

## Sample IEP Form

**E**very school district, in every state, has its own IEP form. While the forms vary, they must include the same information. We strongly recommend that you request a copy of your school's IEP form early in the process. If you already have your school's IEP form, double check with the district to

make sure that you have the most up-to-date version—the recent changes to IDEA are likely to have caused changes to the IEP form.

To get you familiar with IEP forms, we have included a sample here, reprinted with permission of the Marin County (California) Office of Education.



# Individualized Education Program (IEP)



**MARIN  
SELPA**  
IEP  
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9/08

Date of Meeting \_\_\_\_\_

## IDENTIFYING INFORMATION

Student \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ M ☐ F

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Parent requests to receive notices by electronic mail communication (e-mail) ☐ Yes ☐ No Work \_\_\_\_\_

Parent requests to participate in the Marin SELPA E-Mail List Serve ☐ Yes ☐ No

Parent's e-mail address \_\_\_\_\_ Home \_\_\_\_\_

Student's address if different from parent's ☐ LCI ☐ Foster Home

District of Residence \_\_\_\_\_ School \_\_\_\_\_

Home Language \_\_\_\_\_ If home language is other than English, is the student an English Language Learner? ☐ Yes ☐ No

## DATES OF ANTICIPATED MEETINGS

Annual Review	AB 3632 6-Month Review	3-Yr. Reevaluation	Add'l. Review
Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year

## IEP MEETING INFORMATION

Purpose of the meeting - Check all that apply

- ☐ Initial ☐ Annual Review ☐ Review Based on 3-Yr. Reevaluation ☐ AB 3632 6-Month Review ☐ Promotion/Retention  
☐ Manifestation Determination ☐ Transition ☐ Parent Request ☐ Amend IEP dated \_\_\_\_\_  
☐ Review assessments ☐ Determine eligibility ☐ Develop goals ☐ Develop/review behavioral plan  
☐ Recommend placement/service(s) ☐ \_\_\_\_\_

**WHAT CONCERN(S) DOES THE PARENT WANT TO SEE ADDRESSED IN THIS IEP TO ENHANCE THE STUDENT'S EDUCATION?**

## COMMUNICATION BETWEEN STUDENT IN A NPS AND IEP TEAM MEMBER

☐ Not Applicable, student is not enrolled in a private non-sectarian school.

- ☐ \_\_\_\_\_ a representative of \_\_\_\_\_ has notified the student  
 Name of NPS Representative \_\_\_\_\_ Name of Non Public School \_\_\_\_\_  
☐ in writing ☐ in a conversation ☐ \_\_\_\_\_ the student of his/her right to  
 private and confidential communication between the student and members of the student's IEP Team.  
☐ After a private and confidential communication between the student and members of the IEP Team, the student  
 requested the following be discussed:

The IEP Team is not required to include: (1) additional information beyond what is explicitly required in IDEA and California Education Code and (2) information under one component of a student's IEP that is already contained under another component of the IEP.

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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

The following assessment report(s) were reviewed. Report(s) include description(s) of the student's strengths, general education performance including STAR testing results and report cards, and achievement towards goals. (Please list name of report, examiner(s), and date of report.)

**ELIGIBILITY AS AN INDIVIDUAL WITH EXCEPTIONAL NEEDS**

- ☐ **1. Meets eligibility criteria as indicated:** Eligibility was last determined on \_\_\_\_\_
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Mentally Retarded            | <input type="checkbox"/> Hard of Hearing                                  | <input type="checkbox"/> Visually Impaired      | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Language or Speech Disorder  | <input type="checkbox"/> Emotionally Disturbed                            | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deaf/Blind              |
| <input type="checkbox"/> Autistic-Like Behaviors      | <input type="checkbox"/> Deaf   | <input type="checkbox"/> Multi-Handicapped      | _____  |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Other Health Impaired (Specify Impairment) _____ |   |  |
- ☐ **2. Does not meet eligibility for disabilities considered:** \_\_\_\_\_
- ☐ **3. The IEP Team determined that no additional data are needed to confirm that the student continues to meet the eligibility criteria as a child with a disability.** (Indicate in Section 1 the criteria the student has met)

**GOALS AND OBJECTIVES**

- ☐ Draft IEP goals and ☐ objectives were reviewed, revised, and are recommended.
- ☐ IEP goals and ☐ objectives were recommended on \_\_\_\_\_ and are continued.\*
- ☐ In addition to IEP goals and ☐ objectives continued from the meeting on \_\_\_\_\_, \* additional goals and objectives were reviewed, revised and are recommended.
- \*At or after the Annual Review

**STUDENT PROMOTION AND RETENTION (GRADES 2-8)**

- ☐ Student's grade placement is exempt from promotion/retention criteria for the current year and next school year (Preschool, Kindergarten, 1st grade, grades 9-12, and post-secondary)

<p>Current Year - Promotion from grade ____ to grade ____</p> <p><input type="checkbox"/> Student's grade placement is exempt from promotion/retention criteria.</p> <p><input type="checkbox"/> District adopted criteria for promotion for general education students .</p> <p><input type="checkbox"/> Substantial progress on goals. Grades 2-3 require reading standards only; grades 4-8 require reading, language arts, and math. List goal pages: _____</p> <p><input type="checkbox"/> _____</p>	<p>Year 200__ to 20__ Promotion from grade ____ to grade ____</p> <p><input type="checkbox"/> Student's grade placement will be exempt from promotion/retention criteria.</p> <p><input type="checkbox"/> District adopted criteria for promotion for general education students .</p> <p><input type="checkbox"/> Substantial progress on goals. Grades 2-3 require reading standards only; grades 4-8 require reading, language arts, and math. List goal pages _____</p> <p><input type="checkbox"/> _____</p>
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☐ **The student is at risk of retention, the IEP team considered the following:**

- ☐ Yes ☐ No Is the current IEP for the student's academic, linguistic, social and emotional, and behavioral needs appropriate?
- ☐ Yes ☐ No Is the manner of assessment, including any accommodations and modifications, identified in the IEP appropriate?
- ☐ Yes ☐ No Were all the services required by the student to make progress in the general education curriculum appropriately identified in the student's IEP?
- ☐ Yes ☐ No Did the student receive all the services identified in the IEP?
- ☐ Yes ☐ No Was the assessment conducted consistent with the IEP?
- ☐ Yes ☐ No Was the student's promotion standard appropriate and clarified in the IEP?

See page \_\_\_\_\_ for IEP Team recommendations

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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

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9/08**WORKSHEET FOR DETERMINATION OF ELIGIBILITY -  
SPECIFIC LEARNING DISABILITY**☐ Initial Evaluation  
☐ 3-Year Reevaluation

## 1. Presence of a Severe Discrepancy (Select either A or B and then complete items II through IV)

- ☐
- A. The IEP Team finds a severe discrepancy (18.5 points or more) between measures of intellectual ability and one or more of the following areas of achievement:

☐ Written Expression ☐ Basic Reading Skills ☐ Reading Fluency Skills ☐ Reading Comprehension☐ Mathematics Calculation ☐ Mathematics Problem Solving ☐ Listening Comprehension ☐ Oral Expression

Measure of Intellectual Ability \_\_\_\_\_ Score(s) \_\_\_\_\_

Test(s) of Academic Achievement/Score(s) \_\_\_\_\_

Discrepancy between Intellectual Ability and Academic Achievement \_\_\_\_\_

- ☐
- B. Standard measures do not reveal a severe discrepancy, but the IEP team finds a severe discrepancy does exist based upon the additional documentation provided in the attached report. (Complete and attach "Documentation of a Specific Learning Disability When There is No Discrepancy" -See page 4)

2. The discrepancy identified in Item 1 (above) is directly related to a processing disorder. ☐ Yes ☐ NoCheck the appropriate area(s): ☐ Sensory Motor Skills ☐ Visual Processing ☐ Auditory Processing☐ Attention ☐ Cognitive Abilities (including association, conceptualization, and expression)

Name of Test \_\_\_\_\_ Score \_\_\_\_\_

## 3. If any of the statements below (A-E) are checked "Yes", the student may not be identified as having a specific learning disability.

A. The discrepancy is primarily a result of a visual, hearing, or motor impairment. ☐ Yes ☐ NoB. The discrepancy is primarily a result of mental retardation or emotional disturbance. ☐ Yes ☐ NoC. The discrepancy is primarily a result of cultural factors or environmental or economic disadvantage. ☐ Yes ☐ NoD. The discrepancy is primarily a result of limited school experience or poor school attendance. ☐ Yes ☐ NoE. This discrepancy can be corrected through other general or categorical services offered within the general instructional program. ☐ Yes ☐ No4. The student has a specific learning disability. ☐ Yes ☐ No

I agree with the conclusions stated above:

School Psychologist/Date \_\_\_\_\_ Administrator/Designee/Date \_\_\_\_\_

Resource Specialist/Date \_\_\_\_\_ Teacher/Date \_\_\_\_\_

Speech/Language Specialist/Date \_\_\_\_\_ Nurse/Date \_\_\_\_\_

Parent/Guardian/Date \_\_\_\_\_ Other/Date \_\_\_\_\_

This report does not reflect my conclusion. I am attaching a statement presenting my conclusions.

Name

Title

Date

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Student \_\_\_\_\_

Date of Meeting \_\_\_\_\_

**DOCUMENTATION OF A SPECIFIC LEARNING DISABILITY WHEN THERE IS NO DISCREPANCY**

This form is to be completed in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized tests. (Ed. Code 3030 (j)(C))

1. Data from assessment instruments (ability and achievement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_2. Information provided by parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_3. Information provided by the student's present teacher: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Summary of the student's classroom performance:

a. Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_b. Work Samples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_c. Group Test Scores: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_5. Consideration of the student's age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_6. Additional Relevant Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

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9/08**WORKSHEET FOR DETERMINATION OF A LANGUAGE OR SPEECH DISORDER**☐ Initial Evaluation  
☐ 3-Year Reevaluation**Must Meet One or More of Criteria 1-5 and Criteria 6 and 7.**

- ☐ 1. **Articulation Disorder** - The student's production of speech significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the student's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level.  
Chronological Age or Developmental Level \_\_\_\_\_  
Articulation Test \_\_\_\_\_ Age Equivalent, Standard Score or %ile \_\_\_\_\_
- ☐ 2. **Abnormal Voice** - The student has an abnormal voice which is characterized by persistent, defective voice quality, pitch or loudness. (Student must have medical clearance for voice therapy.)
- ☐ 3. **Fluency Disorders** - The student has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the student and listener.
- ☐ 4. **Language or Speech Disorder** - Which is the result of a hearing loss.
- ☐ 5. **Language Disorder** - The student has an expressive or receptive language disorder when he or she meets one of the following criteria:
- ☐ A. The student scores at least 1.5 standard deviations (22.5 points) below the mean or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development. Check appropriate area(s):  
☐ Morphology ☐ Syntax ☐ Semantics ☐ Pragmatics  
Chronological Age or Developmental Level \_\_\_\_\_  
Standardized Test \_\_\_\_\_ Discrepancy \_\_\_\_\_ %ile \_\_\_\_\_  
Standardized Test \_\_\_\_\_ Discrepancy \_\_\_\_\_ %ile \_\_\_\_\_
- ☐ B. The student scores at least 1.5 standard deviations below the mean or the score is below the 7%ile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed below AND displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of fifty utterances. Check appropriate area(s):  
☐ Morphology ☐ Syntax ☐ Semantics ☐ Pragmatics  
Chronological Age or Developmental Level \_\_\_\_\_  
Standardized Test \_\_\_\_\_ Discrepancy \_\_\_\_\_ %ile \_\_\_\_\_  
Language Sample Results \_\_\_\_\_
- ☐ 6. **Adversely affects educational performance.**
- ☐ 7. **Cannot be corrected without special education and related services.**

**DETERMINATION OF ELIGIBILITY FOR CHILDREN BETWEEN THE AGES OF THREE AND FIVE YEARS****Must Meet Criteria 1, 2, and 3**☐ Initial Evaluation  
☐ 3-Year Reevaluation**1. Meets eligibility criteria as indicated:**

- ☐ Mentally Retarded ☐ Hard of Hearing ☐ Multi-Handicapped ☐ Visually Impaired  
☐ Orthopedically Impaired ☐ Other Health Impaired (*Specify Impairment*) \_\_\_\_\_  
☐ Deaf/Blind ☐ Autistic-Like Behaviors ☐ Traumatic Brain Injury ☐ Deaf  
☐ Specific Learning Disability ☐ Language or Speech Disorder ☐ Emotionally Disturbed

or

☐ Has an established medical disability, which is defined as a disabling medical condition or congenital syndrome which the IEP team determines has a high predictability of requiring intensive special education and services.

Specify medical condition: \_\_\_\_\_

**2. If any of the items below (A-D) are checked "Yes", the child may not be eligible for special education and services if his or her educational needs are due primarily to:**

- A. Unfamiliarity with the English Language ☐ Yes ☐ No  
 B. Temporary physical disabilities ☐ Yes ☐ No  
 C. Social maladjustment ☐ Yes ☐ No  
 D. Environmental, cultural, or economic factors ☐ Yes ☐ No

**3. Needs cannot be met with modification of regular environment**☐ Yes ☐ No

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# Transition Services

Beginning no later than the first IEP to be in effect when the student is 16 and updated annually thereafter



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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

## **TRANSFER OF RIGHTS - Check all that apply**

- ☐ If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- ☐ The student has turned age 18 and there is a guardian established by court order. The court has appointed \_\_\_\_\_ to make \_\_\_\_\_ decisions on behalf of the student.

## **DESCRIBE HOW THE STUDENT PARTICIPATED IN THE PROCESS - Check all that apply**

- ☐ IEP Team Meeting   ☐ Interview   ☐ Transitional Questionnaire   ☐ Pre-IEP Planning Activities
- ☐ \_\_\_\_\_

**MEASURABLE POST-SECONDARY GOALS - A goal must be written in Education/Training and Employment. A goal in Independent Living may be written, if appropriate.**

### **Education/Training**

Upon completion of high school, I, \_\_\_\_\_, will \_\_\_\_\_

Goal #\_\_\_\_\_ is/are measurable Annual Goal(s) designed to support progress toward this Measurable Post-Secondary Goal

### **Employment**

Upon completion of high school, I, \_\_\_\_\_, will \_\_\_\_\_

Goal #\_\_\_\_\_ is/are measurable Annual Goal(s) designed to support progress toward this Measurable Post-Secondary Goal

### **Independent Living (if appropriate)**

☐ Yes ☐ No The IEP Team determined that a measurable post-secondary goal is appropriate in this area.

Upon completion of high school, I, \_\_\_\_\_, will \_\_\_\_\_

Goal #\_\_\_\_\_ is/are measurable Annual Goal(s) designed to support progress toward this Measurable Post-Secondary Goal

## **FUNCTIONAL VOCATIONAL EVALUATION**

Is a functional vocational evaluation needed? ☐ Yes ☐ No

If "yes", describe the purpose/type of assessment.

Assessment  
Planning Team will  
convened by \_\_\_\_\_

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Student \_\_\_\_\_

Date of Meeting \_\_\_\_\_



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### **CULMINATION GOAL**

A student's right to FAPE is terminated upon graduation with a high school diploma or exceeding the age eligibility

- ☐ The student is working toward a diploma and the anticipated date of graduation is \_\_\_\_\_.
1. The California High School Exit Exam (CAHSEE) has been passed: ☐ Math ☐ Reading and Writing
  2. The student has completed a course with the content equivalent of Algebra I ☐ Yes ☐ No
  3. The student must complete the district's prescribed course of study. The student must earn \_\_\_\_\_ credits.  
The student has earned \_\_\_\_\_ credits. The student needs to earn \_\_\_\_\_ credits.
- ☐ The student is working toward a certificate of attendance/completion and the anticipated date of culmination is \_\_\_\_\_.

### **COURSE OF STUDY**

- ☐ The District's course requirements for a high school diploma are attached.
- ☐ The District's requirements for a certificate of attendance/completion are attached.
- ☐ The student's transcripts are attached.

### **Additional Courses (Electives) to Support the Measurable Post-Secondary Goals**

Check the appropriate boxes below to indicate whether the plan is based on the student's grade level or age. In the spaces provided list any additional courses/electives within the district's course requirements the student will need to take to support his/her Measurable Post-Secondary Goals.

<input type="checkbox"/> Grade 9 <input type="checkbox"/> 14-15 years old	<input type="checkbox"/> Grade 10 <input type="checkbox"/> 15-16 years old	<input type="checkbox"/> Grade 11 <input type="checkbox"/> 16-17 years old	<input type="checkbox"/> Grade 12 <input type="checkbox"/> 17-18 years old
Post-Secondary <input type="checkbox"/> 18 - 19 years old	Post-Secondary <input type="checkbox"/> 19 - 20 years old	Post-Secondary <input type="checkbox"/> 20 - 21 years old	Post-Secondary <input type="checkbox"/> 21 - 22 years old

### **INTERAGENCY RESPONSIBILITIES OR LINKAGES**

	Client		Agency Contact	Referral Needed?	
	Yes	No		Yes	No
WorkAbility/TTP	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Golden Gate Regional Center	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Employment Developmental Dept.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Community Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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# Behavior Support Plan

For behavior interfering with student's learning or that of others. Note: Numbers correspond to the scoring system on the Behavior Support Plan (BSP) Quality Evaluation Guide.



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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

## IDENTIFICATION

1. The behavior impeding learning is *(Description of what the behavior looks like)*

2. It impedes learning because:

3. The need for a Behavior Intervention Plan ☐ Early Intervention ☐ Moderate ☐ Serious ☐ Extreme

4. Frequency or intensity or duration of behavior:

reported by \_\_\_\_\_ and/or observed by \_\_\_\_\_

## PREVENTION: PART 1 - ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

What are the predictors for the behavior? *(Situations in which the behavior is likely to occur: people, time, place, subject, etc.)*

5.

What supports the student using problem behavior? *(What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)*

6.

**Remove the student's need to use the problem behavior**

What environmental changes, structures and supports are needed to remove the student's need to use this behavior? *(Changes in Time/Space/Materials/Interactions to remove likelihood or behavior)*

7.

Who will establish?

Who will monitor?

Frequency?

## ALTERNATIVES: PART 2 - FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

Team believes the behavior occurs because: *(Function of behavior in terms of getting, protesting, or avoiding something)*

8.

**Accept a replacement behavior that meets same need**

What does the team believes the student should do **instead** of the problem behavior? *(How should the student escape/protest, avoid or get his/her need met in an acceptable way?)*

9.

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# Behavior Support Plan



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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

## ALTERNATIVES : PART 2 CONTINUED

What teaching strategies/necessary curriculum/materials are needed? (*List successive teaching steps for student to learn replacement behavior(s) and/or curriculum materials needed*)?

10.

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

11.

Selection of reinforcer based on:

- ☐ Reinforcer for using replacement behavior      ☐ Reinforcer for general increase in positive behaviors  
By whom?      Frequency?

## EFFECTIVE REACTION: PART 3 - REACTIVE STRATEGIES

What strategies will be employed if the problem behavior occurs again?

12. A. Prompt student to switch to the replacement behavior

B. Describe how staff should handle the problem if the behavior occurs again

C. Positive discussion with student after behavior ends (*Optional*)

D. Any necessary further classroom or school consequences? Personnel?

## OUTCOME: PART 4 - BEHAVIORAL GOALS

Use the following charts as a guide and transfer information to a Marin SELPA Annual Goal Form

13. Behavioral Goal(s)

Required: Functionally Equivalent Replacement Behavior (FERB) Goal

By when	Who	Will do X behavior	For the purpose of Y	Instead of Z behavior	For the purpose of Y	Under what conditional conditions	At what level of proficiency	As measured by whom and how

Option 1: Increase General Positive or Decrease Problem Behavior

By when	Who	Will do what or will not do what	At what level of proficiency	Under what conditional conditions	As measured by whom and how

Option 2: Increase General Positive or Decrease Problem Behavior

By when	Who	Will do what or will not do what	At what level of proficiency	Under what conditional conditions	As measured by whom and how

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# Behavioral Support Plan



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## OUTCOMES: PART 4 - CONTINUED

The above behavioral goal(s) are to: ☐ increase use of replacement behavior and may also include:

- ☐ Reduce frequency of problem behavior  
☐ Develop new general skills that remove student's need to use the problem behavior

### Observation and analysis conclusion:

Are curriculum accommodations or modifications also necessary?

☐ Yes ☐ No

Where are they described? ☐ IEP Page 10 ☐ IEP Page (s) \_\_\_\_\_

Are environmental supports/changes necessary?

☐ Yes ☐ No

Is reinforcement of replacement behavior alone enough (no new teaching is necessary?)

☐ Yes ☐ No

Are both teaching of new replacement behavior and reinforcement needed?

☐ Yes ☐ No

Is this BSP to be coordinated with agency's service plans?

☐ Yes ☐ No

Person responsible for contact between agencies \_\_\_\_\_

## COMMUNICATION: PART 5 - COMMUNICATION PROVISIONS

Manner and content of communication

14.

1. Who?	2. Under what conditions? (contiguous/ continuous)	3. Delivery method?	4. Expected frequency?	5. Content?	6. How will this be a two-way communication?

## COMMUNICATION: PART 6 - PARTICIPANTS IN PLAN DEVELOPMENT

- ☐ Student \_\_\_\_\_  
☐ Parent/Guardian \_\_\_\_\_  
☐ Parent/Guardian \_\_\_\_\_  
☐ Educator and Title \_\_\_\_\_  
☐ Educator and Title \_\_\_\_\_  
☐ Educator and Title \_\_\_\_\_  
☐ Administrator \_\_\_\_\_  
☐ Other \_\_\_\_\_

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# Positive Behavior Intervention Plan

*For a complete PBIP for a "serious behavior" include the Behavior Support Plan and this form*



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Student \_\_\_\_\_

Date of Meeting \_\_\_\_\_

This behavior meets the definition of "serious behavior" for which other interventions specified in the IEP have been ineffective. This serious behavior as defined in the California Education Code is:

- ☐ Assaultive
- ☐ Self-Injurious
- ☐ Serious property damage
- ☐ Other pervasive maladaptive behavior

Date when Behavior Intervention Case Manager (BICM) was determined to be required \_\_\_\_\_.

Behavior intervention Case Manager appointed \_\_\_\_\_.

A Functional Analysis Assessment was conducted on \_\_\_\_\_.

## **OBJECTIVE AND MEASURABLE DESCRIPTION OF TARGETED MALADAPTIVE AND REPLACEMENT BEHAVIORS**

A. Schedules for recording the frequency of the use of the interventions

How often:

By whom:

Method of recording:

B. Schedules for recording frequency of targeted (problem) behaviors

How often:

By whom:

Method of recording:

C. Schedules for recording frequency of replacement behaviors

How often:

By whom:

Method of recording:

D. Criteria for discontinuing the use of interventions:

If ineffective, discontinuation criteria and next steps:

If \_\_\_\_\_ (condition), then \_\_\_\_\_ (next steps).

If alternative interventions required, discontinuation criteria and next steps:

If \_\_\_\_\_ (condition), then \_\_\_\_\_ (next steps).

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# Positive Behavior Intervention Plan

*For a complete PBIP for a "serious behavior" include the Behavior Support Plan and this form*



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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

## ***EVALUATION OF PROGRAM EFFECTIVENESS - PERSONNEL, FREQUENCY, METHOD, DATA TO EVALUATE***

A. Designated frequency of scheduled intervals to evaluate the Behavior Support Plan determined by IEP Team:

B. Program Effectiveness conducted between/by: (teacher, BICM, parent(s), other(s)) Specify:

C. Designated method of conducting program effectiveness review:

- Meetings at (location/times):
- Telephone conferences (times):
- Email
- Other

D. Data to evaluate: measures of frequency, duration, and intensity of targeted behavior to be evaluated by comparison with baseline

## ***MODIFICATIONS WITHOUT IEP TEAM MEETING***

Minor modifications may be made by BICM or qualified designee if parent is notified of the need and reviews evaluation data prior to changes.

A. Parent notified of right to question any modification through IEP procedures

B. Anticipated changes include increasing and decreasing (*Check all that apply*)

- ☐ Frequency of reinforcement
- ☐ Prompting of alternative behavior
- ☐ Frequency of teaching of new behavior
- ☐ Environmental structure

## ***OTHER SETTINGS RECEIVING COPIES OF THIS PLAN***

A. Notification only. Setting(s):

B. Implement across setting(s):

Personnel responsible for implementing in other sites include:

# Manifestation Determination



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## ***DESCRIPTION OF BEHAVIOR SUBJECT TO DISCIPLINARY ACTION***

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## ***THE IEP TEAM CONSIDERED ALL THE RELEVANT INFORMATION IN THE STUDENT'S FILE INCLUDING***

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Relevant Information Provided by the Parents

Teacher Observation of the Student

Student's IEP

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**MANIFESTATION DETERMINATION**

After a review of all relevant information, the IEP Team has determined the following:

In relation to the behavior subject to the disciplinary action and the student's disability:

- ☐ Yes ☐ No 1. The conduct in question was caused by or had a direct and substantial relationship to the student's disability.
- ☐ Yes ☐ No 2. The conduct in question was the direct result of the local educational agency's failure to implement the IEP.

Note: If the determination of the IEP Team is "Yes" to either of the statements above, then the behavior must be considered a manifestation of the student's disability.

**Recommendations:**

- ☐ 3. The behavior **was not** a manifestation of the student's disability. Proceed with disciplinary proceedings and continue to provide a free appropriate public education.
- OR**
- ☐ 4. The behavior **was** a manifestation of the student's disability, no further disciplinary proceedings shall occur and the IEP Team shall:
- ☐ 5. Conduct a functional behavioral assessment and implement a behavioral intervention plan for the student
- OR**
- ☐ 6. Review the existing behavioral intervention plan and modify it, as necessary, to address the behavior
- AND**
- ☐ 7. Return the student to the placement from which he/she was removed
- OR**
- ☐ 8. Change the student's placement as agreed upon by the parent and the District (See page 15 of the IEP)

**SPECIAL CIRCUMSTANCES**

School personnel may move a student to an interim alternative educational setting for not more than 45 days without regard to whether the behavior was determined to be a manifestation of the student's disability if:

- ☐ The student carried or possessed a weapon to or at school, on school premises, or to or at a school function
- ☐ The student knowingly possessed or used illegal drugs, or sold or solicited the sale of a controlled substance, while at a school, on school premises, or at a school function
- ☐ The student inflicted serious bodily injury upon another person while at school, on school premises, or at a school function.
- ☐ The District is removing the student to an interim alternate educational setting for not more than 45 school days.  
Placement Location \_\_\_\_\_
- ☐ Special Circumstances do not apply.



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<b>DISTRICT JUSTIFICATION FOR EDUCATIONAL PLACEMENT</b>	<b>CORRESPONDING PLACEMENT</b>
IEP services can be provided solely in the general education classroom.	<input type="checkbox"/> General Education Classroom
Some IEP services should be provided outside the general education classroom.	<input type="checkbox"/> Some services outside the General Education classroom
All IEP services should be provided outside the general education classroom.	<input type="checkbox"/> Special Day Class
All IEP services should be provided outside the general education classroom and separately from a school that also serves students without disabilities.	<input type="checkbox"/> Special Day Class on an isolated site <input type="checkbox"/> Non Public School - Day Program
IEP services require a 24-hour educational program.	<input type="checkbox"/> AB 3632 Residential Placement
Home-based IEP services are required for a student who is 3 to 5 years of age.	<input type="checkbox"/> Home-based Early Childhood Program
IEP services provided in a program outside of the home are required for a student who is 3 to 5 years of age.	<input type="checkbox"/> Center-based Early Childhood Program
	<input type="checkbox"/> Other

#### **JUSTIFICATION FOR NON PARTICIPATION IN GENERAL EDUCATION**

Is the student removed from the general education classroom at any time? ☐ Yes ☐ No

Percent of time in general education classroom? \_\_\_\_\_%

If "yes", why is removal considered critical to the student's program?

1. ☐ Small group instruction is necessary for this student to acquire skills specified in the IEP.
2. ☐ The student's needs as addressed in IEP goals cannot be satisfactorily achieved in the general educational/pre-school environment even with the provision of supplemental aids and services.
3. ☐ Additional individualized instruction is required to facilitate his/her learning.
4. ☐ Behavioral intervention plan, strategies, and/or behavioral goals recommended in the student's IEP require a degree of structure which cannot be implemented in a general education classroom.
5. ☐ Student's behavior significantly impairs his/her ability to learn in a large group setting, as well as impairing the learning of other students in a large group setting.
6. ☐ Based upon individual needs and goals in the student's IEP, the general curriculum/appropriate preschool activities would need to be completely restructured.
7. ☐ Student requires utilization of the Severely Handicapped Modified Alternative Curriculum in a highly structured environment to acquire skills specified in his/her IEP.
8. ☐ \_\_\_\_\_

#### **TYPE OF PHYSICAL EDUCATION**

- ☐ Regular Physical Education     
 ☐ Modified Physical Education     
 ☐ Adaptive Physical Education  
☐ Medical Waiver     
 ☐ Completed District PE Course Requirements

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**PLACEMENT, SERVICES, AND EQUIPMENT CONSIDERED AND RECOMMENDED**

Considered IEP Team Recommendations	Dates (Month/Day/Year) Services checked below will be provided until the next annual review excluding holidays, non-student days, and all va- cations unless otherwise specified.	Frequency	Location* Identify the specific location(s) and C = Classroom R = Room Other Than Gen. Ed. or SDC
<input type="checkbox"/> Special Day Class	From _____ To _____	_____	_____
<input type="checkbox"/> Resource Specialist	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> Language/Speech	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> Occupational Therapy	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> CCS Services	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult <input type="checkbox"/> Monitor <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Home/Hospital	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> Add. Classroom Support	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> Community Mental Health	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> _____	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> _____	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> _____	From _____ To _____ <input type="checkbox"/> Direct <input type="checkbox"/> Consult	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
<input type="checkbox"/> Transportation	_____	_____	_____
<input type="checkbox"/> Specialized equipment/services	_____	_____	_____

\* The rationale if the location is not the home school: ☐ Public Preschool ☐ Student would benefit from a program available on an isolated site ☐ Needs cannot be met at home school ☐ Student would benefit from program available at site other than home school

**EXTENDED SCHOOL YEAR**

- ☐ Does not require special education and related services in excess of the regular academic year.  
☐ Recommended based upon unique or severe needs.

Program/DIS Service	Dates (Month/Day/Year)	Frequency	Location*
<input type="checkbox"/> Special Day Class	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
_____	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
_____	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
_____	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R
Transportation	From _____ To _____	_____	_____ <input type="checkbox"/> C <input type="checkbox"/> R

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**ACCOMMODATIONS, MODIFICATIONS, AND GRADING**

These are to assist the student in attaining the annual goals stated on the IEP as well as increasing the student's involvement and progress in the general curriculum.

**Accommodations** are adjustments for students with disabilities in instruction or student output that minimize the impact of the disability but do not fundamentally alter or lower course standards or expectations.

**Modifications** are adjustments for students with disabilities in instruction or student output that minimize the impact of the disability but fundamentally alter or lower course standards or expectations. Grades may be modified or a course description may be modified to reflect modified curriculum.

**ACCOMMODATIONS FOR COURSES AND CLASSROOM OR DISTRICT TESTS**

	List Specific Courses/District Tests		List Specific Courses/District Tests
1. Highlighted Texts		14. Preferential Seating	
2. Video/Audio Magnification Equipment		15. Reduced Paper/Pencil Tasks	
3. Note-Taking Assistance		16. Repeated Review/Drill	
4. Taped Lectures		17. Alternative Setting	
5. Peer Buddy		18. Assistive Technology	
6. Peer Tutor		19. Taped Texts	
7. Assignment Notebooks		20. Calculator	
8. Extended Time		21. Study Sheets	
9. Shortened Assignments		22. Braille	
10. Frequent Breaks		23. Large Type	
11. Directions Given in a Variety of Ways		24. Alternative/Oral Tests	
12. Verbal Response Rather than Written		25. Short Answer Tests	
13. Alternative Materials/ Assignments		26.	

**SUPPORTS FOR SCHOOL PERSONNEL**

☐ Yes ☐ No Are supports for school personnel needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with others in educational activities? If yes, specify what supports are needed. \_\_\_\_\_

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**MODIFICATIONS** - Describe modifications for each course or content area

CONTENT AREAS	DESCRIPTION OF MODIFICATION OF CURRICULUM
Reading	
Math	
Social Science/History	
Science	
Language Arts	
Physical Education	

**EFFECTS OF MODIFIED CURRICULUM** - Check all those that apply

- ☐ Student participates in STAR Testing with modifications.  
☐ Student participates in the California Modified Assessment (CMA).  
☐ Student participates in the California Alternate Performance Assessment (CAPA).  
☐ Student has individualized promotion standards developed by the IEP team (See IEP page 2).  
☐ Student is working towards a certificate of completion/attendance (for secondary students only).  
☐ Student may not complete diploma requirements (for secondary students only).  
☐ Student may not be able to pass the California High School Exit Exam (CAHSEE) (for secondary students only).  
☐

**GRADES** - Required if grade or course is to be modified

Which of the courses will result in a modified grade?

How is a modified grade indicated on the student's report card?

How is a modified grade indicated on the student's transcript?

 Does it affect honor roll or academic awards? ☐ Yes ☐ No

 Does it affect class ranking? ☐ Yes ☐ No

**Reason for Modified Curriculum/Grade:**

- ☐ Student requires utilization of Alternative Curriculum in a highly structured environment to acquire skills specified in his/her IEP.  
☐

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9/08***PARTICIPATION IN DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP)- Preschool students only***

- ☐ Student's grade placement is exempt from participation in DRDP (Infant or school-age (K-12 and post-secondary)).
- ☐ Student will participate in the DRDP-R without adaptations.
- ☐ Student will participate in the DRDP-Access without adaptations.
- ☐ Student will participate DRDP-Access with the following adaptations:
- |  |   |
|--|---|
| <input type="checkbox"/> augmentative communication device or alternative communication system | <input type="checkbox"/> visual supports                |
| <input type="checkbox"/> alternative mode for written language                                 | <input type="checkbox"/> assistive equipment or devices |
| <input type="checkbox"/> adequate time   | <input type="checkbox"/> functional positioning         |
| <input type="checkbox"/> alternative response modes  | <input type="checkbox"/> sensory support                |

***PARTICIPATION IN STATEWIDE ASSESSMENT OF STUDENT ACHIEVEMENT***

- ☐ Student's grade placement is exempt from statewide testing (before grade 2 and after grade 11).
- ☐ Student can participate in the statewide achievement testing program without variations/accommodations/modifications.
- ☐ Student can participate in the statewide achievement testing program with the ☐ variations ☐ accommodations ☐ modifications listed on pages 19b-f.

- ☐ Student will participate in the **California Modified Assessment** (CMA) without variations or accommodations.
- ☐ Student will participate in the **California Modified Assessment** (CMA) with variations or accommodations. (Pages 19g-h)

*The following criteria will assist the IEP team in making a decision if the student will participate in the CMA:*

*Circle "Agree" or "Disagree" for each item*

- |       |          |   |
|-------|----------|---|
| Agree | Disagree | The decision to participate in the CMA is <b>not</b> based on the amount of time the student is receiving special educational services.   |
| Agree | Disagree | The decision to participate in the CMA is <b>not</b> based on excessive or extended absences.   |
| Agree | Disagree | The decision to participate in the CMA is <b>not</b> based on language, culture, or economic difference.  |
| Agree | Disagree | The decision to participate in the CMA is <b>not</b> based solely on the student's disability (i.e., deafness/visual, auditory and or motor disabilities) but rather the student's inability to appropriately demonstrate knowledge on the California content standards through the CST.  |
| Agree | Disagree | The decision to participate in the CMA <b>is</b> an IEP team decision based on student needs.   |
| Agree | Disagree | <input type="checkbox"/> The student has taken the California Standards Test (CST) in a previous year and scored Below Basic or Far Below Basic in the subject area being assessed by the CMA and may have taken the test with modifications.   |
|       |          | OR  |
|       |          | <input type="checkbox"/> The student has taken the CAPA Level 2-5 in two previous years and received a performance level of either Proficient or Advanced   |
|       |          | AND   |
|       |          | The student's disability has precluded the student from achieving grade-level proficiency as determined by multiple measures over a period of time that are valid for the subjects being assessed   |
|       |          | AND   |
|       |          | The student's progress to date in response to appropriate grade level instruction, including special education and related services designed to address the student's individual needs, is such that, even if significant growth occurs, the IEP Team is reasonably certain that the student will not achieve grade level proficiency within the year covered by the student's IEP. |

- ☐ Student will participate in the **California Alternate Performance Assessment** (CAPA):

- ☐ at the level corresponding to his/her grade level placement.\*
- ☐ at Level 1 because he/she:
- is between the ages of seven and sixteen (grades 2-11) as of December 2 **and**
  - has severe, pervasive disabilities **and**
  - functions at the sensorimotor developmental stage, approximately 24 months or less.

\*Eligibility for the CAPA is based on a student's Individualized Education Program (IEP), which reflects an emphasis on functional life skills. To be eligible for participation in CAPA, the response to each of the statements on the next page must be "Agree". If the answer to any of these questions is "Disagree", then the team should consider including the student in the STAR or CMA assessments.

*Circle "Agree" or "Disagree" for each item*

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**DECISION MAKING CRITERIA FOR THE CAPA**

Agree	Disagree	The student requires extensive instruction in multiple settings to acquire, maintain, and generalize skills necessary for application in school, work, home, and community environments.
Agree	Disagree	The student demonstrates academic/cognitive ability and adaptive behavior that require substantial adjustments to the general curriculum. That student may participate in many of the same activities as their non-disabled peers; however, their learning objectives and expected outcomes focus on the functional applications of the general curriculum.
Agree	Disagree	The student cannot address the performance level assessed in the statewide assessment, even with accommodations or modifications.
Agree	Disagree	The decision to participate in the alternate assessment is <b>not</b> based on the amount of time the student is receiving special education services.
Agree	Disagree	The decision to participate in the alternate assessment is <b>not</b> based on excessive or extended absences.
Agree	Disagree	The decision to participate in the alternate assessment is <b>not</b> based on language, cultural or economic differences.
Agree	Disagree	The decision to participate in the alternate assessment is <b>not</b> based deafness/blindness, visual, auditory, and/or motor disabilities.
Agree	Disagree	The decision to participate in the alternate assessment is <b>not</b> primarily based on a specific categorical label.
Agree	Disagree	The decision for alternate assessment is an IEP team decision, rather than an administrative decision.

**VARIATIONS/ACCOMMODATIONS/MODIFICATIONS FOR CALIFORNIA STATEWIDE ASSESSMENTS**

All	All students may be provided these test variations
Test Variation (1)	Students may have these testing variations if regularly used in the classroom
Accommodation (2)	Eligible students shall be permitted to take the examination/test with accommodations if specified in the eligible student's IEP or Section 504 Plan for use on the examination, standardized testing, or for use during classroom instruction and assessment.
Modification (3)	For <b>STAR</b> Program and <b>CELD</b> , eligible students shall be permitted to take the tests with modifications if specified in the eligible student's IEP or Section 504 Plan. Students who use a modification on any STAR examination shall not be included in the participation calculation for Adequate Yearly Progress (AYP) and shall receive a score of 200 and a ranking of Far Below Basic for the purposes of calculating the Academic Performance Index (API). Eligible students shall be permitted to take the CAHSEE with modification if specified in the eligible student's IEP or Section 504 Plan for use on examination, standardized testing, or for use during classroom instruction and assessment.



The CMA is a modified test. If the IEP team feels further modifications are necessary the IEP team should consider that the student participate in the STAR Program by taking the CSTs with modifications or the CAPA.

**VARIATIONS ADMINISTRATION OF CALIFORNIA STATEWIDE ASSESSMENTS FOR ENGLISH LEARNERS**

Test Variations	STAR Program		CAHSEE	Physical Fitness
	CAT/6 Survey	CST		
Hear the test directions printed in the test administration manual translated into the student's primary language. Ask clarifying questions about the test directions in the student's primary language.	Variation Allowed	Variation Allowed	Variation Allowed	Variation Allowed
Additional supervised breaks within a testing day or following each section (STAR) within a test part provided that the test section is completed within a testing day. A test section is identified by a "STOP" at the end of it.	Variation Allowed	Variation Allowed	Variation Allowed	Not Applicable
English Learners (ELs) may have the opportunity to be tested separately with other ELs provided that the student is directly supervised by an employee of the school who has signed the test security affidavit and the student has been provided such a flexible setting as part of his/her regular instruction or assessment.	Variation Allowed	Variation Allowed	Variation Allowed	Variation Allowed
Access to translation glossaries/word lists (English-to-primary language). Glossaries/word lists shall not include definitions or formulas.	Not Allowed	Variation Allowed Math, science, history-social studies Not allowed ELA	Variation Allowed	Not Applicable

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**ACCOMMODATIONS/MODIFICATIONS FOR CALIFORNIA STATEWIDE ASSESSMENTS**

✓	Accommodation/ Modification	STAR					Physical Fitness
		CAT/6 Survey	CST	STS	Aprenda 3	CAHSEE	
	Test administration directions that are simplified or clarified (does not apply to test questions) to test questions)	All	All	All	All	All	All
	Student marks in test booklet (other than responses) including highlighting	All For grade 3 marks must be removed to avoid scanning interference or transcribe	All For grades 2, 3 - marks must be removed to avoid scanning interference or	All For grades 2, 3 - marks must be removed to avoid scanning interference or	All	All	All For grades K-2 mark with a red ball point pen ONLY; marked test booklets may not be
	Test students in a small group setting	All	All	All	All	All	All
	Test individual student separately provided that a test examiner directly supervises the student	1	1	1	1	1	1
	Visual magnifying equipment	1	1	1	1	1	Not Applicable
	Audio amplification equipment	1	1	1	1	1	1
	Noise buffers (e.g. individual carrel or study enclosure)	1	1	1	1	1	Not Applicable
	Special lighting or acoustics; special or adaptive furniture	1	1	1	1	1	Not Applicable



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**ACCOMMODATIONS/MODIFICATIONS FOR CALIFORNIA STATEWIDE ASSESSMENTS**

✓	Accommodation/ Modification	STAR					Physical Fitness
		CAT/6 Survey	CST	STS	Aprinda 3	CAHSEE	
	Colored overlay, mask, or other means to maintain visual attention	1	1	1	1	1	Not Applicable
	Manually Coded English or American Sign Language to present directions for administration (does not apply to test questions)	1	1	1	1	1	1
	Student marks responses in test booklet and responses are transferred to a scorable answer document by an employee of the school, district, or non public school	2	2	2	2	2	Not Applicable
	Responses dictated (orally or in Manually Coded English or American Sign Language) to a scribe for selected-response items (multiple-choice questions)	2	2	2	2	2	Not Applicable
	Word processing software with spell and grammar check tools turned off for the essay responses (writing portion of the test)	Not Applicable	2	Not Applicable	Not Applicable	2	Not Applicable
	Essay responses dictated orally or in Manually Coded English to a scribe, audio recorder, or speech-to-text converter and the student provides all spelling and language conventions	Not Applicable	2	Not Applicable	Not Applicable	2	Not Applicable
	Assistive device that does not interfere with the independent work of the student on the multiple-choice and/or essay responses (writing portion of the test)	2	2	2	2	2	Not Applicable
	Braille transcriptions provided by the test contractor	2	2	2	2	2	Not Applicable

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**ACCOMMODATIONS/MODIFICATIONS FOR CALIFORNIA STATEWIDE ASSESSMENTS**

✓	Accommodation/ Modification	STAR				CAHSEE	CELDT	Physical Fitness
		CAT/6 Survey	CST	STS	Aprenda 3			
	Large print versions							
	Test items enlarged if font larger than required on large print versions	2	2	2	2	2	2	Not Applicable
	Extra time on a test within a testing day	2	All	All	All	All	All	All
	Test over more than one day for a test or test part to be adminis- tered in a single setting	2	2	2	2	2	2	Not Applicable
	Supervised breaks within a section of the test	2	2	2	2	2	2	Not Applicable
	Administration of the test at the most benefi- cial time of day to the student	2	2	2	2	2	2	2
	Test administered at home or in hospital by a test examiner	2	2	2	2	2	2	2
	Dictionary	3	3	3	3	3	3	Not Applicable
	Manually Coded Eng- lish or American Sign Language to present test questions	2 Math  3 Reading, Language, Spelling	2 Math, Science, History- Social Science  3 ELA	Not Applicable	2 Math  3 Reading, Language, Spelling	2 Math  3 ELA	2 Writing  3 Reading, Language, Speaking	Not Applicable
	Test questions read aloud to student or audio CD presentation	2 Math  3 Reading, Language, Spelling	2 Math, Science, History- Social Science  3 ELA	2 Math  3 Reading, Language, Spelling	2 Math  3 Reading, Language, Spelling	2 Math  3 ELA	2 Writing  3 Reading	Not Applicable
	Calculator on the science tests	Not Applicable	3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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**ACCOMMODATIONS/MODIFICATIONS FOR CALIFORNIA STATEWIDE ASSESSMENTS**

✓	Accommodation/ Modification	STAR				CAHSEE	CELDT	Physical Fitness
		CAT/6 Survey	CST	STS	Aprrenda 3			
	Calculator on the mathematics tests.	3	3	3	All Grades 9-11 and Problem Solving section in Grades 8 3 All other sections	3	Not Applicable	Not Applicable
	Arithmetic table or formulas (not provided) on the mathematics tests	3	3	3	3	3	Not Applicable	Not Applicable
	Arithmetic table or formulas (not provided) on the science tests	Not Applicable	3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Math manipulatives on the mathematics tests	3	3	3	3	3	Not Applicable	Not Applicable
	Math manipulatives on the science tests	Not Applicable	3	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Word processing software with spell and grammar check tools enabled on the essay responses writing portion of the test	Not Applicable	3	Not Applicable	Not Applicable	3	3	Not Applicable
	Essay responses dictated orally, in Manually Coded English, or in American Sign Language to a scribe (audio recorder or speech-to-text converter) (scribe provides spelling, grammar, and language conventions)	Not Applicable	3	Not Applicable	Not Applicable	3	3	Not Applicable
	Assistive device that interferes with the independent work of the student on the multiple-choice and/or essay responses	3	3	3	3	3	Not Applicable	Not Applicable
	Unlisted Accommodation or Modification	Check with CDE	Check with CDE	Check with CDE	Check with CDE	Check with CDE	Check with CDE	Check with CDE

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✓	Test Variations (1) or Accommodations (2) for the California Modified Assessment	Category
	Test administration directions that are simplified or clarified (does not apply to test questions).	ALL
	Student marks in test booklet (other than responses) including highlighting.	ALL For grade 3 marks must be removed to avoid scanning interference or transcribe
	Test students in a small group setting.	ALL
	Test individual student separately, provided that a test examiner directly supervises the student	1
	Audio amplification equipment	1
	Noise buffers (e.g., individual carrel or study enclosure)	1
	Special lighting or acoustics; special or adaptive furniture	1
	Colored overlay, mask or other means to maintain visual attention	1
	Manually coded English or American Sign Language to present directions for administration (does not apply to test questions)	1
	Student marks responses in test booklet and responses are transferred to a scorable answer document by an employee of the school, district, or nonpublic school	2
	Responses dictated (orally or in Manually Coded English or American Sign Language) to a scribe for selected-response items (multiple-choice questions)	2
	Word processing software with spell and grammar check tools turned off for the essay responses (writing portion of the test)	Not Applicable
	Essay responses dictated orally or in Manually Coded English to a scribe, audio recorder, or speech-to-text converter and the student provides all spelling and language conventions.	2
	Assistive device that does not interfere with the independent work of the student on the multiple-choice and/or essay responses (writing portion of the test)	2
	Braille transcriptions provided by the test contractor	2
	Large print versions Test Items enlarged if font larger than required on large-print versions	2
	Extra time on a test within a testing day	ALL
	Test over more than one day for a test or test part to be administered in a single sitting	2
	Supervised breaks within a section of the test	2
	Administration of the test at the most beneficial time of day to the student	2
	Test administered at home or in hospital by a test examiner	2
	Manually Coded English or American Sign Language to present questions	2 Math and Science 2 ELA
	Answer options read aloud to the student	2
	Test questions read aloud to student	2 Math and Science 2 ELA

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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Test Variations (1) or Accommodations (2) for the California Modified Assessment	Category
Calculator on the mathematics tests	2 Grade 5
Calculator on the science tests	2
Arithmetic table or formulas (not provided) on the mathematics test	Not Applicable
Arithmetic table or formulas (not provided) on the science test	Not Applicable
Math manipulatives on the mathematics tests	2
Math manipulatives on the science tests	2
Visual magnifying equipment	1
Word processing software with spell and grammar check tools enabled on the essay responses writing portion of test	Not Applicable
Essay responses dictated orally, in Manually coded English or American Sign Language to a scribe (audio recorder, or speech-to-text converter) (scribe provides spelling, grammar, and language conventions)	Not Applicable
Unlisted accommodation or modification	Check with CDE

The following modifications are not allowed for use on the CMA; the CMA is a modified test. If the IEP Team feels further modifications are necessary, the IEP TEAM should consider that the student participate in the STAR Program by taking the CST's with modifications or the CAPA.

Test Variations (1) or Accommodations (2) for the California Modified Assessment	Category
Calculator on the mathematics tests	★ Grades 3 and 4
Assistive device that interferes with the independent work of the student on the multiple choice and/or essay responses	★
Reading passages read aloud to student	★
Dictionary	★

Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

MARIN  
SELPA  
IEPPage 20  
9/08**PLAN TO TRANSITION FROM NPS OR SDC TO GENERAL ED. CLASS PROGRAM**

Activity	Time Spent Each Day or Week
<input type="checkbox"/> Not applicable	
<input type="checkbox"/> Provide assignments from new program to student before move to new program	_____ <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> Special education teacher, parent, and/or student visit the general education/special day class.	_____ <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> General education/special day class routine reviewed with student.	_____ <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> Gradual transition into general education/special day class beginning on _____.	_____ <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> Peer from general education/special day class assists student.	_____ <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> Training for general ed. teacher and/or other staff. Topic: _____	_____ Date(s)
<input type="checkbox"/> Conference with parents and service providers to talk about the special needs of student.	_____ Date(s)
<input type="checkbox"/> Discussion with students in the class. Topic: _____	_____ Date(s)
<input type="checkbox"/> Student is registered at new school.	_____
<input type="checkbox"/> _____	_____

**SPECIAL FACTORS - If "yes", indicate where the need is addressed in the IEP**

Does the student's behavior impede his/her learning or that of others? ☐ Yes ☐ No

☐ Positive Behavior Support includes, but is not limited to: ☐ IEP Goal page(s) \_\_\_\_\_

☐ Behavior Support Plan (BSP) pages 8, 9, 10 ☐ Positive Behavior Intervention Plan (PBI) included on pages 11 and 12

☐ \_\_\_\_\_

Does the student have limited English proficiency and requires linguistically appropriate goals, objectives, programs, and/or services? ☐ Yes ☐ No

☐ IEP Page \_\_\_\_\_ ☐ IEP Goal page(s) \_\_\_\_\_

Does the student require any assistive technology devices or services in order to be involved, and to progress in the general curriculum or to be educated in a less restrictive environment? ☐ Yes ☐ No

☐ Needs addressed on IEP Page \_\_\_\_\_

Does the student who is blind or visually impaired require instruction in Braille? ☐ Yes ☐ No ☐ NA

☐ Braille instruction addressed on IEP page(s) \_\_\_\_\_ ☐ IEP Goal page(s) \_\_\_\_\_

Does the student have any special communication needs? (In the case of a student who is deaf or hard of hearing consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.) ☐ Yes ☐ No

☐ Services addressed on IEP page(s) \_\_\_\_\_ ☐ IEP Goal page(s) \_\_\_\_\_

**REFERRALS AND ACTIONS FOLLOWING THE IEP TEAM MEETING**

Action	Responsible Personnel and Position	By When
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Additional Assessment for _____		
<input type="checkbox"/> Additional Assessment for _____		
<input type="checkbox"/> Referral for AB 3632 Assessment		
<input type="checkbox"/> Copy of IEP to All Service Providers		
<input type="checkbox"/> _____		

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\_\_\_\_\_

Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_



MARIN  
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9/08

***REFERRALS AND/OR ADDITIONAL RECOMMENDATIONS/COMMENTS***

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**MARIN  
SELPA**  
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Page 22

Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

This IEP document contains the following pages:

1□ 2□ 3□ 4□ 5□ 6□ 7□ 8□ 9□ 10□ 11□ 12□ 13□ 14□ 15□ 16□ 17□ 18□ 19a□ 19b□ 19c□ 19d□ 19e□ 19f□ 19g□ 19h□ 20□ 21 \_\_\_\_ to \_\_\_\_ □ 22□ 23□ and Goal(s) numbered \_\_\_\_ through \_\_\_\_.

**TEAM MEMBERS-** The following persons affirm that they participated in the development of this IEP. Signature does not indicate consent. Parent/Guardian or adult student (age 18 or older) consent is on page 23.

Administrator _____	Parent _____
Administrator _____	Parent _____
Administrator _____	Resource Specialist _____
Agency Rep _____	SDC Teacher _____
Community Mental Health _____	Speech/Language Specialist _____
District Representative _____	Student _____
Guidance Counselor _____	Teacher _____
Hearing Impaired Specialist _____	Teacher _____
Nurse _____	Translator/Interpreter _____
Psychologist _____	_____
Occupational Therapist _____	_____
Orientation/Mobility/VI Instructor _____	_____

- ☐ Parents were provided with their annual copy of the Notice of Procedural Safeguards.  
☐ Parents were given a copy of the IEP at no cost  
☐ Parents were given a copy of the ☐ evaluation report(s) ☐ eligibility determination  
☐ Summary of Performance, if appropriate, at no cost.

#### **PRIOR WRITTEN NOTICE OF IEP AND PLACEMENT DECISION**

The school district proposes to implement this IEP as written. This proposed IEP will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in Present Level of Academic Achievement and Functional Performance section on page 2. Other options considered, if any, and the reasons for their rejection are attached or can be found in the **Placement, Services, and Equipment Considered and Recommended** on page 15. Additionally, other factors, if any, that are relevant to this proposal are attached.

A copy of procedural safeguards must be provided to the parent of a student with a disability once per year unless the student is initially referred for an evaluation, the parent requests an additional copy, or the parent initiates a due process complaint.

Please contact the Special Education Administrator at the phone number listed below for your school district if you:

- Would like an additional copy of the Notice of Procedural Safeguards
- Need assistance in understanding the provisions of your rights and safeguards
- Require a translation, orally or by other means, in a different language, or other mode of communication.

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

If you need additional assistance, you may contact the Marin Special Education Local Plan Area (SELPA) at (415) 499-5850.

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Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_

**ACKNOWLEDGMENT**

I have been fully informed of all information relevant to the proposed actions specified in this notice. I understand the actions proposed. I understand my rights (Notice of Procedural Safeguards). \_\_\_\_\_

Parent Initials

**PARENT REQUESTS**

☐ I request a copy of the IEP to be provided in my primary language or alternative format (braille or tape recording).

**CONSENT**

☐ I was notified of the IEP meeting and was able to attend; I have reviewed the IEP and consent to it.

☐ I was notified of the IEP meeting and was able to attend; I choose not to make a decision at this time. I have received a copy of the IEP and a copy of "Notification of IEP Recommendations".

☐ I agree and give my consent for the above recommendations to be implemented with the exception of:

☐ assessment    ☐ eligibility    ☐ goals    ☐ services    ☐ location

☐ I acknowledge that my son/daughter is not an individual with exceptional needs and thus not eligible for special education services.

☐ I acknowledge that my son/daughter is an individual with exceptional needs and I do not want the District to develop an IEP.

☐ I disagree and wish to schedule:    ☐ an IEP meeting    ☐ informal meeting    ☐ local mediation

☐ I decline the services offered.

☐ I agree that the District has offered my son/daughter a free appropriate public education. However, I am voluntarily placing my son/daughter in a private school.

 \_\_\_\_\_  
Signature of Parent/Guardian/Adult Student /Authorized Representative

 \_\_\_\_\_  
Date

 \_\_\_\_\_  
Signature of Parent/Guardian/Authorized Representative

 \_\_\_\_\_  
Date