

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

Student Name: Lily ThaoBirthdate: 5/13/2004
☐ Initial ☒ Annual ☐ Triennial ☒ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other
Address 7732 MANET PKWY Sacramento, CA 95823Dear Kua ThaoToday's Date 10/19/2020

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 11/04/2020Time 10:00 a.m.School/Location ZoomRoom (Zoom information will be sent by email prior to meeting)

We anticipate that the following members may also attend:

☒ Administrator/Designee☒ Administrator - Ygnacio Zarate☒ Special Education Teacher☒ Special Education Teacher - Stephen Stark☒ General Education Teacher☒ General Education Teachers - Kelda Barker, Aaron Dankman☒ Student☒ Student - Lily Thao☐ Psychologist☒ Counselor - Kenneth Vang☐ Specialist☐ _____**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 Stephen StarkTitle Teacher, Special EducationSchool/District Sacramento City Unified School DistrictPhone 916-538-4030Please complete and sign this form, and return to Stephen Stark (Stephen-Stark@scusd.edu)**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

SACRAMENTO CITY UNIFIED IEP TEAM MEMBER EXCUSAL

Student Name: Thao, LilyBirthdate: 5/13/2004IEP Date: 11/4/2020

By mutual agreement between the parent/adult student, and designated representative of the local education agency, the presence and participation of the Individual Education Program team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting scheduled on 11/4/2020 because (1) the member's area of the curriculum or related services is not being modified or discussed in the meeting or (2) the meeting involves a modification to or discussion of the member's area of curriculum or related services and the member submitted, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

Individual Education Program Team Member(s)

| Individual Education Program Team Member(s) | Area Of Curriculum Or Related Services | Area Of Curriculum Or Related Services is Not Being Discussed Or Modified | Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services | The IEP team member is being mutually excused from the IEP meeting |
|---|--|---|---|--|
| <u>Abigail Arreola</u> | <u>U.S. History</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> whole <input type="checkbox"/> in part |
| <u>Maria Mego</u> | <u>Biology</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> whole <input type="checkbox"/> in part |
| <u>Kelda Barker</u> | <u>English 11</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> whole <input checked="" type="checkbox"/> in part |
| <u>Jorge Munoz</u> | <u>Piano</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> whole <input type="checkbox"/> in part |
| <u>Aaron Dankman</u> | <u>Integrated Math 3</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> whole <input type="checkbox"/> in part |
| <u>Paul Bowling</u> | <u>P.E.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> whole <input type="checkbox"/> in part |

By mutual agreement the IEP team members identified above, have been excused from being present and participating in my child's IEP meeting.

Check the relationship to student, sign, and date below.

Signature of ☒ Parent ☐ Guardian ☐ Surrogate

Date: _____

Signature of ☐ Parent ☐ Guardian ☐ Surrogate

Date: _____

Signature of Adult Student (ages 18-21):

Date: _____

Signature of Designated District Representative:

Date: _____

Title/Position: _____

"IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE- '(i) ATTENDANCE NOT NECESSARY – A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting, '(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if—'(I) the parent and the local educational agency consent to the excusal; and '(II) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. '(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent's agreement under clause (i) and consent under clause (ii) shall be in writing."

SACRAMENTO CITY UNIFIED SIGNATURE AND PARENT CONSENT

Student Name: Thao, LilyBirthdate: 5/13/2004IEP Date: 11/4/2020

IEP Meeting Participants

| | | | |
|---|------------------|---|------------------|
| <u>Zong Xiong (Mother)</u> | <u>11/4/2020</u> | | |
| Parent/Guardian/Surrogate | Date | Parent/Guardian | Date |
| <u>Lily Thao</u> | <u>11/4/2020</u> | <u>Kelda Barker (English Teacher)</u> | <u>11/4/2020</u> |
| Student/Adult Student | Date | General Education Teacher | Date |
| <u>Ygnacio Zarate (Assistant Principal)</u> | <u>11/4/2020</u> | <u>Stephen Stark (Case Manager)</u> | <u>11/4/2020</u> |
| LEA Representative/Admin.Designee | Date | Special Education Specialist | Date |
| <u>Ka Kiertoukaisy (Interpreter)</u> | <u>11/4/2020</u> | <u>Jenna Ratcliffe (Speech- Language Pathologist)</u> | <u>11/4/2020</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.