



**SANTA BARBARA COUNTY SELPA
NOTICE OF MEETING
INDIVIDUALIZED EDUCATION PROGRAM**

Initial Annual Triennial Transition Planning Pre-Expulsion Interim Expanded Other _____

Student Name: Forms A Blank Birthdate: 1/1/1900

Address: _____ Phone: _____

Today's date: _____

Dear _____

An Individual Education Program (IEP) Meeting has been scheduled for your child. Your participation is important in the development of an appropriate education for your child. Your child could benefit from participation in the IEP Meeting and is invited to attend. Secondary students age 15 or older should attend the IEP Team meeting as appropriate. You may bring someone with you to the meeting. If this is your child's initial IEP meeting and your child was receiving services under Part C, through an IFSP you may request that the district invite the Part C Service Coordinator or other representative.

You are requested to attend this meeting as a participating member of the IEP team. The meeting is scheduled for:

Date: _____ Time: _____
School/Location: _____ Room: _____

We anticipate that the following members may also attend:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Administrator/Designee | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Specialist _____ | <input type="checkbox"/> _____ |

Type

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice, we will also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name: Tammy Wooden
School/District: Buellton Union

Title: _____
Phone: _____

Please complete and sign this form, and return to: _____

Check the following items, as appropriate:

YES, I plan to attend the meeting 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.

Signature

Date

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



**SANTA BARBARA COUNTY SELPA
INDIVIDUALIZED EDUCATION PROGRAM**

Last Name: A BlankFirst Name: Forms

IEP Date: _____

Last Annual IEP _____ Next Annual IEP _____ Original Special Ed Entry Date _____
 Last Eval _____ Next Eval _____

Purpose of Meeting Initial Annual Triennial Transition Pre-Expulsion Interim
 Expanded IEP Other

Birthdate 01/01/1900 Age _____ Gender Male Female Grade _____ Migrant Yes No

Native Language _____ EL Yes No Redesignated Interpreter Yes No

Student ID _____ SSN#: _____ ; _____ SSID# _____

Residency _____

Parent/Guardian _____
 Home Address _____
 City _____
 State CA
 Zip _____

Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

Parent/Guardian _____
 Home Address _____
 City _____
 State CA
 Zip _____

Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

District of Residence Buellton Union Residence School _____
 Ethnicity: _____ Race 1. _____ Race 2. _____ Race 3. _____

INDICATE DISABILITY/IES

Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

Primary _____ **Secondary** _____ * Low Incidence Disability

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

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

Triennial (3 Year) Re-evaluation

- Triennial Re-evaluation not due prior to next IEP review date.
 Triennial Re-evaluation due prior to or on next IEP review date.
 Summary of Progress and Current Educational Performance
 Full Re-evaluation
 Other

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

Person Initiating the Referral for Special Education service

Date District Received Parent Consent: _____
 Date of Initial Meeting to Determine Eligibility _____



**SANTA BARBARA COUNTY SELPA
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Name: Forms A Blank

IEP Date: _____

Strengths/Preferences/Interests _____

Concerns of parent relevant to educational progress _____

CA Standards Test	English/Language Arts	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
	Math	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
	Hist./Soc. Sciences	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
	Science	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
CMA	English Language Arts	Mathematics _____ Science _____ Other _____
CAPA	English/Language Arts	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
	Math	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
	Science	<input type="checkbox"/> Adv. <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> Below Basic <input type="checkbox"/> Far Below Basic
CELDT	Listening _____	Speaking _____ Reading _____ Writing _____
Physical Education Testing (grades 5, 7 & 9):		
Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.)		

Hearing (_____) Pass Fail Other _____ Vision (_____) Pass Fail Other _____

Preacademic/Academic/Functional Skills**Communication Development****Gross/Fine Motor Development****Social Emotional/Behavioral****Vocational****Adaptive/Daily Living Skills****Health**



**SANTA BARBARA COUNTY SELPA
INDIVIDUAL TRANSITION PLAN**

Name: Forms A BlankBirthdate: 1/1/1900

IEP Date: _____

Student Invited: Yes NoIf Appropriate, and agreed upon, agencies invited: Yes No Not ApplicableDescribe how the student participated in the process: Attended IEP Meeting Interview Inventory QuestionnaireAge-appropriate transition assessments/instruments were used: Yes No Describe the results of the assessments:

Student's Post Secondary Goal Training or Education (Required):

Upon completion of school I will

Transition Service Code as Appropriate:

Activities to Support Post Secondary Goal:

Community Experiences as Appropriate:

Related Services as Appropriate:

Linked to Annual Goal # _____
Person/Agency Responsible: _____

Student's Post Secondary Goal Employment (Required):

Upon completion of school I will

Transition Service Code as Appropriate:

Activities to Support Post Secondary Goal:

Community Experiences as Appropriate:

Related Services as Appropriate:

Linked to Annual Goal # _____
Person/Agency Responsible: _____

Student's Post Secondary Goal Independent Living (As appropriate):

Upon completion of school I will

Transition Service Code as Appropriate:

Activities to Support Post Secondary Goal:

Community Experiences as Appropriate:

Related Services as Appropriate:

Linked to Annual Goal # _____
Person/Agency Responsible: _____



**SANTA BARBARA COUNTY SELPA
INDIVIDUAL TRANSITION PLAN**

District Graduation Requirements:

Course of Study

A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their post secondary goal. Yes No

Units/Credits Completed: _____

Units/Credits Pending: _____

Diploma: Yes No

Certificate of Completion: Yes No

Anticipated Completion Date: _____

CAHSEE (High School Exit Exam)

CAHSEE/ELA date: _____

Score: _____

Passed Did not pass

CAHSEE/Math date: _____

Score: _____

Passed Did not pass

CAHSEE Other: _____

Age of Majority:

On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom: _____

Date: _____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.

The student's IEP includes appropriate measurable postsecondary goal or goals that covers the education or training, employment, and as needed independent living? Yes No

Is (are) the postsecondary goal(s) updated annually? Yes No

Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)?

Yes No

Is (are) there annual IEP goal(s) related to the student's transition services needs? Yes No



**SANTA BARBARA COUNTY SELPA
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY**

Name: Forms A Blank
School: Jonata Elementary

Birthdate: 1/1/1900
IEP Date:

Initial Evaluation
 3-Year Re-evaluation

- I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)**
- A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:
- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency | |
- B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does exist based upon the additional documentation provided in the attached report. *(Complete and attach Specific Learning Disability Discrepancy documentation form)*
- II. The discrepancy identified in Item I. (above) is directly related to a processing disorder.** Yes No
- Check appropriate area(s): Sensory Motor Skills Visual Processing Auditory Processing
 Attention Cognitive Abilities, (including association, conceptualization and expression)
- III. If any of the items below (A-G) are checked "Yes", the student may not be identified as having a specific learning disability.**
- | | |
|--|--|
| A. The discrepancy is due primarily to limited school experience or poor school attendance. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. The discrepancy is due primarily to intellectual disability or emotional disturbance. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. The discrepancy is due primarily to a visual, hearing, or motor disability. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. This discrepancy can be corrected through other regular or categorical services offered within the regular Instructional program. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. The discrepancy is due to limited English proficiency. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. The discrepancy is due to lack of appropriate instruction in reading and math. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- IV. The Student has a specific learning disability.** Yes No
- V. Basis for determination of eligibility**
- Psycho educational Evaluation utilizing multiple measures. See attached psycho educational report.
 Other (specify)
- VI. Relevant behavior related to academic functioning, noted during observation**
- See attached Psycho educational report.
- VII. Educationally relevant medical findings, if any (describe)**

I agree with the conclusions stated above:

School Psychologist/Date

Special Ed. Admin./Designee/Date

Special Education Teacher/Date

General Education Teacher/Date

Speech Language Pathologist/Date

Reading Teacher/Date

Parent/Guardian/Date

Other/Date

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

Signature and Title/Date



**SANTA BARBARA COUNTY SELPA
SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT
(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION)**

Name: Forms A Blank

This form is to be completed and attached to the IEP Team Certification identification of Specific Learning Disability Form 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 test. (Ed. Code Section 3030j Paragraph C)

Statement of the area, the degree, and the basis and method used in determining the discrepancy:

1. Data from assessment instruments (ability and achievement):

2. Information provided by the parent:

3. Information provided by the pupil's present teacher:

4. Summary of the pupil's classroom performance:

a. Observations:

b. Work Samples:

c. Group Test Scores:

5. Consideration of the pupil's age:

6. Additional Relevant Information:



**SANTA BARBARA COUNTY SELPA
SPECIAL FACTORS**

Name: Forms A Blank

IEP Date:

Does the student require assistive technology devices and/or services?

No Yes (specify)

Does the student require low incidence services, equipment and/or materials to meet educational goals?

No Yes (specify)

Considerations if the student is blind or visually impaired:

Considerations if the student is deaf or hard of hearing:

If the student is an English Learner, complete the following section:

Does the student need primary language support? No Yes if yes, who will provide? _____

What will be the language of instruction for the student? _____

Who will provide ELD services to student? General Education Staff Special Education Teacher

What type of ELD services will be provided? English Language Mainstream Structured English Immersion
Comments:

Does student's behavior impede learning of self or others? No Yes (describe)

If yes, specify positive behavior interventions, strategies, and supports

Behavior Support Plan (BSP) attached Behavior Intervention Plan (BIP) attached Behavior Goal is part of this IEP

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



SANTA BARBARA COUNTY SELPA

Note: Numbers correspond with the scoring system on the BSP Quality Evaluation Guide

Confidential - Do Not Display

Behavior Support Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

This BSP attaches to: IEP date: _____ 504 plan date: _____ Team meeting date: _____

Name: <i>Forms A Blank</i> Today's Date: _____ Next Review Date: _____	
<p>1. The behavior impeding learning is (describe what it looks like)</p> <p>2. It impedes learning because</p> <p>3. The need for a Behavior Support Plan <input type="checkbox"/> early stage intervention <input type="checkbox"/> moderate <input type="checkbox"/> serious <input type="checkbox"/> extreme</p> <p>4. Frequency or intensity or duration of behavior <input type="checkbox"/> reported by _____ and/or <input type="checkbox"/> observed by _____</p>	
PREVENTION PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES	
Observation And Analysis	5. What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.)
	6. What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?)
Intervention	<p>Remove student's need to use the problem behavior</p> <p>7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove likelihood of behavior)</p> <p>Who will establish? _____ Who will monitor? _____ Frequency? _____</p>
ALTERNATIVES PART II: FUNCTIONAL FACTORS AND NEW BEHAVIOR TO TEACH AND SUPPORT	
Observation And Analysis	8. Team believes the behavior occurs because: (Function of behavior in terms of getting, protest, or avoiding something)
	<p>Accept a replacement behavior that meets same need</p> <p>9. What 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?)</p>
Intervention	<p>10. What teaching Strategies/Necessary Curriculum/Materials are needed? (List successive teaching steps for student to learn replacement behavior/s)</p> <p>Who will establish? _____ Who will monitor? _____ Frequency? _____</p>
	<p>11. What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?</p> <p>Selection of reinforcer based on: <input type="checkbox"/> reinforcer for using replacement behavior <input type="checkbox"/> reinforcer for general increase in positive behaviors</p> <p>By whom? _____ Frequency? _____</p>

EFFECTIVE REACTION PART III: REACTIVE STRATEGIES

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

1. Prompt student to switch to the replacement behavior

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

3. Positive discussion with student after behavior ends

Optional:

4. Any necessary further classroom or school consequences

Personnel? _____

OUTCOME PART IV: BEHAVIORAL GOALS

13. Behavior 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	By who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	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 conditions	Measured by whom and how

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? Where described: _____

yes no

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

This BSP to be coordinated with other agency's service plans?.....

yes no

Persons responsible for contact between agencies _____

yes no

COMMUNICATION PART V: COMMUNICATION PROVISIONS

14. Manner and content of communication

1. Who?	2. Under what condition(s) (Contingent?Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent?Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent?Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Student _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Guardian _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Guardian _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administrator _____ | |
| <input type="checkbox"/> Administrator _____ | |

Diana Browning Wright, Behavior/Discipline Trainings



SANTA BARBARA COUNTY SELPA

Note: Numbers correspond with the scoring system on the BSP Quality Evaluation Guide

Confidential - Do Not Display

Behavior Support Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

This BSP attaches to: IEP date: _____ 504 plan date: _____ Team meeting date: _____

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<p>1. The behavior impeding learning is (describe what it looks like)</p> <p>2. It impedes learning because</p> <p>3. The need for a Behavior Support Plan <input type="checkbox"/> early stage intervention <input type="checkbox"/> moderate <input type="checkbox"/> serious <input type="checkbox"/> extreme</p> <p>4. Frequency or intensity or duration of behavior <input type="checkbox"/> reported by _____ and/or <input type="checkbox"/> observed by _____</p>	
PREVENTION PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES	
Observation And Analysis	5. What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.)
	6. What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?)
Intervention	<p>Remove student's need to use the problem behavior</p> <p>7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove likelihood of behavior)</p> <p>Who will establish? _____ Who will monitor? _____ Frequency? _____</p>
ALTERNATIVES PART II: FUNCTIONAL FACTORS AND NEW BEHAVIOR TO TEACH AND SUPPORT	
Observation And Analysis	8. Team believes the behavior occurs because: (Function of behavior in terms of getting, protest, or avoiding something)
	<p>Accept a replacement behavior that meets same need</p> <p>9. What 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?)</p>
Intervention	<p>10. What teaching Strategies/Necessary Curriculum/Materials are needed? (List successive teaching steps for student to learn replacement behavior/s)</p> <p>Who will establish? _____ Who will monitor? _____ Frequency? _____</p>
	<p>11. What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?</p> <p>Selection of reinforcer based on: <input type="checkbox"/> reinforcer for using replacement behavior <input type="checkbox"/> reinforcer for general increase in positive behaviors By whom? _____ Frequency? _____</p>

EFFECTIVE REACTION PART III: REACTIVE STRATEGIES

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

1. Prompt student to switch to the replacement behavior

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

3. Positive discussion with student after behavior ends

Optional:

4. Any necessary further classroom or school consequences

Personnel? _____

OUTCOME PART IV: BEHAVIORAL GOALS

13. Behavior 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	By who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	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 conditions	Measured by whom and how

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? Where described: _____

yes no

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

This BSP to be coordinated with other agency's service plans?.....

yes no

Persons responsible for contact between agencies _____

yes no

COMMUNICATION PART V: COMMUNICATION PROVISIONS

14. Manner and content of communication

1. Who?	2. Under what condition(s) (Contingent?Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

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1. Who?	2. Under what condition(s) (Contingent?Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Student _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Guardian _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Guardian _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administrator _____ | |
| <input type="checkbox"/> Administrator _____ | |

Diana Browning Wright, Behavior/Discipline Trainings



SANTA BARBARA COUNTY SELPA
Statewide Assessments

Student: *Forms A Blank*

IEP Date:

Participation in Statewide Assessment Program, STAR

(California Standards Test, California Modified Assessment Test, California Alternate Performance Assessment)

English Language Arts (ELA) (Grades 2-11; CMA only applies to grades 3-11)

Math (Grades 2-11; CMA only applies to grades 3-7)

Algebra (Grades 7-11, Algebra I)

Geometry (Grades 8-11, geometry end of course)

Science (Grades 5, 8-11)

History/Social Science (Grades 8-11)

Writing (Grades 4 & 7 only)

If student is taking CMA or CAPA, IEP team has reviewed the criteria for taking alternate assessments.

CAPA ELA (Grades 2-11) **Science** (Grades 5,8,10) **Math** (Grades 2-11) _____

The student will not participate in the CST or CMA because
Participating in the CAPA is appropriate because

Physical Fitness Test (Grades 5, 7 & 9 only)

Accommodations Modifications

CAHSEE (Grades 10-12, or ages 15+ and grade code is 'Ungraded')

Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s)

Alternate Assessment(s) appropriate because:

For Preschoolers (Ages 3, 4 and 5 years) **Desired Results Developmental Profile (DRDP Access)**

Adaptations:

- | | | |
|---|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Visual support | <input type="checkbox"/> Sensory support |
| <input type="checkbox"/> Augmentative or alternative communication system | <input type="checkbox"/> Assistive equipment or device | <input type="checkbox"/> Alternative response mode |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Functional positioning | |

FOR ENGLISH LEARNERS ONLY

CELDT

- Listening without accommodations
- Listening with accommodations:
- Speaking without accommodations
- Speaking with accommodations:
- Reading without accommodations
- Reading with accommodations:
- Writing without accommodations
- Writing with accommodations:

Other

Standards based Tests in Spanish STS

- Math without testing accommodations
- Math with testing accommodations:
- Reading, Language, Spelling without accommodations
- Reading, Language, Spelling with accommodations:



**SANTA BARBARA COUNTY SELPA
ANNUAL GOALS AND OBJECTIVES**

Name: *Forms A Blank*

IEP Date: _____

Area of Need: _____ Baseline:	Measurable Annual Goal# _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____
Short-Term Objective:	
Short-Term Objective:	
Short-Term Objective:	
Progress Report 1: _____ Summary of Progress Comment	
Progress Report 2: _____ Summary of Progress Comment	
Progress Report 3: _____ Summary of Progress Comment	
Goal: Annual Review Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	



SANTA BARBARA COUNTY SELPA
Offer of FAPE
SERVICES

Name: Forms A Blank

IEP Date:

Service Options considered (In selecting LRE, consideration is given to any harmful effect on the child or quality of services that the child needs)

Supplementary Aids, Services & Other Supports for school personnel, or for student, or on behalf of the student

Aids, Services, Program Accommodations/Modifications, and/or Supports	Start/End Date	Frequency	Duration	Location
---	-------------------	-----------	----------	----------

Transportation Special Ed No Yes

SPECIAL EDUCATION and RELATED SERVICES
EXTENDED SCHOOL YEAR (ESY)

Yes No

Programs and services will be provided according to when 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.



SANTA BARBARA COUNTY SELPA
Offer of FAPE
EDUCATIONAL SETTING

Name: Forms A Blank

IEP Date:

Physical Education General Specially Designed Other _____

District of Service Buellton Union

School of Attendance Jonata Elementary

School Type Public day school

Federal Setting _____

Federal Preschool Setting _____

All special education services provided at student's school of residence? Yes No (rationale)

_____ % of time student is **outside** the regular class & extracurricular & non academic activities

_____ % of time student is **in the regular class & extracurricular & non academic activities**

Student will not participate in the regular class & extracurricular & non academic activities _____ because

Other Agency Services

California Children's Services (CCS)

Regional Center

Probation

Department of Rehabilitation

Dept. of Social Services (DSS)

Other _____

County Mental Health (CMH)

Promotion Criteria: District Progress on Goals Other _____

Parents will be informed of progress

Quarterly Trimester Semester Other _____

How? Progress Summary Report Other _____

ACTIVITIES TO SUPPORT TRANSITION

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

GRADUATION PLAN

(Grade 7 and Higher)

Projected graduation date and/or secondary completion date _____



**SANTA BARBARA COUNTY SELPA
IEP TEAM MEETING NOTES**

Name: Forms A Blank
Notes

Birthdate: 1/1/1900

Date _____



**SANTA BARBARA COUNTY SELPA
SIGNATURE AND PARENT CONSENT**

Name: Forms A Blank

IEP Date: _____

IEP Meeting Participants

Parent/Guardian	Date	Parent/Guardian	Date
LEA Representative/Admin.Designee	Date	General Education Teacher	Date
Student	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	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.

As a means of improving services and results for your child did the school facilitate parent involvement?

 Yes No No Response

Signature below is to authorize and approve the IEP.

Signature: _____ Date _____

 Parent Guardian Surrogate Adult student

Signature: _____ Date _____

 Parent Guardian Surrogate Adult student

If my child is eligible or may become eligible for public benefits (Medi-Cal): I authorize district to access Medi-Cal: health insurance benefits for applicable services.

 Parent/Guardian Signature

- Parent has received a copy of the Procedural Safeguards Parent has received a copy of assessment report (if applicable)
- Parent has received a copy of IEP
- Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.



SANTA BARBARA COUNTY SELPA
Notice of Receipt of Referral for Special Education Assessment

Dear _____

On _____, the school district received a referral to evaluate your child Forms A Blank to determine whether he/she has a disability and need for special education. The school district is responsible for this assessment and will conduct it at no cost to you. You are an important member of the IEP Team. You may include others on the IEP Team who have knowledge or special expertise about your child.

You and your child (if appropriate) are IEP Team participants.

In addition, the following people will be representatives for the district:

Role	Name, if known
Representative of district authorized to commit resources. Special education specialist(s)	
Regular education teacher(s)	
Related Services Personnel	
Other	

The district assessment team will review existing information available on your child, including information provided by you. The assessment team will then determine what areas of suspected disability will be assessed. You will be sent an Assessment Plan within 15 days of the school district receiving the referral to evaluate your child. The Assessment Plan will inform you of the types of assessments that will be conducted. Upon completion of the evaluation you will be given a copy of the report(s).

Within 60 days of receiving your consent for evaluation, an IEP Team meeting will be held to determine if your child is eligible for special education and related services. If your child is eligible, an IEP will be developed to address your child's needs and determine the appropriate services and placement for your child. The district needs your written consent before initially assessing and/or providing special education and related services to your child.

You and your child have protections under the procedural safeguards (rights) of special education law. Please read the enclosed Procedural Safeguards with this notice. If you have any questions, please contact _____ at _____.



**SANTA BARBARA COUNTY SELPA
Prior Written Notice for Initial Assessment**

Student: Forms A Blank

Date: _____

The following were used as a basis for a proposed assessment:

- Evaluation procedure(s) _____
- Assessments, including any recent assessments and available independent assessments
- Record(s) _____
- Report(s) _____

The following alternatives to an assessment were considered and rejected:

The above alternatives were rejected for the following reasons:

The following is a description of other factors that are relevant to the district's proposal for an assessment:

Assessments will be conducted by qualified staff and, when appropriate, utilizing qualified interpreters. You will be asked to participate in a meeting of the Individualized Education Program (IEP) team following completion of the assessment. All information and assessment results will be kept confidential. No special education services will be provided to your child without your written consent.

Please return this assessment plan within 15 calendar days of receiving it.

Included with this assessment plan is a copy of the Special Education Rights of Parents and Children that describes procedural safeguards available to you.

If you have any questions about the proposed assessment or the procedural safeguards available to you, then please call:

Name and position: _____ Phone number: _____

Date Received: _____



**SANTA BARBARA COUNTY SELPA
ASSESSMENT PLAN**

Initial Annual Triennial Transition Interim Other _____

To parent/guardian of: Forms A Blank Date: _____

District: Buellton Union School: Jonata Elementary Grade: _____ Birth date: 1/1/1900

Primary language: _____ English proficiency/CELDT Level: _____

Referred by:

 Parent (Signature)

 Nurse (Signature)

 Teacher (Signature)

 Sp Ed Teacher (Signature)

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed.* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency (LEA)/district. *Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

Evaluation Area

Examiner Title

<input type="checkbox"/> Academic Achievement - These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.	_____
<input type="checkbox"/> Health - Health information and testing is gathered to determine how your child's health affects school performance.	_____
<input type="checkbox"/> Intellectual Development - These tests measure how well your child thinks, remembers, and solves problems.	_____
<input type="checkbox"/> Language/Speech Communication Development - These tests measure your child's ability to understand and use language and speak clearly and appropriately	_____
<input type="checkbox"/> Motor Development - These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.	_____
<input type="checkbox"/> Social/Emotional - These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.	_____
<input type="checkbox"/> Adaptive/Behavior _____	_____
<input type="checkbox"/> Post Secondary Transition – Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Alternative Means of Assessment (Describe alternative methods of assessing the child, if applicable)	_____

I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

I do not consent to the proposed assessment described above.

I would like the following assessment information to be considered by the IEP team: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone number: _____

Comments: _____

NOTE: Prior Written Notice attached if this is an initial evaluation.

Date Received: _____



**SANTA BARBARA COUNTY SELPA
ASSESSMENT PLAN**

Initial Annual Triennial Transition Interim Other _____

To parent/guardian of: Forms A Blank Date: _____

District: Buellton Union School: Jonata Elementary Grade: _____ Birth date: 1/1/1900

Primary language: _____ English proficiency/CELDT Level: _____

Referred by:

 Parent (Signature)

 Nurse (Signature)

 Teacher (Signature)

 Sp Ed Teacher (Signature)

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed.* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency (LEA)/district. *Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

Evaluation Area

Examiner Title

<input type="checkbox"/> Academic Achievement - These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.	_____
<input type="checkbox"/> Health - Health information and testing is gathered to determine how your child's health affects school performance.	_____
<input type="checkbox"/> Intellectual Development - These tests measure how well your child thinks, remembers, and solves problems.	_____
<input type="checkbox"/> Language/Speech Communication Development - These tests measure your child's ability to understand and use language and speak clearly and appropriately	_____
<input type="checkbox"/> Motor Development - These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.	_____
<input type="checkbox"/> Social/Emotional - These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.	_____
<input type="checkbox"/> Adaptive/Behavior _____	_____
<input type="checkbox"/> Post Secondary Transition – Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Alternative Means of Assessment (Describe alternative methods of assessing the child, if applicable)	_____

I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

I do not consent to the proposed assessment described above.

I would like the following assessment information to be considered by the IEP team: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone number: _____

Comments: _____

NOTE: Prior Written Notice attached if this is an initial evaluation.

Date Received: _____



**SANTA BARBARA COUNTY SELPA
INTERIM SPECIAL EDUCATION SERVICES**

*This form must be used for placement of a student from another SELPA or for a student from out of State

Student: Forms A Blank Birthdate: 1/1/1900 Age: 112 Grade: _____ Gender: Male Female

Parent/Guardian: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip Code: _____

Native Language: _____ EL Yes No Redesignated: Yes No Ethnicity: _____

Residency: Parent/Guardian FFH LCI Adult Student Other _____

INDICATE DISABILITY/S _____

SPED Entry Date: _____ Interim Placement to be Reviewed _____ Triennial Due: _____

Last Placement _____

School / District / County

Phone

Contact Person

SPECIAL EDUCATION PROGRAM AUTHORIZATION

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:

% of time outside General Ed. class for Sp.Ed services _____

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement: _____

Signature

Position

Date



**SANTA BARBARA COUNTY SELPA
TRIENNIAL REEVALUATION DETERMINATION**

Name: Forms A Blank
 School: Jonata Elementary
 Date Triennial IEP Due: _____

BirthDate: 1/1/1900
 Date of Determination: _____
 Case Manager: _____

Date of Parent/Legal Guardian Contact: _____

Method of Contact: Phone Conference IEP Meeting Other Meeting Written Correspondence

As part of determining the need for reassessment the District/LEA has completed **all** of the following steps: *(all must be checked)*

- Existing assessment data has been reviewed, including assessments provided by the parents.
 Current classroom-based assessments have been reviewed.
 Teacher and related services provider(s) observations have been reviewed.
 Parent/legal guardian input has been reviewed and considered.

Based upon a review of the information referenced above, the LEA, in collaboration with parent, has determined that additional assessment is needed:

Yes No

If yes, it is recommended that assessment be completed in the following areas: *(Check all that apply)*

- Academic Achievement Health
 Cognitive Functioning Language/Speech Communication Development
 Motor Development Adaptive/Behavior
 Social/Emotional Post-Secondary Transition
 Other Alternate Means of Assessment

(Describe alternate methods of assessing the student, if applicable)

If yes, additional assessment data is needed to determine: *(Check all that apply)*

1. Whether the student has a particular category of disability and/or continues to meet the eligibility criteria as a child with a disability.
 2. The present level of performance of the student and the student's educational needs.
 3. Whether the student continues to need special education and related services.
 4. Whether any additions or modifications to special education and related services are needed to enable the student to meet the annual goals included in the student's IEP and to participate, as appropriate, in the general curriculum.

If no, reason(s) it was determined that further assessment data was not needed:

The parent(s) has/have exercised the right to request an assessment to determine whether their child continues to meet special education eligibility criteria and to determine his/her educational needs.

Yes No

The signatures below are documentation that the LEA reviewed the data referenced above in making the determination of whether to conduct further assessment and involved the parent/legal guardian in the process.

 Parent/Legal Guardian Signature Date

 Parent/Legal Guardian Signature Date

 District/LEA Representative Signature Date



**SANTA BARBARA COUNTY SELPA
 IEP TEAM MEMBER EXCUSAL**

From A Meeting In Whole Or In Part

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 _____ 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)	Area Of Curriculum Or Related Services	Check appropriate column explaining why the IEP team member is being mutually excused from the IEP meeting in <input type="checkbox"/> whole or <input type="checkbox"/> in part:	
		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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Circle 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."



**SANTA BARBARA COUNTY SELPA
MANIFESTATION DETERMINATION FINDINGS**

Student: A Blank, Forms Birth date: 1/1/1900 Date: _____
 District of Residence: Buellton Union School: Jonata Elementary
 Teacher: _____ Grade: _____ Gender: M F CSIS: _____
 Parent/Guardian: _____ Phone:(H) _____ (W) _____ (C) _____
 Address: _____ City: _____ Zip: _____
 Is the student limited to English proficiency? Yes No Primary Language: _____
 Date of Current IEP: _____ Date of last assessment: _____
 Disability: _____ Current educational setting(s): _____
 Description of behavior/actions of student resulting in this analysis:

Disciplinary action taken/proposed: _____ Date of decision of disciplinary action: _____

In determining whether the student's behavior was a manifestation of his/her disability, the manifestation determination team considered the following **in relation to the behavior subject to discipline** (check applicable items):

- Teacher observations of the student. List: _____
 The Student's IEP. Describe: _____
 Other relevant information **supplied by the parents of the student**. List: _____
 Other. List: _____

The Manifestation Determination team determined that, in relation to the behavior subject to the disciplinary action:

Yes No **The conduct in question was caused by or had a direct and substantial relationship to the disability.**
Comments:

Yes No **or....**
The conduct in question was the direct result of a failure to implement the IEP.
Comments:

The Manifestation Determination team decided that the student's behavior:

was a manifestation of his/her disability. (requires a "yes" or any 1 of the above 2 items)

Discipline proceeding may not occur at this time.

Programming recommendations are:

was not a manifestation of his/her disability. (requires a "no" on both of the 2 above items)

Proceed with disciplinary proceedings, all conditions have been met. (Behavior not a manifestation of student's disability, student understood impact and consequences of behavior, student could control behavior, and services and supports were correct at time of incident)

Comments:

Parent: agrees disagrees with the determination of the Manifestation Determination team.

Comments:

Parent received copy of Procedural Safeguards (Parent Rights): Yes No Date: _____

Signatures:

Parent Date

Parent Date

Title Date

Title Date

Title Date

Title

Date

Title

Date

Title

Date

Title

Date



SANTA BARBARA COUNTY SELPA
Summary Of The Student's Academic
Achievement And Functional Performance

Student's Name: Forms A Blank

Date of Summary: _____

Reason for Exit (check the one that applies): Graduated per District's requirements/policy, to include passing of California High School Exit Examination (CAHSEE) if applicable, earning a regular high school diploma

Reached age 22 and earned Certificate of Achievement or Certificate of Completion and is no longer eligible for special education

Received a Certificate of Achievement/ Completion

SUMMARY OF THE STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Strengths/Interests/Learning Preferences:

Pre-Academic / Academic / Functional Skills (Note results of any general State or district-wide assessments): This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Cognitive Abilities:

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Communication Skills:

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Motor Skills (Fine/Gross):

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Health:

This is not an area of suspected disability at this time. No, health concerns evident at this time. Other, explain:

Social/Emotional/Behavioral:

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Self Help/Adaptive:

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Pre-Vocational/Vocational:

This is not an area of suspected disability at this time. Currently, student is performing within age appropriate range Other, explain:

Agency Linkages (check agencies known to be working with the individual or could be a resource to the individual)

Agency Contact Person and phone number, if known

Regional Center

California Children's Services (CCS)

County Department of Health and Human Services

Mental Health Services

Employment Development Department

California Department of Rehabilitation

Community College / University Disabled Student Services

Other

Other Recommendations:



SANTA BARBARA COUNTY SELPA
Summary Of The Student's Academic
Achievement And Functional Performance

Student's Name: Forms A Blank

Date of Summary: _____

(These accommodations have been documented on student's IEP)
Recommendations Of Accommodations, Supports And Resources Continued:

Related To Support:

- Check for understanding
- Instructions/directions repeated/rephrased
- Present one task at a time
- Preferential/assigned seating; explain: _____
- Use of assignment notebook or planner
- Provided with progress reports
- Supervision during unstructured time
- Cues/prompts/reminders of rules / procedures
- Offer choices
- Note taking assistance
- Access to computer on campus
- Use of a scribe/word processing
- Use of a calculator
- Peer tutor/ staff assistance in _____
- Prior Behavior Support Plan (BSP)
- Home/job/school communication system; explain: _____
- Other: _____

Related to Health Concerns:

- Reminder to take medication(s)
- Medication(s) given under supervision
- Other: _____

Presentation of Materials & Instructions

- Books on tape and/or CD
- Assignments/tests modified to address identified needs of learning styles: _____
- Large print
- Closed caption
- English language development materials
- Manipulative/study aids for _____
- Test questions/assignments- given orally
- Tests/assignments directions- read orally
- Tests/assignments- shorten
- Questions on tests/assignments rephrased
- Preview of tests/assignments
- Tests/assignments given in smaller parts
- Visual aids: flash cards, maps, posters, clues, etc.
- Other; explain: _____

Response to Materials & Instruction:

- Reduced/shortened tests/assignments/tasks: _____
- Extended time on in-class assignments/tests: _____
- Use of notes for tests/assignments
- Open book for tests/assignments
- Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available
- Special projects or alternate assignments in lieu of assignments given to non-disabled peers
- Use of a calculator
- Proof-reader and redo assignment or writing mechanics not graded
- Other: _____

Settings:

- Access to study carrel for task/assignments/tests
- Free from visual distractions
- Quiet environment – free from excessive noise
- In a small group environment
- Other: _____

Timing/ Scheduling of Tasks/ Assignments/ tests:

- Extended time(s): _____ minutes for every

_____ Minutes given to non-disabled peers

- Tests/assignments given in shortened time segments
- Extended time on in-class assignments/tests:
- Other: _____

For Additional Information such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation **contact:**

Name of School District: Buellton UnionSchool District's Phone number: (805) 686-2767

Title of Contact Person: _____

Best if contact is made no later than _____



SANTA BARBARA COUNTY SELPA
Revocation of Consent

Re: Written Notice Regarding Revocation of Special Education and Related Services

Dear :

At the IEP meeting on , you advised the *Buellton Union* School District that it was your intent to revoke consent in writing for the continued provision of special education and related services to your child. At the IEP meeting, the school district staff outlined the special education program and services that would be provided to your child. If you revoke your consent to the continued provision of special education and related services, you will be giving up your right and your child's right to these services and your child will not be considered a child with a disability. The district is taking this action after review of your written statement.

State and federal law and regulations provide protections and procedural safeguards for parents of students with disabilities. A statement of those protections and procedural safeguards is enclosed with this Prior Written Notice. By your revocation of consent for your child to receive special education and related services, these protections and procedural safeguards no longer are applicable to your child. The services and modifications that were agreed to in your child's most current IEP will no longer be available to him/her. Your child will not have any of the procedural safeguards available to students with disabilities in the event of any disciplinary action.

If you wish assistance in understanding the protections and safeguards, you may contact the special education teacher at your student's school or me.

If you wish to have your child considered for special education and related services in the future put your request in writing to the district for an assessment. If you need assistance with this process, contact the district and staff will be happy to assist you.

We have appreciated the opportunity to provide *Forms A Blank* with the special education and related services that the District believed were necessary for your child.

Sincerely,

Enclosure: Procedural Safeguards Notice



SANTA BARBARA COUNTY SELPA
INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

Student's Name: Forms A Blank DOB: 1/1/1900 Grade: _____ Date: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: CA Zipcode: _____

Home Phone: _____ Cell: _____ Work Phone: _____

District where private school is located: _____ District of Residence: Buellton Union

Home School: _____ Private School: Jonata Elementary

Private School Phone: _____ District of Residence Phone: _____

Check one of the following

Student's parents have declined the district's offer of a Service Plan.

OR

Student's parents have accepted the district's offer of a Service Plan.

Services: The District (LEA) will provide the special education service(s) below for the student while enrolled in private school or until the proportionate share of federal funds have been expended for the current school year.

Area(s) of need:

Summary of Present Levels:

Student has been found eligible for special education services. By signing this document, the parent/guardian(s) have indicated to the District of Residence (DOR) that they have chosen to unilaterally enroll or continue to enroll the student in a private school without the consent of, referral by, or at expense of the District. It is further acknowledged that the DOR has offered to develop an IEP when the student's parent/guardian(s) express an interest in enrolling the student in public school. The parents understand in accordance with IDEA 2004, their rights to due process do not apply in the private school setting.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

LEA Representative: _____

Date: _____

Other: _____

Date: _____

Next Annual Review Due By: _____ Triennial Review Due By: _____