

**SACRAMENTO CITY UNIFIED**  
**Notice of Action**  
**(Prior Written Notice)**

This notice is provided to parent prior to local educational agency (LEA)/district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education. This notice includes a description of the proposed and/or refused action, an explanation of why the LEA/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.

**Student Name:** Skylar Xiong

**Birthdate:** 10/29/2013

**Date:** 3/16/2021

**Purpose:** ☐ Identification ☐ Evaluation ☒ Educational Placement ☒ Provision of Free Appropriate Public Education  
☐ Other

<b>Actions Proposed</b>	<b>Reasons for Proposed Actions</b>	<b>Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Proposed</b>	<b>Date Actions will be implemented</b>
<b>Educational Placement</b> - Review Educational Placement  <b>Provision of FAPE</b> - Review Provisions of FAPE	Skylar is due for a Triennial IEP review. Federal law requires the IEP team to meet every three years to review educational placement. The team will meet to review goals, services, placement, and current supports to determine if Skylar will receive educational benefit in their current placement.	Classroom work samples, observations, classroom formative/summative assessments, review of record, progress on goals.	03/16/2021

<b>Actions Refused</b>	<b>Reasons for Refused Actions</b>	<b>Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Refused</b>

<b>Other Options Considered</b>	<b>Reasons for Rejecting Other Options</b>	<b>Other Factors Relevant to Actions Proposed and/or Refused</b>
		Parent and staff input.

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 please contact:

Print Name of Contact	Position	Phone	E-mail Address
<u>Abigail Clayton</u>	<u>LSHS</u>	<u>916-542-1288</u>	<u>Abigail-Clayton-NPA@SCUSD.edu</u>

IEP Dated 03/16/2021 attached:

☐ Yes ☐ Not Applicable

# SACRAMENTO CITY UNIFIED Assessment Plan

Name: Xiong, SkylarBirthdate: 10/29/2013Date: 2/25/2021
☐ Initial ☒ Annual ☒ Triennial ☐ Transition ☐ Interim ☐ Other
To parent/guardian of: Skylar XiongAssessment Plan Date: 2/25/2021District: Yav Pem Suab AcademySchool: Yav Pem Suab AcademyGrade: First gradeNative language: 23 Hmong

English Proficiency Level:

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

☐ Parent☐ Nurse☐ Teacher☐ Special Ed Teacher☐ 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 Individuals with Disabilities Act (IDEA) and California Education Code require an evaluation of your child to determine her continuing 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. Results of this assessment review will be used to assist the IEP team in determining continuing eligibility for Skylar and in making an offer for a Free Appropriate Public Education (FAPE) for eligible students in accordance with the Individual with Disabilities Education Act (IDEA).*

**Description of other options considered and reasons for rejecting them:** *The school district considered options such as a full battery of in-person standardized assessments for each area of need, however, this option was rejected due to state and county health department guidelines eliminating the option of in person-assessments at this time. In order to conduct this assessment, therefore, the district will consider 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 services provider(s) and other IEP team members.*

**Other factors relevant to the proposal:** *The team will discuss amendments to the IEP that are/will take effect due to school closures and adoption of Distance Learning due to Covid 19 pandemic.*

**Description of evaluation procedures, tests, records, or reports used in deciding to propose this assessment:** *The school district proposes a comprehensive review of records to reestablish eligibility and offer of FAPE for Skylar. Review of cumulative educational records, information provided by parent(s), teacher(s), related services provider(s), student observations, work samples and interviews will be collected as a part of this evaluation. Rating scales may be used if deemed necessary.*

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)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 LSHS (as assigned)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

Abigail Clayton M.A. CCC-SLP

LSHS

916-542-1288

Abigail-Clayton-  
NPA@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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

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

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Date Received by District/LEA:** \_\_\_\_\_

**SACRAMENTO CITY UNIFIED**  
**INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING**

**Student Name:** Skylar Xiong

**Birthdate:** 10/29/2013

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

**Address** 1725 Armington Ave Sacramento, CA 95832

**Dear** Ko Yang

**Today's Date** 03/04/2021

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

**The meeting is scheduled for:**

**Date** 03/16/2021

**Time** 12:00 pm

**School/Location** Yav Pem Suab Academy

**Room** Zoom

**We anticipate that the following members may also attend:**

- ☒ Administrator/Designee  
☐ Special Education Teacher  
☒ General Education Teacher  
☒ Student  
☐ Psychologist  
☒ Specialist Translator (Hmong)

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

**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** Abigail Clayton

**Title** Language Speech and Hearing Specialist

**School/District** Yav Pem Suab Academy

**Phone** 916-542-1288

Please complete and sign this form, and return to Abigail Clayton

**Check the following items, as appropriate:**

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

For LEA use only:

**Comments/Additional Information**

*Interpreter will reach out to family and schedule meeting.*

**SACRAMENTO CITY UNIFIED  
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY**

Student Legal Name: Xiong, Skylar Legal Suffix: \_\_\_\_\_ Date of Birth: 10/29/2013 IEP Date: 3/16/2021  
Original SpEd Entry Date: 2/26/2018 Next Annual IEP: 3/15/2022  
Last Eval: 2/26/2018 Next Eval: 3/15/2024

MEETING TYPE: ☐ Initial ☒ Annual ☒ Triennial

Additional Purpose of Meeting (If needed): ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other

Age: 7 year(s) 4 months

Grade: 01 First grade

EL: ☒ Yes ☐ No

Student ID: 70049886

Native Language: 23 Hmong

Redesignated: ☐ Yes ☒ No

SSID: 3530525703

Interpreter ☒ Yes ☐ No

Parent/Guardian: Ko Yang

Home Address: 1725 Armington Ave

City: Sacramento

State/Zip: CA, 95832

Home Phone: (916)-424-2792

Work Phone:

Cell Phone: (916) 318-2598

Email:

Parent/Guardian:

Home Address:

City:

State/Zip: ,

Home Phone:

Work Phone:

Cell Phone:

Email:

District of Special Education Accountability: Sacramento City Unified School District

Residence School: John Still Elementary

Hispanic Ethnicity: ☐ Yes ☒ No ☐ Ethnicity Intentionally Left Blank

Race (regardless of Ethnicity): Race 1. 208 Hmong 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: Speech or Language Impairment (SLI)

Secondary: None

☐ 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)** A speech, language, or communication impairment can have adverse effects on social interactions as well as impact access to and participation with academic curriculum.

**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: 12/13/2017

Person Initiating the Referral for Special Education service: 10 Parent

Date District Received Parent Consent: 12/19/2017

Date of Initial Meeting to Determine Eligibility: 2/26/2018

**SACRAMENTO CITY UNIFIED  
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

**Strengths/Preferences/Interests**

*Skylar's mom reports that she enjoys drawing, hiking, and being independent. She is adamant about not wanting help with something that she already knows how to do. Her classroom teacher reports that she enjoys math and being called upon to solve math problems in front of the class. She also likes utilizing emojis during distance learning to communicate. In addition, she enjoys small reading groups and is very engaged during these sessions.*

**Parent input and concerns relevant to educational progress**

*Mom reports no current concerns regarding her academics or speech. She has noticed an increased in her overall clarity with her speech production and rate.*

**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

Name:

Overall Score/Level:

Listening:

Speaking:

Reading:

Writing:

**Physical Education Testing** (grades 5, 7 & 9): *Outside of testing range.*

**Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)** *None currently available.*

**Hearing Date:** 11/17/2017 ☒ Pass ☐ Fail ☐ Other

**Vision Date:** 11/17/2017 ☐ Pass ☒ Fail ☒ Other She is going to be receiving corrective lenses for farsighted.

### **Preacademic/Academic/Functional Skills**

*Skylar's classroom teacher reports that her most recent formal and informal based assessments are as follows:*

- Reading fluency 40/ words per minute on grade appropriate passage "The Vet."*
- Basic Phonics Skills Test (BPST) 43. Want to at least 50 by end of year preferably 60.*

*Trimester 2 Language Arts test 35/100, Math 22/23*

*Report card grades: Language Arts 2 nearly meeting standard. Grammar a 1.*

*All math right now a 3. I have another test next week with her for math. At this time she needs to work on High Frequency Words (HFW) last test only got 21/50 Second trimester words-*

### **Communication Development**

*Skylar is exposed to a bilingual household of both Hmong and English, however she primarily uses English to communicate within her environments.*

#### **Speech:**

*Skylar has made progress in her ability to produce all speech sound targets. For production of the "sh" and "ch" sound she is currently able to produce these sounds in self-generated sentences with greater than 95% accuracy. For the "dzh" as in "beige" or "television" she is able to produce with 95% accuracy. She continues to intermittently have difficulty producing /l/ blends during structured conversations. Within the speech and language environment she is presents with less than 1 error during 5-minute structured conversation. It also has been observed that she has difficulty with the /r/ phoneme and often substitutes this sound for a /w/ or vowelizes it to an "uh" sound. She is stimuable for these sounds. With /r/ blends she is able to produce at the word level, however has difficulty at the sentence level.*

#### **Language:**

*Skylar demonstrates age appropriate language. She speaks in complete sentences with age-appropriate vocabulary. She is able to answer a variety of wh- questions, and categorize. At the time of his last assessment review of records did not indicate the need for formal receptive and expressive language testing.*

#### **Voice:**

*Her voice was judged to be rough for her age which may indicate an underlying dysphonia.*

### **Gross/Fine Motor Development**

*Gross motor: Parent reports that Skylar is able to run, climb on the play structure, ride a scooter and jump rope independently.*

*Fine motor: Parent reports that Skylar is able to draw, hold a pencil, cut paper and use eating utensils. Teacher reports Skylar demonstrates good dexterity when building with duplos.*

### **Social Emotional/Behavioral**

*Teacher reports she has friends in the classroom and builds relationships well with both adults and peers in the classroom.*

### **Vocational**

*Skylar says she wants to be a belly dancer when she grows up.*

### **Adaptive/Daily Living Skills**

*Parent reports that Skylar wants to do things on her own. She is able to dress herself, brush her teeth, feed herself and take a bath by herself.*

*Teacher reports she is able to serve herself, pass food to others during meal time and wash her hands.*

### **Health**

*Parent reports that Skylar is in good health with no allergies, and she is not currently taking any medication.*

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



*Speech intelligibility (articulation).*



**SACRAMENTO CITY UNIFIED  
SPECIAL FACTORS**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

**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) Corrective lenses

**Considerations if the student is blind or visually impaired:** Family is currently in the process of scheduling optometrist for corrective lenses for farsighted vision.

**Considerations if the student is deaf or hard of hearing:** N/A

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

**Does the student need primary language support?** ☐ Yes ☒ No If yes, how will it be provided?

**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:** Team to determine the language support as needed.

**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

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# **SACRAMENTO CITY UNIFIED ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #:</b> <u>1</u>  <b>Goal:</b> By February 2021, Skylar will produce "sh" and "ch" in all position of sentences with 80% accuracy in 4 out 5 trials as measured by LSHS data and observation.
<b>Baseline:</b> Skylar currently produces "sh" and "ch" at the word level with the following accuracy: Initial: "sh" 65%, "ch" 70% Medial: "sh" 75%, "ch" 70% Final: "sh" 90%, "ch" 85%	<input checked="" 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 <b>Person(s) Responsible:</b> LSHS, Student

**Short-Term Objective:** By May 2020, Skylar will produce "sh" and "ch" in all position of sentences with 60% accuracy in 4 out 5 trials as measured by LSHS data and observation.

**Short-Term Objective:** By November 2020, Skylar will produce "sh" and "ch" in all position of sentences with 70% accuracy in 4 out 5 trials as measured by LSHS data and observation.

**Short-Term Objective:**

**Progress Report 1:** 11/3/2020

**Summary of Progress:** Skylar is able to produce both sounds with approximately 80% accuracy

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:** 3/16/2021

**Goal met** ☒ Yes ☐ No

**Comments:** Skylar will produce "sh" and "ch" in all position of words in sentences with 80% accuracy

**SACRAMENTO CITY UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #:</b> <u>2</u>  <b>Goal:</b> By February 2021, Skylar will produce // and l-blends within a structured conversation with 80% accuracy in 4 out 5 trials as measured by LSHS data.  <input checked="" 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 <b>Person(s) Responsible:</b> LSHS, Student
<b>Baseline:</b> Skylar currently produces // and l-blends with 80% accuracy at word level.	

**Short-Term Objective:** By May 2020, Skylar will produce // and l-blends within a structured conversation with 80% accuracy in 4 out 5 trials as measured by LSHS data.

**Short-Term Objective:** By November 2020, Skylar will produce // and l-blends within a structured conversation with 80% accuracy in 4 out 5 trials as measured by LSHS data.

**Short-Term Objective:**

**Progress Report 1:** 11/3/2020

**Summary of Progress:** Skylar is able to produce // and //l-blends with minimum prompting and 70% accuracy

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:** 3/16/2021

**Goal met** ☐ Yes ☒ No

**Comments:** Skylar continues to incorrectly produce // and // blends at the conversation level.

**SACRAMENTO CITY UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #:</b> <u>3</u>  <b>Goal:</b> By February 2021, Skylar will produce the "dzh" sound with 80% accuracy in all positions at word level in 4 out 5 trials as measured by LSHS data.
<b>Baseline:</b> Skylar is currently producing the "dzh" sound with 50% accuracy in all positions at the word level	<input checked="" 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 <b>Person(s) Responsible:</b> LSHS, Student

**Short-Term Objective:** By May 2020, Skylar will produce the "dzh" sound with 60% accuracy in all positions at word level in 4 out 5 trials as measured by LSHS data.

**Short-Term Objective:** By November 2020, Skylar will produce the "dzh" sound with 70% accuracy in all positions at word level in 4 out 5 trials as measured by LSHS data.

**Short-Term Objective:**

**Progress Report 1:** 11/3/2020

**Summary of Progress:** No data available.

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met ☐ Yes ☐ No

**Comments:**

# **SACRAMENTO CITY UNIFIED ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #:</b> <u>1</u>  <b>Goal:</b> By March 2022, Skylar will produce all vocalic /r/ combinations including /or/, /er/, /ire/, /ear/, /ar/, and /air/ in short phrases with 90% accuracy as measured in 4 out 5 trials by LSHS data.
<b>Baseline:</b> Skylar is able to produce all vocalic /r/ combinations in isolation.	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" 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 <b>Person(s) Responsible:</b> LSHS, Student

**Short-Term Objective:** By June 2021, Skylar will produce all vocalic /r/ combinations including /or/, /er/, /ire/, /ear/, /ar/, and /air/ in words with 80% accuracy as measured in 4 out 5 trials by LSHS data.

**Short-Term Objective:** By November 2021, Skylar will produce all vocalic /r/ combinations including /or/, /er/, /ire/, /ear/, /ar/, and /air/ in short phrases with 70% accuracy as measured in 4 out 5 trials by LSHS data.

**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:**

# **SACRAMENTO CITY UNIFIED ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #:</b> <u>2</u>  <b>Goal:</b> By March 2022, Skylar will produce the voiced and voiceless "th" sound in all position of words at short phrase level with 90% accuracy as measured by LSHS data.
<b>Baseline:</b> Skylar is able to produce voiced and voiceless "th" in isolation with 85% accuracy with a direct verbal prompt.	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" 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 <b>Person(s) Responsible:</b> LSHS, Student

**Short-Term Objective:** By November 2021, Skylar will produce the voiced and voiceless "th" sound in all position of words at the word level with 80% accuracy as measured by LSHS data.

**Short-Term Objective:** By June 2021, Skylar will produce the voiced and voiceless "th" sound in all position of words at short phrase level with 70% accuracy as measured by LSHS data.

**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:**

**SACRAMENTO CITY UNIFIED**  
**Offer of FAPE - SERVICE**

Student Name: Xiong, SkylarBirthdate: 10/29/2013IEP Date: 3/16/2021

**The service options that were considered by the IEP team (List all):** The team reviewed the assessments results and determined that the student qualifies for special education services. Next the team developed goals to remediate the student's areas of concern. The team discussed general education without supports and general education with supports. The team determined that the student's least restrictive environment is in the general education class with special education supports in speech. The district's offer of FAPE is general education with supports in special education Speech.

**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:** The team discussed that Skylar requires speech and language support in a setting with lower student to teacher ration to address her speech and language delays. These supports cannot adequately be provided in the general education setting and would require a separate setting for a portion of the day. The team agreed the education benefit her would receive in the speech settings outweigh the potential harmful effects of missing the general education instructional time away from general education peers.

**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
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☒ 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
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☒ 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
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**SPECIAL EDUCATION and RELATED SERVICES**

<b>Service:</b> <u>Language and speech</u>	<b>Start Date:</b> <u>3/16/2021</u>	<b>End Date:</b> <u>3/16/2022</u>
<b>Provider:</b> <u>SELPA</u>	<input checked="" type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> <u>30 min x 30</u> Totaling: <u>900</u> min served <u>Yearly</u>	<b>Location:</b> <u>Separate classroom in public integrated facility</u>	
<b>Comments:</b> <u>Speech and language services can be provided in, but not limited to the following models: consult/collaboration with the classroom teacher, push-in, and pull-out. Services may be interrupted by special school functions, student absences, testing, field trips, and school drills. Student will not be pulled for services during the first and last two weeks of school due to consultation and planning purposes.</u>		

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:** Based on the student's academic performance and social development, as described in the present levels of performance, the IEP team does not believe the student would require extended school year supports and services at this time.

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.



**SACRAMENTO CITY UNIFIED  
Statewide Assessments**

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

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

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

90 Not to Participate (Outside Testing Group or Plan Type 20)

**Math (Grades 3-8, & 11)**

90 Not to Participate (Outside Testing Group or Plan Type 20)

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**Science (Grades 5, 8 & High School)**

90 Not to Participate (Outside Testing Group or Plan Type 20)

☐ 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)**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Adaptations Not Applicable | <input type="checkbox"/> Sensory support                                  | <input type="checkbox"/> Functional positioning |
| <input type="checkbox"/> Alternative response mode             | <input type="checkbox"/> Assistive equipment or device                    | <input type="checkbox"/> Visual support         |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Augmentative or alternative communication system |   |

**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**

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

# SACRAMENTO CITY UNIFIED IEP TEAM MEETING NOTES

**Student Name:** Xiong, Skylar

**Birthdate:** 10/29/2013

**IEP Date:** 3/16/2021

**Date:** 3/16/2021

**Notes:** Purpose of meeting: Annual and Triennial IEP to determine continuing eligibility for special education services and annual IEP to review goals, services, placement and current supports to determine if Skylar is making progress and is continuing to receive educational benefit.

A copy of the parent's rights were provided emailed to the parent and parent declined to reviewed.

Introductions were made. Members in via Zoom attendance:

Speech-Language Pathologist, Abigail Clayton M.A. CCC-SLP

Parent, Ko Yang

Administration, Julia Yang

Teacher, Claudia Sherry

Interpreter (Hmong), Bee Lor

Attendance form was presented and completed.

Demographics were verified. All information is correct.

Strengths and parental concerns were discussed. Parent also stated that Skylar's speech is more clear when she speaks and that she has made progress in her speech since kindergarten. They reported no concerns regarding their child's academics although.

The general education teacher reported on their current levels and shared the results of their assessments (see present levels page and report attached).

The speech-language pathologist reported on their current levels and shared the results of their assessments (see present levels page and report attached).

The team reviewed the classroom and assessment data and determined that Skylar meets criteria for special education services as a child with a speech and language impairment. The team discussed Skylar's academic deficits and the goals needed to remediate those deficits. Next the team determined the amount of support necessary for Skylar to achieve educational benefit. The team discussed placement options and determined that the least restrictive environment for Skylar and The District's offer of a free and appropriate education (FAPE) is through inclusive practices in the general education classroom with pull-out for speech and language services. This placement allows Skylar to receive special education services while remaining with his peers in the general education classroom to access the general education curriculum. The team discussed academic regression and determined that Skylar is not at risk of academic regression and the extended school year is not recommended at this time.

The FAPE and Services page of this annual and triennial IEP reflect a FAPE offer which would be provided in a full time, traditional in-person education model. This is not the current model available with the District, since due to the COVID-19, the District has been ordered to begin the school year in a distance learning model. The need for the distance learning model is anticipated to be temporary. Because this IEP includes an offer of FAPE for the next 12 months, the FAPE and Services pages reflect what the long term offer of FAPE looks like after school physically reopens.

In 2020, due to the COVID-19 pandemic, schools were unexpectedly physically closed in an effort to limit the spread of this virus. It is now anticipated that similar physical school closures may be necessary in the future. In an effort to be prepared for this future possibility, the District is now including in IEPs a statement regarding IEP implementation should another unforeseen circumstance arise. Therefore, in the event of a future physical closure (separate from the current COVID-19 pandemic) due to an emergency lasting more than 10 school days, the District will provide:

-Access to both synchronous and asynchronous instruction, as possible given the emergency situation

- Weekly contact, as a minimum, by each provider on your child's IEP implementation team during the emergency situation
- Virtual and low tech educational opportunities, as possible given the emergency situation
- Written notice of the opportunity for an IEP meeting to discuss an individualized temporary plan during the emergency situation.

*Due to state and local health orders, in-person learning is not currently possible. In order to support your student's access to learning during the ongoing physical school closure, the district is proposing the following temporary distance learning program which will provide FAPE virtually until the in-person learning program outlined on the FAPE plan is available to be implemented safely. This temporary distance learning program has been specifically designed to support your child's individual and specialized educational needs during the physical school closure in order to provide access to appropriate progress in light of their individual circumstances at this time. When it is deemed safe to re-open schools for in person learning, this temporary distance learning program will be immediately terminated, and the student will return to the IEP services and placement outlined on the FAPE and Services pages of this IEP. The proposed temporary distance learning plan for your student is consistent with on-campus learning.*

*Goals were proposed in the area of articulation and phonology accepted by the team.*

*Service minutes were discussed. The team discussed providing speech and language services one time weekly for thirty minutes with the exclusion of the first and last two weeks of the academic school calendar for administrative purposes and team members agreed that this amount of time is appropriate to address the student's needs.*

*Parent consent was verbally obtained and agreed to receive IEP documents electronically. The meeting was adjourned.*

**SACRAMENTO CITY UNIFIED  
OFFER OF FAPE - EDUCATIONAL SETTING**

Student Name: Xiong, SkylarBirthdate: 10/29/2013IEP Date: 3/16/2021Physical Education: ☒ General ☐ Specially Designed ☐ OtherDistrict of Service: Yav Pem Suab AcademySchool of Attendance: Yav Pem Suab AcademyAll special education services provided at student's school of residence? ☐ Yes ☒ No (rationale) *Skylar is enrolled in Yav Pem Suab Academy which is a school of choice.*Preschool Program Setting (3-5 year-old Preschool and 4 year-old TK/Kgn): Regular Early Childhood Program  
(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program and 4 year-olds in TK/Kgn)

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

☒ Same as above ☐ Different from aboveIs the Regular Early Childhood Program ten hours per week or greater? ☒ Yes ☐ NoProgram Setting (TK/Kgn or greater, ages 5-22): Regular Classroom/Public Day School

(Note: Percentage of time is required for those that will be 5 and in Transitional Kindergarten/Kindergarten or greater within the duration of this IEP)

2 % of time student is outside the regular class & extracurricular & non academic activities98 % of time student is in the regular class & extracurricular & non academic activitiesStudent will not participate in the regular class and/or extracurricular and/or non academic activities: *due to articulation and language therapy because it is highly individualized and needs to be done in a small group setting.***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 ☐ OtherParents will be informed of progress: ☐ Quarterly ☒ Trimester ☐ Semester ☐ OtherHow? ☒ 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)*When appropriate, Skylar can get a tour of the Kindergarten classroom, meet the teacher and be informed of the Kindergarten enrollment period.*

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# SACRAMENTO CITY UNIFIED SIGNATURE AND PARENT CONSENT

Student Name: Xiong, SkylarBirthdate: 10/29/2013IEP Date: 3/16/2021

## IEP Meeting Participants

<u>Ko Yang</u>	<u>3/16/2021</u>		
Parent/Guardian/Surrogate	Date	Parent/Guardian	Date
		<u>Claudia Sherry</u>	<u>3/16/2021</u>
Student/Adult Student	Date	General Education Teacher	Date
		<u>Abigail Clayton M.A. CCC-SLP</u>	<u>3/16/2021</u>
LEA Representative/Admin.Designee	Date	Special Education Specialist	Date
<u>Bee Lor (Translator-Hmong)</u>	<u>3/16/2021</u>		
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.