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**Comments/Additional Information**

**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 *Translator (Hmong)*





Special Education Teacher General Education Teacher Student



Psychologist

Specialist *LSHS*

**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:







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**SACRAMENTO CITY UNIFIED IEP TEAM MEMBER EXCUSAL**

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP 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 |
| *Mrs. Lee Her* | *General Education* |  |  | whole in part |
| *Teacher* |
|  |
| *Bao Moua* |  |  |  | whole in part |
|  |  |  |  | whole in part |
|  |  |  |  | whole in part |
|  |  |  |  | whole in part |
|  |  |  |  | whole 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."*

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**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* **Native Language:** *23 Hmong*

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



**Student ID:** *70038153* **SSID:** *7738874324*

**Parent/Guardian:** *Choua Chang* **Home Phone:** *.*

**Home Address:** *3500 REEL CIR* **Work Phone:** *.*

**City:** *Sacramento* **Cell Phone:** *(916)730-9762*

**State/Zip:** *CA, 95832* **Email:** *.*

**Parent/Guardian:** *Kou Thao* **Home Phone:** *.*

**Home Address:** *3500 REEL CIR* **Work Phone:** *.*

**City:** *Sacramento* **Cell Phone:** *(916)730-9762*

**State/Zip:** *CA, 95832* **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*

**Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation**

Not Eligible for Special Education Exiting from Special Education (returned to reg. ed/no longer eligible)





**in appropriate activities)** *Nalee's speech is di~cult to understand and she is demonstrating di~culty 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*

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

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP 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 we****l****.*

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

*Mom expressed concerns about Nalee's education specifica****ll****y her speech. However, Nalee's mother explained that she is not very concerned because her order 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 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 Above Standard Near Standard Below Standard

Analysis

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: *Level 2* Overall Performance Level: *Level 2* Oral Language Score/Level: *1390/ L 2*

Written Language Score/Level: *1399/ L 2*

Listening: *Somewhat/Moderately* Speaking: *Somewhat/Moderately* Reading: *Somewhat/Moderately*

Writing: *Somewhat/Moderately*

**Alternate Assessment** Name:

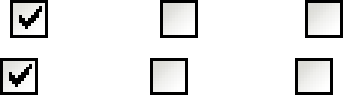


Overall Score/Level: Listening: Speaking: Reading: Writing:

**Physical Education Testing** (grades 5, 7 & 9):

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**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*

*HFWords: 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 wel****l*** *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 ask to do her work. She wi****l*** *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 wi****ll*** *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 difficulty 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 that she does in English. She often requires supervision to remain compliant with staying on Zoom, if left alone she wil****l*** *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, i****l****nesses, 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*

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**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*

Initial Evaluation

**School:** *Susan B. Anthony* 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.

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



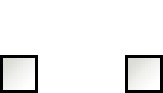
1. The IEP team finds a severe discrepancy based on alternative measures as specified on the assessment plan.
2. The IEP team finds a severe discrepancy between intellectual ability and achievement as a result of a disorder in one or more of the basic psychological processes. (Complete and attach the 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

Sensory Motor Skills Auditory Processing Phonological Processing

Check appropriate area(s):



Visual Processing Attention



Cognitive Abilities,(including association, conceptualization and expression)

**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.

1. Visual, hearing, or motor disability Yes No



1. Intellectual disability disadvantage. Yes No
2. Emotional disturbance Yes No
3. Cultural factors Yes No
4. Environmental or economic disadvantage Yes No
5. Limited English proficiency Yes No
6. Limited school experience or poor school attendance Yes No
7. Lack of appropriate instruction in reading or math Yes No
8. 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
9. 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:

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**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 Parent/Guardian/Surrogate/Adult / Date

/ /

LEA Representative/Admin. Designee / Date General Education Teacher / Date

/ /

Special Education Specialist / 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

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

**Signature and Title/Date:** *~~~~~~~~~~~~~~~~~~~~~~~~~~* **Date:** *~~~~~~~~~~~~~*

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**SACRAMENTO CITY UNIFIED   
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP Date:** *3/26/2021*

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

**Goal:** By 12/2020, she will answer questions to a passage read to her with correct grammar and syntax in 50% of her attempts.

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







**Area of Need:** Language

**Baseline:** 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.

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**SACRAMENTO CITY UNIFIED   
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP Date:** *3/26/2021*

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

**Goal:** 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.

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:**







**Area of Need:** Articulation

**Baseline:** Nalee inconsistently produces age appropriate blends including /s/ blends and /r/ blends during conversations but is stimulable for the productions of these blends at the word level with greater than 90% accuracy.

**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:**

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**SACRAMENTO CITY UNIFIED   
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP Date:** *3/26/2021*

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

**Goal:** 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.

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:**







**Area of Need:** Language

**Baseline:** 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.

**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:**

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

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP 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 |

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:** *Language and speech* | **Start Date:** *3/26/2021* **End Date:** *3/25/2022* |
| **Provider:** *SELPA* | Ind Grp Sec Transition |
| **Duration/Freq:** *30* min x *25* Totaling: *750* min served *Yearly* | **Location:** *Regular classroom/public day school* |
| **Comments:** *Speech and language services can be provided in, but not limited to the fo****ll****owing models: consult/ co****ll****aboration with the* | |
| *classroom teacher, push-in, and pul****l****-out. Services may be interrupted by special school functions, student absences, testing, field trips, and* | |
| *school dri****ll****s. Student wi****ll*** *not be pu****ll****ed for services during the first and last two weeks of school due to consultation and planning purposes.* | |

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.

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**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)**

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**

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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

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**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. A****l*** *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 pu****l****-out for speech and language services. This placement a****l****ows 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 fu****l*** *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 physica****l****y reopens.*

*In 2020, due to the COVID-19 pandemic, schools were unexpectedly physica****l****y 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 wi****l*** *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*

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*-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 fo****ll****owing temporary distance learning program which wil****l*** *provide FAPE virtual****l****y until the in-person learning program outlined on the FAPE plan is available to be implemented safely. This temporary distance learning program has been specifica****ll****y 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 wi****ll*** *be immediately terminated, and the student wil****l*** *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 verba****ll****y obtained and agreed to receive IEP documents electronica****ll****y. The meeting was adjourned.*

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

**Student Name:** *Thao, Nalee* **Birthdate:** *11/21/2013* **IEP Date:** *3/26/2021*

**Physical Education:** General Specially Designed Other

**District of Service:** *Sacramento City Unified School District* **School of Attendance:** *Susan B. Anthony*

**All 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 above



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



**Program 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 activities** *2* **% 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 ski****ll****s, 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**

Quarterly Trimester Semester Other IEP

**of progress:**

**How?** Progress Summary Report Other

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** *Thao, Nalee* | **SACRAMENTO CITY UNIFIED  SIGNATURE AND PARENT CONSENT**  **Birthdate:** *11/21/2013* **IEP Date:** *3/26/2021* | | Page 17 of 17 |
|  |  | |
| **IEP Meeting Participants**  *Choua Chang* | *3/26/2021* |  |  |
| Parent/Guardian/Surrogate  *Nalee Thao* | Date  *3/26/2021* | Parent/Guardian | Date |
| Student/Adult Student  *Bao Moua, Principal* | Date  *3/26/2021* | General Education Teacher  *Abigail Clayton, LSHS* | Date  *3/26/2021* |
| LEA Representative/Admin.Designee  *Lisa Chang (sister)* | Date  *3/26/2021* | Special Education Specialist | 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 | 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.

