

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 1 of 0

Student Identification Number Does not meet eligibility criteria(or voluntary exit, but remains eligible upon re-enrollment)

Student _____
 Last First MI

Date of Birth _____

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting _____	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated _____ <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other _____ <input type="radio"/> Individual Transition Plan
Date of Present Meeting _____	
Annual Review to be conducted by _____	
Next Three Year Review will be conducted by _____	
Three Year Review or Evaluation was conducted on _____	
Transition to Kindergarten to be conducted by _____	
Location of Meeting: _____	District Name: Los Angeles Unified School District

Section B: Student Information

Date of Birth _____ Age 8 _____ Grade 3 _____ Gender Male Female Limited English Proficient Student Yes No

Ethnic Code _____

Location of the Psych Folder: _____ Student has no Psych Folder:

Location of the Cum Folder: _____ Student has no Cum Folder:

Home Language Spanish _____ Student Language English _____

Alternate Mode of Communication _____

Home Address of Student _____

City _____ CA ZIP Code _____

Home Telephone _____ Daytime Telephone _____ Emergency Telephone _____

School of Attendance _____ Location Code _____

School of Residence _____ Location Code _____

Name of Parent/Guardian _____ Telephone _____

Address _____

City _____ CA ZIP Code _____

Surrogate Parent _____ Telephone _____

Attends **CURRENT SCHOOL** as a result of one of the following: _____

Is the student living in a Family Foster Home (FFH)? No Yes FFH# _____ Is FFH Provider related to student? No Yes

Relationship _____

Licensed Children's Institution No Yes LCI Name _____ LCI# _____

Out of home placement made by: Department of Mental Health Department of Children's Services Regional Center Superior Court

Other _____ Child's family living within LAUSD's boundaries? No Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Student

Date of Birth

Meeting Date

Section C: Language Acquisition

Language Classification:

Limited English Proficient Initially Identified Fluent English Proficient Redesignated Fluent English Proficient English Only

LEP Student Language Progress:

Elementary English Language Development Level: 1 2 3 4 5

Secondary ESL Level: Introduction Beginning 1A Beginning 1B Intermediate 2A Intermediate 2B Advanced 3
 Advanced 4 PRP

Communication Observation Matrix Level: 1 2 3 4 5

Determined by: Preschool Language Assessment (Experimental) Communication Observation Matrix

English Language Development Standards Other

Section D: Goal Achievement from Current IEP

Goal for: <i>(example - Reading)</i>	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. English Language Development (ELD)	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

Student

Date of Birth

Meeting Date

Section E: Present Level of Performance

Performance Area: Behavior

Assessment/Monitoring Process Used: Informal Observations, Data Collections Sheets

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):



Strengths:He complies with teacher request 70% of the time. He will begin assignments when prompted by an adult He will state and attempt to follow classroom rules when given positive verbal prompts. If directions for a task are read to him individually and in a calm and quiet voice he will begin and complete the task in a timely manner.

Needs: he continues to need close monitoring and supervision in the classroom and on the yard for his safety and others. At times he will continue to display inappropriate behaviors such as, yell "NO" at adults, pulling on clothing of adults,and will attempt to run out of the school. He continues to spit, hit and grab others around him. He does not comply with adults he is not familiar with. After the incident he will state he feels that all consequences are unfair and he will loudly state "You can't punish me or tell me what to do!" When given a task that he feels is too difficult for him, he will argue with the adults.

Impact of Disability: His OHI affects his social/emotional and academic progress within the general education curriculum because his behavior escalates due to his lack of social and decision making skills.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):



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Student _____ | **Date of Birth** _____ | **Meeting Date** _____

Section F: Eligibility

If applicable, area(s) of suspected disability discussed:

For Initial IEP, interventions attempted prior to determining eligibility:

The use of SDAIE strategies such as primary language support, pre-teaching content vocabulary, use of Thinking Maps to develop concepts, and increased student engagement strategies (Think-Pair-Share, Numbered Heads Together) were used to support access to core content.

Eligible as a student with the following disabilities:

Code: _____

Code: _____

Code: _____

Not Applicable, Blind or Partially Sighted

Not eligible for the following Disabilities (as per "Reasons" below):

Code: _____

Code: _____

Code: _____

Final IEP: _____

Final IEP Reason: _____

Final IEP Effective Date: _____

Related Services determined as necessary for the student to benefit from special education are identified on the IEP Service Summary:

Code: _____

Code: _____

Code: _____

Code: _____

Code: _____

Related Services discussed and determined as not necessary for the student to benefit from special education:

Code: _____

Code: _____

Code: _____

Code: _____

Reason(s):

The IEP Team has considered and agrees that the educational needs of the student are not primarily due to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Social Maladjustment | <input type="checkbox"/> Temporary Physical Disability | <input type="checkbox"/> Lack of instruction in reading |
| <input type="checkbox"/> Lack of instruction in math | <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Environmental, Cultural or Economic Factors |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student _____ **Date of Birth** _____ **Meeting Date** _____

Section G: Annual Goals/Objectives

Performance Area identified in Section E _____ Related Service/RSP Code: _____ RSP Area: _____

Annual Goal # **GB** ELD
 _____ will identify significant structural patterns in text, such as compare and contrast, and cause and effect with 80% accuracy in 3/5 trials as measured by student work samples and teacher charted data.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider

Beginning Date (MO/YR) _____ Goal to be achieved by (MO/YR) _____

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other _____

For Related Service, RSP and Nonpublic School/Agency use only: Per Week _____ or Per Month _____
 Weekly Frequency Total Weekly Minutes _____ Monthly Frequency Total Monthly Minutes _____

Of the total minutes, how many minutes of service will be provided as a **Pullout from a General Education classroom?** _____ minutes

Incremental objective #1 related to the goal:
 _____ will identify significant structural patterns in text, such as compare and contrast, and cause and effect with 75% accuracy in 3/5 trials as measured by student work samples and teacher charted data.

Incremental objective #2 related to the goal:
 _____ will identify significant structural patterns in text, such as compare and contrast, and cause and effect with 70% accuracy in 3/5 trials as measured by student work samples and teacher charted data.

Date to be achieved _____ MO/YR

Date to be achieved _____ MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other _____

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other _____

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: _____	Date: _____	Date: _____	_____	
Progress Mark: _____ Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	Progress Mark: _____ Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	Progress Mark: _____ Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	Progress Mark: _____ Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: _____

Student

Date of Birth

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Section H: Preparation for Three Year Review (complete this section at the Annual Review meeting prior to the Three Year Review)

Three Year Review due No formal assessment needed to re-establish eligibility
 If formal assessment is needed to re-establish eligibility indicate areas to be assessed:

Section I: Supports for Participation in General Education Activities

Supports

Responsible Staff

Section J: Standards-Based Promotion

1. Does the disability impact the student's ability to meet District grade level standards? No Yes If Yes, explain:

2. Is the student expected to meet grade level standards? Yes No

3. What is necessary to help the student progress in the general education curriculum?

Instructional Accommodations:

Instructional Modifications:

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Section K: Participation in State and District-wide Assessments

(Required for Grades 1-11. ...Grade 12 as appropriate)

Student will participate in **Regular State and District assessments.**
(Variations, Accommodations, or Modifications identified in this section are applicable).

CAPA CAPA Level: Rationale for student taking CAPA:

CAHSEE (Gr 10-12) Passed ELA on: Passed Math on:

Official definitions as per the State of California:

Variations:

>>Available to both General Ed and Special Ed students if regularly used in the classroom

Accommodations:

>>Does not affect API or AYP scores
>>Must also be used in classroom instruction

Modifications:

>>Affects API and AYP Scores. (Exception: A calculator used in CAHSEE does not affect AYP.)
>>Must also be used in classroom instruction.

(The following applies to **Preschool Students Only**)

- DRDP-R (Desired Results Development Profile - Revised)
- DRDP-Access (Desired Results Developmental Profile-Access)

Adaptations

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Student _____ Date of Birth _____ Meeting Date _____

Section M: IEP Team Recommendations

1. Location of Services in the Least Restrictive Environment

- Radio button options for location of services: District School of Residence, District Non-residence School, Head Start, Community College, District Early Education Center, District Special Education School/Center, Nonpublic School, State Residential School, DMH Residential Placement, Dual Enrollment, Other, Home, Hospital, Nonpublic Agency.

2. Instructional Setting (check all that apply)

- Check box options for instructional settings: General Ed, Resource Spec Srv, Special Day Prg (Min Per Week _____) Program, Related Services, General Education with Inclusion Support, Low Incidence Learning Center (LILC).

Reason the student's needs cannot be met in the general education setting:

3. Assistive Technology Devices Yes No If Yes, identify area of assessed need and recommendation for Assistive Technology Device(s)

4. Low Incidence Support

Eligibility: Visual Impairment Severe Orthopedic Impairment Deaf/Hard of Hearing

If eligible, identify area of assessed need and recommendations for support:

5. Percentage of time per week in special education % Minutes per day in special education (Nonpublic School use only)

The IEP team acknowledges that the percent of time outside of the general education classroom as determined by the team exceeds 60%.

6. Extended School Year/Intersession Yes No

Based on all of the following: Continuing impact of disability, pattern of regression and difficulty retaining knowledge after vacations and school breaks.

7. Type of Physical Education

- Radio button options for physical education: Regular, Adapted, Specially Designed. Modifications required: Extra time to dress, Assistance with locker. Other Student has met state high school physical education requirement.

8. Transportation Yes No If Yes, indicate reason:

- Check box options for transportation: IEP CAN be implemented at Home School (the school that the student would attend if he/she did not have a disability?i.e. resident school, CAP receiver, PWT choice, Magnet Program, Schools of Choice) IEP CANNOT be implemented at Home School (the school that the student would attend if he/she did not have a disability?i.e. resident school, CAP receiver, PWT choice, Magnet Program, Schools of Choice)

Type of transportation:

- Radio button options for transportation: Home to School (Disability Related Reason), School to School, Other

ESY for SDP/RSP students: If ESY program is not at school of residence, student requires: School to School Home to School

9. Curriculum - Student will participate in:

- Check box options for curriculum: District general education curriculum for his/her grade level, District general education curriculum using accommodations identified in Section J, District general education curriculum using modifications identified in Section J, Alternate District curriculum provided to prepare him/her to access the District's general education curriculum. Identify alternate curriculum:

10. Additional supports:

Student _____ **Date of Birth** _____ **Meeting Date** _____

Section N: Procedural Safeguards and Follow-up Actions

- A Parent's Guide to Special Education Services including Procedural Rights & Safeguards was provided to the parent in his/her primary language.
- Copies of the following assessment reports were given to the parent (Check all that apply).
 - Psychoeducational
 - Resource Specialist Teacher's Report
 - Special Education Teacher's Report
 - Assistive Technology
 - School Occupational Therapy
 - School Physical Therapy
 - Language and Speech Services
 - Deaf/Hard of Hearing
 - Functional Analysis
 - Alternative/Augmentative Communication
 - Other (specify): _____
- The parent/guardian was informed of his/her right to a written translation of the IEP. The parent has requested a written translation of the IEP in _____
- For students who are 17 years old, the student and parent(s)/guardian(s) have been informed that the educational decision-making rights will transfer to the student at 18 years of age, unless the court has determined otherwise.

Section O: Actions Required Following the IEP

Actions	Responsible Personnel	Position	By When
<input type="checkbox"/> Translation	_____	_____	_____
<input type="checkbox"/> Placement	_____	_____	_____
<input type="checkbox"/> Transportation	_____	_____	_____
<input type="checkbox"/> Additional Assessment for _____	_____	_____	_____
<input type="checkbox"/> Additional Assessment for _____	_____	_____	_____
<input type="checkbox"/> Referral for AB 3632 Assessment	_____	_____	_____
<input type="checkbox"/> Copy of IEP to all Service Providers	_____	_____	_____
<input type="checkbox"/> Informal Dispute Resolution	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Section P: Graduation/Culmination Exercises (for High School students only)

- Student will participate in High School graduation/culmination exercises: Yes No Projected Date: _____
- If Yes, indicate reason: (Check one box only)
- Will have earned a High School Diploma
 - Will receive a Certificate of Completion
 - Will participate in one culmination exercise with age appropriate peers and may continue instructional program and services through age 21
 - Will reach age 22 this school year

PARENT INPUT SURVEY

**Would you please take a moment to complete the survey below.
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.
ALL INFORMATION IS CONFIDENTIAL**

DIRECTIONS: After each statement, please use a number two pencil and fill in the circle that describes your experience with your child's IEP.

Correct Mark Incorrect Marks

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I received notice of the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I received "The IEP and You" pocket guide with the notice of the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The IEP meeting was held in an appropriate setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Related services were discussed and decided upon, if relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If I needed an oral interpretation of the IEP team meeting, an interpreter was provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The interpretation of the IEP team meeting allowed me to participate in the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. If I needed a written translation of the IEP, translation services were offered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Regarding your child's previous IEP (if relevant)			
16. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS

Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank You!



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 513307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English
Commodity Code: 966 12 24990



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)		
Team Member	Print Name	Signature
Parent/Guardian		
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee		
Special Education Teacher		
General Education Teacher		
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student _____ Date of Birth _____ Meeting Date _____

IEP Service Summary

Service Code	Service Desc	Weekly Freq	Total Weekly Minutes	Monthly Freq	Total Monthly Minutes	Addresses Goal(s)
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Invalid Specification

Parents of students who are Medi-Cal eligible are referred to the *Parent's Guide to Special Education Services (July 2007)*.

For IEP Team Information

If applicable, the IEP team has considered an independent educational evaluation report from _____ which is summarized below.

Student **Date of Birth** **Meeting Date**

For IEP Team Information

If applicable, the IEP team has considered an independent educational evaluation report from _____ which is summarized below.

DATA/TRANSPORTATION TRANSFER FORM

This information is for data collection and record keeping purposes only. It is not part of the IEP.

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

Student _____ Date of Birth _____ Meeting Date _____

Eligibility Code(s):  Program: _____

Percentage of time per week spent in Special Education: _____ % Extended School Year/Intersession: Yes No

SCHOOL SETTING

- District School of Residence District Non-residence School Head Start Community College District Early Education Center
 District Special Education School/Center Nonpublic School Nonpublic Agency State Residential School
 Dual Enrollment Home Hospital Private/Parochial School Other

INSTRUCTIONAL SETTING/SERVICES

- General Education Resource Specialist Services Special Day Class General Education with Inclusion Support

RELATED SERVICES

- Code(s): _____
Check: Assistant - Class Health Care Assistant - Class Licensed Vocational Nurse - Class
 Assistant - Bus Health Care Assistant - Bus Licensed Vocational Nurse - Bus

ASSIGNED SCHOOL (Complete if the information is known)

- Assigned School _____ Location Code _____
School Calendar: LEARN Traditional Concept 6 Concept 6M 90/30 Track: A B C D
School Hours Begin _____ End _____ Arrival time for breakfast program _____

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

- School to School Home to School Will the student participate in District Intervention Program? Yes No
For Extended School Year/Intersession, if the student (SDC or RSP) will not be assigned to the school of residence, will transportation be required? Yes No

PICK UP ADDRESS

DELIVERY ADDRESS

Address _____
City/Zip _____
Telephone #: _____
Contact Person: _____

Address _____
City/Zip _____
Telephone #: _____
Contact Person: _____

- Allergies Bus Safety Vest G-Tube Seizures Ventilator
 Asthma Cardiac Helmet Shunt Walker
 Behavioral Support Plan Cerebral Palsy Lift Bus Sickle Cell Wheelchair
 Bleeder Child Safety Seat Muscular Dystrophy Spina Bifida Other
 Blind/Partially Sighted Crutches Medication Suctioning
 Brittle Bones Deaf/Hard of Hearing Oxygen - Tank Therapy with Transportation
 Brace Diabetes Oxygen - Portable Tracheotomy

Prepared by _____ Telephone _____ Date _____

Behavior Support Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Student _____ Date of Birth _____ Meeting Date _____

- 1. The behavior impeding learning is: Escalating Aggression Pattern Describe what it looks like: grabbing, running away, spitting
2. It impedes learning because: lack of work production disrupts other students requires instruction to stop instructional time is lost negative interaction with peers other
3. The need for a Behavior Support Plan: early stage intervention moderate serious extreme
4. Frequency or intensity or duration of behavior: Frequency (x) 5Xdaily Period Intensity Medium Duration (min) 5-10 min Reported by staff and/or observed by staff

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

- 5. What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc). Disruption in routines Work level higher than student's ability Verbal directives Lack of predictability Time of day Internal physical/emotional state Peer conflict Over stimulation Unstructured time Lack of freedom, choice, desirable activities, friends Room conditions Specific room arrangement Events from previous environments Under stimulation Other Describe: academic tasks
6. What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?) Present in the environment: Classroom seating arrangement Noise levels Interactions (adult and/or peers) Peer status gained for misbehavior Inappropriate materials (age-appropriate, size, etc.) Missing in the environment: Transition skills Schedule Conflict resolution skills Re-teaching Task structuring Effective communication with parent Social skills instruction Consequences not clear to student Communications system Choices Other (Missing/Present):

- Remove student's need to use the problem behavior
7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior) Time Changes: Give more time on tasks Allow completion in parts Teach a closure system Signal transition Provide a break Give less time on tasks Space Changes: Preferred seating Different work areas Study carrels Personal space Material Changes: Accommodated work Hands-on learning Tasks organized High interest materials Notebook organizer Enlarged print size books Interaction: Use specific supportive words Cue the student Model Verbally praise student Praise successes Peer Models Use specific support communications Use calm, de-escalating language Other:
Who will establish? Special Ed Teacher Who will monitor? Sp Ed Teacher Frequency Hourly

Behavior Support Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Student _____ Date of Birth _____ Meeting Date _____

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

Observation & Analysis

8. Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

To Get: Sensory input Attention (peer) Attention (staff)
 Tangible (desired item) Tangible (desired activity)

To Avoid: Sensory input Attention (peer) Attention (staff)
 Task (too difficult) Task (too easy) Task (too long)

Describe: refuses to comply with teacher request

9. What team believes the student should do **INSTEAD** of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To Get: Attention from the staff by modeling teacher taught appropriate language to request assistance and attention

To Avoid: Tasks that are too difficult he will use a cueing system taught by the teacher to request help with assignments

Intervention

10. What teaching Strategies/Necessary Curriculum/Materials are needed?

Better communication skills Anger management Communication system Self-management systems
 Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice
 Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks
 Other

Who will establish? Sp. Ed Teacher Who will monitor? Sp. Ed. Teacher Frequency hourly

11. What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

Physical: High-fives Smiles Handshake
 Pat on the back

Verbal: Use specific praises Recognition of student's strengths and talents Peer recognition

Contingent Access: Time on the computer Free time Listen to music
 Preferred activity Describe: Books on Tape

Tangibles Positive phone calls or notes to home Certificate sent home Other

Tokens and Points: Tokens Points

Privileges: Exempt assignment Extra test points Seating Location

Other ideas: Edible rewards

Selection of reinforcer based on: Reinforcer Survey
 reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Teacher Frequency 1X 15 min

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12. What **strategies** will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

Redirection, time away to refocus, take a break, conference with student regarding appropriate replacement behavior, reward for using a appropriate behavior, daily communication with parents and personal conference with student

Personnel? Teacher

Behavior Support Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Student _____ Date of Birth _____ Meeting Date _____

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #:

GB X

After teacher direction with 2-3 positive prompts with reinforcers he will utilize the de-escalation techniques (counting to 10 backwards, deep breathing, use of stress ball, humming favorite song and reading books) taught and modeled by the adults 8 out of 10 trials with 75% accuracy as measured by weekly data sheets.

The above behavioral goal is to: Increase use of replacement behavior and may also include:

Reduce frequency of problem behavior

Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

This BSP to be coordinated with other agency's service plans?

Agency? _____

Yes No

Person responsible for contact between agencies. _____

COMMUNICATION PART V COMMUNICATION PROVISIONS

14. Manner and content of communication:

Phone calls

Email

Written notes

Daily reports

Daily charting

Behavioral logs

Weekly reports

Other _____

Between? Sp Ed Teacher and Parent

Frequency? Daily

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT _____

DATE OF BIRTH _____

MEETING DATE _____

EMOTIONAL DISTURBANCE DISABILITY CERTIFICATION

USE THIS FORM AT INITIAL, THREE YEAR REVIEW AND COMPREHENSIVE ASSESSMENTS FOR STUDENTS BEING CONSIDERED ELIGIBLE AS HAVING A DISABILITY OF EMOTIONAL DISTURBANCE. THIS FORM IS NOT REQUIRED FOR ANNUAL REVIEW MEETINGS.

1. REVIEW OF PRE-REFERRAL AND REFERRAL INTERVENTION

FOR STUDENTS INITIALLY REFERRED FOR SPECIAL EDUCATION

- Yes No
- There is documentation in the student's records of an initial pre-referral intervention meeting, such as an SST, that addresses the behavioral and/or academic concerns and actions to address these concerns.
 - There is documentation in the student's records of a follow-up pre-referral intervention meeting, such as an SST, (at least 3 months after the initial meeting) documenting the results of the interventions and the effect on the behavior.
 - There is evidence of parent participation at the pre-referral intervention meeting, such as an SST and/or parent conference.
 - There is documentation in the student's records of the pre-referral team's following considerations: attendance history; recent changes in student's home environment; student's primary language; and, vision and hearing screening.

Method of Review	Type of Intervention Proposed	Response to Intervention and Intervention Modifications Measured By	Date Completed
	■	■	■
	■	■	■
	■	■	■

- The report card or cumulative file comments indicate behavioral and academic concerns for *more than* one semester (secondary) or one year prior to the date of referral.
- There is documentation within this IEP of one of the following: non-DIS counseling, behavioral support plan, and/or participation in a school-wide discipline program.
- There is an assessment plan in the student's records indicating behavioral concerns and consideration for ED as a suspected disability.

FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES

- Yes No
- There is a behavior support plan.
 - There is documentation in previous IEPs that academic modifications and accommodations were attempted to address the behavioral concerns.
 - There is documentation in previous IEPs of consideration for counseling services and/or referrals to school-wide discipline programs.
 - An assessment plan is in the student's records indicating behavioral concerns and consideration for ED as a suspected disability.

2. ASSESSMENT

- Yes No
- The health assessment rules out whether an inability to learn is a result of a health or sensory condition.
 - Formal academic assessment and consideration of assessments based on curriculum and classroom performance has been conducted.
 - A cognitive or general ability assessment identifying the student's strengths and weaknesses has been conducted.
 - A multi-disciplinary social-emotional evaluation considering home and community behavior using the following measures has been conducted: observation in various settings (formal and informal); ratings scales and/or other psychometric instruments; and, interviews with at least one teacher and parent.
 - A comprehensive behavioral evaluation such as a functional behavioral analysis, functional assessment analysis or other behavioral evaluation that identifies the function of the behavior, the frequency and duration of the behavior, and the identification of alternative behaviors that may serve to replace the undesired behavior has been conducted.

DETERMINATION OF ELIGIBILITY OF EMOTIONAL DISTURBANCE

- 3.** If the IEP team has determined that the response to any of the items in 1 or 2 above is "no," the student may not be eligible as a student with emotional disturbance.
- 4.** If the IEP team has determined that the response to the items in 1 and 2 above is "YES," the IEP team may consider the criteria for the eligibility of Emotional Disturbance by checking one or more applicable characteristics below identified through the results of the assessment if they have existed over a long period of time, to a marked degree, and they have adversely affected the student's educational performance. This section shall serve as the eligibility statement.

- Yes No
- An inability to learn which cannot be explained by intellectual, sensory or health factors.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.
 - A general pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal school problems.

- THE PRESENTING BEHAVIORS ARE NOT DUE TO:
- Social maladjustment
 - Health Factors
 - Lack of instruction
 - Poor school attendance
 - Environmental, economic, or social disadvantage
 - Unfamiliarity with the English language

STUDENT _____

DATE OF BIRTH _____

MEETING DATE _____

EMOTIONAL DISTURBANCE DISABILITY CERTIFICATION - Page 2

IEP TEAM CONSIDERATIONS

5. The IEP team has documented in this IEP the following:

- | <u>Yes</u> | <u>No</u> | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Consideration of a behavior support plan for initially referred students. |
| <input type="radio"/> | <input type="radio"/> | IEP team considerations for placement in the least restrictive environment, including appropriate supports and modifications to ensure participation in the LRE, with responsible personnel. |
| <input type="radio"/> | <input type="radio"/> | Counseling goals, if appropriate. |
| <input type="radio"/> | <input type="radio"/> | Parent participation at the IEP meeting determining eligibility and placement. |

Student _____ Student ID _____ Meeting Date _____

EXPULSION ANALYSIS

Step 1 - Behavioral Data for This School Year

Has the student been suspended this school year? Yes No How many times? _____ Total days suspended this school year _____

Student's behavioral performance this year (including office referrals), grades, and attendance [New PLP](#)

Step 2 - Positive Behavior Supports

Does the student have a Behavior Support Plan (BSP)? Yes No Date of plan _____

Quarterly progress as reported on the IEP goal page for behavior support: _____

Is the BSP currently implemented? Yes No *If No, explain* _____

Does the student receive counseling services? Yes No Type: _____ Has this service been implemented? Yes No

Does the student have a Behavior Intervention Plan (BIP) per the [Special Education Policies and Procedures Manual](#), Behavior Supports for Students with Disabilities? Yes No

List any additional supports: _____

Step 3 - Alleged Misconduct

Date of misconduct: _____ First day of suspension for this incident: _____ Total days suspended for this incident: _____

Current placement (specify if this is an alternative interim placement): _____

Describe alleged misconduct subject to manifestation determination: _____

Step 4 - Manifestation Determination

(1) Review all relevant information, including: the student's IEP, teacher observations, assessment reports and relevant information provided by the parents, all known facts relating to the misconduct and events leading up to the misconduct, and **(2) consider** the student's unique needs (including behavioral needs), implementation of relevant components of student's IEP (e.g., BSP, BIP and other supports), if the student's disability impairs his or her ability to understand the impact and consequences of his or her conduct, and if the student's disability impairs his or her ability to control his or her conduct.

Then decide:

A. Was the misconduct caused by, or directly and substantially related to, the child's disability? Yes No

B. Was the misconduct a direct result of the District's failure to implement the IEP? Yes No

Step 5 - Parent Attendance (check one): 1. Parent did participate 2. Parent did not participate, but was given at least 48 hour notice of the meeting, and was offered a postponement of up to 72 hours.

NOTE: See page 10 for parent comments

Step 6 - Conclusions and Follow up Actions

If response to A or B in Step 4 is yes, the alleged misconduct is a manifestation of the student's disability. Expulsion proceedings may not continue. The District will address the behavior to prevent future recurrence of the misconduct by reviewing and modifying the current offer of FAPE, including the behavior support plan and, if necessary, conducting a functional behavior assessment (FBA).

If response to A and B in Step 4 is no, the alleged misconduct is not a manifestation of the student's disability. Expulsion proceedings may continue. The student is to continue to receive educational services per the IEP including behavioral supports, services and modifications to reduce the possibility of recurrence of the misconduct, and also to enable the student to participate in the general curriculum, and to progress toward meeting IEP goals. If appropriate, refer the student for a FBA.

School Contact _____ Title _____ Telephone _____ Ext. _____

Student _____ Date of Birth _____ Meeting Date _____

INDIVIDUAL TRANSITION PLAN (ITP)

Current Instructional Program Support

- Related Services are identified in Sections F and G of the IEP.
- Assistive Technology Services are identified in Section M of the IEP.

IEP Team Discussion of Specific Services for Transition

- Additional Assessment Required - Record in Section O
- Related Services Assistive Technology Services

Instruction (see Section E of the IEP for present level of performance)

Goal (Check all that apply)

- Certificate of Completion Post High School Vocational Training Associate Degree
- High School Diploma Participation in supported employment Undergraduate Degree
- Participation in employer sponsored training Obtain GED

Activities*

1. Enroll in the following class(es):
2. Complete the following class(es) and units toward the Career Pathway
3. Participate in a vocational training class(es):
4. Attend Vocational School
5. Attend Community College
6. Complete instruction in money management or other life skills training
7. Participate in job related basic skills instruction, identify class(es):
8. Attend a four year college/university
9. Other: _____
10. Other: _____

Transition Services to Support the Activities

Responsible Person

Time Line

Month Year

Transition Services to Support the Activities	Responsible Person	Month	Year

*The information above reflects the student's interests and does not obligate the District to pay for costs associated with these activities.

Student _____ **Date of Birth** _____ **Meeting Date** _____

INDIVIDUAL TRANSITION PLAN

Community Experiences (Check those that apply)

- Develop awareness of community services and employment options
- Obtain/maintain appropriate personal identification
- Obtain a driver's license or identification card
- Develop community transportation skills

Transition Services to support Community Experiences:

(Please document 'Services to support all activities checked above)

Responsible Personnel

Timeline

Month

Year

Post School Living (see Section E of the IEP for present level of performance) (Check those that apply)

- Independent living
- Semi-independent living
- Supported living
- Living with family/relatives
- Residential living
- Other

Transition Services to support Post School Living:

Responsible Personnel

Timeline

Month

Year

Post School Education and Employment (see Section E for present level of performance)

Outcomes (Check those that Apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Continuing or Adult Education | <input type="checkbox"/> Competitive Employment | <input type="checkbox"/> Volunteer Work |
| <input type="checkbox"/> Undergraduate Education | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Work/Activity Program |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Grant/Funded Work Experience | <input type="checkbox"/> Other |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Supported Employment | |

Transition Services to Support Post School Education and Employment

Responsible Personnel

Time Line

Please document 'Transition Services to Support the Outcomes' for ALL Outcomes checked above

Month

Year

Student _____

Date of Birth _____

Meeting Date _____

INDIVIDUAL TRANSITION PLAN

Complete only as appropriate to the student's needs.

Daily Living Skills

Functional Vocational Assessments

Request for Additional Assessment

Record this request in Section O of the IEP.

Student requires additional assessment in the Daily Living Skills domain. Indicate specific information needed:

Request for Additional Assessment

Record this request in Section O of the IEP.

Additional assessment needed. Indicate the specific information needed:

Assessment/Performance Information

Assessment/Performance Summary:

Assessment/Performance Information

Assessment/Performance Summary:

Daily Living Skills Activities:

Functional Vocational Activities:

Transition Services			Responsible Personnel			Time Line		
1.						1.		
2.						2.		

Student _____

Date of Birth _____

Meeting Date _____

MASTER PLAN FOR ENGLISH LANGUAGE LEARNERS

Current Service

Primary Language of the Student Spanish Language of Instruction English

Elementary English Language Development Level: 1 2 3 4 5

Secondary ESL Level: Introduction Beginning 1A Beginning 1B Intermediate 2A Intermediate 2B Advanced 3 Advanced 4 PRP

Communication Observation Matrix Level: 1 2 3 4 5

1. English Language Development (ELD) and content using primary language.
2. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE) with primary language instructional support.
3. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE).

Current Provider of Primary Language Instruction/Support

- | | |
|--|--|
| <input type="checkbox"/> Special Day Class Teacher | <input type="checkbox"/> Resource Specialist |
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Related Services Provider |
| <input type="checkbox"/> Bilingual Paraeducator under the supervision of a credentialed teacher or teacher in training | |
| <input type="checkbox"/> Other _____ | |

Current Performance [For each skill area indicate the language (English or Primary Language) the student uses when demonstrating the skill and select the performance description which most closely corresponds to the performance of the student.]

- English
- Primary Language

Skill Area: Listening

1. Attends to speaker
2. Follows simple directions
3. Responds to simple conversations and questions using physical actions and other means of non-verbal communication
4. Follows multi-step directions and social conversations using non-verbal or verbal response
5. Uses grade level skills

- English
- Primary Language

Skill Area: Speaking

1. Uses head, eyes, hands or other body movements to indicate yes or no when asked a question
2. Answers questions using a speech output device
3. Gives one word answers to questions
4. Uses phrases and simple sentences (subject/verb)
5. Uses short sentences (4-5 words)
6. Uses complex sentences with near grade level vocabulary and syntax
7. Uses grade level vocabulary and syntax with appropriate intonation and pronunciation

Student

Date of Birth

Meeting Date

- English
- Primary Language

Skill Area: Reading

1. Is aware of printed words
2. Identifies the letters of the alphabet and scans from left to right
3. Reads words
4. Reads phrases
5. Reads sentences
6. Reads simple text with acquired vocabulary
7. Reads in the content areas with near grade level accuracy/fluency using questioning, clarifying and predicting skills
8. Reads materials at grade levels

- English
- Primary Language

Skill Area: Writing

1. Writes words using acquired vocabulary
2. Writes phrases using acquired vocabulary
3. Writes sentences using phonetic spelling and acquired vocabulary and language structures
4. Writes with near grade level accuracy in organizational skills, grammar and spelling
5. Writes at grade level for a variety of purposes across content areas using correct organization, grammar, syntax and spelling

Annual Goal and Short-Term Objectives

English Language Development Goal: See ELD Goal(s) in IEP Section G

Responsible Personnel: General Education Teacher Special Education Teacher Other

Progress to be reported to parent/guardian by: Report Card Progress Report
 Parent Conference Other

Objectives related to the goal:

1.

Date to be achieved | Evaluation method

2.

Date to be achieved | Evaluation method

Service Recommendation:

1. English Language Development and content using primary language
2. English Language Development and content using Specially Designed Academic Instruction in English with primary language instructional support
3. English Language Development and content using Specially Designed Academic Instruction in English

Student

Date of Birth

Meeting Date

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning?

Yes No

If Yes, describe

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension Basic Reading Skills Oral Expression Reading Comprehension
- Written Expression Math Calculation Math Reasoning

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention Visual Processing Auditory Processing Sensory Motor Skills
- Cognitive abilities including association, conceptualization and expression

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience Poor school attendance Environmental, economic or cultural disadvantage
- Social maladjustment Mental retardation Visual, hearing or motor impairment
- Unfamiliarity with the English language

Los Angeles Unified School District
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student _____ **Date of Birth** _____ **Meeting Date** _____

SPEECH LANGUAGE IMPAIRMENT ELIGIBILITY AND LANGUAGE AND SPEECH SERVICES CERTIFICATION

This page is to be completed for initial IEPs when SLI eligibility and/or LAS services are being considered and for 3-year evaluations for students having SLI eligibility and/or receiving LAS services.

Complete Step 1a OR 1b.

Step 1a. General Education Interventions - Check items as completed

- Intervention strategies implemented, including English Language Instruction or Tier I and Tier II prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, and consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations)
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response
- Interventions were not successful, student referred for special education assessment
- Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an approved screening instrument for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information and Interventions - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience
- The delay does not appear to be due to environmental factors
- The delay does not appear to be due to economic factors
- The delay does not appear to be due to social or cultural factors

Step 3. Assessment - Check either A or B, and complete the remaining items

- A. Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- B. A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation
- Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition
- A credentialed or licensed Speech Therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings

Complete Step 4a OR Step 4b.

Step 4a. Determination of Eligibility of Speech Language Impairment (as the only identified eligibility)

- A. Student meets one or more of the following criteria (check each disorder that applies):
 - A language disorder, which has been identified in an assessment that includes a 50-utterance representative spontaneous language sample and scores on more than one assessment procedure which are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level in one or more areas of language development.
 - An articulation disorder (e.g. Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
 - A fluency disorder (e.g. Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
 - A voice disorder (e.g. Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B. The impairment has a significant adverse affect on the student's academic performance.
- C. The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

If A, B and C apply the child meets the eligibility criteria for SLI.

Step 4b. Determination of the Need for LAS Service (for students with Special Education eligibility other than SLI):

- The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.

If the above is so, identify the area(s) of difficulty:

- Language disorder
- Articulation disorder
- Fluency disorder
- Voice disorder

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals, supports and accommodations, to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.