

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

**Student Name:** Nalee Thao

**Birthdate:** 11/21/2013

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

**Address** 3500 REEL CIR Sacramento, CA 95832

**Dear** Choua Chang

**Today's Date** 03/26/2021

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** 12/13/2019

**Time** 10:00

**School/Location** Susan B Anthony (Zoom)

**Room** Zoom

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

☒ Administrator/Designee

☐ Special Education Teacher

☒ General Education Teacher

☐ Student

☐ Psychologist

☒ Specialist LSHS

☒ 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 M.A. CCC-SLP

**Title** LSHS

**School/District** Sacramento City Unified School District

**Phone** 916-542-1288

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:

**Comments/Additional Information**

# **SACRAMENTO CITY UNIFIED IEP TEAM MEMBER EXCUSAL**

Student Name: Thao, NaleeBirthdate: 11/21/2013IEP Date: 3/26/2021

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 3/26/2021 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>Mrs. Lee Her</u>	<u>General Education Teacher</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> whole <input type="checkbox"/> in part
<u>Bao Moua</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input 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  
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY**

Student Legal Name: Thao, Nalee Legal Suffix: \_\_\_\_\_ Date of Birth: 11/21/2013 IEP Date: 3/26/2021  
 Original SpEd Entry Date: 12/20/2018 Next Annual IEP: 3/25/2022  
 Last Eval: 11/15/2018 Next Eval: 11/15/2021

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: 70038153

Native Language: 23 Hmong

Redesignated: ☐ Yes ☒ No

SSID: 7738874324

Interpreter ☒ Yes ☐ No

Parent/Guardian: Choua Chang

Home Address: 3500 REEL CIR

City: Sacramento

State/Zip: CA, 95832

Home Phone:   

Work Phone:   

Cell Phone: (916)730-9762

Email:   

Parent/Guardian: Kou Thao

Home Address: 3500 REEL CIR

City: Sacramento

State/Zip: CA, 95832

Home Phone:   

Work Phone:   

Cell Phone: (916)730-9762

Email:   

District of Special Education Accountability: Sacramento City Unified School District

Residence School: Susan B. Anthony

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)** Nalee's speech is difficult to understand and she is demonstrating difficulty expressing her thoughts, feelings, and needs in the classroom in Hmong and English.

**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: 9/13/2018

Person Initiating the Referral for Special Education service: 20 Teacher

Date District Received Parent Consent: 10/4/2018

Date of Initial Meeting to Determine Eligibility: 12/14/2018

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

Student Name: Thao, NaleeBirthdate: 11/21/2013IEP Date: 3/26/2021**Strengths/Preferences/Interests**

*Nalee's mom reports that she enjoys organizing her clothes and belongings. She also likes to do her homework and study. Nalee's SLP reports that she has observed that Nalee enjoys dancing and doing make-up as well.*

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

*Mom expressed concerns about Nalee's education specifically her speech. However, Nalee's mother explained that she is not very concerned because her older siblings demonstrated the same developmental speech patterns, describing it as being quiet at first, and then using more words once they enter school.*

**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 StandardWriting ☐ Above Standard ☐ Near Standard ☐ Below StandardSpeaking and Listening ☐ Above Standard ☐ Near Standard ☐ Below StandardResearch/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 StandardProblem Solving and Data Analysis ☐ Above Standard ☐ Near Standard ☐ Below StandardCommunication Reasoning ☐ Above Standard ☐ Near Standard ☐ Below Standard**California Alternate Assessments (CAA)**☒ Not ApplicableEnglish Language Arts ☐ Understanding ☐ Foundational Understanding ☐ Limited UnderstandingMath ☐ Understanding ☐ Foundational Understanding ☐ Limited UnderstandingScience ☐ Understanding ☐ Foundational Understanding ☐ Limited Understanding**English Language Development Test (English Learners Only)**☐ Not Applicable☒ ELPACOverall Score: Level 2 Overall Performance Level: Level 2 Oral Language Score/Level: 1390/L 2Written Language Score/Level: 1399/L 2Listening: Somewhat/ModeratelySpeaking: Somewhat/ModeratelyReading: Somewhat/ModeratelyWriting: Somewhat/Moderately☐ Alternate Assessment

Name:

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:** 3/8/2018 ☒ Pass ☐ Fail ☐ Other

**Vision Date:** 3/8/2018 ☒ Pass ☐ Fail ☐ Other

**Preacademic/Academic/Functional Skills**

*Nalee's I-Ready Reading: Diagnostic 1 = 385 Kinder Diagnostic 2 = 339 Emerging Kinder*

*Math: Diagnostic 1 = 352 Kinder Diagnostic 2 = 336 Emerging Kinder*

*HF Words: 49/64 first half and 22/60 second half of the year.*

*1st Math Interim = Standard Not Met & 2nd Math Interim = Standard Met*

*Nalee is attending Zoom on a daily basis. She is participating now and does well with asynchronous learning when she wants to. She does not do homework on a daily basis. Nalee needs to work on positive behavior in class. She is stubborn when asked to do her work. She will stay silent or turn her video off. Classroom teacher reports that she contacts parents and older sibling on a daily basis in order to have Nalee comply with distance learning norms.*

**Communication Development**

*Nalee has been attending speech and language sessions via distance learning. Her speech sound production appears to be inconsistent however she does present with errors including blends /r/ blends and /s/ blends. When asked wh- questions she is able to respond to "what" and "where" questions however with more complex questions such as "when" and "how" she will answer as if they are "what" and "where". When listening to a short passage Nalee often requires multiple redirections to stay on task. Then when answering questions she has been noted to also have a difficult time identifying characters feelings. It is difficult to determine whether her difficulty with responding to questions is due to her lack of attention or difficulty with comprehension.*

**Gross/Fine Motor Development**

*No concerns at this time.*

**Social Emotional/Behavioral**

*Nalee is very compliant and appears to be happy quite often. She has difficulty staying focused and listening to directions. Parent reports that she listens to directions more in Hmong than she does in English. She often requires supervision to remain compliant with staying on Zoom, if left alone she will walk away and do another activity.*

**Vocational**

*Nalee is not of vocational age yet.*

**Adaptive/Daily Living Skills**

*There are no concerns. Nalee is able to wake up, wash her face, and brush her teeth. She does not like to comb her hair.*

**Health**

*She is very healthy, no reports of hospitalizations, illnesses, or medications. Previously she presented with Ear drums were red with no infections. The pediatrician also found that she had some fluid in her ears but this is no longer a concern.*

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

*Articulation and Language*

**SACRAMENTO CITY UNIFIED  
SPECIFIC LEARNING DISABILITY  
TEAM DETERMINATION OF ELIGIBILITY -DISCREPANCY ELIGIBILITY**

**Student Name:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

**School:** Susan B. Anthony

☐ Initial Evaluation

☐ 3-Year Re-evaluation

A specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes included attention, visual processing, auditory processing, sensory-motor skills, phonological processing, and cognitive abilities including association, conceptualization and expression.

**Section I. Instructions:** Select Option A, B, or C below.

The decision as to whether or not a severe discrepancy exists takes into account all relevant material, which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education.

☐ A. The IEP team finds a severe discrepancy between intellectual ability and achievement based on valid standardized tests.

☐ B. The IEP team finds a severe discrepancy based on alternative measures as specified on the assessment plan.

☐ C. The IEP team finds a severe discrepancy between intellectual ability and achievement as a result of a disorder in one or more of the basic psychological processes. (Complete and attach the Special Learning Disability Discrepancy Documentation Form)

Area/s in which the pupil meets criteria under Option A, B, or C

☐ Oral Expression

☐ Mathematics Calculation

☐ Reading Comprehension

☐ Written Expression

☐ Basic Reading Skills

☐ Listening Comprehension

☐ Mathematics Problem Solving

**Section II.** The discrepancy identified above is directly related to a processing disorder: ☐ Yes ☐ No

Check appropriate area(s):

☐ Sensory Motor Skills

☐ Auditory Processing

☐ Phonological Processing

☐ Cognitive Abilities,(including association, conceptualization and expression)

☐ Visual Processing

☐ Attention

**Section III.** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage. If the learning problem is primarily the result of any of the items below (A-H) check "Yes", and the student may not be identified as having a learning disability.

A. Visual, hearing, or motor disability

☐ Yes ☐ No

B. Intellectual disability disadvantage.

☐ Yes ☐ No

C. Emotional disturbance

☐ Yes ☐ No

D. Cultural factors

☐ Yes ☐ No

E. Environmental or economic disadvantage

☐ Yes ☐ No

F. Limited English proficiency

☐ Yes ☐ No

G. Limited school experience or poor school attendance

☐ Yes ☐ No

H. Lack of appropriate instruction in reading or math

☐ Yes ☐ No

a. The IEP team considered data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

b. The IEP team considered data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents

**Section IV.** Additional Relevant Information:

Basis for determination of eligibility:

☐ Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report. ☐ Other (specify)

**Section V.** Relevant behavior related to academic functioning, noted during observation:

**Section VI.** Educationally relevant medical findings, if any:

**Section VII. Conclusion:**

The pupil has a specific learning disability.

☐ Yes ☐ No

The degree of the pupil's impairment requires special education.

☐ Yes ☐ No

I agree with the conclusions stated above:

/

Parent/Guardian/Surrogate/Adult / Date

/

LEA Representative/Admin. Designee / Date

/

Special Education Specialist / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Parent/Guardian/Surrogate/Adult / Date

/

General Education Teacher / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

/

Additional Participant/Title / Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

**Signature and Title/Date:** \_\_\_\_\_**Date:** \_\_\_\_\_

**SACRAMENTO CITY UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

<b>Area of Need:</b> Language	<b>Measurable Annual Goal #:</b> <u>2</u>  <b>Goal:</b> By 12/2020, she will answer questions to a passage read to her with correct grammar and syntax in 50% of her attempts.  <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 checked="" 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
<b>Baseline:</b> She is answering questions with 1 and 2-word responses primarily in 50% of her responses. She can respond with 4-word responses.	

**Short-Term Objective:** By 3/2020, she will answer questions to a passage read to her with correct grammar and syntax in 25% of her attempts.

**Short-Term Objective:** By 5/2020, she will answer questions to a passage read to her with correct grammar and syntax in 33% of her attempts.

**Short-Term Objective:**

**Progress Report 1:** 3/2/2020

**Summary of Progress:** She answered the "wh" questions correctly with 4/4 accuracy. She was able to use correct sentence responses with 1/4 accuracy.

**Comment:**

**Progress Report 2:** 5/12/2020

**Summary of Progress:** Spoke to father and he was busy and did not return my call. Messages were left, but none were returned. Progress report was not attained.

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:** 3/26/2021

**Goal met** ☐ Yes ☒ No

**Comments:** Nalee will respond to "what", "who" and "where" questions in 1 to 4 word phrases.



**SACRAMENTO CITY UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

<b>Area of Need:</b> Articulation	<b>Measurable Annual Goal #: 1</b>  <b>Goal:</b> By March 2022, Nalee will produce all age appropriate sounds including blends during a 5-minute structured conversation with less than 5 errors as measured across 4 out 5 trials and LSHS data and observation.
<b>Baseline:</b> Nalee inconsistently produces age appropriate blends including /s/ blends and /r/ blends during conversations but is stimuable for the productions of these blends at the word level with greater than 90% accuracy.	<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>

**Short-Term Objective:** By June 2021, Nalee will produce /s/ blends and /r/ blends within self-generated sentences with greater than 80% accuracy as measured in 4 out 5 trials by LSHS data and observation.

**Short-Term Objective:** By November 2021, Nalee will produce all age-appropriate sounds including blends during a 5-minute structured conversation with no more than 10 errors as measured by LSHS data and observation.

**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:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

<b>Area of Need:</b> Language	<b>Measurable Annual Goal #:</b> <u>2</u>  <b>Goal:</b> By March 2022, Nalee will respond to reading comprehension questions including "when" and "how" questions with grammatically correct complete questions with 80% accuracy as measured by LSHS data.
<b>Baseline:</b> Nalee responds to reading comprehensions questions typically with 1 to 4 words and has difficulty responding to questions with characters feelings and "when" and "how" concepts.	<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 <b>Person(s) Responsible:</b>

**Short-Term Objective:** By June 2021, Nalee will respond to reading comprehension questions including "when" and "how" questions with grammatically correct complete questions with 60% accuracy as measured by LSHS data.

**Short-Term Objective:** By November 2021, Nalee will respond to reading comprehension questions including "when" and "how" questions with grammatically correct complete questions 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: Thao, NaleeBirthdate: 11/21/2013IEP Date: 3/26/2021

**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 Nalee 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 she 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>3/26/2021</u>	<b>End Date:</b> <u>3/25/2022</u>
<b>Provider:</b> <u>SELPA</u>	<input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> <u>30 min x 25</u> Totaling: <u>750 min</u> served <u>Yearly</u>	<b>Location:</b> <u>Regular classroom/public day school</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:** Nalee is not demonstrating any signs of regression.

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:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

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)

**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 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:** Thao, Nalee

**Birthdate:** 11/21/2013

**IEP Date:** 3/26/2021

**Date:** 3/26/2021

**Notes:** Purpose of meeting: Annual IEP to determine continuing eligibility for special education services and annual IEP to review goals, services, placement and current supports to determine if Nalee 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, Choua Chang*

*Sibiling, Lisa Chang*

*Administration, Bao Moua*

*Translator (hmong), John Thao*

*An excusal form was presented for Nalee's Teacher, Mrs. Lee-Her. Prior written input had been provided regarding Nalee's academics*

*Attendance form was presented and completed.*

*Demographics were verified. All information is correct.*

*Strengths and parental concerns were discussed. Parent also stated that Nalee has made progress in her speech since kindergarten but continues to present with errors. They reported no concerns regarding their child's academics although she does have a difficult time with attention during distance learning.*

*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 Nalee meets criteria for special education services as a child with a speech and language impairment. The team discussed Nalee's academic deficits and the goals needed to remediate those deficits. Next the team determined the amount of support necessary for Noah to achieve educational benefit. The team discussed placement options and determined that the least restrictive environment for Nalee 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 Nalee 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 Nalee 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/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 language and 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: Thao, NaleeBirthdate: 11/21/2013IEP Date: 3/26/2021Physical Education: ☐ General ☐ Specially Designed ☐ OtherDistrict of Service: Sacramento City Unified School DistrictSchool of Attendance: Susan B. AnthonyAll special education services provided at student's school of residence? ☒ Yes ☐ No (rationale)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): Residential Facility

(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)

98 % of time student is outside the regular class & extracurricular & non academic activities2 % 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:** *For once weekly speech and language services because specialized instruction is needed to help remediate delays in receptive and express language skills, and articulation*

**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 IEP
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)

*The speech therapist will assist with the preschool classroom teacher and Nalee's parent regarding transition to Kindergarten*



# SACRAMENTO CITY UNIFIED SIGNATURE AND PARENT CONSENT

Student Name: Thao, NaleeBirthdate: 11/21/2013IEP Date: 3/26/2021

## IEP Meeting Participants

<u>Choua Chang</u>	<u>3/26/2021</u>		
Parent/Guardian/Surrogate	Date	Parent/Guardian	Date
<u>Nalee Thao</u>	<u>3/26/2021</u>		
Student/Adult Student	Date	General Education Teacher	Date
<u>Bao Moua, Principal</u>	<u>3/26/2021</u>	<u>Abigail Clayton, LSHS</u>	<u>3/26/2021</u>
LEA Representative/Admin.Designee	Date	Special Education Specialist	Date
<u>Lisa Chang (sister)</u>	<u>3/26/2021</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.