TRANSITION PROGRAM
MAY 12, 2027
LCAP

FOR MORE INFORMATION:
CALL TRACI HUGHES
SCAN THE QR CODE ABOVE
VISIT - FAMILYCENTER.PSUSD.US

SCAN ME

FAMILY & COMMUNITY ENGAGEMENT

Special Education Department PSUSD'S SPECIAL EDUCATION DEPARTMENT WOULD LIKE TO INVITE PARENTS AND GUARDIANS TO **Coffee and Conversations**

Join members of the Special Education Administrative Team for a series of informational sessions offered throughout the school year for parents and guardians of students receiving special education services.

Each session will feature a different topic related to special education, services, and the IEP process. Parents and guardians will have an opportunity to learn, connect with the Special Education team, and ask questions in a welcoming and supportive environment.

Whether you are new to special education or simply want to learn more, we invite you to join the conversation! The topic for next week's presentation is *A Parent's Guide to Special Education and the IEP*. Please [click on this link](#) to register.

Come learn. Ask questions. Connect with us.
Coffee and pastries will be provided.

Desert Learning Academy
2248 East Ramon Road
Palm Springs
9:00 - 10:30 AM

September 29th
February 9th

Ed Wenzlaff Education Center
11625 West Dr.
Desert Hot Springs
9:00 - 10:30 AM

October 27th
April 27th



TRUNK OR TREAT
COMMUNITY - FUN - CANDY!
Join us from 5:30pm - 7:30pm

10/26/2026
RC SELPA Office
3935 Inland Ave.
Perris, CA 92571

10/28/2026
Palm Springs Unified
150 District Center Dr.
Palm Springs, CA 92264

Click here
or scan
to register
for TRUNK OR TREAT

Click here
or scan
to register
for FALLS SPRINGS



Coachella Valley Craft

1st-8th Grade Students
with special needs

Expanded Learning is partnering with Coachella Valley Craft and providing adaptive, hands-on storybook and craft program that pairs literacy exploration with structured craft projects to foster creativity, fine motor skill development, and social-emotional growth.

Tuesdays 5:00 PM- 6:00 PM
September 29th-November 17th
Edward Wenzlaff Education Center
in Desert Hot Springs

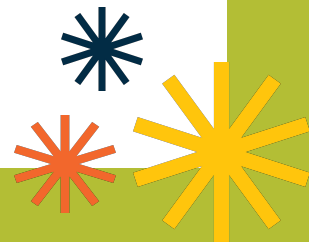


**Scan to Learn More
& Sign up!**

Call 760-325-8764 with questions



Expanded Learning Family Opportunity for Students with Special Needs



A yellow starburst graphic with eight rays, positioned in the top-left corner of the slide.

Thank you!