

FRESNO UNIFIED SCHOOL DISTRICT
INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING

Student Name: [REDACTED]

Birthdate: 5/23/2008

Initial Annual Triennial Transition Planning Pre-Expulsion Interim Other Parent Request

Address [REDACTED]

Dear [REDACTED]

Today's Date 05/03/2021

An Individual Education Program (IEP) Meeting is being arranged to discuss educational program for the student named above. You are invited to attend as a member of the IEP team. Your participation and input are important in the development of an appropriate education and arriving at decisions about your child's education. You have the right to have other individuals present who have knowledge or special expertise about your child. Your child could benefit from participation in the IEP meeting and is invited to attend. If this is the initial IEP meeting and the student was receiving services under Part C through an IFSP, you may request that the district invite the Part C Service Coordinator or other representative. Secondary students age 15 or older should attend the IEP Team meeting. Parents of adult students may also participate in the meeting.

The meeting is scheduled for:

Date 05/24/2021

Time 1:00

School/Location Teams Online

Room Teams

We anticipate that the following members may also attend:

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Administrator/Designee | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Special Education Teacher | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Specialist <u>RIM, Program Manager</u> | <input type="checkbox"/> _____ |

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice, we may also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name [REDACTED]

Title case manager

School/District Fresno Unified

Phone [REDACTED]

Please complete and sign this form, and return to [REDACTED]

Check the following items, as appropriate:

- YES, I plan to attend the meeting
- YES, I plan to attend the meeting and bring the following additional attendees:
- I do not plan to attend the meeting, but I am available by teleconference
- I require assistance of an interpreter. (Language)
- I request a different time and/or place. Please call me at _____ Home _____ Work _____
- I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.
- NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.
- NO, I cannot attend, but I will send _____ as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Signature _____

Date _____

Parent Guardian Surrogate Adult Student

For LEA use only:

Comments/Additional Information

**FRESNO UNIFIED SCHOOL DISTRICT
IEP TEAM MEMBER EXCUSAL**

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: [REDACTED]

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

Individual Education Program Team Member(s)

Individual Education Program Team Member(s)	Area Of Curriculum Or Related Services	Area Of Curriculum Or Related Services is Not Being Discussed Or Modified	Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services	The IEP team member is being mutually excused from the IEP meeting
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part

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

Check the relationship to student, sign, and date below.

Signature of Parent Guardian Surrogate

Date: _____

Signature of Parent Guardian Surrogate

Date: _____

Signature of Adult Student (ages 18-21):

Date: _____

Signature of Designated District Representative:

Date: _____

Title/Position: _____

"IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE- '(i) ATTENDANCE NOT NECESSARY – A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting, '(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if—'(I) the parent and the local educational agency consent to the excusal; and '(II) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. '(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent's agreement under clause (i) and consent under clause (ii) shall be in writing."

FRESNO UNIFIED SCHOOL DISTRICT
INDIVIDUALIZED EDUCATION PROGRAM

Student Legal Name: [REDACTED]
Original SpEd Entry Date: [REDACTED]
Last Eval: 9/13/2016

Date of Birth: [REDACTED]
Next Annual IEP: 9/5/2019
Next Eval: 9/12/2019

IEP Date: 12/11/2018

MEETING TYPE:

Initial Annual Triennial

Additional Purpose of Meeting (If Needed):

Transition Pre-Expulsion Interim Other BIP, parent concerns

Age: [REDACTED]

Gender: Male

Grade: [REDACTED]

Migrant: Yes No

Native Language: 00 English

EL: Yes No

Redesignated: Yes No

Interpreter? Yes No

Student ID: [REDACTED]

SSID#: [REDACTED]

PRIMARY RESIDENCE: [REDACTED]

Parent/Guardian: [REDACTED]
Home Address: [REDACTED]
City: Fresno
State/Zip: CA, 93722-4128

Home Phone: [REDACTED]
Work Phone:
Cell Phone: [REDACTED]
Email:

Parent/Guardian: [REDACTED]
Home Address: [REDACTED]
City: Fresno
State/Zip: CA, 93722-4128

Home Phone: [REDACTED]
Work Phone:
Cell Phone: [REDACTED]
Email:

District of Special Education Accountability:
Fresno Unified

Residence School:
[REDACTED]

Ethnicity: 500 Hispanic 501 Non Hispanic 900 Intentionally Blank

Race: (Enter Code; must select one or more, regardless of Ethnicity): 1. 700 White 2. 3.

INDICATE DISABILITY/IES Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary: [REDACTED]

Secondary: [REDACTED] * Low Incidence Disability

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

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) Due to Dx, student requires a classroom that has a low student to teacher ratio, and is language enriched.

FOR INITIAL IEP PLACEMENTS ONLY

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

Date of Initial Referral for Special Education Services: [REDACTED]

Person Initiating the Referral for Special Education service: [REDACTED]

Date District Received Parent Consent: [REDACTED]

Date of Initial Meeting to Determine Eligibility: [REDACTED]

FRESNO UNIFIED SCHOOL DISTRICT
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 12/11/2018**Strengths/Preferences/Interests**

[REDACTED] enjoys videos involving soft music and soothing images. He will sit for an extended amount of time while these videos are playing. He increasingly enjoys our smartboard activities and will sit for short periods if it is something that interests him. [REDACTED] enjoys technology-driven activities as opposed to paper/pencil ones.

Concerns of parent relevant to educational progress

Parent wants to meet to go over the Behavior Plan to make sure that [REDACTED] behavior needs are being met.

Smarter Balanced Assessment Consortium (SBAC) Not Applicable**English/Language Arts Overall**

Standard Exceeded Standard Met Standard Nearly Met Standard Not Met

Reading Above Standard Near Standard Below Standard

Writing Above Standard Near Standard Below Standard

Speaking and Listening Above Standard Near Standard Below Standard

Research/Inquiry Above Standard Near Standard Below Standard

Math Not Applicable**Math Overall**

Standard Exceeded Standard Met Standard Nearly Met Standard Not Met

Concepts and Procedures Above Standard Near Standard Below Standard

Problem Solving and Data Analysis Above Standard Near Standard Below Standard

Communication Reasoning Above Standard Near Standard Below Standard

California Alternate Assessments (CAA) Not Applicable**English Language Arts**

Understanding Foundational Understanding Limited Understanding

Math Understanding Foundational Understanding Limited Understanding

Science Understanding Foundational Understanding Limited Understanding

English Language Development Test (English Learners Only)

Not Applicable

California English Language Development Test (CELDT)

English Language Proficiency Assessments for California (ELPAC)

Alternate Assessment to ELPAC

Other:

Physical Education Testing (grades 5, 7 & 9): N/A - Out of testing range.

Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)

Hearing Date: 11/14/2017 Pass Fail Other Unable to test at school. Hearing eval at CHCC within normal limits.

Vision Date: 11/14/2017 Pass Fail Other Unable to test vision at school. Mother reports vision eval at CHCC normal.

Preacademic/Academic/Functional Skills

Several informal teacher-made assessments, as well as several assessments taken from Unique Learning Systems (ULS) curriculum were administered to [REDACTED] over the course of several days. Sessions were generally less than 10 minutes. After that amount of time, [REDACTED] would lose interest and become slightly agitated.

ULS Assessments:

Picture Match: 10/18

Letter Match: 8/18

Number Match: 11/18

Letter ID: 8/18

Emerging Math: 10/18

Verbal and some physical prompting occurred during these assessments. The scores shown were not accomplished independently by the student. What these scores do indicate is the progress [REDACTED] has made attending to activities. Last year, I attempted to give the same assessments, but [REDACTED] would not attend to them at all. This year, [REDACTED] not only attended to the assessments, but when I would point to the correct answer, he would focus on where I was pointing and touch that answer.

Other assessments given:

[REDACTED] responds to his name when called. When asked to "come over", he will generally walk towards me. [REDACTED] is able to hold a pencil and make marks on paper. He is less resistant to hand-over-hand activities than previously reported. I presented 20 picture cards to [REDACTED], he pointed to an object 15/20. He pointed to the correct object 5 times. I asked [REDACTED] to point to various body parts. He correctly pointed to his head and mouth. I asked [REDACTED] to point to specific colors (I showed two colors at a time). He correctly pointed to green and red. I placed blocks in front of [REDACTED] and asked him several times to hand me one. On one occasion, he picked one up and dropped it without giving any eye contact.

Overall, [REDACTED] attention and on-task time has increased since last year's IEP. He will sit at the SmartBoard with the other students for longer periods of time. He will remain actively engaged in technology-driven activities for longer periods of time, as well.

Communication Development

Teacher input- [REDACTED] is able to utilize several 'signs' in order to communicate some of his wants/needs. In the classroom, [REDACTED] has used the 'signs', "more", "eat", "hungry". Parent states that [REDACTED] has used more 'signs' at home. [REDACTED] also communicates by using various verbal sounds, by looking at a person he wants something from, and/or by taking hold of their hand and guiding them to what he wants. [REDACTED] will occasionally point to a picture of something he wants; although he rarely attends to the picture he is pointing to.

AAC assessment 2018: At the time of this assessment it was felt that [REDACTED] would benefit from the IEP team considering the following Augmentative and Alternative Communication supports:

- Trial of communication system with the following features:
 - o Dynamic display
 - o Speech generation
 - o Access to core words
 - o Options for masking during initial vocabulary acquisition
 - o Ability to turn off any click sounds related to icon selection, if he demonstrates sensitivity to these
 - o Symbol paired with print
 - o Utilizes consistent motor plans with icons requiring the same sequence of hits for activation of icon each time it is selected
 - o Touch screen for direct selection
- Provide communication opportunities throughout the day

Gross/Fine Motor Development

Gross-motor: [REDACTED] is able to walk throughout the classroom. He usually moves out of the way if there is a desk or person in his way.

For student to receive educational benefit, goals will be written to address the following areas of need:
Functional academics, Self-help, Communication, Fine motor

FRESNO UNIFIED SCHOOL DISTRICT
SPECIAL FACTORS

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 12/11/2018Does the student require assistive technology devices and/or services? Yes No**Rationale:** Use of picture icons to communicate his needs.
Visual ScheduleDoes the student require low incidence services, equipment and/or materials to meet educational goals? Yes No
(If yes, specify)

Considerations if the student is blind or visually impaired: n/a

Considerations if the student is deaf or hard of hearing: n/a

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

Does the student need primary language support? Yes No If yes, how will it be provided?Who will provide ELD services to student? General Education Special Education

The student will participate in the following type of program:

 Structured Language Immersion Alternative Program (Describe)

Comments:

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

[REDACTED] exhibits outbursts as shown by scratching and biting other students/staff.

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

See Behavior Intervention Plan

 Behavior Goal is part of this IEP Behavior Intervention Plan (BIP) Attached

FRESNO UNIFIED SCHOOL DISTRICT
ANNUAL GOALS AND OBJECTIVES

Student Name [REDACTED]

Date of Birth [REDACTED]

IEP Date: 12/11/2018

Area of Need: Functional academics	Measurable Annual Goal# <u>2</u> <i>Goal: By September 2019, given his name, along with two other names printed on name cards and placed in front of [REDACTED], he will be able to correctly chose his name by reaching out and pointing or holding it in his hand with verbal and physical prompts; 4 out of five trials across three consecutive days as observed by the teacher/classroom assistants.</i>
Baseline: [REDACTED] responds when his name is called.	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>Student, teacher/classroom assistants</u>

Short-Term Objective: *By January 2019, given his name (typed on hot pink paper) placed directly in front of him, along with two other names (printed on white paper) placed farther back on the desk, [REDACTED] will be able to correctly chose his name by reaching out and pointing or holding it in his hand with 3 verbal and 3 physical prompts; 4 out of five trials across three consecutive days as observed by the teacher/classroom assistants.*

Short-Term Objective: *By March 2019, given his name (typed on light pink paper) placed directly in front of him, along with two other names (printed on white paper) placed farther back on the desk, [REDACTED] will be able to correctly chose his name by reaching out and pointing or holding it in his hand with 2 verbal and 2 physical prompts; 4 out of five trials across three consecutive days as observed by the teacher/classroom assistants.*

Short-Term Objective: *By June 2019, given his name (typed on light pink paper) placed on his desk, along with two other names (printed on white paper), [REDACTED] will be able to correctly chose his name by reaching out and pointing or holding it in his hand with 2 verbal and 2 physical prompts; 4 out of five trials across three consecutive days as observed by the teacher/classroom assistants.*

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:

FRESNO UNIFIED SCHOOL DISTRICT
Offer of FAPE - SERVICE

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 12/11/2018

The service options that were considered by the IEP team (List all): Options considered: GenEd with support, SDC MM, MS, ALPS, SLP, APE. Chosen: ALPS

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs: Team discussed and considered potential harmful effects of missing general education curriculum which includes grade level standards. The team determined the benefit of a placement in a regional program or an intensive early intervention program, etc... and individual/small group instruction and the need for individual/small group instruction in assisting student in meeting goals outweigh the potential harm.

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

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

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

Program Accommodations	Start Date	End Date	Location
Assistive technology	12/10/2018	9/11/2019	Educational environment
Obtain students attention before speaking	12/10/2018	9/11/2019	Educational environment
Provide directions in a variety of modalities	12/10/2018	9/11/2019	Educational environment
Flexible seating to ensure auditory and visual access	12/10/2018	9/11/2019	Educational environment
Instructions presented one at a time, and repeated/rephrased in a positive voice, tone, and level.	12/10/2018	9/11/2019	Educational environment
Visual Cues	12/10/2018	9/11/2019	Educational environment
Scribe	12/10/2018	9/11/2019	Educational environment
Use of manipulatives and images requires for success.	12/10/2018	9/11/2019	Educational environment
Alternate Response Options (Reading, Writing, Listening)	12/10/2018	9/11/2019	Educational environment
Reduce distractions to the student	12/10/2018	9/11/2019	Educational environment
Extended time	12/10/2018	9/11/2019	Educational environment
Check for understanding	12/10/2018	9/11/2019	Educational environment

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	Frequency	Duration	Location
Shorten assignments to focus on mastery of key concepts	12/10/2018	9/11/2019	Daily	6 hours	Educational environment
Errorless Learning	12/10/2018	9/11/2019	Daily	6 hours	Educational environment

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.

Other Supports for School Personnel, or for Student, or on Behalf of Student	To Support	Start Date	End Date	Frequency	Duration	Location
Extra support person designated to assist [REDACTED] with school-wide tasks.	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	9/5/2018	9/5/2019	Daily	Throughout the day	School-wide. All activities during the

Yoga ball for self regulation	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	12/10/2018	9/11/2019	Daily	6 hours	Educational environment
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SPECIAL EDUCATION and RELATED SERVICES

Service: Language and speech	Start Date: 9/5/2018	End Date: 9/5/2019
Provider: District of Service	<input checked="" type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 90 min served Monthly	Location: Separate classroom in public integrated facility	
Comments: Language		
Service: Specialized Academic Instruction	Start Date: 9/5/2018	End Date: 9/5/2019
Provider: District of Service	<input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 310 min x 5 Totaling: 1550 min served Weekly	Location: Separate classroom in public integrated facility	
Comments:		
Service: Occupational therapy	Start Date: 9/11/2017	End Date:
Provider: District of Service	<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 15 min served Monthly	Location: Regular classroom/public day school	
Comments: OT to consult with IEP team Gabe's sensory needs		
Service: Behavior intervention Services	Start Date: 12/11/2018	End Date:
Provider: District of Service	<input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 10 min x 1 Totaling: 10 min served Daily	Location: Separate classroom in public integrated facility	
Comments: Implementation of the BIP.		

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

Special Education Transportation Yes No Currently parent transports [redacted] to and from school.

EXTENDED SCHOOL YEAR (ESY)

Yes No

Rationale: Student's academic progress will regress during the Summer months without ESY.

Service: Language and speech	Start Date: 6/11/2019	End Date: 7/11/2019
Provider: District of Service	<input checked="" type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 90 min served Monthly	Location: Separate classroom in public integrated facility	
Comments: Language		
Service: Specialized Academic Instruction	Start Date: 6/11/2019	End Date: 7/11/2019
Provider: District of Service	<input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 235 min x 5 Totaling: 1175 min served Weekly	Location: Separate classroom in public integrated facility	
Comments:		
Service: Behavior intervention Services	Start Date: 6/11/2019	End Date: 7/11/2019
Provider: District of Service	<input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
Duration/Freq: 10 min x 1 Totaling: 10 min served Daily	Location: Separate classroom in public integrated facility	
Comments:		

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

FRESNO UNIFIED SCHOOL DISTRICT
OFFER OF FAPE - EDUCATIONAL SETTING

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 12/11/2018

Physical Education: General Specially Designed Other

District of Service: Fresno Unified

School of Attendance: [REDACTED] Elementary School

School Type: Public day school

All special education services provided at student's school of residence? Yes No (rationale) Appropriate program not available at home school

(Note: Program Setting and Percentage of Time are required for students that will be age 6 and older within the duration of this IEP)

Program Setting: Regular Classroom/Public Day School (Ages 6-22)

85 % of time student is outside the regular class & extracurricular & non academic activities

15 % of time student is in the regular class & extracurricular & non academic activities

Preschool Program Setting (Ages 3-5):

(Note: Answer two items below for students ages 3-5 only if the Preschool Program Setting is in 201-Regular Early Childhood Program or Kindergarten Setting)

The location where the student receives the majority of their special education services:

Same as above Different from above

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Yes No

Student will not participate in the regular class and/or extracurricular and/or non academic activities: all his academic day because student is not currently able to access a GE classroom curriculum

Other Agency Services

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

Promotion Criteria: District Progress on Goals Other

Parents will be informed of progress: Quarterly Trimester Semester Other

How? Progress Summary Report Other

ACTIVITIES TO SUPPORT TRANSITION (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)

FRESNO UNIFIED SCHOOL DISTRICT
Statewide Assessments

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 12/11/2018

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

English Language Arts (Grades 3-8, & 11)30 To participate in an alternate performance assessment

- Alternate Assessment without Designated Supports or Accommodations
- Alternate Assessment with Designated Supports Embedded
- Alternate Assessment with Designated Supports Non-Embedded
- Alternate Assessment with Accommodations Embedded
- Alternate Assessment with Accommodations Non-Embedded
- Alternate Assessment with Accessibility Support (requires CDE Approval)

Math (Grades 3-8, & 11)30 To participate in an alternate performance assessment

- Alternate Assessment without Designated Supports or Accommodations
- Alternate Assessment with Designated Supports Embedded
- Alternate Assessment with Designated Supports Non-Embedded
- Alternate Assessment with Accommodations Embedded
- Alternate Assessment with Accommodations Non-Embedded
- Alternate Assessment with Accessibility Support (requires CDE Approval)

Science (Grades 5, 8 & High School)30 To participate in an alternate performance assessment

- If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.**
 The student will not participate in the SBAC because Alternate Assessment
 Participation in an Alternate Assessment is appropriate because [REDACTED]

Physical Fitness Test (Grades 5, 7 & 9)

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

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

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

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Adaptations 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 |

ELPAC (English Learners Only)

- Listening without Designated Supports or Accommodations
- Listening with Designated Supports Non-embedded
- Listening with Accommodations Non-embedded
- Listening with Unlisted Resources (requires CDE Approval)

- Speaking without Designated Supports or Accommodations
- Speaking with Designated Supports Non-embedded
- Speaking with Accommodations Non-embedded
- Speaking with Unlisted Resources (requires CDE Approval)

- Reading without Designated Supports or Accommodations
- Reading with Designated Supports Non-embedded
- Reading with Accommodations Non-embedded
- Reading with Unlisted Resources (requires CDE Approval)

- Writing without Designated Supports or Accommodations
- Writing with Designated Supports Non-embedded
- Writing with Accommodations Non-embedded
- Writing with Unlisted Resources (requires CDE Approval)

Alternate Assessment to ELPAC

If yes, areas of alternate assessment: Listening Speaking Reading Writing

Name of alternate assessment(s)

Person responsible to administer alternate assessment(s)

Standards based Tests in Spanish STS

- Math without Designated Supports or Accommodations
- Math with Designated Supports
- Math with Accommodations
- Reading, Language, Spelling without Designated Supports or Accommodations
- Reading, Language, Spelling with Designated Supports
- Reading, Language, Spelling with Accommodations

**FRESNO UNIFIED SCHOOL DISTRICT
ESY ELIGIBILITY WORKSHEET**

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 10/13/2020Age: 12Grade: 07 Seventh gradeGender: Male**Definitions**

ESY Extended School Year services are programs and services that assist the student in working toward the same goals and objectives that the student works on during the school year. ESY services are only provided for those areas on the current IEP where the student has demonstrated a) regression of skills during an extended school break and b) limited ability to benefit from re-teaching of skills after an extended school break. Regression Loss of previously attained skills documented by a review of the IEP goals, due to an extended school break

Rate of Recoupment: Length of time required to re-learn skills following an extended school break.

Regression of Recoupment: Some students have disabilities that are likely to continue indefinitely or for a prolonged period. In this situation, interruption of the student's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disabling condition. (5 C.C.R. Section 3043.)

Directions The IEP Team shall determine the following in order to designate a student as requiring ESY as part of FAPE

Using input from staff and parents, answer the following questions

1. At the start of the school year, with a review period equal to that of general education students, was the student unable to regain skills lost over the break that would otherwise be expected in view of the student's disabling condition?

Yes No If yes, specify what area(s) *Reading comprehension, written expression, math, social communication*

2. Does this student display a loss of previously taught skills and an inability to regain those skills following interruptions in instruction during the regular school year, i.e., Thanksgiving break, Winter Break, and Spring Break?

Yes No If yes, specify what area(s) *Reading comprehension, written expression, math, social communication*

3. Is the current student at a crucial stage in learning a skill(s), such that an interruption in school program might cause loss of a skill(s) that the student would not be able to re-learn in a reasonable period of time in view of the student's disabling condition?

Yes No If yes, specify what area(s) *Reading comprehension, written expression, math, social communication*

4. Is the student able to maintain the skills identified without Extended School Year?

Yes No If no, specify what skill(s) *Reading comprehension, written expression, math, social communication*

5. Does the student require ESY to continue to achieve at the level of independence that is expected in view of the student's disabling condition?

Yes No

Note: refer to criteria specified on the ESY Worksheet pg. 2 if answer is "yes" on #5 above

**FRESNO UNIFIED SCHOOL DISTRICT
ESY ELIGIBILITY WORKSHEET**

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 10/13/2020Age: 12Grade: 07 Seventh gradeGender: Male**1. The student demonstrates a pattern of past regression in skills as evidenced by breaks of more than four weeks:** Yes No Unknown

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break [REDACTED] *can require a significant amount of time to fully regain skills in the areas of reading comprehension, writing, and math problem solving*

2. What is the estimated amount of time it takes or it may take the student to regain the prior level of knowledge skills, benefits or functioning following a school break One Month or Less Up to 3 months 4 to 6 Months Other

Comments *It depends on the subject and or topic [REDACTED] is working on. Reading comprehension and writing concepts are most difficult for [REDACTED]*

3. Describe the student's rate of learning (as compared with the student's ability to recoup after a break)

[REDACTED] *has a diagnosis of autism, which is a lifelong disability that effects his rate of learning across multiple fields.*

4. Does the IEP team feel the student's disability will continue indefinitely or for a prolonged period of time? Yes No Unknown

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break [REDACTED] *has a diagnosis of autism, which is a lifelong disability that effects his rate of learning. His regression after breaks is moderate.*

Describe the degree, nature and severity of the student's disability [REDACTED] *has a diagnosis of autism, which is a lifelong disability that effects his rate of learning across multiple fields.*

5. Does the IEP team feel it will be impossible or unlikely the student will attain self-sufficiency and independence expected in view of the student's disability following a break? Yes No Unknown

Comments (describe the degree (minimal or serious) of actual or likely regression following a school break [REDACTED] *requires a significant amount of time to fully regain skills in the areas of academics and behavior after a prolonged break.*

6. Is the student at a critical point of skill acquisition or readiness where their ability to acquire the skills will be lost or greatly reduced as a result of an interruption of services? Yes No Unknown

If yes, describe *Reading comprehension, writing, math problem solving*

7. Are there any other issues concerning the student's physical, medical condition, emotional, social, behavioral, mental health, academic and/or vocational issues, and his/her ability to be with typically developing peers that may be adversely impacted if the student does not receive ESY services? Yes No Unknown

If yes, describe [REDACTED] *lacks sufficient social skills that impacts his ability to interact with typically developing peers.*

Accommodations, Modifications, Supports and Supplementary Aids and Services

Name _____ Birthdate _____ Date of Meeting: _____

Accommodations & Modifications to support access to Core Curriculum in General/Special Education environments: (Specify subject area(s) for each item(s) selected)

- Reduced/shortened assignments _____
- Note taking support _____
- Highlight textbooks/study notes _____
- Use of visual place holder _____
- Large print _____
- Use of scribe _____
- Textbook on CD _____
- Books on tape _____
- Use of manipulatives for Math/Science _____
- Use of calculator for Math/Science _____
- Access to computer on campus _____
- Adult support/staff assistance _____
- Modified assignments** _____
- Other: explain _____

Strategies Related to Organization/Behavioral Support:

- Preferential/assigned seating: (explain) _____
- Short breaks between assignments _____
- Cues/prompts/reminders of rules: (explain) _____
- Offer choices _____
- Use of sensory strategies: (explain) _____
- Supervision during unstructured time (recess,lunch,passing time between classes): (explain) _____
- Use of assignment notebook planner _____
- Home school communication system: (explain) _____
- Implementation of Behavior Support Plan _____
- Other: (explain) _____

Comments:

Strategies related to Instruction/Grading

- Present one task/direction at a time _____
- Instructions repeated/rephrased _____
- Check for understanding _____
- Extended time to complete assignments _____
- Access to separate study area _____
- Use of Essential Standards as basis of instruction _____
- Grading based on essential standards _____
- Gen Ed report card with Spec Ed notation _____
- Special projects in lieu of assignments** _____
- Use of out of grade level materials** _____
- Modified Grades: (explain)** _____
- Alternate Proficiency Grading (CAPA)** _____
- Other: explain _____

Variations/Accom/Modifications related to test situations:

- Alternative response for classroom tests _____
- Open Book for classroom tests _____
- Use of notes for classroom tests _____
- Test read aloud to student for classroom tests _____
- Use of word processor with functions disabled _____
- Flexible setting _____
- Flexible time/scheduling _____
- Braille _____
- Large Print _____
- Use of scribe _____
- Answer options read aloud (CMA) _____
- Calculator on Math test (grade 5) (CMA) _____
- Math manipulatives on Math/Science test (CMA) _____
- Test prompt/questions read aloud to student for Writing/Math/Science/Social Science (CST) _____
- Test questions read aloud to student for Reading/Language/Spelling (CST)** _____
- Calculator/multiplication table/math (CST)** _____
- Results of STAR testing not representative of IEP progress _____
- Other: explain _____

Important Information:

Modifications are listed in bold. Modifications alter or lower the standards and expectations of the course standards and test. Significant modifications may lead to a non-diploma outcome and modified test results.

**Summary Of The Student's Academic
Achievement And Functional Performance**

Student Name _____

Date of Birth _____

Date of Summary: _____

**Note: These accommodations have been documented on the IEP Date
Recommendations Of Accommodations, Supports And Resources**

<p>Related To Support</p> <p><input type="checkbox"/> Check for understanding</p> <p><input type="checkbox"/> Instructions/directions repeated/rephrased</p> <p><input type="checkbox"/> Present one task at a time</p> <p><input type="checkbox"/> Preferential/assigned seating; explain _____</p> <p><input type="checkbox"/> Use of assignment notebook or planner</p> <p><input type="checkbox"/> Provided with progress reports</p> <p><input type="checkbox"/> Supervision during unstructured time</p> <p><input type="checkbox"/> Cues/prompts/reminders of rules / procedures</p> <p><input type="checkbox"/> Offer choices</p> <p><input type="checkbox"/> Note taking assistance</p> <p><input type="checkbox"/> Access to computer on campus</p> <p><input type="checkbox"/> Use of a scribe/word processing</p> <p><input type="checkbox"/> Use of a calculator</p> <p><input type="checkbox"/> Peer tutor/ staff assistance in _____</p> <p><input type="checkbox"/> Prior Behavior Support Plan (BSP)</p> <p><input type="checkbox"/> Home/job/school communication system; explain _____</p> <p><input type="checkbox"/> Other _____</p> <p>Related to Health Concerns</p> <p><input type="checkbox"/> Reminder to take medication(s)</p> <p><input type="checkbox"/> Medication(s) given under supervision</p> <p><input type="checkbox"/> Other _____</p> <p>Presentation of Materials & Instructions</p> <p><input type="checkbox"/> Books on tape and/or CD</p> <p><input type="checkbox"/> Assignments/tests modified to address identified needs of learning styles _____</p> <p><input type="checkbox"/> Large print</p> <p><input type="checkbox"/> Closed caption</p> <p><input type="checkbox"/> English language development materials</p> <p><input type="checkbox"/> Manipulative/study aids for _____</p> <p><input type="checkbox"/> Test questions/assignments- given orally</p> <p><input type="checkbox"/> Tests/assignments directions- read orally</p> <p><input type="checkbox"/> Tests/assignments- shorten</p> <p><input type="checkbox"/> Questions on tests/assignments rephrased</p> <p><input type="checkbox"/> Preview of tests/assignments</p> <p><input type="checkbox"/> Tests/assignments given in smaller parts</p> <p><input type="checkbox"/> Visual aids: flash cards, maps, posters, clues, etc.</p> <p><input type="checkbox"/> Other; explain _____</p>	<p>Response to Materials & Instruction</p> <p><input type="checkbox"/> Reduced/shortened tests/assignments/tasks</p> <p>_____</p> <p><input type="checkbox"/> Extended time on in-class assignments/tests</p> <p>_____</p> <p><input type="checkbox"/> Use of notes for tests/assignments</p> <p><input type="checkbox"/> Open book for tests/assignments</p> <p><input type="checkbox"/> Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available</p> <p><input type="checkbox"/> Special projects or alternate assignments in lieu of assignments given to non-disabled peers</p> <p><input type="checkbox"/> Use of a calculator</p> <p><input type="checkbox"/> Proof-reader and redo assignment or writing mechanics not graded</p> <p><input type="checkbox"/> Other _____</p> <p>Settings</p> <p><input type="checkbox"/> Access to study carrel for task/assignments/tests</p> <p><input type="checkbox"/> Free from visual distractions</p> <p><input type="checkbox"/> Quiet environment – free from excessive noise</p> <p><input type="checkbox"/> In a small group environment</p> <p><input type="checkbox"/> Other _____</p> <p>Timing/ Scheduling of Tasks/ Assignments/ tests</p> <p><input type="checkbox"/> Extended time(s)</p> <p>_____ minutes for every _____</p> <p>_____ Minutes given to non-disabled peers</p> <p><input type="checkbox"/> Tests/assignments given in shortened time segments</p> <p><input type="checkbox"/> Extended time on in-class assignments/tests</p> <p><input type="checkbox"/> Other _____</p> <p>For Additional Information such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation contact _____</p> <p>Name of School District _____</p> <p>School District's Phone number _____</p> <p>Title of Contact Person _____</p> <p>Best if contact is made no later than _____</p>
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Example of Proactive Advocacy
 Plan Goals that connect to a long-term outcome

Desired Future Skill/Outcome:		Shop at grocery store & make a purchase	
Incremental Skill/Outcome	Area(s) of Need	Goal(s)	IEP Year(s)
Identify money items (coins & bills) by name			
Identify money items (coins & bills) by value			
Combine coins & bills to reach specific amount			
Locate price of desired item at grocery store			
Compare item price to amount in wallet			
Determine if amount in wallet is enough			
Make the purchase			
Wait for change and receipt			
Ancillary Skills	Area(s) of Need	Goal(s)	
Request to go to the store to make a purchase			
Catch the bus to the store			