

**SACRAMENTO CITY UNIFIED
Assessment Plan**

Name: Her, FelixBirthdate: 1/25/2016Date: 1/21/2021
☒ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Interim ☐ Other
To parent/guardian of: Felix HerAssessment Plan Date: 1/21/2021District: Sacramento City Unified School DistrictSchool: Edward KembleGrade: PreschoolNative language: 23 HmongEnglish Proficiency Level: Parent reports student expresses in English, understands both English and Hmong.

The student has been referred and/ or recommended for an assessment by the following individual(s):

Panou Yang (mother),
Ger Her (father)
☒ Parent☐ Nurse
Yumiko Trimmingham,
PreK Teacher
☒ Teacher☐ Special Ed Teacher
Stephanie Swinehart,
SLP
☒ Other**This notice is to inform the parent(s) regarding the school district's proposal to initiate or change the**☒ Identification ☒ Evaluation of the above named student:

This prior written notice includes a description of the proposed evaluation, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine initial or continued eligibility for special education services. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation. If your child is found eligible for special education services, a full range of program options will be discussed.

Description of the proposed assessment:

The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language may be used. Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one - on - one testing or some other types or combination of tests. No single procedure may be used as the sole criterion for determining appropriate educational program. Following the completion of the assessment, at the IEP meeting; you will receive a copy of the assessment findings. The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). A student will not be placed in special education without consent of the parent or guardian. All information and assessment results are confidential.

Reason(s) for proposed assessment: *The school district is proposing an initial assessment to establish Special Education eligibility. The school district believes assessment is warranted to consider eligibility for special education service(s) and to assist the IEP team in making an offer of a Free Appropriate Public Education (FAPE) for eligible students. Your child was referred for assessment by the parents Panou Yang and Ger Her, preschool teacher Yumiko Trimmingham, and screening speech-language pathologist Stephanie Swinehart due to concerns of possible expressive language delay.*

Description of other options considered and reasons for rejecting them: *The school district considered all other available options, including but not limited to: not conducting an assessment, general education accommodations and modifications, targeted interventions, and small group instruction, however, conditions warrant assessment at this time. In addition, the Individuals with Disabilities Act (IDEA) and California Education Code require an evaluation of your child to determine his or her initial eligibility for special education service(s). A school district may not assess more frequently than annually and must assess at least every three years, unless the parent and school district agree otherwise. The school district believes assessment of your child is warranted to determine eligibility and potential access to a FAPE.*

Other factors relevant to the proposal: *The school district has considered all available and relevant information, including, but not limited to review of your child's cumulative educational records, information provided by parent(s), teacher(s), related service provider(s) and other IEP team members.*

Description of evaluation procedures, tests, records, or reports used in deciding to propose this assessment: *The school district proposes assessing in all areas of suspected disability. All assessment tools, rating scales, observations, interviews and review of school records will be individually selected to address the unique needs of your child.*

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed.* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency(LEA) / district. * Tests and procedures conducted pursuant to these assessments may include, but are not limited to, classroom observations, rating scales, interviews, record review, one-on - one testing, or some other types or combination of tests.

Evaluation Area**Examiner Title**

- ☐ **Academic Achievement** - These assessments measure reading, arithmetic, oral and written language skills, and/or general knowledge.
- ☒ **Health** - Health information and testing is gathered to determine how your child's health affects school performance
- ☐ **Intellectual Development** - These assessments measure how well your child thinks, remembers, and solves problems.
- ☒ **Language/Speech Communication Development** - These assessments measure your child's ability to understand and use language and speak clearly and appropriately.
- ☐ **Motor Development** - These assessments measure how well your child coordinates body movements in small and large muscle activities. Perceptual motor skills may also be measured.
- ☐ **Social Emotional/Behavior** - These assessments will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.
- ☐ **Adaptive Behavior** - These assessments indicate how your child takes care of personal needs at home, school and in the community.
- ☐ **Post-Secondary Transition** - These assessments related to training, education, employment and where appropriate independent living skills.
- ☐ **Other**
- ☒ **Alternative Means of Assessment** - (Describe alternative methods of assessing the child, if applicable)

As assigned for vision and hearing.

Stephanie Swinehart, Speech-Language Pathologist

Stephanie Swinehart, Speech-Language Pathologist

Observation, language sampling, dynamic assessment, parent questionnaires, teacher questionnaires, informal assessment measures such as curriculum-based/portfolio assessment tasks/measures, and collaboration with a Hmong-speaking interpreter.

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and / or referral please contact:

Stephanie Swinehart	PreK Speech-Language Pathologist at Edward Kemble	916-399-3061	s-swinehart-mpa@scusd.edu
Print Name of District Contact	Position	Phone	E-mail Address

- ☒ I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.
- ☐ I do not consent to the proposed assessment described above.
- ☐ I would like the following assessment information to be considered by the IEP team

Signature: _____
☒ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Date: _____

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. ☐ Yes ☐ No

Signature: _____
☒ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Date: _____

☒ Parent / Guardian / Student has received written notification of protections available to parents when LEA requests to access Medi - cal benefits

Address: 3074 GARDENDALE RD , SACRAMENTO, CA 95822

Phone number: (916)281-6752 and ((614)578-7601

Comments:

Date Received by District/LEA: