

***GUIDELINES FOR COMPLETING THE
INDIVIDUALIZED EDUCATION PROGRAM
(FORM EV-50)***

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THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) PROCESS **(Ages 3-21)**

Introduction and Additional Resources

The East Valley Special Education Local Plan Area (SELPA), as a resource to special education personnel and school site administrators, developed the following information on the IEP team process. It provides step-by-step instructions on completing the SELPA approved IEP forms for students with disabilities being considered for, and/or eligible to receive, special education services.

The IEP team process includes discussing present levels of student performance, determining special education eligibility, reviewing progress on prior goals/objectives, developing new goals/objectives, determining special education services and obtaining signatures of the IEP team members. The completed IEP document must be written in a manner that will enable the eligible special education student to achieve educational benefit from their special education program.

Participants at all IEP team meetings **MUST** include at least an administrator **who is qualified to provide or supervise specially designed instruction, is knowledgeable about the general education curriculum, and knowledgeable about the availability of LEA resources**; the student's parent or guardian; appropriate special education personnel; and a general education teacher (if the student is or may be participating in the general education environment). If assessment results will be reviewed, the IEP team must also include an individual who can interpret the instructional implications of the evaluation results. **If the student is suspected of having a specific learning disability, at least one member of the IEP team must be qualified to conduct individual diagnostic examinations (i.e., school psychologist, speech/language pathologist or remedial reading teacher).** If one purpose of the meeting will be to consider post-secondary goals and transition services needed to reach those goals, the student must attend the meeting or the LEA must ensure that the student's preferences and interests are considered. (EC 56431)

For information on the initial referral and IEP process, assessment/identification, discipline issues, low incidence, or behavior intervention, refer to other sections of the East Valley SELPA *Special Education Handbook* or additional East Valley SELPA publications, including:

- *Student Study Team Handbook: A Guide to Positive Approaches in Problem Solving for Students At-Risk*
- *Behavior Manual* (includes BIP and FBA guidelines)
- *Low Incidence Handbook*

IEP Requirements

The Federal Code of Regulations (34 CFR) and the California Code of Regulations (CCR) cover the following requirements regarding IEP development:

1. The parent/guardian must be notified of IEP meetings early enough to ensure opportunity to participate. Notification must include the purpose, time and location of the meeting and who (position title) is being invited to attend. The notice must indicate that the student is

invited and must identify any other agency invited to send a representative. If the parent/guardian cannot physically attend the IEP Team meeting, participation via telephone is allowable per 34 CFR § 300.322(c) and EC 56341.5(g).

2. An IEP meeting may be held without parent attendance only when the Local Education Agency (LEA) is unable to convince the parent to attend, and has detailed documentation of LEA attempts to facilitate parent attendance.
3. An IEP is to be developed within sixty calendar (60) days of the parent's consent to the Assessment Plan (form EV-9).
4. An IEP meeting must be held at least annually for the purpose of reviewing/revising the IEP. Revision of the IEP should address (as appropriate) the following:
 - a. The student's progress and/or lack of expected progress toward goals in the general education curriculum
 - b. Any assessment results
 - c. Information provided by the parent/guardian
 - d. The student's anticipated needs
5. Eligibility criteria for special education must be met. For a student to meet the eligibility criteria for specific learning disability, there must be written documentation (use form EV-86) of the collective findings of the IEP team that the student meets the criteria.
6. The IEP must contain the following components:
 - a. ***Present levels of academic achievement and functional performance*** statement, including how the student's disability affects their involvement and progress in the general education curriculum; or for preschool children, how the student's disability affects their participation in appropriate activities.
 - b. ***Measurable standards-based annual goals***, including academic and functional goals, designed to facilitate educational benefit to enable the student's involvement and progress in the general education curriculum, and to meet other educational needs that result from their disability.
 - c. ***Short term objectives*** including an evaluation method for each objective and a schedule for determining whether goals/objectives are achieved/measured.
 - d. ***Periodic progress reports & timeline*** (quarter, semester, trimester, etc.).
 - e. ***Special education service(s)*** that will be provided to the student.
 - f. ***Supplementary aids and services***, based on peer-reviewed research to the extent practicable, to be provide to the student.
 - g. ***Modifications or supports for the student and school personnel*** that will be provided to enable the student to advance toward attaining goals, to make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities, and to be educated with other disabled and non-disabled peers.
 - h. ***Frequency, duration and location*** of each special education service and each student or school personnel support activity.
 - i. ***Date of initiation*** of each service, support or accommodation.
 - j. ***Explanation of the extent, if any, to which student will not participate with non-***

- disabled peers in the regular class and/or other activities.*
- k. **Accommodations/modifications** necessary to participate in State and district wide assessments.
 - l. **Alternate assessment** necessary for the student, the reason student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate.
 - m. **Parental consent** to all parts of the IEP.
 - n. **Age of majority** statement explaining the transfer of rights when student reaches 18.
7. When appropriate, the IEP must also contain the following items:
- a. **Transition services** that will be in effect when the student turns 16, including post-secondary goals based on appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills. This should be on the first IEP to be in effect when the student turns 16.
 - b. **Alternative means & modes** necessary to complete prescribed course of study and standards for graduation.
 - c. **Linguistically appropriate goals/objectives/programs/services** for students whose native language is other than English.
 - d. **Extended school year services** if student is eligible and services are needed.
 - e. **Mainstreaming:** Provisions for transitioning to general education class, including the nature and time spent on each activity.
 - f. **Low incidence** specialized services, materials and equipment for students with specific disabilities consistent with State guidelines.
 - g. **Primary Language Mode and Language** used by the student (i.e. Sign Language) and services necessary to ensure communication-accessible academic instruction and extracurricular activities.
 - h. **Behavioral Intervention Plan** when negative behavior is an issue.
8. The completed IEP must show a direct relationship between the student's present levels of performance, the goals and objectives, and the specific educational service(s) to be provided.
9. Attendance of required personnel at IEP team meetings must be verifiable. Attendance should be demonstrated by each IEP Team member's signature on the IEP document as a participating member. Such personnel include an administrator/designee, the parent(s)/guardian or surrogate, a special education teacher, a person who has conducted an assessment or is knowledgeable about and qualified to interpret the assessment results and, when appropriate, the student and other personnel. A general education teacher must attend for students who are, or may be, participating in the general education environment.

Per 34 CFR §300.321(e) and Education Code §56341(f-g), a member of the IEP Team is not required to attend an IEP Team meeting, in whole or in part, if the parent of the student and the LEA agree, in writing, that attendance of the member is not necessary because that member's area of curriculum or service is not being modified or discussed. Use form EV-51 to obtain prior parent permission for excusal of an IEP Team Member.

10. The contents of the IEP are made available to all teachers and service providers serving the student.
11. The Local Education Agency (LEA) ensures that parents understand IEP Team meeting proceedings, including arranging for interpreters for parents whose primary language is other than English or for parents who are deaf.
12. A copy of the IEP must be provided to the parent at no cost and when requested. The IEP must be in the primary language of the parent.
13. Students must be offered full and equitable educational opportunities that promote maximum interaction with non-disabled peers in the least restrictive environment.
14. Student services must be implemented in accordance with their IEP.
15. There must be coordination of instruction and curriculum with special and general education staff.
16. Ethnically and culturally diverse students must be placed in special education programs per current assessment regulations.

**INSTRUCTIONS FOR COMPLETING EVSELPA IEP FORMS
IEP DATA SUMMARY – EV-50, PAGE 1**

**NOTE: Numbers correspond to numbers highlighted on form EV-50, page 1
at the end of this document.**

1. DISTRICT

- District of Residence: Enter the district where the student lives. If student is in residential placement, enter the district where their parent resides.
- District of Attendance: Enter the name of the district in which the student is enrolled or receives the majority of instructional services (general and special education). For students in County programs write SBCSS. For students attending nonpublic schools enter the district where the student lives.
- Home School: Enter the name of the school the student would attend based on where the student lives. If home school is not known, enter the district where the student lives.
- School of Attendance: Enter the name of the school where the student actually attends school.

2. TODAY'S DATE

Enter the date of this meeting. Write the month, day and year.

3. PURPOSE OF MEETING

This refers to the reason(s) the IEP meeting is being held. Enter the appropriate reason(s) as follows from the EV-30 IEP Conference Notice:

- Parent Request: Parent made a verbal or written request to hold an IEP meeting.
- Annual Review of Progress: This refers to the IEP meeting which takes place no more than 365 days after the previous IEP was developed.
- Change of Placement: District procedures must be followed in order to change a student's placement.
- Consider Eligibility for Special Education: (Part B, Ages 3-22)
 - 1) Make this selection when the student has been assessed to determine eligibility for Part B special education services. The initial review IEP must be held within sixty (60) calendar days of the date the district received the parent's consent to the initial Assessment Plan.
 - 2) You can also select this reason when a student who previously did not qualify or

withdrew from special education has been reassessed for reconsideration of special education eligibility.

- Review/Revise IEP Services (Addendum): An addendum meeting is held when an *addition or modification* to the current annual IEP is proposed. Examples of when an addendum meeting may be held are:
 - When a parent requests a meeting prior to the annual review date.
 - When a new assessment has been completed that is not part of an annual or 3 year review.
 - When a special education service is being added or deleted.
 - When a behavior intervention plan is being updated or added.
- Individual Transition Planning: Make this selection for students 15 and older when planning for transition to post-secondary education or employment will be discussed at either an annual, triennial or addendum IEP meeting. Student must attend this meeting. If the student is unable to attend, the District must obtain the student's input and present it at the IEP meeting.
- Exit from Special Education: A reevaluation is required prior to exiting a student from special education services (excluding high school graduation or a parent written request to exit their child).
- Not Making Progress with Current Services: Make this selection when the parent or school staff state verbally or in writing that student is not progressing appropriately or receiving educational benefit from current special education services. This may be selected for an annual, triennial or addendum IEP meeting.
- Shows Readiness for General Education Program: Make this selection when LEA staff believes student may be ready to transition to the general education program either through mainstreaming or exiting from special education. This may be selected for an annual, triennial or addendum IEP meeting. NOTE: A reevaluation is required prior to exiting a student from special education services (excluding high school graduation or a parent written request to exit their child).
- Pre-Expulsion IEP: A Pre-Expulsion IEP meeting is held when a student is referred for expulsion. The focus of this meeting is the Manifestation Determination.
- Triennial Review (AKA: 3-Year Review): Each student must be reassessed for special education eligibility at least every three (3) years. The Triennial Review must be held no more than 36 months from the initial or previous Triennial IEP meeting.
- Other: Enter other reasons for having an IEP Team meeting (i.e., a 30 Day Interim Review is held when a student has enrolled in the district with an existing IEP from another district. This meeting must be held within thirty (30) calendar days of the student's first day of attendance in any educational program in the district.)

4. DATES

All dates MUST include month, day and year.

- Date Student First Entered Special Education: Enter the month, day and year that the student was first identified as eligible for special education services. This is not the date the student first came to your school district with an IEP. **This date will never change. Important! Once this date is identified, it must be treated as a constant (such as birth date.)** Even if the student moves from one SELPA or district to another, or moved between special and regular education programs, the date **must** remain the same.
- Current Annual: Enter the month, day and year of the initial or annual IEP that is currently in effect. This could be the same as "Today's Date" if you are conducting an annual IEP meeting. Do not enter IEP Addendum Dates.
- Next Annual: Enter the month, day and year of the date when the next annual IEP meeting must be held. The date cannot be more than 365 days from the date of the student's "Current Annual" IEP.
- Current 3 Year (Also called Triennial): Enter the month, day and year of the most recent triennial IEP meeting. This could be the same as "Today's Date" if you are conducting a triennial IEP meeting.
- Next 3 Year: Enter the month, day and year of the date when the next triennial IEP meeting must be held. This date cannot be more than 36 months from the "Current 3 Year" IEP meeting date.
- Exit Date: Enter the month, day and year when all of the student's special education services were terminated. This date may be "Today's Date" or a future date within the current school year. For students nearing graduation or maximum age for eligibility, if the IEP meeting is being held within the last few months of school, you may enter the date the student will graduate or complete their school program.
- Exit Reason: Enter the appropriate choice from the list on form EV-50-IEP Codes/Titles. **DO NOT** enter the code number. In Web-IEP, the choices are provided in a drop-down menu and include:
 - Return to General Education OR no longer eligible OR successful completion of IEP/ISP
 - Graduated with Regular Diploma (no waiver or exemption)
 - Graduated with Certificate of Completion or other than Diploma
 - Reached maximum age (21+)
 - Dropped out OR unable to contact (includes not known to be continuing)
 - Moved, transferred & known to be continuing
 - Deceased
 - Parent withdrawal OR self-withdrawal (age 18 & up)
 - Received GED
 - Graduated with Diploma using exemption authorized by EC 60852.3(c)
 - Graduated with Diploma using waiver authorized by EC 60851(c)

5. REASON ANNUAL IEP AND/OR TRIENNIAL EVALUATION WAS NOT HELD WITHIN TIMELINE

Enter the reason the annual IEP or triennial evaluation is untimely. This must be completed for each student whose last annual IEP or triennial evaluation was late and **should be considered timely**. This section may be left blank for students whose annual IEP and/or triennial evaluation was completed on time or **was untimely**. Reasons for delay include:

- Parent Contacted – Did Not Attend
- Student Transferred
- Other (must list reason)

6. ID NUMBERS

STUDENT ID: This is not the school district's ID number. It is the ID number generated by the SELPA student information system (Web-IEP/DA). If you are using a paper form and this is the initial IEP or if the number is unknown, leave this field blank. After data is entered in the SELPA Web-IEP/DA system, the program will automatically create this number for initial IEP documents and print it on the IEP form or will fill in the correct number for existing special education students.

SSID: This is the Statewide Student Identifier. Enter the CDE issued, unique Student Identifier if known.

7. STUDENT NAME

Enter the student's legal last name, full first name and middle name. Do not use nicknames, initials, or shortened names.

8. GENDER

Check "F" for female or "M" for male.

9. BIRTHDATE

Enter the student's date of birth using the month, day and year. Be sure this date is recorded correctly.

10. GRADE

Enter the grade for the current school year. DO NOT use "ungraded."

11. MEDI-CAL # and MEDI-CAL TARGETED CASE MGMT (TCM)

If the student is Medi-Cal eligible and the Medi-Cal number is known, enter the student's Medi-Cal number. This may or may not be the same as the student's social security number. Also indicate (yes or no) whether or not the student has a case carrier within the school system who will submit Medi-Cal billing forms for TCM only.

12. ETHNICITY

Enter the ethnicity of the student as reported in the district general education MIS system. There are only two choices for this field: 1) Hispanic or Latino, OR 2) NOT Hispanic or Latino. Actual Race is entered in the next field (Item #13 below).

13. RACE

Enter the race of the student as reported by the Parent. Refer to option under "RACE" listed on the EV-50-IEP Codes/Titles sheet. DO NOT enter the code number. You may enter up to three (3) different race choices, but the first one must be the primary. In Web-IEP choices are provided in a drop down menu.

14. STUDENT'S NATIVE LANGUAGE

Enter the student's home language or native language based on the parent response to the Home Language Survey. The entry must be one of the languages listed on the EV-50-IEP Codes/Titles sheet. DO NOT enter the code number. Record the actual language. In Web-IEP choices are provided in a drop down menu.

15. ENGLISH LEARNER

Check "yes" for student's whose primary or native language is NOT English. This includes limited-English or non-English proficient students. Determination of English Learner (EL) shall be made in accordance with the procedures specified in E.C. 62002.

16. NAME OF PARENT/GUARDIAN/FOSTER/LCI (where student resides)

Enter the name of the parent, etc., with whom the student resides. If the student resides in an LCI (group home) or foster facility, enter the licensed name of the facility.

17. STUDENT'S ADDRESS

Enter the student's physical address including the city, state and zip code.

18. PARENT NAME & ADDRESS (if different from above)

If the student resides with a legal guardian or in an LCI (group home) or foster care, enter the name of the student's parent, and the address where they can be contacted including city, state and zip code (if known).

19. STUDENT'S PHONE

Enter the phone number where the student resides.

20. PARENT'S PHONE (1)

Enter the home phone number of the student's parent. This number will be different from the Student's Phone if the student does not reside with their parent.

21. OTHER PHONE (2)

Enter the Parent's or Guardian's work phone, cell phone or an emergency phone number if appropriate.

22. RESIDENCY

Check the box that describes the type of residence where the student physically resides.

FOR INITIAL PLACEMENTS ONLY – PART B Ages 3-22 (Items 23-29)

Items 23-27 MUST be completed for students that have not previously been eligible for Part B special education (this is their first time being referred). The EXCEPTION is if a student was eligible and receiving services, then exits because they are no longer eligible. If this student is again referred at a later date to determine special education eligibility, Items 23-27 MUST be completed with information from the latest referral.

23. EARLY INTERVENING SERVICES

Coordinated early intervening services are only required for districts who have been identified as **significantly disproportionate**. Otherwise, check no.

Districts identified as significantly disproportionate: Check yes if the student, in kindergarten through grade 12, received pre-referral Coordinated Early Intervening Services (CEIS) during the past two years, PRIOR to the initial (first) referral for special education eligibility. (NOTE: this is generally "No")

The Federal definition of early intervening services per Section 300.226 Early Intervening Services 34 C.F.R. Part 300 is:

“Early intervening services are for students in kindergarten through grade 12 (with particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment.”

Coordinated early intervening services include educational and behavior evaluations, services and supports including scientifically based literacy instruction.

An LEA may not use more than 15% of the amount the LEA receives under IDEA, Part B (resource 3310 Local Assistance entitlement) for any fiscal year, in a combination with other amounts, to develop and implement coordinated, early intervening services.

24. REFERRED FOR ASSESSMENT BY

Check the box to indicate who initiated the student referral for assessment to determine eligibility for Part B special education services (i.e., teacher, parent, administrator, etc.). If a student who is already special education eligible moves into your district with an existing IEP, the exact same information should be entered in this field as it appears on their existing IEP.

25. DATE OF INITIAL REFERRAL TO ASSESS

Enter the date of the referral to assess the student to determine eligibility for Part B special education services. If a student who is already special education eligible moves into your district with an existing IEP, this information should be listed on their existing IEP.

26. DATE OF PARENT CONSENT TO INITIAL EVALUATION

Enter the date the district/school received parent/guardian consent (in the form of a signed Assessment Plan) for the evaluation to determine eligibility for Part B special education services. If a student who is already special education eligible moves into your district with an existing IEP, this date should be listed on the existing IEP from their previous school district.

27. DATE OF INITIAL EVALUATION (IEP)

Enter the date the IEP Team meeting was held to review the assessment to determine eligibility for Part B special education services. If a student who is already special education eligible moves into your district with an existing IEP, this date should be listed on the existing IEP from their previous school district.

28. REASON INITIAL IEP IS AFTER 3RD BIRTHDAY

Enter the reason the preschool student's IEP meeting, to develop their first IEP document under Part B, was held after the student's third birthday. This information is required for CASEMIS reporting to the California Department of Education. Choices are:

- Parent refused to consent
- Parent did not make child available
- School was on official break for more than 5 consecutive days
- IEP was late, completed after 3rd birthday (Child was previously in Part C)
- New referral after 3rd birthday (Child was NOT previously in Part C)
- Other reason (if you select this you must write in why)

29. REASON INITIAL EVALUATION IS BEYOND 60-DAY TIMELINE

Check the reason the State and Federally mandated 60-Day timeline to complete the evaluation could not be met. This information is required for CASEMIS reporting to the California Department of Education. Choices are:

- Parent did not make child available
- School was on official break for more than 5 consecutive days
- Student transferred
- IEP was late, held more than 60 days after parent consent
- Other reason (if you select this you must write in why)

**30. ELIGIBILITY
SETTING FOR AGES 3-5
TRANSPORTATION
EXTENDED YEAR
DISABILITY
SETTING FOR AGE 6-22
NON-SCHOOL AGENCY INVOLVEMENT
LIST SERVICE OPTIONS CONSIDERED TO ADDRESS LRE
SUMMARY OF SERVICES**

IF YOU ARE USING WEB-IEP, SKIP TO ITEM #31 ON PAGE 2. INFORMATION ENTERED ON IEP PAGES 2 AND 5 IN WEB-IEP WILL AUTOMATICALLY BE FILLED IN ON PAGE 1 FOR ITEMS LISTED UNDER #30 ABOVE.

IF YOU ARE USING A PAPER IEP FORM, COMPLETE PAGES 2 THROUGH 5 OF THE IEP AND THEN TRANSFER THIS INFORMATION BACK TO PAGE 1.



Educational Benefit Reminder:

- *Is all of the information complete and correct?*
- *How will the manager of the school MIS system be informed of any changes?*
- *Does the IEP clearly specify the child's disability(s)?*
- *Are all sections of the form addressed?*
- *Is the evaluation complete?*
- *Does it appropriately identify whether the child has a disability and provide information regarding the content of the child's IEP?*

**EVSELPA IEP - SUMMARY OF PRESENT LEVELS OF STUDENT PERFORMANCE AREAS
EV-50, PAGE 2**

NOTE: Numbers correspond to numbers highlighted on form EV-50, page 2 at the end of this document.

The items in this section should reflect what the student is currently doing. Provide information that is useful in identifying the student's strengths and instructional needs. Sources of information for the summary should include not only standardized test scores, but also address daily curriculum performance, observations and parent/teacher reports. Student work samples, portfolios, formal and informal assessments, rubrics, and instructional materials may be used to validate student performance. **Use this information as a basis for developing goals and objectives and/or evaluating previous goals and objectives. Each section must be completed for every student even if the student is performing at grade level.**

31. READING

May include readiness skills, word recognition, passage comprehension, phonetic skills, sight words, textbook skills, etc. Include test scores where appropriate, but also functioning levels in classroom reading assignments.

32. MATH

May include concepts, computation, application, reasoning, etc. In addition to test scores, indicate current instructional content areas.

33. WRITTEN EXPRESSION

May include personal data, spelling, sentence structure, paragraph writing including pre-writing, story and report writing, understanding and using the writing process, etc. Include test scores and performance on content standards.

34. LANGUAGE/COMMUNICATION/SPEECH

May include receptive/expressive language as well as articulation, voice, and fluency skills. Identify any augmentative/alternate communication system the student is using. When discussing this area at the IEP meeting, use vocabulary that parents understand, not test scores alone or vocabulary specific to this field.

35. SOCIAL BEHAVIOR (Cooperation, Attention, Social Acceptance, Responsibility)

May include areas such as peer relationships, adult interactions, self-esteem, emotional states, problem solving skills, tolerance of frustration, etc. Summarize positive behavioral characteristics.

36. PHYSICAL SKILLS (Gross/Fine Motor)

May include the student's coordination, strength and flexibility in the large muscle groups, or in fine motor skills such as writing or manual dexterity.

37. SELF-HELP SKILLS, FUNCTIONAL SKILLS, INDEPENDENT SKILLS, ACTIVITIES OF DAILY LIVING

For students with moderate to severe disabilities specific areas should be addressed such as feeding, toileting, dressing, etc. For students with mild to moderate disabilities, indicate abilities such as organizing daily activities, handling money, domestic chores, etc.

38. PREVOCATIONAL/VOCATIONAL/CAREER/EXPLORATORY INFORMATION/WORK EXPERIENCE

Include areas of the student's current vocational interest and training. For preschool or elementary students, this area may address prevocational issues such as attention, time on task, task completion, independent work habits, etc. For secondary students indicate if the student is participating in a career education program such as work experience, WorkAbility, Regional Occupational Program (ROP) or the Transition Partnership Project (TPP).

39. HEALTH

Document the student's abilities or deficits relating to vision or hearing and describe medical/health concerns that are chronic or acute. Indicate intervention strategies (e.g., medication, effects of medication, limits on physical activity, special precautions, special diets/foods, etc.) when appropriate.

In addition, all students being assessed for initial placement and three year reevaluations must have a hearing and vision screening unless parent denies permission. Enter the dates of the screenings and the status of the student's performance (passed/failed).

40. ATTENDANCE

Include a statement regarding the student's school attendance. Note frequent or prolonged absences or tardy information that impairs the student's ability to learn.



Educational Benefit Reminder:

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

41. DISABILITY

- Primary Disability: Enter a "P" to represent the student's primary disability. The primary disability must be documented in the student's current Psycho-Educational Report.
- Secondary Disability: If appropriate, enter an "S" to represent the student's secondary disability. The disability must be documented in the student's current Psycho-Educational Report and/or Multidisciplinary Report.

When a student identified as having a "Multiple Disability" (MD) has a low incidence disability, make sure you enter the low incidence disability as well as MD. This will identify the student at the State level and will generate low incidence funding. As defined in Education Code §56026.5, a low incidence disability is "a severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12." The five low incidence disabilities include deaf, deaf/blindness, hard of hearing, orthopedic impairment and visual impairment and are designated with an * on the IEP form.

42. ELIGIBILITY FOR SPECIAL EDUCATION SERVICES

Not all students who experience difficulties in school need special education. Most of the time a student's school problem may be corrected with modification of the general school program.

According to the California Special Education Programs – Composite of Laws: "a student shall qualify as an individual with exceptional needs pursuant to Section 56026 of the Education Code, if the results of the assessment demonstrate that the degree of the pupil's impairment requires special education in one or more of the program options authorized by Section 56361 of the Education Code." All students must meet the eligibility criteria* as defined in the California Education Code.

The IEP team shall make the decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education.

The IEP team must take into account all the relevant information that is available pertaining to the student. No single score or product of scores shall be used as the sole criterion for the decision regarding the student's eligibility for special education.

*For detailed information on eligibility criteria for each disability category refer to the Eligibility Criteria section of the *Special Education Handbook*

Check the appropriate response regarding determination of special education eligibility:

- Not Eligible: Check this box when the student's evaluation and subsequent IEP Team determine that the student does not meet the eligibility criteria for special education*. Student's with this designation do not receive any special education services and should be referred back to the general education program or for Section 504 determination as appropriate. DO NOT check this box if the student was previously determined eligible,

but is exiting because they are no longer eligible. Use “Exiting from Special Education” instead.

- Eligible: Check this box for students that are eligible for special education and that will receive special education placement/services per an IEP.
- Eligible – No Services (Parent Placed in Private School): Check this box when a student is eligible for special education, but the parent chooses to place the student in a private school and does not want special education services through a private school “Individual Service Plan.”
- Eligible – No Services (Other Reasons): Check this box when a student is eligible for special education at the initial evaluation and subsequent IEP Team meeting, but the parent refuses any initial special education placement/services.

Per Education Code §56346(b)(c)(1)(2), if the parent refuses to consent to the initiation of special education services, the LEA will not provide special education and related services and is not considered in violation of requirement to provide FAPE. Please note that this only applies to the initial assessment and provision of special education. When a parent who previously consented to provision of special education services and now refuses consent but does not want to withdraw their child from special education, the LEA must file a request for due process (Education Code §56346(d-f)).

If a parent, who previously consented to provision of special education, revokes consent to all special education in writing, the District is not required to develop an IEP and will not be considered to be in violation of the requirement to make available a free appropriate public education. This situation rarely occurs. Once the parent has revoked consent, the District must provide prior written notice to the parent acknowledging the parent’s request. If in the future the parent seeks re-enrollment in special education, the assessment will be treated as an initial assessment (Education Code §56321(c), 56346, 56506(e); 20 USC §1414(a)(1)(C) and (c)(3), 34 CFR §300.9, and 34 CFR §300.300).

- Eligible with Individual Service Plan (ISP)/Parent Placed in Private School: Check this box for students eligible for special education who are parentally placed in private school, and have services on a private school “Individual Service Plan.”
- Exiting from Special Education (return to regular education/no longer eligible): Check this box when the student’s re-evaluation and subsequent IEP Team determine that the student no longer meets the eligibility criteria for special education*. Student’s with this designation do not receive any special education services and should be referred back to the general education program or for Section 504 determination as appropriate.

**For detailed information on eligibility criteria for each disability category refer to the Eligibility Criteria section of the Special Education Handbook.*

GOALS AND OBJECTIVES
EV-50, PAGE 3

NOTE: Numbers correspond to numbers highlighted on form EV-50, page 3 at the end of this document.

43. REPORT OF PROGRESS TOWARDS GOALS (Form EV-12) will be given to parent at the:

Check the box indicating whether the Report of Progress Towards Goals (form EV-12) will be provided to the parent on a Quarter, Semester or Trimester basis.

44. AREA OF NEED:

Indicate areas of educational need (i.e., reading, math, writing, speech/language, etc.) that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. For every identified area of need there must be a goal.

45. BASELINE:

Enter the student's current level of performance (baseline) in the stated area of need for this Goal. Try to state the baseline in a positive, not negative, format. (Don't write statements like: student can't read at all, handwriting is horrible, written work doesn't make a bit of sense, etc.).

The baseline should be a quantifiable description of classroom performance in the specified area (i.e., reads 20 sight words, adds 3-digit numbers, writes a simple 2-4 sentence paragraph, needs improvement on sequencing events in written work, etc.).

46. GOAL

First consider standards at the student's chronological grade level. Also consider prerequisite skills, levels of the cognitive domain, accommodations, modifications, and assistive technology. **NOTE: If the student is taking the CMA for Science, there must be a grade level, standards based goal for Science.**

The annual goal describes what a student can reasonably be expected to accomplish within a twelve-month maximum period, and must be written in measurable terms. There should be a direct relationship between a student's present level of performance (baseline) and the goal statement. Academic goals, objectives and benchmarks should be standards based and designed to enable the child to progress in the general curriculum.

The following is a recommended list of goal areas:

- English Language Development
- Oral Expression
- Listening Comprehension
- Written Expression

- Basic Reading Skills
- Reading Comprehension
- Math Calculation
- Math Reasoning
- Motor Development (Fine, Gross, Oral)
- Behavior
- Vocational/Transition Goals (14 years and over)
- Linguistic

Goals must be numbered and include:

- A. **Who** = Student
- B. **When** = Target date of completion (month/day/year)
- C. **Given What** = Conditions (when given a paragraph to read)
- D. **Does What** = Observable/measurable behavior. Examples are:
- Will complete addition of numbers 1-10
 - Will write sentences beginning with capital letters
- E. **How Much** = Skill level (how well and under what conditions).
Examples are:
- 8 out of 10 times or 80%
 - 2 times per day
 - 4 times per week
 - within 5 minutes
 - without assistance

47. PERSON(S) RESPONSIBLE

Identify, by title (not name), the person(s) responsible for implementing each goal and related objectives and for monitoring student's progress toward that goal.

48. OBJECTIVES/BENCHMARKS

The benchmarks/short term Objectives are tools for measuring the student's progress from present levels (baseline) to attaining the annual goals. They should describe, in measurable terms, what the student is expected to accomplish in incremental steps, over a specific period of time within the time period established for the Goal. Objectives need to state when they should be accomplished and how the determination will be made.

Benchmark Objectives shall be included for each Goal. Each must be numbered (i.e., 1A, 1B, 2A, 2B, etc.) and include:

- A. **Who** = Student
- B. **When** = Target date of completion (month/day/year)
- C. **Given What** = Conditions (when given a paragraph to read)

- D. **Does What** = Observable/measurable behavior. Examples are:
- Will complete addition of numbers 1-10
 - Will write sentences beginning with capital letters
- E. **How Much** = Skill level (how well and under what conditions).
Examples are:
- 8 out of 10 times or 80%
 - 2 times per day
 - 4 times per week
 - within 5 minutes
 - without assistance

Since the objectives are incremental, a minimum of two **MUST** be written for each annual goal.

Remember

- Goal statements must reflect what skill/level the student is working to achieve.
- Objectives build on each other toward the goal. The student needs to complete Objective #1 before moving to Objective #2.
- Understand, know, appreciate and comprehend are NOT acceptable terms to use when writing goals and/or objectives, as they are neither observable nor measurable.
- Address only one skill per objective.
- Use terms such as "at least" or "no more than" when specifying how well the student will do in their progress toward goals/objectives.
- Be realistic.

49. METHODS OF MEASUREMENT

Check the box that describes what assessment strategy was used to measure the student's goal. Documentation such as test protocols, observation logs, portfolios, the actual tests designed by the teacher, and other teacher data used to measure the student goal achievement should be shared at the IEP team meeting.

50. OBJECTIVE EVALUATION

- Each objective must be evaluated by the date specified in the objective. However, if the student achieves the objective early, evaluation may be done prior to the date specified. Frequent evaluation of objectives is a positive function of special education.
- When the objective is achieved, it is noted by putting the date in the achieved area of evaluation. Objectives that are achieved prior to the next IEP team meeting indicate the need for new objectives to be written and approved.
- If the objective is not met by the review date, put the review date in the "not achieved" area. The objective may be continued, if deemed appropriate, or revised depending on the student and IEP Team decision.

51. GOAL ENABLES STUDENT TO BE INVOLVED/PROGRESS IN GENERAL CURRICULUM/STATE STANDARD #

Check this box if this statement is true and fill in the number of the Goal Standard. You can find the numbers in the Web-IEP ‘Goal Bank’ or online at the CDE website www.cde.ca.gov/be/st/ss/. The CDE website provides downloadable documents with all California content standards.

52. GOAL ADDRESSES OTHER EDUCATIONAL NEEDS RESULTING FROM THE DISABILITY

Check this box if the goal can be used to address other educational needs the student may exhibit as a result of their particular disability (i.e., behavior, social skills, self help, etc.). Remember, to be linguistically appropriate, the goals should align to the student’s assessed level on the CELDT (if appropriate) and the CDE English Language Standards.

53. GOAL IS LINGUISTICALLY APPROPRIATE

Check this box for at least one Goal for student’s identified as “English Learner” on page 1 of the IEP. One Goal must address English language development for these students.

REPEAT STEPS 44-53 FOR AS MANY GOALS/OBJECTIVES AS THE IEP TEAM DEEMS NECESSARY FOR STUDENT TO RECEIVE EDUCATIONAL BENEFIT.



Educational Benefit Reminder:

- *Are there goals and objectives for each area of need?*
- *Are the goals and objectives measurable?*
- *Do the goals and objectives enable the student to be involved/progress in the curriculum?*
- *Are all other educational needs resulting from the disability addressed?*
- *If the student is an English language learner, are the goals linguistically appropriate?*
- *Is the person(s) identified who will primarily be responsible for implementing the goals/objectives, and monitoring progress?*
- *Are the progress reports being sent to parents as scheduled?*

**LEAST RESTRICTIVE ENVIRONMENT (LEA) CONSIDERATIONS:
SUPPLEMENTAL AIDS & SUPPORTS
EV-50, PAGE 4A**

54. SERVICE OPTIONS CONSIDERED TO ADDRESS LRE

Select all service options for the student that were considered and discussed at the meeting:

- General Education Class
- General Education Class with Supplemental Aides & Services
- General Education Class with Related Services
- General Education Class with Consult and/or Collaboration from Special Ed. Staff
- General Education Class with Specialized Academic Instruction in Class (Push-In/Inclusion)
- General Education Class with Specialized Academic Instruction in a Separate Class (Pull-Out)
- Separate Classroom with Specialized Academic Instruction for Majority of Day
- Separate Classroom with Specialized Academic Instruction for Majority of Day Utilizing Alternate Curriculum Standards
- State Special School
- Nonpublic School
- Home/Hospital

The IEP team must always first consider placement in the general education classroom.

55. LEAST RESTRICTIVE ENVIRONMENT (LRE): In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that the child needs:

Based on the service options considered in Item 54 above enter possible harmful effects (see examples below).

Possible harmful effect of...

- General education class with or without supplemental aides & services, is that student may not be given sufficient support to maintain progress on grade level standards.
- General education class with related services or consultation/collaboration with special education staff, is that student may miss instruction in the general education setting for one or more sessions/periods.
- General education class with SAI in class as a push in/inclusion model, is that student may not be given sufficient specialized instruction to meet IEP goals.
- Separate classroom with SAI for majority of day with or without utilizing alternate curriculum, is that student may have limited opportunities for instruction and socialization in the general setting with non-disabled peers.
- State special school, nonpublic school/agency, home/hospital, is that student will only be with disabled peers during the day and will not benefit from the academic example and collaboration with non-disabled peers.

56. DESCRIBE HOW THE DISABILITY AFFECTS THE STUDENT'S INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM (or, for preschoolers, participation in appropriate activities)

Per special education requirements regarding the least restrictive environment, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schooling or other removal of children with disabilities from the general education environment should only occur when the nature or severity of the disability is such that education in general classes with the use of supplementary aids and services cannot be satisfactorily achieved.

To meet this requirement the IEP team must document how the student's disability will impact his/her ability to benefit from the general education curriculum and classroom. Describe how the student's disability interferes with normal skill acquisition and/or functioning in the general classroom.

Examples:

- Auditory processing deficits interfere with student's ability to acquire reading and writing skills at an average rate within a general education setting.
- Visual motor processing deficits interfere with the student's ability to read, write and spell. Additional and/or individual assistance beyond the general education classroom is required.
- A receptive language deficit in the area of semantics and syntax interferes with the student's ability to communicate with teacher and peers.
- An inability to build and maintain interpersonal relationships with peers and adults adversely affects the student's ability to learn in a general education classroom setting.
- General cognitive delays impact the student's rate of learning/development to such a great degree, a separate classroom is necessary for the student's success.
- The student's speech/language delays necessitate instruction from a LSH specialist. (Variations of this can be used for other special education services, i.e., OT, APE, etc.)
- The student's academic delays necessitate special education support in small group settings on a part time basis (pull out or collaborative models).
- The student's needs may best be met in a small class setting with individualized and/or functional skills curriculum.
- The student requires a small, structured classroom/school setting with a therapeutic component included.
- The student's health or medical problems require a home/hospital instruction program.

57. % OF TIME STUDENT IS OUTSIDE REGULAR CLASS AND EXTRA-CURRICULAR AND NON-ACADEMIC ACTIVITIES

Enter the percentage of time the student is pulled out of the general education classroom or from extracurricular or non-academic activities to receive special education services. Examples of programs and activities within the general education program that the student may participate in include school day activities, lunch, recess, passing periods, P.E., Title 1 and academic areas such as language arts, social studies, math and science.

The total percentage of Items 57 & 58 must equal 100%.

58. % OF TIME STUDENT IS IN REGULAR CLASS AND EXTRA-CURRICULAR AND NON-ACADEMIC ACTIVITIES

Enter the percentage of time the student participates in the general education classroom or extracurricular or non-academic activities. This may include special education services that are provided within the general education classroom setting (i.e., reading group with a resource specialist or small group activities with a language, speech & hearing specialist that are provided in the student's general education classroom, etc.

The total percentage of Items 57 & 58 must equal 100%.

The CHART on the following two pages is provided to help determine correct percentages for Items 57 & 58 above.

CHART -- PERCENTAGE OF TIME IN GENERAL EDUCATION

**30 HOUR SCHOOL WEEK
@ 6 HOURS PER DAY**

In General Education Environment (in 15 minutes increments) *	Divided by Total School Day	Equals Percentage of Time in General Education
0.00	6.00	0%
0.25	6.00	4%
0.50	6.00	8%
0.75	6.00	13%
1.00	6.00	17%
1.25	6.00	21%
1.50	6.00	25%
1.75	6.00	29%
2.00	6.00	33%
2.25	6.00	38%
2.50	6.00	42%
2.75	6.00	46%
3.00	6.00	50%
3.25	6.00	54%
3.50	6.00	58%
3.75	6.00	63%
4.00	6.00	67%
4.25	6.00	71%
4.50	6.00	75%
4.75	6.00	79%
5.00	6.00	83%
5.25	6.00	88%
5.50	6.00	92%
5.75	6.00	96%
6.00	6.00	100%

**25 HOUR SCHOOL WEEK
@ 5 HOURS PER DAY**

In General Education Environment (in 15 minutes increments) *	Divided by Total School Day	Equals Percentage of Time in General Education
0.00	5.00	0%
0.25	5.00	5%
0.50	5.00	8%
0.75	5.00	15%
1.00	5.00	20%
1.25	5.00	25%
1.50	5.00	30%
1.75	5.00	35%
2.00	5.00	40%
2.25	5.00	45%
2.50	5.00	50%
2.75	5.00	55%
3.00	5.00	60%
3.25	5.00	65%
3.50	5.00	70%
3.75	5.00	75%
4.00	5.00	80%
4.25	5.00	85%
4.50	5.00	90%
4.75	5.00	95%
5.00	5.00	100%

* .25 equals 15 minutes

**20 HOUR SCHOOL WEEK
@ 4 HOURS PER DAY**

In General Education Environment (in 15 minutes increments) *	Divided by Total School Day	Equals Percentage of Time in General Education
0.00	4.00	0%
0.25	4.00	6%
0.50	4.00	13%
0.75	4.00	19%
1.00	4.00	25%
1.25	4.00	31%
1.50	4.00	38%
1.75	4.00	44%
2.00	4.00	50%
2.25	4.00	56%
2.50	4.00	63%
2.75	4.00	69%
3.00	4.00	75%
3.25	4.00	81%
3.50	4.00	88%
3.75	4.00	94%
4.00	4.00	100%

**15 HOUR SCHOOL WEEK
@ 3 HOURS PER DAY**

In General Education Environment (in 15 minutes increments) *	Divided by Total School Day	Equals Percentage of Time in General Education
0.00	3.00	0%
0.25	3.00	8%
0.50	3.00	17%
0.75	3.00	25%
1.00	3.00	33%
1.25	3.00	42%
1.50	3.00	50%
1.75	3.00	58%
2.00	3.00	67%
2.25	3.00	75%
2.50	3.00	83%
2.75	3.00	92%
3.00	3.00	100%

* .25 equals 15 minutes

59. GENERAL EDUCATION PROGRAM PARTICIPATION:

Identify what general program activities or general education academic areas the student participates in by checking all boxes that apply. Options include lunch/recess/passing periods, extracurricular activities, physical education, modified physical education (not APE), school day activities (pep rallies, school assemblies, etc.), and academic classes.

60. PROGRAM MODIFICATIONS AND SUPPORT (including Supplemental Aids and Services) TO BE PROVIDED TO INCREASE STUDENT'S PROGRESS ON ANNUAL GOALS AND PARTICIPATION IN GENERAL EDUCATION CURRICULUM AND/OR NONACADEMIC ACTIVITIES:

This section requires the IEP team to list all student or staff support services or aids that will be provided to assist in the student's educational program. The IEP team must document what will be provided, who will receive the service or aid or modification/accommodation (student or school personnel), the start and end date, frequency, duration, and location of each item. Examples of some aids/services/program accommodations/modifications/supports include, but are not limited to:

Student

- Preferential Seating (e.g., general ed. classroom 5 minutes daily from 9/15/14 to 9/15/15)
- Peer Support
- Opportunity to repeat & write down instructions
- Shortened & modified assignments
- Read tests & have student give answers verbally in lieu of writing
- Study notes provided to student so he/she doesn't have to copy them

Personnel

- Consultation between special ed. & general ed. teachers
- Collaboration with special ed. teacher
- Weekly meeting with case carrier
- Staff training
- Staff collaboration
- Staff consultation (e.g., general ed. class 30 minutes monthly from 9/15/14 to 9/15/15)

Accommodations **do not** fundamentally alter or lower expectations or standards for the instruction level, content or performance criteria (e.g., extended time on an un-timed task, enlarged text, etc.). Modifications **do** fundamentally alter or lower expectations or standards for the instructional level, content or performance criteria (e.g., alternate math assignment, etc.).

[NOTE: You must now state the location where the aid/service/support will be provided to the student, the duration/minutes it will be provided, the frequency (daily, weekly, etc.) and the start and end date.] It is recommended that at least one "student" and one "personnel" aid or support be entered. If the IEP Team finds that the student does not require any "Aids, Services, Program Accommodations/Modification or Supports", enter the following statement to indicate that the item was addressed: "**Not an area of need.**" Remember, before entering this statement, the IEP

Team should be absolutely sure that no additional support services are necessary for the student to obtain educational benefit from their special education program.]

61. ACTIVITIES TO SUPPORT TRANSITION Document any activity student will participate in to support transition into one of the following settings: (Preschool to Kindergarten, Special Education to General Education, Elementary to Middle School, Middle to High School, Nonpublic to Public School)

For students in a nonpublic setting, the IEP team must annually consider whether or not the needs of the student continue to be best met at the nonpublic school and whether the student may be transitioned to a public school setting.

Examples for each setting include, but are not limited to:

Preschool to Kindergarten

- A social story relating to being in a new and different classroom setting will be developed and shared with the student.
- A video tape of student activities in a Kindergarten class will be played for the student.

Special Education to General Education

- A social story relating to being in a new and different classroom setting will be developed and shared with the student.
- A video tape of student activities in a General Education class will be played for the student.
- Student will be mainstreamed into the General Education class for 1 hour per day during math instruction.
- Student will eat lunch in the Cafeteria with other students instead of in the Special Education classroom.

Elementary to Middle School

- A social story relating to being in a new and different classroom setting will be developed and shared with the student.
- A video tape of the Middle School campus and activities at the new campus will be played for the student.
- A visit to the middle school campus including interaction with middle school teacher(s) and/or students will be arranged prior to the student's transition date.

Middle School to High School

- A social story relating to being in a new and different classroom setting will be developed and shared with the student.
- A video tape of the High School campus and activities at the new campus will be played for the student.
- A visit to the high school campus including interaction with high school teacher(s) and/or students will be arranged prior to the student's transition date.

Nonpublic School to Public School

- A video tape of the public school campus and activities at the new campus will be played for the student.
- A visit to the public school campus including interaction with high school teacher(s) and students will be arranged one month prior to the student's transition or mainstreaming date.
- Student will be mainstreamed to the public school class for 2 hour per day during math instruction.



Educational Benefit Reminder:

- *Did the IEP Team consider LRE and any harmful effects in various instructional settings?*
- *Is there a clear description of the amount of time the student is outside the general education environment, including an explanation of why the student will not participate in general education for all or part of the day?*
- *Did the IEP Team identify how the child's disability affects his or her involvement and progress in the general curriculum or participation in appropriate activities for the preschool child?*
- *Was the determination of the appropriate supplementary aids and services completed after the goals were finalized?*
- *Are the supplementary aids and services based on peer-reviewed research to the extent practicable?*
- *Are the start/end dates, provider, frequency, duration, and location specified for supplementary aids and services?*
- *If appropriate, are the activities clearly identified to support transition from preschool to kindergarten, from special education and/or NPS to general education, 8th-9th grade, etc.?*

OFFER OF FAPE: SERVICES
EV-50, PAGE 4B

SPECIAL EDUCATION AND RELATED SERVICES

The IEP team needs to determine the special education and related services that would provide educational benefit to the student and facilitate progress on identified goals.

The completion of this section of the IEP form provides all special education services the student will receive including the service name, the agency responsible (provider), where the service will be provided (location), how the service will be given to the student (service delivery), how often it will be provided (minutes, frequency) and the start and end service dates. Entries in this section comprise the district's offer of a Free Appropriate Public Education (FAPE). Make sure the offer is clear and that all services to be provided are listed in the "Service" section (numbers 62 through 69 below). All service, provider, service delivery & location options are listed below and will be in drop-down menus in the Web-IEP program.

This section must be completed even if the student is in private school.

62. PRIMARY OR SECONDARY SERVICE

The student's primary special education service is the one that has the greatest time intensity during a typical five (5) day school week. Enter this service on the first line designated as Primary Service. Use the other lines to enter all other "secondary" services. All special education services must be listed, regardless of which district or agency provides the service. All services must have IEP goals and objectives. All services are recommended by the IEP team and based on documented student need. Choose from the following list of services, which is provided in a drop-down menu in Web-IEP:

- Specialized Academic Instruction (SAI)
- Intensive Individual Service (1:1 Aide)
- Language & Speech (LSH)
- Adapted Physical Education (APE)
- Health/Nursing: Specialized Physical Health Care Services (Spc Health) (*provided by school nurse for suctioning, oxygen or insulin administration, catheterization or glucose testing required by physician's orders*)
- Health/Nursing-Other Services (Oth Health) (*provided by a qualified individual per IEP for health related services not prescribed by a physician*)
- Occupational Therapy (OT) (*Educational only, NOT CCS services*)
- Physical Therapy (PT) (*Educational only, NOT CCS services*)
- Individual Counseling (Ind Coun)
- Group Counseling/Guidance (Grp Coun)
- Parent Counseling
- Social Work Services
- Behavior Intervention (BI) (*usually provided by a non-public agency*)
- Day Treatment (DT)

Residential Treatment (RT)
Deaf/Hard of Hearing Itinerant (DHH Itin)
Interpreter (*for sign language*)
Visual Impairment Itinerant (VI Itin)
Orientation & Mobility (O&M)
Voc/Career Assessment, Couns/Guid (VOC)
Other Transition (Oth Transition)

NOTE: Do NOT list services provided by any NON-SCHOOL or OUTSIDE agencies (e.g., California Children Services (CCS), Regional Center or Department of Behavioral Health) on the IEP.

63. PROVIDER (DISTRICT OR AGENCY)

Enter the name of the district or agency that is responsible for providing each identified service to the student. Choose from the following list of services, which is provided in a drop-down menu in Web-IEP:

District of Service (DOS)
County Office of Education (COE)
SELPA
Nonpublic Agency (NPA)
Nonpublic School (NPS)
WorkAbility (WA)
Transition Partnership Project (TPP)
Other Public Program (OPP)

64. LOCATION

Enter where the service will be provided. Specify the general physical location (NOT the name of a school, NOT a teacher's name and NOT a room number). Web-IEP has a drop-down menu listing all location of service options. Location options most commonly used include, but are not limited to:

- Regular Class/Public School: Select this location when the student's needs can be met in the general education classroom with modifications, accommodations and/or support services. This includes the student that qualified for itinerant special education services with placement in the general education classroom a majority of the school day. Goals and objectives must be written for each itinerant service (i.e., LSH, APE, VI). Use this location for any special education service provided to eligible students for less than a majority of the instructional day.
- Separate Class/Public School: Select this location when special education services are provided outside of the general education classroom. Students enrolled in a special education class environment can participate in mainstream activities, team teaching with a general education teacher, etc. This service location is available for students with mild/moderate disabilities as well as severe/profound disabilities.

This service location also includes classroom services operated by the San Bernardino County Superintendent of Schools (SBCSS). These services are typically designed for students with more intensive educational needs such that the nature or severity of the disability precludes their participation in district special education options.

- Nonpublic Day School: This is a school or agency under contract with the East Valley SELPA to provide a continuum of special education services. Qualified students may be referred to a nonpublic setting by following district/SELPA procedures.
- Nonpublic Residential/in CA or out of CA School: This is a school under contract with East Valley SELPA to provide special education services to students placed residentially by the IEP Team.
- Home Based on IEP Team Decision: Refers to special education services being provided to eligible students in their home environment. This location may be used for in-home autism programs or home services due to a medical condition. When recommending home instruction services based on a medical condition, the IEP team should verify that a medical report from the attending physician or psychologist exists stating the diagnosed condition and certifying that the severity of the condition prevents the student from attending a less restrictive setting. The physician's/psychologist's report should also indicate a recommended time period for home instruction services. The IEP team must review and revise the IEP whenever there is a significant change in the student's condition.
- Hospital: Refers to special education services being provided to eligible students in a hospital setting. When recommending hospital instruction services, the IEP team should verify that a medical report from the attending physician or psychologist exists stating the diagnosed condition and certifying that the severity of the condition prevents the student from attending a less restrictive setting. The physician's/psychologist's report should also indicate a recommended time period for hospital instruction services. The IEP team must review and revise the IEP whenever there is a significant change in the student's condition.
- Service Provider Location: Select this location for special education services being provided to eligible students by an outside service provider (i.e., a nonpublic agency providing speech services at their facility). NOTE: DO NOT select this for services provided by District, SBCSS or SELPA.

65. SERVICE DELIVERY

Enter the method that will be used to provide services to the student. Choose from the following list of service delivery options, which are provided in a drop-down menu in Web-IEP:

- Collaboration
- Community
- Consult
- In Class

- Outside of School Hours
- Pull Out
- Separate Class

66. START DATE

Enter the month, day and year when each identified special education service is to start.

67. END DATE

Enter the month, day and year when the special education service will end. This is usually one year from the "Current Annual" date, but it may also be the date limited services will end (i.e., if OT services will be provided for a limited timeframe, such as 3 months, the end date for this service may be several months prior to the date of the next annual IEP).

68. DURATION (MINUTES)

Enter the number of minutes per session the student will receive the corresponding service. DO NOT use a range of minutes.

69. FREQUENCY (D, W, M, or Y)

Enter the frequency the student is to receive each service. Indicate whether it will be daily, weekly, monthly or yearly (e.g., one time per week = "1x/wk", two times per month = "2x/mo"). In the situation where the student is receiving a collaborative service, do not put the number of sessions. Instead, enter total minutes in the "Duration/Minutes" column and enter "per month" or "per year" in the "FREQUENCY" column.



Educational Benefit Reminder:

- *Was the determination of the appropriate special education and related services completed after the goals were finalized?*
- *Are the appropriate services identified to support progress toward all goals including progress in the general curriculum, participation in extracurricular activities, and other nonacademic activities?*
- *Are the special education and related services based on peer-review research to the extent practicable?*
- *Are the start/end dates, provider, frequency, duration, and location specified for all special education and related services?*
- *Do all team members, including parent, understand the progress reporting requirements?*

OFFER OF FAPE: ADDITIONAL CONSIDERATIONS
EV-50, PAGE 5

70. EXTENDED SCHOOL YEAR (ESY)

Discuss if the student needs ESY to receive FAPE. Check yes or no to indicate whether or not the student will be participating in a special education extended school year program, If yes, also indicate the number of extended year days that are being authorized.

NOTE: You must also enter the IEP Team's rationale for providing, or not providing extended year services to the student. Examples include, but are not limited to:

- Based on regression/recoupment study
- Student progress data does not support need for ESY
- Student progress data does support need for ESY

71. SPECIAL TRANSPORTATION

Check yes or no to indicate whether or not special transportation services, other than the general education bus, will be provided by the district of service. If yes, indicate whether any of the following apply:

- Consideration for wheelchair and/or other medical equipment
- Requires child safety restraint system (CSRS)
- Service offered/Parent declined and will transport student

72. PHYSICAL EDUCATION

- General P.E.: Refers to a student who is enrolled in a general physical education program without any special adaptations/modifications.
- Specially Designed P.E.: Refers to a student who receives physical education in a special setting and/or from a special education teacher. The P.E. program for these students is based on a State approved curriculum guide and most of the students participate as a group in the same basic P.E. program.
- Other: Specify any other type of physical education to be provided, such as:
 - Modified P.E.: Refers to a student who is able to participate in the general physical education program if special adaptations/modifications are made.
 - Adapted P.E. (APE): This service is available for students whose needs cannot be met within the other P.E. options listed. The specialist/teacher providing the service must hold an APE credential to teach this program. APE must also be listed as a service on the student's IEP. An assessment must be conducted to determine eligibility for APE and goals and objectives must be developed at the IEP meeting.

73. PROGRAM SETTING FOR AGES 3-5 YEARS– This must be completed for all students age 3-5, even if in kindergarten.

- Regular early childhood program or kindergarten – MORE than 10 hours per week – majority provided WITHIN regular early childhood program: Select this program setting for students who attend preschool or kindergarten for more than 10 hours per week with the majority of those hours (51% or more) within the regular preschool or kindergarten program. Early childhood programs include, but are not limited to: Head Start; Kindergarten, reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; and group childcare.
- Regular Early Childhood program or kindergarten – MORE than 10 hours per week – majority provided OUTSIDE regular early childhood program: Select this program setting for students who attend preschool or kindergarten for more than 10 hours per week with the majority of those hours (51% or more) within a special education preschool or kindergarten program setting. Early childhood programs include, but are not limited to: State Preschools, Head Start; Kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; and group childcare.
- Regular Early Childhood program or kindergarten – LESS than 10 hours per week – majority provided WITHIN regular early childhood program: Select this program setting for students who attend preschool or kindergarten for less than 10 hours per week with the majority of those hours (51% or more) within a regular education preschool or kindergarten program setting. Early childhood programs include, but are not limited to: State Preschools, Head Start; Kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; and group childcare.
- Regular Early Childhood program or kindergarten – LESS than 10 hours per week – majority provided OUTSIDE regular early childhood program: Select this program setting for students who attend preschool or kindergarten for less than 10 hours per week with the majority of those hours (51% or more) within a special education preschool or kindergarten program setting. Early childhood programs include, but are not limited to: State Preschools, Head Start; Kindergarten; reverse mainstream classrooms; private preschools; preschool classes offered to an eligible pre-kindergarten population by the public school system; and group childcare.
- Separate Class: In this setting the student attends a special education program in a class comprised of less than fifty percent (49% or below) non-disabled children.
- Separate School: This is a placement setting where children receive their entire special education program in public or private day schools designed specifically for children with disabilities.
- Residential Facility: This is a setting where children receive all of their special education

and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.

- Home: Use this setting when a child receives all of their special education and related services in the principal residence of the child's family or caregiver(s).
- Service Provider Location: Select this setting for children who receive all of their special education and related services from a service provider, **and** the student did not attend any other early childhood program or special education program provided in a separate class, separate school, or residential facility or public school site. For example, speech instruction provided in: a private clinician's office; hospital facilities on an outpatient basis; libraries and other community locations.

74. PROGRAM SETTING FOR AGES 6-22 YEARS – This must be completed for all students age 6-22, even if in kindergarten.

- General Education/Public Day School: This is a program setting that includes at least fifty percent (50% or more) non-disabled children.
- Separate School (NPS or State Special School): This setting is where children receive all of their special education and related services in education programs located at public or private day schools specifically for children with disabilities. This can include a public special day class, a nonpublic school setting, or a State school (i.e., day students at the California School for the Blind or California School for the Deaf).
- Residential: This setting includes public and private residential facilities where students reside during the school week and receive special education and related services for greater than fifty percent (51% or more) of the school day. This may include students at State schools (i.e., California School for the Blind or California School for the Deaf) only if they reside at the facility. Do not include children who receive special education programs at the facility but do not live there.
- Home/Hospital (not home-schooled): Students in this setting receive special education programs and related services in a homebound/hospital environment. Do not include children with disabilities whose parents have opted to home-school them and who receive special education at public expense; use "Parentally Placed in Private School" instead.
- Correctional: This setting includes students who receive special education programs in correctional facilities, i.e., short-term detention facilities (community-based or residential), Juvenile Hall, California Youth Authority facilities or local, state and federal correctional institutions.
- Parentally Placed in Private School (include home schooled): This setting is where students have been enrolled by their parents or guardians in regular parochial or other private schools, their basic education is paid through private resources and they receive special education and/or related services at public expense from a local education agency

or intermediate educational unit under an Individual Service Plan (ISP). Include children whose parents choose to home-school them, but who receive special education and/or related services at public expense.

75. NON-SCHOOL AGENCY INVOLVEMENT

- California Children Services (CCS): Check this box if the student is eligible and receiving services from California Children Services (CCS). If checked, a representative from CCS must be invited to the IEP meeting.
- Department of Rehabilitation (DR): Check this box if the student is eligible and receiving services from the Department of Rehabilitation. This includes students enrolled in the Transition Partnership Project (TPP). If checked, a representative from DR must be invited to the IEP meeting.
- Probation: Check this box if the student has a probation officer.
- Regional Center: Check this box if the student is a client of the Inland Regional Center. If checked, the student's social worker must be invited to the IEP meeting.
- Department of Social Services (DSS): Check this box if the student is a client of the Department of Social Services (i.e., under State Adoptions, Foster Care, etc.). If checked, the student's social worker must be invited to the IEP meeting.
- Other: List any other non-school agency serving the student.

76. IF BLIND/VISUALLY IMPAIRED, SPECIFY READING MEDIUM OR MEDIA INCLUDING BRAILLE

List the name of the reading technology, strategy or media the student is currently using, (e.g., Braille, large print-point size 24, etc.).

77. IF DEAF/HEARING IMPAIRED, SPECIFY COMMUNICATION NEEDS

List the specific communication needs/requirements for the student to be successful in the school program (e.g., augmentative communication device, auditory trainer device, sign language instruction, etc.).

78. ASSISTIVE TECHNOLOGY NEEDS

Does the student require assistive technology devices, equipment or materials to meet educational goals and objectives? If yes, list the student's needs including any equipment the student is currently using (i.e., uses an augmentative communication device, uses a pencil grip, needs computer access to complete assignments, etc.).

79. CURRENT LOW INCIDENCE EQUIPMENT/MATERIALS

This applies only to students who are blind, deaf/blind, deaf, hard-of-hearing or severely orthopedically impaired. For all others enter “student does not have a low incidence disability.”

Low incidence equipment is indicated only if it is required to meet specific educational needs. Best practice – low incidence assistive technology should be addressed in the Supplemental Aids and Services section of the IEP and/or in a goal. If the low incidence eligible student doesn't need or have any low incidence equipment/materials enter "none needed at this time."

If the student does need or have low incidence equipment/materials, list all of the equipment and/or materials the student is currently using that were purchased using low incidence funding. Include items being shared with other students. There should be "Property of East Valley SELPA" inventory tags on these items.

80. DOES STUDENT'S BEHAVIOR IMPEDE LEARNING OF SELF OR OTHERS?

Indicate whether or not (yes or no) the student's behavior is affecting their ability to benefit from their educational program or that of other students. If you select yes, describe how the behavior impedes learning. Specify positive behavior interventions, strategies, and supports to address the behaviors. Check the appropriate box(es) for the items below:

- Behavior Intervention Plan (BIP) attached: Check this box if the student's behavior requires a Behavior Intervention Plan. If checked, BIP must be developed and attached to the IEP document. If the student already has a BIP, it should be reviewed and updated as appropriate at each IEP meeting and attached to each IEP.

If the student already has a BIP in place and the IEP team believes there is a need to address the student's behavioral needs beyond the Behavior Intervention Plan, an observation of the student for a Functional Behavior Assessment (FBA) should be scheduled to facilitate the development of a new Behavior Intervention Plan.

- Behavior Goal is part of this IEP: If the BIP box is checked, the IEP team must develop at least one behavior goal as part of the IEP document.

81. ALL SPECIAL EDUCATION SERVICES PROVIDED AT STUDENT'S HOME SCHOOL?

Indicate whether or not (yes or no) the student receives all of their special education program services at their identified "home school." If no, the IEP Team must document why the student is not able to attend their home school. IDEA is written in language that assumes that most students can be educated at their school of residence and in the general education classroom with the appropriate services and modifications. When this is not possible, justification must be provided explaining why the student must attend another school.

Example:

- The appropriate placement to meet the student's needs is located at another school site.



Educational Benefit Reminder:

- *Has the IEP Team addressed all the special considerations the student may require?*
- *Is there a clear description of the location of services, including why some services may not be provided at the child's home school, if appropriate?*
- *Does the student demonstrate behavior(s) that impede learning, and if so, how will positive interventions, strategies, and supports be provided?*

**STATEWIDE & DISTRICT ASSESSMENT
EV-50, PAGE 6A and 6B**

**NOTE: For the 2014/15 school year, the CMA CAPA and CST will be given for
Science ONLY, in grades 5, 8 and 10**

INDICATE STUDENT’S PARTICIPATION IN THE CALIFORNIA ASSESSMENT OF
STUDENT PERFORMANCE AND PROGRESS (CAASPP):

82. ENGLISH LANGUAGE ARTS (ELA) (GRADES 3-8 AND GRADE 11)

If the student is not yet in grade 3-8 or grade 11, they will not be given this assessment. Check the “Outside of testing range” box and proceed to the next test (Item 83 below).

If the student will take the SBAC (Smarter Balanced) assessment, check the appropriate box to show whether or not the student will use Universal Tools, Designated Supports or Accommodations. For each box checked, select items from the drop down menus indicating the “Embedded” or “Non-Embedded” tools, supports or accommodations the student will use on the SBAC English Language Arts assessment.

If the student will take an “Alternate Assessment” check this box and proceed to the next test (Item 83 below).

83. MATH (GRADES 3-8 AND GRADE 11)

If the student is not yet in grade 3-8 or grade 11, they will not be given this assessment. Check the “Outside of testing range” box and proceed to the next test (Item 84 below).

If the student will take the SBAC (Smarter Balanced) assessment, check the appropriate box to show whether or not the student will use Universal Tools, Designated Supports or Accommodations. For each box checked, select items from the drop down menus indicating the “Embedded” or “Non-Embedded” tools, supports or accommodations the student will use on the SBAC Math assessment.

If the student will take an “Alternate Assessment” check this box and proceed to the next test (Item 84 below).

84. SCIENCE (GRADES 5, 8 & 10 SCIENCE TEST)

Out of testing range: If the student is not yet in grade 5, 8 or 10, they will not be given this assessment. Check the “Out of testing range” box and proceed to the next test (Item 85 below).

CST or CMA: Check the appropriate box to show whether the student will take the Science assessment using CST or CMA with or without Universal Tools, Designated Supports or Accommodations. For each box checked, select items from the drop down menus indicating the “Embedded” or “Non-Embedded” tools, supports or accommodations the student will use on the Science assessment.

Alternate Assessment: If the student will take an “Alternate Assessment” check this box and proceed to the next test (Item 85 below).

CAPA: If the student will take the CAPA Science assessment, check the box indicating the CAPA exam level they will be given. This test reflects an emphasis on functional life skills. The IEP should document an explanation of why the student will not participate in the CST or CMA and why participation in CAPA is appropriate. This can be done in Item 86 & 87 explained below.

If a student takes the CAPA, they will not take the CAHSEE and they will not be on an academic track leading to a Diploma.

85. IF STUDENT IS TAKING CMA OR ALTERNATE ASSESSMENT, THE IEP TEAM HAS REVIEWED THE CRITERIA FOR TAKING ALTERNATE ASSESSMENTS.

All students are required to have access to the general education curriculum, except age 3-5 preschool students and a portion of the age 5, K-22 severely handicapped population who receive an alternative functional skills curriculum. Preschool students are given the DRDP assessment and severely handicapped students are given the CAPA assessment.

The IEP Team must consider the following criteria if this box is checked:

1. Does the student have access to the general education curriculum?
2. Did the student previously score below basic or far below basic on the CST?

If the answer to both these questions is yes, the student should take the CMA or an Alternate Assessment.

86. STUDENT WILL NOT PARTICIPATE IN SBAC, CST OR CMA BECAUSE

Provide a short explanation of why the student won't take the SBAC, CST or CMA based on the two questions in Item 85 above.

Example: Student has access to general ed. curriculum and scored below basic on CMA.

87. PARTICIPATION IN ALTERNATE ASSESSMENT IS APPROPRIATE BECAUSE

Provide a short explanation of why the student won't will be given an Alternate Assessment based on the two questions in Item 85 above.

Example: Student receives an alternative functional skills curriculum and was previously given the CAPA.

88. OTHER STATE-WIDE/DISTRICT-WIDE ASSESSMENT(S) / ALTERNATE ASSESSMENT(S)

Check this box if the student will take any other assessments. Specify the name of any assessment and accommodations or modifications the student may need to participate in Other State/District-Wide Assessments or Alternate Assessments.

89. DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP) FOR AGES 0-2 INFANT & 3, 4 & 5 YEAR OLD PRESCHOOLERS ONLY:

If the student is not in the age ranges above, check “Not Applicable” and skip to Item 91 below.

If the student will take the DRDP, check the boxes for the appropriate DRDP adaptations that will be used with the student. Explanations of each accommodation are provided below:

- Alternative Response Mode – Some children demonstrate skills in a manner that looks different from their typical peers. For example, the child with autism may look out of the corner of his eye instead of establishing direct eye contact, or the child with a physical impairment may demonstrate atypical movement patterns. The form of a child’s response may differ from that of his peers and still may be considered to demonstrate mastery of a skill.
- Alternative Mode for Written Language (i.e., Braillewriter, keyboard, computer, etc.)
- Sensory Support (i.e., reducing background noise, adjusting tactile or visual stimulation, etc.)
- Assistive Equipment or Device (i.e., walker, splints, special utensils, switches, etc.)
- Augmentative or Alternative Communication System (i.e., sign language, picture cards, electronic communication device, etc.)
- Functional Positioning to ensure student has stability needed to control his/her movements as much as possible
- Visual Support (i.e., lighting adjustment, enlargement of materials, distance from objects, or verbal description of events)

90. CELDT

CELDT Scores: Enter the date of the last CELDT taken and student’s previous scores on that CELDT test in the areas of listening, speaking, reading, writing, plus their overall score. If the student scores a 1, 2 or 3 in any area, a linguistically appropriate goal must be written for that specific area. Use EV-50, Page 10 for the goal(s). EV-50, Page 11 must also be completed to address all English Learner (EL) items (EXCEPTION: Preschool Students).

CELDT – For English Learners Only: If the student is an English Learner, check this and other boxes provided to designate how the student will take the CELDT assessment (with or without accommodations) for each assessment area (listening, speaking, reading and writing).

Alternate Assessment to CELDT: If the student will take an alternate assessment to CELDT, check the box to indicate this and check additional boxes to indicate in which CELDT area(s). Also list the name of the alternate assessment(s).



Educational Benefit Reminder:

- *Has the IEP Team addressed all the special considerations the student may require?*
- *Is participation on state and district wide assessment, including accommodations and modifications, in accordance with state guidelines?*
- *Are alternate assessment(s), including the reasons, clearly noted and described?*
- *If a student requires any waivers or exemptions to the CAHSEE, is this clearly documented?*

**SECONDARY TRANSITION
EV-50, PAGE 7**

**NOTE: Numbers correspond to numbers highlighted on form EV-50, page 7
at the end of this document.**

FOR STUDENTS 15 YEARS AND OLDER (BUT NOT LATER THAN AGE 16)
TRANSITION SERVICE LANGUAGE IS INCLUDED BELOW.

When should the IEP Team fill out the transition services plan?

Beginning at age 16 (or younger if the student will turn 16 during the year the current IEP is in effect), and updated annually thereafter, the IEP must include a statement of the transition service needs of the student that focus on the student's course of study (such as participation in advanced placement courses or a vocational education program). **NOTE: If the annual IEP meeting is held when the student is 15 and their 16th birthday will occur during the period covered by the IEP being developed, transition services must be addressed in that IEP even though the student is still 15.**

Definition of Transition Services (34 CFR § 300.43):

The term "transition" means a coordinated set of activities for a student with a disability that:

- A) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities including post-secondary education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;
- B) are based upon the individual student's needs, taking into account the student's strengths, preferences and interests; and
- C) includes school-based instruction, related services, community connecting experiences, the development of work-based learning, employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation.

91. WHEN APPROPRIATE, FOR GRADES 7-12, LIST ALTERNATIVE MEANS & MODES NECESSARY FOR THE STUDENT TO COMPLETE THE DISTRICT'S PRESCRIBED COURSE OF STUDY AND TO MEET PROFICIENCY STANDARDS FOR GRADUATION

List accommodations and/or modifications the student will use in or outside the classroom to assure he/she successfully completes high school. Also, if necessary, list alternative settings the student will participate in and/or alternative programs the student will attend. Examples of alternative means and modes include, but are not limited to:

- Supervised work experience or other outside school experience
- Career technical education classes offered in high school
- Courses offered by regional occupational center or programs

- Independent study in the area of _____
- Credit earned at a post-secondary institution

92. FOR STUDENTS 15 YEARS AND OLDER (BUT NOT LATER THAN AGE 16) TRANSITION SERVICES LANGUAGE IS INCLUDED BELOW (NOTE: Required Field)

Check the box if the student is within the 15 to 22 year age range. If not, leave it blank.

93. DESCRIBE HOW THE STUDENT PARTICIPATED IN THE IEP PROCESS:

Check the box that best describes how the student participated in the IEP process. Options include (NOTE: Required Field):

- Student “**Attended IEP.**”
- The student met with the teacher or other school staff prior to the IEP to discuss transition issues (“**Other Meeting**”).
- An “**Interview**” with the student was conducted prior to the IEP to obtain transition information.
- An “**Inventory**” assessment was completed by the student indicating transition goals & interests.
- A “**Questionnaire**” was completed by the student regarding transition goals & needs.

94. WERE AGE APPROPRIATE TRANSITION ASSESSMENT/INSTRUMENTS USED? IF YES, DESCRIBE THE ASSESSMENT RESULTS.

This is a transition assessment process that provides practical information about job or career interests, aptitudes and skills (i.e., questionnaires, surveys, interviews, etc.). Information may be gathered through situational assessment, observation or formal measures. Check yes or no to indicate whether or not age appropriate transition evaluation tools were used to determine the student’s goals and interests and describe the results of any assessments completed.

Record the transition assessment information/results used to identify the student’s preferences and interests and abilities for transition planning as they relate to his/her postsecondary goals. Assessment needs to be comprehensive NOT JUST vocational. This information serves as Present Levels for the transition section of the IEP. The postsecondary goals are what the student plans on doing upon graduation/completing school. The gap between the results of the transition assessment and the student’s interests is the basis for the postsecondary goals.

95. STUDENT'S POST-SCHOOL DESIRED GOALS OR VISION

The student should attend the IEP meeting and be prepared to identify his/her dreams, goals, interests and abilities and preferences during the IEP meeting. If the student is unable to attend the IEP meeting, the LEA and IEP Team must ensure that the student’s preferences and interests are considered and should obtain this information from the student prior to the meeting. For students with severe disabilities the family may share their goals for the student.

**96. STUDENT'S POST-SECONDARY GOAL – TRAINING OR EDUCATION
(Required)**

- Upon completion of school I will: Using information obtained from the student, describe the student's plan to obtain training or education after completing their school program. Examples of Post-Secondary Training/Education Goals include, but are not limited to:
 - ❖ Take college entrance exams with appropriate accommodations
 - ❖ Enroll in college or university
 - ❖ Enroll in vocational training (i.e., beauty school, pet grooming, trucking school)
 - ❖ Earn an occupational certificate in the area of _____
 - ❖ Enter the military for training in _____
 - ❖ Enter an apprenticeship in the area of _____
 - ❖ Complete on the job training
 - ❖ Enter community based training

- Addressed in Annual Goal #: Enter the number of the IEP Goal (from the EV-50, page 3 Goals/Objectives) that **addresses what the student will work on while in school** to accomplish his/her plan (Post-Secondary Goal) of obtaining training or education after leaving school

IEP Goal Examples (to be entered on Page 3 of the IEP):

- ❖ By _____ Student will participate in college entrance exams with appropriate accommodations.
 - ❖ By _____ Student will explore a variety of community college choices, to ensure that there is an appropriate match and that support services are available to meet student's needs.
 - ❖ By _____, Student will investigate enrollment requirements and attendance at ROP classes related to his/her stated area of interest.
 - ❖ By _____, Student, with assistance from the guidance counselor and case carrier/teacher, will plan and write a college preparatory program of study.
-
- Person/Agency Responsible: Identify, by title (not name), the person(s) or agency responsible for implementing each post-secondary goal and for monitoring student's progress toward that goal (i.e., student, teacher, Transition Partnership Project (TPP) staff, Department of Rehabilitation (DR) staff). Inclusion of agency representatives in the IEP requires prior parental consent. Any services or resources provided by agencies (Department of Rehabilitation, Regional Center, Transition Partnership Project, WorkAbility, ROP, etc.) require prior involvement in planning the IEP and agreement to provide services.

 - Transition Service Code (as Appropriate): Check the appropriate box to indicate if student is receiving or will receive vocational/career assessment or vocational counseling/guidance or other transition assistance. Age-appropriate transition assessment can be completed by the case manager, counselor, school psychologist, TPP and/or WorkAbility staff. Transition counseling/guidance may be provided by the school counselor, case manager or vocational education staff. Other transition would include career information provided in the student's general or special education academic program.

- Activities to Support Postsecondary Goal: Describe activities that will occur in school or at home to assist the student in achieving his/her post-secondary goal in the areas of training or education. Examples include, but are not limited to:
 - ❖ participating in community college visits
 - ❖ investigating adult school or trade school options
 - ❖ obtaining on-the-job training
 - ❖ participating in the WorkAbility program
 - ❖ volunteering at a charitable or community organization

- Community Experiences (as Appropriate): Describe any activities the student participates in within his/her community related to training or education. This may include, but are not limited to:
 - ❖ grocery shopping
 - ❖ eating at local restaurants
 - ❖ using a public bus for transportation
 - ❖ having a driver's license
 - ❖ awareness of their street/neighborhood
 - ❖ reading a map/using GPS/knowing local landmarks
 - ❖ participate in a community athletic program
 - ❖ opening a bank account and using an ATM
 - ❖ using social media responsibly
 - ❖ being environmentally responsible (recycling, saving energy, etc.)

- Related Services (as Appropriate): Describe any services related to training or education the student will receive. This may include, but are not limited to:
 - ❖ participating in the TPP program
 - ❖ participating in student leadership
 - ❖ joining a school club (Key Club, Future Business Leaders of America, Future Farmers of America, etc.)

97. STUDENT'S POST-SECONDARY GOAL – EMPLOYMENT (Required)

- Upon completion of school I will: Using information obtained from the student, describe the student's plan to obtain employment after completing their school program. Examples of Post-Secondary Employment Goals include, but are not limited to:
 - ❖ Work full time at _____
 - ❖ Work part time at _____
 - ❖ Work in a supported employment program
 - ❖ Volunteer at _____
 - ❖ Enter the military
 - ❖ Entrepreneurship (start a small business)

- Addressed in Annual Goal #: Enter the number of the IEP Goal (from the EV-50, page 3 Goals/Objectives) that **addresses what the student will work on while in school** to accomplish his/her plan (Post-Secondary Goal) of obtaining employment after leaving school.

IEP Goal Examples (to be entered on Page 3 of the IEP):

- ❖ By _____ Student will complete job applications for 5 employers in the area of (use assessment information & student input to identify appropriate area).
 - ❖ By _____ Student will complete social skills instruction emphasizing workplace behaviors, including task persistence, punctuality, asking for help, etc.
 - ❖ By _____ Student will develop a resume in the TPP class or ELA class
 - ❖ By _____ Student will participate in 2 mock interviews in the TPP class
 - ❖ By _____ Student will give a three-minute oral presentation on a topic related to his employment interest(s)
 - ❖ By _____ Student will use technology/internet/phone to research and validate information on companies/employers in the field of (use assessment information & student input to identify appropriate area).
- Person/Agency Responsible: Identify, by title (not name), the person(s) or agency responsible for implementing each postsecondary goal and for monitoring student's progress toward that goal (i.e., student, teacher, parent, etc.).
 - Transition Service Code (as Appropriate): Check the appropriate box to indicate if student is receiving or will receive vocational/career assessment or vocational counseling/guidance or other transition assistance. Vocational/career assessment can be completed by the TPP teacher, TPP staff or DR staff. Vocational counseling/guidance may be provided by the school counselor or vocational education teacher. Other transition would include career information provided in the student's general or special education academic program.
 - Activities to Support Post-secondary Goal: Describe any jobs or tasks the student performs on a regular basis in the home, school, classroom or work environment. These do not need to be paid experiences. Examples include, but are not limited to:
 - ❖ participating in job fairs
 - ❖ investigating employers
 - ❖ developing communication skills (listening, speaking, customer service)
 - ❖ attending technology fairs
 - ❖ volunteering
 - Community Experiences (as Appropriate): Describe activities the student participates in within his/her community needed to obtain employment. Examples include, but are not limited to:
 - ❖ using a public bus for transportation
 - ❖ having a driver's license
 - ❖ awareness of their street/neighborhood
 - ❖ reading a map/using GPS/knowing local landmarks
 - ❖ opening a bank account and using an ATM

- Related Services (as Appropriate): Describe any services related to employment the student will receive. This may include, but are not limited to:
 - ❖ participating in the TPP program & subsequent job placement assistance
 - ❖ working or volunteering part-time to obtain experience
 - ❖ participating in student leadership
 - ❖ practicing interview/communication skills
 - ❖ selecting appropriate interview attire
 - ❖ joining a school club (Key Club, Future Business Leaders of America, Future Farmer of America, etc.)

98. STUDENT’S POST-SECONDARY GOAL – INDEPENDENT LIVING (As Appropriate)

- Upon completion of school I will: If applicable, use information obtained from the student to describe the student’s plan to live independently after completing their school program. Examples of Post-Secondary Independent Living Goals include, but are not limited to:
 - ❖ Live independently (rent apartment)
 - ❖ Live with family
 - ❖ Live with roommates
 - ❖ Live independently with supportive services (board and care facility)
 - ❖ Manage finances, household
 - ❖ Access community independently
- Addressed in Annual Goal #: Enter the number of the IEP Goal (from the EV-50, page 3 Goals/Objectives) that **addresses what the student will work on while in school** to accomplish his/her plan (Post-Secondary Goal) for independent living after leaving school.

IEP Goal Examples (to be entered on Page 3 of the IEP):

- ❖ By _____, Student will enroll and complete an independent living skills course emphasizing consumer skills, nutrition, budgeting, daily living skills, and self-advocacy skills.
- ❖ By _____, Student will identify community resources and complete applications for assistance with adult services available after school.
- ❖ By _____, Student will investigate and obtain the average cost required to move into an apartment and complete an expense sheet/budget to show viability of the average cost figure.
- ❖ By _____, Student will have complete rental applications for 2 apartments.
- ❖ By _____, Student will access public bus transportation and ride independently to 4 locations.
- ❖ By _____, Student will learn bus routes and pick-up points near his/her home.
- ❖ By _____, Student will plan 2 meals and shop for ingredients to make the 2 meals.
- ❖ By _____, Student will successfully use 3 kitchen appliances.
- ❖ By _____, Student will complete a basic first aid course.

- Person/Agency Responsible: Identify, by title (not name), the person(s) or agency responsible for implementing each postsecondary goal and for monitoring student's progress toward that goal (i.e., student, teacher, parent, etc.).
- Transition Service Code (as Appropriate): Check the appropriate box to indicate if student is receiving or will receive vocational/career assessment or vocational counseling/guidance or other transition assistance. Age-appropriate transition assessment can be completed by the case manager, counselor, school psychologist, TPP or WorkAbility staff. Transition counseling/guidance may be provided by the school counselor, case manager or vocational education staff. Other transition would include independent living skills taught in the student's special education academic program (i.e., cooking, cleaning, grocery shopping, etc.).
- Activities to Support Postsecondary Independent Living Goal: Describe any tasks the student performs on a regular basis in the home, school, or classroom environment to take care of himself/herself. This may include, but are not limited to:
 - ❖ preparing meals
 - ❖ caring for/washing clothes
 - ❖ grooming
 - ❖ budgeting
 - ❖ completing small chores around the house
 - ❖ grocery shopping
 - ❖ cleaning (vacuuming, dusting, washing dishes, etc.)
- Community Experiences (as Appropriate): Describe activities the student participates in within his/her community needed to obtain employment. This may include, but is not limited to:
 - ❖ studying city maps
 - ❖ using a public bus for transportation
 - ❖ shopping
 - ❖ eating in restaurants
 - ❖ going to the movies/plays/sporting events
 - ❖ going to church
- Related Services (as Appropriate): Describe any services the student will participate in related to independent living. This may include, but are not limited to:
 - ❖ attending social activities with family members
 - ❖ church groups
 - ❖ community organizations
 - ❖ neighborhood friendships
 - ❖ healthy diet/exercise
 - ❖ good hygiene/grooming
 - ❖ prioritizing responsibilities

99. COURSE OF STUDY – Describe student’s coursework from current year to anticipated exit year, in order to enable student to meeting their post-secondary goals:

The course of study must intentionally & explicitly reflect the student’s secondary completion goals and post-secondary Transition goals. It should list academic courses (core, applied, functional, elective courses that relate specifically to interests expressed by the student) and courses needed to meet graduation standards. For students who plan to earn a high school diploma the student must meet state & district graduation requirements. Elective classes such as performing & visual arts, foreign language, and career technical classes should reflect the student’s career interests & post-secondary goals. The course of study should be sufficiently generic to be portable across district and/or state lines.

Examples:

- Appropriate high school classes required for college, i.e., English/Language Arts, Algebra, etc.
- Instruction on study and organizational strategies to be successful in general education classes.
- Career exploration activities to help determine realistic career options.
- Functional skills curriculum and community based instruction in the special day class.
- Assistance in accessing community or agency services.
- Earn Certificate of Completion.
- Meet IEP goals and objectives.

100. UNITS/CREDITS COMPLETED – UNITS/CREDITS PENDING:

Enter the number of units/credits the student has completed and the number that the student still needs to finish their secondary district required secondary coursework.

101. STUDENT’S COURSE OF STUDY LEADS TO:

Select the appropriate box as it relates to the student’s Course of Study (Certificate of Completion or Diploma) and enter the date the IEP Team anticipates the student will complete his/her program.

102. YES OR NO QUESTIONS:

The IEP team must review information entered in items 94 through 104 on EV-50 page 7 of the IEP, and answer the questions below. If the answer is no for any question, the IEP team must correct the area of the IEP related to the question so that a ‘yes’ response can be entered or an explanation should be written in the “comments” section of the IEP. NOTE: “No” responses, even with an explanation, may raise compliance issues during state verification reviews.

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The student’s IEP indicates appropriate measurable postsecondary goal(s) that cover the education or training, employment & as needed independent living? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is (are) the postsecondary goal(s) updated annually? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do the transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)? |

- Yes No Is (are) there annual IEP goal(s) related to student's transition service needs?
 Yes No Is there evidence that the student was invited to the IEP meeting where transition services were discussed?
 Yes No N/A If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?

103. SUMMARY OF PERFORMANCE

Per Code of Federal Regulations §300.305(e)(3), a Summary of Performance must be developed for each student with a 504 Plan or IEP whose eligibility for special education is terminated due to graduation with a regular diploma, completing their special education program or reaching maximum age of eligibility (22). Form EV-56 was developed for this purpose. The EV-56 form and instructions for completing the form are contained within the Web-IEP program.



Educational Benefit Reminder:

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

COMMENTS
EV-50, PAGE 8

NOTE: Numbers correspond to numbers highlighted on form EV-50, page 8 at the end of this document.

104. COMMENTS

This section should be a summary and to document key points of the IEP Team meeting. It may be used to record specific information regarding the student's needs, parent requests, referrals for additional assessment, etc. Be brief but specific.

If more space is required use an additional "Comments" page. Web-IEP will automatically number IEP pages.

REMEMBER: Information discussed at the meeting regarding services the student is to receive may be entered in this section, but **MUST** be written on page 4B of the IEP in the "Offer of FAPE: Services" section. These include related services such as direct or consult occupational therapy services, speech/language services, APE services, etc.



Educational Benefit Reminder:

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

MEETING PARTICIPANTS AND CONSENT
EV-50, PAGE 9

105. PARENT PRIORITIES FOR THE LONG TERM EDUCATION OF THE STUDENT

This is an opportunity to record parent input regarding their future expectations for the student. Questions that may help the parent identify priority areas are:

- (1) What would you like your child to be able to do in the next 3-5 years?
- (2) What do you think are the most important educational needs of your child?

106. GRADUATION PLAN (GRADE 8 AND HIGHER)

Check the appropriate box to indicate whether the student is on an academic track that will lead to a Diploma or that they are seeking a Certificate or Document of Educational Achievement. The ultimate goal is for all students to earn a Diploma; therefore, the IEP team should consider all options for the student before making the decision that they will seek a Certificate or Document of Educational Achievement. NOTE: Students who are tested using the CAPA will not obtain a Diploma.

107. MEETING PARTICIPANTS

In order for an IEP team meeting to be valid ALL of the following MUST be present: a special education teacher, general education teacher (if the student will participate in any general education instruction), parent and an administrator/designee and if appropriate the student (grades 7 to 12). If the student attends, a space is provided for their signature. Other staff providing services and invited guests may sign on the "Additional Participant" lines.

All persons present at the IEP team meeting (including the parent) must sign their name, record date signed and indicate their title. **Signatures must be legible. If you are not using Web-IEP, printing the name after the signature is recommended.** Participants that sign the IEP document, indicating their attendance, may not necessarily be in total agreement with its contents.

108. LIST DATES AND METHODS USED TO CONTACT/NOTIFY PARENT OF THE IEP MEETING

List every date the parent/guardian was contacted to schedule the IEP team meeting and the method used (i.e., IEP notice mailed, phone call reminder, etc.).

109. MEDI-CAL / MEDICAID AUTHORIZATION

The district may ask the parent or adult student to voluntarily provide consent for the District to obtain student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits if applicable, but the **parent or adult student DOES NOT have to provide this authorization.** District should explain the type of Medi-Cal billing that is done by the school district and the purpose of accessing these funds.

If the parent/adult student consents, they must check the box and provide their signature again in this section of the IEP. Also check the appropriate box reflecting the relationship to the student (parent, guardian, surrogate or adult student) and make sure the parent/adult student dates the form.

110. CONSENT

Parent must check all appropriate boxes. An explanation of each consent item is provided below:

- My signature below indicates that I consent to all parts of the IEP and placement:

This means the parent agrees that all program services listed on pages 4-5 of the IEP document should be provided to their child.

- My signature below indicates that I consent to the IEP & placement with the exception of:

This means the parent agrees that some, but not all, program services listed on pages 4-5 of the IEP document should be provided to their child. **Parent must list program services they DO NOT want provided to their child.**

The part of the IEP for which you have parent consent must be implemented as soon as possible. If the LEA determines that the proposed special education program component to which the parent did not consent is necessary to provide a free appropriate public education to the student, the LEA must file a request for due process. During due process, the student remains in their then-current placement (stay-put) unless the parent and the district, SELPA or County Office agree otherwise (Education Code § 56346(e-f)).

When the parent/guardian in attendance does not consent to all or part of a student's IEP, the parent should be specific as to the reason why. This should be recorded in the "Comments" section of the IEP.

After the completion of the IEP meeting, the Administrator/Designee must notify their district special education director of any parent's refusal, removal or partial consent to an IEP.

- My rights to appeal have been explained to me, and I have received a copy of the Procedural Safeguards (rights).

At the beginning of each IEP Team meeting the Administrator must explain the Procedural Safeguards (parent rights) to the parent and ensure that they understand their rights. Parent must check this box at the end of the meeting. If parent states that they don't understand their rights, Administrator must provide additional explanation until parent does understand.

- For initial and triennial meetings, I have received a copy of the Multidisciplinary Assessment Report:

At the first/initial IEP Team meeting, the parent must receive a copy of the initial evaluation report conducted to determine special education eligibility. Typically this report is mailed to the parent prior to the IEP Team meeting. If parent requests another copy, district must provide it.

At each triennial (3-year) IEP Team meeting, the parent must receive a copy of the re-evaluation report(s) conducted to determine continued special education eligibility. Typically this re-evaluation report is mailed to the parent prior to the triennial IEP Team meeting. If parent requests another copy, district must provide it.

- I understand that student is **not eligible** for special education:

If the first/initial evaluation, conducted to determine initial Part B special education eligibility, results in the IEP Team determining that the student is not eligible for special education, parent should check this box to acknowledge this fact.

- I understand that student is **no longer eligible** for special education:

If a re-evaluation of the student is conducted reflecting that the student is no longer eligible for continued special education services, and the IEP Team determines that the student is no longer eligible for special education, parent should check this box acknowledging that special education services will no longer be provided and student will return to a general education program.

- The transfer of educational rights to the student was explained at least one year prior to reaching the age of majority (18):

As appropriate, explain to the parent(s) and student, at least one year prior to the student turning 18 years of age, that educational rights will legally transfer to the student at age 18. This means at age 18 the student has the legal right to make their own educational program decisions and sign the IEP document. **EXCEPTION:** Student gives this right to their parent or parent obtains legal guardianship giving them educational rights until age 22.

It is strongly suggested that this information be provided to the parent and student at the IEP meeting held when the student is 16 years of age and at each subsequent IEP meeting.

Space is provided in the Consent section for the ADULT student to sign the IEP.

- The IEP has been translated orally (when appropriate) by:

If the parent does not speak English, the IEP meeting & final IEP document must be orally translated to them in their primary language. Check this box when an interpreter

(foreign language or sign language) was used during the IEP meeting. The interpreter must sign on the line provided.

- I request written translation of the IEP in my primary language:

If the parent does not speak English, and requests a written translation of the IEP document in their primary language, the district must provide this written translation within a reasonable timeframe. Parent must specify their primary language.

- I have received a copy of the IEP:

The parent or adult student **MUST** be given a copy of the completed IEP including Page 9 with all signatures and any attachments related to the development of the IEP (BIP, assessment reports, etc.)

- As a means of improving services and results for your child, did the school facilitate parent involvement?:

As part of the Special Education Verification Review conducted by CDE to ensure compliance with state and federal law, parent must answer this survey question (Yes or No). Explain to the parent that their active participation in the IEP Team meeting process, subsequent provision of services to their child and interaction with their child's special education providers (teachers, specialists, etc.) is a means of improving services & results for their child.

Signature of Parent/Guardian: The parent/guardian consent (signature) must be obtained after the IEP has been completely written including goals/objectives and placement/service information. Check the appropriate box reflecting the relationship to the student (parent, guardian or surrogate) and make sure the parent dates the form.

Refusal of Consent for Initial Services: If the parent of the student refuses to consent to the initial provision/offer of special education services the LEA may not provide special education and related services to the student (Education Code § 56346(a-c)(1-2).

Removal of Prior Consent: If the parent of the student refuses all services in the IEP, after having consented to special education services in the past, the LEA must file a request for due process (EC § 56346(d)(A-B)). “While resolution session, mediation conference or due process hearing is pending, the child shall remain in his/her current placement, unless the parent and the public agency agree otherwise.” (EC § 56346(f))

EXCEPTION: If the parent desires to revoke their child's participation in special education and wants the child to return to general education without any special education supports, they must make this request in writing. This situation is rare. If the LEA receives this request in writing, they are not required to complete the IEP and must send the parent prior written notice acknowledging the parent's request and providing a date that special education services will cease (EC § 56346(d)(A-B); 20 USC 1414(a)(1)(C) and (c)(3), 34 CFR 300.9, and 34 CFR 300.300(b)(4)).



Educational Benefit Reminder:

- *If appropriate, is the graduation plan identified for students Grade 8 or higher?*
- *Did all IEP Meeting participants sign and date the IEP?*
- *Do the parent(s) consent to all components of the IEP?*
- *If not, are areas of agreement and/or disagreement clearly specified?*
- *Are the next steps identified for reaching resolution if appropriate?*
- *Are all required notifications marked for compliance?*

LINGUISTICALLY APPROPRIATE GOALS AND OBJECTIVES
EV-50, PAGE 10

When appropriate, for English Language (EL) Learner students earning CELDT scores of three or lower in any of the four domains (listening, speaking, reading or writing), the IEP MUST INCLUDE Linguistically Appropriate Goals and Objectives (LAGOS) for the domain(s).

111. REPORT OF PROGRESS TOWARDS GOALS (Form EV-12) will be given to parent at the:

Check the box indicating whether the Report of Progress Towards Goals (form EV-12) will be provided to the parent on a Quarter, Semester or Trimester basis.

112. AREA OF NEED:

Enter the area of need that will be addressed by this linguistically appropriate Goal (i.e., reading, math, writing, speech/language, etc.)

113. BASELINE:

Enter the student's current level of performance (baseline) in the stated area of need for this Goal (i.e., reads Spanish (or other language) at a 2nd grade level, speaks Spanish fluently, speaks broken/very little English, can write in Spanish (or other language) at 2nd grade level, can add 3-digit numbers, writes 2 sentence paragraphs in Spanish (or other language), etc.). Try to state the baseline in a positive, not negative, format. Don't write statements like: student can't read at all, handwriting is horrible, written work doesn't make a bit of sense, etc.)

114. GOAL/OBJECTIVES

The annual goal describes what a student can reasonably be expected to accomplish within a twelve-month maximum period, and must be written in measurable terms. There should be a direct relationship between a student's present level of performance (baseline) and the goal statement. Academic goals, objectives and benchmarks should be standards based and designed to enable the child to progress in the general curriculum.

Make sure the linguistic goals:

- Are appropriate for the student's cognitive level
- Are appropriate for the student's linguistic level
- Match the developmental level of the student's primary or secondary language
- State specifically in what language (English, Spanish, etc.) the goal/objective will be accomplished
- Are appropriate to the student's level of linguistic development & proficiency in the language identified in the goal/objective

The following is a recommended list of linguistically appropriate goal areas:

- English Language Development
- English Oral Expression
- Listening Comprehension
- English Written Expression
- Basic English Reading Skills (phonemic awareness, concepts of print & decoding skills)
- English Reading Comprehension

Goals must include:

- A. Goal number
- B. Target date of completion (month/day/year)
- C. Observable and measurable statements. **NOTE:** *Do not simply copy the following examples without consideration of your student's present levels of performance, language proficiency and learning style.* Examples of Linguistically Appropriate Goals/Objectives include, but are not limited to:
 - By _____, Student will increase comprehension of English language with _____% accuracy as shown by:
Objective: By _____, Student when shown visual stimuli (e.g., pictures, regalia), will respond nonverbally (e.g., point, not shake his/her head, clap hands, act out) to preproduction stimuli (e.g., nod your head when I point to pencil, clap our hands when I touch a farm animal) with _____% accuracy.
 - By _____, Student will demonstrate increased comprehension of the English language by giving English responses to questions or requests made in English with _____% accuracy as shown by:
Objective: By _____, Student when shown visual stimuli, will respond with one-word response to questions with comprehensible input with _____% accuracy.
 - By _____, Student will demonstrate the ability to respond to questions in written English with writing quality comparable to level of written language skills in student's primary language with _____% accuracy as shown by:
Objective: By _____, Student after reading a story in his/her instructional level will respond to a writing task (i.e. answer comprehension questions, write a creative story, etc.) with _____% accuracy.
 - By _____, Student will respond in English to literal questions with short phrases, which may or may not be grammatically correct _____ out of _____ trials, with _____% accuracy as demonstrated by:
Objective: By _____, Student when given comprehensible input, will respond to (who, what, where, when, how or why) questions using short phrases with _____% accuracy.

- D. Skill level (how well and under what conditions). Examples are:
- 8 out of 10 times or 80%
 - 2 times per day
 - 4 times per week
 - within 5 minutes
 - without assistance
 - in the general education classroom

Remember:

- Goal statements must reflect what skill/level the student is working to achieve.
- Since the objectives are incremental, a minimum of two **MUST** be written for each annual goal.
- Objectives build on each other toward the goal. The student needs to complete Objective #1 before moving to Objective #2.
- Understand, know, appreciate and comprehend are **NOT** acceptable terms to use when writing goals and/or objectives, as they are neither observable nor measurable.
- Address only one skill per objective.
- Use terms such as "at least" or "no more than" when specifying how well the student will do in their progress toward goals/objectives.
- Be realistic.

115. METHODS OF MEASUREMENT

Check the box that describes what assessment strategy was used to measure the student's goal. Documentation such as test protocols, observation logs, portfolios and the actual tests designed by the teacher should be shared at the IEP team meeting.

116. PERSON(S) RESPONSIBLE

Identify, by title (not name), the person(s) responsible for implementing each goal and related objectives and for monitoring student's progress toward that goal.

117. OBJECTIVE EVALUATION

- Each objective must be evaluated by the date specified in the objective. However, if the student achieves the objective early, evaluation may be done prior to that date specified. Frequent evaluation of objectives is a positive function of the special education service provider.
- When the objective is achieved, it is noted by putting the date next to "Achieved" in the evaluation box. Objectives that are achieved prior to the next IEP team meeting indicate the need for new objectives to be written and approved.
- If the objective is partially met or not met by the review date, put the review date in the "Partially Achieved" or "Not Achieved" area. The objective may be continued, if deemed appropriate, or revised depending on the student and IEP Team decision.

118. GOAL ENABLES STUDENT TO BE INVOLVED/PROGRESS IN GENERAL CURRICULUM/STATE STANDARD #_____

Check this box if this statement is true and fill in the number of the Goal Standard. You can find the numbers in the Web-IEP ‘Goal Bank’ or online at the CDE website www.cde.ca.gov/be/st/ss/. The CDE website provides downloadable documents with all California content standards.

119. GOAL ADDRESSES OTHER EDUCATIONAL NEEDS RESULTING FROM THE DISABILITY

Check this box if the goal can be used to address other educational needs the student may exhibit as a result of their particular disability (i.e., behavior, social skills, self-help, etc.). Remember, to be linguistically appropriate, the goals should align to the student’s assessed level on the CELDT (if appropriate) and the CDE English Language Standards.

120. GOAL IS LINGUISTICALLY APPROPRIATE

Check this box for at least one Goal for student’s identified as “English Learner” on page 1 of the IEP. One Goal must address English language development for these students. All Goals on page 10 of the IEP MUST be linguistically appropriate.

REPEAT STEPS 114-122 FOR AS MANY LINGUISTICALLY APPROPRIATE GOALS/OBJECTIVES AS THE IEP TEAM DEEMS NECESSARY FOR STUDENT TO RECEIVE EDUCATIONAL BENEFIT.

121. COURSE OF STUDY

Describe student’s coursework from current year in order to enable student to meet their grade level standards. List the alternative means and modes necessary for the student to complete the District’s prescribed course of study and to meet grade level proficiency standards.



Educational Benefit Reminder:

- *Are there goals for each area of need?*
- *Are the goals measurable?*
- *Do the goals enable the student to be involved/progress in the curriculum?*
- *Are all other educational needs resulting from the disability addressed?*
- *Are the goals linguistically appropriate? Is the person(s) identified who will primarily be responsible for implementing the goal and monitoring progress?*
- *Are the progress reports being sent to parents as scheduled?*

**ENGLISH LANGUAGE DEVELOPMENT (ELD) FOR ENGLISH LEARNERS (EL)
EV-50, PAGE 11**

Section 1 of this page must include input from the English Language Development (ELD) staff.

122. LANGUAGE ASSESSMENT:

Check the box indicating whether the student was assessed using the CELDT or another assessment. Specify the other assessment. Enter the date the student was assessed.

Enter the student's latest scores from the **annual** CELDT assessment in each area (listening, reading, speaking, writing) plus the overall score.

Check the R-FEP box only if the student meets the minimum District requirements to be reclassified as fluent-English proficient. District requirements usually include, but are not limited to, minimum CST or SBAC scores, CELDT levels at "early advanced" or "advanced", approval of the student's teacher, parental opinion/consultation, and grades of at least a C average. (Check with your District for their specific requirements.)

Once the student is reclassified, they are taken out of EL classes and no longer receive EL instruction; however, they should continue to be monitored for two years. If the student is R-FEP, you do not need to complete the remaining sections of page 11.

Enter the student Primary Language and the instrument/assessment used to determine the Primary Language Proficiency. Include the date assessed and a brief statement of the results.

Indicate the Student's dominant language based on the assessment data above and the instrument/assessment used to determine the language dominance. Include the date assessed and a brief statement of the results.

123. INSTRUCTION PROVIDED IN:

Indicate which language will be used to provide instruction to the student in each of the areas listed. Check the "E" box for English and the "P" for the Primary Language determined in Section 1 on the form.

124. L1 (PRIMARY LANGUAGE) SUPPORT/INSTRUCTION DETERMINED APPROPRIATE AND WILL BE PROVIDED BY:

Check the appropriate boxes to indicate who and/or how instruction will be provided to the student. Check all that apply.

125. PROGRAM PLACEMENT:

Check the box that describes the type program where the student will receive instruction.

126. LINGUISTICALLY APPROPRIATE GOALS AND OBJECTIVES DEVELOPED IN AREAS OF:

Check the boxes that describe the areas addressed by the student's Goals/Objectives. Check all that apply

127. CROSS CULTURAL UNDERSTANDING PROVIDED THROUGH:

Check the boxes that describe methods that will be used in the classroom and in other school settings to promote cross cultural understanding for the student. Check all that apply.

128. SUPPLEMENTAL INFORMATION:

Use this space to provide any additional information the IEP Team may have regarding the student's language ability or language instructional needs.

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
IEP DATA SUMMARY

District of Residence **1**

District of Attendance

TODAY'S DATE

Home School

School of Attendance

Use this form for Ages 3-22 (IDEA Part B)

* Refer to "IEP Titles/Codes" for field options

2
/ /

PURPOSE OF MEETING (from EV-30, Conference Notice) **3**

DATE STUDENT FIRST ENTERED SPECIAL EDUCATION **4** / /
CURRENT ANNUAL / / **NEXT ANNUAL** / /
CURRENT 3 YEAR / / **NEXT 3 YEAR** / /
EXIT DATE / / **EXIT REASON** _____

5 REASON IEP AND/OR 3 YEAR WAS NOT HELD WITHIN TIMELINE (must complete if applicable)

REASON (choose only one)	ANNUAL	3 YEAR
<input type="checkbox"/> Parent Contacted - Did Not Attend	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Student Transferred In	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (List) _____	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT ID **6** **SSID** **6** **STUDENT NAME** **7** _____
Last, First Middle

GENDER F **8** M **BIRTHDATE** **9** / / **GRADE** **10** **MEDI-CAL #** **11** _____
MEDI-CAL TARGETED CASE MGMT (TCM) Yes No

ETHNICITY **12** Hispanic or Latino Not Hispanic or Latino **RACE *** (Enter a minimum of 1 - maximum of 3) **13**
 1) _____ 2) _____ 3) _____

STUDENT'S NATIVE LANGUAGE * **14** _____ (From Home Language Survey) **ENGLISH LEARNER** **15** Yes No

NAME OF PARENT/GUARDIAN/FOSTER/LCI (where student resides) **16** _____

STUDENT'S ADDRESS **17** _____ **CITY** _____ **STATE** _____ **ZIP** _____

PARENT NAME & ADDRESS (if different from above) **18** _____ **CITY** _____ **STATE** _____ **ZIP** _____

<p>STUDENT'S PHONE 19 () - Ext. _____</p> <p>PARENT'S PHONE (1) 20 () - Ext. _____ (if different)</p> <p>OTHER PHONE (2) 21 () - Ext. _____</p>	<p>RESIDENCY</p> <p><input type="checkbox"/> Parent/Guardian's Home 22 <input type="checkbox"/> Hospital (except State)</p> <p><input type="checkbox"/> Foster Family Home (FFH) <input type="checkbox"/> Incarcerated Institution</p> <p><input type="checkbox"/> Licensed Children Institute (LCI) <input type="checkbox"/> Residential Facility</p> <p><input type="checkbox"/> Other _____</p>
--	--

FOR INITIAL PLACEMENTS ONLY

EARLY INTERVENING SERVICES (Interventions provided prior to Special Education Referral): Yes No **23**

REFERRED FOR ASSESSMENT BY Parent Teacher Student Study Other School Personnel Other _____ **24**

DATE OF INITIAL REFERRAL TO ASSESS **25** / / **DATE OF PARENT CONSENT FOR INITIAL EVALUATION** **26** / / **DATE OF INITIAL EVALUATION (IEP)** **27** / /

<p>REASON INITIAL IEP IS AFTER 3RD BIRTHDAY (if applicable)</p> <p><input type="checkbox"/> Parent refused to consent 28</p> <p><input type="checkbox"/> Parent did not make child available</p> <p><input type="checkbox"/> School was on official break for more than 5 consecutive days</p> <p><input type="checkbox"/> Other Reason (must list) _____</p>	<p>REASON INITIAL EVALUATION IS BEYOND 60-DAY TIMELINE (if applicable)</p> <p><input type="checkbox"/> Parent did not make child available 29</p> <p><input type="checkbox"/> School was on official break for more than 5 consecutive days</p> <p><input type="checkbox"/> Student Transferred</p> <p><input type="checkbox"/> Other Reason (must list) _____</p>
--	--

ELIGIBILITY (from EV-50, Page 2) 30	SETTING FOR AGES 3-5 (from EV-50, Page 5) 30	TRANSPORTATION (from EV-50, Page 5) 30
		EXTENDED YEAR (from EV-50, Page 5) 30

DISABILITY (from EV-50, Page 2) 30 Primary Disability: Secondary Disability:	SETTING FOR AGES 6-22 (from EV-50, Page 5) 30	NON-SCHOOL AGENCY INVOLVEMENT (from EV-50, Page 5) 30
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LIST SERVICE OPTIONS CONSIDERED TO ADDRESS LEAST RESTRICTIVE ENVIRONMENT (LRE) **30** _____

SUMMARY OF SERVICES (From EV-50, Page 4, Special Education Services) **30**

SERVICE	PROVIDER (District or Agency)	LOCATION	SERVICE DELIVERY	MINUTES (Duration)	FREQ. (D, W, M or Y)	START DATE	END DATE
P						/ /	/ /
S						/ /	/ /
S						/ /	/ /
S						/ /	/ /

EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
INDIVIDUALIZED EDUCATION PROGRAM
SUMMARY OF PRESENT LEVELS OF STUDENT PERFORMANCE AREAS

STUDENT'S NAME _____ BIRTHDATE ___/___/___

READING	31	
MATH	32	
WRITTEN EXPRESSION	33	
LANGUAGE/COMMUNICATION/SPEECH	34	
SOCIAL BEHAVIOR (Cooperation, Attention, Social Acceptance, Responsibility)	35	
PHYSICAL SKILLS (Gross/Fine Motor)	36	
SELF-HELP SKILLS, FUNCTIONAL SKILLS, INDEPENDENT SKILLS, ACTIVITIES OF DAILY LIVING	37	
PREVOCATIONAL/VOCATIONAL/CAREER/EXPLORATORY INFORMATION/WORK EXPERIENCE	38	
HEALTH	39	
HEARING: Date ___/___/___ <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Other _____ VISION: Date ___/___/___ <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Other _____		
ATTENDANCE	40	
DISABILITY		
Indicate "P" For Primary Disability; "S" For Secondary Disability (* Denotes Low Incidence Disability) 41		
<input type="checkbox"/> Autism <input type="checkbox"/> Deaf * <input type="checkbox"/> Deaf/Blindness * <input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hard of Hearing * <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Multiple Disability <input type="checkbox"/> Orthopedic Impairment* <input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment *
ELIGIBILITY FOR SPECIAL EDUCATION SERVICES 42		
<input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible <input type="checkbox"/> Eligible—No Special Ed Service Provided/Parent Placed in Private School	<input type="checkbox"/> Eligible—No Services (Other Reasons) <input type="checkbox"/> Eligible with Individual Service Plan (ISP)/Parent Placed in Private School <input type="checkbox"/> Exiting from Special Education	

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
GOALS AND OBJECTIVES

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____

BIRTHDATE _____

Report of Progress Towards Goals (Form #EV-12) will be given to parent at the: Quarter Semester Trimester **43**

AREA OF NEED: 44	BASELINE: 45
GOAL # ____: By ____/____/____, student will <div style="text-align: right;">46</div>	<p style="text-align: center;"><i>Methods of Measurement</i></p> <input type="checkbox"/> Teacher Made Test <input type="checkbox"/> Portfolio <input type="checkbox"/> Standardized Test 49 <input type="checkbox"/> Criterion Referenced Test <input type="checkbox"/> Other _____
Person(s) Responsible for Implementation: 47	
OBJECTIVE # ____ A: By ____/____/____, student will <div style="text-align: right;">48</div>	Comments: <div style="text-align: right;"> Objective ____ A Evaluation: 50 Achieved ____/____/____ </div>
OBJECTIVE # ____ B: By ____/____/____, student will	<div style="text-align: right;"> Partially Achieved ____/____/____ Not Achieved ____/____/____ Objective ____ B Evaluation: Achieved ____/____/____ Partially Achieved ____/____/____ Not Achieved ____/____/____ </div>

- Goal enables student to be involved/progress in general curriculum/state standard # _____ **51**
- Goal addresses other educational needs resulting from the disability **52**
- Goal is linguistically appropriate (NOTE: If English learner, one of the goals must address English language development.) **53**

AREA OF NEED:	BASELINE:
GOAL # ____: By ____/____/____, student will	<p style="text-align: center;"><i>Methods of Measurement</i></p> <input type="checkbox"/> Teacher Made Test <input type="checkbox"/> Portfolio <input type="checkbox"/> Standardized Test <input type="checkbox"/> Criterion Referenced Test <input type="checkbox"/> Other _____
Person(s) Responsible for Implementation:	
OBJECTIVE # ____ A: By ____/____/____, student will	Comments: <div style="text-align: right;"> Objective ____ A Evaluation: Achieved ____/____/____ </div>
OBJECTIVE # ____ B: By ____/____/____, student will	<div style="text-align: right;"> Partially Achieved ____/____/____ Not Achieved ____/____/____ Objective ____ B Evaluation: Achieved ____/____/____ Partially Achieved ____/____/____ Not Achieved ____/____/____ </div>

- Goal enables student to be involved/progress in general curriculum/state standard # _____
- Goal addresses other educational needs resulting from the disability
- Goal is linguistically appropriate (NOTE: If English learner, one of the goals must address English language development.)

TODAY'S DATE: ____/____/____

EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
INDIVIDUALIZED EDUCATION PROGRAM
LEAST RESTRICTIVE ENVIRONMENT (LRE): Supplemental Aids & Supports

STUDENT'S NAME _____ BIRTHDATE ____/____/____

PROGRAMS AND SERVICES WILL BE PROVIDED ACCORDING TO WHEN THE STUDENT IS IN ATTENDANCE & CONSISTENT WITH THE PUBLIC SCHOOL CALENDAR & SCHEDULED SERVICES, EXCLUDING HOLIDAYS, VACATIONS & NON-INSTRUCTIONAL DAYS UNLESS OTHERWISE SPECIFIED

SERVICE OPTIONS CONSIDERED TO ADDRESS LEAST RESTRICTIVE ENVIRONMENT (LRE): (Choose all items considered/discussed) 54

- General Education Class
- General Education Class with Supplemental Aids & Services
- General Education Class with Related Services
- General Education Class with Consult and/or Collaboration from Special Ed. Staff
- General Education Class with Specialized Academic Instruction in Class (Push-In/Inclusion)
- General Education Class with Specialized Academic Instruction in a Separate Class (Pull-Out)
- Separate Classroom with Specialized Academic Instruction for Majority of Day
- Separate Classroom with Specialized Academic Instruction for Majority of Day Utilizing Alternate Curriculum
- State Special School
- Non-Public School/Agency
- Home/Hospital

LEAST RESTRICTIVE ENVIRONMENT (LRE): In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that the child needs: **55**

Describe how the disability affects the student's involvement and progress in general education curriculum (or, for preschoolers, participation in appropriate activities): **56**

57 _____ % of time student is **OUTSIDE** general class and extracurricular and non-academic activities

58 _____ % of time student is **IN** general class and extracurricular and non-academic activities (Total must equal 100%)

59 GENERAL ED. PROGRAM PARTICIPATION: Lunch/Recess/Passing Periods Extracurricular Activities Physical Ed. Modified Physical Ed.
 School Day Activities Academic Areas: (Language Arts/Math/Science/Social Studies):

PROGRAM MODIFICATIONS & SUPPORT (including Supplemental Aids and Services) to be provided to increase student's progress on annual goals and participation in general education curriculum and/or nonacademic activities: 60

Aids, Services, Program Accommodations/Modifications and/or Supports	To Support	Location	Minutes (Duration)	Frequency (D, W, M or Y)	Start Date	End Date
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel					
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel					
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel					

ACTIVITIES TO SUPPORT TRANSITION – Document any activity student will participate in to support transition into one of the following settings: (Preschool to Kindergarten, Special Education to General Education, Elementary to Middle School, Middle to High School, Non-Public to Public School). For students in a NPS setting, the IEP team must annually consider whether or not the needs of the student continue to be best met at the nonpublic school and whether the student may be transitioned to a public school setting.

61

TODAY'S DATE: ___/___/___

EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
INDIVIDUALIZED EDUCATION PROGRAM
 OFFER OF FREE APPROPRIATE PUBLIC EDUCATION (FAPE): SERVICES

STUDENT'S NAME _____ BIRTHDATE ___/___/___

PROGRAMS AND SERVICES WILL BE PROVIDED ACCORDING TO WHEN THE STUDENT IS IN ATTENDANCE & CONSISTENT WITH THE PUBLIC SCHOOL CALENDAR & SCHEDULED SERVICES, EXCLUDING HOLIDAYS, VACATIONS & NON-INSTRUCTIONAL DAYS UNLESS OTHERWISE SPECIFIED

SPECIAL EDUCATION AND RELATED SERVICES <small>* Only Select from "IEP Services/Provider/Location/Service Delivery Options" Document</small>	
PRIMARY SERVICE * 62	PROVIDER * 63
LOCATION * 64	SERVICE DELIVERY * 65
START DATE ___/___/___ 66	END DATE ___/___/___ 67
DURATION (Minutes) 68	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____ 69
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____
SECONDARY SERVICE *	PROVIDER *
LOCATION *	SERVICE DELIVERY *
START DATE ___/___/___	END DATE ___/___/___
DURATION (Minutes)	FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (list) _____

TODAY'S DATE: ___/___/___

EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
INDIVIDUALIZED EDUCATION PROGRAM
OFFER OF FAPE: ADDITIONAL CONSIDERATIONS

STUDENT'S NAME _____ BIRTHDATE ___/___/___
PROGRAMS AND SERVICES WILL BE PROVIDED ACCORDING TO WHEN THE STUDENT IS IN ATTENDANCE & CONSISTENT WITH THE PUBLIC SCHOOL CALENDAR & SCHEDULED SERVICES, EXCLUDING HOLIDAYS, VACATIONS & NON-INSTRUCTIONAL DAYS UNLESS OTHERWISE SPECIFIED

EXTENDED SCHOOL YEAR (ESY) NO YES If Yes, number of days _____ **70**
RATIONALE:

SPECIAL TRANSPORTATION NO YES (If yes, and only if applicable, complete the following) **71**
 Consideration for wheelchair and/or other medical equipment
 Requires child safety restraint system(CSRS)
 Service offered/Parent declined and will transport student

PHYSICAL EDUCATION **72** General Specially Designed Other _____

PROGRAM SETTING FOR AGES 3-5 YEARS **73**
 Regular early childhood program or kindergarten— MORE than 10 hours per week— majority provided WITHIN regular early childhood program
 Regular early childhood program or kindergarten— MORE than 10 hours per week—majority provided OUTSIDE regular early childhood program
 Regular early childhood program or kindergarten— LESS than 10 hours per week—majority provided WITHIN regular early childhood program
 Regular early childhood program or kindergarten—LESS than 10 hours per week— majority provided OUTSIDE regular early childhood program
 Residential Facility Home Separate Class Separate School Service Provider Location

PROGRAM SETTING FOR AGES 6-22 YEARS **74**
 General Education/Public Day School Separate School (NPS or State Special School) Residential
 Home/Hospital (not home schooled) Correctional Parentally Placed in Private School (incl. home schooled)

NON-SCHOOL AGENCY INVOLVEMENT **75**
 California Children's Services (CCS) Department of Rehabilitation (DR) Probation
 Regional Center Department of Social Services (DSS) Other _____

If Blind/Visually Impaired, specify reading medium or media including Braille **76**

If Deaf/Hearing Impaired, specify communication needs **77**

Assistive Technology Needs **78**

Current Low Incidence Equipment /Materials **79**

Does student's behavior impede learning of self or others? No Yes Describe: **80**
 Behavior Intervention Plan (BIP) attached Behavior Goal is part of this IEP

All special education services provided at student's home school? Yes No Rationale: **81**

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
STATEWIDE & DISTRICT ASSESSMENT

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____ BIRTHDATE _____

INDICATE STUDENT'S PARTICIPATION IN THE CALIFORNIA ASSESSMENT OF STUDENT PERFORMANCE AND PROGRESS (CAASPP):

English Language Arts (ELA) (Grades 3-8 and Grade 11) 82

- Outside of testing range (before Grade 3 or in Grades 9-10 or 12)
- SBAC without Universal Tools, Designated Supports or Accommodations
- SBAC with Universal Tools Embedded _____
- SBAC with Universal Tools Non-Embedded _____
- SBAC with Designated Supports Embedded _____
- SBAC with Designated Supports Non-Embedded _____
- SBAC with Accommodations Embedded _____
- SBAC with Accommodations Non-Embedded _____
- Alternate Assessment

Math (Grades 3-8 and Grade 11) 83

- Outside of testing range (before Grade 3 or in Grades 9-10 or 12)
- SBAC without Universal Tools, Designated Supports or Accommodations
- SBAC with Universal Tools Embedded _____
- SBAC with Universal Tools Non-Embedded _____
- SBAC with Designated Supports Embedded _____
- SBAC with Designated Supports Non-Embedded _____
- SBAC with Accommodations Embedded _____
- SBAC with Accommodations Non-Embedded _____
- Alternate Assessment

Science (Grades 5, 8 & 10 Science Test) 84

- Out of testing range
- CST without Designated Supports or Accommodations
- CST with Universal Tools _____
- CST with Designated Supports _____
- CST with Accommodations _____
- CMA without Universal Tools or Designated Supports or Accommodations (Grade 5, 8 and Life Science for Grade 10)
- CMA with Universal Tools or Designated Supports (Grade 5, 8 and Life Science for Grade 10)
- CMA with Accommodations (Grade 5, 8 and Life Science for Grade 10)
- Alternate Assessment OR CAPA LEVEL: 1 2 3 4 5

If student is taking CMA or Alternate Assessment, the IEP Team has reviewed the criteria for taking alternate assessments. 85

Student will not participate in SBAC, CST or CMA because 86

Participation in an Alternate Assessment is appropriate because 87

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
STATEWIDE & DISTRICT ASSESSMENT

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____ BIRTHDATE _____

Other State-Wide/District-Wide Assessment(s) / Alternate Assessment(s) **88** _____

Desired Results Developmental Profile (DRDP) FOR AGES 0-2 INFANT & 3, 4 & 5 YEAR OLD PRESCHOOLERS ONLY **89**

- | | | |
|--|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Sensory support | <input type="checkbox"/> Functional positioning |
| <input type="checkbox"/> Alternative response mode | <input type="checkbox"/> Assistive equipment or device | <input type="checkbox"/> Visual support |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Augmentative or alternative communication system | |
-

FOR ENGLISH LEARNERS ONLY **90**

CELDT Scores: Date _____ Listening _____ Speaking _____ Reading _____ Writing _____ Overall _____

CELDT

- Listening without accommodations _____
 - Listening with accommodations _____

 - Speaking without accommodations _____
 - Speaking with accommodations _____

 - Reading without accommodations _____
 - Reading with accommodations _____

 - Writing without accommodations _____
 - Writing with accommodations _____
-

Alternate Assessment to CELDT

If yes, area(s) of alternate assessment: Listening Speaking Reading Writing

Name of alternate assessment(s) _____

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
SECONDARY TRANSITION

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____

BIRTHDATE ____/____/____

91 When appropriate, for grades 7-12, list alternative means & modes necessary for the student to complete the district's prescribed course of study and to meet proficiency standards for graduation: _____

92 For students 15 years and older (but not later than age 16) Transition Services Language is included below.

93 Describe how the student participated in the IEP process: Attended IEP Other Meeting Interview Inventory Questionnaire

94 Were age appropriate transition assessment/instruments used? YES NO If yes, describe the assessment results _____

95 Student's Post-school Desired Goals or Vision: _____

Student's Post Secondary Goal Training or Education (Required): 96

Upon completion of school I will _____ Addressed in Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (as Appropriate): <input type="checkbox"/> Vocational/Career Assessment, Counseling/Guidance (VOC) <input type="checkbox"/> Other Transition
	Activities to Support Post Secondary Goal: _____
	Community Experiences (as Appropriate): _____
	Related Services as Appropriate: _____

Student's Post Secondary Goal Employment (Required): 97

Upon completion of school I will _____ Addressed in Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (as Appropriate): <input type="checkbox"/> Vocational/Career Assessment, Counseling/Guidance (VOC) <input type="checkbox"/> Other Transition
	Activities to Support Post Secondary Goal: _____
	Community Experiences (as Appropriate): _____
	Related Services as Appropriate: _____

Student's Post Secondary Goal Independent Living (As appropriate): 98

Upon completion of school I will _____ Addressed in Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (as Appropriate): <input type="checkbox"/> Vocational/Career Assessment, Counseling/Guidance (VOC) <input type="checkbox"/> Other Transition
	Activities to Support Post Secondary Goal: _____
	Community Experiences (as Appropriate): _____
	Related Services as Appropriate: _____

99 **Course of Study** – Describe student's coursework from current year to anticipated exit year, in order to enable student to meet their post- secondary goals: _____

100 Units/Credits Completed _____ Units/Credits Pending _____

101 **Student's Course of Study Leads to:** (Select one Option) Certificate of Completion OR Diploma Anticipated Completion Date _____

Yes No **102** The student's IEP indicates appropriate measurable postsecondary goal(s) that cover the education or training, employment & as needed independent living?

Yes No Is (are) the postsecondary goal(s) updated annually?

Yes No Is there evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment?

Yes No Are there transition services in the IEP that will reasonably enable the student to meet his/her postsecondary goal(s)?

Yes No Do the transition services include courses of study that will reasonably enable the student to meet his/her postsecondary goal(s)?

Yes No Is (are) there annual IEP goal(s) related to student's transition service needs?

Yes No Is there evidence that the student was invited to the IEP meeting where transition services were discussed?

Yes No N/A If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?

103 **NOTE:** For a student whose eligibility for special education will be terminated due to graduation with a regular diploma or reaching maximum age of eligibility, a "Summary of Performance" form EV-56 must be completed in the school year that the student's exit takes place.

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
COMMENTS

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____ BIRTHDATE ____/____/____

=====

COMMENTS:

104

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
 MEETING PARTICIPANTS AND CONSENT

TODAY'S DATE
 ____/____/____

STUDENT'S LEGAL NAME _____ BIRTHDATE ____/____/____

PARENT PRIORITIES FOR THE LONG TERM EDUCATION OF THE STUDENT:

105

GRADUATION PLAN (Grade 8 and Higher): 106

- To participate in high school curriculum leading to a Diploma (10)
 To participate in high school curriculum leading to a Certificate or Document of Educational Achievement (20)

MEETING PARTICIPANTS 107

The following attended & participated in the development/review of this IEP:

Parent/Guardian	Date	Parent/Guardian	Date
Administrator/Designee	Date	Special Education Teacher	Date
General Education Teacher	Date	Student (if applicable)	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

List Dates and Methods Used to Contact/Notify Parent of the IEP Meeting: 108

Date	Method	Date	Method	Date	Method
------	--------	------	--------	------	--------

MEDI-CAL/MEDICAID AUTHORIZATION 109

- If child/student is or becomes eligible for public benefits (Medi-Cal/Medicaid), I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits for the applicable services.

Signature _____
 Parent Guardian Surrogate Adult Student Date _____

CONSENT 110

- My signature below indicates that I consent to all parts of the Individualized Education Program and placement.
 My signature indicates that I consent to the Individualized Education Program & placement with the exception of _____
 My rights to appeal have been explained to me, and I have received a copy of the Procedural Safeguards (rights).
 For initial and triennial meetings, I have received a copy of the Multidisciplinary Assessment Report.
 I understand that student is not eligible for special education.
 I understand that student is no longer eligible for special education.
 The transfer of educational rights to the student was explained at least one year prior to reaching the age of majority (18).
 The IEP has been translated orally (when appropriate) by _____ (identify translator).
 I request written translation of the IEP in my primary language: _____ (specify language).
 I have received a copy of the IEP.
 Yes No -- As a means of improving services and results for your child, did the school facilitate parent involvement?

Signature _____
 Parent Guardian Surrogate Date _____ ADULT Student Date _____

Signature _____
 Parent Guardian Surrogate Date _____

East Valley Special Education Local Plan Area
INDIVIDUALIZED EDUCATION PROGRAM
LINGUISTICALLY APPROPRIATE GOALS AND OBJECTIVES

TODAY'S DATE ____/____/____

STUDENT'S LEGAL NAME _____ BIRTHDATE _____

When appropriate, English Language (EL) Learner students earning CELDT scores of three (3) or lower in any of the four domains (listening, speaking, reading or writing), the IEP **must include** Linguistically Appropriate Goals and Objectives (LAGOS) for that **domain(s)**. List alternative means and modes necessary for the student to complete the District's prescribed course of study and to meet grade level proficiency standards.

111 Report of Progress Towards Goals (Form #EV-12) will be given to parent at the: Quarter Semester Trimester

AREA OF NEED: 112	BASELINE: 113	
GOAL # ____: By ____/____/____, student will 114		<p style="text-align: center;"><i>Methods of Measurement</i></p> <input type="checkbox"/> Teacher Made Test 115 <input type="checkbox"/> Portfolio <input type="checkbox"/> Standardized Test <input type="checkbox"/> Criterion Referenced Test <input type="checkbox"/> Other _____ Comments: _____
Person(s) Responsible for Implementation: 116		
OBJECTIVE # ____ A: By ____/____/____, student will 114		
OBJECTIVE # ____ B: By ____/____/____, student will 114		<p style="text-align: center;">Objective ____ A Evaluation:</p> Achieved ____/____/____ 117 Partially Achieved ____/____/____ Not Achieved ____/____/____
		<p style="text-align: center;">Objective ____ B Evaluation:</p> Achieved ____/____/____ Partially Achieved ____/____/____ Not Achieved ____/____/____

- 118** Goal enables student to be involved/progress in general curriculum/state standard # _____
- 119** Goal addresses other educational needs resulting from the disability
- 120** Goal is linguistically appropriate (NOTE: If English learner, one of the goals must address English language development.)

AREA OF NEED:	BASELINE:	
GOAL # ____: By ____/____/____, student will		<p style="text-align: center;"><i>Methods of Measurement</i></p> <input type="checkbox"/> Teacher Made Test <input type="checkbox"/> Portfolio <input type="checkbox"/> Standardized Test <input type="checkbox"/> Criterion Referenced Test <input type="checkbox"/> Other _____ Comments: _____
Person(s) Responsible for Implementation:		
OBJECTIVE # ____ A: By ____/____/____, student will		
OBJECTIVE # ____ B: By ____/____/____, student will		<p style="text-align: center;">Objective ____ A Evaluation:</p> Achieved ____/____/____ Partially Achieved ____/____/____ Not Achieved ____/____/____
		<p style="text-align: center;">Objective ____ B Evaluation:</p> Achieved ____/____/____ Partially Achieved ____/____/____ Not Achieved ____/____/____

- Goal enables student to be involved/progress in general curriculum/state standard # _____
- Goal addresses other educational needs resulting from the disability
- Goal is linguistically appropriate (NOTE: If English learner, one of the goals must address English language development.)

Course of Study – Describe student's coursework from current year in order to enable student to meet their grade level standards: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"> 121 </div>
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Appendix A

“Summary of Performance”
(EV-56)

SUMMARY OF PERFORMANCE – EV-56

NOTE: Numbers correspond to numbers highlighted on form EV-56 at the end of this Appendix.

The Summary of Performance (SOP) (Form EV-56) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA). Per 34 CFR §300.305(e)(2-3), for a child whose eligibility terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency “*shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals.*” EV-56 should also be completed for students with a Section 504 Plan.

The Summary of Performance, with the accompanying documentation, is important to assist the student in the transition from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to help establish a student’s eligibility for reasonable accommodations and supports in post-secondary settings.

The information about students’ current level of functioning is intended to help post-secondary institutions/agencies/employers consider accommodations for access. *These recommendations should not imply that any individual who qualified for special education in high school would automatically qualify for services in the post-secondary education or the employment setting. Post-secondary settings will continue to make eligibility decisions on a case-by-case basis.*

The SOP is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document. The SOP **MUST** be completed during the final year of a student’s education program.

1. BACKGROUND INFORMATION

Complete this section with demographic information as specified. NOTE: It is helpful to attach copies of the most recent assessment reports that document the student’s disability or functional limitations and provide information to assist the student in post-high school planning.

2. STUDENT’S POST-SECONDARY GOAL(S)

Post-secondary goals should indicate the post-school environment(s) the student intends to transition to upon completion of high school (i.e., vocational education program, junior college, university, employment, etc.).

A few examples are:

- Pursue animal care and investigate requirements to become a veterinarian.
- Pursue child care for ages 1-5 and investigate requirements to become early childhood provider.

- Move into apartment with roommate after investigating compatibility through questionnaire.
- Pursue vocational school program.
- Pursue UCLA Extension Program – “Pathways”
- Pursue work training program at Chaffey College
- Continue present employment at local custom auto shop
- Will consider training for employment at a nursing home or skilled nursing facility.

3. **IF EMPLOYMENT IS THE PRIMARY GOAL, STUDENT’S TOP THREE JOB INTERESTS**

It is highly recommended that this section be completed with student input. If the student is unable to provide input due to their disability, parent should be consulted. List the student’s top three job interests.

4. **RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POST SECONDARY GOALS**

This section should present suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services, to enhance access in a post-high school environment, including higher education, training, employment, independent living, and/or community participation.

5. **PRESENT LEVEL OF PERFORMANCE**

This section includes three critical areas: Academic, Cognitive and Functional levels of performance. Complete all that are relevant to the student. Next to each specified area, enter the student’s performance level and the accommodations, modifications and assistive technology that were **essential** during high school to assist the student in achieving progress.

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

The following definitions may be helpful:

Accommodation: A support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note-taker or permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught or the expectation that the student meet a performance standard applied for all students.

Modification: A change to the general education curriculum or other material being taught, which *alters the standards or expectations for students with disabilities*. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed. Modifications are not allowed in most post-secondary education environments.

Assistive Technology: Any device that helps a student with a disability function in a given environment. Assistive Technology is **not** limited to expensive or “high-tech” device options. Assistive Technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, pencil grips, Velcro and other “low-tech” devices.

District of Residence _____	EAST VALLEY SPECIAL EDUCATION LOCAL PLAN AREA
District of Attendance _____	SUMMARY OF PERFORMANCE (SOP)

A SOP is a summary of the student's academic achievement and functional performance, including recommendations on how to assist the student in meeting post-secondary goals. **A SOP form needs to be developed for each student with a 504 Plan or whose eligibility for special education is terminated due to graduation with a regular diploma, completing their special education program, or reaching maximum age of eligibility.**

Student Name **1** _____ B.D. _____ School _____ Grade _____

Completed By _____ Date Completed _____

Phone # _____ Student's Home Language _____ English Language Learner

Date SOP Completed ___/___/___ Date of Current IEP ___/___/___ Date of Most Recent 504 Plan ___/___/___

STUDENT'S POST SECONDARY GOAL(S):
Indicate the post-school environment(s) the student intends to transition to upon completion of High School.

1. _____ **2**
2. _____
3. _____
4. _____

IF EMPLOYMENT IS THE PRIMARY GOAL, STUDENT'S TOP THREE JOB INTERESTS:

1. _____ **3**
2. _____
3. _____

RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POST SECONDARY GOALS: **4**
(Suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services to enhance access in the following post-high school environments. Only complete those relevant to the student's post-secondary goals identified in the Transition section of the IEP.)

Higher Education or Career-Technical Education:	
Employment:	
Independent Living:	
Community Participation:	

Student Name _____ Birth Date _____

5 PRESENT LEVEL OF PERFORMANCE: (Complete all that are relevant to the student.)

ACADEMIC CONTENT AREAS	PRESENT LEVEL OF PERFORMANCE (grade level, standard scores, strengths, needs)
English Language Arts: (ELA)	
Reading: (Basic reading/decoding, reading comprehension, reading speed)	
Written Expression: (Written expression, spelling)	
Math: (Calculation skills, algebraic problem solving, quantitative reasoning)	
Learning Skills: (Class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)	
COGNITIVE AREAS	PRESENT LEVEL OF PERFORMANCE (grade level, standard scores, strengths, needs)
General Ability and Problem Solving: (Reasoning/processing)	
Attention and Executive Functioning: (Energy level, sustained attention, memory functions, processing speed, impulse control, activity level)	
Communication: (Speech/language, assisted communication)	
FUNCTIONAL AREAS	PRESENT LEVEL OF PERFORMANCE (grade level, standard scores, strengths, needs)
Social Skills and Behavior: (Interaction with teachers/peers, level of initiation in asking for assistance, confidence and persistence as a learner)	
Independent Living Skills: (Self-care, leisure skills, personal safety, transportation, banking, budgeting)	
Environmental Access/Mobility: (Assistive technology, mobility, transportation)	
Self-Determination/Self-Advocacy Skills: (Ability to identify and articulate post-secondary goals, learning strengths and needs)	
Essential Accommodations/ Modifications and/or Assistive Technology Utilized:	
Additional Considerations: (Medical, family concerns)	

Appendix B

**“Universal Tools, Designated Supports,
and Accommodations for the California
Assessment of Student Performance and
Progress for 2013-14”**

Matrix One: CAASPP

[Matrix One](#) (PDF; Updated May-2014) also available for download in Portable Document Format.

Purpose and Use: This document displays the universal tools, designated supports, and accommodations (embedded and non-embedded) allowed as part of the California Assessment of Student Performance and Progress (CAASPP) for 2013–14. This document should be used in conjunction with the *Smarter Balanced Assessment Consortium: Usability, Accessibility, and Accommodations Guidelines*, available at the [Smarter Balanced Accessibility and Accommodations](#) Web page, and the *California Code of Regulations*, Title 5, sections 850 to 868 available at the [CAASP Regulations](#) Web page, in the determination of supports for individual pupils. The appropriate use of embedded and non-embedded universal tools, designated supports, and/or accommodations on CAASPP tests are restricted to only those identified in this document. Accessibility supports (an explanation of which can be found in Part 3, beginning on page nine) contains a listing of identified accessibility supports and information about requesting the use of the identified and unidentified accessibility supports.

Part 1: Embedded Supports

Embedded supports are digitally-delivered features or settings available as part of the technology platform for the computer-administered CAASPP tests. These supports do not change or alter the construct being measured.

Universal Tools (U): Are available for all pupils. Pupils may turn the support(s) on/off when embedded as part of the technology platform for the computer-administered CAASPP tests or may choose to use it/them when provided as part of a paper-pencil test.

Designated Supports (D): Are features that are available for use by any pupil for whom the need has been indicated prior to the assessment, by an educator or group of educators.

Accommodations (A): For the CAASPP assessment system, eligible pupils shall be permitted to take the tests with accommodations if specified in the pupil's IEP or Section 504 plan.

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics
American Sign Language	N/A	N/A	A	A
Breaks	U	U	U	U
Braille	A	A	A	A
Calculator	N/A	N/A	N/A	U (for specific items)
Closed Captioning	N/A	N/A	A	N/A
Color Contrast	D	D	D	D
Digital Notepad	U	U	U	U
English Dictionary	N/A	U (for ELA- performance task-long essay(s), not short paragraph responses)	N/A	N/A
English Glossary	U	U	U	U
Expandable Passages	U	U	U	U

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics
Global Notes	N/A	U (for ELA- performance task-long essay(s), not short paragraph responses)	N/A	N/A
Highlighter	U	U	U	U
Keyboard Navigation	U	U	U	U
Mark for Review	U	U	U	U
Masking	D	D	D	D
Math Tools (i.e., embedded ruler, embedded protractor)	N/A	N/A	N/A	U (for specific items)
Spell Check	N/A	U (for specific items)	N/A	N/A
Strikethrough	U	U	U	U
Text-to-Speech	D (for items, not passages) A (for ELA reading passages, grades 6-8 and 11)	D	D	D
Translated Test Directions	N/A	N/A	N/A	D
Translations (Glossary)	N/A	N/A	N/A	D
Translations (Stacked)	N/A	N/A	N/A	D
Turn off Any Universal Tool	D	D	D	D
Writing Tools (i.e., bold, italic, bullets, undo/redo)	N/A	U (for specific items)	N/A	N/A
Zoom (in/out)	U	U	U	U

Part 2: Non-Embedded Supports

Non-embedded supports are available, when provided by the local educational agency (LEA), for either computer-administered or paper-pencil CAASPP tests. These supports are not part of the technology platform for the computer-administered CAASPP tests. These supports do not change or alter the construct being measured.

* The LEA may submit a request in writing to the CDE, prior to the administration of a CAASPP test, for approval for the use of an accessibility support. The LEA CAASPP Coordinator or CAASPP Test Site Coordinator shall make the request ten business days prior to the pupil's first day of CAASPP testing.

Universal Tools (U): Are available for all pupils. Pupils may turn the support(s) on/off when embedded as part of the technology platform for the computer-administered CAASPP tests or may choose to use it/them when provided as part of a paper-pencil test.

Designated Supports (D): Are features that are available for use by any pupil for whom the need has been indicated prior to the assessment, by an educator or group of educators.

Accommodations (A): For the CAASPP assessment system, eligible pupils shall be permitted to take the tests with accommodations if specified in the pupil's IEP or Section 504 plan.

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language (STS for Reading Language Arts)
Administration of the test to the pupil at the most beneficial time of day	A	A	A	A	A	A
Abacus	N/A	N/A	N/A	A	A	N/A
Alternate Response Options (Includes adapted keyboards, large keyboards, StickyKeys, MouseKeys, FilterKeys, adapted mouse, touch screen, head wand, and switches.) (previously known as "Assistive device that does not interfere with the independent work of the student on the multiple choice and/or essay responses [writing portion of the test]")	A	A	A	A	N/A	N/A
American Sign Language	D (for items, not passages)	A	A	A	A	A (for items, not passages)
American Sign Language	A (for ELA reading passages, grades 6-8 and 11)	A	A	A	A	A (for items, not passages)
Bilingual Dictionary	N/A	D (for ELA-performance task- long essay[s], not short paragraph responses)	N/A	N/A	N/A	N/A

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language (STS for Reading Language Arts)
Breaks (previously known as “Extended Time” or “Test over more than one day for a test or test part to be administered in a single sitting” or “supervised breaks within a section of the test”)	U	U	U	U	U	U
Braille (paper-pencil tests)	A	A	A	A	A	A
Calculator	N/A	N/A	N/A	A (for specific items)	N/A	N/A
Color Contrast	D	D	D	D	N/A	N/A
Color Overlay (previously known as “Colored overlay, mask, or other means to maintain visual attention”)	D	D	D	D	U	U
English Dictionary	N/A	U (for ELA-performance task- long essay[s], not short paragraph responses)	N/A	N/A	N/A	N/A
Large-print versions of paper-pencil test (as available)	A	A	A	A	A	A
Magnification (previously known as “Visual magnifying equipment”)	D	D	D	D	D	D
Math Tools (i.e., non-embedded ruler, non-embedded protractor)	N/A	N/A	N/A	U (for specific items)	N/A	N/A
Multiplication Table	N/A	N/A	N/A	A (beginning in grade 4)	N/A	N/A
Noise buffers (e.g., individual carrel or study enclosure or noise-cancelling headphones)	D	D	D	D	D	D
Print on Demand	A	A	A	A	N/A	N/A
Pupil marks in paper-pencil test booklet (other than responses including highlighting)	U	U	U	U	U	U
Read Aloud (previously known as “Test questions and answer options read aloud to pupil or used audio CD presentation – excluding passages”)	D (for items, not passages)	D	D	D	A	A

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language (STS for Reading Language Arts)
Read Aloud (previously known as “Test questions and answer options read aloud to pupil or used audio CD presentation – excluding passages”)	A (for ELA reading passages, grades 6-8 and 11: visually impaired in grades 3-8 and 11 who do not yet have adequate braille skills)	D	D	D	A	A
Scratch Paper	U	U	U	U	U	U
Scribe (previously known as “Essay responses dictated orally, in Manually Coded English, or in American Sign Language to a scribe, audio recorder, or speech-to-text converter” or “Student marks responses in test booklet and responses are transferred to a scorable answer document by an employee of the school, district, or nonpublic school” or “Student dictates multiple-choice question responses orally, or in Manually Coded English to a scribe, audio recorder, or speech-to-text converter for selected-response items”)	D	A	D	D	A	A
Separate Setting (previously known as “Test individual student separately, provided that a test examiner directly supervises the student” or “Test student in a small group setting” or “Test administered at home or in hospital by test examiner”)	D	D	D	D	A	A
Simplified or clarified test administration directions (does not apply to test questions)	U	U	U	U	U	U
Special lighting or acoustics, assistive devices (specific devices may require CAASPP contractor certification), and/or special or adaptive furniture	D	D	D	D	D	D

Universal Tool (U) Designated Support (D) Accommodation (A)	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language (STS for Reading Language Arts)
Speech-to-Text (previously known as "Essay responses dictated orally, in Manually Coded English, or in American Sign Language to a scribe, audio recorder, or speech-to-text converter" or "Student dictates multiple-choice question responses orally, or in Manually Coded English to a scribe, audio recorder, or speech-to-text converter for selected-response items")	A	A	A	A	A	A
Thesaurus	N/A	U (for ELA-performance task-long essay(s), not short paragraph responses)	N/A	N/A	N/A	N/A
Translated Test Directions	N/A	N/A	N/A	D	D	D
Translations (Glossary) (previously known as "Access to translation glossaries/word lists (English-to-primary language). Glossaries/word lists shall not include definitions or formulas.)	N/A	N/A	N/A	D	D	D
The use of additional accessibility supports can be requested.	*	*	*	*	*	*

Part 3: Accessibility Supports

Accessibility supports are not universal tools, designated supports, or accommodations. Accessibility supports shall be available if specified in the eligible pupil's individualized education program (IEP) or Section 504 Plan. Accessibility supports may or may not have been previously identified (see page 10 for a list of identified non-embedded accessibility supports.)

Information about the purpose and use of the CAASPP Accessibility Support Request Form and the online submission is available at the [California TAC](#) Web site. The form must be submitted ten business days prior to the pupil's first day of testing. The California Department of Education will reply to the request within four business days.

CCR Section 853.5(h) has identified following non-embedded accessibility supports for English language arts, mathematics, science, and primary language. The LEA shall use the CAASPP Accessibility Support Request Form to request the use of these identified accessibility supports.

If an IEP team or Section 504 plan identifies and designates a resource not identified in Matrix One the LEA CAASPP Coordinator or the CAASPP Test Site Coordinator may submit the CAASPP Accessibility Support Request Form. Approval will be granted by the CDE for use of this unidentified resource based on the IEP team's and/or Section 504 plan's designation and if the accessibility support does not compromise test integrity or security. Smarter Balanced Assessment Consortium, in concert with the CDE, shall make a determination of whether the request changes the construct being measured outside of this approval process. This determination will be done after all testing has been completed.

Note: Title 5 of the *California Code of Regulations* (CCR), Section 853.5(h) states that the use of "accessibility supports that change the construct being measured by a CAASPP test invalidate the test score and results in a score that cannot be compared with other CAASPP results. Scores for pupils' tests with accessibility supports that change the construct being measured by a CAASPP test will not be counted as participating in statewide testing (and impacts the accountability participation rate indicator) but pupils will receive an individual score report with their actual score [raw score]." IEP teams should be made aware of this regulation when writing the IEP but should not allow the impact of a LEA's accountability to outweigh the needs of the students.

Identified Non-embedded Accessibility Supports that Change the Construct Being Measured:

Item	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language Test (STS for Reading/Language Arts)
American Sign Language	X (for ELA passages, grades 3, 4, and 5)	N/A	N/A	N/A	N/A	X (for reading passages)
Bilingual Dictionary	X	N/A	X	X	X	X
Calculator	N/A	N/A	N/A	X (for non-specified items)	X	N/A
English Dictionary	X	N/A	X	X	X	X
Math Tools (i.e., non-embedded ruler, non-embedded protractor)	N/A	N/A	N/A	X (for non-specified items)	N/A	N/A
Multiplication Table	N/A	N/A	N/A	X (for grade 3)	N/A	N/A

Item	English Language Arts Reading	English Language Arts Writing	English Language Arts Listening	Mathematics	Science (CST and CMA)	Primary Language Test (STS for Reading/Language Arts)
Read Aloud (previously known as “Test questions and answer options read aloud to student or used audio CD presentation – excluding passages”)	X (for ELA passages, grades 3, 4, and 5)	N/A	N/A	N/A	N/A	N/A
Thesaurus	X	N/A	X	X	X	X
Translated Test Directions	X	X	X	X	N/A	N/A
Translations (Glossary) (previously known as “Access to translation glossaries/word lists (English-to-primary language). Glossaries/word lists shall not include definitions or formulas.)	X	X	X	N/A	N/A	N/A