

# **SELPA Manager Web-based IEP**

Revised August 2008

## Table of Contents

Introduction.....	3
Web-based IEP Program Overview .....	3
Installation .....	3
Opening SELPA Manager .....	4
Moving around & entering data in the program .....	5
Goals and objectives.....	15
Goals and Objectives Palette .....	15
The State IEP Web Forms (DFL5).....	18
IEP (1).....	19
ITP (1A-2300).....	23
ITP (1B).....	24
PLAA (2) .....	25
Special Factors (3A).....	26
Statewide Assessments (3B).....	27
Goals (4 A-B-C).....	28
Services (5A).....	32
Educational Setting (5B).....	33
Signature/Consent (6A) .....	34
Signature/Consent (6B) .....	35
Meeting comments (7).....	36
Team amendments (8).....	37
SLD eligibility (9A) .....	38
SLD discrepancy (9B) .....	40
Notice of IEP Meeting (10) .....	41
Assessment Plan (11) .....	42
Assessment Report (12).....	44
Manifestation Determination Findings (A).....	45
Manifestation Determination Findings (B).....	46
Service Plan for Private School Students (14).....	48
IEP Team Member Excusal (15).....	49
Summary of Academic Achievement and Functional Performance (17A).....	50
Summary of Academic Achievement and Functional Performance (17B).....	51
Accommodations & Modifications .....	52
Printing your forms .....	54

## **Introduction**

Individualized Education Plans (IEPs) are a necessary part for meeting specialized needs of some students. IEPs describe appropriate services, accommodations, delivery, etc for students with exceptional needs. The State Department of Education also uses some of the information to track program outcomes and student progress as well as Education Code compliance items. The program used by the state to track this information is the California Special Education Management Information System (CASEMIS).

SELPA Manager not only collects the required information for CASEMIS, but can also keep records on transportation, bill-back charges, attendance, and more. SELPA Manager is used throughout the state by many SELPAs, districts and schools as a standalone program, in a server-based environment, or with web-based access. Because of this state-wide usage, users belong to a consortium which helps spread the cost of updates equally to all users. In addition, this allows features requested by one SELPA or district to be shared among all users.

SELPA Manager has now added an IEP feature that contains both the state generic IEP and specialized local IEPs. This manual contains illustrations and instructions for the state default (DFLT5) IEP. In some of the illustrations the student name or other information has been blurred.

## **Web-based IEP Program Overview**

This manual will demonstrate the use of IEPs with the California generic IEP developed by the SELPA Directors. In doing this, SELPA Manager has created a link via the IEP pages to the required information for the state. As the information is typed into the IEPs in SELPA Manager it can be saved for review and eventually update the fields of information used for CASEMIS. This results in a more streamlined process for collecting and reporting IEP information.

## **Installation**

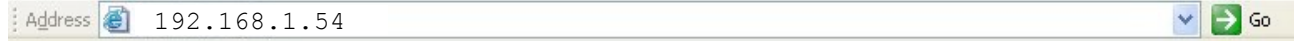
As mentioned above, there are three ways of accessing SELPA Manager and the IEP section of the program: Standalone (aka Runtime), Server-based, and Web-based. Each method of access has certain configuration steps. To begin using the SELPA Manager Web-based IEP Program the main SELPA Manager program has to be installed and running with web server turned on. The Web-based Services can be used with a Server-based version or in a 60-minute demo mode in a Standalone version of the program. Both versions will need to have an IP (Internet protocol) address that you will use to access the Web-based IEP.

This manual assumes that SELPA Manager has already been installed and the web server has been turned on. Please contact your SELPA Manager Administrator or Tech department to confirm this and to get the IP address that you will use to access the Web-based IEP.

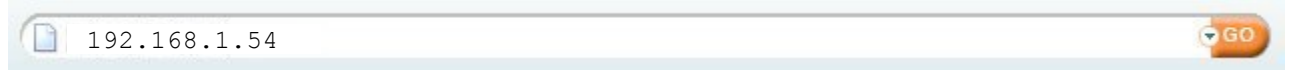
## Opening SELPA Manager

To access the Web-based IEP, open your browser and enter the IP address in the Address bar and click on Go. Again, contact your SELPA Manager Administrator or Tech Department for the IP address. The IP address listed here is for demonstration purposes only.

Internet Explorer...



Netscape...



### ***Logging on...***

Once the browser brings up the proper location, you will see a Login window. Enter your user name and password (assigned by your SELPA Manager Administrator/Tech Department), then click on Login.

#### **SELPA Manager Login Area**

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Please enter your username and password.

**Username**

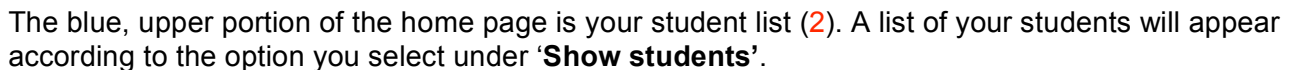
**Password**



---

SELPA Manager v 4.75241 - August 11, 2008 ()

After logging in you will see a multi-part display, the “home page”.



The columns in the green list display IEP meeting date, type of meeting, student name, grade level, date of birth, the status of the IEP, and the IEP form set used. To edit one of the listed IEPs, click on the meeting date for the corresponding row (4).

# SELPA Manager IEP Program Manual

Depending upon options set by the administrator, a pink section (“My current stats”) may appear above the blue students list. The pink section presents a summary of your login name, access privileges, accessible students, and IEPs that may be overdue.

**Show Students** options—upper portion of the initial screen after log on. (5 on the previous page).

**Show students (18 listed)**

Current as of: [v]

All for me

Case manager

Current

Current as of:

Dropped my services

Dropped all services

Find student:

Multi-search (below)

None

---

Overdue-last IEP

Overdue-last IEP as of:

Overdue-last eval

Overdue-last eval as of:

Overdue-either

Overdue-either as of:

---

Due next IEP 30 days

Due next eval 30 days

Due either in 30 days

Due either in days:

1 IEPs listed

Go

Prt


Se

ne

Select an option for the students that you want to see listed. Then, if required, complete additional information, i.e., date, name, etc. in the entry area below the option selected. Click on Go (🔍) to view the result.

Select option, complete additional information, if needed, and click on 'Go'.

**IEPs listed, basis:** (6 on the previous page).

Select an option for the IEPs that you want to see listed. Then, if required, complete additional information, i.e., date, name, etc. in the field below the option field. Click on Go () to see the list.

1 IEPs listed, basis:

Created by me-all

Created by me-all

Created by me-incomplete

Created by me-last 30 days

Created by me-last 180 days

---

Find IEP for:

Find IEP on:

---

My students-all

My students-last 30 days

My students-last 180 days

---

None

(Student name)

Grade level

Da

06/09/2005

Anr

A Manager - August 19, 2005

Select option, complete additional information, if needed, and click on 'Go'.

Select option, complete additional information, if needed, and click on 'Go'.

Upper Portion of window after option is selected and 'Go' is clicked.

## 1. Student list

Find an existing student. To create an IEP, press the student's Select button, then click on the 'Create IEP for this student' button. If you cannot find the student, press the 'Create IEP for new student' button. This action will open a completely blank IEP form.

The screenshot shows the 'Student list' interface. At the top, there are three buttons: 'Show students' (with a 'Go' button), 'Error checking' (with a 'Prt' button), and 'Quick print' (with a 'Prt' button). Below these are dropdown menus for 'Student search type', 'Current as of', 'Check errors', and 'Register'. A text box indicates: 'Option = Current as of: Additional information = 9/01/2006 Click on 'Go'.' Below the search criteria is a table with columns: 'Select', 'Record no.', 'Student', and 'Last IEP'. The table shows 10 records, with the first row highlighted. A text box indicates: '7. Select the radio button for the student you want to work with.' To the right of the table, there are navigation arrows and a text box indicating: 'Number of records showing (10) from number of records found in search (1761), and page (1) of total pages (177). Arrows to move to next/previous list of students found in search. Single arrow goes to next/previous group, arrows with line goes to very beginning or end.' Below the table, there are buttons: 'Create IEP for this student', 'Show IEPs for this student', 'Edit IEP notice for this student', 'Create IEP for NEW student', and 'DRDP'. A text box indicates: '8. Selection action to take or to add a NEW student IEP.'

Once the list appears select the student you wish to work with by clicking in the radio button (7). Then select what you want to do with that student by selecting one of the buttons at the bottom of the list. (8)

If the student already has an IEP and you want to edit the existing IEP, go to the lower portion of the initial screen and choose from the list of options (9). By default, the option for IEPs listed, basis: is "Created by me-all." Any student with an IEP created by the logged-in user should appear in the lower portion of the screen. Simply click on the date next to the IEP type and student name that you want to edit (10). If your default screen does not look like this, your SELPA Manager administrator may have changed the settings. Please contact your administrator if this is the case.

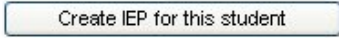
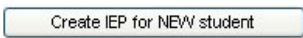
## 2. IEP list

Use this area to find an existing IEP for a particular student, for viewing, editing, or printing. Click on the link to display the IEP data entry form on your computer.

The screenshot shows the 'IEP list' interface. At the top, there is a dropdown menu for 'basis:' with the value 'Created by me-all'. A text box indicates: '10. Click on the date of the IEP to edit an existing IEP'. Below the dropdown menu is a 'Go' button. A text box indicates: '9. Select option, enter additional information, if needed, and click on 'Go'.' Below the 'Go' button is a table with columns: 'Meeting date', 'Meeting type', and 'IEP for: (S)'. The table shows one record with the date '06/09/2005' and the type 'Annual review'. A text box indicates: '10. Click on the date of the IEP to edit an existing IEP'.




## Create New IEP

To create a new IEP for new or existing students, click on the 'Create IEP for this student' button  or 'Create IEP for New Student'  in the upper portion of the screen.

Once you click on 'Create IEP for this student' or 'Create IEP for NEW student', you will be taken to an IEP to begin filling in the information. If you selected 'Create IEP for this student' the student's demographic information will be copied onto the IEP. 'Create IEP for NEW student' means the student does not yet exist in SELPA Manager. This option will create a new IEP and (after the first page of the IEP is saved), also create a NEW student record. Demographic information for the student will need to be entered on the first page of the IEP, because the student record did not exist in SELPA Manager previously.

The IEP forms built into SELPA Manager will appear in your browser window. At the top of most IEP pages are a set of navigation tabs, which, when clicked, will take you to different pages within the same IEP. (See the diagram on the following page)

If you accidentally click on the 'Create new IEP' button when you are trying to edit an existing IEP for a student; or if you clicked on the 'Create IEP for NEW Student' when you intended to click on 'Create IEP for this student', click on the 'Cancel'  button at the bottom of the page prior to moving to another page or saving the first page. Then look at the lower portion of the screen to select the existing IEP that you want to edit or click on the correct button to create a new IEP for the currently identified student.

The diagram shown is a sample of the upper portion of the first IEP form (page), IEP (1). Also visible are the navigation tabs representing the other forms that are in the IEP form set.

IEP (1)	ITP (1A)	ITP (1A-2300)	Transition sycs (1B)	PLAA (2)
Special factors (3A)	Statewide assmts (3B)	Goals (4 A-B-C)	Services (5A)	Educational setting (5B)
Signature/consent (6A)	Signature/consent (6B)	Team comments (7)	Amendments (8)	SLD-eligibility (9A)
SLD-discrepancy (9B)	Notice of meeting (10)	Assessment plan (11)	Assessment report (12)	Manifest dtm findings (a)
Manifest dtm findings (b)	Pre-expulsion (13)	Private sch svc plan (14)	Team excusal (15)	Achievement smry (17A)
Achievement smry (17B)	Accomms/mods	Appendix D		

**Individualized Education Program** Page

\*Denotes items that are always required

**13. Title of page in current view**

**12. Tabs showing IEP pages available in the form set**

**14. Click here to indicate that this IEP is not yet complete**

☒ Incomplete

Last Name\* Upchurch First Name\* Emory IEP Date\*  
 Last IEP 4/30/2008 Next IEP 1/11/2008 Original entry date  
 Last Eval 4/30/2008 Next Eval 1/11/2009

Purpose of Meeting\* Addendum (Specify if other purpose:)  
 Birthdate 12/20/1995 Age 12 Gender M Grade 06 Sixth grade Migrant ☐ Yes ☒ No

Native Language Armenian 12 EL ☐ Yes ☒ No Interpreter ☐ Yes ☒ No  
 Student Language English 00 English fluency [Select fluency]

To access each form, click on the appropriate navigation tab (12). The form you are currently on is indicated by the title. (13). The title of the browser window also indicates the form.

If you are adding an IEP for an existing student, then the demographic data that is currently in SELPA Manager for that student will automatically appear in some of the fields. Additionally, you will not be able to make changes to the student's name. If the student is new to the system, simply tab or click into the demographic fields and enter the information.

Suppose that you are creating an IEP for a NEW student, but the student is already listed in the program. If you have specified the student's last name, first name, date of birth, and gender on the new IEP, when you attempt to save the first page of the IEP ("SAVE" button or clicking on one of the navigation tabs), then the program will display an error message,

*You are adding a new IEP for a new student. However, there is an existing student listing that has the same last name, first name, date of birth, and gender. You should press the CANCEL button at the bottom of this form, to leave this IEP form without saving. Then, from the 'Welcome' (home) page, locate the student's name in the upper (blue) list entitled '1. Student list'. If the student list is empty, then choose 'Find student:' as the 'Student search type', and enter the student's name in the 'Search criterion:' box. Press the 'Go' button that is located above 'Student search type', to refresh the list. In the refreshed student list, locate the student record. In the row corresponding to the student, click on the radio button in the 'Select' column. Then press Create IEP for this student', located below the student list. If you cannot find the student's name in the list, then you may not have access to the*

*student's information; contact your administrator and request access to read the student record for the web-based IEP.*

As you complete the fields, you can use the vertical scroll bar in your browser to move further down the page, or keep tabbing from field to field. You can also use the mouse scroll wheel, the space bar (one pane down), or the [Shift]-[Space] keystroke (one pane up).

The screenshot shows a web-based IEP form with various fields and drop-down menus. Annotation 15 points to the 'Attendance School' drop-down menu, which is currently set to '6025233-Pomolita Middle'. Annotation 16 points to the 'Save', 'Cancel', and 'Print IEP page(s)' buttons at the bottom of the form. The form includes sections for District of Residence, District of Service, Residence School, Attendance School, Case manager, Primary Ethnicity, Ethnicity 2, Ethnicity 3, Ethnicity 4, Primary Disability, Secondary Disability, Disability severity, Eligible for Special Education, and a section for describing the student's disability.

**15.** Click the arrow to see the list of options for this field

**16.** Click on Save or Cancel to close the IEP, either saving or canceling edits on this page. Click on Print IEP Page(s) to generate pdf images of selected IEP pages

Some of the entry areas will have drop-down menus to choose from a list of options. If the entry area has a or arrow (15), click on the arrow and the list of options/choices will appear. Click with the cursor on your selection from the drop-down, and then release the mouse button. Your selection will then appear in the entry area.

Date should be entered using a month (i.e. 01 or 1), day (i.e. 5 or 05), and year (i.e., 07 or 2007) format. It is necessary to use punctuation such as slashes, dashes or periods ("5/13/05", "5-13-05", "5.13.05", and "05/13/2005").

If you are not finished editing the IEP, click on the Incomplete box (located at the top of the page; 14 on previous page), to indicate that the IEP is not yet final. The Save, Cancel, and Print (16) buttons should appear at both the top and the bottom of most pages. The Save button is only available when the IEP is not marked as either reviewed or locked.

The print button on the first page/tab is labeled "Print IEP page(s)", while on subsequent pages it is labeled "Print page". The difference is that on the first page there are options to print more than one page, while on subsequent pages, the button will generate just one page.

To save the IEP, click on the Save button, or any of the navigation tabs at the top of the page (to move to another IEP page). SELPA Manager will save any changes made on the page that you are leaving.

To exit the program you should first close the IEP (Save or Cancel button), then click on the Logout link in the navigation area of the home page. If the browser window is closed without first pressing Save or a page navigation tab, then any edits made to the last page will not be saved.

Occasionally, you will find a table on a form. In this example, the table contains a list of services the student will be receiving.

SPECIAL EDUCATION				
	ESY	No	Add/Grp/Provider	
	<input type="radio"/>		USD	

Duration Location

30 min 510 - Regular classroom-public day school

Add service Edit service Remove service (to edit/remove you must first select a row)

17. Click on the radio button to tell the program which service you want to edit or remove

18. Click here to add, edit or remove services

To add an item to the list (table) click on the 'Add service' button (18). If you have accidentally added an extra line in the list (table) click on the click the radio button (17) for the service you want to remove then click on the 'Remove service' button (18). To edit a service, click on the radio button of the service to be edited, then click on the 'Edit service' button (18).

When you click on the 'Add service' or 'Edit service' buttons, your browser will display a data entry form for student services. Enter the appropriate data and click on 'Save' (19). If you have made a mistake in any of the entry areas, click in that area to highlight it, and then retype or select the correct information. If you click on 'Cancel' (20) in this window, no changes will be saved and you will be returned to the IEP page containing the table. The 'Save' button is not available when the IEP has been marked as reviewed or locked.

2. For infant (age 0-2) or mental health services:

The following items are required for infant and mental health services. However, they can also be used for non-infant services as well.

Provider type (\*Infant/MHS)

[Select provider type]

Frequency code (\*Infant/MHS)

[Select frequency]

Duration, minutes per session (\*Infant/MHS)

3. Other items:

Auxiliary service location

Delivery model

[Select model]

Consult

☐ Yes ☒ No

LEA district

[Select LEA district]

4. For non-infant, non-MHS services:

Duration (other description)

[Select duration]

(Describe if other)

Frequency (other description)

[Select frequency]

(Describe if other)

Sessions per week

Note: This item prints as the duration, provided that the "Duration, minutes per session" (Infant section) is zero.

Note: This item prints as the frequency, provided that the "Frequency code" (Infant section) is zero.

\*Denotes required items

Save

Cancel

19. Click here to save after editing the service.

20. Click here to cancel any changes, and return to the IEP services page.

Some of the IEP forms include a “Page help” link at the upper right, which when clicked opens a separate window with page usage instructions.

The screenshot shows a web browser window titled "http://127.0.0.1 - IEP Form 1 – Individualized Education Program - Mozilla Firefox". The page content is titled "IEP Form 1 – Individualized Education Program". Below the title, a note states: "Items above the solid line may be completed prior to the meeting, based on information contained in the student information system." The form consists of eight numbered items, each with a label and a description of what to enter. Item 8 includes a list of meeting purposes with definitions for each term.

**IEP Form 1 – Individualized Education Program**

*Items above the solid line may be completed prior to the meeting, based on information contained in the student information system.*

1. **Student Name**: Enter the student last name and first name.
2. **IEP Date**: Enter date of the IEP meeting.
3. **Last IEP**: Enter the date of the last IEP.
4. **Next IEP**: Enter the next IEP date that will be one year from the present date in most cases.
5. **Original SpEd Entry Date**: Enter the date the student first received special education services, including IFSP (0-3 infant services).
6. **Last Eval**: Enter the date of the most recently completed comprehensive assessment to determine or re-determine eligibility for special education and related services (triennial or initial IEP date).
7. **Next Eval**: Enter the date when the next triennial evaluation is due.
8. **Purpose of Meeting**: Select purpose of meeting.
  - Initial is the IEP to determine eligibility after initial assessment.
  - Annual is the IEP meeting to be held within one year of prior IEP.
  - Triennial is the IEP meeting to be held after reassessment. This meeting may also include the Annual 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.
  - Pre-expulsion means an IEP meeting that is being held as part of or following a manifestation determination.
  - Interim means if the child has an IEP and transfers into a district from another district.
  - Expanded IEP means an IEP meeting which includes CMH representatives.
  - Other

Done

## Goals and objectives

An important part of the IEP are goals and objectives/benchmarks. The student can have one or more goals per IEP. Multiple goals will appear on separate pages. Goals should be definitive and measurable.

SELPA Manager provides three entry page options for goals. You can use any of the three forms, depending upon which button is pressed from the list Add new goal (A) Add new goal (B) Add new goal (C). There is an illustration of each entry option later in this manual. A goal created in one form can be viewed, edited, or printed in any of the three forms; the form used to create the goal does not limit subsequent access.

To add a goal to an IEP, you must be displaying the Goals list (select the Goals button at the top of the IEP- Goals (4 A-B-C)). If there are no existing goals, or to add an additional goal, click on the 'Add new goal' button for the form type that you want to use. This action will display a new, blank goal (4A); goal-benchmark (4B), or goal-objective form (4C). You must click on the appropriate 'Add new goal' button for each goal that you want to add to the IEP.

## Palette windows (goal bank)

To facilitate adding goals to an IEP, SELPA Manager includes two palette windows for displaying and using a goal bank: one for goals only and a second for goals and objectives. You can scroll to find an item in the palette, and then paste it into the IEP with a couple of clicks.

Various goal banks are available to import, for use with the palettes in SELPA Manager. You can also create your own goals in a spreadsheet and have them imported. Contact your SELPA Manager Administrator about importing goals.

### Annual goals/objectives/benchmarks list

The screenshot shows a web interface for managing goals. At the top, there are three buttons: Add new goal (A), Add new goal (B), and Add new goal (C). Below these is a table with columns: **No.**, **Goal**, and **Area of Need**. The first row in the table has the number '1' in the 'No.' column and a detailed goal description in the 'Goal' column. The 'Area of Need' column for this row contains the text 'constant Sixth Grade-Mathematics'. Below the table, there are three buttons: Edit goal (A), Edit goal (B), and Edit goal (C). At the bottom of the interface, there are four buttons: Add new goal (A), Add new goal (B), Add new goal (C), and Cancel.

Annotations with red boxes and arrows point to specific elements:

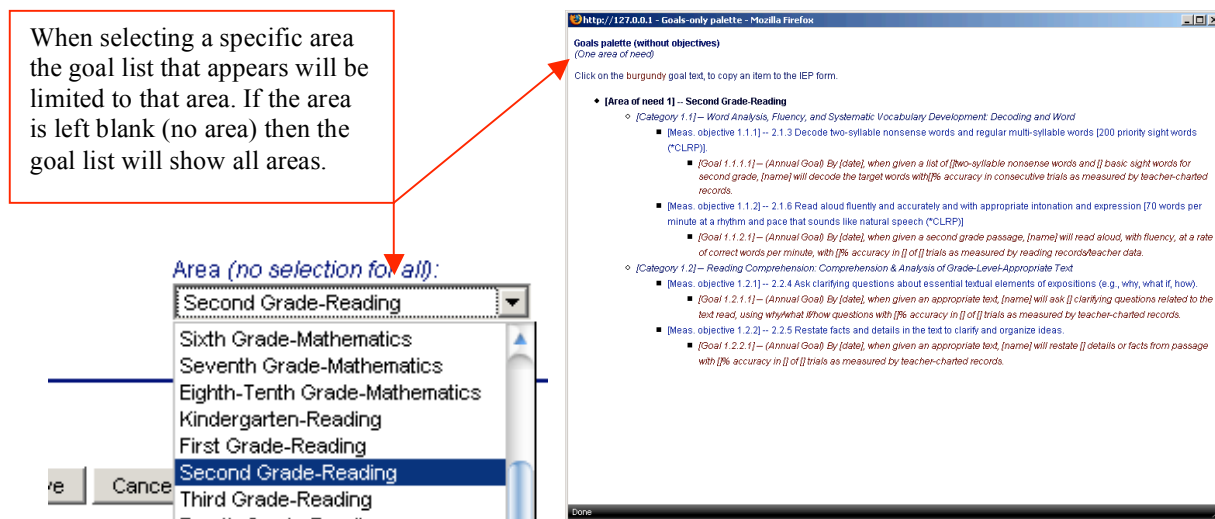
- A box with the text "Click here to select an existing goal to edit. Then...." points to the first row of the table.
- A box with the text "Choose the form type to be used." points to the Edit goal (A), Edit goal (B), and Edit goal (C) buttons.
- A box with the text "Click here to add a new goal ." points to the Add new goal (A), Add new goal (B), and Add new goal (C) buttons.

Below the table, there is a text instruction: "To access a listed goal, first select the row representing the goal, then click on one of the buttons immediately below (A, B, or C, depending upon which style goal form you would like to use)." An arrow points from this text to the Edit goal (A), Edit goal (B), and Edit goal (C) buttons.

Once one or more goal banks have been installed in SELPA Manager, you can click on the [Palette] or the [Goals-only palette] link to begin using the palette.

A palette displaying a full set of goals can be lengthy, increasing the time required to scroll down to a particular goal or objective. However, you can also narrow the displayed items to a specific area of need on opening the palette. Another option is to type the goal and objective information directly in each entry area on the IEP form, thereby bypassing the palette altogether.

To make use of the palette, select the area of need from the drop-down list at the top of a goal form (4A, 4B, or 4C). Then click on the [Palette] or [Goals-only palette] link.



## Goals-only palette

You can use the goals-only palette to add only the goal to your page, and then manually add your own objectives. (Form 4C is the only form that uses the objectives information).

When you click on the [Goals-only palette] link, you'll see an indented, multicolor list consisting of (1) area of need; (2) category; (3) essential standard; and (4) goal.

To move up or down in the palette, use the mouse scroll wheel or the palette window scroll bar. You can also search for a particular section in the palette by using the standard Find keystroke, [Control]-F or [Command]-F (Macintosh), then enter a portion of the area of need, category, objective, or goal description.

To paste a goal into the IEP, click on one of the burgundy-colored goals in the palette. A dialog will appear, confirming that you wish to add the goal to the form. Click the OK button to paste the goal and the three associated levels onto the current page.

## Goals and objectives palette

The Goals and Objectives Palette is organized into five indented, multicolored levels: (1) area of need; (2) category; (3) essential standard; (4) goal; and (5) objective. Clicking on the objective text at the final level (fifth indent, green text) causes all five items to be added onto the goal page of the student's IEP. However, clicking on any of the other levels (1-4) will not add the item onto the goal page.

Because Form 4C contains three areas for entering objectives, you can paste up to three objectives from the palette into the same goal page. However, the objectives must share a common goal.



Click on the **green** benchmark text, to copy an item to the IEP form.

## Goals and Objectives Palette

### ♦ [Area of need 1] -- Kindergarten-Mathematics

#### ◊ [Category 1.1] -- Number Sense

- [Meas. objective 1.1.1] -- K.1.2 Count, recognize, represent, name, and order a number of objects (up to 30).
  - [Goal 1.1.1.1] -- (Annual Goal) By [date], when given up to thirty objects, [name] will count, recognize, represent, name, order the number of objects with [% accuracy in [] of [] trials as measured by teacher-made tests/teacher-charted data.
    - [Benchmark 1.1.1.1.1] -- K.1.2.1 By [date], when given up to ten objects [name] will count, recognize, represent, name, order the number of these objects with [% accuracy in [] of [] trials as measured by teacher-made tests/teacher-charted data.
    - [Benchmark 1.1.1.1.2] -- K.1.2.2 By [date], when given up to ten objects, [name] will count, recognize, represent, name, order the number of these objects with [% accuracy in [] of [] trials as measured by teacher-made tests/teacher-charted data.
- [Meas. objective 1.1.2] -- K.2.1 Use concrete objects to represent addition and subtraction problems (for two numbers that are each less than 10).
  - [Goal 1.1.2.1] -- (Annual Goal) By [date], when given concrete objects, [name] will use these objects to add and subtract numbers (each number less than 10) with [% accuracy in [] consecutive trials as measured by teacher-charted observation/data.
    - [Benchmark 1.1.2.1.1] -- K.2.1.1 By [date], when given concrete objects, [name] will use these objects to add sums to 18 with [% accuracy in [] consecutive trials as measured by teacher-charted observation/data.
    - [Benchmark 1.1.2.1.2] -- K.2.1.2 By [date], when given concrete objects, [name] will use these objects to subtract (two numbers less than 10) with [% accuracy in [] consecutive trials as measured by teacher-charted observation/data.

### Expanded goals and Objectives

Category

Category 1.2] -- Algebra and Functions

Goal

[Goal 1.2.1.1] -- (Annual Goal) By [date], when given objects, [name] will identify, sort and classify objects by attributes and identify objects that do not belong in a set with [% accuracy in [] of [] trials as measured by teacher-charted observation/data.

Objective

[Benchmark 1.2.1.1.1] -- K.1.1.1 By [date], when given objects, [name] will identify, sort and classify objects with [% accuracy in [] of [] trials as measured by teacher-charted observation/data.

[Benchmark 1.2.1.1.2] -- K.1.1.2 By [date], when given objects, [name] will identify, sort and classify objects by attributes and identify objects that do not belong in the set with [% accuracy in [] of [] trials as measured by teacher-charted observation/data.

Parents will be informed of progress at the same frequency as students without disabilities.		[Select interval]	
How?		[Select method]	
Content standard		7.1.3 Determine when and how to break a problem into si	Goal # 1
Area of Need	Measurable Annual Goal: Aligned with State Content Standards and leading to educational benefit*		
Seventh Grade-Math	(Annual Goal) By 07/10/2006, when given a set of word problems at his/her independent reading level, Kuwan will underline key terms such as more than, less than, of, times, etc. and identify the function necessary to solve the problems with [% accuracy in []		
Baseline:	<input type="radio"/> Yes <input checked="" type="radio"/> No Enables student to be involved/progress in general curriculum/State Standards and/or <input type="radio"/> Yes <input checked="" type="radio"/> No Addresses other educational needs resulting from the disability <input type="radio"/> Yes <input checked="" type="radio"/> No Linguistically appropriate		
Baseline:	Short-Term Objective:		
	7.1.3.2 By 07/10/2006, when given a set of word problems, Kuwan will underline key terms for (of, times) and identify the function necessary to solve problems with [% accuracy in of trials as measured by student work samples/criterion assessment.		
	Person(s) Responsible:		

Once you have pasted the palette information onto the IEP form, you can edit the text on the form, to personalize it. However, it is best to paste all objectives prior to customization, as the edits may prevent you from pasting additional objectives from the palette onto the IEP form.

## **SELPA Manager 2008-2009 (DFL5) IEP form set**

The DFL5 form set in SELPA Manager includes some 30 forms. Twenty-one of these forms are based upon templates developed by the members of the California State SELPA Association to address the legal requirements of IDEA 2004, state law, and the State Performance Plan. Others derive from templates developed by Butte County SELPA, Lake County SELPA, Mendocino County SELPA, and Santa Clara SELPA.

In this section you will find illustrations of the forms, along with some basic comments regarding usage. In general, click with the mouse into or onto the area that you wish to edit.

More detailed information on the State SELPA Association forms appears in the State SELPA IEP Manual; some of this information also appears on the “Page help” links on these web forms.

Most of the forms will expand when printed to accommodate the amount of text entered. An exception occurs for forms that have boxes of text arranged side-by-side, however.

If you have questions about what information to enter in a particular area of a form, please refer to your local Special Education Director/Manager or SELPA Director.

# IEP (1)

## Individualized Education Program

The link opens an on-line guidance page, in a separate window.

[Page help](#)

*\*Denotes items that are always required*

☒ Incomplete

**Last Name\*** Upchurch **First Name\*** Emory **IEP Date\*** 8/11/2008  
**Next IEP** 1/11/2008 **Original SpEd entry date** 1/14/2007  
**Next Eval** 1/11/2009

Enter dates in mm/dd/yyyy, mm.dd.yy, or a similar format

**Purpose of Meeting\*** Addendum (Specify if other purpose:)   
**Age** 12 **Gender** M **Grade** 06 Sixth grade **Migrant** ☐ Yes ☒ No  
**Language** Armenian 12 **EL** ☐ Yes ☒ No **Interpreter** ☐ Yes ☒ No  
**Student Language** English 00 **English fluency** [Select fluency]

Entry areas with drop-down lists require a choice from the listed items.

**Student ID** 01 **SSN #** **SSID #**

**Residency** Parent or legal guardian (own res. if 18) 10  
**Other residency type**  
**Foster or LCI No.** F

**Parent/Guardian** joe smith---surrogate **Type** Surrogate (if other, specify:) **Home Phone** 7074675177  
**Address** h123 fake st **Work phone** 7071111111

IEP (1), continued...

<input type="text"/>		<input type="text"/>	
<b>City/State/Zip</b>	<input type="text" value="ukiah"/> <input type="text" value="ca"/> <input type="text" value="95482"/>	<b>Cell Phone</b>	<input type="text" value="7074890000"/>
<b>Parent/Guardian</b>	<input type="text" value="josephine smith"/>	<b>Type</b>	<input type="text" value="Surrogate"/> <small>(if other, specify:)</small> <input type="text"/>
<b>Home Phone</b>	<input type="text" value="7074675177"/>		
<b>Address</b>	<input type="text" value="h123fake st"/> <input type="text" value="apt somewhere"/>	<b>Work phone</b>	<input type="text" value="7071111111"/>
<b>City/State/Zip</b>	<input type="text" value="ukiah"/> <input type="text" value="ca"/> <input type="text" value="95482"/>	<b>Cell Phone</b>	<input type="text" value="7074890000"/>
<b>District of Residence</b>	<input type="text" value="Mendocino County Office Of Education"/>	<b>District of Service</b>	<input type="text" value="FAKE DISTRICT"/>
<b>Residence School</b>	<input type="text" value="6025233-Pomolita Middle"/>	<b>Attendance School</b>	<input type="text" value="6025233-Pomolita Middle"/>
<i>If you cannot find the school in the drop-down list, enter the school code and/or name below:</i>			
<input type="text" value="6025233"/>	<input type="text" value="Pomolita Middle"/>	<input type="text" value="6025233"/>	<input type="text" value="Pomolita Middle"/>
<b>Case manager</b>	<input type="text"/>		
<b>Primary Ethnicity</b>	<input type="text" value="Asian Indian 205"/>	<b>Ethnicity 2</b>	<input type="text" value="White 700"/>
<b>Ethnicity 3</b>	<input type="text" value="[Select a third ethnicity]"/>	<b>Ethnicity 4</b>	<input type="text" value="[Select a fourth ethnicity]"/>
<b>Primary Disability</b>	<input type="text" value="Spec. learning disability (SLD) 290"/>	<b>Other Disabilities (select all that apply)</b>	
<b>Secondary Disability</b>	<input type="text" value="Emotional disturbance (ED) 260"/>	<input type="text" value="Autism (AUT) 320"/> <input type="text" value="Deaf-blindness (DB) 300"/> <input type="text" value="Deafness (DEAF) 230"/> <input type="text" value="Emotional disturbance (ED) 260"/> <input type="text" value="Established med disab (EMD, a"/> <input type="text" value="Hard of hearing (HH) 220"/>	
<b>Disability severity</b>	<input type="text" value="Mild"/>		
<b>Eligible for Special</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Exiting from Sp. Ed. (returned to reg. ed./no longer eligible)</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

A student can have up to 4 ethnicities specified on this form.

[SHIFT]-click (contiguous items) or [CNTRL]-click (non-contiguous items) to select more than one "other" disability.

Choose the primary and secondary – disabilities from the drop-down lists. If additional disabilities are to be listed, highlight them in the "Other disabilities" list, at right

IEP (1), continued...

**Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities)**

testing fill in fields tab 1

**Triennial (3-year) re-evaluation**

☒ Due ☐ Not due

**prior to or on next IEP review date**

**Re-evaluation type** Summary of progress, current ed performance (if other, specify:)

**For initial placements only**

**Has the student received pre-referral early intervening services in the past 2 years**

☐ Yes ☒ No

**Date of initial referral for special education services**

7/1/2004

**Person initiating the referral for special education service**

Parent 10

**Date district received parent consent**

7/1/2007

**Date of initial meeting to determine eligibility**

7/5/2007

Use the entry area at right for additional description when "Other" is used in the drop-down list.

*\*Denotes items that are always required*

# Transition Services (1A)

## Individual Transition Plan (1A)

Page help

Name  IEP Date 8/11/2008

Describe how the student participated in the process

[Select participation] ▼

Results of age-appropriate transition assessments indicate upon exiting school student plans to:

Type in the results of the age-appropriate assessment here.

Student's Post Secondary Goal(s): Upon exiting school, the student plans to:

	Transition Services	IEP Goal Number	Person/Agency Responsible
<b>Education/Training</b>	Instruction:		
<b>Employment</b>	Development of Employment:		
<b>Independent Living (If appropriate)</b>	Community experiences:		
<div style="border: 1px solid red; padding: 10px; text-align: center;">                     This section of the form does not print variable-length.                 </div>	Other Post School Living Objectives:		
	Acquiring Daily Living Skills:		
	<b>Other</b>	Related Services:	
	Functional Vocational Evaluation:		

Individual Transition Plan (1A-2300)

Page help

Name Emory Upchurch IEP Date 8/11/2008

How I participated in the process [Select participation] (if other, specify)

Transition/Vocational Assessments Completed and Date (see Present Levels of Performance for results)

POST SECONDARY GOALS

Statement of what I want to do after leaving school (work, training/education, independent living)

CASEMIS  
input:

☐ College

☐ Vocational training

☐ Employment

☐ Independent living

Transition components	Activities/Linkages/ Related Services	Person/Agency Responsible	Timeline	Date Completed
<b>A. Preparation for Adult Living Goals:</b> <input type="checkbox"/> Research options for employment and training <input type="checkbox"/> Financial support <input type="checkbox"/> Transportation <input type="checkbox"/> Living arrangements				
<b>B. Community Experiences:</b> <input type="checkbox"/> Connect with support people and/or agencies <input type="checkbox"/> Business, Community Activities (job shadows, tours of schools or businesses, job/work experience, other community based activities) <input type="checkbox"/> Leisure/Recreation Activities				
<b>C. Related Instruction:</b> <input type="checkbox"/> General Education <input type="checkbox"/> Vocational/ROP <input type="checkbox"/> Special Education Classes <input type="checkbox"/> Part Time College				
<b>D. Daily Living Skills (training/practice):</b> <input type="checkbox"/> Personal Care <input type="checkbox"/> Money Skills <input type="checkbox"/> Transportation/Travel <input type="checkbox"/> Cooking				
<b>E. Other</b>				

This section of the form does not print variable-length.

If no "Activities/Linkages/Related Services" are addressed in Transition Components A, B or C, please note justification:

## ITP (1B)

### Transition Services (1B)

Page help

Name Emory Upchurch

IEP Date 8/11/2008  
(this form prints to one page only)

#### CAHSEE (California High School Exit Exam)

☐ CAHSEE/ELA date  Score  ☐ Passed ☒ Did not pass  
☐ CAHSEE/Math date  Score  ☐ Passed ☒ Did not pass

#### Test modifications/accommodations:

No accommodations/modifications

(Describe test accommodations/modifications:)

Complete this box when accommodations or modifications are specified.

#### If not taking the CAHSEE, check appropriate box:

- ☐ To participate in California Alternate Performance Assessment (CAPA)  
☐ Outside of testing group (before grade 10, or younger than 15 and ungraded)

- ☐ On or before the student's 17th 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

Passed Algebra 1 ☐ Yes ☒ No Date

Credits required for graduation

Credits earned

Credits needed

- ☐ Transcript attached

#### Required courses

#### Additional courses of study



## PLAA (2)

Present Levels of Academic Achievement and Functional Performance				Page help	
Name	Emory	Upchurch	IEP Date 8/11/2008		
<b>Strengths/Preferences/Interests</b> <input type="text"/>					
<b>Concerns of parent/adult student relevant to educational progress</b> <input type="text"/>					
<b>CA Standards Tests</b>					
	English/Language Arts	[Select proficiency level]			
	Math	[Select proficiency level]			
	Hist./Soc. Sciences	[Select proficiency level]			
	Science	[Select proficiency level]			
<b>CMA</b>					
	English/Language Arts	[Select proficiency level]			
	Math	[Select proficiency level]			
	Science	[Select proficiency level]			
CAT-6	English Language Arts	<input type="text"/>	Mathematics	<input type="text"/>	
CAPA	English Language Arts	<input type="text"/>	Mathematics	<input type="text"/>	Science <input type="text"/> Other <input type="text"/>
CELD	Listening	<input type="text"/>	Speaking	<input type="text"/>	Reading <input type="text"/> Writing <input type="text"/>
<b>Other Assessment Data</b> (e.g., curriculum assessment, other district assessment) <input type="text"/>					
<b>Hearing</b> ( <input type="text"/> ) <input type="checkbox"/> Pass <input type="checkbox"/> Other <input type="text"/> <b>Vision</b> ( <input type="text"/> ) <input type="checkbox"/> Pass <input type="checkbox"/> Other <input type="text"/>					
<i>(For neither pass nor fail to be checked on the printed form for the hearing and/or vision tests, enter "N/A" in the respective Other box.)</i>					
<b>Preacademic/Academic/Functional Skills</b> (including classroom performance in all academic areas) <input type="text"/>					
<b>Communication Development</b> <input type="text"/>					
<b>Gross/Fine Motor Development</b> <input type="text"/>					
<b>Social/Emotional/Behavioral</b> <input type="text"/>					
<b>Vocational</b> <input type="text"/>					
<b>Adaptive/Daily Living Skills</b> <input type="text"/>					
<b>Health</b> <input type="text"/>					

The printed form has "Pass" and "Fail" check boxes for hearing and vision. To prevent either box from being checked, enter "N/A" in the "Other" boxes here.

## Special Factors (3A)

### Special Factors (3A)

[Page help](#)

Name Emory Upchurch

IEP Date 8/11/2008

Does student require assistive technology devices and/or services?

☐ Yes ☒ No If yes, specify:

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

☐ Yes ☒ No If yes, specify:

Considerations if the student is blind or visually impaired

Considerations if the student is deaf or hard of hearing

If the child is an English Learner, consider the language needs of the child as those needs relate to the IEP

Does student's behavior impede learning of self or others?

☐ Yes ☒ No (If yes, describe)

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

☐ Behavior Support Plan  
(BSP) attached

☐ Behavior Intervention Plan  
(BIP) attached

☐ Behavior Goal is part  
of this IEP

For student to receive educational benefit, goals will be written to address the following areas of need:

## Statewide Assessments (3B)

### Statewide Assessments (3B)

[Page help](#)

Name Emory Upchurch IEP Date 8/11/2008

#### Participation in Statewide Assessment Program, STAR

(California Standards Test/CAT-6, California Modified Achievement Test, California Alternate Performance Assessment)

☐ Grade Exempt (before grade 2 and after grade 11)

☐ English Language Arts (ELA)

[Select ELA particip] (Specify) [ ]

☐ MATH

[Select math particip] (Specify) [ ]

☐ SCIENCE

[Select science particip] (Specify) [ ]

☐ HISTORY/SOCIAL SCIENCE

[Select hist/soc particip] (Specify) [ ]

Complete these boxes when accommodations or modifications are specified.

☐ If student is taking CMA or CAPA, IEP team has reviewed the criteria for taking alternate assessments.

☐ California Alternative Performance Assessment (CAPA) - Level [Select level]

(CASEMIS) [Select STAR particip]

The student will not participate in the CST/CAT-6 because [ ]

Participation in the CAPA is appropriate because [ ]

#### Other State-Wide/ District-Wide Assessments (Accommodations/Modifications)

[ ]

#### Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s) appropriate because

[ ]

#### For Preschoolers (Ages 3, 4 and 5 years) (Desired Results Developmental Profile (DRDP))

☐ DRDP-R

☐ DRDP-Access

Adaptations [ ]

#### FOR ENGLISH LEARNERS ONLY

☐ CELDT

☐ Listening

☐ Speaking

☐ Reading

☐ Writing

☐ Standards-based tests in Spanish STS

Math [Select STS math] (Specify) [ ]

Reading /language/ spelling [Select STS-RLS] (Specify) [ ]

☐ Other [ ]

## Goals List (4 A-B-C)

When there are no goals as yet associated with the IEP, a label indicates that “no existing goals were found for this IEP”. To create a goal, click on the Add new goal... button for the form style of your choice.

### Goals list

Indicates there are no goals listed in this IEP. (Also no Edit buttons are visible).

Sel.	No.	Form type	Area of Need	Goal
No existing goals were found for this IEP.				

Goal forms: **A - Annual Goals** **B - Goals/Benchmarks** **C - Goals/Objectives**

To **add** a new goal, click on one of the **add new goal** buttons below:

**NOTE:** If you create a goal with objectives or with benchmarks, subsequent editing with the goals-only form does *\*not\** remove the contents of the objectives or benchmark fields.

Existing goals appear as rows in the table. To edit an existing goal, click the radio button in the “Sel.” column representing the row that you want to edit. Now click on the Edit goal... button for the form (4A, 4B or 4C) that you wish to use.

### Goals list

Click here to select an existing goal

Sel.	No.	Form type	Area of Need	Goal
<input type="radio"/>	1	goal/obj		New goal for [08/14/2008 3:34 PM].

Goal forms: **A - Annual Goals** **B - Goals/Benchmarks** **C - Goals/Objectives**

To access an **existing** goal, first select the row representing the goal, then click on one of the **edit goal** button depending upon which style form you would like to use:

Click to edit the selected (existing) goal

Click here to add a goal

one of the **add new goal** buttons below:

**NOTE:** If you create a goal with objectives or with benchmarks, subsequent editing with the goals-only form does *\*not\** remove the contents of the objectives or benchmark fields.

The following illustrations represent the three goal forms (4A, 4B and 4C). The printed versions of all three forms can expand based on the amount of text entered.

## Form 4A

Area (no selection for all):  
Second Grade-Reading

Annual Goals

Goals-only palette

---

\*Denotes items that are always required

Save Cancel Print page Delete this goal

Page help

Name

IEP Date 8/11/2008  
Form type goal/obj ☐ DNR

Area of Need  
Second Grade-Reading

Measurable Annual Goal\*  
1 2.1.3 Decode two-syllable nonsense words and regular multi-syllable words [200 priority]

Baseline

(Annual Goal) By 8/11/2009, when given a list of [ ] two-syllable nonsense words and [ ] basic sight words for second grade, Emory will decode the target words with [ ] % accuracy in consecutive trials as measured by teacher-charted records.

☐ Enables student to be involved/progress in general curriculum/state standard:

☐ Addresses other educational needs resulting from the disability  
☐ Linguistically appropriate  
☐ Transition goal  
☐ Education/training  
☐ Employment  
☐ Independent living

Person(s) responsible

Progress Report 1  
Summary of progress

Date

Comments

Progress Report 2  
Summary of progress

Date

Comments

Progress Report 3  
Summary of progress

Date

Comments

Goal: Annual Review

Date

Goal Met ☐ Yes ☒ No

Comments

# Form 4B

Area (no selection for all):

Second Grade-Reading

## Annual Goals and Benchmarks

[Goals-only palette]

\*Denotes items that are always required

Save Cancel Print page Delete this goal

Page help

Name

IEP Date 8/11/2008

Form type goal/obj

☐ DNR

### Area of Need

Second Grade-Reading

### Baseline

### Measurable Annual Goal\*

1 2.1.3 Decode two-syllable nonsense words and regular multi-syllable words [200 priority]

(Annual Goal) By 8/11/2009, when given a list of [ ] two-syllable nonsense words and [ ] basic sight words for second grade, Emory will decode the target words with [ ] % accuracy in consecutive trials as measured by teacher-charted records.

☐ Enables student to be involved/progress in general curriculum/state standard:

- ☐ Addresses other educational needs resulting from the disability
- ☐ Linguistically appropriate
- ☐ Transition goal
- ☐ Education/training
- ☐ Employment
- ☐ Independent living

Person(s) responsible

Benchmark 1 Within		will achieve the above goal at	
Benchmark 2 Within		will achieve the above goal at	
Benchmark 3 Within		will achieve the above goal at	

### Progress Report 1

Date

#### Summary of progress

#### Comments

### Progress Report 2

Date

#### Summary of progress

#### Comments

### Progress Report 3

Date

#### Summary of progress

#### Comments

### Goal: Annual Review

Date

Goal Met ☐ Yes ☒ No

#### Comments

# Form 4C

Area (no selection for all):  
 Second Grade-Reading

## Annual Goals and Objectives

[\[Palette\]](#)   [\[Goals-only palette\]](#)

\*Denotes items that are always required

Save   Cancel   Print page   Delete this goal

Page help

Name

IEP Date

Form type

☐ DNR

**Area of Need**

**Baseline**

**Measurable Annual Goal\***  

(Annual Goal) By 8/11/2009, when given a list of [ ] two-syllable nonsense words and [ ] basic sight words for second grade, Emory will decode the target words with [ ] % accuracy in consecutive trials as measured by teacher-charted records.

☐ Enables student to be involved/progress in general curriculum/state standard:

☐ Addresses other educational needs resulting from the disability  
☐ Linguistically appropriate  
☐ Transition goal  
☐ Education/training  
☐ Employment  
☐ Independent living

Person(s) responsible

**Short Term Objective**  

2.1.3.1 By 8/11/2009, when given a list of [ ] two-syllable nonsense words and [ ] basic sight words for second grade, Emory will decode the target words with [ ] % accuracy in [ ] of [ ] trials as measured by teacher-charted records.

**Short Term Objective**

**Short Term Objective**

**Progress Report 1**  
 Summary of progress

Date

**Comments**

**Progress Report 2**  
 Summary of progress

Date

**Comments**

**Progress Report 3**  
 Summary of progress

Date

**Comments**

**Goal: Annual Review**

Date

**Goal Met**   ☐ Yes   ☒ No

**Comments**

SELPA Manager  
IEP Program Manual

page 31

## Services (5A)

### Services

Page help

<b>Name</b>	<b>IEP Date</b> 8/11/2008
-------------	---------------------------

**Service options considered (in selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs)**

When printed, this form expands based on the number of entries in the supplementary aids and services list, and/or the special education and related services list.

**SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT OR ON BEHALF OF THE STUDENT**

Aids, Services, Program Accommodations/Modifications, and/or Supports	Start/End Date	Frequency	Duration	Location
<input type="button" value="Add listing"/>				

**SELECTED SERVICES**

ESY	Services	Start/End Date	Frequency	Duration	Location	
<input type="radio"/>	No					
<input type="radio"/>	515-Counseling and guidance	USD	08/11/2008	Weekly	30 min	510 - Regular classroom-public day school

Select the radio button for the service to be edited, then click on the "Edit Service" button.

To delete a service, select the radio button for the appropriate row, then click here.

**ENDED SCHOOL YEAR (ESY)** ☐ Yes ☒ No

Programs and services are to be consistent with when student is in attendance and consistent with the public school calendar, and non-instructional days unless otherwise specified.

Click here to add a service

NOTE: Pressing CANCEL does not undo changes to the lists (above).



## Educational Setting (5B)

Educational Setting		Page help
Name		IEP Date 8/11/2008
<hr/>		
Physical Education	Other: <input type="text"/>	(if special, specify type) <input type="text"/>
District of Service	<input type="text" value="FAKE DISTRICT"/>	School of Attendance <input type="text"/>
<small>If you cannot find the school of attendance listed in the drop-down list, you can try entering the school code and/or name here:</small>		
<hr/>		
School Type	<input type="text" value="Public day school 10"/>	Federal Setting <input type="text" value="[Select a federal setting]"/>
Preschool Setting	<input type="text" value="[Select preschool setting]"/>	Federal Presch. Setting <input type="text" value="[Select a federal setting]"/>
<hr/>		
All special education services provided at the student's school of residence? <input type="radio"/> Yes <input checked="" type="radio"/> No (rationale) <input type="text"/>		
<input type="text" value="0"/> % of time student is OUTSIDE the general education environment		
<input type="text" value="0"/> % of time student is IN the general education environment		
Student will not participate in the general education environment for because <input type="text"/>		
<hr/>		
<b>Other Agency Services</b>		
<input type="checkbox"/> California Children's Services (CCS) <input type="checkbox"/> Regional Center		
<input type="checkbox"/> Probation <input type="checkbox"/> Department of Rehabilitation		
<input type="checkbox"/> Department of Social Services (DSS) <input type="text" value="Other agency services (specify):"/>		
<hr/>		
<input type="checkbox"/> County Mental Health (CMH)		
Student Eligible for Mental Health Services under Chapter 26.5? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Mental Health Services Language included on the IEP? <input type="radio"/> Yes <input checked="" type="radio"/> No		
<hr/>		
Promotion Criteria <input type="text" value="[Select promotion criteria]"/> <input type="text"/>		
<hr/>		
Parents will be informed of progress <input type="text" value="[Select when informed]"/> <input type="text"/>		
How? <input type="text" value="[Select how informed]"/> <input type="text"/>		
<hr/>		
<input type="checkbox"/> Transportation <input type="text" value="[Select transportation]"/> <input type="text"/>		
<hr/>		
<b>Activities to Support Transition</b> <small>(e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade)</small>		
<input type="text"/>		
<hr/>		
<b>Graduation Plan</b> <small>(Grade 8 and Higher)</small>		
Projected graduation date and/or secondary completion date <input type="text"/>		
Plan type <input type="text" value="[Select graduation plan]"/>		

The program will back-calculate the other percentage (if zero) when you click on a navigation tab.

## Signature/Consent (6A)

### Signature and Parent Consent (6A)

Page help

Name		IEP Date
		8/11/2008
<b>IEP Meeting Participants</b>		
<input type="text" value="joe smith---surrogate"/>		<input type="text" value="josephine smith"/>
Parent	Date	Parent Date
<input type="text"/>		<input type="text"/>
LEA Representative/Admin. Designee	Date	General Education Teacher Date
Emory Upchurch		<input type="text"/>
Student	Date	Special Education Specialist Date
<input type="text"/>		<input type="text"/>
Additional Participant/Title	Date	Additional Participant/Title Date
<input type="text"/>		<input type="text"/>
Additional Participant/Title	Date	Additional Participant/Title Date
<input type="text"/>		<input type="text"/>
Additional Participant/Title	Date	Additional Participant/Title Date
<input type="text"/>		<input type="text"/>
<b>Parent Consent</b>		
<input type="checkbox"/> I agree to all parts of the IEP		
<input type="checkbox"/> I agree with the IEP, with the exception of <input type="text"/>		
<input type="checkbox"/> I understand that my child is NOT eligible for special education.		
<input type="checkbox"/> I understand that my child is NO LONGER eligible for special education.		
<b>Signature below is to authorize and approve the IEP.</b>		
Signature:	<input type="text" value="joe smith---surrogate"/>	Date: <input type="text"/>
Relation	<input type="text" value="Surrogate"/> (if other, specify: <input type="text"/> )	
Signature:	<input type="text" value="josephine smith"/>	
Relation	<input type="text" value="Surrogate"/> (if other, specify: <input type="text"/> )	
<input type="checkbox"/> If my child is or may become eligible for public benefits (Medi-Cal), I authorize district to access Medi-Cal health insurance benefits for applicable services.		
<input type="text"/>		
Parent Signature		
<input type="checkbox"/> Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.		

This form does not print variable-length.

The relationship information is the same as on Form IEP 1

## Signature/Consent (6B)

### Signature and Parent Consent (6B)

[Page help](#)

Name

IEP Date 8/11/2008

#### IEP Meeting Participants

joe smith--surrogate

josephine smith

Parent

Date

Parent

Date

LEA Representative/Admin. Designee

Date

General Education Teacher

Date

Emory Upchurch

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

#### Parent Consent

☐ I agree to all parts of the IEP

☐ I agree with the IEP, with the exception of

☐ I understand that my child is NOT eligible for special education.

☐ I understand that my child is NO LONGER eligible for special education.

This form does not  
print variable-  
length.

#### Signature below is to authorize and approve the IEP.

Signature: joe smith--surrogate

Date:

Relation

Surrogate

(if other, specify)

Signature: josephine smith

Date:

Relation

Surrogate

(if other, specify)

☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

**Meeting comments (7)**

**IEP Team Meeting Comments**

[Page help](#)

<b>Name</b>	<b>Birthdate</b> 12/20/1995	<b>IEP Date</b> 8/11/2008
-------------	-----------------------------	---------------------------

**Notes**

## Team amendments (8)

### IEP Amendment(s)/Addendum Page

[Page help](#)

<b>Name</b>		<b>Birthdate</b>	12/20/1995	<b>IEP date</b>	8/11/2008
-------------	--	------------------	------------	-----------------	-----------

☐ Parents have agreed that a meeting is not needed for this amendment. Written consent attached.

**Purpose of Meeting**

**Changes to the IEP dated**

\_\_\_\_\_ I agree to the contents of the amendment to the IEP dated 00/00/00

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
LEA Rep./Admin. Designee Date

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Additional Participant/Title Date

\_\_\_\_\_  
Additional Participant/Title Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
General Education Teacher Date

\_\_\_\_\_  
Special Education Specialist Date

\_\_\_\_\_  
Additional Participant/Title Date

\_\_\_\_\_  
Additional Participant/Title Date

## SLD eligibility (9A)

### Specific Learning Disability

#### Team Determination of Eligibility (9A)

Student		Birthdate	12/20/1995
School of att.	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		

Purpose of Meeting*	<input type="text" value="Addendum"/>	Other:	<input type="text"/>
---------------------	---------------------------------------	--------	----------------------

**I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)**

☐ **A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:**

<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Listening Comprehension
<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Reasoning
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Reading Fluency	

☐ **B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does exist based upon the additional documentation provided in the attached report.**

*(Complete and attach Specific Learning Disability Discrepancy documentation form)*

**II. The discrepancy identified in Item I (above) is directly related to a processing disorder.** ☐ Yes ☒ No

**Check appropriate area(s)**

<input type="checkbox"/> Sensory Motor Skills	<input type="checkbox"/> Visual Processing	<input type="checkbox"/> Auditory Processing
<input type="checkbox"/> Attention	<input type="checkbox"/> Cognitive Abilities, (including association, conceptualization and expression)	

**III. If ANY of the items below (A-E) are checked "Yes", the student MAY NOT be identified as having a specific learning disability.** ☐ Yes ☒ No

A. The discrepancy is due primarily to limited school experience or poor school attendance.

SLD eligibility (9A), Continued...

<input type="radio"/> Yes <input checked="" type="radio"/> No	B. The discrepancy is a result of environmental, cultural difference or economic disadvantage.
<input type="radio"/> Yes <input checked="" type="radio"/> No	C. The discrepancy is due primarily to mental retardation or emotional disturbance.
<input type="radio"/> Yes <input checked="" type="radio"/> No	D. The discrepancy is due primarily to a visual, hearing, or motor disability.
<input type="radio"/> Yes <input checked="" type="radio"/> No	E. This discrepancy can be corrected through other regular or categorical services offered within the regular instructional program.
<input type="radio"/> Yes <input checked="" type="radio"/> No	F. The discrepancy is due to limited English proficiency.
<input type="radio"/> Yes <input checked="" type="radio"/> No	G. The discrepancy is due to lack of appropriate instruction in reading and math.
<input type="radio"/> Yes <input checked="" type="radio"/> No <b>IV. The Student has a specific learning disability.</b>	
<b>V. Basis for determination of eligibility</b> <input type="checkbox"/> Psychoeducational Evaluation utilizing multiple measures..See attached psychoeducational report.	
<input type="checkbox"/> Other (specify)	
<b>VI. Relevant behavior related to academic functioning, noted during observation</b> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <input type="checkbox"/> See attached Psychoeducational report.	
<b>VII. Educationally relevant medical findings, if any (describe)</b> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	

**I agree with the conclusions stated above:**

School Psychologist	Date	Special Ed. Admin./Designee	Date
Special Education Teacher	Date	General Education Teacher	Date
LSH Specialist	Date	Reading Teacher	Date
Parent/Guardian	Date	Other	Date

**My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)**

Signature and Title	Date
---------------------	------

## SLD discrepancy (9B)

### Specific Learning Disability Discrepancy Documentation Report (Individualized Education Program Team Certification, 9B)

Student name

*This form is to be completed and attached to the IEP Team Certification identification of Specific Learning Disability Form in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized test. (Ed. Code Section 3030j Paragraph C)*

**Statement of the area, the degree, and the basis and method used in determining the discrepancy:**

**1. Data from assessment instruments (ability and achievement):**

**2. Information provided by the parent:**

**3. Information provided by the pupil's present teacher:**

**4. Summary of the pupil's classroom performance:**

**a. Observations:**

**b. Work Samples:**

**c. Group Test Scores:**

**5. Consideration of the pupil's age:**

**6. Additional Relevant Information:**



## Notice of IEP Meeting (10)

### Notice of Meeting

#### Individualized Education Program

<b>Purpose</b>	<input type="text" value="Addendum"/>	<input type="text"/>
<b>Student's Name</b>	Upchurch, Emory	<b>Birthdate</b> 12/20/1995
<b>Address (line 1)</b>	<input type="text" value="h123 fake st"/>	
<b>Address (line 2)</b>	<input type="text"/>	
<b>City</b>	<input type="text"/>	<b>State</b> <input type="text" value="ca"/>
<b>Zip</b>	<input type="text"/>	
<b>Today's Date</b>	<input type="text"/>	
Dear <input type="text" value="joe smith--surrogate"/> .		
<p>An Individual Education Program (IEP) Meeting has been scheduled for your child. Your participation is important in the development of an appropriate education for your child. Your child could benefit from participation in the IEP Meeting. You are invited to attend. Secondary students age 15 or older should attend the IEP Team meeting as appropriate. You may bring someone with you to the meeting. If this is your child's initial IEP meeting and your child was receiving services under an IFSP you may request that the district invite the Part C Service Coordinator or other representative.</p>		
You are requested to attend this meeting as a participating member of the IEP team. The meeting is scheduled for:		
<b>Date</b>	<input type="text" value="8/11/2008"/>	<b>Time</b> <input type="text"/>
<b>School/Location</b>	<input type="text"/>	<b>Room</b> <input type="text"/>
<b>We anticipate that the following members will also attend:</b>		
<b>Administrator/Designee</b>	<input type="text"/>	<b>Other</b> <input type="text"/>
<b>Special Education Teacher</b>	<input type="text"/>	<b>Other</b> <input type="text"/>
<b>General Education Teacher</b>	<input type="text"/>	<b>Other</b> <input type="text"/>
<b>Student</b>	<input type="radio"/> will attend <input checked="" type="radio"/> will not attend	
<b>Psychologist</b>	<input type="text"/>	<b>Other</b> <input type="text"/>
<b>Specialist</b>	<input type="text"/>	<b>Other</b> <input type="text"/>
<b>If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:</b>		
<b>Name</b>	<input type="text"/>	<b>Title</b> <input type="text"/>
<b>School/District</b>	<input type="text"/>	<b>Phone</b> <input type="text"/>
Please complete and sign this form, and return to: <input type="text"/>		
<b>Check the following items, as appropriate:</b>		
<input type="checkbox"/> YES, I plan to attend the meeting		
<input type="checkbox"/> I do not plan to attend the meeting, but am available by teleconference		
<input type="checkbox"/> I request a different time and/or place. Please call me at home (____) _____ work (____) _____		
<input type="checkbox"/> I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.		
<b>Signature</b> _____		<b>Date</b> _____
<input type="checkbox"/> NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held. I understand the IEP and related documents from this meeting will be provided to me for review and return them in a timely manner.		
<b>Signature</b> _____		<b>Date</b> _____
<input type="checkbox"/> NO, I cannot attend, but I will send _____ for me. I understand the IEP and related documents from this meeting will be provided to me for review and agree to return them in a timely manner.		
<b>Signature</b> _____		<b>Date</b> _____
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Copy program defaults"/> <input type="button" value="Copy user defaults"/> <input type="button" value="Print page"/>		

The meeting purpose is the same as on Form IEP 1

This form does not print variable-length.

Copies the default IEP attendees, set in the program by the administrator (for all users), or for the current user only.

## Assessment Plan (11)

### Assessment Plan

<b>Purpose of Meeting*</b>	<input type="text" value="Addendum"/>	(If other, specify)	<input type="text"/>
<b>To Parent or Guardian of</b>		<b>Birthdate</b>	12/20/1995
		<b>Date</b>	<input type="text"/>
<b>School</b>		<b>Grade</b>	06
<b>District of Residence</b>		<b>District of Service</b>	0000000 - FAKE DISTRICT
<b>English Learner</b>	No	<b>Student Language</b>	00 - English

This form does not print variable-length.

Based on the recommendations of the school district's evaluation team and your input, the District proposes the following assessment to address the areas of suspected disability. The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language may be used. You may receive a copy of the assessment findings, upon request, prior to the Individualized Education Program Team following completion of the assessment. The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). A student will not be placed in special education without the consent of the parent or guardian. All information and assessment results will be kept confidential. No single procedure may be used as the sole criterion for determining appropriate educational program.

Entry in these areas is limited to specific, numeric codes that are listed at the bottom of this form.

#### Professional

<input type="checkbox"/>	<input type="checkbox"/>	<b>Academic Achievement</b>
<b>Purpose:</b> These tests measure current reading, spelling, arithmetic, and oral/written language skills. Tests may include, but are not limited to: Wide Range Achievement Test, Peabody Individual Achievement Test, Woodcock-Johnson Psycho-Educational Battery: Part Two; Wechsler Individual Achievement Tests.		
Others: <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Social/Adaptive</b>
<b>Purpose:</b> These instruments will indicate how an individual copes with situations, gets along with other people, and takes care of herself/himself. Scales may include, but are not limited to: Interview; Adaptive Behavior Scale; Vineland; Alpern-Boll; Behavior Evaluation Scales; Self-Esteem Inventories; and Projective Tests.		
Others: <input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Motor Development</b>

## Assessment Plan (11), continued...

**Purpose:** Instruments in this area measure how well an individual coordinates body movements in small and large muscle activities. They also may measure visual perceptual skills. Tests may include, but are not limited to: Bender Gestalt; Beery-Buktenica Visual; Bruininks-Oseretsky Test of Motor Proficiency.

Others:

### ☐ ☐ Communication Development

**Purpose:** These tests measure the individual's ability to understand, relate to and use language and speech clearly and appropriately. Tests may include, but are not limited to: Peabody Picture Vocabulary Test; Clinical Evaluation of Language Fundamentals; Test of Language Development, observation, language sample, and articulation scales.

Others:

### ☐ ☐ Cognitive Development

**Purpose:** These tests measure how well an individual remembers what has been seen and heard, how well the student can use that information, and how the student solves problems. Tests may include, but are not limited to: Wechsler Test of Intelligence; Stanford-Binet; Leiter; Kaufman ABC.

Others:

### ☐ ☐ Other (i.e., Hearing, Vision, Health, Vocational, Orientation/Mobility, Observation, Interview)

### ☐ ☐ Alternative Means:

The professional(s) who may conduct the individual assessment are designated by number as noted below

1-Resource Specialist	2-Audiologist	3-Special Education Teacher	4-Adapted PE Specialist
5-Psychologist	6-Nurse	7-Language, Speech, and 8-Other Hearing Specialist	

If you have any questions about the above Assessment Plan, please call:

<b>Name</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
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### THIS FORM MUST BE SIGNED BEFORE ASSESSMENT CAN BEGIN

\_\_\_\_ I give informed consent for my child, \_\_\_\_\_, to be assessed according to the Assessment Plan above. I understand: 1) that the results will be confidential, and that I will be invited to discuss them at an Individualized Education Program Team meeting, and 2) that no special educational assessment or service will be provided without my written permission unless ordered by due process hearing officer.

\_\_\_\_ I deny consent to conduct the assessment described above.

\_\_\_\_ I have received a copy of the Procedural Safeguards.

\_\_\_\_ Please contact me. Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Please sign this form and return to:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Assessment Report (12)

### Assessment Report

Student's Name

Gender

Grade 06

Birthdate 12/20/1995

Age 12

School

Teacher (if appropriate)

By

Title

Date

This report shall include but not be limited to (a) whether the student has a disability and the basis for making that determination; (b) relevant behavior during observation and its relationship to academic and social functioning; (c) educationally relevant medical finding if any; (d) any discrepancy between achievement and ability that cannot be corrected with special education and/or related services; and (e) effects of environment, cultural, or economic disadvantage, where appropriate.

### **Manifestation Determination Findings (A)**

### Manifestation Determination Findings (a)

<b>Student</b>	<b>Birthdate</b>		<b>IEP date</b>	
<b>District of residence</b>	<b>School</b>			
<b>Teacher</b>	<b>Grade</b>	<b>Gender</b>	<b>CSIS</b>	
<b>Parent/Guardian</b>	<b>Phone (H)</b>	<b>(W)</b>	<b>(C)</b>	
<b>Address</b>	<b>City</b>	<b>Zip</b>		
<b>Is the student limited in English proficiency?</b>		<b>Primary Language</b>		
<b>Date of current IEP</b>	<b>Date of last assessment</b>			
<b>Disability</b>	<b>Current educational setting(s)</b>			

**Description of behavior/actions of student resulting in this analysis**

--

Disciplinary action  
taken / proposed

\_\_\_\_\_

Date of decision of disciplinary action

Page 10

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following in relation to the behavior subject to discipline (check applicable items)

- Evaluation and diagnostic results. List:**

\_\_\_\_\_

- ☐ **Observations of the student. List:**

--	--

- ☐ **Student's IEP, services, and placement. Describe:**

--	--

- ☐ **Other relevant information. List:**

\_\_\_\_\_

**The Manifestation Determination team determined that, in relation to the behavior subject to disciplinary action:**

☒ Yes ☐ No **The behavior was caused by or had a direct or substantial relationship to the disability.**

**Comments:**

\_\_\_\_\_

☒ Yes ☐ No **The behavior was the direct result of a failure to implement the IEP.**

**Comments:**

\_\_\_\_\_

## Manifestation Determination Findings (B)

### Manifestation Determination Findings (b)

<b>Student</b>	<b>Birthdate</b>	<b>IEP date</b>
	12/20/1995	8/11/2008

The Manifestation Determination team decided that the student's behavior:

☐ **was a manifestation of his/her disability** (requires a "yes" on any one of the above two items)

Discipline proceeding may not occur at this time.

**Programming recommendations are:**

☐ **was not a manifestation of his/her disability** (requires a "no" on both of the two above items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Parent ☐ agrees ☒ disagrees with the determination of the Manifestation Determination team

**Comments:**

Parent received copy of Procedural Safeguards (Parent Rights): ☐ Yes ☒ No      Date

Signatures

Parent		Date
Parent		Date
	Title	Date
	Title	Date
	Title	Date
	Title	Date
	Title	Date
	Title	Date

## Pre-Expulsion (13)

### Pre-Expulsion

#### Individualized Education Program Team Meeting Manifestation Determination

<b>Student</b>	Gender	M	Birthdate	12/20/1995
<b>School</b>	Grade	06	Language:	
	Home	Armenian		
	Student	English		
<b>Parent/Legal Guardian</b>	joe smith---surrogate			<b>Phone</b>

*Within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the LEA, the parent, and relevant members of the IEP team (as determined by the parent and the LEA) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information by parents.*

#### School Policy Violated

#### Evidence relating to the Manifestation Determination:

1. Was the conduct in question caused by or had a direct and substantial relationship to, the child's disability? ☐ Yes ☒ No
2. Was the conduct in question a direct result of the local educational agency's failure to implement the IEP? ☐ Yes ☒ No

If the LEA, the parent, and relevant members of the IEP Team make the determination that the conduct was a manifestation of the child's disability, the IEP Team shall:

*Check only one item:*

- ☐ Conduct a Functional Behavioral Assessment
- ☐ Review the current Behavior Plan

#### Recommendations for modifications to the Behavior Plan

#### Comments

#### IEP Team Recommendations

#### PERSONS WHOSE SIGNATURE APPEAR BELOW AFFIRM THAT THEY PARTICIPATED IN THIS MEETING:

_____ Administrator/Designee	_____ Parent	_____ Educational Specialist	
_____ School Psychologist	_____ School Nurse	_____ Regular Classroom Teacher	
_____ Site Administrator	_____ Special Education Teacher	_____ Student	

## Service Plan for Private School Students (14)

### Services Plan for Parentally Placed Private School Students

**Student Name**

**DOB**

12/20/1995

**School**

The district and the parent/guardian of the student agree that the district has offered the student a free appropriate public education (FAPE) at the IEP meeting held on 8/11/2008 (see attached). Parents have declined the district's offer of FAPE and instead have placed the student in the Pomolita Middle private school at their own expense. The parents agree that the district has no responsibility for the costs of the private school placement.

The Local Education Agency (LEA) will provide special education service(s) as outlined 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.

Special Education Service	Frequency of Service	Duration	Location	Start Date	End Date

This section of the form does not print variable-length.

<b>Area of Need</b>	
<b>Present Level</b>	
<b>Annual Goal</b>	
<b>Personnel Responsible</b>	

The parents understand in accordance with IDEA 2004, their rights to due process do not apply in the private school setting.

**Parent**

**Date**

**Administrator**

**Date**

**Other**

**Date**

**Next Annual Review Date**

1/11/2008

**Next Triennial Review Date**

1/11/2009



## IEP Team Member Excusal (15)

### IEP TEAM MEMBER EXCUSAL

#### From A Meeting In Whole Or In Part

<b>Student's Name</b>	_____
<b>Date of Meeting</b>	8/11/2008

By mutual agreement between the parent/adult student, and designated representative of the local education agency, the presence and participation of the Individual Education Program team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting scheduled on 8/11/2008 because (1) the member's area of the curriculum or related services is not being modified or discussed in the meeting or (2) the meeting involves a modification to or discussion of the member's area of curriculum or related services and the member submitted, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

Individual Education Program Team Member(s)	Area Of Curriculum Or Related Services	Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting in whole or part:	
		Area Of Curriculum Or Related Services Is Not Being Discussed or Modified	Written input has been submitted to the parent and the IEP team prior to the meeting regarding the Area of Curriculum or Related Services.
This form does not print variable-length.			

By mutual agreement the IEP team members identified above, have been excused from being present and participating in my child's IEP meeting.

*CIRCLE relationship to student, sign, and date below.*

<b>Signature of Parent/Guardian/Surrogate:</b>	_____	<b>Date:</b>	_____
<b>Signature of Parent/Guardian/Surrogate:</b>	_____	<b>Date:</b>	_____
<b>Signature of Adult Student (ages 18-21):</b>	_____	<b>Date:</b>	_____
<b>Signature of Designated District Representative:</b>	_____	<b>Date:</b>	_____
<b>Title</b>	_____		

*"IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE-*

*'(i) ATTENDANCE NOT NECESSARY \* A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting, '(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if—'(i) the parent and the local educational agency consent to the excusal; and '(ii) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. '(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent's agreement under clause (i) and consent under clause (ii) shall be in writing."*

## Summary of Academic Achievement and Functional Performance (17A)

### Summary Of The Student's Academic Achievement And Functional Performance (A)

Student's name	
Date of Summary	
Reason for Exit (check the ONE that applies): [Select exit reason]	
<b>Strengths/Interests/Learning Preferences:</b>	
<b>Pre-Academic / Academic / Functional Skills (Note results of any general State or district-wide assessments):</b>	
<b>Cognitive Abilities:</b>	
<b>Communication Skills:</b>	
plaa comm	
<b>Motor Skills (Fine/Gross):</b>	
<b>Health:</b>	
<b>Social/Emotional/Behavioral:</b>	
<b>Self Help/Adaptive:</b>	
<b>Pre-Vocational/Vocational:</b>	
<b>Agency Linkages (check agencies known to be working with the individual or could be a resource to the individual)</b>	<b>Agency Contact Person and phone number, if known</b>
<input type="checkbox"/> Regional Center	
<input type="checkbox"/> California Children's Services (CCS)	
<input type="checkbox"/> Dept. of Social Services (DSS)	
<input type="checkbox"/> County Mental Health (CMH)	
<input type="checkbox"/> Employment Development Department	
<input type="checkbox"/> Department of Rehabilitation	
<input type="checkbox"/> Comm. College-University Disabled Student Services	
<input type="checkbox"/> Probation	
Other:	
<b>Other Recommendations:</b>	

This section of the form does not print variable-length.

## Summary of Academic Achievement and Functional Performance (17B)

### Summary Of The Student's Academic Achievement And Functional Performance (B)

<b>Student's name</b>	
<b>Date of Summary</b> <input type="text"/>	
<i>(These accommodations have been documented on IEP)</i>	
<b>Recommendations Of Accommodations, Supports And Resources Continued:</b>	
<b>Related to Support:</b>	<b>Response to Materials &amp; Instruction</b>
<input type="checkbox"/> Check for understanding	<input type="checkbox"/> Reduced/shortened tests/assignments/tasks: <input type="text"/>
<input type="checkbox"/> Instructions/directions repeated/rephrased	<input type="checkbox"/> Extended time on in-class assignments/tests: <input type="text"/>
<input type="checkbox"/> Present one task at a time	<input type="checkbox"/> Use of notes for tests/assignments
<input type="checkbox"/> Preferential/assigned seating; explain: <input type="text"/>	<input type="checkbox"/> Open book for tests/assignments
<input type="checkbox"/> Use of assignment notebook or planner	<input type="checkbox"/> Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available
<input type="checkbox"/> Provided with progress reports	<input type="checkbox"/> Special projects or alternate assignments in lieu of assignments given to non-disabled peers
<input type="checkbox"/> Supervision during unstructured time	<input type="checkbox"/> Use of a calculator
<input type="checkbox"/> Cues/prompts/reminders of rules/procedures	<input type="checkbox"/> Proof-reader and redo assignment or writing graded
<input type="checkbox"/> Offer choices	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Note taking assistance	
<input type="checkbox"/> Access to computer on campus	
<input type="checkbox"/> Use of a scribe/word processing	
<input type="checkbox"/> Use of a calculator	
<input type="checkbox"/> Peer tutor/staff assistance in: <input type="text"/>	
<input type="checkbox"/> Prior Behavior Support Plan (BSP)	
<input type="checkbox"/> Home/job/school communication system; explain: <input type="text"/>	
<input type="checkbox"/> Other: <input type="text"/>	
<b>Related to Health Concerns:</b>	<b>Settings:</b>
<input type="checkbox"/> Reminder to take medication(s)	<input type="checkbox"/> Access to study carrel for task/assignments/tests
<input type="checkbox"/> Medication(s) given under supervision	<input type="checkbox"/> Free from visual distractions
<input type="checkbox"/> Other: <input type="text"/>	
<b>Presentation of Materials &amp; Instructions</b>	<b>Timing/Scheduling of Tasks/Assignments/tests:</b>
<input type="checkbox"/> Books on tape and/or CD	<input type="checkbox"/> Extended time(s): <input type="text"/>
<input type="checkbox"/> Assignments/tests modified to address identified needs of learning styles: <input type="text"/>	<input type="checkbox"/> Tests/assignments given in shortened time segments
<input type="checkbox"/> Large print	<input type="checkbox"/> Extended time on in-class assignments/tests: <input type="text"/>
<input type="checkbox"/> Closed caption	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> English language development materials	
<input type="checkbox"/> Manipulative/study aids for: <input type="text"/>	
	For Additional Information such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other K-12 schooling documentation, contact: <input type="text"/>
	Name of School District: <input type="text"/>
	School District's phone number: <input type="text"/>
	Title of Contact Person: <input type="text"/>
	Best if contact is made no later than ____/____/____

This form does not  
print variable-  
length.

## Accommodations & Modifications

### Accommodations and Modifications

Page help

Student's Name

IEP Date

8/11/2008

#### General Education Accommodations and Modifications

These are to assist the student in attaining the annual goals stated on the IEP as well as increasing the student's involvement and progress in the general curriculum.

A = An **ACCOMMODATION** is a change in the course, standard, test preparation, location, timing, scheduling, expectations, student response, and/or other attributes which provides access for a student with a disability to participate in a course, standard, or test, which does not fundamentally alter or lower the standard or expectation of the course, standard or test.

M = A **MODIFICATION** is a change in the course, standard, test preparation, location, timing, scheduling, expectations, student response, and/or other attributes which provides access for a student with a disability to participate in a course, standard, or test, which does fundamentally alter or lower the standard or expectation of the course, standard or test.

If the proposed change is an accommodation, put an "A" in the box next to the change.  
If the proposed change is a modification, put an "M" in the box next to the change.

(Mark only those that apply)

This form does not  
print variable-  
length.

Behavioral Support	Adaptations of Instruction and Assignments
<input type="checkbox"/> Clearly defined limits	<input type="checkbox"/> Short instructions (1 or 2 steps)
<input type="checkbox"/> Cues/Prompts	<input type="checkbox"/> Opportunity to repeat or write instructions
<input type="checkbox"/> Reminders of rules	<input type="checkbox"/> Visual aides (pictures, flash cards, etc.)
<input type="checkbox"/> Supervision during unstructured (lunch)	<input type="checkbox"/> Break assignments into manageable parts
<input type="checkbox"/> Frequent breaks	<input type="checkbox"/> Extra time for oral response/written response
<input type="checkbox"/> Implementation of behavior contract plan	<input type="checkbox"/> Shortened assignments/homework
<input type="checkbox"/> Seating near the teacher	<input type="checkbox"/> Study carrel for independent work
<input type="checkbox"/> Opportunity to help teacher	<input type="checkbox"/> Immediate feedback
<input type="checkbox"/> Positive reinforcement	<input type="checkbox"/> Check for understanding/immediate feedback
	<input type="checkbox"/> Include classroom participation in evaluation
	<input type="checkbox"/> Modified/Alternative textbooks and/or workbooks
<input type="checkbox"/> Minimize auditory/visual distractions	<b>Grading</b>
<input type="checkbox"/> Other Choices	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>
<b>Materials</b>	<input type="checkbox"/>
<input type="checkbox"/> Peer to read materials	<input type="checkbox"/>
<input type="checkbox"/> Tape recording of required materials	<input type="checkbox"/>
<input type="checkbox"/> Highlighted materials for emphasis	<b>Other</b>
<input type="checkbox"/> Altered format of assignment/tests	<input type="checkbox"/>
<input type="checkbox"/> Study aids/manipulatives	<input type="checkbox"/>
<input type="checkbox"/> English Language Development materials	<input type="checkbox"/>
<input type="checkbox"/> Large print/Braille	<input type="checkbox"/>
<input type="checkbox"/> Alternative Texts	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>

Use an 'A' or 'M' to indicate  
"adaptation" or "modification" for a  
category.

To enter an 'A' or 'M' here, you must  
also specify the item description.

## Appendix D

### Appendix D

#### AB 2726 & 26.5 COUNTY DEPARTMENT OF BEHAVIORAL HEALTH MENTAL HEALTH PORTION OF THE IEP

Student's Name	IEP Date	8/11/2008
	Appendix D Date	<input style="width: 100%;" type="text"/>

**I. DESCRIPTION OF THE STUDENT'S PRESENT LEVEL OF SOCIAL AND EMOTIONAL PERFORMANCE (What are the barriers to the student benefiting from his or her education):**

**II. GOAL # 1 (expressed in observable, behavioral, and measurable terms and related to present level of performance):**

**Objectives (activities or interventions to achieve goal):**

**Goal # 2:**

**Objectives:**

**III. Progress toward these goals will be evaluated by using student, parent, and teacher reports along with performance outcome assessment instruments, as appropriate. Progress reports will be provided to the parents and LEA as indicated in the IEP.**

**IV. MODALITY OF SERVICE, LOCATION AND FREQUENCY: (may include: individual therapy, group therapy, family therapy; collateral services, medication support services, or case management services)**

**V. INITIATION AND DURATION OF MENTAL HEALTH SERVICES:** These services are to start once the parent agrees upon this IEP plan and will continue for the length of time indicated on the IEP. The services are to be available as indicated, but they may be increased by agreement among the student, the parent, and the primary clinician with input from school personnel.

When completion or termination of IEP specified mental health services is mutually agreed upon by the parent and the DBH, or when the pupil is no longer participating in treatment, DBH shall notify the parent and the LEA, which shall schedule an IEP team meeting to discuss and document this proposed change if it is acceptable to the IEP team.

<b>Signatures</b>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Parent</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Date</i>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Student</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Date</i>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>DBH Representative</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Date</i>

## Printing IEP forms

You can print one or more pages of the IEP form, whether or not you have entered any information onto a particular page. If you are currently displaying any form page but the first, you can print by clicking on the “Print page” button. To print multiple pages, you must go to the first page by clicking on the IEP (1) tab.

When you click on the “Print IEP page(s)” button, a print dialog will appear containing a list of the DFL5 forms, with a check box to the left of each form name. Check the boxes for the form(s) that you want to print. If you would like to print blank forms, check the box labeled “Print blank form(s)”.

Click the Print button on the dialog to generate the pages as Portable Document Format (pdf) images on the screen. When the pdf images appear on the screen, you can then print them to paper by clicking on the print icon in the pdf viewer’s taskbar, or by selecting File -> Print from the menus.

If a pdf reader plug-in is installed for the web browser that you are using, then the pdf images may appear in the same window as the print dialog. In this case, when you are finished printing the pdf images, press the web browser’s “back” button once, to return to the print dialog. To return to the IEP 1 page, you can then press the Cancel button on the print dialog.

Some web browsers may not display the pdf images in the same window as the print dialog. In this case, you will still see the print dialog as a separate window. When you are finished with the pdf images, close the separate window in which they are displayed. Then, to return to the IEP 1 page, you can then press the Cancel button on the print dialog.

IEP-Printing

http://localhost:8080/assessment?c=IEP\_print\_dlg&sid=...

Getting Started Latest Headlines News

### Print IEP form (DFL5)...

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Select pages to be printed:

- ☐ IEP (1)
- ☐ ITP (1A)
- ☐ ITP (1A-2300)
- ☐ Transition services (1B)
- ☐ PLAA (2)
- ☐ Special factors (3A)
- ☐ Statewide assessments (3B)
- ☐ Annual goals (4A)
- ☐ Goals/benchmarks (4B)
- ☐ Goals/objectives (4C)
- ☐ Services (5A)
- ☐ Educational setting (5B)
- ☐ Signature/consent (6A)
- ☐ Signature/consent (6B)

Done

Click Print to send your selections to the printer.

Check the boxes for the forms that you want to print.

IEP-

http://localhost:8080/assessment?

Getting Started Latest Headlines News

- ☐ Team comments (7)
- ☐ Amendments (8)
- ☐ SLD-eligibility (9A)
- ☐ SLD-discrepancy (9B)
- ☐ Notice of meeting (10)
- ☐ Assessment plan (11)
- ☐ Assessment report (12)
- ☐ Manifestation determination findings (a)
- ☐ Manifestation determination findings (b)
- ☐ Pre-expulsion (13)
- ☐ Private school service plan (14)
- ☐ Team excusal (15)
- ☐ Achievement summary (17A)
- ☐ Achievement summary (17B)
- ☐ Accommodations and modifications (1700)
- ☐ Appendix D

---

☐ No page numbering

☐ Print blank form(s)

---

Done

To print forms that are not pre-numbered (e.g., "Page 1 of 10", "Page 2 of 10", etc.)

To print forms that contain no student data



# List of DFL5 forms

<b>Form Name</b>	<b>Originator</b>
<u>IEP (1)</u> .....	CA State IEP Forms Committee
<u>ITP (1A)</u> .....	CA State IEP Forms Committee
<u>ITP (1A-2300)</u> .....	Mendocino County SELPA
<u>Transition Services (1B)</u> .....	CA State IEP Forms Committee
<u>PLAA (2)</u> .....	CA State IEP Forms Committee
<u>Special Factors (3A)</u> .....	CA State IEP Forms Committee
<u>Statewide assmts (3B)</u> .....	CA State IEP Forms Committee
<u>Goals (4 A-B-C)</u> .....	CA State IEP Forms Committee
<u>Services (5A)</u> .....	CA State IEP Forms Committee
<u>Educational Setting (5B)</u> .....	CA State IEP Forms Committee
<u>Signature/Consent (6A)</u> .....	CA State IEP Forms Committee
<u>Signature/Consent (6B)</u> .....	CA State IEP Forms Committee
<u>Team comments (7)</u> .....	CA State IEP Forms Committee
<u>Amendments (8)</u> .....	CA State IEP Forms Committee
<u>SLD eligibility (9A)</u> .....	CA State IEP Forms Committee
<u>SLD discrepancy (9B)</u> .....	CA State IEP Forms Committee
<u>Notice of Meeting (10)</u> .....	CA State IEP Forms Committee
<u>Assessment Plan (11)</u> .....	Santa Clara SELPA
<u>Assessment Report (12)</u> .....	Santa Clara SELPA
<u>Manifest Dtm Findings (A)</u> .....	CA State IEP Forms Committee
<u>Manifest Dtm Findings (B)</u> .....	CA State IEP Forms Committee
<u>Pre-expulsion (13)</u> .....	Santa Clara SELPA
<u>Private School Svc Plan (14)</u> .....	Santa Clara SELPA
<u>Team Excusal (15)</u> .....	CA State IEP Forms Committee
<u>Summary of Academic Achievement (17A)</u> .....	CA State IEP Forms Committee
<u>Summary of Academic Achievement (17B)</u> .....	CA State IEP Forms Committee
<u>Accommodations/Modifications</u> .....	Lake County SELPA
<u>Appendix D</u> .....	Butte County SELPA