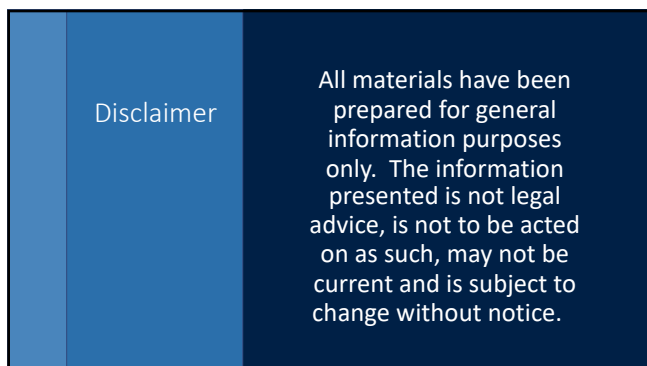
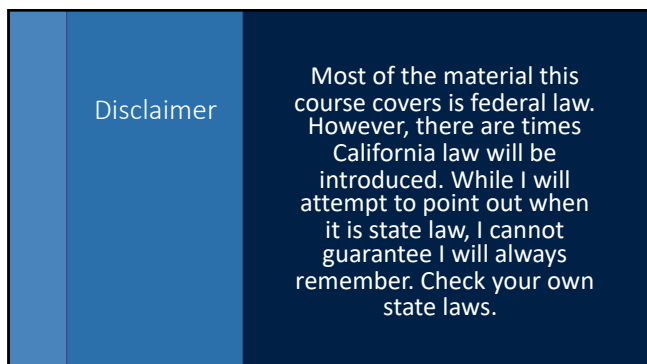




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28

Class #5: Individual Education Program

This Chapter Will Discuss:

| | | |
|---|--|--|
| <p>1</p> <p>The basic when, who and what of an IEP meeting.</p> | <p>2</p> <p>How the parent can maximize their role as an IEP member.</p> | <p>3</p> <p>What parents can do if they disagree with all or part of the IEP</p> |
|---|--|--|

4

28

What is an IEP?

An IEP is a legal document that lays out the program of instruction, services, and supports tailored to meet a child's unique needs.

It describes:

- 1) present levels of performance
- 2) learning goals
- 3) services
- 4) placement

5

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Before the IEP Meeting

Notice The district must provide parents with written notice of every proposed IEP meeting.

6

**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 FSP, 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

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We anticipate that the following members may also attend:

Administrator/Designee [REDACTED]
 Special Education Teacher [REDACTED]
 General Education Teacher [REDACTED]
 Student [REDACTED]
 Psychologist [REDACTED]
 Specialist *RIM, Program Manager.* [REDACTED]

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]

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28 **Before the IEP Meeting**

Notice The district must provide parents with written notice of every proposed IEP meeting.

Record

| To Use Audio Recorder | Parents | District |
|---|---------|----------|
| Must give other party 24 hour notice | Yes | Yes |
| Must obtain permission from other party | - | Yes |

If parents object to district recording, neither party can record

9

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 _____

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28 **Before the IEP Meeting**

Notice The district must provide parents with written notice of every proposed IEP meeting.

Record

| To Use Audio Recorder | Parents | District |
|---|---------|----------|
| Must give other party 24 hour notice | Yes | Yes |
| Must obtain permission from other party | - | Yes |

If parents object to district recording, neither party can record

Interpreter If a parent needs a language or ASL interpreter to participate, one must be provided at no expense to the parent.

11

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 _____

12

30

When Must an IEP Meeting be Held?

| AN IEP <u>MUST</u> BE HELD: | AN IEP <u>MAY</u> BE HELD: |
|---|--|
| <ul style="list-style-type: none"> To begin Special education and related services At least annually When a student demonstrates a lack of anticipated progress When parent/teacher want to develop, review or revise a student's IEP | <ul style="list-style-type: none"> Each time a student receives a new formal assessment Whenever a parent requests an IEP meeting |

13

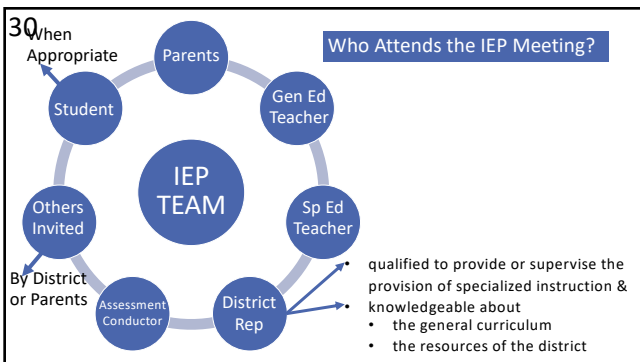
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When Must an IEP Meeting be Held?

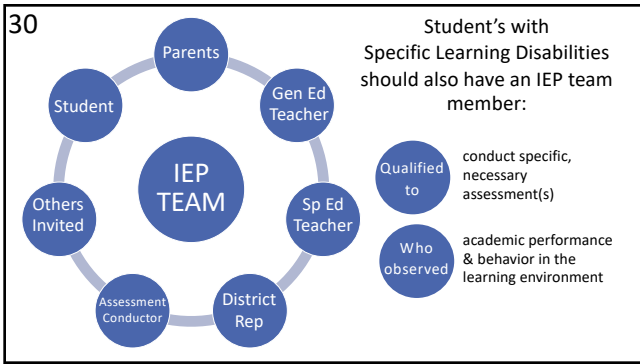
| AN IEP <u>MUST</u> BE HELD: | AN IEP <u>MAY</u> BE HELD: |
|---|--|
| <ul style="list-style-type: none"> To begin Special education and related services At least annually When a student demonstrates a lack of anticipated progress When parent/teacher want to develop, review or revise a student's IEP | <ul style="list-style-type: none"> Each time a student receives a new formal assessment Whenever a parent requests an IEP meeting |

Within 30 days of request OR 60 days if assessments are needed

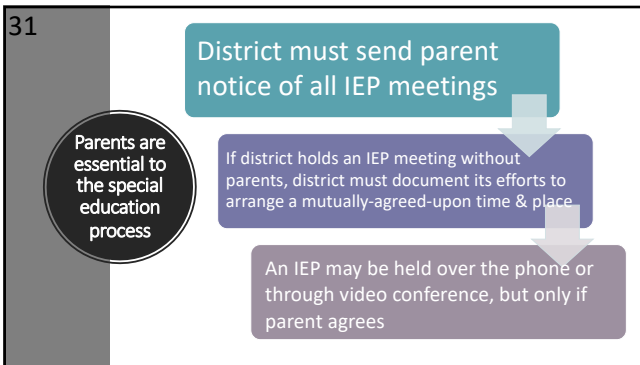
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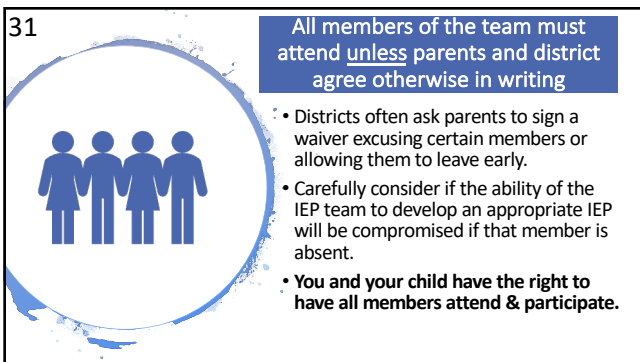
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18

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

Student Name: _____ Birthdate: _____ IEP Date: _____

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"/> | 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"/> |

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.

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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 (g) (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. - (iii) the parent and the local educational agency consent to the excusal; and (iv) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. (v) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent's agreement under clause (i) and consent under clause (ii) shall be in writing.

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**FRESNO UNIFIED SCHOOL DISTRICT
INDIVIDUAL EDUCATION PROGRAM**

Student Legal Name: _____ Date of Birth: _____ IEP Date: 12/11/2019

Original IEP File No: _____ IEP Number: 852213

Last IEP: 8/22/2019

MEETING TYPE:
 New Initial
 Annual
 Reevaluation
 Other: _____

Address: _____
City: _____
State: CA **Zip:** 95222-4132

Parent Information:
Name: _____
Address: _____
City: _____
State: CA **Zip:** 95222-4132

Primary Residence: _____

Emergency Contact:
Name: _____
Address: _____
City: _____
State: CA **Zip:** 95222-4132

IEP Team:
Chair: _____
Members: _____

Other Participants:
Name: _____
Address: _____
City: _____
State: CA **Zip:** 95222-4132

IEP Description:
Presenting Problem: _____
IEP Goals: _____
Services: _____
Progress Monitoring: _____

Notes:
 - _____
 - _____
 - _____

Signature of Parent: _____
Date: _____

Signature of IEP Team Chair: _____
Date: _____

Format 1

Format 2

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DISCLAIMER: The information shared is for general information purposes only. It is not legal advice.

Page ____ of ____

FRESNO UNIFIED SCHOOL DISTRICT
INDIVIDUALIZED EDUCATION PROGRAM

Student Legal Name: [REDACTED] Date of Birth: [REDACTED] IEP Date: 12/1/2018
 Original SpEd Entry Date: [REDACTED] Next Annual IEP: 9/5/2019
 Last Eval: 9/13/2018 Next Eval: 9/12/2019

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]

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PRIMARY RESIDENCE: [REDACTED]

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

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

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. 200 White 2. 3.

SELPA Info <https://www.cde.ca.gov/sp/se/as/caselpas.asp>

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Race: (Enter Code; must select one or more, regardless of Ethnicity):

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

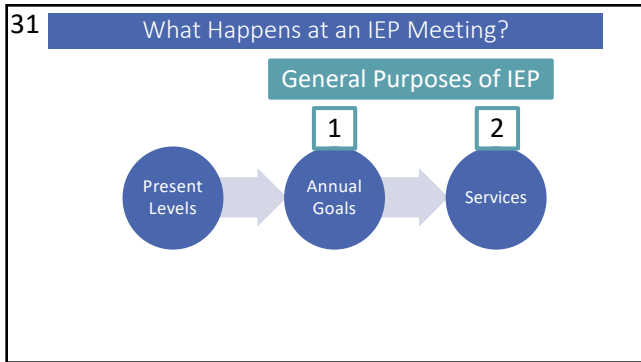
Not Eligible for Special Education Exiting from Special Education (returned to reg. ed/no longer eligible)

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.

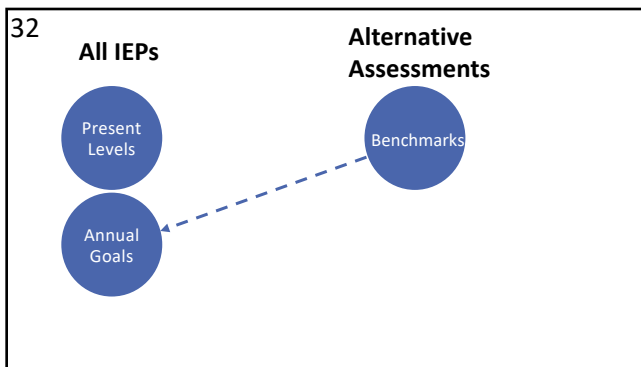
FOR INITIAL IEP PLACEMENTS ONLY
 Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?
 Yes No

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]

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| | |
|---|---|
| Area of Need: Adding Coins | Measurable Annual Goal #: 1 |
| Baseline: [redacted] is able to add a set of 2 coins with direct verbal and direct modeling prompts with 0% accuracy. | Goal: By February 24, 2021, when given visual supports (i.e. touch points, skip counting number lines, calculator) and direct verbal and modeling prompts, [redacted] will add a set of 2 coins, or coin manipulatives with 70% accuracy in 2 out of 3 trials as measured by student work samples and teacher charted data. |
| | <input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard F-LE.1.9 <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: Special Education Teachers |
| Short-Term Objective: By the first progress reporting period, when given visual supports and direct verbal and modeling prompts, [redacted] will add a set of 2 coins with 20% accuracy in 2 out of 3 trials. | |
| Short-Term Objective: By the second progress reporting period, when given visual supports and direct verbal and modeling prompts, [redacted] will add a set of 2 coins with 40% accuracy in 2 out of 3 trials. | |
| Short-Term Objective: By the third progress reporting period, when given visual supports and direct verbal and modeling prompts, [redacted] will add a set of 2 coins with 60% accuracy in 2 out of 3 trials. | |

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The IEP must also include a statement of

- specific special education and related services to be provided
- supplementary aids and services to be provided
- program modifications or supports for school personnel

To allow the student:

- to advance appropriately toward attaining the annual goals
- to be involved and progress in the general curriculum
- participate in extracurricular and other nonacademic activities
- to be educated and participate with other students (disabled & nondisabled)

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The IEP must also include a statement of

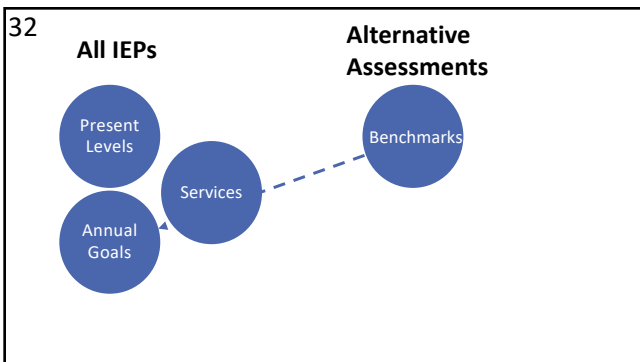
- specific special education and related services to be provided
- supplementary aids and services to be provided
- program modifications or supports for school personnel

To allow the student:

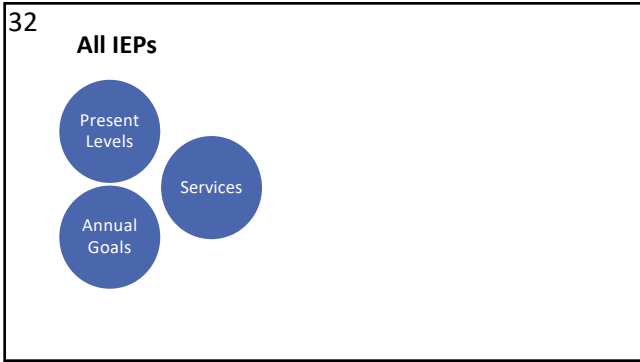
- to advance appropriately toward attaining the annual goals
- to be involved and progress in the general curriculum
- participate in extracurricular and other nonacademic activities
- to be educated and participate with other students (disabled & nondisabled)

Services

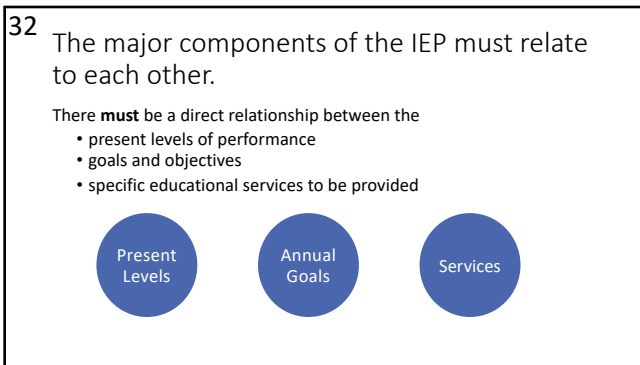
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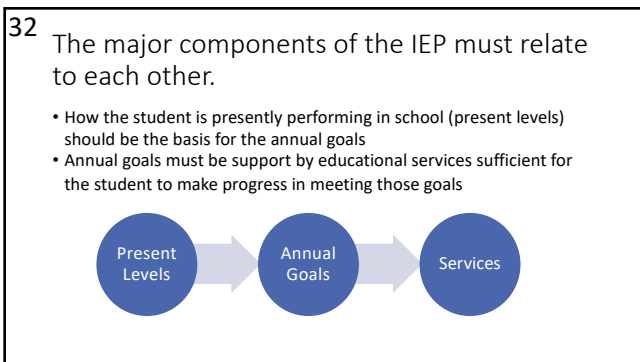
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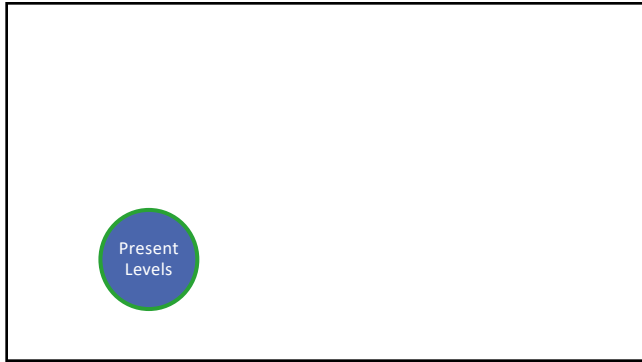
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comprehensively describe the impact of the child's disability on their ability to
(1) learn and
(2) do the kinds of things that typical, nondisabled children learn and do.

Present levels statement should include:

- The Strengths of the Child

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

Page ____ of ____

Student Name: _____ Birthdate: _____ IEP Date: 12/11/2018

Strengths/Preferences/Interests
_____ 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. _____ enjoys technology-driven activities as opposed to paper/pencil ones.

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Present Levels

comprehensively describe the impact of the child's disability on their ability to

- (1) learn and
- (2) do the kinds of things that typical, nondisabled children learn and do.

Present levels statement should include:

- The Strengths of the Child
- Concerns of Parent for enhancing the education of their child

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Page ____ of ____

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

Student Name: _____ Birthdate: _____ IEP Date: 12/11/2018

Strengths/Preferences/Interests
 _____ 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. _____ 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 _____ behavior needs are being met.

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Present Levels

comprehensively describe the impact of the child's disability on their ability to

- (1) learn and
- (2) do the kinds of things that typical, nondisabled children learn and do.

Present levels statement should include:

- The Strengths of the Child
- Concerns of Parent for enhancing the education of their child
- The Results of the most recent evaluation of the child
 - Generally Applicable (District/Statewide) Assessments/Tests

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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

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33

Present Levels

comprehensively describe the impact of the child's disability on their ability to

- (1) learn and
- (2) do the kinds of things that typical, nondisabled children learn and do.

Present levels statement should include:

- The Strengths of the Child
- Concerns of Parent for enhancing the education of their child
- The Results of the most recent evaluation of the child
 - Generally Applicable (District/Statewide) Assessments/Tests
 - Personal Assessments/Tests

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Overall _____ Listening _____ Speaking _____ Reading _____ Page _____ of _____
 Writing _____

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.*

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English Language Development Test (English Learners Only)

California English Language Development Test (CELDT)
 Alternate Assessment to CELDT
 Other: _____

Overall _____ Listening _____ Speaking _____ Reading _____ Writing _____

Physical Education Testing (grades 5, 7 & 9): *Participates in PE to listening, but is exempt from grading.*

Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.) *Math Assessment ->*
Santa Clara Quick Assessment of Computational Skills administered on 2/22/18
Addition - 2.0 Grade Level
Subtraction - >1.0 Grade Level (unable to obtain a score)
Multiplication - >3.0 Grade Level (unable to obtain a score)

Hearing Date: (10/20/2017) Pass Fail Other *Functional hearing*

Vision Date: (10/20/2017) Pass Fail Other *20/20 in each eye using LEA symbol chart*

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Present Levels

comprehensively describe the impact of the child's disability on their ability to

(1) learn and

(2) do the kinds of things that typical, nondisabled children learn and do.

Present levels statement should include:

- The Strengths of the Child
- Concerns of Parent for enhancing the education of their child
- The Results of the most recent evaluation of the child
 - Generally Applicable (District/Statewide) Assessments/Tests
 - Personal Assessments/Tests
- The academic developmental, and functional needs of the child

| | | |
|---|-------------------------------|----------------------------|
| •Preacademic/Academic/Functional Skills | •Social Emotional/Behavioral | •Health |
| •Gross/Fine Motor Development | •Vocational | •Communication Development |
| | •Adaptive/Daily Living Skills | |

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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.

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Page ____ of ____

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

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Special Factors the IEP Must Also Consider:

- The need for assistive technology devices
- Instruction in Braille for a child who is blind or visually impaired
- The language and communication needs for a child who is deaf or hard of hearing
- The language needs of a child with limited English proficiency
- The use of positive behavioral interventions

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FRESNO UNIFIED SCHOOL DISTRICT
SPECIAL FACTORS

Page ____ of ____

Student Name: _____ Birthdate: _____ IEP Date: 12/11/2018

Does the student require assistive technology devices and/or services? Yes No

Rationale: Use of picture icons to communicate his needs.
Visual Schedule

Does 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: na

Considerations if the student is deaf or hard of hearing: na

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)
_____ 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

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Present Levels

comprehensively describe the impact of the child's disability on their ability to

- (1) learn and
- (2) do the kinds of things that typical, nondisabled children learn and do.

A well-written present level statement will describe:

- current performance in terms that are specific, measurable, and objective
- the child's strengths and weaknesses
- what helps the child learn and what limits or interferes with the child's learning
- how the child's disability affects the child's ability to be involved and progress in the general curriculum

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Preacademic/Academic/Functional Skills

Several informal teacher-made assessments, as well as several assessments taken from Unique Learning System (ULS) curriculum were administered to _____ over the course of several days. Sessions were generally less than 10 minutes. After that amount of time, _____ 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 _____ has made attending to activities. Last year, I attempted to give the same assessments, but _____ would not attend to them at all. This year, _____ 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:

_____ responds to his name when called. When asked to "come over", he will generally walk towards me. _____ 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 _____ he pointed to an object 15/20. He pointed to the correct object 5 times. I asked _____ to point to various body parts. He correctly pointed to his head and mouth. I asked _____ 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 _____ 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: _____ 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.


51

33  comprehensively describe the impact of the child's disability on their ability to
 (1) learn and
 (2) do the kinds of things that typical, nondisabled children learn and do.

A fully developed, well-written "present levels" is the foundation upon which the rest of the IEP will be developed. It is used to identify appropriate goals, services, supports, accommodations, and placement for the child.


It can be helpful when parent brings a written summary describing the child's present levels.

52

100 

| Speech | | |
|---|--|---|
| Present Levels | Strengths | Weaknesses |
| Will answer simple what and who questions with 80% accuracy. | Communication increases when allowed to use his AAC device | Auditory processing disorder makes listening comprehension difficult |
| Can describe items using one adjective with 75% accuracy | Learns new words and proper usage better when taught categories | Does not seem to understand when communication partner wants him to reply |
| Will communicate in a full sentence (rather than one word requests) after only 1 prompt | Learns new words and proper usage faster when he can see the written word as he hears it | Proper articulation is difficult with new words |

53


101 

Top 3 rules to know about my child

3) He can focus IF motivated

- If he understands and agrees with the purpose or outcome
- If he doesn't understand why, then he needs a reward (see Interests)
- Token Economies and/or schedules with breaks/rewards work
- He keeps focus better on expressive and receptive work if it is kept at a fast pace
- Written key words and/or ASL will help him focus (yay whiteboards!)
- Using one of his favorite maintenance tasks can help him refocus
 - ASL flashcards (words or pictures)
 - Categorizing flashcards (words or pictures)
- If the work is too easy, he will "checkout"

54

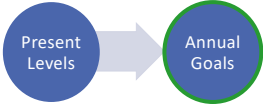
101 

STRENGTHS

- American Sign Language (don't under estimate it or his ability to use it)
- He has an amazing memory. He will make you think he has mastery when he really just memorized it.
- Reading, use visual words (white board) if you need to stress a main subject or even just gain his attention
- Categorizing (i.e. sorting cards into fields, if you are not sure he understands a concept teach him to categorize it)
- He is usually compliant, obedient and happy
- He is a visual learner and thinker

55

33



Present Levels → Annual Goals

Present levels should provide key information on

- (1) what goals to write and
- (2) what strengths the child has to help compensate for the disability

- A goal should be written for every area of need.

56

Page ____ of ____

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

57

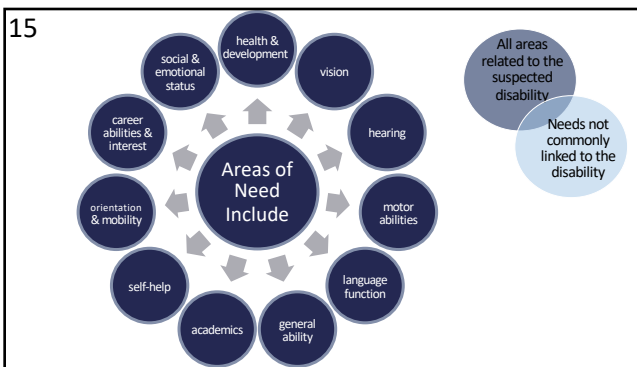
33

Present Levels → Annual Goals

Present levels should provide key information on
 (1) what goals to write and
 (2) what strengths the child has to help compensate for the disability

- A goal should be written for every area of need.
- If the child has **other educational needs** that result from their disability, those needs should be addressed through measurable annual goals in the IEP as well.

58

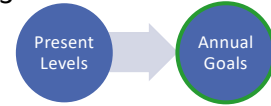


59

| | |
|---|---|
| Area of Need: Reading | Measurable Annual Goal# <u>SDC 1</u> |
| Baseline: [redacted] is able to read a list of 20 high frequency words with 40% accuracy for 5 trials days. | Goal: By April 2016, when given a list of 35 high frequency words [redacted] will correctly read the words with 80% accuracy in 3 out of 4 opportunities as measured by teacher charted data and teacher observation. |
| | <input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <u>RF.K.3c, RF.1.3g</u> <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>Special Education Staff</u> |

60

33



Present levels should provide key information on
 (1) what goals to write and
 (2) what strengths the child has to help compensate for the disability

- A goal should be written for every area of need.
- If the child has **other educational needs** that result from their disability, those needs should be addressed through measurable annual goals in the IEP as well.
- Goals should be crafted with careful attention to enabling the child to be involved in, and make progress in, the general education curriculum.

61



HOME · ABOUT THE STANDARDS · WHAT PARENTS SHOULD KNOW · STANDARDS IN YOUR STATE · READ THE

English Language Arts Standards » Reading: Foundational Skills » Kindergarten » 3 » c


 [PRINT THIS PAGE](#)

Read common high-frequency words by sight (e.g., *the, of, to, you, she, my, is, are, do, does*).

62

| | |
|--|---|
| Area of Need: Reading | Measurable Annual Goal# <u>SDC 1</u> |
| Baseline: <u>██████</u> is able to read a list of 20 high frequency words with 40% accuracy for 5 trials days. | Goal: <u>By April 2016, when given a list of 35 high frequency words ██████ will correctly read the words with 80% accuracy in 3 out of 4 opportunities as measured by teacher charted data and teacher observation.</u> |
| See Chapter 8 | <input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <u>RF.K.3c, RF.1.3g</u> <input type="checkbox"/> Addresses other educational needs resulting from the disability ELL <input type="checkbox"/> Linguistically appropriate ITP <input type="checkbox"/> Transition Goal: <input checked="" type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>Special Education Staff</u> |

63


104  Present Levels

John has a difficult time correctly answering questions about a story.

This example lacks:


- **Specifics:** What type of questions? What type of story?
- **Measurable Standards:** How much difficulty does he have?
- Indication of how this has an **effect on** his participation and progress in the **general curriculum**.
- Information on his **strengths** and **weaknesses** which can help when determining supports and services.
- What helps, limits, or interferes with the child's learning.

64

104  Listening Comprehension

| Present Levels | How Affects Progress in Gen Curr. |
|---|---|
| Able to follow one and two step directions with at least 80% accuracy | |
| Able to answer "who" and "what" questions with 70% accuracy | Kindergartners are expected to ask and answer questions about key details in a grade level text. John's difficulty in understanding "WH" questions affects his ability to comprehend grade level text and conversations about grade level text. |
| Able answer "where" and "when" questions with 40% accuracy | |
| Unable to answer "why" questions | |
| Strengths | Weaknesses |
| Has shown improved listening skill after receiving vestibular sensory input | Has shown decreased listening skills when in a group of more than 3 being spoken to |
| Is better able to understand what is being said to him when oral is accompanied by a visual | |

65

104  Annual Goals

Example 1

John will improve his ability to answer "WH" questions.

Example 2

While in a group of no more than 3 students, John will be read a kindergarten level text and then answer simple "where" and "when" questions about the text correctly with 80% accuracy in 4 out of 5 measured trials.

66

| Desired Future Skill/Outcome: Shop at grocery store & know if he has enough money for desired items | | | |
|---|-----------------|---------|--------|
| Incremental Skill/Outcome | Area(s) of Need | Goal(s) | IEP(s) |
| Identify money items (coins and bills) by name | | | |
| Identify money items (coins and bills) by value | | | |
| Combine coins and 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 | | | |

Proactive Advocacy

67

| Desired Future Skill/Outcome: Shop at grocery store & know if he has enough money for desired items | | | |
|---|-----------------|---------|--------|
| Ancillary Skills | Area(s) of Need | Goal(s) | IEP(s) |
| Request to go to the store to make a purchase | | | |
| Catch the bus to the store | | | |
| Catch the bus home | | | |

Proactive Advocacy

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FRESNO UNIFIED SCHOOL DISTRICT
ANNUAL GOALS AND OBJECTIVES

Page ____ of ____

Student Name: _____ Date of Birth: _____ IEP Date: 12/11/2018

Area of Need: Functional academics

Measurable Annual Goal# 2

Goal: By September 2019, given his name, along with two other names printed on name cards and placed in front of _____, he will be able to correctly choose 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.

Baseline: _____ responds when his name is called.

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

Addresses other educational needs resulting from the disability

Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

Person(s) Responsible: Student, teacher/classroom assistants

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DISCLAIMER: The information shared is for general information purposes only. It is not legal advice.

Short-Term Objective: By January 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 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 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 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
 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.

Progress Report 2:
 Summary of Progress
 Comment

Progress Report 3:
 Summary of Progress
 Comment

Annual Review Date: _____
 Goal Met Yes No Comments:

70

FRESNO UNIFIED SCHOOL DISTRICT
ANNUAL GOALS AND OBJECTIVES

Page ____ of ____

Student Name [redacted] Date of Birth [redacted] IEP Date: 12/11/2018

Area of Need: Functional academics Measurable Annual Goal# 2

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.

Baseline: [redacted] responds when his name is called.

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

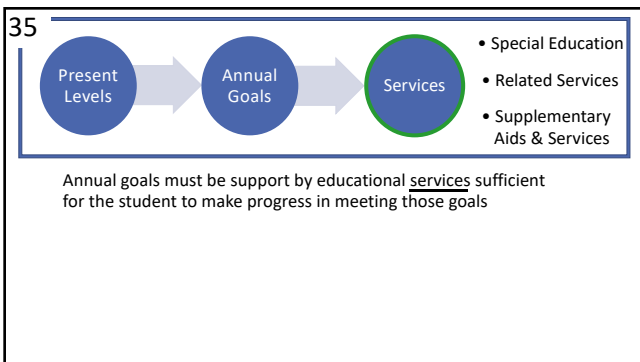
Addresses other educational needs resulting from the disability

Linguistically appropriate

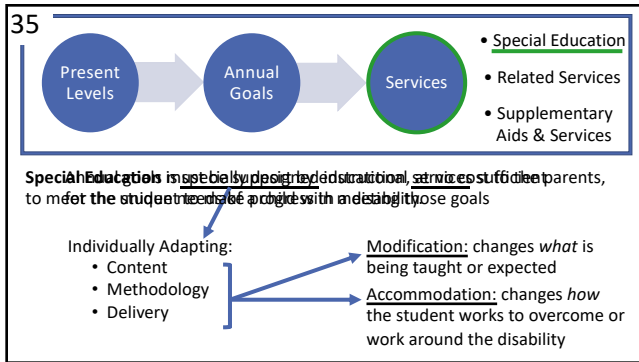
Transition Goal: Education/Training Employment Independent Living

Person(s) Responsible: Student, teacher/classroom assistants

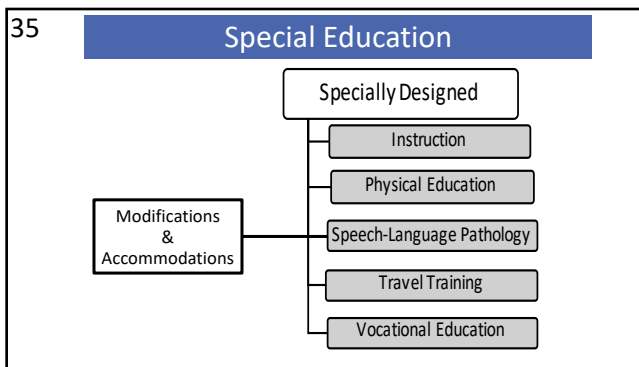
71



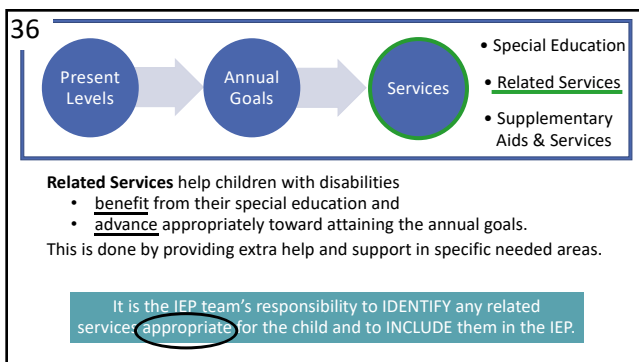
72



73



74



75

36

Related Services Can Include:

- speech-language pathology and audiology services
- interpreting services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment
- counseling services
- orientation and mobility services
- medical services for diagnostic/evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training
- transportation

76

36

Related Services Can Include:

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- medical services for diagnostic/evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training
- transportation

The child's evaluation should be sufficiently comprehensive so as to identify ALL of the child's special education and related services needs.

77

36

• Special Education
• Related Services
• Supplementary Aids & Services

Provided to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

These are often critical.

When considering supplementary aids and services, the IEP team should consider the environments available to and of interest to the child.

- academic
- extracurricular
- nonacademic

78

37

Direct services and supports to the child

- Environmental needs
- Specialized equipment
- Pacing of instruction
- Presentation of subject matter
- Materials
- Assignment modification
- Self-management
- Testing adaptations

Support and training for staff who work with the child

- Training for staff or parents
- Levels of staff support
- Planning time

Supplementary Aids & Services Include:

79

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

The EP team discussed and determined program accommodations are not needed in general education classes or other educational settings.

The EP team discussed and determined the following program accommodations are needed in general education classes or other educational settings.

| Program Accommodations | Start Date | End Date | Location |
|---|------------|------------|-------------------------|
| Assistive Technology | 12/10/2018 | 01/10/2019 | Educational environment |
| Class: Student's attention (online speaking) | 12/10/2018 | 01/10/2019 | Educational environment |
| Class: Student's attention (online speaking) | 12/10/2018 | 01/10/2019 | Educational environment |
| Flexible seating to ensure auditory and visual access | 12/10/2018 | 01/10/2019 | Educational environment |
| Instructional materials read aloud at all times, and repeated/played in a job-by-voice, live, and real-time | 12/10/2018 | 01/10/2019 | Educational environment |
| Visual Cues | 12/10/2018 | 01/10/2019 | Educational environment |
| Whiteboard | 12/10/2018 | 01/10/2019 | Educational environment |
| Use of manipulatives and images for complex problem solving | 12/10/2018 | 01/10/2019 | Educational environment |
| Alternate Response Options (Reading, Writing, Learning) | 12/10/2018 | 01/10/2019 | Educational environment |
| Reduce distractions to the student | 12/10/2018 | 01/10/2019 | Educational environment |
| Extended Time | 12/10/2018 | 01/10/2019 | Educational environment |
| Clocks for understanding | 12/10/2018 | 01/10/2019 | Educational environment |

The EP team discussed and determined program modifications are not needed in general education classes or other educational settings.

The EP team discussed and determined the following program modifications are needed in general education classes or other educational settings.

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|-----------|----------|-------------------------|
| Student assignment to focus on mastery of key concepts | 12/10/2018 | 01/10/2019 | Daily | 8 hours | Educational environment |
| Errorless Learning | 12/10/2018 | 01/10/2019 | Daily | 8 hours | Educational environment |

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

The EP team discussed and determined the following other supports for school personnel or for student, or on behalf of the student are needed:

| Other Support for School Personnel | Start Date | End Date | Frequency | Duration | Location |
|------------------------------------|------------|----------|-----------|--------------------|--|
| Other support for school personnel | 09/01/18 | 05/01/19 | Daily | Throughout the day | School-wide, All activities (during the day) |

Modification: changes what is being taught or expected

Accommodation: changes how the student works to overcome or work around the disability

80

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

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| Visual Cues | 12/10/2018 | 01/10/2019 | Educational environment |
| Whiteboard | 12/10/2018 | 01/10/2019 | Educational environment |
| Use of manipulatives and images for complex problem solving | 12/10/2018 | 01/10/2019 | Educational environment |
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|------------------------------------|------------|----------|-----------|--------------------|--|
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SUPPLEMENTARY AIDS & SERVICES

Program Accommodations

81

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)

| | |
|--|---|
| <input type="checkbox"/> Reduced/shortened assignments _____ <input type="checkbox"/> Note taking support _____ <input type="checkbox"/> Highlight textbooks/study notes _____ <input type="checkbox"/> Use of visual place holder _____ <input type="checkbox"/> Large print _____ <input type="checkbox"/> Use of scribe _____ <input type="checkbox"/> Textbook on CD _____ <input type="checkbox"/> Books on tape _____ <input type="checkbox"/> Use of manipulatives for Math/Science _____ <input type="checkbox"/> Use of calculator for Math/Science _____ <input type="checkbox"/> Access to computer on campus _____ <input type="checkbox"/> Adult support/staff assistance _____ <input type="checkbox"/> Modified assignments _____ <input type="checkbox"/> Other: explain _____ | Strategies related to Instruction/Grading <input type="checkbox"/> Present one task/direction at a time _____ <input type="checkbox"/> Instructions repeated/rephrased _____ <input type="checkbox"/> Check for understanding _____ <input type="checkbox"/> Extended time to complete assignments _____ <input type="checkbox"/> Access to separate study area _____ <input type="checkbox"/> Use of Essential Standards as basis of instruction _____ <input type="checkbox"/> Grading based on essential standards _____ <input type="checkbox"/> Gen Ed report card with Spec Ed notation _____ <input type="checkbox"/> Special projects in lieu of assignments _____ <input type="checkbox"/> Use of out of grade level materials _____ <input type="checkbox"/> Modified Grades: (explain) _____ <input type="checkbox"/> Alternate Proficiency Grading (CAPA) _____ <input type="checkbox"/> Other: explain _____ |
|--|---|

Variations/Accom/Modifications related to test situations: _____

82

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 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 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 for 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 BP. | | |

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 _____ to and from school.

83

SPECIAL EDUCATION and RELATED SERVICES

| | | |
|--|---|-----------|
| Service: Specialized Academic Instruction | Start Date: 2/28/2018 | End Date: |
| Provider: District of Service | <input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: 1750 min x 1 Totaling: 1750 min served Weekly | Location: Separate classroom in public integrated facility | |
| Comments: Intermediate Intensive Autism Program 1750 min served Weekly Location: Separate classroom in public integrated facility (1) SDC Reading, (2) SDC Math, (3) SDC Spelling/Written Language, (4) SDC Daily Living (250 min/wkly x 4 classes = 1,000 min/wkly.); General education collaboration (1) elective and (2) PE (250 min/wkly x 2 classes = 500 min/wkly.); Lunch supervision in general education setting (50 min/wkly x 5 days a week = 250 min/wkly.) Percentages: 14% per direct instruction classes = 50% OUTSIDE regular ed, 44% IN regular ed. | | |
| Service: Occupational therapy | Start Date: 2/27/2018 | End Date: |
| Provider: District of Service | <input checked="" type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: 300 min x 1 Totaling: 300 min served Yearly | Location: Separate classroom in public integrated facility | |
| Comments: 300 min a year, collaborating with teacher, special education staff and direct instructions | | |
| Service: Language and speech | Start Date: 2/28/2018 | End Date: |
| Provider: District of Service | <input checked="" type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |

84

EXTENDED SCHOOL YEAR (ESY)
 Yes No

Rationale:

85

Standards for Extended School Year (ESY)

Considered as a strategy for minimizing the regression of skill, thus shortening the time needed to gain back the same level of skill proficiency that existed at the end of the school year.

Designed to maintain student mastery of critical skills and objectives represented on the IEP and achieved during the regular school year.

Based on multi-criteria and not solely on regression.

Deliverable in a variety of environments and structures such as:
 (a) Home with the parent teaching, and staff consulting
 (b) School based
 (c) School based with community activities
 (d) Related services alone or in tandem with the above.

86

Standards for ESY Determination can include:

| Regression/ Recoupment | Emerging Skills | The Nature and Severity of the Child's Disability | Ability of Parents to Provide an Educational Structure at Home |
|---|---|---|---|
| <ul style="list-style-type: none"> Regression refers to a decline in knowledge and skills that can result from an interruption in education Recoupment is the amount of time it takes to regain the prior level of functioning. | <ul style="list-style-type: none"> 'Emerging skills' & 'breakthrough opportunities' should be incorporated into the eligibility analysis. it is likely that the current level of acquisition will be lost due to the interruption of summer vacation. | <ul style="list-style-type: none"> Although no disability category may be excluded from consideration for ESY, the nature and severity is a key factor in the ESY eligibility determination. | <ul style="list-style-type: none"> If parents can provide the proper structure at home, the regression and recoupment issue will not be as severe. |

87

The determination of ESY eligibility must be **based on empirical and qualitative data** collected by the IEP committee for individual skills.

The IEP committee must take into account not only retrospective data, but also **predictive data on recoupment abilities** .

88

ESY is Not:

- Required or intended to maximize educational opportunities for any student with disabilities.
- Necessarily to continue instruction on all of the previous year's IEP goals during the ESY period; rather, the focus should be on those specific, critical skills where regression, due to an extended vacation period, may occur.
- To be considered to help students with disabilities advance in relation to their peers.
- For those students with disabilities who exhibit regression, which is solely related to medical problems resulting in degeneration, or transitional life situations such as divorce or death of a family member. This type of regression is not due to the interruption of summer vacation.

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Page ____ of ____

**FRESNO UNIFIED SCHOOL DISTRICT
ESY ELIGIBILITY WORKSHEET**

Student Name: [REDACTED] Birthdate: [REDACTED] IEP Date: 10/13/2020

Age: 12 Grade: 07. Seventh grade Gender: 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.)

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DISCLAIMER: The information shared is for general information purposes only. It is not legal advice.

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

- 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*
- 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*
- 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*
- 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*
- 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

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**FRESNO UNIFIED SCHOOL DISTRICT
ESY ELIGIBILITY WORKSHEET**

Student Name: [redacted] Birthdate: [redacted] IEP Date: 10/13/2020

Age: 12 Grade: 07 Seventh grade Gender: Male

- 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
- 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]*
- 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 affects his rate of learning across multiple fields.

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- 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 affects 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 affects his rate of learning across multiple fields.
- 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.
- 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*
- 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.

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EXTENDED SCHOOL YEAR (ESY)
 Yes No

Rationale:

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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.

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Other Statements that must be in all IEPs

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32 **Other Statements that must be in all IEPs**

- The **projected date** for the beginning of the services and modifications
- The anticipated **frequency, location, and duration** of those services and modifications

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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 educational settings.

The IEP team discussed and determined the following program accommodations are needed in general education classes or other educational settings:

| Program Accommodation | Start Date | End Date | Location |
|--|------------|------------|-------------------------|
| Flexible homework | 12/10/2018 | 01/10/2019 | Educational environment |
| Class materials placed on desktop | 12/10/2018 | 01/10/2019 | Educational environment |
| Flexible seating to ensure auditory and visual access | 12/10/2018 | 01/10/2019 | Educational environment |
| Materials presented in a printed, visual, and large font | 12/10/2018 | 01/10/2019 | Educational environment |
| Visual Cues | 12/10/2018 | 01/10/2019 | Educational environment |
| Signs | 12/10/2018 | 01/10/2019 | Educational environment |
| Use of manipulatives and images requires to facilitate | 12/10/2018 | 01/10/2019 | Educational environment |
| Language Resources: Reading, Writing, Listening | 12/10/2018 | 01/10/2019 | Educational environment |
| Visual directions to the student | 12/10/2018 | 01/10/2019 | Educational environment |
| Extended time | 12/10/2018 | 01/10/2019 | Educational environment |
| Classroom reorganization | 12/10/2018 | 01/10/2019 | Educational environment |

The IEP team discussed and determined program modifications are not needed in general education classes or other educational settings.

The IEP team discussed and determined the following program modifications are needed in general education classes or other educational settings:

| Program Modification | Start Date | End Date | Frequency | Location |
|--|------------|------------|-----------|--------------------------------|
| Other supports to focus on mastery of key concepts | 12/10/2018 | 01/10/2019 | Daily | 8:00am Educational environment |
| Online Learning | 12/10/2018 | 01/10/2019 | Daily | 8:00am 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 Support for School Personnel | In Support of Student | Start Date | End Date | Frequency | Duration | Location |
|--|--|------------|----------|-----------|--------------------|-------------------------|
| Classroom assistants to provide direct instruction | <input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel | 05/2018 | 05/2019 | Daily | Throughout the day | Schoolwide in all areas |

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SPECIAL EDUCATION and RELATED SERVICES

Service: Language and speech Start Date: 8/5/2018 End Date: 9/5/2019
 Provider: District of Service Ind Grp Sec Transition
 Duration/Freq: 30 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 Ind Grp Sec Transition
 Duration/Freq: 310 min x 5 Totalling: 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 Ind Grp Sec Transition
 Duration/Freq: 15 min served Monthly Location: Regular classroom/public day school
 Comments: OT to consult with IEP team regarding sensory needs

Service: Behavior Intervention Services Start Date: 12/11/2018 End Date:
 Provider: District of Service Ind Grp Sec Transition
 Duration/Freq: 10 min x 1 Totalling: 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's 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.

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32 **Other Statements that must be in all IEPs**

- The **projected date** for the beginning of the services and modifications
- The anticipated **frequency, location, and duration** of those services and modifications
- Statements regarding Placement (which we will cover in-depth next week)
 - **Type of environment** in which the child will be educated (LRE)

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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 benefits of 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.

The service options that were considered by the IEP team (List all): Consideration of the following options were discussed:
Intermediate Intensive Autism Program
General Education (PE, Elective-Collaborative Mentoring)
Speech and Language
Occupational Therapy
Assistive Technology

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: An (*) asterisk indicates the LRE recommendation for the student to make progress on goals. All placement decisions are made with potential harmful effects in mind. The team does not anticipate any harmful effects from the service chosen. The benefits of service would outweigh any unforeseen harmful effects.

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32 **Other Statements that must be in all IEPs**

- The **projected date** for the beginning of the services and modifications
- The anticipated **frequency, location, and duration** of those services and modifications
- Statements regarding Placement (which we will cover in-depth next week)
 - **Type of environment** in which the child will be educated (LRE)
 - **Extent to which the child will not participate with nondisabled children** in
 - the regular class and
 - extracurricular and nonacademic activities

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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

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PRIMARY RESIDENCE: [REDACTED]

Parent/Guardian: [REDACTED] Home Phone: [REDACTED]
 Home Address: [REDACTED] Work Phone: [REDACTED]
 City: Fresno Cell Phone: [REDACTED]
 State/Zip: CA 93722-4128 Email: [REDACTED]

Parent/Guardian: [REDACTED] Home Phone: [REDACTED]
 Home Address: [REDACTED] Work Phone: [REDACTED]
 City: Fresno Cell Phone: [REDACTED]
 State/Zip: CA 93722-4128 Email: [REDACTED]

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. 200 White. 2. 3.

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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

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32 **Other Statements that must be in all IEPs**

- The **projected date** for the beginning of the services and modifications
- The anticipated **frequency, location, and duration** of those services and modifications
- Statements regarding Placement (which we will cover in-depth next week)
 - **Type of environment** in which the child will be educated (LRE)
 - **Extent to which the child will not participate with nondisabled children** in
 - the regular class and
 - extracurricular and nonacademic activities
- **Individual accommodations** necessary for **State and districtwide assessments**

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FRESNO UNIFIED SCHOOL DISTRICT
Statewide Assessments

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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:

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

| | |
|--|--|
| <input type="checkbox"/> Alternate Assessment without Designated Supports or Accommodations | → Text To Speech, Items |
| <input checked="" type="checkbox"/> Alternate Assessment with Designated Supports Embedded | |
| <input type="checkbox"/> Alternate Assessment with Designated Supports Non-Embedded | Separate Setting (i.e., most beneficial time, special lighting or acoustics, adaptive furniture) |
| <input checked="" type="checkbox"/> Alternate Assessment with Accommodations Embedded | Text To Speech, Passages |
| <input checked="" type="checkbox"/> Alternate Assessment with Accommodations Non-Embedded | Read Aloud Passages (Reading Only) |
| <input type="checkbox"/> Alternate Assessment with Accessibility Support (requires CDE Approval) | |

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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 |

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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

Types, areas of alternate assessment: Listening Speaking Reading Writing

Name of alternate assessment(s)

Person responsible to administer alternate assessment(s)

Standard 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

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Individual accommodations for State and districtwide assessments

Parents should make sure they understand:

The particular tests or assessments their child is expected to take, including

- the content of the test
- how it will be presented
- the response format (e.g. multiple choice, essay)
- the administration (setting and length)

The decisions that will be made regarding your child based on the assessment scores, such as

- moving on to the next grade (grade promotion)
- graduation

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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)

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Finalizing the IEP

When parents sign the IEP they are giving the district informed consent to provide special education services to their child

| | | |
|---|--|---|
| Do not allow the district to pressure you to sign the IEP | The district will ask everyone to sign indicating their attendance | Carefully review the entire document BEFORE signing. The district should give you a complete copy of the IEP to take home BEFORE you sign it. |
|---|--|---|

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**CLOVIS UNIFIED SCHOOL DISTRICT
SIGNATURE AND PARENT CONSENT**

Student Name: [REDACTED] Birthdate: [REDACTED] IEP Date: 2/23/2021

IEP Meeting Participants

| | | | |
|-----------------------------------|------|------------------------------|------|
| Parent/Guardian/Surrogate | Date | Parent/Guardian | Date |
| Student/Adult Student | Date | General Education Teacher | Date |
| LEA Representative/Admin.Designee | Date | Special Education Specialist | Date |
| Additional Participant/Title | Date | Additional Participant/Title | Date |
| Additional Participant/Title | Date | Additional Participant/Title | Date |
| Additional Participant/Title | Date | Additional Participant/Title | Date |
| Additional Participant/Title | Date | Additional Participant/Title | Date |

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CONSENT

I agree to all parts of the IEP. I agree to the goals and services but do not agree that they are sufficient to meet student's needs

I agree with the IEP, with the exception of _____

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: [REDACTED] Date: 4/9/2021

Parent Guardian Surrogate Adult Student

Signature: _____ Date: _____

Parent Guardian Surrogate Adult Student

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CONSENT

I agree to all parts of the IEP. the lack of speech and language services. I feel my child should receive speech and language supports and services.

I agree with the IEP, with the exception of _____

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: 4/9/2021

Parent Guardian Surrogate Adult Student

Signature: _____ Date: _____

Parent Guardian Surrogate Adult Student

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CONSENT

I agree to all parts of the IEP. See "Parent Concerns with 1/14/22 IEP" document dated 1/20/22, pages 1-2.

I agree with the IEP, with the exception of _____

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: 4/9/2021

Parent Guardian Surrogate Adult Student

Signature: _____ Date: _____

Parent Guardian Surrogate Adult Student

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Page 1 of 2 1/20/2022

Parent Concerns with 1/14/22 IEP

- (1) Page 1 indicates that Student is to spend 10% of his time in the General Education Setting. However, it was not clear at the IEP meeting or from the IEP document when that inclusion time would occur. (See pages 12 and 22 where it specifies that he has lunch, recess, passing periods; however, Student eats breakfast and lunch in his SDC classroom.)
- (2) Page 3, Annual Goal 1 is confusing and needs to be revised.
- (3) All of the Annual Goals are missing information on how the goal will be measured. Moreover, on page 6, the team agreed to collect data for Annual Goal 7 by categories of activities. The measuring information for this goal should reflect this agreement.
 - a. Observation data is too vague. The language should reference the data that is being collected.
- (4) Page 6, Annual Goal 8 should clarify if we are seeking this outcome for preferred and/or non-preferred tasks (and if the % reached is the same or different for each).
 - a. Parents would like to build this goal on proper baselines of preferred and non-preferred to better develop this goal.
- (5) Page 7, Annual Goal 10 should read "a total of 3 coping exercises".
- (6) Page 9, Annual Goal 13 should list only those methods which are acceptable

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