

The IEP Form: One Page at a Time



Matrix Parent Network

We **empower** families of children with special needs to successfully understand and access the systems that serve them.

We want **you** to become successful advocates and role models for your children.



Who am I and Who are You?



You will leave here knowing:



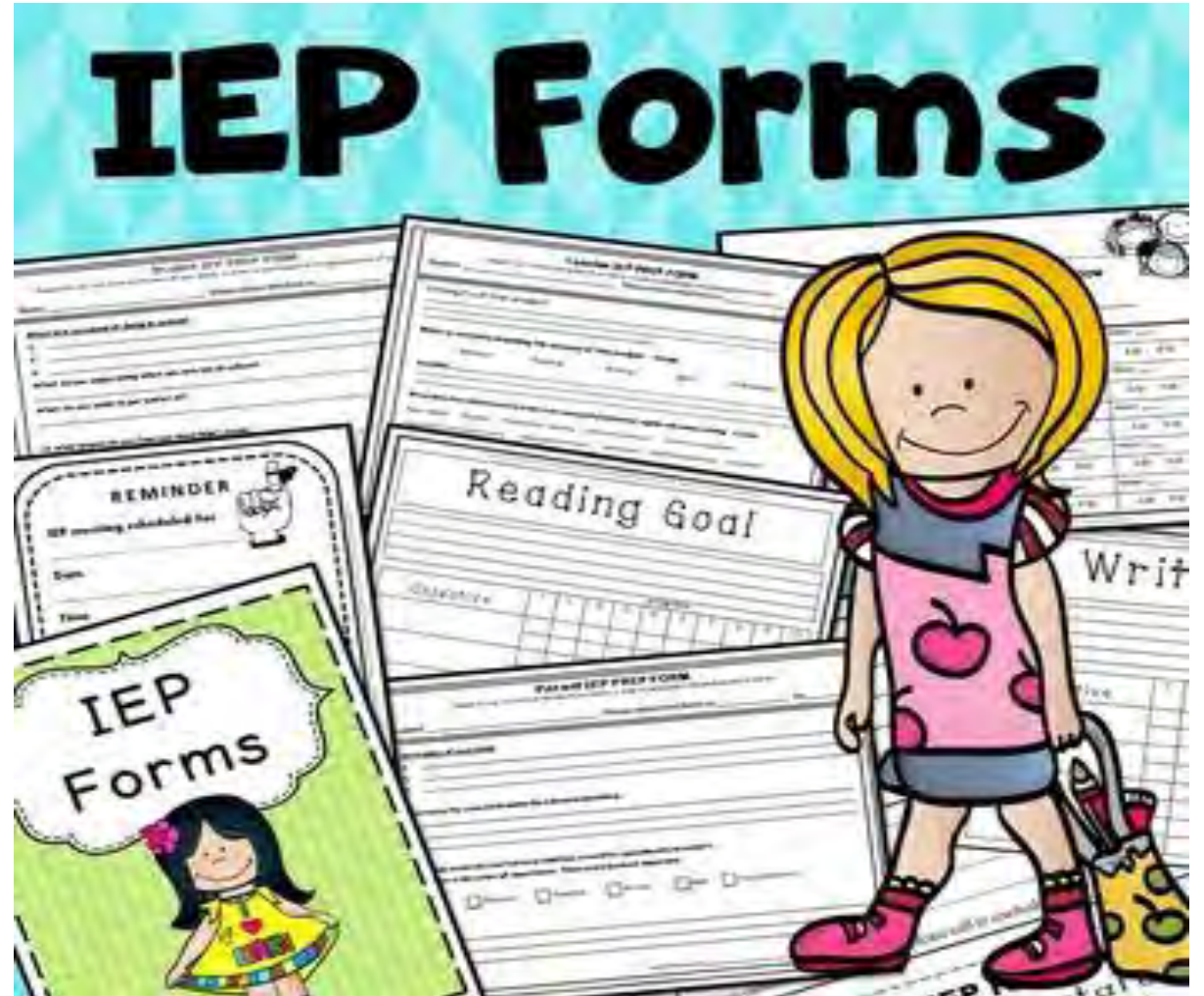
- What information should be included in the IEP.
- What info is important on each page.
- How to find info in your child's IEP when you need it.

Let's Dive into ...

The IEP document is an agreement between you and your child's school district.

It has two purposes:

- Provide educational benefit
- Comply with IDEA

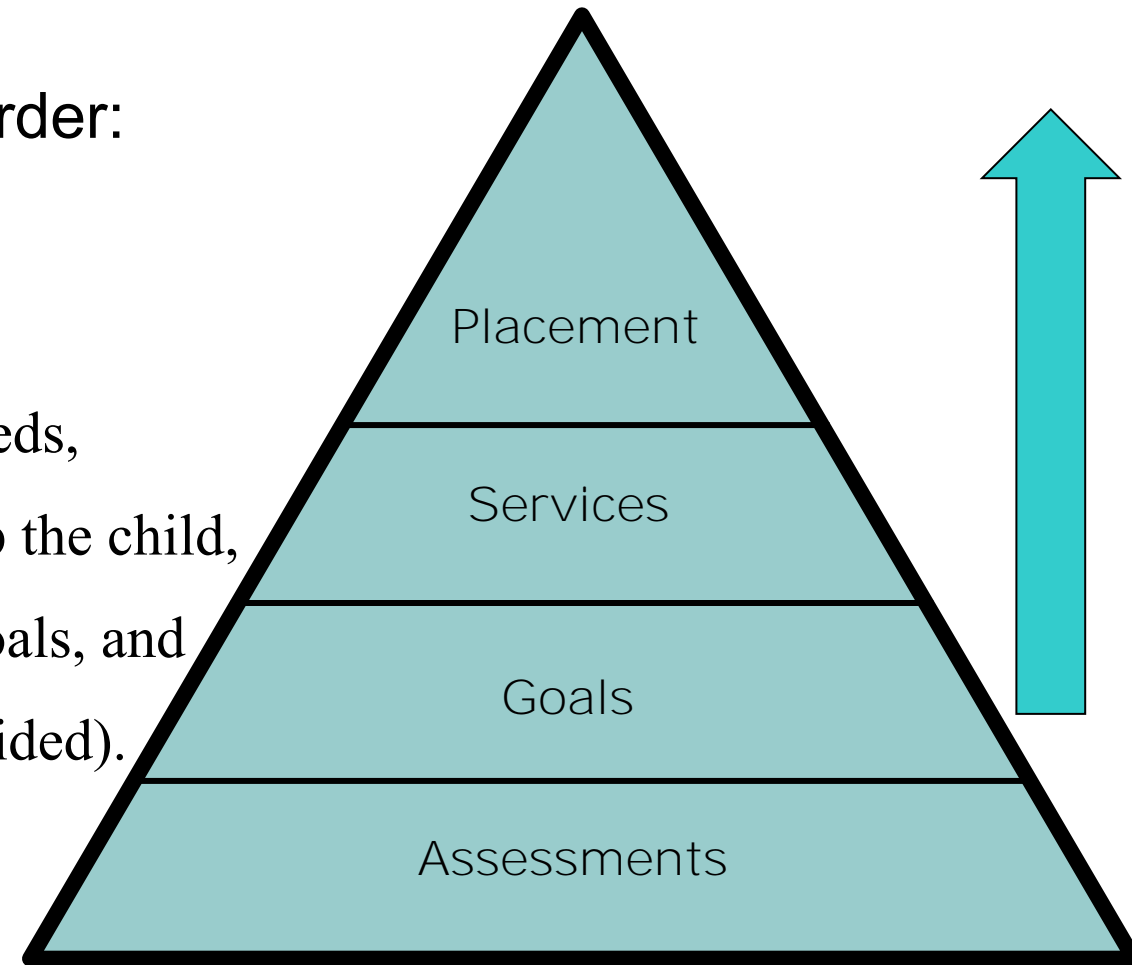


The Forms follow an order:

An IEP meeting should follow a specific order:

- It starts with a discussion the child's current **performance and needs**.
- It progresses through **goals** based on those needs,
- **accommodations and other supports** to help the child,
- **services** offered to enable the child to meet goals, and
- **placement** (where these services will be provided).

The pages in an IEP document should reflect that order.



Pages in the IEP

All annual Individual Education Plans (IEPs) must have the following pages:

1. Information/Eligibility
2. Present Levels of Academic Achievement and Functional Performance
3. Special Factors
4. Statewide Assessments
5. Annual Goals
6. Services – Offer of FAPE
7. Educational Setting – Offer of FAPE
8. Signature and Parent Consent

**In addition, most IEPs
will have a Notes page.**

Notice of Meeting

Not part of IEP document, you get this notice **BEFORE** the meeting

☐ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other

Make sure you know the purpose of the meeting and who will be attending.

We anticipate that the following members may also attend:

- ☐ Administrator/Designee
- ☐ Special Education Teacher
- ☐ General Education Teacher
- ☐ Student
- ☐ Psychologist
- ☐ Specialist

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| <input type="checkbox"/> | _____ |



SONOMA COUNTY SELPA INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING

Student Name: Student Sample

Birthdate: 11/4/2007

☐ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other

Address _____

Dear _____

Today's Date _____

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

The meeting is scheduled for:

Date _____

Time _____

School/Location _____

Room _____

We anticipate that the following members may also attend:

- ☐ Administrator/Designee
- ☐ Special Education Teacher
- ☐ General Education Teacher
- ☐ Student
- ☐ Psychologist
- ☐ Specialist

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

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

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

Name _____

Title _____

School/District Sonoma Co. Non Public Schools and Agencies

Phone _____

Please complete and sign this form, and return to

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:

Notice of Meeting, continued

Note that you need to give 24 hour notice if you plan to tape the meeting, and sign and return the notice, indicating you plan to attend.


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

Please complete and sign this form, and return to
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:



www.matrixparents.org

 **SONOMA COUNTY SELPA**
INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING **NOTICE OF MEETING**

Student Name: Student Sample Birthdate: 11/4/2007

☐ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other

Address _____

Dear _____ Today's Date _____

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

The meeting is scheduled for:

Date _____ Time _____
School/Location _____ Room _____

We anticipate that the following members may also attend:

☐ Administrator/Designee
☐ Special Education Teacher
☐ General Education Teacher
☐ Student
☐ Psychologist
☐ Specialist

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

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Name _____ Title _____
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Please complete and sign this form, and return to
Check the following items, as appropriate:

☐ **YES**, I plan to attend the meeting
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☐ I do not plan to attend the meeting, but I am available by teleconference
☐ I require assistance of an interpreter: (Language) _____
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☐ **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: _____

1. Information/Eligibility

Key Dates – check for accuracy

Original SpEd Entry Date:
Last Eval:

Next Annual IEP:
Next Eval:

Date of Initial Referral for Special Education Services:
Person Initiating the Referral for Special Education service:
Date District Received Parent Consent:
Date of Initial Meeting to Determine Eligibility:

Page ____ of ____

SONOMA COUNTY SELPA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Legal Name: Sample, Student Legal Suffix: _____ Date of Birth: 11/4/2007 IEP Date: _____
Original SpEd Entry Date: _____ Next Annual IEP: _____
Last Eval: _____ Next Eval: _____

MEETING TYPE: ☐ Initial ☐ Annual ☐ Triennial
Additional Purpose of Meeting (If needed): ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other

Age: 12 year(s) 9 months
Grade: _____ Native Language: _____
EL: ☐ Yes ☐ No Redesignated: ☐ Yes ☐ No Interpreter ☐ Yes ☐ No
Student ID: _____ SSID: _____

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

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

District of Special Education Accountability: Sonoma Co. Office of Education
Residence School: _____

Hispanic Ethnicity: ☐ Yes ☐ No ☐ Ethnicity Intentionally Left Blank
Race (regardless of Ethnicity): Race 1. _____ Race 2. _____ Race 3. _____ Race 4. _____
Race 5. _____ ☐ Race Intentionally Left Blank

INDICATE DISABILITY/IES Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility. * Low Incidence Disability
Primary: _____ **Secondary:** _____

☐ 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)

FOR INITIAL 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:
Person Initiating the Referral for Special Education service:
Date District Received Parent Consent:
Date of Initial Meeting to Determine Eligibility:

1. Information/Eligibility

Purpose of the IEP meeting

MEETING TYPE: ☐ Initial ☐ Annual ☐ Triennial
Additional Purpose of Meeting (if needed): ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other

Disability

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

Primary:

Secondary:

☐ 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)

Page ____ of ____

SONOMA COUNTY SELPA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY

Student Legal Name: Sample, Student Legal Suffix: _____ Date of Birth: 11/4/2007 IEP Date: _____
Original SpEd Entry Date: _____ Next Annual IEP: _____
Last Eval: _____ Next Eval: _____

MEETING TYPE: ☐ Initial ☐ Annual ☐ Triennial
Additional Purpose of Meeting (if needed): ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other

Age: 12 year(s) 9 months
Grade: _____ Native Language: _____
EL: ☐ Yes ☐ No Redesignated: ☐ Yes ☐ No Interpreter ☐ Yes ☐ No
Student ID: _____ SSID: _____

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

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

District of Special Education Accountability: Sonoma Co. Office of Education
Residence School: _____

Hispanic Ethnicity: ☐ Yes ☐ No ☐ Ethnicity Intentionally Left Blank
Race (regardless of Ethnicity): Race 1. _____ Race 2. _____ Race 3. _____ Race 4. _____
Race 5. _____ ☐ Race Intentionally Left Blank

INDICATE DISABILITY/IES Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility. * Low Incidence Disability
Primary: _____ **Secondary:** _____

☐ 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)

FOR INITIAL 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: _____
Person Initiating the Referral for Special Education service: _____
Date District Received Parent Consent: _____
Date of Initial Meeting to Determine Eligibility: _____

Information/Eligibility

Examples of the “how disability affects student’s involvement and progress in general curriculum”:

“auditory processing deficits adversely impact the student’s ability to understand directions and complete activities in the general education setting”, or

“significant speech and language deficits interfere with the student’s ability to interact with other students in the preschool setting”.

It is NOT what the school will do for your student or just a statement of what the disability is. This should answer the question **HOW** the disability impacts educational performance.

2. Present Levels of Academic Achievement and Functional Performance

Strengths and preferences are important to developing a program that works for the student

Strengths/Preferences/Interests

Parent input and concerns relevant to educational progress

Parent input must be filled in AT the meeting, not beforehand. It is a good idea to come to the meeting with a suggested short paragraph you want to see here.

Page ____ of ____

SONOMA COUNTY SELPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

Strengths/Preferences/Interests

Parent input and concerns relevant to educational progress

Smarter Balanced Assessment Consortium (SBAC)

☐ Not Applicable

English/Language Arts Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met

Reading ☐ Above Standard ☐ Near Standard ☐ Below Standard

Writing ☐ Above Standard ☐ Near Standard ☐ Below Standard

Speaking and Listening ☐ Above Standard ☐ Near Standard ☐ Below Standard

Research/Inquiry ☐ Above Standard ☐ Near Standard ☐ Below Standard

Math

☐ Not Applicable

Math Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met

Concepts and Procedures ☐ Above Standard ☐ Near Standard ☐ Below Standard

Problem Solving and Data Analysis ☐ Above Standard ☐ Near Standard ☐ Below Standard

Communication Reasoning ☐ Above Standard ☐ Near Standard ☐ Below Standard

California Alternate Assessments (CAA)

☐ Not Applicable

English Language Arts ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

Math ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

Science ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

English Language Development Test (English Learners Only)

☐ Not Applicable
☐ ELPAC

Overall Score: Overall Performance Level: Oral Language Score/Level:

Written Language Score/Level:

Listening: Speaking: Reading:

Writing: Name:

☐ Alternate Assessment

Overall Score/Level: Listening: Speaking: Reading: Writing:

Physical Education Testing (grades 5, 7 & 9):

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

Hearing Date: ☐ Pass ☐ Fail ☐ Other

Vision Date: ☐ Pass ☐ Fail ☐ Other

2. Present Levels, continued

Statewide Assessments

Smarter Balanced Assessment Consortium (SBAC)

Your child's scores on statewide, standardized assessments will be shown on this page. Smarter Balance is the test most students take.

California Alternate Assessments (CAA)

The California Alternate Assessments are tests for students with significant cognitive impairment who cannot take the SBAC test.

Page ____ of ____

SONOMA COUNTY SELPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

Strengths/Preferences/Interests _____

Parent input and concerns relevant to educational progress _____

Smarter Balanced Assessment Consortium (SBAC)

☐ Not Applicable

English/Language Arts Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met

Reading ☐ Above Standard ☐ Near Standard ☐ Below Standard

Writing ☐ Above Standard ☐ Near Standard ☐ Below Standard

Speaking and Listening ☐ Above Standard ☐ Near Standard ☐ Below Standard

Research/Inquiry ☐ Above Standard ☐ Near Standard ☐ Below Standard

Math

☐ Not Applicable

Math Overall

☐ Standard Exceeded ☐ Standard Met ☐ Standard Nearly Met ☐ Standard Not Met

Concepts and Procedures ☐ Above Standard ☐ Near Standard ☐ Below Standard

Problem Solving and Data Analysis ☐ Above Standard ☐ Near Standard ☐ Below Standard

Communication Reasoning ☐ Above Standard ☐ Near Standard ☐ Below Standard

California Alternate Assessments (CAA)

☐ Not Applicable

English Language Arts ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

Math ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

Science ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding

English Language Development Test (English Learners Only)

☐ Not Applicable

☐ ELPAC

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

Written Language Score/Level: _____

Listening: _____ Speaking: _____ Reading: _____

Writing: _____

☐ Alternate Assessment

Overall Score/Level: _____ Listening: _____ Name: _____ Speaking: _____ Reading: _____ Writing: _____

Physical Education Testing (grades 5, 7 & 9): _____

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

Hearing Date: ☐ Pass ☐ Fail ☐ Other _____

Vision Date: ☐ Pass ☐ Fail ☐ Other _____

2. Present Levels, continued

Preacademic/Academic/Functional Skills

Every area should be filled in, even if it says “not applicable”.

Communication Development

Gross/Fine Motor Development

Social Emotional/Behavioral

Vocational

Adaptive/Daily Living Skills

Health

Preacademic/Academic/Functional Skills

Communication Development

Gross/Fine Motor Development

Social Emotional/Behavioral

Vocational

Adaptive/Daily Living Skills

Health

For student to receive educational benefit, goals will be written to address the following areas of need:

For student to receive educational benefit, goals will be written to address the following areas of need:

Based on issues identified with academic and functional skills, a list of goals will be developed.

2. Present Levels, continued

Goals, which will be discussed in later pages, should stem directly from the needs identified in this section. The bottom of the Present Levels page should provide list of the areas of need in which goals will be written.

Areas of need might include things like:

- Reading
- Math
- Social Skills
- Communication

3. Special Factors

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


Assistive technology includes all specialized devices and services not provided to the general school population. For example, if all students get ipads, this would not be listed here. But if specialized software is required for speaking or reading is required, it should be included.

If the student is an **English Learner**,

This section is only filled out if your student is a English language learner

Does the student require **low incidence services**,

Low incidence services are for those eligible as Deaf/Blind, Visually Impaired, Orthopedically Impaired, or Hard of Hearing and Deaf.

 **SONOMA COUNTY SELPA**
SPECIAL FACTORS

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

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

Rationale: _____

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: _____

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

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? _____

Where will ELD services be provided to the student? ☐ General Education ☐ Special Education

The student will participate in the following type of program:
☐ Structured English Immersion ☐ Alternative Language Program (type or description) _____

Comments: _____

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

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

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


3. Special Factors, continued

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

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

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

This question is for ANY behavior that interferes with learning, not just disruptive behavior. If “yes” is checked on the behavior question, then a behavior goal or BIP *MUST* be included in the IEP.

 SONOMA COUNTY SELPA
SPECIAL FACTORS

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date:

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

Rationale:

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:

Considerations if the student is deaf or hard of hearing:

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?

Where will ELD services be provided to the student? ☐ General Education ☐ Special Education

The student will participate in the following type of program:

☐ Structured English Immersion ☐ Alternative Language Program (type or description)

Comments:

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

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

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

4. Statewide Assessments

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

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

Math (Grades 3-8, & 11)

Science (Grades 5, 8 & High School)

The pages labeled “Statewide Assessments” should indicate the tests your student will be taking in the upcoming year. These tests can provide valuable information on how well your student is accessing grade level curriculum. If you have any questions about what tests your student is scheduled to take, or why, ask the IEP team to provide an explanation..

Page ____ of ____

SONOMA COUNTY SELPA
Statewide Assessments

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

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

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

Math (Grades 3-8, & 11)

Science (Grades 5, 8 & High School)

☐ If student is taking **Alternate Assessment** the IEP team has reviewed the **criteria for taking alternate assessments**.

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)**

☐ Adaptations Not Applicable ☐ Sensory support ☐ Functional positioning
☐ Alternative response mode ☐ Assistive equipment or device ☐ Visual support
☐ Alternative mode for written language ☐ Augmentative or alternative communication system

English Language Proficiency Assessments of California (ELPAC; for English Learners Only).

Please Note: Summative ELPAC will be Computer-based beginning Spring 2020. Paper-based ELPAC will continue for 'Initial ELPAC' and grades Kindergarten through 2nd (for the Writing domain only).

☐ **Initial ELPAC**

☐ Without Designated Supports (All domains)
☐ Designated Supports (All domains)
☐ Without Accommodations (All domains)
☐ Accommodations (All domains)

☐ **Summative ELPAC Computer-based**

☐ Without Designated Supports (All domains)
☐ Embedded Designated Supports
☐ Non-embedded Designated Supports
☐ Without Accommodations (All domains)
☐ Embedded Accommodations
☐ Non-embedded Accommodations

☐ **Alternate Assessment to ELPAC**

4. Statewide Assessments

The list of potential statewide tests is extensive, and often covers several pages of the IEP.

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

Name of alternate assessment(s)

Person responsible to administer alternate assessment(s)

☐ **Standards based Tests in Spanish STS**

☐ Math without Designated Supports or Accommodations

☐ Math with Designated Supports

☐ Math with Accommodations

☐ Reading, Language, Spelling without Designated Supports or Accommodations

☐ Reading, Language, Spelling with Designated Supports

☐ Reading, Language, Spelling with Accommodations

IEP Goals

If this is not your student's first IEP, you should have two sets of goals.

Progress on goals from last year's IEP should be provided first.

If this is your student's first IEP, then only the goals for the coming year will be included.



5. Annual Goals (previous year)

All Progress Reports should be filled in (and you should have gotten all but the last one previously), and the team should indicate whether the goal has been met.


If “no” is checked, and explanation of why not and how close it was to being met should be provided in the comments.

Progress Report 1:
Summary of Progress:
Comment:

Progress Report 2:
Summary of Progress:
Comment:

Progress Report 3:
Summary of Progress:
Comment:

Annual Review **Date:**
Goal met ☐ **Yes** ☐ **No**
Comments:

 **SONOMA COUNTY SELPA**
ANNUAL GOALS AND OBJECTIVES

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

| | |
|----------------------|--|
| Area of Need: | Measurable Annual Goal #: |
| Baseline: | Goal: <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible: |

Short-Term Objective:
Short-Term Objective:
Short-Term Objective:

Progress Report 1:
Summary of Progress:
Comment:

Progress Report 2:
Summary of Progress:
Comment:

Progress Report 3:
Summary of Progress:
Comment:

Annual Review **Date:**
Goal met ☐ **Yes** ☐ **No**
Comments:

5. Annual Goals (for coming year)

Area of need should be something like “math” “reading” or “social skills”. Check to make sure there is a goal for each area of need listed on the Present Levels page

Area of Need:

Baseline:

Baseline should be what your student can do now. It should track what the Present Levels page said.

The Goal states what your student should be able to do one year from now, under what conditions, and how progress will be measured. We have an entire training just on goals. You can also click on [this short video](#) on writing SMART goals.

Measurable Annual Goal #:

Goal:

- ☐ Enables student to be involved/progress in general curriculum/state standard
- ☐ Addresses other educational needs resulting from the disability
- ☐ Linguistically appropriate
- ☐ Transition Goal: ☐ Education/Training ☐ Employment ☐ Independent Living

Person(s) Responsible:

Short-Term Objective:

NOTE: None of the progress reports will be filled in, since these goals apply to the upcoming year

This is a teacher or therapist, not the student or parent

The purpose for the goal should be checked

FAPE and LRE

Remember, FAPE means **Free Appropriate Public Education**

The next pages of the IEP spell out what the school district is offering to your student that they believe constitutes FAPE.

These pages spell out the accommodations, modifications, supports and services that are needed so your student can receive educational benefit and make progress on their goals.

Also spelled out is where these services will be provided—what kind of classroom or setting.

LRE stands for **Least Restrictive Environment**.

If your student is not being educated in the home school in the general education classroom, the IEP team needs to justify why a different setting is required.

6. Services – Offer of FAPE

The service options that were considered by the IEP team (List all):

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:

At the top of this page there should be list **all of the supports and options that were considered**, and this should include the supports that would be required to keep the student in the general ed classroom, if alternate placements are being considered. Options considered should be listed, even if they were rejected.

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

| Program Accommodations | Start Date | End Date | Location |
|------------------------|------------|----------|----------|
|------------------------|------------|----------|----------|

Accommodations are things like:

- Extra time to finish assignments
- Preferential seating
- Taking breaks
- Using a calculator

SONOMA COUNTY SELPA
Offer of FAPE - SERVICE

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

The service options that were considered by the IEP team (List all):

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:

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

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

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

| Program Accommodations | Start Date | End Date | Location |
|------------------------|------------|----------|----------|
|------------------------|------------|----------|----------|

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

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

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
|-----------------------|------------|----------|-----------|----------|----------|

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

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

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
|--|------------|------------|----------|-----------|----------|----------|

SPECIAL EDUCATION and RELATED SERVICES

| | | |
|---------------------------|---|-----------|
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| Comments: | | |

| | | |
|---------------------------|---|-----------|
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| 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.

Special Education Transportation ☐ Yes ☐ No

EXTENDED SCHOOL YEAR (ESY)
☐ Yes ☐ No

Rationale:

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.

6. Services – Offer of FAPE, continued

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

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
|-----------------------|------------|----------|-----------|----------|----------|

Modifications are changes to the curriculum and means the content of the curriculum is being changed to help your child access the material. In High School, modifications can effect whether the student gets full academic credit for a class.

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

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
|--|------------|------------|----------|-----------|----------|----------|

Other supports for school Personnel, or for Student, or on behalf of student. This might include items like:

- specialized training for staff,
- consultation between behavior specialist and classroom teacher,
- transition services or
- providing information to help parents understand their student's disability

SONOMA COUNTY SELPA
Offer of FAPE - SERVICE

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

The service options that were considered by the IEP team (List all):

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:

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

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

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

| Program Accommodations | Start Date | End Date | Location |
|------------------------|------------|----------|----------|
|------------------------|------------|----------|----------|

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

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

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
|-----------------------|------------|----------|-----------|----------|----------|

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

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

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
|--|------------|------------|----------|-----------|----------|----------|

SPECIAL EDUCATION and RELATED SERVICES

| | | |
|---------------------------|---|-----------|
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| Comments: | | |

| | | |
|---------------------------|---|-----------|
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| 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.

Special Education Transportation ☐ Yes ☐ No

EXTENDED SCHOOL YEAR (ESY)
☐ Yes ☐ No

Rationale:

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.

6. Services – Offer of FAPE, continued

SPECIAL EDUCATION and RELATED SERVICES


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.

Specialized instruction and each related service (such as OT, PT, Speech) should be specified. The following slide will examine this section in more detail. At the bottom of this section there is a check box for whether Special Education **Transportation** is to be provided (generally if the student is placed out of district, or if other special circumstances apply, such as wheel chair access)
Transportation is a related service.

EXTENDED SCHOOL YEAR (ESY)

☐ Yes ☐ No

Finally, the Services page of the IEP must indicate whether **Extended School Year** is to be provided. ESY is not the same as “summer school” offer to non-special ed students. It is provided only for students who may lose skills if instruction stops over the summer, and not be able to easily re-gain these skills back at the start of a new school year.

 SONOMA COUNTY SELPA
Offer of FAPE - SERVICE

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

The service options that were considered by the IEP team (List all): _____

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: _____

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

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

| Program Accommodations | Start Date | End Date | Location |
|------------------------|------------|----------|----------|
| | | | |

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

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
| | | | | | |

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

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
| | | | | | | |

SPECIAL EDUCATION and RELATED SERVICES

| Service: | Start Date: | End Date: |
|---------------------------|---|-----------|
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| Comments: | | |

| Service: | Start Date: | End Date: |
|---------------------------|---|-----------|
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| 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.

Special Education Transportation ☐ Yes ☐ No

EXTENDED SCHOOL YEAR (ESY)
☐ Yes ☐ No

Rationale:

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.

6. Services – Offer of FAPE, continued

| SPECIAL EDUCATION and RELATED SERVICES | | |
|--|---|-----------|
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| Comments: | | |
| Service: | Start Date: | End Date: |
| Provider: | <input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: min served | Location: | |
| Comments: | | |

The specific academic and related services offered should be itemized in detail. This should include:


- **Type** of service: i.e., Specialized Academic Instruction, Speech Therapy, Occupational Therapy, etc. The check boxes should indicate if it is **individual or group**.
- **When** the service starts and ends This will usually coincide with the year the IEP covers or the school year.
- **Provider:** provides the service and may be listed as District of Service, SELPA, Office of Education, etc.
- **How often:** such as daily, once a week, monthly, etc.
- **How long** the service will be provided. Usually in minutes per week or month or year.
- **Where** the service takes place: Is it in the regular classroom or at a separate classroom.
- **Individual or Group:** who will be involved when the service is provide.
- **Comments:** This should explain any other questions about how the service will be used. Examples could be which period it will happen or how the time will be divided between individual or group services.

7. Educational Setting – Offer of FAPE

Where the student will receive all of the accommodations and services listed on the previous page

District of Service: _____ School of Attendance: _____
All special education services provided at student's school of residence? ☐ Yes ☐ No (rationale) _____

Check district and school for accuracy. Whether the student will be at the home school they would normally attend should be noted. If not, a reason must be given.

 SONOMA COUNTY SELPA
OFFER OF FAPE - EDUCATIONAL SETTING

Student Name: Sample, Student Birthdate: 11/4/2007 IEP Date: _____

Physical Education: ☐ General ☐ Specially Designed ☐ Other

District of Service: _____ School of Attendance: _____

All special education services provided at student's school of residence? ☐ Yes ☐ No (rationale) _____

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten):
(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

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

Program Setting (Ages 6 and older within duration of this IEP):
(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

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

Student will not participate in the regular class and/or extracurricular and/or non academic activities: because _____

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

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)

7. Educational Setting – Offer of FAPE, cont'd

Program Setting (Ages 6 and older within duration of this IEP):

PROGRAM Setting refers to: Regular classroom/public day school, separate school, residential facility, home/hospital, correctional facility, placed by parents in private school.

If any of these services are provided at a school other than the student's home school, a reason must be given.

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

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

The **percentage of time** in a separate special education setting and the percentage of time in general education must be noted. Lunch, recess, and non-academic classes such as music or art are included in the total on which this calculation is based. The two percentages should add up to 100%.

SONOMA COUNTY SELPA
OFFER OF FAPE - EDUCATIONAL SETTING

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

Physical Education: ☐ General ☐ Specially Designed ☐ Other

District of Service: _____ School of Attendance: _____

All special education services provided at student's school of residence? ☐ Yes ☐ No (rationale) _____

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten):
(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

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

Program Setting (Ages 6 and older within duration of this IEP):
(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

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

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

Student will not participate in the regular class and/or extracurricular and/or non academic activities: because _____

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

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) _____

7. Educational Setting – Offer of FAPE, cont'd

Promotion Criteria: ☐ District ☐ Progress on Goals ☐ Other

Promotion criteria will be “District” if your student’s curriculum is not modified. If the curriculum is highly modified, as noted on the previous page, “Progress on goals” or “other” will be checked

Parents will be informed of progress: ☐ Quarterly ☐ Trimester ☐ Semester ☐ Other

The IEP should note how and how frequently you will get **progress reports**. Usually the report will be based on the goals pages and will probably follow that format. Progress reports generally come out at the same time as report cards. But is not the report card!

SONOMA COUNTY SELPA
OFFER OF FAPE - EDUCATIONAL SETTING

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

Physical Education: ☐ General ☐ Specially Designed ☐ Other

District of Service: _____ School of Attendance: _____

All special education services provided at student's school of residence? ☐ Yes ☐ No (rationale) _____

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten):
(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

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

Program Setting (Ages 6 and older within duration of this IEP):
(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

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

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

Student will not participate in the regular class and/or extracurricular and/or non academic activities: because _____

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

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)

8. Signature and Parent Consent

IEP Meeting Participants

Parent/Guardian/Surrogate


Date

Student/Adult Student

Date

The top of the **Signature** page denotes **attendance**, and everyone at the meeting should sign.

Page ____ of ____

 SONOMA COUNTY SELPA
SIGNATURE AND PARENT CONSENT

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

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 _____ |

CONSENT

☐ I agree to all parts of the IEP.
☐ 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 _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature _____ Date _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

PARENT INVOLVEMENT

As a means of improving services and results for your child did the school facilitate parent involvement?
☐ Yes ☐ No ☐ No Response

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

Signature _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

☐ Parent/Adult Student has received a copy of the Procedural Safeguards.
☐ Parent/Adult Student has received a copy of assessment report (if applicable).
☐ Parent/Adult Student has received a copy of the Individualized Education Plan (IEP).
☐ Parent/Adult Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits.
☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

8. Signature and Parent Consent

CONSENT

- ☐ I agree to all parts of the IEP.
- ☐ 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 _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

The **CONSENT** is required before any Special Education Services or supports are started or implemented. This section gives you options on whether you are agreeing with **ALL, PART or NONE** of the IEP.

You don't need to consent at the meeting, you can take it home and think about it before you sign.

Page ____ of ____

**SONOMA COUNTY SELPA**
SIGNATURE AND PARENT CONSENT

Student Name: Sample Student Birthdate: 11/4/2007 IEP Date: _____

IEP Meeting Participants

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

CONSENT

- ☐ I agree to all parts of the IEP.
- ☐ 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 _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature _____ Date _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

PARENT INVOLVEMENT

As a means of improving services and results for your child did the school facilitate parent involvement?
☐ Yes ☐ No ☐ No Response

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

Signature _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

- ☐ Parent/Adult Student has received a copy of the Procedural Safeguards.
- ☐ Parent/Adult Student has received a copy of assessment report (if applicable).
- ☐ Parent/Adult Student has received a copy of the Individualized Education Plan (IEP).
- ☐ Parent/Adult Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits.
- ☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.