### 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

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions Proposed** | **Reasons for Proposed Actions** | **Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Proposed** | **Date Actions will be implemented** |
| **Educational Placement** - Review Educational Placement  **Provision of FAPE** - 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 |

|  |  |  |
| --- | --- | --- |
| **Actions Refused** | **Reasons for Refused Actions** | **Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Refused** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Other Options Considered** | **Reasons for Rejecting Other Options** | **Other Factors Relevant to Actions Proposed and/or Refused** |
|  |  | 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 Abigail Clayton

Position LSHS

Phone

916-542-1288

E-mail Address

[Abigail-Clayton-NPA@SCUSD.edu](mailto:Abigail-Clayton-NPA@SCUSD.edu)

IEP Dated 03/16/2021 attached:

Yes Not Applicable

### SACRAMENTO CITY UNIFIED

**Assessment Plan**

**Name:** *Xiong, Skylar* **Birthdate:** *10/29/2013* **Date:** *2/25/2021*

Initial Annual Triennial Transition Interim Other

**To parent/guardian of:** *Skylar Xiong* **Assessment Plan Date:** *2/25/2021*

**District:** *Yav Pem Suab Academy* **School:** *Yav Pem Suab Academy*

**Grade:** *First grade*

### Native 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 Individualswith Disabili??es Act(IDeA) and California educa??uon Code require an evaluua??on of your child to determine her conunuing eligibility for special educauon service(s). A schooldistrict may notassessmore frequently than annually andmustassessatleastevery three years, unless the parentand schooldistrict agree otherwise. results of this assessmentreview will beused to assist the IeP team in determining conunuing eligibility for Skylar and in making an oﬀer for a Free Appropriate Public educauon (FAPe) for eligible students in accordance with the Individualwith Disabiliues educauon Act(IDeA).

**Description of other options considered and reasons for rejecting them:** *the schooldistrict considered opuonssuch asa full ban?? ery of in-person standardized assessmentsfor each area of need, however, this opuonwasrejected due to state and county health departmentguidelineseliminaung the opuon of in person-assessmentsatthisume. In order to conductthisassessment, therefore, the district will consider all available and relevant informauon??, including, butnotlimited to review of your child’s cumulauve?? educauonal?? records, informauon?? provided by parent(s), teacher(s), related services provider(s) and other IeP teammembers.*

**Other factors relevant to the proposal:** *the teamwilldiscussamendmentsto the IeP thatare/will take eﬀectdue to schoolclosuresand adopuon 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

# LSHS (asassigned)

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)

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:

*du*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Abigail Clayton M.A. CCC-SLP* |  | *LSHS* | *916-542-1288* | *Abigail-Clayton-*  [*NPA@SCUSD.e*](mailto:NPA@SCUSD.e) |
| 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 Speechand 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 outto family and schedule meeung.*

### 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 Firstgrade* **Native Language:** *23 Hmong*

**EL: **Yes No **Redesignated: **Yes No **Interpreter **Yes No

|  |  |  |
| --- | --- | --- |
| **Student ID:** *70049886* | **SSID:** *3530525703* |  |
| **Parent/Guardian:** *Ko Yang*  **Home Address:** *1725 armington ave* |  | **Home Phone:** *(916)-424-2792*  **Work Phone:** |
| **City:** *Sacramento*  **State/Zip:** *Ca, 95832* |  | **Cell Phone:** *(916) 318-2598*  **Email:** |
| **Parent/Guardian:** |  | **Home Phone:** |
| **Home Address:** |  | **Work Phone:** |
| **City:** |  | **Cell Phone:** |
| **State/Zip:** *,* |  | **Email:** |

**District of Special Education Accountability:** *Sacramento City Uniﬁed School District*

**Residence School:** *john Sull 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:** *Speechor 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'smom reports thatshe enjoysdrawing, hiking, and being independent. She is adamantaboutnotwanung help with something that she already knowshow to do. her classroom teacher reports thatshe enjoysmath and being called upon to solve math problemsin frontof the class. Shealso likes uulizing emojisduring distance learning to communicate. In addiuon, she enjoyssmallreading groupsand is very engaged during these sessions.

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

# Momreportsno currentconcernsregarding her academicsor speech. Shehasnouced an increased in her overall clarity with her speech producuon 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 tesung range.*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Hearing Date:** *11/17/2017* | Pass | Fail | Other |
| **Vision Date:** *11/17/2017* | Pass | Fail | Other *She isgoing tobereceiving correcuve lensesfor farsighted.* |

**Preacademic/Academic/Functional Skills**

# Skylar's classroom teacher reports thather mostrecentformaland informalbased assessmentsare asfollows:

*-reading ﬂuency 40/ wordsper minute on grade appropriate passage “the Vet.”*

# -basic phonics Skills test (bpSt) 43. Wantto at least 50 by end of year preferably 60.

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

# reportcard grades: Language Arts 2 nearly meeung standard. Grammar a 1.

*Allmath right now a 3. I haveanother test nextweek with her for math. Atthisume she needsto 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 hmongand english, however she primarily uses english to communicatewithin her environments.

*Speech:*

# Skylar hasmadeprogressin her ability to produce all speech sound targets. For producuon of the “sh” and “ch” sound she is currently able to produce these soundsin self-generated sentenceswith greater than 95% accuracy. For the “dzh” as in “beige” or “television” she is able to producewith 95% accuracy. She conunuesto interminently havediﬃculty producing /l/ blendsduring structured conversauons. Within the speech and language environmentshe is presentswith less than 1 error during 5-minute structured conversauon. It also hasbeen observed thatshe hasdiﬃculty with the /r/ phonemeand often subsututesthissound for a /w/ or vowelizes it to an “uh” sound. She is sumulable for these sounds. With /r/ blendsshe is able to produce at theword level, however hasdiﬃculty at the sentence level.

*Language:*

# Skylar demonstratesage appropriate language. She speaksin complete sentenceswith age-appropriate vocabulary. She is able to answer a variety of wh- quesuons, and categorize. Atthe umeofhislastassessmentreview of recordsdid not indicate the need for formalrecepuve and expressive language tesung.

*Voice:*

# her voice wasjudged to be rough for her agewhich may indicate an underlying dysphonia.

**Gross/Fine Motor Development**

# Grossmotor: parentreportsthat Skylar is able to run, climb on the play structure, ride a scooter and jump rope independently.

*Finemotor: parentreportsthat Skylar is able to draw, hold a pencil, cutpaper and use eaung utensils. teacher reports Skylar demonstrates good dexterity when building with duplos.*

**Social Emotional/Behavioral**

# teacher reportsshe hasfriends in the classroom and builds relauonshipswellwith both adultsand peers in the classroom.

**Vocational**

# Skylar saysshewantsto bea belly dancer when she growsup.

**Adaptive/Daily Living Skills**

# parentreportsthat Skylar wantsto do thingson her own. She is able to dressherself, brush her teeth, feed herself and take a bath by herself. teacher reportsshe is able to serve herself, passfood to othersduring mealumeandwashher hands.

**Health**

# parentreportsthat Skylar is in good health with no allergies, and she is notcurrently taking any medicauon.

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

# Speech intelligibility (aruculauon).

### 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



**Measurable Annual Goal #:** *1*

**Goal:** 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.

Enables student to be involved/progress in general curriculum/state standard Addresses other educational needs resulting from the disability Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

**Person(s) Responsible:** 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



**Baseline:** 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%

**Area of Need:** Articulation

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



**Measurable Annual Goal #:** *2*

**Goal:** By February 2021, Skylar will produce /l/ and l-blends within a structured conversation

with 80% accuracy in 4 out 5 trials as measured by LSHS data.

Enables student to be involved/progress in general curriculum/state standard Addresses other educational needs resulting from the disability Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

**Person(s) Responsible:** LSHS, Student

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



**Baseline:** Skylar currently produces /l/

and l-blends with 80% accuracy at word level.

**Area of Need:** Articulation

trials as measured by LSHS data.

**Short-Term Objective:** By November 2020, Skylar will produce /l/ 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 /l/ 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 /l/ and /l/ blends at the conversation level.



**Measurable Annual Goal #:** *3*

**Goal:** 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.

Enables student to be involved/progress in general curriculum/state standard Addresses other educational needs resulting from the disability Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

**Person(s) Responsible:** LSHS, Student

**Baseline:** Skylar is currently producing

the "dzh" sound with 50% accuracy in all positions at the word level

**Area of Need:** Articulation

**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:**



**Measurable Annual Goal #:** *1*

**Goal:** 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.

Enables student to be involved/progress in general curriculum/state standard Addresses other educational needs resulting from the disability Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

**Person(s) Responsible:** 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



**Baseline:** Skylar is able to produce all

vocalic /r/ combinations in isolation.

**Area of Need:** Articulation

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:



**Measurable Annual Goal #:** *2*

**Goal:** 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.

Enables student to be involved/progress in general curriculum/state standard Addresses other educational needs resulting from the disability Linguistically appropriate

Transition Goal: Education/Training Employment Independent Living

**Person(s) Responsible:** 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



**Baseline:** Skylar is able to produce

voiced and voiceless "th" in isolation with 85% accuracy with a direct verbal prompt.

**Area of Need:** Articulation

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:

**Offer of FAPE - SERVICE**

**Student Name:** *Xiong, Skylar* **Birthdate:** *10/29/2013* **IEP 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 |

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

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

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

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



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

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

### SPECIAL EDUCATION and RELATED SERVICES

|  |  |  |
| --- | --- | --- |
| **Service:** *Languageand speech* | **Start Date:** *3/16/2021* | **End Date:** *3/16/2022* |
| **Provider:** *SELPA* | Ind Grp Sec Transition | |
| **Duration/Freq:** *30* min x *30* Totaling: *900* min served *Yearly* | **Location:** *Separateclassroominpublic integrated facility* | |
| **Comments:** *Speechand languageservicescanbeprovided in, butnot limited to the followingmodels: consult/ collaborauonwith the classroomteacher, push-in, andpull-out. Servicesmay be interruptedby special school funcuons, studentabsences, tesung, ﬁeld trips, and school drills. Studentwill notbepulled for servicesduring theﬁrstand last twoweeksof school dueto consultauonandplanningpurposes.* | | |

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.

### 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 parucipate (Outside tesung Groupor plan type 20)*

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

*90 not to parucipate (Outside tesung Groupor plan type 20)*

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

*90 not to parucipate (Outside tesung Groupor 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) **Adaptations Not Applicable Sensory support Functional positioning Alternative response mode Assistive equipment or device Visual support

Alternative mode for written language Augmentative or alternative communication system

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

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

### Initial ELPAC

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

 **Summative ELPAC Computer-based **Without Designated Supports (All domains) Embedded Designated Supports

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

Non-embedded Accommodations

### Alternate Assessment to ELPAC

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 ofmeeung: Annualand Triennial IEP to determine conunuing eligibility for special educauon services and annual IEP to review goals, services, placementand currentsupportsto determine if Skylar ismaking progressand is conunuing to receive educauonal beneﬁt.

*A copy of the parent's rightswere provided emailed to the parentand parentdeclined to reviewed. Introducuonswere made. Membersin via Zoomanendance:*

# Speech-language Pathologist, Abigail Clayton M.A. CCC-SlP Parent, Ko Yang

*Administrauon, Julia Yang Teacher, Claudia Sherry Interpreter (hmong), bee lor*

# Anendanceformwaspresented and completed. Demographicswereveriﬁed. All informauon is correct.

*Strengthsand parentalconcernswere discussed. Parentalso stated that Skylar's speech ismore clear when she speaksand thatshe has madeprogressin her speech since kindergarten. They reported no concernsregarding their child’s academicsalthough.*

# Thegeneraleducauon teacher reported on their current levels and shared the results of their assessments(see present levels pageand report anached).

*The speech-language pathologist reported on their current levels and shared the results of their assessments(see present levels pageand reportanached).*

# The team reviewed the classroom and assessmentdata and determined that Skylar meetscriteria for special educauon services asa child with a speech and language impairment. The teamdiscussed Skylar's academic deﬁcitsand the goalsneeded to remediate those deﬁcits. next the teamdetermined the amountof supportnecessary for Skylar to achieve educauonalbeneﬁt. The teamdiscussed placement opuonsand determined that the least restricuve environmentfor Skylar and The District's oﬀer of a free and appropriate educauon (FAPE) is through inclusive pracucesin the generaleducauon classroom with pull-out for speech and language services. Thisplacementallows Skylar to receive special educauon serviceswhile remaining with hispeers in the generaleducauon classroom to accessthe general educauon curriculum. The teamdiscussed academic regression and determined that Skylar is notatrisk of academic regression and the extended schoolyear is notrecommended at this ume.

*The FAPE and Servicespage of this annualand triennial IEP reﬂecta FAPE oﬀer which would beprovided in a full ume, tradiuonal in-person educauon model. This is notthe currentmodelavailable with the District, since due to the COVID-19, the District hasbeen ordered to begin the schoolyear in a distance learning model. Theneed for the distance learning modelisanucipated to be temporary. because this IEP includesan oﬀer of FAPE for the next 12 months, the FAPE and Servicespagesreﬂectwhatthe long term oﬀer of FAPE looks like after school physically reopens.*

# In 2020, due to the COVID-19 pandemic, schoolswere unexpectedly physically closed in an eﬀortto limit the spread of this virus. It is now anucipated thatsimilar physical schoolclosuresmay benecessary in the future. In an eﬀortto beprepared for this future possibility, the District is now including in IEPsa statementregarding IEP implementauon should another unforeseen circumstance arise. Therefore, in the eventof a future physical closure (separate from the current COVID-19 pandemic) due to an emergency lasung morethan 10 schooldays, the District will provide:

*-Accessto both synchronousand asynchronousinstrucuon, aspossible given the emergency situauon*

# -Weekly contact, asaminimum, by each provider on your child’s IEP implementauon teamduring the emergency situauon

*-Virtual and low tech educauonalopportuniues, aspossible given the emergency situauon*

# -Wrinen nouceof the opportunity for an IEP meeung to discuss an individualized temporary plan during the emergency situauon.

*Dueto state and local health orders, in-person learning is notcurrently possible. In order to supportyour student’s accessto learning during the ongoing physical schoolclosure, the district is proposing the following temporary distance learning programwhich will provide FAPE virtually unulthe in-person learning programoutlined on the FAPE plan is available to be implemented safely. This temporary distance learning programhasbeen speciﬁcally designed to supportyour child’s individual and specialized educauonalneedsduring the physical schoolclosure in order to provide accessto appropriate progressin light of their individual circumstancesatthisume. When it is deemed safe to re-open schools for in person learning, this temporary distance learning programwillbe immediately terminated, and the studentwill return to the IEP services and placementoutlined on the FAPE and Servicespagesof this IEP. Theproposed temporary distance learning plan for your student is consistentwith on-campuslearning.*

# Goalswereproposed in the area of aruculauon and phonology accepted by the team.

*Service minuteswere discussed. The teamdiscussed providing speech and language services oneumeweekly for thirty minuteswith the exclusion of the ﬁrstand last twoweeksof the academic schoolcalendar for administrauve purposesand teammembersagreed that this amountof umeisappropriate to addressthe student's needs.*

# Parentconsentwasverbally obtained and agreed to receive IEP documentselectronically. Themeeungwasadjourned.

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

**Student Name:** *Xiong, Skylar* **Birthdate:** *10/29/2013* **IEP Date:** *3/16/2021*

**Physical Education: **General Specially Designed Other

**District of Service:** *Yav Pem Suab Academy* **School of Attendance:** *Yav Pem Suab Academy*

**All special education services provided at student’s school of residence?** Yes No (rationale) *Skylar is enrolled in Yav Pem Suab Academy which is a schoolof 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 above

### Is the Regular Early Childhood Program ten hours per week or greater? Yes No

**Program 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 activities

*98* **% 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:** *due to aruculauon and language therapy* because *it is highly individualized and needsto bedone in a smallgroup semng.*

### Other Agency Services

County Mental Health



California Children's Services(CCS) Regional Center

Probation

Department of Rehabilitation Department of Social Services (DSS) Other

**Promotion Criteria: **District Progress on Goals  Other

### Parents will be informed of progress:

Quarterly Trimester Semester  Other

**How? **Progress Summary Report  Other

**ACTIVITIES TO SUPPORT TRANSITION** (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)

# Whenappropriate, Skylar can geta tour of the kindergarten classroom, meetthe teacher and be informed of the kindergarten enrollment period.

### SACRAMENTO CITY UNIFIED SIGNATURE AND PARENT CONSENT

**Student Name:** *Xiong, Skylar* **Birthdate:** *10/29/2013* **IEP Date:** *3/16/2021*

**IEP Meeting Participants**

*Ko Yang 3/16/2021*

Parent/Guardian/Surrogate Date Parent/Guardian Date

*Claudia Sherry 3/16/2021*

Student/Adult Student Date General Education Teacher Date

*Abigail Clayton M.A. CCC-SLP 3/16/2021*

LEA Representative/Admin.Designee Date Special Education Specialist Date

*Bee Lor (Translator-Hmong) 3/16/2021*

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  Parent Guardian Surrogate Adult Student | Date |  |
| Signature  Parent Guardian Surrogate Adult Student | Date |  |

### 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.