STATE SELPA SUPPLEMENTAL FORMS MANUAL

WRITING IEPS FOR EDUCATIONAL BENEFIT

January 2021 (Updated July 2026)

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.

28. **In or Out of California Transfers**: Note the differences in procedural regulations related to from where the student is transferring.

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 in which areas and 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.

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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. **Date of Transition Planning Conference** (Can be left blank it N/A). Date the conference with Regional Center is held to begin Part C to B Transition process.

29. **Referred By**: Select the box that identified the appropriate person initiating the referral (Parent, Teacher, SST, Other School/District Personnel, Other).

30. **Plan Type**: Select the box the identifies the plan determined to best meet the needs of the student.

31. **Residential Status:** Select the box that best identifies the student’s residential status.

32. **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.
33. **Infant Setting:** Discuss and document service delivery options considered. Select the appropriate box which reflects where the student receives 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
36. **Federal Infant Setting (Ages 0-2)**: After the discussion of placement options, identify the location the 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.

37. **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.