(SELPA NAME)
STUDENT STRENGTHS, INTERESTS, PREFERENCES, & NEEDS

Student Name:	**Birth Date:**	**Grade:**	**IEP Date:**

Understanding each student's strengths, interests, preferences, and needs allows the IEP team to proactively design learning that is accessible, engaging, and responsive. This information supports educators in anticipating barriers, tailoring instruction, and honoring learner variability. The team should intentionally incorporate the student's input and perspective, as appropriate, to ensure the IEP reflects who they are and what helps them thrive.

STUDENT STRENGTHS - What are some positive attributes and/or things the student does well? Specific strengths will also be captured within the present levels section of the IEP.

STUDENT INTERESTS - What activities or topics does the student enjoy or show curiosity about?

STUDENT PREFERENCES - What supports, environments, or approaches help the student feel comfortable to do their best? How does the student prefer to learn?

PARENT'S/STUDENT'S AREA(S) OF CONCERN/PRIORITY - Are there any specific high-priority areas or concerns the family or student wants the IEP team to address?

VISION STATEMENT FOR FUTURE
In general, a vision statement refers to a short and aspirational statement that represents high expectations for the students. The sentence starters provided are examples that are not intended to limit the scope of input.

From the student's or parent's perspective, what does the student want to learn or accomplish in the future?

(SELPA NAME)
PRESENT LEVELS OF EDUCATIONAL PERFORMANCE PAGE 1

Student Name: **Birth Date:** **Grade:** **IEP Date:**

Primary Disability: ---Select One--- **Secondary Disability:** ---Select One---
Student's Primary Language: **Is the student identified as an English Learner?** ☑ Yes ☐ No

English Language Development

The English Language Proficiency Assessments of California (ELPAC) and the Alternate ELPAC help measure how well students listen, read, write, and speak in English. The initial assessment is given when a student first enrolls and helps determine whether the student is Initially Fluent English Proficient (IFEP) or if they would benefit from additional English language support. The summative assessment is given each year and is used to determine when a student has reached Fluent English Proficient (FEP) status.

English Language Proficiency Assessments of California (ELPAC)

☐ Initial ELPAC ☐ Summative ELPAC

Overall Score: _____ **Overall Performance Level:** _____
Oral Language Score/Level: _____ **Written Language Score/Level:** _____

Results by domain

Listening Performance Level:	Speaking Performance Level:	Reading Performance Level:	Writing Performance Level:
_____	_____	_____	_____

Alternate English Language Proficiency Assessments for California (Alternate ELPAC)

☐Initial ELPAC ☐Summative ELPAC

Overall Score: _____ **Overall Performance Level:** _____

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

Based on current data, including ELD Testing, please select which supports will be provided to meet the student's linguistic needs:

☐Oral clarification of directions in the primary language
☐Illustrated glossaries in primary language
☐Graphic organizer with key concepts translated to primary language
☐Pair key text/words translated to primary language with visuals
☐Pair key text/words translated to primary language
☐Provide definitions in primary language in context of lesson
☐Frontloading using primary language, to bridge new learning to previous knowledge
☐Teach relationships between concepts in primary language
☐Conduct frequent comprehension checks, allow for student response in primary language
☐Bilingual dictionary
☐Glossaries in primary language
☐Other: _____

Designated ELD will be provided in the (check one):
☐General Education☐Special Education

The student is currently participating in these programs (check all that apply):
☐Structured English Immersion (SEI) Program☐Other, parent/guardian/family selected multilingual/language acquisition program

Comments:

AGENCY SERVICES

To support collaboration and continuity for the student, identify which agencies are providing services:
☐Not Applicable
☐California Children's Services (CCS)
☐County Mental Health (CMH)
☐Department of Developmental Services (DDS)/Regional Center
☐Department of Rehabilitation (DOR)
☐Dept. of Social Services (DSS)

☐Probation
☐Other

_____

Vision

Near Vision Screening Date: _____ **Test results:** _____

☐Other: _____

Distance Vision Screening Date: _____ **Test results:** _____

☐Other: _____

Is the student blind or visually impaired? ☐Yes ☐No

If yes, does the IEP include instruction in Braille or the use of Braille? ☐Yes ☐No

If no, please provide a justification: _____

If yes, describe any additional support needs: _____

Hearing

Hearing Screening Date: _____ **Test results:** _____

☐Other: _____

Is the student deaf or hard of hearing? ☐Yes ☐No

If yes, describe any additional support needs: _____

Assistive Technology

Does the student require assistive technology? ☐Yes ☐No

Rationale: _____

If yes, describe the assistive technology to be provided to the student. (Document any assistive technology services in the Special Education and Related Services section.)

_____

Health

Are there any health needs that may impact the student's ability to access their education? ☐Yes ☐No

If yes, describe any health needs that may impact the student's ability to access their education: _____

Is a health care plan developed? ☐Yes ☐No

(SELPA NAME)
PRESENT LEVELS OF EDUCATIONAL PERFORMANCE PAGE 2

Student Name: **Birth Date:** **Grade:** **IEP Date:**

Pre-academics / Academics

Describe how the student is currently performing in pre-academic/academic areas (e.g., English/Language Arts and Math), including the student's strengths in these areas.

Smarter Balanced Assessment for English Language Arts/Literacy (ELA) and Mathematics

Report the student's overall scores and achievement levels on the Smarter Balanced Assessment.

English Language Arts (Grades 3-8, & 11)
☐ Not Applicable

Overall ELA Score: _____ **ELA Achievement Level: _____**

Mathematics (Grades 3-8, & 11)
☐ Not Applicable

Overall Mathematics Score: _____ **Mathematics Achievement Level: _____**

California Alternate Assessments (CAA) Results (Grades 3-8, & 11)

Report the student's overall scores and achievement levels on the California Alternate Assessment.

☐ Not Applicable

Overall English Language Arts Score: _____ **Overall Mathematics Score: _____**
ELA Achievement Level: _____ **Mathematics Achievement Level: _____**

Desired Results Developmental Profile (DRDP) Results

The Desired Results Developmental Profile (DRDP) is an assessment given to students ages 3-5.

☐ Not Applicable

Summarize results from the DRDP that show how the student is performing:

Other Pre-academic/Academic Assessment Data

Summarize results from any curriculum-based assessments or other local assessments that show how the student is performing.

For each of the areas impacted, describe the instructional strategies previously or currently implemented that support the student's academic success.

Does the student have identified need(s) in this area? ☐Yes ☐No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐Supplementary Aids and Services

☐Annual Goals

Identified area(s) of need where goal(s) will be developed:

SOCIAL/EMOTIONAL/BEHAVIORAL

Describe the student's current social, emotional, and behavioral functioning, including the student's strengths in these areas.

Does the student's behavior impede their learning or learning of others? ☐ Yes ☐ No

If yes, the needs will be addressed in the following section(s) of the IEP (check all that apply):

☐ Supplementary Aids and Services

☐ Annual Goal(s)

☐ Behavior Intervention Plan (BIP), attached

☐ Positive behavioral interventions, strategies, and environmental factors that support the student.

Identified area(s) of need where goal(s) will be developed:

COMMUNICATION

Describe the student's current communication skills, including their modes of communication and any methods that support expressive and/or receptive communication. Include the student's strengths in this area.

Does the student require the use of augmentative and alternative communication (AAC)? ☐ Yes ☐ No

Does the student have identified need(s) in this area? ☐Yes ☐No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐Supplementary Aids and Services

☐Annual Goals

Identified area(s) of need where goal(s) will be developed:

GROSS/FINE MOTOR DEVELOPMENT

Describe the student's Gross/Fine Motor Development, including the student's strengths in this area. For students in Grades 5, 7, or 9, include the results of their Physical Education Testing.

Does the student have identified need(s) in this area? ☐ Yes ☐ No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐ Supplementary Aids and Services

☐ Annual Goals

Identified area(s) of need where goal(s) will be developed:

VOCATIONAL

Describe the student's vocational skills, including the student's strengths in this area.

Does the student have identified need(s) in this area? ☐ Yes ☐ No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐ Supplementary Aids and Services

☐ Annual Goals

Identified area(s) of need where goal(s) will be developed:

ADAPTIVE/DAILY LIVING SKILLS

Describe the student's adaptive/daily living skills, including the student's strengths in this area.

Does the student have identified need(s) in this area? ☐ Yes ☐ No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐ Supplementary Aids and Services

☐ Annual Goals

Identified area(s) of need where goal(s) will be developed:

Describe the current impact of the student's disability on involvement and progress in the general education curriculum (or for preschoolers, participation in appropriate activities):

Indicate all identified areas of need for which goals will be developed below.

(SELPA NAME)

Individual Transition Plan: Creating A Pathway to High School Graduation

Student Name: **Birth Date:** **Grade:** **IEP Date:**

For students entering high school, who are under the age of 16 (within the duration of this IEP), has the IEP team determined that the student would benefit from postsecondary goals and transition services? For students who will be 16 or older during the duration of this IEP, proceed to completing the Individual Transition Plan.

☐Yes ☐No

If no, justification for postponement:

MEASURABLE POSTSECONDARY GOALS

Was the student invited?

☐Yes ☐No

How did the student participate in the IEP? (check all that apply)

☐Present at Meeting ☐Interview prior to meeting ☐Interest inventories ☐Questionnaire

Were age-appropriate transition assessments used?

☐Yes ☐No

List the transition assessments used and describe the results:

EDUCATION

After I graduate, my postsecondary goal in the area of education or training is:

Activities to support this postsecondary goal:

Community Experiences to support this postsecondary goal, as appropriate:

EMPLOYMENT

After I graduate, my postsecondary goal in the area of employment is:

Activities to support this postsecondary goal:

Community Experiences to support this postsecondary goal, as appropriate:

INDEPENDENT LIVING SKILLS

After I graduate, my postsecondary goal in the area of independent living is:

Activities to support this postsecondary goal:

Community Experiences to support this postsecondary goal, as appropriate:

Are postsecondary goal(s) addressed/updated in conjunction with the development of the Annual IEP?

☐ Yes ☐ No

Is there an appropriate measurable postsecondary goal(s) that covers education or training, employment and, as needed, independent living?

☐ Yes ☐ No

COURSE OF STUDY

The student will meet diploma requirements through:

- ☐ Local Educational Agency (LEA) Graduation Requirements
- ☐ Alternative Pathways:
  - ☐ Meeting State Minimum Requirements, based on allowable exemptions
  - ☐ Meeting State Minimum Requirements through coursework aligned to state standards, based on allowable exemption (eligible for alternate assessment)
- ☐ The IEP team has determined the student will not obtain a diploma through either pathway and will obtain a Certificate of Completion

Anticipated Completion Date:

List the courses and the units/credits that are completed:

List the courses and the units/credits that are pending:

Is there a multi-year description of student's coursework from the current year to anticipated exit year, in order to enable the student to meet their postsecondary goal?

☐ Yes ☐ No

DECISION MAKING FOR ADULT STUDENTS

When the student turns 18, all rights under state and federal special education law transfer from the parent(s) to the adult student. On or before the student turns 17, the student must be informed that all rights will transfer to the student on their 18th birthday (i.e., age of majority).

Student has been informed by:

Date:

When the student reaches the age of 18, the age of adulthood, they have the right to receive all information about their educational program and make all decisions related to their education. This includes the right to represent themselves at an IEP meeting and sign the IEP in place of the parent. Some students may choose to receive support in making decisions through Supported Decision-Making. Educational rights are transferred to the student at age 18, unless their right to educational decision-making has been removed by a court-approved conservatorship.

If the student has reached adulthood, has the student chosen to practice Supported Decision-Making?

☐ Yes ☐ No

If the student has reached adulthood, has educational decision-making been removed by a court-approved conservatorship?

☐ Yes ☐ No

If yes, who is the court-appointed conservator?

(SELPA NAME)
MEASURABLE ANNUAL GOALS

Student Name: **Birth Date:** **Grade:** **IEP Date:**

Area of Need identified in the Present Levels:

Baseline -
Describe the student's current performance on the targeted skill or behavior that the goal will address using measurable and observable data to establish the baseline.

Annual Goal -
What specific skill(s) is the student expected to attain by the end of this IEP's timeframe?

Criteria -
What measurement will be used to determine whether the goal has been achieved?

Method -
How will the student's progress toward the goal be measured?

Schedule -
How frequently will progress be measured?

Person(s) Responsible -
Who will monitor progress?

Purpose(s) of Goal: ☐ Enables student to be involved/progress in general curriculum/state standard

☐ Addresses other educational needs resulting from the disability

☐ Linguistically appropriate

☐Transition Goal: ☐Education/Training ☐Employment ☐Independent Living

Short-term objectives and/or benchmarks
(intermediate steps between the baseline and the measurable goal)

Short-Term Objective 1:

Short-Term Objective 2:

Short-Term Objective 3:

Progress Report 1:

Summary of Progress:

Comment:

Progress Report 2:

Summary of Progress:

Comment:

Progress Report 3:

Summary of Progress:

Comment:

Annual Review Date:

Goal Met: ☐ **Yes** ☐ **No**

Comments:

REPORT OF PROGRESS

Parents will be informed of progress:

☐Quarterly ☐Trimester ☐Semester ☐Other:

How will parents be informed?

☐Progress Summary Report ☐Other:

TRANSITION GOALS

If the student's IEP team has developed an ITP, are there annual goal(s) included in the IEP that are related to the student's transition service needs?

☐Yes ☐No

(SELPA Name)
Supports

Student Name: **Birth Date:** **Grade:** **IEP Date:**

ACCOMMODATIONS

Accommodations are used to support the student and may include supports in the Environmental Supports (changes to the learning environment, location or conditions to support access and engagement), Presentation of Instruction (how information, instruction and content are presented to the student including related instructional supports or strategies), Responses (how the student interacts with instruction and demonstrates what they know), and/or Timing and/or Scheduling (supports related to how much time the student has and when instruction or assessment occurs).

☐ The IEP team discussed and determined that program accommodations **are not needed** in general education classes or other education-related settings. This determination includes consideration of any alternative means or modes that may be needed to complete the course of study and meet/exceed graduation standards.

☐ The IEP team discussed and determined that program accommodations **are needed** in general education classes or other education-related settings. This determination includes consideration of any alternative means or modes that may be needed to complete the course of study and meet/exceed graduation standards.

Program Accommodations	Start Date	End Date	Location
--- Non-Exhaustive List to Consider ---			

If the student is an English Learner, below are the support(s) the IEP team determined are needed to meet their linguistic needs (from ELD section):

MODIFICATIONS

☐ The IEP team discussed and determined program modifications **are not needed** in general education classes or other education-related settings.

☐ The IEP team discussed and determined the following program modifications **are needed** in general education classes or other education-related settings.

Program Modifications	Start Date	End Date	Location
--- Non-Exhaustive List to Consider ---			

CONSULTATION (INDIRECT SERVICES) TO SCHOOL PERSONNEL AND/OR PARENT

☐ The IEP team discussed and determined other supports for school personnel, or for student, or on behalf of the student **are not needed**.

☐ The IEP team discussed and determined the following other supports for school personnel, or for student, or on behalf of the student **are needed**.

Consultation Between	And	To Support	Start Date	End Date	Frequency	Duration	Location
		☐ Student ☐ Personnel					

(SELPA NAME)
Participation in Local & Statewide Assessments

Student Name: **Birth Date:** **Grade:** **IEP Date:**

To ensure consistency and accessibility, only the designated supports, accommodations, or modifications required by the student for classroom instruction and testing may be used during statewide or local assessments.

LOCAL ASSESSMENTS

- ☐ Local assessments are not administered at this student's grade level.
- ☐ The student will participate in local assessments without accommodations.
- ☐ The student will participate in local assessments with the following accommodations or modifications:
- ☐ The student will take a local alternate assessment. The alternate assessment is appropriate, and the student cannot participate in the local general assessment for the following reasons:

STATEWIDE ASSESSMENTS

The CA Assessment Accessibility Resources Matrix describes the embedded and non-embedded universal tools, designated supports, and accommodations allowed as part of the California Assessment of Student Performance and Progress (CAASPP) and English Language Proficiency Assessments for California (ELPAC). For each assessment, select the statement describing the student's participation.

California Alternate Assessments (CAA)/Alternate Assessment

Does the student have a significant cognitive disability?
☐ Yes ☐ No

If yes, will the student participate in any alternate assessments?
☐ Yes ☐ No

If yes, describe and provide rationale:

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

- ☐ Out of testing range
- ☐ Participate without designated supports or accommodations With Accommodations
- ☐ Participate with designated supports embedded
- ☐ Participate with accommodations embedded
- ☐ Participate with accommodations non-embedded
- ☐ Participate with accessibility support (required CDE Approval)
- ☐ Alternate assessment without designated support or accommodations
- ☐ Alternate assessment with designated supports embedded
- ☐ Alternate assessment with designated supports non-embedded

Math (Grades 3-8, & 11)

- ☐ Out of testing range
- ☐ Participate without designated supports or accommodations With Accommodations
- ☐ Participate with designated supports embedded
- ☐ Participate with accommodations embedded
- ☐ Participate with accommodations non-embedded
- ☐ Participate with accessibility support (required CDE Approval)
- ☐ Alternate assessment without designated support or accommodations
- ☐ Alternate assessment with designated supports embedded
- ☐ Alternate assessment with designated supports non-embedded

Science (Grades 5, 8, & High School)

- ☐ Out of testing range
- ☐ Participate without designated supports or accommodations With Accommodations
- ☐ Participate with designated supports embedded
- ☐ Participate with accommodations embedded
- ☐ Participate with accommodations non-embedded
- ☐ Participate with accessibility support (required CDE Approval)
- ☐ Alternate assessment without designated support or accommodations
- ☐ Alternate assessment with designated supports embedded
- ☐ Alternate assessment with designated supports non-embedded

Physical Fitness Test (Grades 5, 7, & 9)

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

English Language Proficiency Assessment for California (ELPAC)

The student will participate in:

- ☐ **Initial ELPAC**
- ☐ **Summative ELPAC**

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

Domain exemption

Oral Language Composite

☐ Listening ☐ Speaking

Written Language Composite

☐ Reading ☐ Writing

Alternate ELPAC

☐ Expressive (Speaking & Writing) ☐ Receptive (Listening & Reading)

Alternate ELPAC

The student will participate in:

- ☐ **Initial Alternate ELPAC**
- ☐ **Summative Alternate ELPAC**

- ☐ Alternate ELPAC Embedded Designated Supports
- ☐ Alternate ELPAC Non-embedded Designated Supports
- ☐ Alternate ELPAC Non-embedded Accommodations

(SELPA NAME)
SPECIAL EDUCATION AND RELATED SERVICES

Student Name: **Birth Date:** **Grade:** **IEP Date:**

LEAST RESTRICTIVE ENVIRONMENT (LRE)

LRE emphasizes learning in the general education classroom, with appropriate supports and services, before considering more restrictive options. Students do not need to/are not required to demonstrate "readiness" to learn alongside peers with and without disabilities. For students who are deaf and hard of hearing, consider the language, communication, and academic needs, including opportunities for direct communication with others and instruction in the student's language and communication mode.

Can the student's educational needs be met in the general education setting for the duration of their school day with or without the use of supplementary aids and services?

☐Yes ☐No

If no, provide a description of the options considered and any potential negative effects before determining that the student would be removed from a general education class or activity:

SPECIAL EDUCATION AND RELATED SERVICES

Service: --- Select One ---	**Start Date:**	**End Date:**
Provider: --- Select One ---	☐ Individual ☐ Group ☐ Secondary Transition	
Duration/Freq: _____ min x _____ Totaling:_____min served --- Select One ---	**Location:** --- Select One ---	
Comments:		
Service: --- Select One ---	**Start Date:**	**End Date:**
Provider: --- Select One ---	☐ Individual ☐ Group ☐ Secondary Transition	
Duration/Freq: _____ min x _____ Totaling: _____ min served --- Select One ---	**Location:** --- Select One ---	
Comments:		

Programs and services will be provided according to where the student is in attendance and consistent with the local educational agency's calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

TRANSITION SERVICES

If the student's IEP team has developed an ITP, are there transition services included in the IEP that will reasonably enable the student to meet his or her postsecondary goals?

☐Yes ☐No

EXTENDED SCHOOL YEAR SERVICES

Does the student require ESY services?

☐Yes ☐No

Rationale:

Service: --- Select One ---	**Start Date:**	**End Date:**
Provider: --- Select One ---	☐ Individual ☐ Group ☐ Secondary Transition	
Duration/Freq: _____ min x _____ Totaling: _____ min served --- Select One ---	**Location:** --- Select One ---	
Comments:		
Service: --- Select One ---	**Start Date:**	**End Date:**
Provider: --- Select One ---	☐ Individual ☐ Group ☐ Secondary Transition	
Duration/Freq: _____ min x _____ Totaling: _____ min served --- Select One ---	**Location:** --- Select One ---	
Comments:		

Local Education Agency (LEA) of Service

PARTICIPATION

The student will not participate in the following general education class(es), nonacademic and/or extracurricular activities:

If the student will not participate, describe why:

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

(Note: Answer items belowfor students ages 3-5 in Regular Early Childhood Program and 4 year-olds in TK/Kgn)

Is the regular early childhood program ten hours per week or greater?

☐ Yes ☐ No

Where does the student receive the majority of their special education services?

☐ Same as Above ☐ Different from Above

Program Setting (TK/Kgn or greater, ages 5-22) --- Select ---

Total weekly minutes of school week:	Total minutes of services provided outside of general education:	Percentage of time the student is in general education:

Will the student's Program Setting change within the IEP year OR will the student turn 5 within the IEP year?

☐ Yes ☐ No

PHYSICAL EDUCATION

The student will participate in physical education through:

- ☐ General Education
- ☐ Specially Designed
- ☐ Other: _____

SCHOOL OF RESIDENCE

Will the student attend their school of residence?

☐ Yes ☐ No

If no, include a justification:

TRANSITION PLANNING

Note which important transition(s) the IEP team will address at this meeting (check all that apply):

- ☐ Not experiencing a grade/school transition
- ☐ Entering Preschool from Early Intervention
- ☐ Entering elementary school (Transitional Kindergarten or Kindergarten)
- ☐ Entering Middle School
- ☐ Entering High School
- ☐ Leaving High School (Postsecondary Transition)
- ☐ Transitioning to a new school
- ☐ Transitioning from a nonpublic placement
- ☐ Transitioning to more or less time in general education
- ☐ Transitioning between available methods to participate in school (e.g., independent study, distance, hybrid, in-person learning)
- ☐ Other

What anticipated support/strategies will be needed for a successful transition for the student?

PROMOTION CRITERIA

The criteria that will be used to determine a student's promotion from grade to grade.

Promotion criteria for this student:

- ☐ Local Educational Agency (LEA)
- ☐ Progress on Goals
- ☐ Other

TRANSPORTATION

Does the student require special education transportation to receive a free and appropriate public education?

☐ Yes ☐ No

If yes, describe any assistance, specialized equipment, and/or other needs:

PARENT INVOLVEMENT

Did the school provide opportunities for meaningful parent participation?

☐ Yes ☐ No

Is there anything that the IEP team could do to make you feel more included in future IEP meetings?

(SELPA NAME)
EMERGENCY CONDITIONS

Student Name: **Birth Date:** **Grade:** **IEP Date:**

If instruction or services, or both, cannot be provided to the student either at the school or in person for more than 10 school days due to emergency conditions, taking public health orders into account, the IEP will be provided as described below.

Special Education and Related Services					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					

Comments:

Supplementary Aids and Services (accommodations, modifications, and other supports) in the IEP					
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					

Comments:

Transition Services ☐ **NOT APPLICABLE**					☐ **SAME AS ABOVE**
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					

Comments:

Extended School Year Services ☐ **NOT APPLICABLE**					☐ **SAME AS ABOVE**
Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):					
☐ Teacher-posted lessons, asynchronous (online or other media)	☐ Virtual class meetings, synchronous	☐ Personalized learning tools (virtual or paper packets, as available)	☐ Scheduled teacher appointments (virtual or in-person, as available)	☐ Scheduled email check-ins (parent or student)	☐ Virtual office hours (drop-in; parent or student)
Other:					

Comments:

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. Public health orders shall be taken into account in implementing the emergency conditions provision. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances. The emergency service options will not be implemented if they are inconsistent with a public health order or directive, are inconsistent with the school's emergency preparedness procedures, and/or would interfere with the health and safety of students or staff during emergency conditions.

(SELPA NAME)
Student Information

Student Name: **Birth Date:** **Grade:** **IEP Date:**

STUDENT INFORMATION

Student ID: **SSID:** **Age:**

Native Language:
Does the parent require an interpreter? ☐ Yes ☐ No **Redesignated English Learner?** ☐Yes ☑No

Hispanic: ☐Yes ☐No
Race 1: --- Select One ---
Race 2: --- Select One ---
Race 3: --- Select One ---
Race 4:
Race 5:

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years? ☐Yes ☐No

---

PARENT/GUARDIAN INFORMATION

Parent/Guardian:
Home Address: **City:**
State: **Zip:**
Home Phone: **Work Phone:**
Cell Phone: **Email Address:**

Parent/Guardian:
Home Address: **City:**
State: **Zip:**
Home Phone: **Work Phone:**
Cell Phone: **Email Address:**

MEETING INFORMATION

Meeting Type: ☐Initial ☐Plan Review ☐Reevaluation **Additional Purpose of Meeting (If Needed):** ☐Transition ☐ Pre-Expulsion☐ Interim ☐Other

Next Annual Plan Review: **Last Reevaluation:**
Next Reevaluation:

FOR INITIAL PLACEMENTS ONLY

Date of Initial Referral for Special Education Services: **Person Initiating the Referral for Special Education service:**
Date District Received Parent Consent: --- Select One ---
Original Special Education Entry Date: **Date of Initial Meeting to Determine Eligibility:**

STATUS INFORMATION

Note: For CALPADS reporting purposes, Special Education Status, Status Effective Start Date, and Nonparticipation Code are pulled from the CALPADS transaction within the IEP system.

What is the student's eligibility status?

☐ Eligible for Special Education

☐ Not Eligible for Special Education

☐ Exiting from Special Education (returning to regular education / no longer eligible)

Primary Disability: **Secondary Disability:**

PLAN INFORMATION

District of Special Education Accountability:

Primary Residence: --- Select One ---

Plan Effective Start Date:

If appropriate, and agreed upon, agencies invited: ☐ Yes ☐ No ☐ N/A

SCHOOL OF ATTENDANCE

School of Attendance:

Telephone Number:

Street Address:

City: **State:** *CA* **Zip:**

(SELPA NAME)
IEP Team Signatures

Student Name: **Birth Date:** **Grade:** **IEP Date:**

CONSENT

A parent (or student age 18 and over) may agree to all, some, or none of the components of a proposed IEP:

☐ I agree to all parts of the IEP.
☐ I agree with the IEP, with the exception of the areas described below:

☐ I decline the offer of initiation of special education services.
☐ I understand that my child is not eligible for special education.
☐ I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature: _____ Date: _____
☐ Parent ☐ Foster Parent
☐ Guardian ☐ Adult Student
☐ Surrogate Parent ☐ Other

IEP TEAM MEMBER PARTICIPATION

☐ Team member participant - **Parent/Adult Student**

Signature: _____ Date: _____
☐ Parent ☐ Foster Parent
☐ Guardian ☐ Adult Student
☐ Surrogate Parent ☐ Other

☐ Team member participant - **Student**

Signature: _____ Date: _____

☐ Team member participant - **General Education Teacher**

Signature: _____ Date: _____

☐ Team member participant - **Education Specialist**

Signature: _____ Date: _____

☐ Team member participant - **Administrator or Administrative Designee**

Signature: _____ Date: _____

☐ Team member participant - **School Psychologist**

Signature: _____ Date: _____

☐ Team member participant - **Related Service Provider**

Signature: _____ Date: _____

☐ Team member participant -

Signature: _____ Date: _____

☐ Team member participant -

Signature: _____ Date: _____

☐ Parent/Adult Student has received a copy of the Procedural Safeguards.

☐ Parent/Adult Student has received a copy of assessment report (if applicable).

☐ Parent/Adult Student has received a copy of the Individualized Education Program (IEP).

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

Medi-Cal

☐ If my child is or may become eligible for public benefits (Medi-Cal): 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 applicable services.

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

Signature: _____ Date: _____

☐ Parent ☐ Foster Parent

☐ Guardian ☐ Adult Student

☐ Surrogate Parent ☐ Other