

APPENDIX A

Coronado Unified School District Special Education Programs Agency Referrals



CALIFORNIA CHILDREN'S SERVICES (CCS)

California Children's Services

CCS is a statewide program that treats children with certain physical limitations and chronic health diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS specialists. The California Department of Health Services manages the CCS program. Funding comes from state, county and federal agencies along with some parental fees.

If a parent or the child's doctor thinks that the child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if the child's condition is covered.

An eligible child may be recipient of:

- Treatment, such as doctor services, hospital and surgical care, physical and occupational therapy among other services and supports.
- Medical case management to help get special doctors and care for the child when medically necessary.
- Medical Therapy Program which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

Qualifying for CCS:

The program is open to anyone who:

- Is under 21 years-old
- Has or may have medical condition that is covered by CCS
- Is a resident of California
- Meets income eligibility requirements (through there are exceptions to the income requirements)
- Child has Healthy Families coverage.

Medical conditions that may be covered include but aren't limited to:

- Conditions involving the heart (congenital heart disease)
- Neoplasm (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional and metabolic diseases
- Disorders of the genitor-urinary system
- Disorders of the gastrointestinal system
- Serious birth defects (spin bifida, cleft lip/palate)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)

What a family must do for their child to qualify for CCS:

- Complete an application form and return it to their CCS office. Phone or fax is permissible. Phone number is 619-528-4000. Give CCS all of the information requested so CCS can determine if the family qualifies.
- Apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. If the child qualified for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.

See the following application form or go to www.dhs.ca.gov/pcfh/cms/ccs for more information.

APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term "applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

A. Applicant Information

1. Name of applicant (last) (first) (middle)		Name on birth certificate (if different)		Any other name the applicant is known by	
2. Date of birth (month, day, year)		3. Place of birth—county and state		Country, if born outside the U.S.	
4. Applicant's residence address (number, street) (do not use a P.O. box)			City	County	ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Race/ Ethnicity		7. Social security number (optional)	
8. What is the applicant's suspected eligible CCS condition or disability?					
9. Name of applicant's physician				10. Physician's phone number ()	

B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. Name(s) of parent or legal guardian		12. Mother's first name (if not identified in 11)		Maiden name	
13. Residence address (number, street) (do not use a P.O. box)			City	County	ZIP code
14. Mailing address (if different from 13)			City	County	ZIP code
15. Day phone number ()	16. Evening phone number ()	17. Message phone number ()		18. What language do you speak at home?	

C. Health Insurance Information

19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the applicant's Medi-Cal number?		Is there a share-of-cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what amount do you pay per month? \$	
20. Is the applicant enrolled in the Healthy Families program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the plan?					
21. Does the applicant have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the insurance plan or company?					
Type of insurance plan or company <input type="checkbox"/> Preferred Provider (PPO) <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other: _____							
22. Does the applicant have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				23. Does the applicant have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

D. Certification (Initial and sign below. Your signature authorizes the CCS program to proceed with this application.)

___ I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program.

___ I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

___ I certify that I have read and understand the information or have had it read to me.

___ I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

Mail this form to your county CCS office.

INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

Section A: Applicant Information ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:
 - Alaskan Native
 - Amerasian
 - American Indian
 - Asian
 - Asian Indian
 - Black/African American
 - Cambodian
 - Chinese
 - Filipino
 - Guamanian
 - Hawaiian
 - Hispanic/Latino
 - Japanese
 - Korean
 - Laotian
 - Samoan
 - Vietnamese
 - White
 - Other
7. **Applicant's social security number (optional):** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak at home.

Section C: Health Insurance Information

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

Section D: Certification

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

Submitting Your Application

Mail or deliver your application to your county CCS office. To find your county CCS office, go to www.dhs.ca.gov/ccs or look in the government section of your local telephone directory under California Children's Services or county health department.

**DIAGNOSTIC
CENTER
SOUTHERN
CALIFORNIA**

CALIFORNIA DEPARTMENT OF EDUCATION

Diagnostic Center, Southern California

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Website: <http://www.dcs-cde.ca.gov>

INTRODUCTION

The Diagnostic Center, Southern California, is one of three regional assessment centers operated through the State Special Schools and Services Division of the California Department of Education. The Center provides assessment services to all local educational agencies (LEAs) within eleven Southern California counties. The Diagnostic Centers located in Fresno and Fremont provide services to all LEAs within Central and Northern California, respectively. In addition to student assessments, the Centers provide training, consultation and technical assistance services within their catchment areas.

Assessment services may be requested by the LEA after they have exhausted their local resources in attempting to address the referral issues. Once a student is accepted for assessment by the Center, a skilled team of professionals, working in collaboration with local educators and the student's parents provides an assessment that is carefully designed to respond to specific referral questions that are posed by the LEA.

The Diagnostic Center Team is committed to providing a quality service that makes a positive difference for students, their families and LEA staff.

Deborah Holt

Deborah Holt
Director

Judi Burkhartsmeier

Judi Burkhartsmeier
Assistant Director

ASSESSMENT SERVICES

Target Population

Students who meet the criteria listed below are eligible to be referred for assessment. The Diagnostic Center Admissions and Review Committee (ARC) will determine the actual acceptance of any specific student for services once all of the referral information has been submitted. The Diagnostic Center welcomes the opportunity to discuss potential or actual referrals at any point in the process. Please call (323) 222-8090 for assistance.

Students who meet the following criteria are eligible for a referral for possible assessment:

- Resident of California
- Between the ages of 3 and 22
- Receiving public special education services, or eligibility for special education is an issue
- Demonstrates a complex learning and/or behavioral profile and local assessment services cannot address the student's needs
- LEA has utilized all of its resources and diagnostic questions/issues remain unanswered
- Referral issues are not more appropriately addressed by a specialty or agency other than the educationally focused services of the Diagnostic Center (e.g., County Mental Health Department, Regional Center, medical specialty such as psychiatry, genetics, neurology, etc.)

PLEASE NOTE:

1. STUDENTS WHOSE PRIMARY HANDICAPPING CONDITION INVOLVES LOSS OF VISION OR HEARING ARE MORE APPROPRIATELY SERVED AT THE ASSESSMENT CENTERS LOCATED AT THE CALIFORNIA SCHOOL FOR THE DEAF OR THE CALIFORNIA SCHOOL FOR THE BLIND.
2. THE DIAGNOSTIC CENTER DOES NOT EVALUATE PROGRAMS OR TEACHERS.

Who Can Refer

Referrals may only be made by the local educational agency (e.g. local school district, County Office of Education or Special Education Local Plan Area-SELPA). Referrals and diagnostic questions may originate with the student's local school site staff and/or family. However, the formal application packet must include the signature of the LEA's special education administrator authorizing the request for Diagnostic Center services.

Fees

There are *no charges* to the LEA or family for any Diagnostic Center service.

How To Refer

The attached application packet contains both a school district and a parent information form. **Both** of these forms, along with all of the "required information" listed on the front page of the district form, **are required**. District personnel should complete the "SCHOOL DISTRICT" form and the parent/guardian should complete the "PARENT INFORMATION" form. Incomplete referrals will be returned.

Once the completed application is received, the Diagnostic Center's Admission and Review Committee (ARC) will do a comprehensive case review of the referral. This will include phone consultation with the referring administrator or an identified LEA contact person. Following the case review, the decision to accept or reject the referral will be made. If accepted, the committee will also determine whether the diagnostic questions can best be addressed in a field-based or center-based assessment. IF THE STUDENT IS ACCEPTED FOR A CENTER-BASED ASSESSMENT, THE PARENT/GUARDIAN MUST ACCOMPANY THE STUDENT TO THE CENTER FOR THE ASSESSMENT. Both the LEA and the parent/guardian will receive written notification of all Admissions and Review Committee decisions. If the referral is rejected, the reason(s) for the decision will be provided to both the district and the parent/guardian.

Please call the Diagnostic Center at (323) 222-8090 for any assistance. We welcome the opportunity to discuss any referral or to clarify any information.

OVERVIEW: FIELD-BASED AND CENTER-BASED ASSESSMENTS

Field-Based Assessment

This service is for students whose specific diagnostic questions are limited in scope, require one or, at the most, two specialists, and will be best addressed in the student's actual learning environment. Diagnostic Center specialist(s) work directly with the student and the school staff in the student's classroom or program. Typically Diagnostic Center staff will also meet with the student's parents or guardian as part of the process. These assessments usually span one to two days.

Center-Based Assessment

This service is intended for students who have highly complex behavioral and/or learning profiles and assessment needs that cannot be addressed locally. This assessment is conducted at the Diagnostic Center and employs a transdisciplinary team to assist the LEA in answering specific educationally related diagnostic questions. When appropriate, a center-based assessment may include a field observation component. These assessments typically last two to four days but this is an estimate that may be adjusted before or during the assessment process to meet the student's individual needs. **THE STUDENT'S PARENT/GUARDIAN IS REQUIRED TO ACCOMPANY THE STUDENT FOR THE ENTIRE ASSESSMENT.** Living accommodations (room and meals) are provided next door at California State University for the student and parent(s). Those families who live nearby are requested to commute daily and will be provided lunch.

For both CENTER AND FIELD-BASED ASSESSMENTS, the appropriate specialists and estimated time-frames are assigned after a careful case review and in consideration of the student's profile and the questions posed. Specialists may include: school psychologist, education specialist, speech-language pathologist, developmental pediatrician, clinical psychologist, and/or motor specialist.

The Admissions and Review Committee will consult with the LEA if there are questions as to which approach might prove most helpful. However, the final decision rests with the Diagnostic Center staff.

Results: Field-Based Assessment

During the course of the assessment, LEA staff is provided with practical suggestions in particular focus areas, such as positive behavioral interventions, curricular modifications, communication interventions, motor programming, and so forth.

- An exit conference is held at the district to summarize the results of the process, and may include Diagnostic Center staff, LEA teachers, specialists, administrators, and the student's parents/guardians.
- A written report of the assessment findings, and responses to the diagnostic questions posed at the time of referral will follow in several weeks. This report is sent directly to the LEA, which is responsible to distribute it to appropriate staff and to the student's parents/guardians.

Results: Center-Based Assessment

- During the course of the assessment, parents observe through one-way mirrors and are an integral part of the assessment process. In addition, they may be asked to participate in some assessment procedures.
- Six weeks after the assessment, a parent/staff conference is held at the Center to share the results and recommendations of the assessment. Parents and LEA staff are encouraged to invite all interested parties.
- A comprehensive written report is distributed at the conference to parents and the LEA. This report includes assessment findings, provides an integrated picture of the student, and responds to the diagnostic questions posed at the time of referral.

Follow-up Services: Center and Field-Based Assessment

Following either a Field or Center-based assessment the Follow-up consultation services of the Diagnostic Center are available to the LEA. These services are designed specifically to assist in implementing any of the recommendations made by the Center during the assessment process. Follow-up services may be requested in writing or by phone by the LEA once the assessment is complete and the parent/guardian has signed a consent form. This form will be provided by the Center at the conclusion of the assessment process.

DIAGNOSTIC CENTER ASSESSMENT SERVICES

The following chart highlights some of the services that the Diagnostic Center can and cannot provide:

Can Provide:	Cannot Provide:
<ul style="list-style-type: none"> • Assessors qualified to conduct individual diagnostic examinations • Objective, individual student assessments addressing identified district and family concerns/questions • Review of relevant records and reports • Communication with both families and district personnel before and after the assessment • Educational recommendations, including related services based on assessment findings • Consultation with student's physician and other service providers regarding assessment when necessary • Technical assistance in the implementation of Diagnostic Center recommendations • Maintenance of the Diagnostic Center assessment report in perpetuity 	<ul style="list-style-type: none"> • Monitoring or enforcement of Diagnostic Center recommendations • Participation in or enforcement of IEPs • Specific placement recommendations • Assessments in the student's home • Monitoring of student progress • Mental health services • Assessments that are the legal responsibility of the local school district, including functional behavior and triennial evaluations. • Evaluations of programs or teachers • Medical treatment, x-rays, brain scans or prescriptions for medications

(Revised 8/1/07)

TECHNICAL ASSISTANCE & TRAINING SERVICES

Day Workshops

The Diagnostic Center, Southern California offers formal staff development and training to local education agency (LEA) staff and parents on a range of topics based upon both statewide and local needs assessment surveys. In order to provide our training services in an equitable manner to LEAs and SELPAs, most of workshops are offered regionally on pre-set dates to the four Regional Coordinating Councils (RCCs) in our catchment area. In May of each year, a *Professional Development Opportunities* brochure for the next school year is distributed to the RCCs. Most dates for the next year are booked by June. We also provide a variety of training topics that are available to sponsoring RCCs, SELPAs or local school districts, as Diagnostic Center staff availability permits. These trainings are offered on different dates throughout the school year. While scheduled on a "first come, first served" basis, attempts are still made to distribute these limited trainings equitably.

Comprehensive Training and Technical Assistance Projects

Comprehensive Training and Technical Assistance projects are individually designed to meet specific district or school site needs. Projects are designed to provide in-depth content training and multiple levels of follow-up support including demonstration teaching and on-site collaboration. They typically include multiple service days that may be interspersed over a period of weeks or months.

Fees

There are *no charges* to LEAs located within the Diagnostic Center's service area. Sponsoring agencies have the responsibility for costs involved with duplication of handout materials, securing the training site, advertising the training, providing refreshments and other like costs.

For a current handout describing our professional development services or for more information, please contact the Diagnostic Center.



CALIFORNIA DEPARTMENT OF EDUCATION
Diagnostic Center, Southern California

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APPLICATION FOR ASSESSMENT SERVICES -- SCHOOL DISTRICT FORM

Use this checklist to ensure all required information is included.
 Incomplete applications will be returned. (Please print or type.)*

- | | |
|--|---------------------------------------|
| *1. Completed Application for Assessment Services Authorized by the Director of Special Education..... | *1. Attached <input type="checkbox"/> |
| *2. Parent Information Form with Release Signatures (original copy) | *2. Attached <input type="checkbox"/> |
| *3. Copy of Current IEP | *3. Attached <input type="checkbox"/> |
| *4. Psychological/Triennial Report(s) | *4. Attached <input type="checkbox"/> |
| *5. Educational Assessment(s)..... | *5. Attached <input type="checkbox"/> |
| 6. Behavior Plan (if applicable) | 6. Attached <input type="checkbox"/> |
| 7. Speech/Language Assessment Report(s) (if applicable)..... | 7. Attached <input type="checkbox"/> |
| 8. Motor Assessment Report(s) (if applicable)..... | 8. Attached <input type="checkbox"/> |
| 9. District Health Record(s)..... | 9. Attached <input type="checkbox"/> |
| 10. Agency Report(s) (if applicable) (Regional Center, Mental Health, CCS, etc.) | 10. Attached <input type="checkbox"/> |

I. REFERRING SCHOOL DISTRICT: _____ Date of Application: _____

II. STUDENT INFORMATION

Student's Name: _____		Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	Middle	
Parent(s) or Guardian(s) Names: _____			
Address: STREET CITY ZIP CODE			
Parent(s) Home Telephone Number: () -- () --		Mother's Work Number: () -- Father's Work Number: () --	
Student is: <input type="checkbox"/> Fluent English Speaking (FES) <input type="checkbox"/> Limited English Proficient (LEP) <input type="checkbox"/> Non-English Speaking (NES)		Language(s) Spoken in the Home: Interpreter Needed for Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student's Primary Ethnic Identification: (Please check only 1 box below.)

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other _____	<input type="checkbox"/> Tahitian
<input type="checkbox"/> African American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Samoan	

Federal Handicapping Condition: (Please check only 1 box below.)

<input type="checkbox"/> 000 No Identified Handicap	<input type="checkbox"/> 010 Mental Retardation
<input type="checkbox"/> 020 Hard of Hearing	<input type="checkbox"/> 030 Deafness
<input type="checkbox"/> 040 Speech or Language Impairment	<input type="checkbox"/> 050 Visual Impairment
<input type="checkbox"/> 060 Emotionally Disturbed	<input type="checkbox"/> 070 Orthopedic Impairment
<input type="checkbox"/> 080 Other Health Impairment	<input type="checkbox"/> 090 Specific Learning Disability
<input type="checkbox"/> 100 Deaf-Blindness	<input type="checkbox"/> 110 Multiple Disability
<input type="checkbox"/> 120 Autism	<input type="checkbox"/> 130 Traumatic Brain Injury

III. DISTRICT INFORMATION – ALL SECTIONS MUST BE COMPLETED.

<p>LEA Administrator in Charge of Special Education Authorizing this Referral (Director of Special Ed) <i>Signature required on p.10</i></p> <p>Name: _____ Title: _____ School District: _____ Address: _____ City: _____ Zip Code: _____ County: _____ Telephone: () -- Ext: _____ Fax: () -- _____ E-mail: _____ Secretary: _____ Phone: () -- _____</p>	<p>LEA Administrator designated as Referral Contact for Student:</p> <p>Name: _____ Title: _____ School District: _____ Address: _____ City: _____ Zip Code: _____ County: _____ Telephone: () -- Ext: _____ Fax: () -- _____ E-mail: _____</p>
<p>Name of School Student Attends: <input type="checkbox"/> District <input type="checkbox"/> Public <input type="checkbox"/> NPS <input type="checkbox"/> Other</p> <p>Grade: _____ Teacher's Name: _____ Principal's Name: _____ Secretary: _____ Phone: () -- _____</p>	<p>School Student Attends: Address: _____ City: _____ Zip Code: _____ Telephone: () -- Ext: _____ Fax: () -- _____ E-mail: _____</p>
<p>LEA providing Special Education Services:</p>	<p>LEA of Residence (If different from service LEA):</p>
<p>Student's school year: <input type="checkbox"/> Traditional (September-June) <input type="checkbox"/> Year Round – Dates off track _____</p>	

IV. REFERRAL ISSUES AND QUESTIONS

Specific Referral Questions: The Diagnostic Center Assessment will be designed to address those education-related questions posed by the School District. Please state your concerns in **question format**.

Briefly describe the student's strengths:

Briefly describe problems interfering with learning:

Describe interventions used and results:

What outcomes would you like from this assessment?

Are there additional issues/factors that we need to know? (i.e., advocate involved, parent asking for specific curriculum/methodology, etc.)

Is the district currently involved in, or anticipating involvement in mediation or due process hearing regarding this student's educational programming? Yes No

If mediation has occurred, please attach resulting agreement.

V. EDUCATION/SERVICES

Student's Current Placement: General Ed RSP SDC Other
 Does the student receive Mental Health Services under the provisions of AB2726? Yes No

Designated Instructional Services	Frequency of Service	Teacher/Therapist/Service Provider

List Previous Classroom Placement(s)

Placement	Dates	School/District

Statewide Assessment Program

Student participates (check one area only)

- Full: Without accommodations With accommodations
- Partial: Without accommodations With accommodations
- Alternate Assessment Parent Exemption Student below grade 2

VI. ASSESSMENT FINDINGS (provide most recent data, do not write "see attached IEP, reports")

Psychological			
Area Evaluated	Instrument/ Observation Method	Results (include scores)	Date Administered
• Cognition			
• Social/ Emotional			
• Adaptive Behavior			
• Other (Specify):			

Speech/Language			
Area Evaluated	Instrument/ Observation Method	Results	Date Administered
• Receptive			
• Expressive			

Does student use alternative forms of communication?

- Assistive Technology
 Sign Language
 Interpreter
 Augmentative Communication (AAC)

If student uses Assistive Augmentative Communication or Assistive Technology, please describe:

Academics

Area Evaluated	Instrument/ Observation Method	Results	Date Administered
• Reading			
• Writing			
• Math			
• Life Skills			

Motor

Area Evaluated	Instrument/ Observation Method	Results	Date Administered
Adapted Physical Education			
Occupational Therapy			
Physical Therapy			

Vision and Hearing			
Area Evaluated	Instrument/ Observation Method	Results	Date Administered
Functional Vision Assessment / Vision			
Hearing			

Agency Reports	Instrument/ Observation Method	Results	Date Administered
Regional Center			
Mental Health			
Other (specify)			

Current reports must accompany all documented areas.

VII. BEHAVIOR

Describe how the student interacts with peers:

[Empty box for describing student interactions with peers]

Describe how the student interacts with adults:

[Empty box for describing student interactions with adults]

Has the IEP team determined that behavior is impeding learning of the student or others?

Yes No

Has a Behavior Support Plan or plan detailing intervention strategies been developed?
(If yes, attach a copy.)

Yes No

Has a Functional Analysis Assessment (FAA) been completed?
(If yes, attach the FAA.)

Yes No

Has a Positive Behavior Intervention Plan been developed based on the FAA?
(If yes, attach a copy.)

Yes No

VIII. MEDICAL/PSYCHIATRIC

Does the student have a medical/psychiatric condition impacting educational progress? Yes No

Describe:

IX. TRANSITION

Is student 16 years or older? Yes No If yes, attach ITP.

Is the student working towards a regular high school diploma? Yes No

If student is 16 years or older, has (s)he been involved in any work experience programs? Yes No

Please describe:

AUTHORIZING ADMINISTRATOR

The **LEA Administrator in Charge of Special Education** authorizing this referral (Director of Special Ed) is required to certify the following:

- The required referral information and documents are attached (listed on the checklist on page 1).
- The district has utilized all its local resources.
- The district is willing to participate with the Diagnostic Center, Southern California in the assessment process.
- A district special education administrator and appropriate staff will participate in the "Parent/Staff Conference" following the assessment.

Signature of LEA Administrator in Charge of Special Education Authorizing this Referral:

Print Name

Title

Signature

Date

***The Diagnostic Center, Southern California thanks
the district for the time and effort expended in
submitting this application for assessment.***



CALIFORNIA DEPARTMENT OF EDUCATION

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Website: <http://www.dcs-cde.ca.gov>

APPLICATION FOR ASSESSMENT -- PARENT INFORMATION FORM

(To Be Completed by the Parent or Guardian)

Instructions: Your child is being referred to the Diagnostic Center for assessment services. This form must be completed by you and submitted with your district's application. Please complete and return this form to your child's school district. Feel free to put it in a sealed envelope to ensure confidentiality. If you have any questions regarding this form, please feel free to contact the Nurse at the Diagnostic Center at (323) 222-8090.

Date: _____ Name of person filling out this form: _____

Child's Name:

_____ Last _____ First _____ Middle _____ Date of Birth _____

Mother's Name: _____ **Age:** _____

Home Telephone: () -- _____ **Work Telephone:** () -- _____

Address: _____
Street _____ City _____ Zip Code _____

Mailing Address: _____
(If different than above) Street _____ City _____ Zip Code _____

Occupation: _____ **Employed by:** _____

- Living with child Divorced or separated Deceased Other: _____

Stepmother's Name: _____ **Age:** _____

Occupation: _____ **Employed by:** _____ **Telephone:** () -- _____

- Living with child Divorced or separated Deceased Other: _____

Father's Name: _____ **Age:** _____

Home Telephone: () -- _____ **Work Telephone:** () -- _____

Address: _____
Street _____ City _____ Zip Code _____

Mailing Address: _____
(If different than above) Street _____ City _____ Zip Code _____

Occupation: _____ **Employed by:** _____

- Living with child Divorced or separated Deceased Other: _____

Stepfather's Name: _____ **Age:** _____

Occupation: _____ **Employed by:** _____ **Telephone:** () -- _____

- Living with child Divorced or separated Deceased Other: _____

Child lives with: Parent(s) Guardian(s) Step Parent Group Home/Foster Care Other

If living with Guardian or Conservator, provide court date: _____

If living in a group home or foster care - Name of Guardian: _____

Address: _____ Telephone: () --
Street City Zip Code

Is child adopted? Yes No Date of adoption: _____

Child's Ethnicity: _____

Child's Primary Language: _____ Other Languages spoken in the Home: _____

Will you need an interpreter to participate in the assessment? Yes No

If yes, what language? _____

School Student Attends:
Name: _____
Address: _____
City: _____
Zip Code: _____ County: _____
Telephone: () --

Principal's Name: _____
Teacher's Name: _____
District: _____
Grade: _____

Consent:

I authorize an assessment of my child* to be completed by the Diagnostic Center, Southern California

Signature of Parent/Guardian Date

Relationship to child: _____

If your child is accepted, you will be sent an acceptance letter detailing the components of the assessment.

* Student signature required if 18 years or older _____ Date _____
Signature

Describe your child's strengths and interests:

What concerns you most about your child?

What is the reason the school district is requesting a Diagnostic Center assessment?

What do you hope will be the outcome(s) of this assessment?

FAMILY IDENTIFICATION

Besides parents, please list members of the household (Please also list siblings living out of the home)

Name	Relationship to child	Age	Check if out of home
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Are there other family members with learning, emotional or medical difficulties? Yes No

If yes, please describe:

BEHAVIOR AND EMOTIONAL ISSUES:

How is your child's interaction with peers? Poor Good Excellent

Provide examples of activities your child engages in with peers:

How is your child's interaction with adults? Poor Good Excellent

Provide examples of ways your child engages with adults:

Is your child's behavior at school a problem? Yes No

Has your child been suspended or expelled? Yes No

Please describe:

How is your child's behavior at home and in the community? Poor Good Excellent

Please describe:

HEALTH:

Did your child experience any problems during pregnancy or at birth? Yes No

If yes, please describe:

Has your child experienced any of the following:

Major illness Yes No

Major accidents or Trauma Yes No

Surgery Yes No

CT/MRI Yes No

Hospitalization Yes No

Genetic evaluation Yes No

If yes, please describe, giving dates, or child's age at the time of experience:

Sat unsupported at _____ months. Used two or three words other than mama or dada at _____ months.

Walked unsupported at _____ months. Spoke two or three-word sentences at _____ months.

Toilet trained (bladder) at _____ years. Tricycle riding at _____ years.

Toilet trained (bowel) at _____ years. Bicycle riding without training wheels at _____ years.

Please check any that apply to your child:

Headaches Bed wetting Daytime wetting Attentional difficulties Hyperactivity

Coordination problems Has entered puberty Has a hearing loss Wears glasses

Seizures (date/age at last episode) _____ Allergies: Food/Medications _____

Does your child currently take medication? Yes No

If yes, list medication and dosage:

Medication	Dosage	Who Prescribed	Date Started

Does your child have any chronic illness, medical or physical problems? Yes No

If yes, please describe:

What medical and/or psychiatric diagnoses have been given to your child?

EVALUATIONS AND SERVICES:

In order for us to conduct a complete assessment, we would like to review records concerning evaluation and services that have been provided to your child during the last 3-5 years. These services may include doctors, agencies such as Regional Center or CCS, and/or private specialists such as Occupational Therapists, Physical Therapists, and/or Education Therapists.

Depending on the issues, we may need to request reports from agencies you list below. Please complete the *Release of Information* forms on the following pages for each name listed below. Please make sure to include addresses.

CURRENT PHYSICIANS:

Name	Reason for Services	Area Code/Phone
		() --
		() --
		() --
		() --
		() --

MENTAL HEALTH SERVICES/PRIVATE COUNSELING:

(For any mental health service, please use Authorization for Release of Psychiatric Information form.)

Name	Reason for Services	Dates

REGIONAL CENTER/CALIFORNIA CHILDREN'S SERVICES (CCS), PRIVATE OT/PT:

Name	Reason for Services	Dates

OTHER PROFESSIONALS/AGENCIES THAT HAVE PROVIDED SERVICES:

Name	Reason for Services	Dates

Thank you for completing this application. You will receive written notification regarding acceptance for Diagnostic Center assessment service.

CALIFORNIA DEPARTMENT OF EDUCATION
DIAGNOSTIC CENTER, SOUTHERN CALIFORNIA

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION

Completion of this document authorizes the disclosure of individually identifiable health information as specified below in accordance with the Health Insurance Portability and Accountability Act (HIPAA), which pertains to the Privacy and Security of Protected Health Information.

Instructions to Parents: One form must be completed for each doctor or agency that has provided services. Please include all completed authorization forms with your application.

I hereby authorize the disclosure of information of my child:

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Address: _____
Street City State Zip Phone No.

Individual and/or Organization disclosing information:

Individual and/or Organization: _____

Address: _____
Street City State Zip

Organization authorized to receive this information:

DIAGNOSTIC CENTER, SOUTHERN CALIFORNIA
4339 State University Drive, Los Angeles, CA 90032
(323) 222-8090; Fax (323) 222-3018

Type of information to be disclosed:

- Medical Occupational Therapy/ Physical Therapy
 Educational Other Professional Services
 Regional Center/ California Childrens Services
 Psychiatric/ Mental Health

Signature of Parent, Legal Guardian or Child if 18 years or older Date

Dates of Service requested: _____ Restrictions if any _____

The information requested will only be used for the following purposes:

- Assessment and Evaluation
- Educational Planning

- Duration** This request shall become effective immediately and shall remain in effect for 12 months or until the completion of the Diagnostic Center evaluation.
- Revocation** I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.
- Redisclosure** I understand that health information used or disclosed pursuant to this authorization may be subject to redisclosure by the Diagnostic Center and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Signature of Parent, Legal Guardian or Child if 18 years or older Date

A copy of this authorization is as valid as an original.
I understand I have a right to receive a copy of this authorization for my records.

To Doctor, Hospital or Clinic: To ensure completion of the Parent's application for assessment, it is essential that the information listed in this authorization be forwarded to the Diagnostic Center as soon as possible. Unfortunately, we cannot pay you for the report we are requesting, as there is no provision with the Dept of Education, State of California, for expenditure of funds for this purpose.

<Revised: 5/15/07>

26.5
SAN DIEGO COUNTY
MENTAL HEALTH
SERVICES

IMPORTANT FACTS ABOUT CHAPTER 26.5 MENTAL HEALTH REFERRAL

26.5 is also known as AB3632; 3632; or Government Code 2726. Chapter 26.5 is the most recent and most common name.

26.5 essentially “marries” Education and Mental Health.

Once a student is determined to be eligible under 26.5, the Mental Health clinician becomes a part of the IEP team. As a member of the team, he/she must be invited to all IEP meetings. In addition, the Mental Health clinician has the right to request an IEP meeting.

26.5 services are voluntary. A family cannot be forced to participate. The level of participation in 26.5 services is determined by the IEP team, however, the family has the right to decline or refuse proposed services. They cannot be forced to keep appointments. As this is the case, it is the responsibility of both Mental Health and school staff to encourage families to keep appointments for their student, however, if multiple appointments are missed the IEP team should reconvene to determine whether other arrangements should be made or the 26.5 service recommendation be modified.

Children and families are able to access Mental Health services outside of 26.5 simply by contacting them directly. Mental health services can be accessed via Medi-Cal or private insurance. Most services available under 26.5 are also available to students who are not 26.5. The exceptions to this include: day treatment, residential placement, or Family Vision (SB163).

The following services are NOT covered under 26.5 and will therefore be the financial responsibility of the family:

1. Crisis Services
2. FICS Crisis Services
3. Medication
4. No Show for Dr. Appt
5. No Show for clinic appt
6. Inpatient hospital stays

26.5 services are educationally related, therefore, there must be an educational need for the services.

Only children living with a biological parent who lives in the Coronado Unified School District are eligible to be considered for 26.5 services through San Diego County. Adopted children or those living with other relatives are referred to Mental Health in the county in which their parent resides or from which their adoption originated. There is now a mechanism in place for the County of Residence to provide mental health services; however, this must be mutually agreed upon by County of Origin and County of Residence. This piece only applies to adopted children.

If a student’s adoption originated outside the State of California or outside the United States of America, and the student’s parents live within San Diego County, SDCMH will consider that student to be eligible for consideration under 26.5.

26.5 PROCEDURES

At times, an IEP team may conclude that a student is not able to benefit from special education supports and services without the benefit of Mental Health intervention. In such cases, the IEP team can agree to make a referral to Mental Health, under Chapter 26.5 of the Government Code. This decision is reflected in the student's IEP.

It is critical to know whether the child is living with a biological parent, adoptive parent, or other individual, as this will determine the county to which a referral is made.

If the child is living with a biological parent in the Coronado Unified School District, the referral is made to San Diego County Mental Health (SDCMH).

If a child is living with an adoptive parent, the referral is made to the County in which the adoption originated.

If the adoption originated outside the State of California or the United States of America, the referral should be made to San Diego County.

If the child is living with a relative or other individual, the referral is made to the County in which the parent resides.

The school psychologist or other District designee is responsible for completing the referral packet (see attached). Once this is completed, it must be sent to:

Sharon Massoth, Program Manager
Special Education Services AB2726
3692 Midway Drive
San Diego, CA 92110
Tel 619-758-6240 fax 619-758-6250

In addition, make sure to write **"26.5 Referral"** in large letters on the outside of the envelope to ensure timely processing on the part of SDCMH.

Once received at SDCMH, the information is date-stamped and the case is assigned to a clinician. The clinician completes an assessment to determine whether the student is eligible to receive services under Mental Health's 26.5 criteria.

Once the assessment is complete, an IEP meeting is called to review results. This must occur within 50 days of the receipt of the referral.

If the Mental Health assessment indicates the student is not eligible for 26.5 services, the IEP team will determine alternatives to assist the student. If the student is found to be eligible, Mental Health goals and objectives are added to the IEP and Mental Health personnel become part of the IEP team. Mental Health personnel remain a part of the IEP team until such time as 26.5 services are removed from the IEP.

26.5 REFERRAL TO MENTAL HEALTH

A COMPLETE REFERRAL MUST INCLUDE ALL OF THE FOLLOWING:

- Written parental consent for the referral to MH
- Written parental consent for student observation in the educational setting
- Written parental consent for the release and exchange of all relevant information between the District and MH
- Copies of the current IEP, current assessments, and any other relevant information
- A summary of the emotional and behavioral characteristics of the student, including documentation that the student has emotional and behavioral characteristics that:
 - Are observed by qualified educational staff in educational and other settings as appropriate
 - Impede the student from benefiting from educational services
 - Are significant as indicated by their rate of occurrence and intensity
 - Are associated with a condition that cannot be described solely as social maladjustment as demonstrated by deliberate noncompliance with accepted social rules, a demonstrated ability to control unacceptable behavior, and the absence of a treatable mental disorder
 - Are associated with a condition that cannot be described solely as a temporary adjustment problem that can be resolved with less than three months of school counseling
- Documentation that, as determined by using educational assessments, the student's functioning including cognitive functioning, is at a level sufficient to enable the student to benefit from mental health services
- A description of the school counseling, psychological, and guidance services and other interventions that have been provided to the student, including the initiation, duration, and frequency of services, or an explanation of why a service was considered for the student and determined to be inappropriate.

San Diego Regional Center (SDRC)

SAN DIEGO REGIONAL CENTER

San Diego Regional Center (SDRC) serves children and adults with developmental disabilities in San Diego, County. Department of Developmental Services (DDS) is the parent agency and there are Regional Centers throughout California. Services for qualifying individuals are available from birth through death.

All school districts within San Diego County fall within the “encatchment” area of San Diego Regional Center. Focus and nature of services vary across the age ranges however case management is central to all service delivery models and, for school-aged children, much collaboration occurs between SDRC and the schools. SDRC case managers often attend IEP meetings and services such as respite and behavior intervention services (in the home) can be coordinated with school services for the benefit of student and family.

To make a referral, a simple telephone call is adequate and anyone can refer. There is no specific referral form. If you are calling to make a referral, of course, make sure the parent knows you are doing this and is in agreement. An exchange of info form should be filled out with the parent as you will be sharing specific child info with SDRC as part of the telephone referral process. Simple demographic information will be requested as well as a statement about why you think the individual should be referred.

For Coronado Unified School District referrals call SDRC Intake Unit: (858) 496-4318 or (858) 576-2938

Individuals qualify for Regional Center Services by going through an intake process during which time eligibility is determined. An individual must have one of five disabilities that reach the level of being “substantially handicapping.” The five disabilities include: **mental retardation, autism, cerebral palsy, seizure disorder or a head injury (TBI).**

To reach the level of substantial handicap, three of the following areas must be deficits:

Capacity for independent living

Self care

Self direction

Economic self-sufficiency

Communication (receptive, expressive, written)

Mobility including gross and fine

Learning including cognitive ability and retention

Pre Academic

Academic

San Diego Regional Center Intake Process (Early Start)

In San Diego and Imperial County, the intake process for California Early Start was designed to allow for multiple points of entry into the program. The parent or legal guardian has the option of contacting one of several participating agencies to request services.

The initial request for service is made by phone. During the phone call the Early Start Program is explained, and permission is secured for the referral information to be shared with the other participating agencies at a weekly referral review meeting. Following that meeting, a Service Coordinator is assigned to coordinate evaluations and plan for needed services and supports. Eligibility must be determined within **45 days** of the initial request. If the child is found eligible for the program, an Individualized Family Service Plan (IFSP) is developed in collaboration with the family and any other participating agencies that will be providing early intervention services. If the child is found not eligible, the family will be referred to other appropriate resources to address their concerns.

To Apply: Call San Diego Regional Center's Early Start Intake Unit at 858-496-4318
Or
Exceptional Family Resource Center at 1-800-281-8252

San Diego Regional Center Intake Process (Over Age 3)

Application for services involves an initial contact with an Intake unit service coordinator. This contact is often made by telephone. At this time, San Diego Regional Center services are explained and information is obtained regarding the applicant.

The applicant and family are invited to participate in an Orientation meeting. The meeting provides an overview of service available through San Diego Regional Center. The Intake process is explained and initial application forms are completed. Eligibility must be determined within **60 days** of this initial contact.

If the applicant is eligible for Regional Center services, a meeting is then held to formulate a plan for the continuation of services. The Individual Program Plan must be completed within **60 days** of the eligibility determination. For the provision of ongoing services, the case is transferred to the Case Management unit serving the geographic area in which the consumer resides.

If, following assessment, a person is found not to be eligible for services within the Regional Center definition of a developmental disability, the Intake unit service coordinator will refer the person to a more appropriate service and the case will be closed. The person and family are informed about the appeal process if they disagree with the decision.

Formal application must be made by an adult applicant, parent, conservator or guardian.

To Apply: Call San Diego Regional Center's Intake Unit at 858-578-2938

APPENDIX B

IEP Manual: Writing IEP's for Educational Benefit



IEP MANUAL

WRITING IEPs FOR EDUCATIONAL BENEFIT



January 2009

Introduction

This manual was developed by members of the State SELPA Association to address the legal requirements of IDEA 2004, state law, and the State Performance Plan as appropriate. This IEP is a recommended format to provide greater consistency for districts around California.

The items denoted in bold font on the IEP Forms and in the manual are required CASEMIS fields and must be completed.

INDIVIDUALIZED EDUCATION PROGRAM

Page ____ of ____

IEP Date ____/____/____

SPED Entry Date ____/____/____

Last Name _____ First Name _____ Nickname/Middle _____

Last Annual IEP ____/____/____ Next Annual IEP ____/____/____ Last Eval ____/____/____ Next Eval ____/____/____

Purpose of Meeting Initial Annual Triennial Transition Pre-expulsion
 Expanded IEP Amendment _____ Other _____

Birthdate ____/____/____ Gender _____ Grade _____ Migrant No Yes

Native Language _____ EL No Yes Proficiency Level/Date _____ / ____
 Interpreter No Yes _____

Student ID _____ SSN _____ SSID # _____

Residency Parent/Guardian Foster _____ LCI _____
 Other _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Work Phone _____

_____ Cell Phone _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Work Phone _____

_____ Cell Phone _____

District of Residence _____ Current District of Attendance _____

School of Residence _____ Current School of Attendance _____

Ethnicity Code(s) 1 _____ 2 _____ 3 _____ 4 _____

INDICATE DISABILITY(S) (P = Primary, S = Secondary)

_____ 010 MR _____ 020 HH * _____ 030 Deaf * _____ 040 SLI _____ 050 VI *
 _____ 060 ED _____ 070 OI* _____ 080 OHI _____ 090 SLD _____ 100 DB *
 _____ 110 MD _____ 120 AUT _____ 130 TBI _____ 081 Est Med Dis (0-5)

(* Low Incidence Disability)

Describe How Student's Disability Affects Involvement and Progress in the General Curriculum (or for preschoolers, participation in appropriate activities) _____

<p>Triennial (3 Year) Re-evaluation</p> <p><input type="checkbox"/> Triennial Re-evaluation <u>not due</u> prior to next IEP review date.</p> <p><input type="checkbox"/> Triennial Re-evaluation <u>due</u> prior to or on next IEP review date.</p> <p><input type="checkbox"/> Summary of Progress and Current Educational Performance</p> <p><input type="checkbox"/> Full Re-evaluation</p> <p><input type="checkbox"/> Other _____</p>	<p>For Initial Placements Only</p> <p>Has the student received pre-referral early intervening service in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Initial Referral for Special Education Services ____/____/____</p> <p>Person Initiating the Referral for Special Education Services _____</p> <p>Date District Received Parent Consent: ____/____/____</p> <p>Date of Initial Meeting to Determine Eligibility ____/____/____</p>
---	--

IEP Form 1 – Individualized Education Program

Items above the solid line may be completed prior to the meeting based on information contained in the student information system.

1. **Student Name**: Enter the student last name and first name.
2. **IEP Date**: Enter date of the IEP meeting.
3. **Last IEP**: Enter the date of the last IEP.
4. **Next IEP**: Enter the next IEP date that will be one year from the present date in most cases.
5. **Original SpEd Entry Date**: Enter the date the student first received special education services, including IFSP (0-3 infant services).
6. **Last Eval**: Enter the date of the most recently completed comprehensive assessment to determine or re-determine eligibility for special education and related services (triennial or initial IEP date).
7. **Next Eval**: Enter the date when the next triennial evaluation is due.
8. **Purpose of Meeting**: Select purpose of meeting.
 - Initial is the IEP to determine eligibility after initial assessment.
 - Annual is the IEP meeting to be held within one year of prior IEP.
 - Triennial is the IEP meeting to be held after reassessment. This meeting may also include the Annual IEP Meeting.
 - Transition means transition from infant to preschool, preschool to kindergarten, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
 - Pre-expulsion means an IEP meeting that is being held as part of or following a manifestation determination.
 - Interim means if the child has an IEP and transfers into a district from another district.
 - Expanded IEP means an IEP meeting which includes CMH representatives.
 - Other
9. **Birthdate**: Enter the exact birthdate.
10. **Age**: The student's age as of the IEP meeting date.
11. **Gender**: Enter M or F.

12. **Grade:** Enter the appropriate grade designation.
13. **Migrant:** Check Yes or No to reflect the student's Migrant status.
14. **Native Language:** This field was previously known as home language. This is the student's home language or birth language.
15. **EL:** Check if the student is an English learner or has been redesignated.
16. **Interpreter:** Check if an interpreter is needed for the IEP meeting.
17. **Student ID and SSID:** The student ID number is automatically assigned through CASEMIS. The SSID formerly CSIS is assigned by the State. Each student must have a SSID. Social Security Number is optional.
18. **Residency:** This is the student's residential status.
19. **Parent/Guardian Information:** Enter the contact information for the parent/guardian. If the student resides in an out-of-home placement through a non-educational agency, put the parent contact information in the second contact area, if known.
20. **District of Residence:** This is the student's district of residence.
21. **Residence School:** Enter the child's neighborhood school.
22. **Ethnicity:** Check the appropriate ethnicity(s). **Note:** Only four ethnicities can be listed. This should be the ethnicity designated by the parent on the student enrollment form at the school site.
23. **Disability:** Mark primary disability with "P" and secondary disability with "S". The primary disability should be the one that has the most significant impact on the student's ability to access the general education environment. **Note:** For funding purposes, low incidence disabilities marked as secondary will generate low incidence funding.

If team determines the student has a *specific learning disability*, complete *Specific Learning Disability Team Determination of Eligibility* form 9. Evaluation team members sign form as appropriate.

24. **Severe/Non Severe:** Check appropriate box.

56030.5. "Severely disabled" means individuals with exceptional needs who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe mental retardation, and those individuals who would have been eligible for enrollment in a development center for handicapped pupils under Chapter 6 (commencing with Section 56800) of this part, as it read on January 1, 1980.

25. If the student is not eligible or no longer eligible for special education:
- Document reason for decision and other options to address the student's educational needs on *IEP Team Comments Page* (Form 7).
 - IEP team members sign as appropriate on (Form 6).
If parent(s) do not agree that the child is not eligible for special education services, note their concerns, discuss options for resolving their concerns, and review *Notice of Procedural Safeguards*.
26. How Disability Affects Educational Performance: Write a statement which describes the disability and its impact, i.e. "*auditory processing deficits adversely impact the student's ability to complete activities within the general education setting*", "*significant speech and language deficits interfere with the student's ability to interact with other students in the preschool setting*"

For Initial Placements Only (Ages 3 to 22 only – Do not include infant referral dates)

1. **Has the Student Received Pre-Referral Early Intervening Service in the Past Two Years**: Pre-Referral Early Intervening Services are coordinated interventions for students not currently identified as requiring special education who need additional academic and behavior support to succeed in a general education environment. They include educational and behavioral evaluations, services and supports including scientifically based literacy instruction. If the student received pre-referral early intervening services during the past two years, check yes. Otherwise, check no.
2. **Date of Initial Referral for Special Education Services**: Enter the date of the initial referral to assess and determine eligibility for education services (ages 3-22).
3. **Person Initiating the Referral**: Select the person initiating the referral (Parent, Teacher, SST, Other School/District Personnel, Other).
4. **Date District Received Parent Consent**: Enter the date the district received parent signature/consent for initial evaluation.
5. **Date of Initial Meeting to Determine Eligibility**: Enter the date of IEP Team meeting to review initial evaluation and determine eligibility for special education.


Educational Benefit Reminder


Is all of the information complete and correct?

How will the manager of the school MIS system be informed of any changes?

Does the IEP clearly specify the child's disability(s)?

Did the IEP Team identify how the child's disability affects his or her involvement and progress in the general curriculum or participation in appropriate activities for the preschool child?

INDIVIDUAL TRANSITION PLAN

Name _____

IEP Date ____/____/____

Student Participated in the Consideration of Postsecondary Goals and Transition Services by

Attended IEP Meeting Interview Inventory Questionnaire Other _____

Results of Age-Appropriate Transition Assessment(s)

Assessment _____ Date _____

Assessment _____ Date _____

Results _____

STUDENT'S MEASURABLE POSTSECONDARY GOAL(S)

Education/Training _____

Employment _____

Independent Living (if appropriate) _____

TRANSITION SERVICES

Service		Start Date / /	End Date / /		
Provider			<input type="checkbox"/> Ind <input type="checkbox"/> Grp		
Frequency	Duration	Location			

TRANSITION ACTIVITIES (as appropriate)

Community Experiences _____

Development of Employment _____

Other Post-School Adult Living Objectives _____

Acquisition of Daily Living Skills (if appropriate) _____

Functional Vocational Evaluation (if appropriate) _____

Form 1A – Individual Transition Plan (ITP)

The IEP Team may determine that consideration is appropriate for younger students. If the student is younger than age 16 and consideration of transition is not appropriate, skip IEP Forms 1A and 1B and go to IEP Form – 2 Present Levels of Academic Achievement and Functional Performance.

1. How The student Participated in the Process: Describe how the student participated in the process. If for some reason, the student was not able to attend, describe how the student's interests were determined.
2. Results of Age-Appropriate Transition Assessments: Measure the student's interests, preferences, and skills related to education/training, employment and where appropriate, independent living skills.
3. Student's Postsecondary Goals:
The team must include measurable postsecondary goals in education, training, and employment and if appropriate, independent living.
 - a. **Education/Training**: Document measurable goals in these areas. (Example: Upon graduation the student will enroll in a community college class leading to certification as a welder.) (Upon receiving a Certificate of Completion, the student will participate in a food service training program supported by an adult service agency.)
 - b. **Employment**: Document measurable goals pertaining to the student's employment preferences. (Upon graduation, the student will work part-time in an automotive shop.) (Upon receiving a Certificate of Completion, the student will participate in a sheltered workshop program.)
 - c. **Independent Living** (when appropriate): Document measurable goals in the area of independent living skills. (Upon receiving a Certificate of Completion the student will use public transportation to commute to his/her supported employment job.)
 - d. **Other**: Include other measurable goals that the student needs for postsecondary transition. (Upon receiving a Certificate of Achievement the student will participate in a functional vocational evaluation through the adult education program.)
4. Transition Services: Include a description of transition services that will be provided to the student in order for him/her to work toward meeting his/her postsecondary goals in each of the areas: education/training, employment, independent living, and 'other' as appropriate. These are the services that are provided while the student is still in school to address the postsecondary goal.
5. IEP Goal Number: Note the annual goal number from Form 4A, 4B, or 4C that was developed to work toward the postsecondary goal.
6. Person/Agency Responsible: Specify the title of person or the agency responsible

TRANSITION SERVICES

Page ___ of ___

Name _____

IEP Date ___/___/___

CAHSEE (California High School Exit Exam)

CAHSEE/ELA date ___/___/___ Score _____ Passed Did not pass

CAHSEE/Math date ___/___/___ Score _____ Passed Did not pass

No Accommodations/Modifications

With Accommodations _____

With Modifications (waiver required) _____

If not taking the CAHSEE, check appropriate box:

To participate in California Alternate Performance Based Assessment (CAPA)

Outside of testing group (before grade 10, or younger than 15 and 'ungraded')

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

By whom _____

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.

Student Signature _____

Parent/Guardian Signature _____

Passed Algebra I No Yes ___/___/___ Student Working Towards Certificate of Completion

CREDITS REQUIRED FOR GRADUATION _____ CREDITS EARNED _____ CREDITS NEEDED _____

Transcript Attached

Required Courses to be Completed

Additional Courses of Study Supporting Transition

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IEP Form 1B – Transition Services

Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team.

1. California High School Exit Exam:

- Enter the date and score on the ELA and Math section of the CAHSEE and indicate if the student passed or failed.
 - Discuss the student's participation in the CAHSEE, including his or her need for accommodations or modifications. Discuss the need for submitting a waiver if a modification is used.
 - If the student will be taking the CAPA, check the appropriate box to indicate that the student would not be participating in CAHSEE.
 - If the student is outside the testing group (before grade 10 or younger than 15 and ungraded), check the appropriate box.
2. Transfer of Rights: On or before the student's 17th birthday, explain that he and/or she will assume all special education rights and protections upon turning 18 (unless a conservator has been appointed by the court). Review the *Notice of Procedural Safeguards* with the student. Have the student and parent sign this section.
3. Passed Algebra: Indicate if the student passed Algebra and the date. If the student will be graduating with a Certificate of Completion, check appropriate box.
4. Credits: Update the credits the student has earned, which courses are required for graduation, and additional courses related to goals, graduation, and/or vocational interests.

↘ Educational Benefit Reminder ↙

Is the transition plan developed in accordance with the student's post-school preferences, interests, and goals?

Are there measurable postsecondary goals, based on age appropriate transition assessments, that address education/training, employment, and where appropriate, independent living skills?

Are appropriate transition services (including courses of study) and responsible persons/agencies specified?

Are the transition services designed to be within a results-oriented process that is focused on improving academic and functional achievement of the student?

Are additional vocational and/or transition assessments required?

Is the transition plan designed to facilitate the student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and community participation?

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Page ___ of ___

Name _____

IEP Date ___/___/___

Strengths/Preferences/Interests _____

Concerns of Parent/Adult Student Relevant to Educational Progress _____

CA Standards Test English/Language Arts Adv Proficient Basic Below Basic Far Below Basic

Mathematics Adv Proficient Basic Below Basic Far Below Basic

CMA English/Language Arts Adv Proficient Basic Below Basic Far Below Basic

Mathematics Adv Proficient Basic Below Basic Far Below Basic

CAT-6 English Language Arts _____ Mathematics _____ Hist/SocSci _____ Science _____

CAPA English Language Arts _____ Mathematics _____ Science _____ Other _____

CELDT Listening _____ Speaking _____ Reading _____ Writing _____

Other Assessment Data (e.g., curriculum assessment, other district assessment) _____

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

Preacademic/Academic/Functional Skills (including classroom performance in all academic areas)

Communication Development _____

Gross/Fine Motor Development _____

Social Emotional/Behavioral _____

Health _____

Vocational _____

Adaptive/Daily Living Skills _____

IEP Form 2 – Present Levels of Academic Achievement and Functional Performance

Except for the Concerns of the Parent, a draft of this portion of the IEP may be prepared prior to the meeting. Each section should be discussed at the meeting and changes made as appropriate based on input by members of the IEP team.

1. Strengths, Preferences, and Interests: Identify the student's strengths, preferences, and interests.
2. Parent Concerns related to Educational Performance: This information should be discussed at the IEP Team meeting.
3. Test Scores: Scores reflecting the student's performance on state, districtwide and other assessments may be gathered prior to the meeting. Review results of the assessments including (as appropriate):
 - California Standards Test (CST) Advanced→Far Below Basic
 - California Modified Assessment (CMA) Advanced→Far Below Basic
 - CAT-6 Standard Score
 - California Alternate Performance Based Assessment (CAPA)
 - CELDT: Write in the CELDT scores.
 - Other Assessment Data, including results of districtwide and/or individually administered assessments. For preschoolers include DRDP_R or DRDP *access*.
 - Hearing and Vision Screening: Enter date and if the student passed or failed the hearing and vision screening. This data may be from a prior year IEP. Note the reason for "other", such as parent exemption.
4. Pre-academic/Academic/Functional Skills: Summarize Pre-academic/Academic/Functional skills, including the student's performance in the classroom, levels of mastery of the California content standards, progress in the curriculum, etc. Pre-academic and Functional skills should address the student's development of readiness concepts for continued academic progress in the general education curriculum, as appropriate. Include classroom performance in all academic areas.
5. Communication: For the students with identified areas of need in communication, describe the student's articulation, voice, fluency, and language needs. If none, indicate "no concerns noted at this time."
6. Gross/Fine Motor Development: For a student, who has been identified with motor development concerns, describe his or her specific skills and/or needs. If none, indicate "no concerns noted at this time."
7. Social/Emotional/Behavioral Development: Describe the student's social/emotional/behavioral strengths and needs. If the student's behavior is appropriate in the educational setting indicate "no concerns noted at this time."

8. Vocational: Include strengths, interests, and needs related to pre-vocational/ vocational skills. Address traits, such as work habits, initiative, completion of classroom or school site jobs, etc.
9. Adaptive/Daily Living Skills: For those students with needs in self-help, specify skills such as dressing, toileting, feeding, etc. Indicate "age appropriate" if no concerns are noted.
10. Health: Describe pertinent medical information that relates to the student's educational progress. If none, indicate "no concerns noted at this time."

 **Educational Benefit Reminder** 

Are the student's strengths, preferences, and interests clearly identified?

Are the concerns of the parent identified?

Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed including documentation of "no concerns noted at this time?"

Does this clearly reflect the student's performance in the educational setting?

Do the Present Levels of Academic Achievement and Functional Performance reflect all needs identified in the assessments?

SPECIAL FACTORS

Name _____ IEP Date ____/____/____

Does the student require assistive technology devices and/or services? No Yes If yes, specify _____

Does the student require low incidence services, equipment, and/or materials to meet educational goals? No Yes
If yes, specify _____

Considerations if the student is blind or visually impaired: _____

Considerations if the student is deaf or hard of hearing: _____

If the child is an English Learner, consider the language needs of the child as those needs relate to the IEP _____

Does student's behavior impede learning of self or others? No Yes If yes, specify _____

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

Behavior Goals Behavior Support Plan (BSP) attached Behavior Intervention Plan (BIP) attached

Areas of need to be addressed in goals and objectives for the student to receive educational benefit _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM (STAR)

(Testing accommodations/modifications must reflect accommodations/modifications required for classroom instruction.)

Grade Exempt (before grade 2 and after grade 11)

Math

- CST/CAT-6 without testing accommodations
- CST/CAT-6 with testing accommodations _____ CST with testing modifications _____
- CMA without testing accommodations (grades 3 to 5 only)
- CMA with testing accommodations (grades 3 to 5 only) _____

Science

- CST/CAT-6 without testing accommodations
- CST/CAT-6 with testing accommodations _____ CST with testing modifications _____
- CMA without testing accommodations (grade 5 only)
- CMA with testing accommodations (grade 5 only) _____

English Language Arts (ELA)

- CST/CAT-6 without testing accommodations
- CST/CAT-6 with testing accommodations _____ CST with testing modifications _____
- CMA without testing accommodations (grades 3 to 5 only)
- CMA with testing accommodations (grades 3 to 5 only) _____

California Alternate Performance Assessment (CAPA)

Level 1 2 3 4 5

The student will not participate in the CST/CAT-6 because _____

Participation in the CAPA/CMA is appropriate because _____

Desired Results Developmental Profile (DRDP)

(Only for preschoolers ages 3, 4, and 5 years)

DRDP-R DRDP access

Adaptations

Other statewide/districtwide assessments – accommodations/modifications _____

Other statewide/districtwide alternate assessments appropriate because _____

IEP Form 3 – Special Factors
Participation in State/Districtwide Assessments

1. Assistive Technology: Does the student require assistive technology devices and services or low incidence services, equipment and materials to meet educational goals and objectives? Check yes or no. If yes, specify the type of devices, services, equipment, and/or materials needed.
2. Low Incidence: *This applies only to the students with the following eligibility categories: DB, VI, OI, HH, and Deaf.* Low incidence equipment is indicated only if it is required to meet specific educational needs. Check yes or no. If yes, specify.
Note: Best practice – assistive technology should be addressed in the Supplemental Aids and Services section and/or in a goal.
3. Blindness or Visual Impairment: Is the student blind or visually impaired? If the student is visually impaired, indicate whether instruction in Braille will be provided, and if not, why? If the student will not be using Braille he/she may use large print text or other modified input.
4. Deaf or Hard of Hearing: If the student 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. If the student is not deaf or hard of hearing, indicate "N/A".
5. English Learner: Is the child an English Learner? Specify yes or no. If yes, specify how the student's level of English proficiency, related to the IEP, will be addressed, including instructional strategies that will be used to support the student's acquisition of English.
6. Behavior: Does the student's behavior impede learning? Check yes or no. If yes, describe how the behavior impedes learning. Specify positive behavior interventions, strategies, and supports to address the behaviors. Check if there is a Behavior Support Plan or Behavior Intervention Plan and attach a copy. Check which type of plan is attached.
7. Areas of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. For every identified area of need there must a goal.
8. Participation in State/Districtwide Assessments (STAR): Indicate how the student will participate in each of the State/District Assessments:

THE IEP TEAM MAY NOT WAIVE STATE ASSESSMENTS.

The State Testing and Reporting (STAR) include the California Standards Test/CAT-6, California Modified Assessment (CMA), and the California Alternate Performance Based Assessment (CAPA). The IEP Team must determine which test will be the most appropriate for the student to take.

- **Grade Exempt.** Check the box to indicate that the student is below grade 2 or above grade 11 and therefore is exempt from the STAR.
- For the areas of **Math, Science, and English Language Arts**, determine if the student will be taking **CST/CAT-6** or **CMA** and document any allowable **accommodations or modifications**. Check the appropriate boxes.
NOTE: A student may take a test in an area on the CST/CAT-6 and in another area on the CMA. If the student is taking CAPA he/she must take it in all areas. (Refer to <http://www.cde.ca.gov/sp/se/fp/> for the *Test Variation Matrix*)
- **California Alternate Performance Assessment (CAPA).** If the student has a significant cognitive impairment, indicate the CAPA Level that is most appropriate to measure student progress. If the student is taking the CAPA, document why the student cannot participate in the CST/CAT-6. Also state why participation in the CAPA is appropriate.
- For 3, 4, & 5 preschoolers note if the child will take DRDP_{-R} or DRDP *access*. If the child is at the developmental level of 3 years or below, the IEP Team should recommend the DRDP *access*. If the child needs adaptations in the preschool setting, then the IEP Team should document the adaptations. (Refer to <http://www.draccess.org> website for a list of adaptations.)
- Specify any accommodations or modifications the student may need to participate in other state/districtwide assessments, including writing proficiencies, physical fitness tests, etc. This would also be the place to note if the student is taking the Standards-based Test in Spanish (STS). This test is required for English learners who will have been enrolled in a school in the United States less than 12 months on the first day of testing or who are receiving instruction in Spanish regardless of the length of time he she has been enrolled in school in the United States.

NOTE: Do not put parent exemption on the IEP form as a reason that the student will not participate in statewide assessment. The IEP Team must address how the student would participate even if there is a parent exemption. The parent must file the exemption with the school site according to the district procedures for all students.

↘ **Educational Benefit Reminder** ↘

*Has the IEP Team addressed all the special considerations the student may require?
Does the student demonstrate behavior(s) that impede learning, and if so, how will positive
interventions, strategies, and supports be provided?*

*Does the IEP Team agree on the areas of need to be addressed in goals as identified in the
Present Levels of Academic Achievement and Functional Performance and in Special
Factors?*

*Is participation on state and districtwide assessments, including accommodations and
modifications, in accordance with state guidelines?*

Are alternate assessment(s), including the reasons, clearly noted if required?

ANNUAL GOALS

Page ____ of ____

Name _____

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 _____
Progress Report 1 ____/____/____ Summary of Progress _____ _____ _____	
Comment _____ _____ _____	
Progress Report 2 ____/____/____ Summary of Progress _____ _____ _____	
Comment _____ _____ _____	
Progress Report 3 ____/____/____ Summary of Progress _____ _____ _____	
Comment _____ _____ _____	
Goal: <u>Annual Review</u> Date ____/____/____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ _____ _____	

IEP Form 4 Option A – Annual Goals

Use IEP Form 4 Option A for students who are not taking the CAPA. Objectives or benchmarks are no longer required for students who are accessing the general curriculum. Draft goals and objectives, if required, may be developed prior to the meeting and reviewed with the team for changes. Annual goals must be measurable, and at least one annual goal must be written for each area of identified need.

1. Area of Need: Indicate the area of need for each goal developed. These areas of need should match the "areas of need" on Form 3. (i.e., math, reading, behavior)
2. Baseline: Specify the student's baseline performance. The baseline should describe the child's current performance on the skills identified in the goal. The baseline should be a quantifiable description of classroom performance in the specified area. (i.e., reads 20 sight words, writes a simple paragraph of 2-4 sentences, etc.)
3. Measurable Annual Goal #: Enter the number of the annual goal.
4. Standard: First consider standards at the student's chronological grade level. Also consider pre-requisite skills, levels of the cognitive domain, accommodations, modifications, and assistive technology.
5. Annual Goal: Annual goals must be measurable and relate to the baseline data. Goals must include:
 - Who student
 - Does What observable behavior
(will add single digit numbers)
 - When by reporting date
 - Given What conditions (when given a paragraph to read)
 - How Much mastery, criteria
(90% accuracy, 3 consecutive days)
 - How Will It Be Measured performance criteria
(as measured by teacher data)
6. Enables The student to be Involved and Progress in the General Curriculum: Select if student is working on the goal written to California content standards.
7. Addressed other Educational Needs Resulting from Disability: Select if the student is working on other educational needs. (i.e., behavior, social skills, self help, etc.)
8. Progress Reports: Document the date and the summary of the progress.

↘ **Educational Benefit Reminder** ↘

Are there goals and objectives/benchmarks (if appropriate) for each area of need and vice versa?

Are the goals and objectives/benchmarks measurable?

Do the goals and objectives/benchmarks enable the student to be involved/progress in the curriculum?

Are all other educational needs resulting from the disability addressed?

If the student is an English Learner, are the goals and objective/benchmarks linguistically appropriate?

Is the person(s) identified who is primarily responsible for implementing the goals and objectives/benchmarks, and monitoring progress?

ANNUAL GOALS AND BENCHMARKS

Page ____ of ____

Name _____

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 _____
Benchmark 1 Within _____, will achieve the above goal at _____	
Benchmark 2 Within _____, will achieve the above goal at _____	
Benchmark 3 Within _____, will achieve the above goal at _____	
Progress Report 1 ____/____/____ Summary of Progress _____ _____ _____	
Comments _____ _____	
Progress Report 2 ____/____/____ Summary of Progress _____ _____ _____	
Comments _____ _____	
Progress Report 3 ____/____/____ Summary of Progress _____ _____ _____	
Comments _____ _____	
Goal: <u>Annual Review</u> Date ____/____/____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ _____ _____	

IEP Form 4 Option B – Annual Goals and Objectives

IEP Form 4 Option B is required for students who take the CAPA. These students require annual goals AND objectives. Best practice would be to use Form 4 Option B for any students who are working on pre-academic or functional skills.

Follow the directions for Form 4 Option A and include measurable objectives.

Objectives are subskills leading towards goal mastery (i.e. multiply 2 digits by 3 digits; analyze word problem to identify data needed to determine area of a rectangle.).

**Offer of FAPE
SERVICES**

Page ____ of ____

Name _____ 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
	<input type="checkbox"/> Student	/ /			
	<input type="checkbox"/> Personnel	/ /			
	<input type="checkbox"/> Student	/ /			
	<input type="checkbox"/> Personnel	/ /			
	<input type="checkbox"/> Student	/ /			
	<input type="checkbox"/> Personnel	/ /			

SPECIAL EDUCATION and RELATED SERVICES

Service			Start Date / /	End Date / /
Provider				<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Transition
Frequency	Duration	Location		
Service			Start Date / /	End Date / /
Provider				<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Transition
Frequency	Duration	Location		
Service			Start Date / /	End Date / /
Provider				<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Transition
Frequency	Duration	Location		
EXTENDED SCHOOL YEAR (ESY)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Service			Start Date / /	End Date / /
Provider				<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Transition
Frequency	Duration	Location		

Programs and services will be provided according to when student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

IEP Form 5A – Services Offer of FAPE

Special education and related services are determined at the IEP meeting only after goals and if appropriate objectives/benchmarks have been finalized. Placement decisions must be made in conformity with the least restrictive environment (LRE) provisions. These provisions direct that to the maximum extent appropriate, students with disabilities be educated with typically developing peers, and that special classes, separate schooling or other removal of students from the general education environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. The placement must be made in the school that the student would attend if the student did not have a disability unless unique circumstances prevent this placement. Special education and related services and supplementary aids and services should be based on peer-reviewed research to the extent practicable.

1. Service Delivery Options Considered: Discuss and document service delivery options considered. The team must first consider placement in the general education classroom with supports prior to recommending a more restrictive setting all or part of the day.

Note: In determining the LRE, consideration must be given to any harmful effect on the child or quality of services that the child needs.

Follow the continuum of services below as a guide to determining LRE:

- General Education Class
 - General Education Class – Supplemental aids or services
 - General Education Class – Some direct instruction by special education staff. Less than 21% of time out of the classroom for special education services.
 - General Education Class – 21% to 60% of instructional day in a separate classroom.
 - Some/or no instruction in General Education Class – 60% or more of the instructional day in a separate classroom (intensive services).
 - Special day school – Separate facility (public or nonpublic) with no general education students on campus.
 - Residential School.
 - Hospital Program.
 - Home Instruction.
2. Supplementary Aids, Services and Other Supports for School Personnel, or for the Student, or On Behalf of the Student: Note supplementary aids and services and/or supports for the student, school personnel (consultation to teachers, preferential seating, enlarged text, etc.). Indicate if the supports are for the student or for school personnel by checking the appropriate box in the grid.

Team must also document modifications and/or accommodations that will be needed in order for the student to progress toward annual goals while participating in the general curriculum. Accommodations *do not* fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria (extended time on a timed task, enlarged text, etc.). Modifications fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria (alternate math assignment, etc.). Indicate who will be responsible for the supplementary aids and services, the start and end date, duration, frequency, and location.

3. **Special Education and Related Services:** The team needs to determine the special education and related services that will provide educational benefit and facilitate progress on the goals for the student (e.g. specialized academic instruction, health and nursing, language and speech, etc). Identify the type of service. Indicate if the service will be individual or group. See CASEMIS codes below:

SPECIALIZED INSTRUCTION

330	Specialized academic instruction	Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (RSP- school based, RSP, SDC inclusion services, SDC-public integrated, SDC-public segregated, SDC-non-public school.)
340	Intensive individual instruction	IEP Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. (1-1 instructional assistant)
350	Individual & small group instruction	Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program. (FOR PRESCHOOL ONLY)

RELATED SERVICES

415	Language and Speech	Includes receptive and expressive language, articulation, voice, and fluency.
425	Adapted physical education	Direct physical education services provided by an APE.
435	Health & nursing –specialized physical health care services	Specialized physical health care services means those health services prescribed by the child's licensed physician and surgeon requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school. SPHCS include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.
436	Health & nursing – other services	This includes services that are provided to students by qualified personnel pursuant to an IEP when a student has health problems which require nursing intervention

		beyond basic school health services. Services include managing the health problem, consulting with staff, group & individual counseling, making appropriate referrals and maintaining communication with agencies and health care providers.
445	Assistive technology services	Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology or specialized media with the educational programs to improve access for students.
450	Occupational therapy	OT includes services to improve student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social play abilities and fine motor.
460	Physical therapy	Services provided by a register PT pursuant to an IEP when assessment shows discrepancy between gross motor performance and other educational skills.

MENTAL HEALTH SERVICES

510	Individual counseling	One-to-one counseling, provided by a qualified individual pursuant to an IEP.
515	Counseling & guidance	Counseling in a group setting, provided by a qualified individual pursuant to an IEP.
520	Parent counseling	Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs.
525	Social work services	Includes services provided pursuant to an IEP by a qualified individual.
530	Psychological services	These services provided by a credentialed or licensed psychologist pursuant to an IEP.
535	Behavior intervention services	A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the LRE.
540	Day treatment services	Structured education, training and support services to address the student's mental health needs.
545	Residential treatment services	A 24 hour out-of-home placement that provides intensive therapeutic services to support the educational program.

LOW INCIDENCE SERVICES

610	Specialized services for low incidence disabilities	Low incidence services are defined as those provided to the student population of orthopedic impairment (OI), visual impairment (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed.
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710	Specialized deaf and hard of hearing services	These services include speech therapy, speech reading, auditory training, and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included.
715	Interpreter services	Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.
720	Audiological services	These services include measurements of acuity, monitoring amplification, and Frequency Modulation system use.
725	Specialized vision services	This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs -- including Braille, large type, aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills. It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation & mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher.
730	Orientation and mobility	Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an IEP.
735	Braille transcription	Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.
740	Specialized orthopedic services	Specially designed instruction related to the unique needs of students with orthopedic disabilities, including

		specialized materials and equipment.
745	Reading Services	
750	Note taking services	Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes.
755	Transcription Services	Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction.
760	Recreation Services	Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general education programs.

TRANSITION SERVICES

820	College Awareness	
830	Vocational assessment, counseling, guidance, and career assessment	Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions.
840	Career awareness	Transition services include a provision for in self-advocacy, career planning, and career guidance.
850	Work experience education	Work experience education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.
855	Job Coaching	Job coaching is a service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled and trained on

		the job who can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance.
860	Mentoring	Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction of informal that occurs naturally through friendship, counseling and collegiality in a casual, unplanned way.
865	Agency linkages (referral and placement)	Service coordination and case management that facilitates the linkage of individualized education programs.
870	Travel Training (includes mobility training)	
890	Other transition services	These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and post-secondary agencies.
900	Other Special Education/Related Services	Any other specialized service required for a student with a disability to receive educational benefit.

4. **Start and End Date:** This will often be the same start/end dates for the primary service on the IEP.
5. **Provider:** Note the title of the provider of the service (do not put the person's name).
6. **Frequency:** Indicate the frequency of the service being provided, such as daily, weekly, monthly, yearly, or any other frequency.
7. **Duration:** Indicate number of times per frequency (see CASEMIS for examples).
8. **Location:** Select the location of where the service is provided to the student from the following:
 - 210 Home instruction based on IEP team determination (not medical)
 - 220 Hospital
 - 310 HeadStart center
 - 320 Child development or childcare facility
 - 330 Public preschool
 - 340 Private preschool
 - 350 Extended day care

- 360 Residential facility
- 361 510 Regular classroom/public day school
Includes students who are fully included in general education classrooms.. Also includes students who are seen under a "push in" model in the general education classroom and students who receive DIS services in the general education classroom. Additionally, students who receive services in a setting that includes other students with special needs are included here if there are general education students who are "reverse mainstream" students in that class for that portion of the day.
- 520 Separate class in public integrated facility
Includes students receiving special education "pull-out" services, including RSP and DIS, or in a "special day class" model," etc.
- 530 State Special School
- 540 Separate school or special education center or facility
- 550 Public residential school
- 560 Other public school or facility
- 570 Charter school operated by an LEA/district
- 580 Charter school operated as an LEA/district
- 610 Continuation school
- 620 Alternative work education center/work study facility
- 630 Juvenile court school
- 640 Community school
- 650 Correctional institution or facility
- 710 Community college
- 720 Adult education facility
- 810 Nonpublic day school
- 820 Nonpublic residential school-in California
- 830 Nonpublic residential school-outside California
- 840 Private day school (not certified by CDE Special Education Division)
- 850 Private residential school (not certified by CDE Special Education Division)
- 860 Parochial school
- 890 Service provider location
This would include CMH Outpatient Services provided at a clinic or other outside medical/therapeutic setting.
- 900 Any other location or setting

9. **Extended School Year (ESY):** Discuss if the student needs ESY to receive FAPE. Check yes or no. If yes, specify in the grid the **services** the student will receive, the start and end date, **provider, frequency, duration, and location.**

Note: ESY shall be provided to a student with a disability who the IEP deems requires special education and related services in excess of the regular academic year. Such students shall have disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain

the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability. (5 CCR 3043)

↘ Educational Benefit Reminder ↘

Was the determination of the appropriate supplementary aids and services, and special education and related services completed after the goals were finalized?

Are the appropriate services identified to support progress toward all goals including: progress in the general curriculum, participation in extracurricular activities, and other nonacademic activities?

Are the special education, related services, and supplementary aids and services based on peer-reviewed research to the extent practicable?

Are the start/end dates, provider, frequency, duration, and location specified for supplementary aids and services as well as special education and related services?

Offer of Free Appropriate Public Education (FAPE)
EDUCATIONAL SETTING

Page ___ of ___

Name _____ IEP Date ___/___/___

Physical Education General Specially Designed Other _____

District of Service _____ School of Attendance _____

School Type _____ Federal Setting _____

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, and nonacademic activities

_____ % of time student is in the regular class, extracurricular, and nonacademic activities

Student will not participate in the regular class, extracurricular, and nonacademic activities _____

because _____

Other Agency Services

- California Children's Services (CCS)
- Probation
- Department of Social Services (DSS)
- County Mental Health (CMH)
- Regional Center
- Department of Rehabilitation
- Other _____

Student Eligible for Mental Health Services Under Chapter 26.5? Yes No

Mental Health Services Included on the IEP? Yes No

Promotion Criteria District Progress on Goals Other _____

Parents will be Informed of Progress

Quarterly Trimester Semester Other _____

How? Progress Summary Report Other _____

Transportation None General Ed Special Ed _____

ACTIVITIES TO SUPPORT TRANSITION

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

GRADUATION PLAN

(Grade 8 and Higher)

Projected Graduation Date and/or Secondary Completion Date ___/___/___

- To Participate in High School Curriculum Leading to a Diploma
- To Participate in High School Curriculum Leading to a Certificate of Completion

**IEP Form 5B – Educational Setting
Offer of FAPE**

1. **Physical Education:** Check the type of physical education, if applicable.
2. **District of Service:** Specify district providing the majority of services to the student.
3. **School of Attendance:** This is the school where the student is enrolled.
4. **School Type:** Select one of the following:
 - 00 No school (0-5)
 - 10 Public day school
 - 11 Public residential school
 - 15 Special education center or facility
 - 19 Other public school or facility (i.e., store front transition program)
 - 20 Continuation school
 - 22 Alternative work education center/work study program
 - 24 Independent study
 - 30 Juvenile court school
 - 31 Community school
 - 32 Correctional institution or facility
 - 40 Home instruction based on IEP team determination
 - 45 Hospital facility
 - 50 Community college
 - 51 Adult education program
 - 55 Charter school operated by an LEA/district
 - 56 Charter school operated as an LEA/district
 - 61 HeadStart program
 - 62 Child development or childcare facility
 - 63 State preschool
 - 64 Private preschool
 - 65 Extended day care
 - 70 Nonpublic day school
 - 71 Nonpublic residential school-in California
 - 72 Non-public residential school- outside California
 - 75 Private day school (not certified by CDE Special Education Division)
 - 76 Private residential school (not certified by CDE Special Education Division)
 - 79 Nonpublic agency
 - 80 Parochial school
5. **Federal Setting (ages 6-22):** Indicate the type of school setting the student attends. If the student turns 6 years old on or before December 2 of the current school year, this category is completed.

- 400 Regular classroom/public day school
Select if the student attends classes on a general education school campus regardless of the type of program
- 450 Separate school
- 460 Residential facility
- 470 Homebound/hospital
- 480 Correctional facility
- 490 Parentally placed in private school

6. **Preschool Setting (ages 3-5):** Indicate the type of school setting the student attends. If the student turns 6 years after December 2 of the current year, this category is completed. *If the student is dually or concurrently enrolled in general education and a special education program for an equal amount of time, consider the student as being in a regular early childhood or kindergarten program.*
 - 400 Regular early childhood or kindergarten program
 - 440 Separate class
 - 450 Separate school
 - 460 Residential facility
 - 470 Home
 - 475 Service provider location
7. **All Special Education Services Provided at Student's School of Residence:** Check yes or no to the question "all special education services provided at the student's school of residence." If the team determines "no," rationale must be documented.
8. **Percentage of Time Outside and In Class & Extracurricular & Non Academic Activities:** Document the percentage of time the student is outside the regular environment and document **percentage of time the student is in the regular education environment**. Consider the full day including lunch, recess, passing periods, etc.
9. **Student Will Not Participate in the Regular Class & Extracurricular & Non Academic Activities:** Document the regular education environments where the student will not participate with typically developing peers: Provide rationale for non-participation.
10. **Other Agency Services:** Note other agency services the child is receiving.
11. **Student Eligible for Mental Health Services under Chapter 26.5:** Check yes or no.
12. **Mental Health Services Included on the IEP:** Check yes or no. (Be sure to list the service received from County Mental Health on the Services page (Form 5A). (i.e. counseling, day treatment, etc.)
13. **Promotion Criteria:** Check appropriate box. District criteria are the same for students without disabilities. Progress on goals or 'other' should be noted if the child's curriculum has been modified to meet his/her unique needs.

14. Parents will Be Informed of Progress and How: Check the frequency and how the progress will be reported.
15. Transportation: Check appropriate box. If special education transportation is indicated, specify the type (door-to-door, curb-to-curb, wheelchair bus, etc.). Include parent provided transportation, if parent is being reimbursed. Special education transportation is appropriate if special provisions are required for the student to access special education services.
16. Activities to Support Transition: If the student is going through a transition (preschool to kindergarten, special education to general education, etc.), document the activities to support the transition.
17. Graduation Plan: This needs to be done for students in grade 8 and higher.
NOTE: The IEP Team must use caution when determining if the student will be working towards a diploma or a certificate of completion. Students must have the opportunity to work toward a diploma if he/she have the ability to do so. This must be considered on an annual basis. Check appropriate box.

 **Educational Benefit Reminder** 

Is there a clear description of the location of services, including why some services may not be provided at the child's school of residence, if appropriate?

Is there a clear description of the amount of time the student is outside the general education environment, including an explanation of why the student will not participate in general education for all or part of the day?

*If appropriate, are the activities clearly identified to support transition from preschool to kindergarten, from special education and/or NPS to general education, 8th-9th grade, etc?
If appropriate, is the graduation plan identified for students Grade 8 or higher?*

SIGNATURE AND PARENT CONSENT

Page ___ of ___

Name _____

Date ___/___/___

IEP MEETING PARTICIPANTS

_____ Parent	___/___/___ Date	_____ Parent	___/___/___ 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

CONSENT

- I agree to all parts of the IEP.
- I agree with the IEP, with the exception of _____
- I understand that my child is not eligible for special education.
- I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature _____ Date ___/___/___

Parent Guardian Surrogate Adult Student

Signature _____ Date ___/___/___

Parent Guardian Surrogate Adult Student

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

Signature _____ Date ___/___/___

Student enrolled in private school by his/her parents. Refer to Individual Service Plan, if appropriate.

IEP Form 6 – Signature and Parent Consent

1. IEP Meeting Participants: Have all meeting participants sign and date that they were in attendance. Make sure to include titles of each participant.
2. Consent: Have the parent initial, if they agree in-whole or in-part to the IEP. If they agree only in-part, document the areas they are not in agreement with. Steps to resolve the disagreement should be documented on Form 7.
3. Not Eligible: If team determines child is not eligible for special education, check the appropriate box.
4. No Longer Eligible: If team determines child is no longer eligible for special education, check the appropriate box.
5. Signature: Have parent(s)/guardian/surrogate/adult student sign and date.
6. Public Benefits: If parent agrees to authorize district access to health insurance benefits provided by Medi-Cal, check box and have parent/guardian sign.
7. Students Enrolled in Private Schools by Their Parents: If the student is enrolled in private school by his/her parent, check the box and develop a Services Plan, if appropriate.

↓ Educational Benefit Reminder ↓

*Did all IEP Meeting participants sign and date, if required?
Do the parent(s) consent to all components of the IEP?
If not, are areas of agreement and/or disagreement clearly specified?
Are the next steps identified for reaching resolution, if appropriate?*

IEP Form 7 – IEP Team Meeting Comments

- This is not a required component.
- It is used by most districts to document key points of agreement and/or areas of disagreement.
- It should be a summary of what was discussed.
- Generally keep it “short and “sweet.

↘ Educational Benefit Reminder ↙

Is this information a summary of the meeting?

Does everyone agree that the information accurately reflects what was discussed and the agreements that were made?

Are next steps clearly identified, including individuals responsible, if needed?

IEP Form 8 – IEP Amendment(s)/Addendum Page

IDEA Section 614(d)(3)(D) In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of the child with a disability and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead develop a written document to amend or modify the child's current IEP.

IDEA Section 614(d)(3)(F) Changes to the IEP may be made either by the entire IEP Team by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent shall be provided with a revised copy of the IEP with the amendments incorporated.

- Serves as the option for making minor amendments to the IEP if the parent(s) and district agree that a meeting is not needed (adding additional DIS LSH minutes after a phone conversation with the parents and agreement with school staff, etc.)
- Attach this form to current IEP after getting signature from parent(s).
- Districts need to designate who can serve as the LEA representative. LEA representative is authorized to approve the amendments.
- Parents may request a copy of the IEP with the amendments incorporated.

NOTE: Currently the district requirement is that an IEP team be convened for all IEP amendments.

↙ Educational Benefit Reminder ↘

Is the amendment clear?

Do the parents and staff agree on the amendment?

Are all affected staff (special education teacher(s), DIS provider(s), general education teacher(s), etc.), including the LEA representative, informed of the amendment/change?

**SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY**

Student _____ Birthdate _____ Initial Evaluation
 School _____ Date _____ 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 | | |
- 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-E) 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 mental retardation 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 |
- IV. The Student has a specific learning disability. Yes No
- V. Basis for determination of eligibility
 Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report.
 Other (specify) _____
- VI. Relevant behavior related to academic functioning, noted during observation _____
 See attached Psychoeducational 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
_____ LSH Specialist/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

Specific Learning Disability Team Determination of Eligibility

§ 3030. Eligibility Criteria.:

A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupil's impairment as described in Section 3030 (a through j) requires special education in one or more of the program options authorized by Section 56361 of the Education Code. The decision as to the whether or not the assessment results demonstrate that the degree of the pupil's impairment requires special education shall be made by the individualized education program team, including personnel in accordance with Section 56341(d) of the Education Code. The individualized education program team shall take into account all the relevant material which is available on the pupil. No single score or product of scores shall be used as the sole criterion for the decision of the individualized education program team as to the pupil's eligibility for special education. The specific processes and procedures for implementation of these criteria shall be developed by each Special Education Local Plan Area and be included in the local plan pursuant to Section 56220(a) of the Education Code.

(j) A pupil has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement in one or more of the academic areas specified in Section 56337(a) of the Education Code. For the purpose of Section 3030(j):

(1) Basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.

(2) Intellectual ability includes both acquired learning and learning potential and shall be determined by a systematic assessment of intellectual functioning.

(3) The level of achievement includes the pupil's level of competence in materials and subject matter explicitly taught in school and shall be measured by standardized achievement tests.

(4) The decision as to whether or not a severe discrepancy exists shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d), which takes into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the individualized education program team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the individualized education program team shall use the following procedures:

See Section 1A:

(A) When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

See Section 1 B

(B) When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.

**SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT
(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION)**

Student Name _____

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 _____

Specific Learning Disability Determination Discrepancy Report

(C) If the standardized tests do not reveal a severe discrepancy as defined in subparagraphs (A) or (B) above, the individualized education program team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:

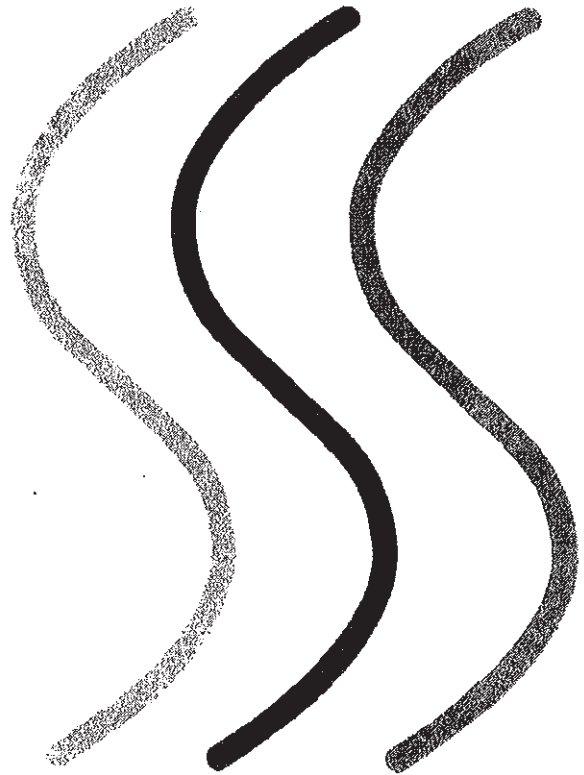
1. Data obtained from standardized assessment instruments;
2. Information provided by the parent;
3. Information provided by the pupil's present teacher;
4. Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
5. Consideration of the pupil's age, particularly for young children; and
6. Any additional relevant information.

(5) The discrepancy shall not be primarily the result of limited school experience or poor school attendance.

APPENDIX C

SpEd Forms User Guide

SpEd Forms User Guide



SpEd Forms Inc.

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1. Getting started in SpEd Forms

SpEd Forms allows access to up-to-date due process forms from any computer with internet access. The completed forms can also be printed from any computer. No special software needs to be installed on the computer.

Student information is stored on the SpEd Forms server. The SpEd Forms administrator controls access to the server and IEP managers control access to student records. There is no need for you to backup information on a disk because all backups are performed by SpEd Forms.

1.1 Configuring your computer

Internet Explorer is recommended for Windows operating systems. We recommend Firefox 3 for Mac OS X. If you use Mac OS, please refer to the Mac Test Results page at: http://spedforms.com/support/mac_test_results.htm.

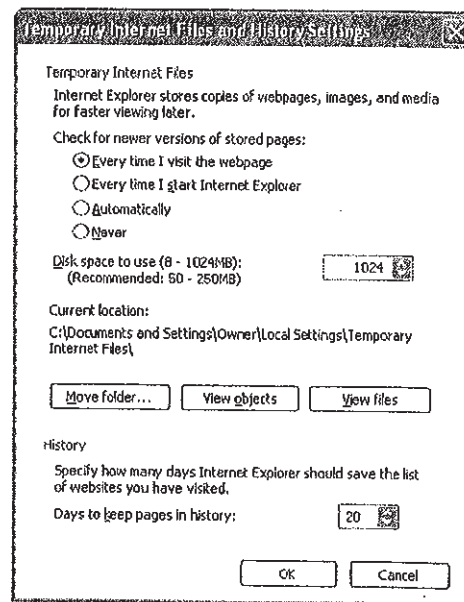
1.1.1 Instructions for Windows users (Recommended: Internet Explorer)

Download the latest version of Internet Explorer at: www.microsoft.com

Step 1: Editing setup

1. Open Internet Explorer.
2. Select "Internet Options" from the "Tools" menu.
3. In the "Browsing History" section (IE 6: "Temporary Internet Files"), click "Settings".
4. Under "Check for newer versions of stored pages" click "Every visit to the page". Click "OK".
5. Select the "Security" tab and click on the "Custom Level..." button.
6. In the "Miscellaneous" section - enable "Display Mixed Content" (When you click "OK" you will be asked if you want to change the security settings. This is to prevent a warning box from being displayed in "Design Mode", it has nothing to do with the security of your computer. See NOTE below.)

NOTE: If you do not enable "Display Mixed Content" a warning box will be displayed every time you use "Design Mode" in ER Forms.



Step 2: Printing setup

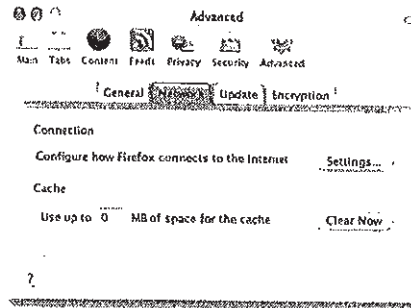
1. Select "Page Setup" from the "File" menu.
2. Delete any characters in the box labeled "Header".
3. Delete any characters in the box labeled "Footer".
4. In the "Margins" section, change all margins to ".5". Click "OK".

1.1.2 Instructions for Mac OS X users (Recommended: Firefox 3)

Download the latest version of Firefox 3 at: <http://www.mozilla.com/en-US/firefox>

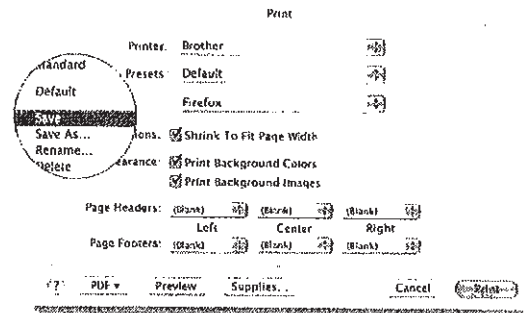
Step 1: Editing setup

1. Open Firefox 3.
2. Select "Preferences" from the "Firefox" menu.
3. Choose "Advanced" settings and then select the "Network" tab.
4. In the Cache section change the value to 0 (zero) for "Use up to 0 MB of space for the cache".
5. Close the Preferences window.



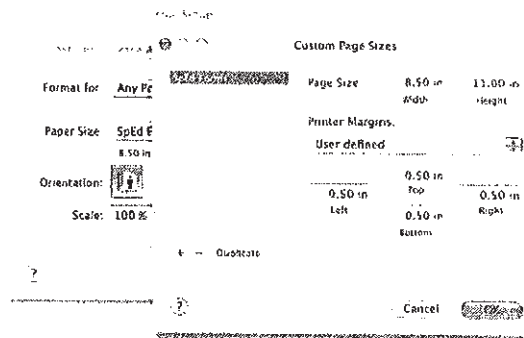
Step 2: Printing setup

1. When you are ready to print a form, select "Print" from the "File" menu.
2. Select "Firefox" from the drop down menu currently labeled "Copies & Pages".
3. In the "Page Headers" & "Page Footers" sections change all drop down list to "(Blank)".
4. Select "Save As..." from the "Presets" drop down list (select "Save" [as shown in inset] if you already have a "Default" preset).
5. After you have made these choices, click on "Print" (these last steps may not be saved if you do not follow through with the print process).



Setting Margins in Firefox 3

1. Select "Page Setup" from the "File" menu.
2. Next to "Paper Size", select "Manage Custom Sizes...".
3. Click the "+" sign toward the bottom left of the "Custom Page Sizes" window (this will add a page called "Untitled", double click "Untitled" and you can type in a new name, e.g. "SpEd Forms").
4. Select this new "Page Size" by clicking once on it's name (it should be highlighted, blue).
5. Set the width: 8.50, Height: 11.00 and make sure Printer Margins is "User Defined". Set all margins to the recommended 0.50 inches.
6. Click "OK" and make sure the new custom size you just created is selected next to "Paper Size" and Click "OK" for the "Page Setup" window.



1.2 Accessing SpEd Forms

You will receive a server address, username, and password from your SpEd Forms administrator. Keep this information safe, you will need to use it each time you log on to SpEd Forms.

1. Type the server address into the "Address" box of your internet browser.

NOTE: You may want to "Bookmark" the login page so that you do not have to enter it each time you access SpEd Forms.

The screenshot shows the SpEd Forms main menu. At the top is the SpEd Forms logo and a 'Go to...' search bar. Below the logo is a 'MAIN MENU' section with four icons and labels: 'Your setup' (Enter information used throughout the program), 'Work with students' (Create, share and work with student information), 'Your calendar' (View, add and share important events), and 'Reports' (View and create reports). Below the main menu is a 'Messages Inbox' table with columns for Action, Date, Sender, and Subject. The table contains two entries: one for 'Delete' with a date of 12/11/2007 11:41:44 AM and sender 'Some Teacher', and another for 'Delete' with a date of 12/11/2007 1:26:48 PM and sender 'District'. Below the table is a link for 'Latest support information from SpEd Forms' and a checkbox for 'Click to go to work with students'.

2. You will be taken to a log in screen where you can enter your username and password.
3. Click "Enter" and the SpEd Forms main menu will appear.
4. Take note of any new messages you may have. If a teacher has requested sharing, you can take care of this task and then delete their request by clicking on the "Delete" link next to this entry.

1.3 Changing your user profile

Your user profile is initially set-up by the SpEd Forms administrator for your district. You can change some of this profile information or add information that the administrator did not enter.

1. Navigate to the "Main Menu".
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Profile".
4. On this page you will notice the information that your SpEd Forms administrator had entered.
5. Make the necessary changes and/or type in any new information.
6. Click the "Save" button when you are finished making changes.

The screenshot shows the SpEd Forms 'Your setup' menu. At the top is the SpEd Forms logo and a 'Menu' button. Below the logo is the 'Your setup' section with seven numbered items: 1. Profile, 2. Goals, 3. Measures, 4. Team Member List, 5. Credentials, 6. Authorized LEA Services, and 7. Edit drop down lists. At the bottom of the menu is a link for 'User administration: All Forms Edit Share & Add Students'.

The screenshot shows the SpEd Forms 'Profile' page. At the top is the SpEd Forms logo and a 'Save' button. Below the logo is the 'Profile' section with two main areas: 'Login Information' and 'Contact Information'. The 'Login Information' section contains fields for First Name (Some), Last Name (Teacher), Title (Special Ed Teacher), User Name (teacher), Password (masked), Confirm (masked), District (Brisbane Schools), School (Brisbane Elementary), and Location/Agency (Brisbane Elementary School). The 'Contact Information' section contains fields for Phone (123 555-1234), Mobile (123 555-5678), Fax (123 555-1235), Email (some.teacher@host.com), Link (www.brisbane.k12.st.us.com), Address 1 (123 4th Street), Address 2, City (Brisbane), State (ST), and Zip (12345).

1.4 Managing your custom goal bank

Each SpEd Forms user has their own custom goal bank. You can Add, Edit or View your custom goals through the "Goals" menu in "Your Setup". When you enter custom goals they will be available on any goal page when you click on "Choose Goal" and then specify "My Goal Bank" as the goal bank.

To navigate to your custom goal bank:

1. Navigate to the "Main Menu".
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Goals".

To Add a new goal:

1. Click on "Add Goal" from the "My Goal Bank" menu.
2. Choose the "Grade Level(s)", select the "Area of Need" and fill in the "Subject" and "Standard".
3. Type in the "Goal" and the "Objective".

NOTE: Use the letter combination CHLD in place of the student's name. When you import one of these goals into your goal page the letter combination "CHLD" will be automatically replaced with the student's first name.

ADD GOAL

Grade Level: Pre K 1 2 3 4 5 6 7 8 9 10 11 12

Standard Achievement:

Subject: Math

Area of Need: Academics

Goal: My custom goal

Objective: A custom objective

4. Click the "Save" button when you are finished making changes.

To Edit an existing goal:

1. Click on "My Goal List" from the "My Goal Bank" menu. The "Goal List" shows all of the custom goals you have entered.
2. Click on the "Edit" button next to the goal you want to update.
3. Update the goal where necessary by changing the grade level(s) standard, subject, area of need, goal or objective.
4. Click on the "Save" button when you are finished making changes.

MY GOAL LIST

Goal ID	Grade Level(s)	Standard	Subject	Area
1000	5	Achievement	Math	Academics

Goal: My custom goal
Objective: A custom objective

[Edit] [Delete]

[New Goal]

To Delete an existing goal:

1. Click on "My Goal List" from the "My Goal Bank" menu. The "Goal List" shows all of the custom goals you have entered.
2. Click on the "Delete" button next to the goal you want to delete.
3. The goal will be deleted and the list will be refreshed.

1.5 Your custom measures bank

Enter commonly used measures into your custom measures bank. These measures can be used to keep track of and graph the progress of any goal.

To Navigate to your custom measures bank:

1. Navigate to the Main Menu.
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Measures".

To Add a new measure:

1. Enter the measure's name and max score in the blank spaces provided next to the word "(Add)".
2. The new measure(s) will be added once the page is "Saved" (more blank spaces will also be added).

The screenshot shows a web browser window with the title "SpEd Forms". The browser's address bar contains "Save", "Back", "Menu", "Out", and "PRINT". The main content area is titled "Edit Your Measures List" and contains a table with the following data:

Name	Max Score	Remove
Math	100	<input type="checkbox"/>
Reading	85	<input type="checkbox"/>
Word Analysis	90	<input type="checkbox"/>
		Add:
		Add:
		Add:

There are "Save changes" buttons at the top and bottom of the table area.

To Edit an existing measure:

1. Make changes to any of the existing values as needed.
2. Changes to the measure(s) will be saved once the page is "Saved".

To Remove an existing measure:

1. Put a check in the (Remove) checkbox next to the measure you wish to remove.
2. The measure(s) will be removed when the page is "Saved".

1.6 Your custom team member list

Enter commonly used team members into your custom team member list. Once entered into the list you will be able to quickly and easily add them to the team members sections of forms such as the IEP and the "Notice of a Team Meeting" without re-entering the team member name and title.

To Navigate to your custom team member list:

1. Navigate to the Main Menu.
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Team Member List".

To Add a new team member:

1. Enter the team member's first name, last name and title in the blank spaces provided next to the word "(Add)".
2. The new team member(s) will be added once the page is "Saved" (more blank spaces will also be added).

First Name	Last Name	Title	Remove
Kelli	Byrnes	Office Manager	<input type="checkbox"/>
Shane	Dennis	President	<input type="checkbox"/>
Mike	Helle	Programmer	<input type="checkbox"/>
Gary	Lewis	Consultant	<input type="checkbox"/>
Amber	Sanow	Production Manager	<input type="checkbox"/>

To Edit an existing team member:

1. Make changes to any of the existing values as needed.
2. Changes to the team member(s) will be saved once the page is "Saved".

To Remove an existing team member:

1. Put a check in the (Remove) checkbox next to the team member you wish to remove.
2. The team member(s) will be removed when the page is "Saved".

1.7 Your custom credentials

Keep track of your education license information, it's numerical code and expiration date.

To Navigate to your custom credentials:

1. Navigate to the Main Menu.
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Credentials".

To Add a new credential:

1. Enter the name, number and expiration date in the blank spaces provided next to the word "(Add)".
2. The new credential(s) will be added once the page is "Saved" (more blank spaces will also be added).

Credential	Number	Expires	Remove
Speech	100250	16 / 30 / 2010	<input type="checkbox"/>
Psych	204528	16 / 30 / 2009	<input type="checkbox"/>
---Select Credential---		/ /	<input type="checkbox"/> Add
---Select Credential---		/ /	<input type="checkbox"/> Add
---Select Credential---		/ /	<input type="checkbox"/> Add
---Select Credential---		/ /	<input type="checkbox"/> Add
---Select Credential---		/ /	<input type="checkbox"/> Add

To Edit an existing credential:

1. Make changes to any of the existing values as needed.
2. Changes to the credential(s) will be saved once the page is "Saved".

To Remove an existing credential:

1. Put a check in the (Remove) checkbox next to the credential you wish to remove.
2. The credential(s) will be removed when the page is "Saved".

1.8 Your authorized LEA services

Once your authorized LEA services are entered into SpEd Forms they can be chosen from the "Type of Service Provided" drop down list on the LEA Forms "Activity Log" when you are chosen as the Provider.

To enter your authorized LEA services:

1. Navigate to the Main Menu.
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Authorized LEA Services".

To Add a new service:

1. Choose a service from the drop down list next to the word "(Add)".
2. The new service(s) will be added once the page is "Saved" (more blank spaces will also be added).

The screenshot displays the 'SpEd Forms' interface for editing authorized LEA services. The page title is 'Edit Authorized LEA Services'. At the top, there is a navigation bar with buttons for 'Save', 'Back', 'Menu', 'Out', and 'Print'. Below the title, there is a 'Save changes' button. The main content area contains a table with the following structure:

LEA Services	Count	Remove
97001 Physical Therapy Assessment (Initial/Tri,Annual) (0)	(0)	<input type="checkbox"/>
97002 Physical Therapy Assessment, Amended (0)	(0)	<input type="checkbox"/>
...Select Service--		<input type="checkbox"/>
...Select Service--		<input type="checkbox"/>
...Select Service--		<input type="checkbox"/>
...Select Service--		<input type="checkbox"/>
...Select Service--		<input type="checkbox"/>

At the bottom of the table area, there is another 'Save changes' button.

To Edit an existing service:

1. Make changes to any of the existing values as needed.
2. Changes to the service(s) will be saved once the page is "Saved".

To Remove an existing service:

1. Put a check in the (Remove) checkbox next to the service you wish to remove.
2. The service(s) will be removed when the page is "Saved".

1.9 Your drop down lists

Most of the drop down lists in SpEd Forms can be managed by the super administrator. The super administrator can also choose to allow users access to edit any of these lists. When you are allowed to add to a specific drop down list, a link will be provided on this page. When you add entries to a specific category, those additional entries will be available throughout SpEd Forms but will only be available to you. No other teacher will be able to see your additional entries nor will they be able to manage them.

NOTE: In the inset (to the right) notice the additional choices added to this user's drop down list for "Required Courses".

To Navigate to your drop down lists:

1. Navigate to the Main Menu.
2. Click on the "Your Setup" button.
3. On the "Your Setup" menu, click on "Edit drop down lists".

To Add to a specific drop down list:

1. Enter the order, value and display in the blank spaces provided next to the word "(Add)".

NOTE: The "Value" is what is saved into the SpEd Forms database. Sometimes the value needs to conform to a specific format (a number, no more than two characters, must match what is in Display, etc.). Please contact your SpEd Forms administrator if you need additional assistance determining the value setting.

2. The new drop down list entries will be added once the page is "Saved" (more blank spaces will also be added).

To Edit existing drop down lists:

1. Make changes to any of the existing values as needed.
2. Changes to the drop down lists will be saved once the page is "Saved".

To Remove existing drop down list entries:

1. Put a check in the (Remove) checkbox next to the drop down list entry(s) you wish to remove.
2. The drop down list entry(s) will be removed when the page is "Saved".

Form(s)	Field Name
Special Factors	ADAPTATIONS
Transition Services	ADDITIONAL COURSES
Evaluation Plan	HEALTH

Order	Value	Descr.	Display	Remove (checkbox)	Remove (checkbox)
1		Reading	Reading - 5 Semester Units Required	<input type="checkbox"/>	<input type="checkbox"/>
2		Writing	Writing - 4 Semester Units Required	<input type="checkbox"/>	<input type="checkbox"/>
3		Arithmetic	Arithmetic - 3 Semester Units Required	<input type="checkbox"/>	<input type="checkbox"/>

Required Courses to be Completed

Type below or select from this preset list ...

- Reading - 5 Semester Units Required
- Writing - 4 Semester Units Required
- Arithmetic - 3 Semester Units Required
- English Language Arts/ELD - 8 Semester Units Required
- History/Social Science - 9 Semester Units Required
- Mathematics - 6 Semester Units Required (Thru Ex Science - 4 Semester Units Required)
- Physical Education - 4 Semester Units Required
- Visual/Performing Arts/World Languages - 2 Semester Units Required
- Additional Elective - 11 Semester Units Required

1.10 Your custom calendar

On your calendar page you will automatically be notified of important dates for any student that is shared to your account and special events that are scheduled by administrators. If the proper dates are entered for each student, their IEP date, IEP meeting date, IEP due date and evaluation due date will be shown on your calendar. You can also add events to your calendar to remind you and other team members of important dates.

To Navigate to your calendar:

1. Navigate to the "Main Menu".
2. Click on the "Calendar" button.
3. You can click on the arrows next to the month/year to go forward or back to a particular month.

To Add events to your calendar:

1. Navigate to your "Calendar".
2. Find the correct month (click on the arrows next to the month/year to go forward or back to a particular month).
3. Click on the "Add" link next to the date for which you want to add an event.
4. Choose the student's name and fill in any other pertinent information. Uncheck the "Share event with team members" if this is a personal event.

NOTE: The "Time" and "Title" will be displayed on your calendar. The "Title" will appear as a link and you can click on this link to delete or make changes to this event.

5. Click on the "Save" button to save your changes.

To Edit events on your calendar:

1. Click on the link to a specific event that you or a team member has created.
2. Make any necessary changes.
3. Click on the "Save" button to save your changes.

To Delete events on your calendar:

1. Click on the link to a specific event that you or a team member has created.
2. Click on the "Delete Event" button.

The screenshot shows the "SpEd Forms" calendar interface. At the top, there is a logo and the text "SpEd Forms". Below this, there is a navigation bar with "Menu" and "Out" buttons. The main area displays a calendar for September 2006, with days of the week (Sunday through Saturday) and dates. Several events are listed on the calendar, including "3:00 PM Teachers Meeting" on Monday, "Some Student IEP written" on Friday, and "9:30 AM Tom's blood test" on Thursday. A pop-up window titled "Calendar Add/Edit Event" is overlaid on the calendar, showing the details of an event for 9/21/2006. The event details include: Date: 9 / 21 / 2006, Time: 8 : 30 : 0 PM, Student: Student Some, Title: Tom's blood test, Location: Clinic, and Description: Bring Tom to the clinic for a blood test. There is a "Delete Event" button at the bottom of the pop-up window.

2. Working with students

NOTE: Give special attention to saving, printing and navigation instructions:

- Always click the "Save" button after information is entered or changes are made.
- Always use the SpEd Forms "Print" button, instead of selecting "Print" in the "File" menu.
- Always use the SpEd Forms "Back" button rather than the browser's "Back" feature.

2.1 Setting up your students

Only IEP managers or others assigned the correct authority by your SpEd Forms administrator may create new student records.

2.1.1 Add a new student

1. Navigate to the "Main Menu".
2. Click on "Work with students".
3. You will then see a list of all your students (shown with a pink background) and those that other IEP managers have shared with you (shown with an ivory background).
4. Click on the "Add new student" button.

CSIS ID	Name	Last eval	Last IEP	Next IEP	In process IEP	CASEMIS data
1284367890	Sara Student	2/13/2006	10/16/2007	9/30/2008	4/1/2009	Work on this Record
1412581680	Lisa Student	7/1/2008	5/1/2008	6/1/2008	8/1/2008	Work on this Record

NOTE: If this screen does not have the "Add new student" button you are not set up as an IEP manager or you have not been given access to create new student records. Contact your SpEd Forms administrator if you feel your status needs to be changed.

5. Fill in any known information on the setup page.
6. Click the "Save" button.
7. The student will now be added to the list.

NOTE: CSIS ID, Student School ID, First Name, Last Name, Birthdate, Serving District, School and Resident District are required fields.

You can click on any of the drop down boxes to see a list of choices.

2.2 Student setup

Besides administrators with edit privileges, only IEP managers and those with edit access may edit the student's setup or exit a student from SpEd Forms.

NOTE: On the "Form Menu", shared students will have "[View case manager](#) | [Remove from my list](#)" displayed under the student's name. Use these links to Remove a student from your caseload or view information about the case manager.

2.2.1 Editing student setup (you must have edit access to this student)

1. From the "Main Menu" click on "Work with students".
2. Click on the student's name or the "Work on this record" button.
3. On the "Form Menu" click on the "Edit Setup" button.
4. Make changes as needed and click on the "Save" button.
5. Click "Form Menu" to return to the form menu for this student.

SpEd Forms [Save] [Form Menu] [Menu] [Out] Go to...

EDIT STUDENT SETUP
Please Note: To update CASEMIS records you must finalize the IEP.

Status: SpEd Evaluated - Receiving services (4)

Administrator note:

Student Information	Parent Info	Important Dates
CSIS ID: 1234567890 [Edit]	Initial Referral Date: 5 / 27 / 2004	
SSN #: 123-45-6789	Date District Received Parent Consent: 8 / 7 / 2004	
Student Sch. ID: 1234567890	Date of Initial Eval to Determine Eligibility: 9 / 1 / 2004	
First Name: Some	Date Began Receiving SpEd Services: 9 / 7 / 2004	
Last Name: Student	Last Annual IEP: 10 / 16 / 2007	
Birthdate: 10 / 9 / 1996	Next Annual IEP: 9 / 30 / 2008	
Primary Disability: 220: Hard of Hearing (HH)	Last Eval Date: 2 / 13 / 2006	
Severely Disabled: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Next Eval Date: 1 / 21 / 2009	
Grade: Fourth grade	Meeting Date: 3 / 28 / 2006	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Next Meeting Date: 5 / 30 / 2008	
English Learner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Service Plan: Individualized Education Program (IEP)		
Report to CASEMIS: <input checked="" type="radio"/> Yes <input type="radio"/> No		
Referred by: Parent		
Case Manager: Teacher, Some		
User Tag: RSP		

School Information

Serving District: Brisbane Schools
School: Brisbane Elementary
Res. District: Brisbane Schools

2.2.2 Student sharing (case managers only)

1. From the "Main Menu" click on "Work with students".
2. Click on the student's name or the "Work on this record" button.
3. On the "Form Menu" click on the "Student Sharing" button.
4. You will be taken to a page showing users with access to that student and the users which are available.
5. Click on the "Select a User" drop down box.
6. Select a category or "View All" and a screen will appear listing all available users.
7. Select the desired user by clicking the "Share" button next to that person's name.
8. The user's name will then appear in the list on the right.
9. If this user should be able to edit the forms, click the "Edit Access" box. If the box is not checked, the user will have read only access.
10. To remove a user from the list, click on the "Unshare" button to the left of that person's name.

SpEd Forms [Back] [Menu] [Out]

SHARING FOR SOME STUDENT

Select a user: [Select Staff Category/Location]

Users with access to this student:

Categories	(Case Manager)	Some Teacher	Other Teacher	Other Teacher
[View All]	[Unshare]	[Unshare]	[Unshare]	<input checked="" type="checkbox"/> Edit Access
				<input checked="" type="checkbox"/> Edit Access

SEND THIS STUDENT TO A NEW IEP MANAGER

[Send this student to a new case manager]

NOTE: "(Case Manager)" will appear next to your name (do not remove your "Edit Access"). Clicking on the link to a users name will display a staff profile information box. Their name, title, location, phone, fax and email will be shown (if this information is available in their record).

2.2.3 Send the student to a new IEP manager (case managers only)

1. From the "Main Menu" click on "Work with students".
2. Click on the student's name or the "Work on this record" button.
3. On the "Form Menu" click on the "Student Sharing" button.
4. Click on the "Send this student to a new case manager" button.
5. Click the drop down box to see all available managers.
6. Scroll down until the correct name is displayed and click on the name.
7. Click "Send" to send the student to that IEP manager (If you no longer need to have access to this student, put a check in the box labeled "Reset current student sharing").

The screenshot shows a window titled "SpEd Forms" with a menu bar containing "Select Another Student", "Form Menu", and "Out". The main content area is titled "SEND SOME STUDENT TO A LOCAL CASE MANAGER" and contains the following text: "1. Select the Case Manager", "2. Click 'Send'", and "Unless reset, the current case manager (Teacher, Some) will continue to have shared edit access to this student." Below this is a dropdown menu labeled "...Select a local IEP manager..." with a "Send" button next to it. There is also a checkbox labeled "Reset current student sharing". At the bottom, a note states: "* 'local' IEP Managers share your server (typically within your district or service cooperative)".

NOTE: After a new IEP manager is assigned, only the new IEP manager can set student sharing.

2.2.4 Exit a student

1. From the "Main Menu" click on "Work with students".
2. Click on the student's name or the "Work on this record" button.
3. On the "Form Menu" click on the "Exit Student" button.
4. Select the correct "Exit Reason" and, if necessary, update any other information.
5. Click on the "Save" button to save your changes.
6. When all the information is correct, click on the "Exit Student" button.

The screenshot shows the "EXIT STUDENT" form for a student named "Some Student". The form includes the following fields and values:

- Exit Date:** 12 / 10 / 2007
- Last IEP:** 10 / 16 / 2007
- Last Eval:** 2 / 13 / 2006
- SPED Entry Date:** 9 / 7 / 2004
- Exit Reason:** 70: Returned to regular education
- Birthdate:** 10 / 9 / 1996
- Age:** 11
- Gender:** Male
- Grade:** Fourth grade
- Native Language:** English
- EL:** Yes No
- Redesignated:** Yes No
- Migrant:** Yes No
- Student ID:** 1234567890
- SSN:** 123-45-6789
- Student School ID:** 1234567890
- Residency:** 50: Residential facility
- Parent/Guardian/Adult Student:** Some (Parent)
- Home Address:** 123 Parent Address
- Parent City:** ST 12345
- Home Phone:** 123 555-1234
- Work Phone:** 123 555-3456
- Cell Phone:** 123 555-5678
- District of Residence:** Brisbane Schools
- Ethnicity Code's:** 1. White, 2. Select Ethnicity, 3. Select Ethnicity
- District of Service:** Brisbane Schools
- School of Attendance:** Brisbane Elementary
- Interpreter Required:** No Yes
- Comment:**

NOTE: Depending on the "Exit Reason", the validation screen may then appear. Make any additional changes (if necessary) to satisfy the validation and then click on the "Exit Student" button.

2.2.5 Reactivate an inactive/exited student

Please contact your SpEd Form administrator.

2.3 Working with student information

2.3.1 Your student list

1. From the "Main Menu" click on "Work with students".
2. A list of students you have access to will appear.

NOTE: These are either students you have setup (shown with a pink background) or ones assigned to you by another IEP manager (shown with an ivory background).

3. To work with student information, click on the "Work on this Record" button next to the appropriate student. Your student list also provides you information about important dates at a glance. Green smiley faces indicate dates appear to be entered correctly. Red and orange faces indicate important dates have not been entered or need to be edited/adjusted (for more information, click on the appropriate face).

CSIS ID	Name	Last eval.	Last IEP	Next IEP	In process IEP	CASEMIS data
1234567890	Some Student	2/13/2006	10/18/2007	9/30/2008	3/1/2008	☺
14123567890	Last Student	7/1/2006	5/1/2006	6/1/2008	6/1/2008	☺

2.3.2 Navigate to forms

1. From the "Main Menu" click on "Work with students".
2. Click on the "Work on this Record" button next to the appropriate student.
3. This will take you to the forms menu for that student. This menu lists all the forms available in SpEd Forms including the Notice of an IEP Meeting, IFSP, IEP, Evaluation Report Forms and many other additional forms.
4. To navigate to a form, click on the form's name. You will be taken either to the form or, in the case of multiple-page forms, a listing of the pages within that form.

2.3.3 The forms menu

The forms menu lists all form templates available in SpEd Forms. The forms menu also contains several navigation buttons and features. From the forms menu you can navigate to any page you have permission to view.

2.3.4 View/Delete a student's history

1. From the "Main Menu" click on "Work with students".
2. Click on the "Work on this Record" button next to the appropriate student.
3. On the "Forms Menu" click on the "Student History" button.
4. Find the history page or form that you want to view and click on the "View" button.
5. You will then come to a page with the form's page(s) listed. Choose the page(s) you want to view and click on the "View Selected Pages" button.

NOTE: While viewing these selected pages you will have an opportunity to print or navigate back to the page listing, history page or forms menu.

6. To delete a history page or form, click on the "Delete" button next to the name of the history you want to delete.

NOTE: Administrators have the option of allowing users to permanently delete history records directly or to flag the deleted record for review by the SpEd Forms administrator. The warning that appears when the "Delete" button is clicked should give you an indication of whether the record will be "permanently" deleted or you "want the history to be deleted". If the record is not "permanently" deleted, the SpEd Forms administrator will have an opportunity to review the record and make the final decision to delete the record or restore it to your list.

2.3.5 Entering student information

1. From the "Main Menu" click on "Work with students".
2. Click on the "Work on this Record" button next to the appropriate student.
3. On the "Forms Menu" click on the form in which you wish to work.
4. Enter the necessary data.
5. Click "Save" so that your changes are saved to the server.

NOTE: You can navigate through multiple-page forms by clicking the "Forward" button at the top of the screen. Make sure to "Save" your changes before exiting a page.

The screenshot shows the SpEd Forms application. At the top, there is a logo and the text "SpEd Forms". Below this is a "Forms Menu" and a "Quit" button. The main content area is titled "Student History for Some Student". It contains a table with the following columns: "Date Filed", "File Type", and "Filed By".

Date Filed	File Type	Filed By	
3/12/2008 11:22:00 AM	Notice of a Team Meeting (Rev. 11/1/2005)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>
9/25/2007 9:42:00 AM	Individualized Education Program (Rev. 1/24/2008)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>
9/19/2006 3:10:00 PM	Individualized Education Program (Rev. 8/22/2006)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>
9/13/2005 1:27:00 PM	Individualized Education Program (Rev. 9/1/2005)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>
9/1/2004 10:08:00 AM	Interim Placement (Rev. 10/1/2002)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>
5/31/2004 2:13:00 PM	Notice of Proposed Action (Rev. 11/1/2005)	2844 Some Teacher	<input type="button" value="View"/> <input type="button" value="Delete"/>

Below the table, there is a section for "Individualized Education Program (8/22/2006)". It shows the file was "Filed on: 9/18/2005 3:10:00 PM" and "Filed by: 2844: Some Teacher". Below this, it says "Please select the pages you wish view." and lists several pages with checkboxes:

- Student Information
- Individual Transition Plan
- Special Factors
- Services
- Signature and Parent Consent
- IEP Team Addendum Page
- Specific Learning Disability Discrepancy Documentation Report
- Transition Services
- Present Levels of Performance
- Annual Goals
- Educational Setting
- IEP Team Meeting Comments
- Specific Learning Disability Team Determination of Eligibility

At the bottom, there is a "View Selected Pages" button, a "Print" button, and a "Final" button. There is also a "Back/Cancel" button on the left.

2.3.6 Spell check

1. After you have navigated to a form and made changes, click on the **abc** button in the SpEd Forms navigation bar.

NOTE: The only fields that will be checked are the text fields with a scrollbar on the right side. If there are no fields to spell check on this page a warning box will popup stating that "There are no narrative fields to check".

2. A new window will appear and if a word is suspected of being misspelled, it will be shown in bold red text. Suggestions of the correct spelling will also be shown.

NOTE: If you are working on a Spanish page in SpEd Forms you can change the dictionary to Spanish by choosing "Espanol" from the drop down box next to "Dictionary language".

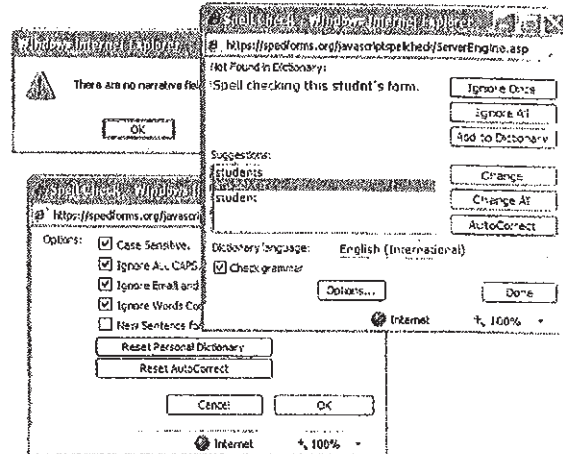
3. Make sure the correct spelling is highlighted and click on the "Change" or "Change All" button. If you want to skip making changes to that word click on "Ignore Once" or "Ignore All" to skip all words that are spelled the same.

NOTE: If none of the suggestions are spelled correctly, click on the misspelled word in the top window and make the proper corrections. Click on the "Change" button to set the correction. This word may then be shown as misspelled again in the top window if it is not found in the dictionary. If you want, you can then click on the "Add to Dictionary" button to add that word to your personal dictionary.

When the spell check is checking grammatical errors the words will be shown in bold green text (or just normal text) and the "Ignore All", "Add to Dictionary", "Change All" and "AutoCorrect" buttons will be grayed out (unavailable). If you do not want to check or correct grammatical errors, uncheck the "Check grammar" button (sometimes the spell check can be a nuisance by bringing up too many grammar suggestions and single words or number sequences from table data).

When misspelled words are being found you can click on the "Options..." button to set some of the advanced features. Click on "Reset Personal Dictionary" to clear out any words you have added to the dictionary or click on the "Reset AutoCorrect" to clear the "AutoCorrect" database.

4. Click "Done" to stop. A summary will then shown for the number of words checked/changed.
5. Make sure to "Save" the page you are working on after the spell checker has completed.



2.3.7 Printing forms

Please make sure to read section 1.1 of this user guide before printing any forms from SpEd Forms.

To print the completed form, make sure that anything you are printing has been saved by clicking "Save" from the SpEd Forms screen before printing.

1. Click the "Print" button at the far right of the SpEd Forms navigation bar.
2. DO NOT use the "Print" command from the "File" menu.

Special instructions:

- PC users can use CTRL + P as a shortcut.
- Macintosh users will see a "Print Preview" page before the form prints. After clicking the "Print" button in the SpEd Forms navigation bar (as described above) use the browser's File/Print feature (if a print dialog box does not come up automatically) or use COMMAND (open apple) + P as a shortcut.

Printing the entire IEP, IFSP, IIP, ER:

Users can print all the pages of these service plans rather than printing each page individually.

1. Navigate to the "Forms Menu" of the appropriate student.
2. Click on one of the service plans listed above.
3. Click the "Print..." button (directly under the service plan name/student's name).
4. A new window will appear with check boxes next to each form page.
5. Select the pages you want to print and click on the "Print Selected Pages" button.

The top screenshot shows the SpEd Forms interface for a student named 'Some Student'. The main heading is 'Individualized Family Service Plan for Some Student'. Below this is a 'Print IFSP' button. A list of service plan sections is displayed, each with a checkbox: 'IFSP Evaluation Consent', '1. Student Information, Signatures and Team', '2. Family Information & Support Services', '3. Current Health Issues', '4. Current Abilities', '5. Early Intervention Services (Required)', and '6. Early Intervention Services (Non-required)'. The bottom screenshot shows a dialog box titled 'Please select the pages you wish to print for Some Student'. It contains a list of sections with checkboxes, all of which are checked: 'IFSP Evaluation Consent', '1. Student Information, Signatures and Team', '2. Family Information & Support Services', '3. Current Health Issues', '4. Current Abilities', '5. Early Intervention Services (Required)', '6. Early Intervention Services (Non-required)', '7. Parent Concerns/Transition', '8. Transition Summary', and 'IFSP Periodic Review'. At the bottom of the dialog box, there is a 'View Selected Pages' button and radio buttons for 'Draft' and 'Final'.

3. Working with forms

3.1 Creating history pages

Many forms can be stored electronically for future reference. They include:

- Notice of Proposed Action (Referral)
- Evaluation Plan
- Notice of an IEP Meeting
- All pages of the Interim Placement
- All pages of the Individualized Education Program
- All pages of the Evaluation Report

3.1.1 Creating a history page for a student

1. From the "Forms Menu", navigate to one of the pages listed above.
2. Make sure all information has been "Saved" on the pages that are going to be finalized.
3. At the top of each of these pages you will notice a "Finalize" button.

NOTE: If you are creating a history from one of the service plans (IEP, IP, etc.), you must first "Validate" the form. When you click the "Validate" button, your form pages will be checked for required fields and/or inconsistencies. If an issue is found through the validation process, you will be given the opportunity to change those fields before you follow through with "Finalization". Make any changes as needed to satisfy the validation process.

4. Click on the "Finalize" button.

NOTE: Once the "Finalize" button is clicked, a copy is made of that form and can be viewed by clicking the "Student History" button on the forms menu (see Section 2.3.4 for more information about viewing or deleting a student's history). The current information or "working copy" of the original form is not changed.

The screenshot displays the SpEd Forms application interface. At the top, there is a header with the SpEd Forms logo and navigation options: 'Select Another Student', 'Form Menu', 'IEP Menu', and 'Exit'. Below the header, the main content area shows two forms stacked vertically. The top form is titled 'Individualized Education Program for Some Student' and includes buttons for 'Validate IEP' and 'Print IEP'. Below this form is a 'VALIDATE IEP' form for 'Student: Some Student', which has a 'Finalize IEP -and- Send CASEMIS Data' button and a 'Send CASEMIS data ONLY' button. The bottom form is titled 'NOTICE OF IEP MEETING' for 'Student: Some Student' and includes a 'Finalize' button. The interface also features a sidebar with navigation options like '1. S', '1B.', '3. S', and 'SA.', and a bottom section with 'Date 3/12/2008', 'To: Some Parent', and 'Student Name: Some Student'.

3.2 Working with goal pages

The IEP and IFSP have goal and objective pages. You can fill these goals out with your own goals or SpEd Forms has a bank of goals and objectives that can be used to help complete these pages. All of the goal pages work in a similar manner so this example can be used to fill out any of the goal and objective pages.

This example uses page 4 of the IEP. To get to this page:

1. Navigate to the "Main Menu".
2. Click on the "Work with Students" button.
3. Click on "Work on This Record" for the relevant student.
4. Click on "Individualized Education Program" on the "Forms Menu".
5. Click on page 4, "Annual Goals".

You are now at the goal page for goal #1, as indicated by the heading on the top left of the form ("Goal/Outcome [1] of 3").

NOTE: As the number of goal pages increases, this heading will change to reflect the total number of goal pages. The number of goal pages is also indicated at the top right of the page. The number of pages in the "Go to Goal" box will increase as your goal pages increase.

Clicking on the goal page number will take you to that particular goal.

You can renumber the goal pages by simply going to that goal page, clicking in the goal number box, changing the number, and clicking "Save".

ANNUAL GOALS		abc	Save	Back	IEP Menu	Form Menu	Forward	PRINT
Student: Some Student		Go to...						
Goal/Outcome 1 of 3		<input type="checkbox"/> Objectives		<input checked="" type="checkbox"/> Benchmarks				
New Goal		Choose Goal		Delete Goal		Go to Goal 123		
Name Some Student		Date						
Area of Need Reading								
Baseline [Can read brief passages and recognize word types and idioms to determine the meaning of specific words and phrases.]								
Measurable Annual Goal [Annual Goal: By 2/09, when given brief passages at independent reading level for grade level, [Student] will apply knowledge of word origins, derivations, synonyms, antonyms, and idioms to determine the meaning of words and phrases with an average of 90% accuracy in 3 consecutive trials as measured by student.]								
<input type="checkbox"/> Exceeds State or District Progress in General Curriculum State Standard, RE.4.12 <input type="checkbox"/> Exceeds State Educational Base Reading from the District <input type="checkbox"/> Linguistically Appropriate <input type="checkbox"/> Transfer Goal <input type="checkbox"/> Select Category... <input type="checkbox"/> Paraprofessionals								
Personnel Responsible: Teacher & aide								
Benchmark 1 Benchmark 1: By 6/09, when given brief passages at independent reading level for grade level, [Student] will apply knowledge of word origins, derivations, synonyms, antonyms, and idioms to determine the meaning of words and phrases with an average of 90% accuracy in 3 consecutive trials as measured by student.								
Delete Benchmark								
New Benchmark								
Progress Report 3 01 2008 Summary of Progress [Student] is enrolled in the Reading Program. He is able to read brief phrases in very simple short paragraphs. Making slow but steady progress with								
Comment								

3.2.1 Entering your own goals

1. Follow the steps from section 3.2 (above) to get to the goal pages.
2. Enter the "Area of Need", "Baseline", "Measurable Annual Goal" and other goal information as needed and, if necessary, choose whether this goal has "Objectives" or "Benchmarks".

NOTE: If you do not choose (and "Save") "Objectives" or "Benchmarks" at the top of the page, the area to describe Objectives/Benchmarks will be unavailable.

3. Click the "New Objective/Benchmark" button to enter your objectives/benchmarks. You may add as many of these as you like for each goal.

NOTE: You can reorder your objectives by changing the number in the box to the right of the "Objective/Benchmark" heading and clicking the "Save" button.

4. Enter any "Progress Report" information and "Comments" as needed.

NOTE: Always remember to click the "Save" button when you are finished making changes.

3.2.2 Using the goal bank

1. Follow the instructions in section 3.2 to access the goal pages for a student IEP or IFSP.
2. Click on the "Choose Goal" button at the top of the page.
3. In the goal bank search box select your search criteria from any of the provided categories.

NOTE: If you choose "My Goal Bank" from the "Goal Bank" drop down menu, you will get a listing of the goals you have entered into your custom goal bank (see section 1.4 for more information about adding custom goals).

4. Click "Search".
5. Click the "Select" button next to the relevant goal.
6. Click the "Search Again" button if you want to change the search criteria and try again.

NOTE: The student's name will be incorporated into the goal and into each objective wherever CHLD is used. You will be able to edit any part of the goal once it has been selected and inserted into the goal page.

The image shows two screenshots of a web application. The top screenshot is titled "CHOOSE GOAL" and contains a search form for the "CALIFORNIA GOAL BANK". The form fields are: Goal ID (10228), Keyword or phrase (passage), Grade Level (4), Subject (English Language Arts/Reading), and Goal Bank (SpEd Forms). A "Search" button is at the bottom right. The bottom screenshot is titled "SEARCH RESULTS" and displays a table of search results. The table has columns for Goal ID, Grade Level, Standard, Subject, Area, and a description. Two results are shown, each with a "Select" button. A "Search Again" button is at the bottom.

Goal ID	Grade Level	Standard	Subject	Area	Description
10802	4	RE.4.2.1.1.3 Use knowledge of root words to determine the meaning of unknown words within a passage. (CAHSEE)	English Language Arts/Reading	Reading	Word Analysis, Fluency, and systematic vocabulary development
10803	4	RE.4.2.5.1.2.5 Compare and contrast information on the same topic after reading several passages or articles. (CAHSEE)	English Language Arts/Reading	Reading	Reading Comprehension

3.2.3 Measure the progress of a goal

While working on the goal pages, the progress of each goal can be followed in detail through preset measures. You can keep track of the student's progress by recording the results of each encounter.

1. Follow the instructions in section 3.2 to access the goal pages for a student IEP or IFSP.
2. Click on the "Measure Goal" link next to the goal you want to measure the progress of.
3. On the "Measure" page fill in the specific measure and progress information that pertains to this goal.
4. Come back to this page as necessary and add results by entering the date, time and score for each achievement and then click the "Add" button.
5. Click the "Save" button to save your changes.

Measure Save Back Menu Print

Student: Some Student

Goal: Annual Goal B, 209: when given brief passages at independent reading level or grade level, [Student] will apply knowledge of word origins, derivations, synonyms, antonyms, and idioms to determine the meaning of words and phrases with an average of 80% accuracy in 3 consecutive trials as measured by student work samples/teacher-cha...

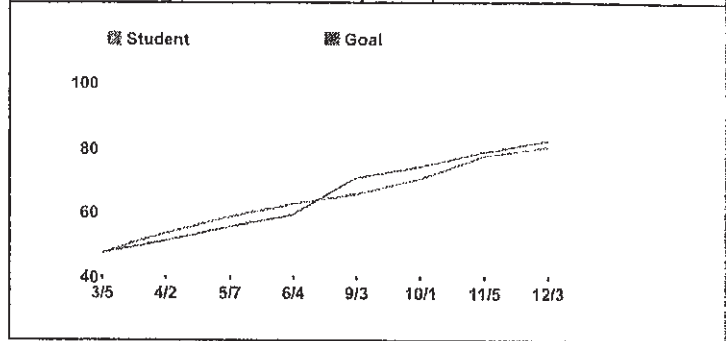
Measure: Reading

To achieve a score of: 80 85 90 94 2009

Progress: Goal Met Yes No

[Student] has made consistent progress.

Date	Time	Score	Comments
Add result			
1/7/2009	2:19:33 PM		<input type="checkbox"/> Add
Results: Remove			
3/5/2008	2:15:36 PM	47	A great start <input type="checkbox"/>
4/2/2008	2:18:11 PM	53	<input type="checkbox"/>
5/7/2008	2:13:55 PM	58	<input type="checkbox"/>
6/4/2008	2:22:47 PM	62	Seeing consistent progress <input type="checkbox"/>
9/3/2008	2:21:27 PM	65	<input type="checkbox"/>
10/1/2008	2:17:39 PM	70	Much better today <input type="checkbox"/>
11/5/2008	2:15:47 PM	77	Really trying hard <input type="checkbox"/>
12/3/2008	2:18:42 PM	80	Quite an achievement <input type="checkbox"/>



NOTE: You can "remove" any of the results that have already been added by putting a check in the box next to that result or make any other necessary changes and click the "Save" button.

3.2.4 Chart the progress of a measure

When "Results" are added the graph at the bottom of the page is changed so that you can get a detailed visual representation of the student's progress through that goal.

NOTE: Due to an issue with Firefox, Firefox users must print the graph separately. Click on the "PRINT" button that appears toward the top right of the chart.

3.3 Services page

Information about the services provided to students can be collected by the school or district administrator. For this information to be accurate, the services pages need to be filled out in a certain way.

Add a new service

1. From the "Forms Menu", click on the "Individualized Education Program".
2. In the "Individualized Education Program" menu click on "Services".
3. Click the button labeled "Add Special Education Service".
4. A box will appear that you can use to fill in details for that service.

Enter information about the service provided to the student

1. Select the service you are providing from the drop down box.
2. Enter the "Start Date" and the "End Date".
3. Indicate the "Provider" of this service.
4. Determine whether the service is for an Individual or Group and, if this is a transition service, check the "Transition" checkbox.
5. Enter the "Frequency" for which the service is to be provided and "Duration" that the student will receive the service.
6. Finally indicate the "Location" where the service will be provided.

SERVICES			
Student: Some Student		Go to	
Name: Some Student		Date: 9/30/2008	
Service options considered. (consideration is given to any harmful effect on the child or quality of services that the child needs... Type below or select from this preset list...)			
Full-time placement in regular education classroom with supplementary aides or services is not appropriate because {Student} requires direct instruction in a small group environment.			
SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT			
Service #1: Provide a written outline or presentation notes for (subject/s)			
<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	Start Date: 9/4/2007	End Date: 6/6/2008	
Frequency: Daily (one or more times a day)	Duration: 20	Location: Residential facility	
Add Supplementary Supports to Students and Staff			
SPECIAL EDUCATION and RELATED SERVICES			
Service #1: 710 Specialized deaf and hard of hearing services	Start Date: 9/4/2007	End Date: 6/6/2008	
Provider # 2844: 2186 County office of education	<input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Transi		
Frequency: Weekly (one or more times a week)	Duration: 45 minutes	Location: Residential facility	
Add Special Education Service			
EXTENDED SCHOOL YEAR (ESY)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Add Extended School Year (ESY)			
<small>Programs and services will be provided according to when student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.</small>			

Indicate service provider

You should indicate the person providing this service to this student. This information can be collected by the special education director and business manager to assist with teacher workload analysis and tuition billing.

To indicate the provider of the service, click on the "Provider #" link. Then in the popup window, click "Select" next to the provider's name (names will appear in alphabetical order by last name). To indicate the supervisor of the service, click on the "Supervisor #" link and select the supervisor's name.

Providers	ID	Name	Action
	4	Admin. Coop	Select
	5	Admin. District	Select
	6	Admin. School	Select
	3	Admin. Super	Select
	2186	Administrator, SITE	Select
	1102	Barnes, Kelli	Select
	286	Dennis, Shane	Select
	2	Faccione, Darlene	Select
	525	Hellis, Mike	Select
	1849	Snow, Amber	Select
	2944	Teacher, Some	Select
	1972	Teacher, Test	Select
		Internet	100%

Fields on the services page

Service

This number determines the placement of the service on the printed services page. To re-order services, change the numbers in these boxes.

Service

A menu appears here with the list of services provided by your district. Use this menu to select the service being provided to the student.

Start date

Enter the date on which this service commences.

End date

Enter the date on which this service ends.

Provider

Select the name of the organization providing the service from the provider menu.

Ind / Grp

Will this service be provided in an "Individual" or "Group" setting?

Transition

If necessary, indicate if this is a "Transition" service. If so, it will also be displayed as a "Transition Service" on the "Individual Transition Plan" page.

Frequency

Select the interval at which the service will be provided (daily, weekly, monthly, yearly, etc.).

Duration

Enter the number of minutes that this service will be performed for each unit of "frequency".

Location

Choose where the service is being provided.

3.4 The progress report

The progress report provides a summary of the student's annual goals.

1. Make changes or type additional information into any of the available fields on the progress report as needed.
2. Click "Save" so that your changes are saved to the server.

NOTE: Any changes made on the progress report will also be reflected on the student's "Annual Goals" page.

Progress Report		Save	Form Menu	Print
Student: Some Student		Go to		
Some Student	1234567890	Brisbane Elementary		
Student Name	SSID #	School		
Goal 1: Annual Goal B: 200, when given brief passages at independent reading level or grade level, (Student) will apply knowledge of word origins, definitions, synonyms, antonyms, and idioms to determine the meaning of words and phrases with an average of 90% accuracy in 3 consecutive trials as measured by student work samples/teacher-charted observations. (CAHSEE)				
				Measure Goal
Date:	12 / 31 / 2008			
Summary of Progress:				
[Student] is enrolled in the Reading Program. He is able to read brief phrases in very simple short paragraphs. Making slow but steady progress with				
Comment:				
Date:				
Summary of Progress:				
Comment:				
Date:				
Summary of Progress:				
Comment:				
Date:				
Annual Review:				
[Student] has made consistent progress.				
Goal met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Goal 2: Annual Goal B: 200, following teacher-led pre-writing activities, when given a topic or after selecting a topic, (Student) will create a correctly indented multiple-paragraph expository composition establishing a topic, important ideas, or events in sequence or chronological order, providing details and transitional expressions that link one paragraph to another in a clear line of thought, and offering a concluding paragraph that summarizes important ideas and details scoring an average of 90% on the writing rubric in 3 consecutive trials as measured by student work samples/teacher-charted observations. (CAHSEE)				
				Measure Goal
Date:	12 / 31 / 2008			
Summary of Progress:				
[Student] is enrolled in the Language Program. He is able to write a very simple short paragraph. Making slow but steady progress with his writing.				
Comment:				

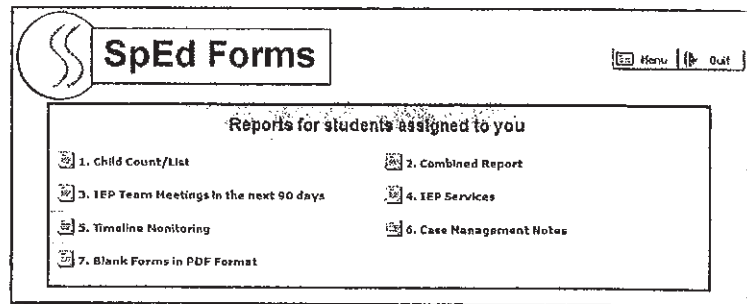
3.5 Reports

Teachers and administrators rely on reports to give them complete and reliable information. Without knowing how these reports work, it may be difficult to know what information is needed for these reports to work properly.

NOTE: An important thing to remember is that several of the reports for teachers and administrators alike use specific data from other SpEd Forms pages to determine what students show up on the report.

3.5.1 Combined report

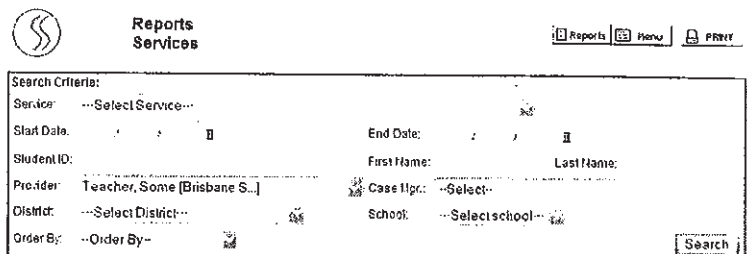
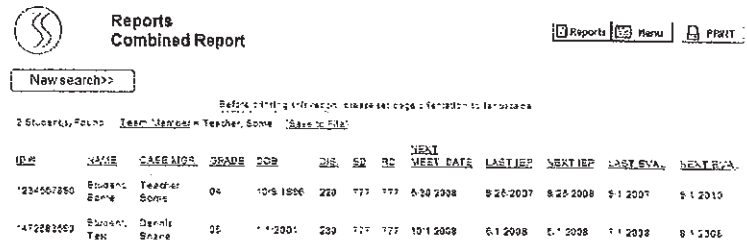
1. Navigate to the "Main Menu".
2. Click on the "Reports" button.
3. Click on "Combined Report".
4. Choose your search criteria.
5. Click "Search".



3.5.2 IEP services

1. Navigate to the "Main Menu".
2. Click on the "Reports" button.
3. Click on "IEP Services".
4. Choose your search criteria.
5. Click "Search".

NOTE: If you choose a "Provider" in the search criteria, your results will be directly related to the service provider's ID in the "Provider #" field that is located on each service and available on any service page (see the explanation of "Indicate service provider" in section 3.3 for more information).

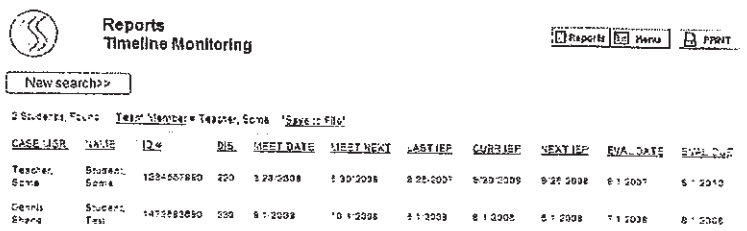


2 Students Found Provider = Teacher, Some Save as File:

IEP#	NAME	SERVICE	PROVIDER	DOB	DIS	DURATION	SEQUENCE	START	END
234567890	Student Name	T10 - T10 Specialized Goal and part of hearing services	2814	10/5 1996	220	45 minutes	x20	8/4/2007	8/8/2007

3.5.3 Timeline monitoring

1. Navigate to the "Main Menu".
2. Click on the "Reports" button.
3. Click on "Timeline Monitoring".
4. Choose your search criteria.
5. Click "Search".



5. Getting started in ER Forms

PLEASE NOTE: If ER Forms is installed for your district, "with ER Forms!" will be shown in red next to the evaluation report on the forms menu. Before you start using ER Forms you must ensure your computer is setup correctly. Please see "Configuring Your Computer" (section 1.1 of this guide) if you have not already done so.

Overview of editing modes

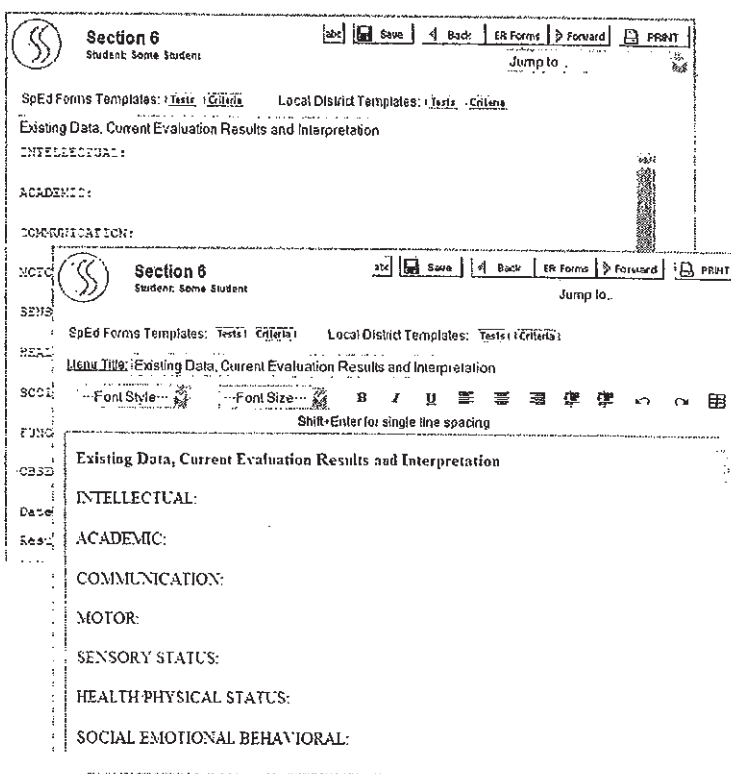
There are two completely different editing modes that can be used when editing text in the various sections of ER Forms. The original way of using simple text editing commands has been the standard for several years. This involves the use of carriage returns (using the "enter" key) and spaces along with a fixed-width font (Courier) to line-up text and tables much like you would while using a simple text editor like Notepad, SimpleText or TextEdit. A new editing feature has been added to ER Forms where buttons can be clicked to modify the text including bold, italic, underline, alignment, indentation and the insertion of tables. This robust editing feature has been made available through specific web browsers by a technology called DesignMode. In most cases DesignMode has been made the default mode of editing in ER Forms.

If your SpEd Forms administrator has allowed the use of "Text Mode", you will see an option in "Your Setup (Profile)" that you can use to choose whether DesignMode is on or off by default (see section 1.3 for more information). You will also have an opportunity to choose either editing mode when you begin a new evaluation report (when choosing a new template, check/uncheck the "DesignMode" checkbox before choosing the local/SpEd Forms template.

Important Note: Once you start an evaluation report, you must complete it using the same mode.

DesignMode requirements

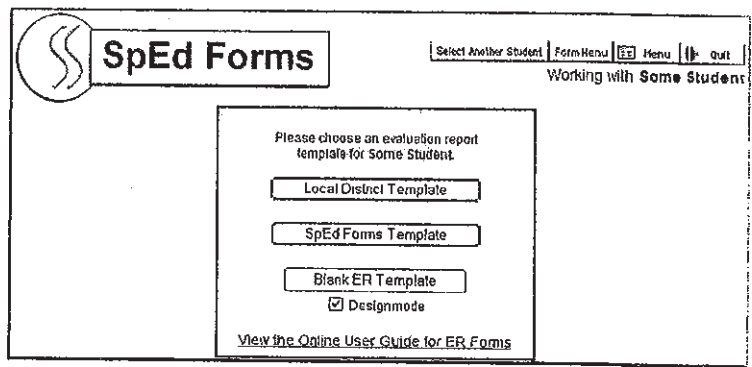
To use the DesignMode editing features, you must have at least Internet Explorer 6, Opera 9 or Firefox. Please make sure you are using a compatible and updated browser (some earlier Windows versions of Firefox/Mozilla/Netscape had been reported to drop the spaces between words after saving in DesignMode).



5.1 Choosing your first template

1. Navigate to the "Forms Menu" for the student you wish to work on.
2. Click on the "Evaluation Report" link toward the top of the "Forms Menu".
3. A message will appear asking if you would like to select a template for your evaluation report. There are two types of templates (besides a "blank" report) available for you to choose from.
 - Local District Templates: These are templates created by your school district or cooperative, for your use.
 - SpEd Forms Templates: Generic templates for each of the major disability areas used statewide.

NOTE: If this student already has a template, you can choose a new template by clicking the "Choose a New Evaluation Template" button on the bottom of the menu page. **If you follow through with choosing a new template, your existing template will be overwritten.** See section 7 for additional instructions on how to "Select a Template".

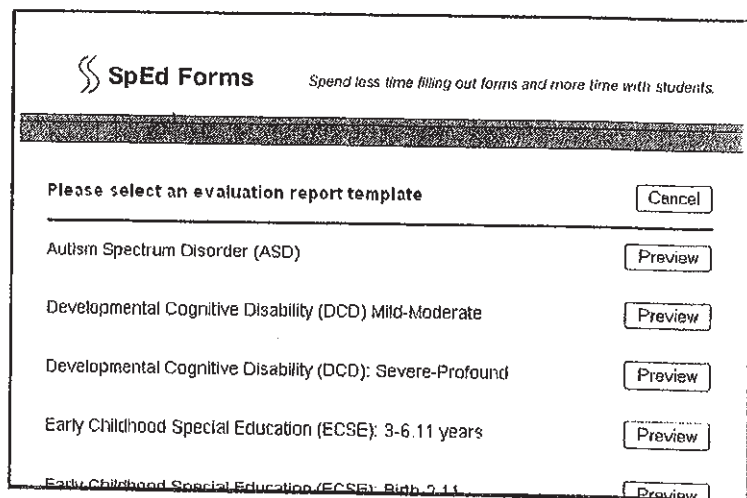


The screenshot shows the SpEd Forms application interface. At the top, there is a navigation bar with links for "Select Another Student", "Form Menu", "ER Menu", and "Out". Below the navigation bar, the text "Working with Some Student" is visible. The main content area contains a dialog box with the title "Please choose an evaluation report template for Some Student". Inside the dialog box, there are three buttons: "Local District Template", "SpEd Forms Template", and "Blank ER Template". Below these buttons, there is a checkbox labeled "Designmode" which is checked. At the bottom of the dialog box, there is a link that says "View the Online User Guide for ER Forms".

4. To start with a "Text Mode" template make sure "DesignMode" is NOT checked (if available).

NOTE: DesignMode templates are specially formatted to work with the features of DesignMode. If you choose not to use DesignMode templates, you must use the original basic rules to edit the sections of your evaluation report.

5. If you choose "Blank Evaluation Report" you will be taken directly to the evaluation report menu. If you chose "Local District Template" or "SpEd Forms Template", a list of templates will appear. Click on the "Preview" button next to the template you wish to view.
6. A preview of the template you selected will be shown. If this is the template you want to use for your evaluation report click "Select This Template", otherwise click "Select Another Template" to view another.
7. The template will be automatically entered into the evaluation report and you will be taken to the evaluation report menu.



The screenshot shows the SpEd Forms application interface. At the top, there is a navigation bar with the SpEd Forms logo and the tagline "Spend less time filling out forms and more time with students." Below the navigation bar, the text "Please select an evaluation report template" is visible. To the right of this text is a "Cancel" button. Below this text, there is a list of templates with "Preview" buttons next to each one:

Autism Spectrum Disorder (ASD)	Preview
Developmental Cognitive Disability (DCD) Mild-Moderate	Preview
Developmental Cognitive Disability (DCD): Severe-Profound	Preview
Early Childhood Special Education (ECSE): 3-6.11 years	Preview
Early Childhood Special Education (ECSE): Birth-2.11	Preview

6. The evaluation report menu

The evaluation report is separated into twelve areas. Student information, sections 1 to 10 and the signature page.

6.1 Determining if DesignMode or Text Mode is being used for this report

1. You can determine if DesignMode is ON or OFF by looking at the "DesignMode" button. The button will show a green (ON) box if DesignMode is active and a red (OFF) box if DesignMode is inactive.

Important Note: Once you start an evaluation report, you must complete it using the same mode.

6.2 Navigating to different sections of the evaluation report

1. To navigate, simply click on the name of the area you wish to work on.

- Student information: Replicates the first page of the state recommended evaluation report. NOTE: If you entered an evaluation report prior to installing ER Forms, you can view it on this page.
- Sections 1 to 10: This is where you write the bulk of your evaluation report. Each section expands up to 1,000,000 characters or about 100 typed pages (Internet Explorer on the Mac is limited to 32,000 characters or 4-5 typed pages for each section). When the entire evaluation report is printed, all sections (including the student information page, sections 1 through 10 and the signature page) can be printed together as one report (see section 13 for more information about printing the entire evaluation report).
- Signatures page: Replicates the last page of the state recommended evaluation report. Attach this page to your evaluation report.

The screenshot shows the 'SpEd Forms' interface. At the top, there is a navigation bar with 'Home', 'Select Another Student', 'Form Menu', and 'Exit'. The main content area is titled 'Evaluation Report for Some Student' and contains two buttons: 'Finalize ER' and 'Print Preview'. Below these are two columns of section links, each with a small icon and a 'DesignMode' indicator. The sections listed are: Student Information, Section 1: Reason for Referral/Background Information, Section 2: Information and Concerns Reported by Parent(s), Section 3: Educational Evaluation Methods, Section 4: Educationally Relevant Medical Findings, Section 5: Summary of Special Considerations, Section 6: Existing Data, Current Evaluation Results and Integration, Section 7: Eligibility Determination, Section 8: Present Levels of Performance and Special Education Needs, Section 9: Conclusion, and Section 10: Attach final signature page. At the bottom, there is a button labeled 'Choose a New Evaluation Template' and a link to 'View the Online User Guide for ER Forms'.

NOTE: If this student already has a template you can choose a new template by clicking the "Choose a New Evaluation Template" button on the bottom of the menu page. **If you follow through with choosing a new template, your existing template will be overwritten.** See section 7 for additional instructions on how to "Select a Template".

7. Select a template

SpEd Forms contains templates for each major disability area. Your school district may also create custom templates for your use.

7.1 Selecting a new template

1. Navigate to the ER Forms menu.
2. Click on the "Choose a New Evaluation Template" button at the bottom of the ER Forms menu.
3. At the next screen choose the type of template by clicking on the "Local District Template", "SpEd Forms Template", "Blank ER Template" or "Cancel" to go back to the ER Forms menu. Uncheck DesignMode (if available) to choose the original "Text Mode".

The screenshot shows a dialog box titled "SpEd Forms" with the subtitle "Please choose an evaluation report template for some student". It contains three buttons: "Local District Template", "SpEd Forms Template", and "Blank ER Template". Below these is a checkbox labeled "DesignMode" which is checked. A "WARNING:" section states: "If you 'Choose a New Template' the student's existing Evaluation Report will be overwritten." There is a "Cancel" button and a link to "View the Online User Guide for ER Forms". The top right of the window shows "Select Another Student", "Form Menu", "Menu", and "Quit" buttons, and the text "Working with Some Student".

WARNING: If you "Choose a New Template" the student's existing evaluation report will be overwritten.

4. If you "Choose a New Template" you will be redirected to the template server and a list of templates will appear. Click on the "Preview" button next to the template you wish to select.
5. A preview of the template you selected will be shown (the template will be formatted in DesignMode unless your administrator has allowed you to unchecked DesignMode). If this is the template you want to use for your evaluation report click "Select This Template", otherwise click "Select Another Template" to choose another.
6. The template will be automatically entered into the evaluation report and you will be taken to the evaluation report menu.

The screenshot shows a preview of an evaluation report in "DESIGNMODE". The title is "SpEd Forms" with the tagline "Spend less time filling out forms and more time with students." The report is for "Autism Spectrum Disorder (ASD)". It features a sidebar on the left with categories: ORIGINAL, Autism Sp, Select T, Reason fo, Informati, Education, CHLO has, Summary, CHLO's h, indicate, made, C, accomod, Existing I, INTELLEC, ACADEMIC, COMMUNIC. The main content area includes sections for "Reason for Referral: Background Information", "Information and Concerns Reported by Parent(s)", "Educational Evaluation Methods" (listing structured interviews, rating scales, and behavior assessments), "Educationally Relevant Medical Findings" (stating no significant history), and "Summary of Special Considerations" (discussing background and accommodations). At the bottom, it shows "Existing Data. Current Evaluation Results and Interpretation" with sub-sections for "INTELLECTUAL" and "ACADEMIC".

8. The student information page

The student information page replicates the first page of state recommended evaluation report. Demographic information is automatically transferred if it has been entered elsewhere in SpEd Forms.

8.1 Editing the student information page

1. To open the "Student Information" page navigate to the ER Forms menu.
2. Click on the "Student Information" link. The student information page will appear.
3. Edit the demographic information where necessary.
3. Click the "Save" button to save the changes on your SpEd Forms server.

SpEd Forms

Menu Select Another Student Form Menu Exit

Evaluation Report for Some Student

Finalize ER Print Preview

Student Information Edit Design Mode

Student Information
Student: Some Student

Save ER Forms Forward PRINT

Go to

NAME:	Some Student	CSIS ID#:	1234567890
DATE OF BIRTH:	10 / 9 / 1986	CSIS#:	1234567890
GRADE:	Fourth grade	PRIMARY LANGUAGE:	English
PARENTS/GUARDIANS:	Some Parent	TEACHER:	
ADDRESS:	123 Parent Address	CURRENT PROGRAM:	
CITY/STATE/ZIP:	Parent City ST 12345	DISTRICT OF ATTENDANCE:	Brisbane Schools
PHONE NUMBER:	123 555-1234	DISTRICT OF RESIDENCE:	Brisbane Schools
DATE OF REPORT:			

Multi-Disciplinary Team
Title First/Last Name
Parent

**Remember to SAVE often.
We recommend that you
SAVE every 20 minutes.**

*Please see section 14 for more details
concerning saving & exclusive rights.*

9. Sections 1 to 10

The evaluation report is broken into ten sections to help you organize your report and to provide as much space as possible. Each section will hold upwards of 100 printed pages of typed information (using Internet Explorer on the Mac will limit space to 4-5 typed pages for each section). When the entire evaluation report is printed, all sections (including the student information page, sections 1 through 10 and the signature page) can be printed together as one report (see section 13 for more information about printing the entire evaluation report). If you used a template for your evaluation report, your evaluation report will be automatically organized into sections.

9.1 Editing a section using the original Text Mode (DesignMode users see section 9.2)

1. On the ER Forms menu there is a link to each of the ten sections. Click on the section that you wish to work on.
2. You may, if you wish, replace the existing title of that page with your own. When your evaluation report is printed, the title will appear above this section in bold type.
3. Type information for this section in the large text box towards the bottom of the screen. You will be able to type over 1,000,000 characters (using Internet Explorer on the Mac will limit space to 32,000 characters) into each of the large text boxes in each section. When printed, the box will expand automatically to show all you have typed.
NOTE: Be aware of text formatting issues (section 15 of this guide).
4. Click on the "Save" button to save the changes on your SpEd Forms server.
5. The "Back" and "Forward" buttons allow you to navigate to the next and previous sections.

SpEd Forms

Menu | Select Another Student | Form Menu | Out

Evaluation Report for Some Student

Finalize ER | Print Preview

DesignMode

Student Information

Section 1: Reason for Referral/Background Information

Section 2: Educational Evaluation Methods

Section 3: Summary of Special Considerations

Section 4: Information and Concerns Reported by Parent(s)

Section 5: Educationally Relevant Medical Findings

Section 6: Existing Data, Current Evaluation Results and Interpretation

Section 7: Present levels of Performance and

Section 3
Student: Some Student

SpEd Forms Templates: [Tests](#) | [Criteria](#) | Local District Templates: [Tests](#) | [Criteria](#)

Educational Evaluation Methods

Structured interviews with parent(s)

Communication and developmental rating scales

Functional behavior assessment

Informal and standardized evaluation instruments

Intellectual testing

Axiom checklists

Application of diagnostic criteria from the current DSM-IV

abc | Save | Back | ER Forms | Forward | PRINT

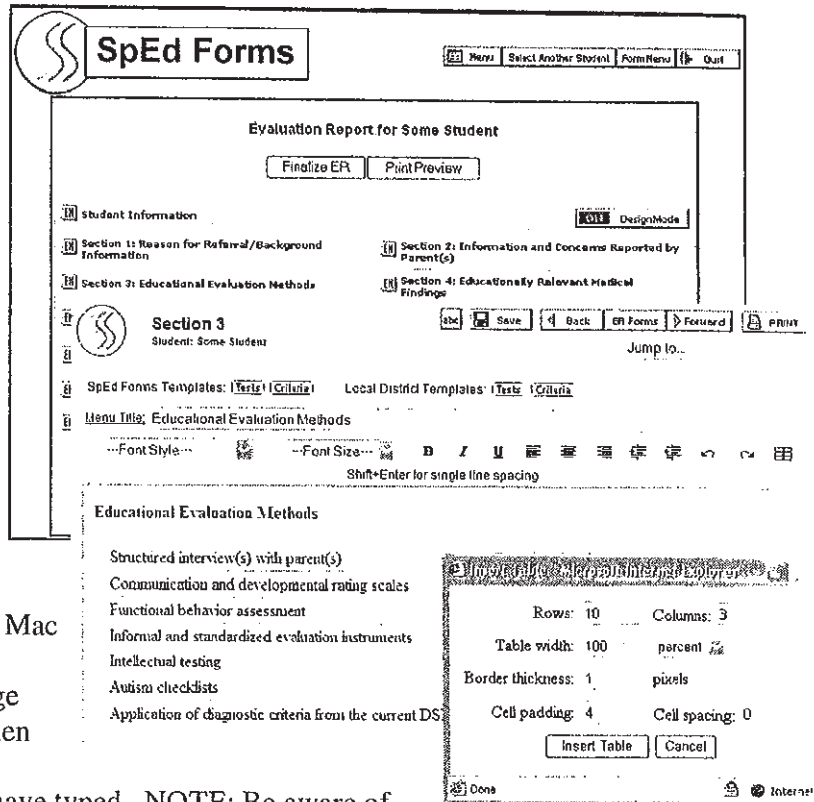
Jump to...

Remember to SAVE often.
We recommend that you
SAVE every 20 minutes.

*Please see section 14 for more details
concerning saving & exclusive rights.*

9.2 Editing a section using DesignMode (see section 9.1 if you're using the original Text Mode)
 Section 5 has more information about DesignMode (including an overview & system requirements).

1. On the ER Forms menu there is a link to each of the ten sections. Click on the section that you wish to work on.
2. Changing the "Menu Title" will only change the title that appears on the menu page. The title of this section is included in the large text box so that you can edit the text with the DesignMode features.
3. Type information for this section in the large text box towards the bottom of the screen. You will be able to type over 1,000,000 characters (using Internet Explorer on the Mac will limit space to 32,000 characters) into each of the large text boxes in each section. When printed, the box will expand automatically to show all you have typed. **NOTE:** Be aware of text formatting issues (section 15 of this guide). Use the following instructions for enhancing text in the DesignMode window of your ER Forms document.



- **Font Style** - highlight any word or combination of words then select a "Font Style" from the list.
 - **Font Size** - highlight any word or combination of words then select a "Font Size" from the list.
 - **Italic** - highlight any word or combination of words then click the "italic" button.
 - **Underline** - highlight any word or combination of words then click the "underline" button.
 - **Align-Left** - with your cursor in a paragraph or table, click to align text to the "left".
 - **Align-Center** - with your cursor in a paragraph or table, click to center align text to the "center".
 - **Align-Right** - with your cursor in a paragraph or table, click to align text to the "right".
 - **Indent** - with your cursor in a paragraph or table, click to increase the "indent".
 - **Outdent** - with your cursor in a paragraph or table, click to decrease the "indent".
 - **Undo** - use this button to "undo" your previous change.
 - **Redo** - use this button to "redo" changes that you have undone using the "undo" button.
 - **Table** - click on the "table" button to insert a table in your document. After clicking the table button a new window will popup allowing you to set conditions for the table (including its size and appearance). **NOTE:** You can use a border thickness of "0" to make the table invisible.
- Single Line Spacing** (windows users only) - using the "enter" key by itself will put a large space between paragraphs. Hold down the "shift" key while you hit "enter" for single line spacing.

4. Click on the "Save" button to save the changes on your SpEd Forms server.
5. The "Back" and "Forward" buttons allow you to navigate to the next and previous sections.

10. Copy a test

ER Forms includes a data bank of more than 100 commonly used educational tests that can be copied into your evaluation report. Your school district or service cooperative can also add tests.

10.1 Select a test from the test templates

To copy a test, first navigate to the section in which you wish the test to appear.

1. You may copy tests from the SpEd Forms test bank or the local district test bank. Click on the "Tests" button.
2. You will be redirected to the template server. Select the category of test you are interested in from the menu and then click on the "View Tests" button.
3. A list of available tests in that category will appear. Click on the "Preview" button next to the test you wish to copy to your evaluation report.

NOTE: If your template is in DesignMode, only tests that are formatted for DesignMode will be shown and if you are using the original Text Mode, tests will be shown that are formatted in this mode.

4. You will be shown a preview of the test that you selected. Click on "Select Another Test" if you want to preview another test or click on the "Select This Test" button to add this test to your evaluation report. A message will appear alerting you that the test has been copied to your page.

SpEd Forms Templates: [Tests](#) [Criteria](#) Local District Templates: [Tests](#) [Criteria](#)

Please select a test category

Achievement

Please select a(n) **Achievement** test

Comprehensive Test of Phonological Processing for Ages 5 and 6 (CTOPP)

Comprehensive Test of Phonological Processing for Ages 7 through 24 (CTOPP)

Kaufman Test of Educational Achievement (KTEA)

KeyMath Revised

Woodcock-Johnson III: Tests of Achievement (Brief)

Woodcock-Johnson III: Tests of Achievement
Evaluator:
Date:

	Standard Score	Perce
Oral Language		
Broad Reading		
Basic Reading Skills		
Reading Comprehension		
Broad Math		
Math Calculation		
Math Reasoning		
Broad Written Language		

Woodcock-Johnson III: Tests of Achievement (Brief)

Evaluator:
Date:

	Standard Score	Percentile
Oral Language		
Broad Reading		
Basic Reading Skills		
Reading Comprehension		
Broad Math		
Math Calculation		
Math Reasoning		
Broad Written Language		

NOTE: If you are using DesignMode, your test will be inserted into the section of your report at the point where your cursor was located. In the original Text Mode the test is automatically copied to the end of the page that you are working on (if you do not see the test, scroll down to the bottom of the text field in the lower half of your screen).

11. Copy criteria

ER Forms includes a data bank of criteria for each disability. Your school district or service cooperative can also add criteria.

11.1 Select criteria from the criteria templates

To copy criteria, first navigate to the section in which you wish the criteria to appear.

1. You may copy criteria from the SpEd Forms criteria bank or the local district criteria bank. Click on the "Criteria" button.
2. You will be redirected to the template server. A list of available criteria will appear. Click on the "Preview" button next to the criteria you wish to copy to your evaluation report.

SpEd Forms Templates: Tests Criteria	Local District Templates: Tests Criteria
Please select criteria	Cancel
Autism Spectrum Disorders (ASD)	Preview
Deaf/Hard of Hearing	Preview
Developmental Adapted Physical Education (DAPE)	Preview
Developmental Cognitive Disability (DCD)	Preview
Early Childhood Special Education (ECSE) 3-6	Preview

NOTE: If your template is in DesignMode, only criteria that is formatted for DesignMode will be shown and if you are using the original Text Mode, criteria will be shown that is formatted in this mode.

3. You will be shown a preview of the criteria that you selected. Click on "Select Another Criteria" if you want to preview other criteria or click on the "Select This Criteria" button to add this criteria to your evaluation report. A

Select This Criteria

Early Childhood Special Education (ECSE) 3-6

Eligibility is established when the child meets the following criteria:

A. Meets disability criteria in one of the other disability categories.

B. Documentation of medical condition or syndrome known to be a developmental delay of 1.5 SD below mean in two or more developmental areas.

C. Supported by systematic observation in routine or special evaluation report.

D. Documentation in evaluation report of corroborative information from:

Developmental history;
 Evaluation procedure conducted on another day;
 Other.

Select Another Criteria

Early Childhood Special Education (ECSE) 3-6

Eligibility is established when the child meets the following criteria:

A. Meets disability criteria in one of the other disability categories.

B. Documentation of medical condition or syndrome known to be a developmental delay of 1.5 SD below mean in two or more developmental areas.

C. Supported by systematic observation in routine or special evaluation report.

D. Documentation in evaluation report of corroborative information from:

Developmental history;
 Evaluation procedure conducted on another day;
 Other.

message will appear alerting you that the criteria has been copied to your page.

NOTE: If you are using DesignMode, your criteria will be inserted into the section of your report at the point where your cursor was located. In the original Text Mode the criteria is automatically copied to the end of the page that you are working on (if you do not see the test, scroll down to the bottom of the text field in the lower half of your screen).

12. The signatures page

The signatures page provides a place where you can keep track of the signatures needed for the evaluation report.

12.1 Editing the signatures page

1. To open the signatures page, navigate to the ER Forms menu. Click on the "Signature Page (Print and Attach)" link.
2. The signatures page will appear. Edit the information where necessary.
3. Click the "Save" button to save your changes on the SpEd Forms server.
4. Attach this page to your evaluation report.



Signatures
Student: Some Student

Save Back ER Forms PRINT
Go to...

Some Student
Student Name

SIGNATURE	TITLE	AGREEMENT WITH CONCLUSIONS YES NO
_____	School District Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Regular Education Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Special Education Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Student (by grade 9 or age 14)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Signatures and indication of agreement with conclusions are required only for SLD evaluations and for an override of any criteria.

This form is available in several languages: English or other formats. Contact the IEP manager for an alternate format.

NOTE: When the entire evaluation report is printed you will have an opportunity to include the signature page (see section 13 for more information about printing the entire evaluation report).

13. Printing the evaluation report

13.1 Printing the whole report

1. Navigate to the ER Forms menu. Click on the "Print Preview" button.
2. A new window will appear with check boxes next to each page.
3. Select the pages you want to print and click on the "Print Selected Pages" button.

The screenshot shows two overlapping windows from the 'SpEd Forms' application. The top window is titled 'SpEd Forms' and contains the text 'Evaluation Report for Some Student' with buttons for 'Finalize ER' and 'Print Preview'. The bottom window is also titled 'SpEd Forms' and contains the text 'Please select the pages you wish to print for Some Student'. It lists various sections of the report with checkboxes: Student Information, Section 1: Reason for Referral/Background Information, Section 2: Information and Concerns Reported by Parent(s), Section 3: Educational Evaluation Methods, Section 4: Educationally Relevant Medical Findings, Section 5: Summary of Special Considerations, Section 6: Existing Data, Current Evaluation Results and Interpretation, Section 7: Eligibility Determination, Section 8: Present levels of Performance and Special Education Needs, Section 9: Conclusion, and Section 10: Attach final signature page. There is also a 'Signature Page (Print and Attach)' checkbox. At the bottom of the dialog are buttons for 'Print Selected Pages', 'Draft', and 'Final'.

13.2 My ER prints off the page!

1. If your ER goes off the side of the page when you print or it is very wide when viewed in the "Print Preview" window, you may have extraneous characters or spaces in your document.
2. Select "Edit" and click on "Select All". This will highlight all of the text in your document.
3. Scroll down until you find a highlighted area that goes all the way across the page, then take note of what section it is in and close the "Print Preview" window (you cannot make edit changes in the "Print Preview" window).
4. Open the appropriate section, replace whole lines with carriage returns and make any other pertinent corrections.
Hint: You can click anywhere in the text box and use the "Select All" feature to highlight all of the text.
5. "Save" this section and open "Print Preview" again as described in section 13.1 (Repeat these steps if you need to make additional corrections).

The screenshot shows a web browser window displaying the SpEd Forms application. The browser's address bar shows 'https://spedforms.org/efoms/erPrint_csbra_er2.asp'. The page header includes 'Brisbane Schools' and the address '101 Brisbane Lane, Brisbane CA 90123'. Below the header is a form with fields for: NAME (Some Student), DATE OF BIRTH (10/2/1996), GRADE (Fourth grade), PARENTS/GUARDIANS (Some Parent), ADDRESS (123 Parent Address), CITY/STATE/ZIP (Parent City, ST 12345), PHONE NUMBER, and DATE OF REFERRAL. To the right of these fields are labels for CSISID#, CSIS#, PRIMARY LEAD/IGU#, TEACHER, CURRENT PROGRAM, and DISTRICT OF ATTENDANCE. Below the form is a navigation bar with buttons for 'Save', 'Back', 'ER Forms', and 'Forward'. The main content area shows 'Section 1: Reason for Referral/Background Information' with a large text area containing a large block of redacted text.

14. Saving and "exclusive edit access"

NOTE: Issues concerning "exclusive edit access" and with "saving" the evaluation report are a couple of the most common questions regarding ER Forms. Understanding how these things work could one day save your data or a co-worker's data from being lost or overwritten.

14.1 Saving and "exclusive edit access"

When you navigate to a page of the ER you are given "exclusive edit access" to that page for one hour (provided that nobody else has already begun working on the same page). As long as you continue to "Save" the page at regular intervals within that hour (we recommend saving every 20 minutes), your "exclusive edit access" will be retained and you can work on that particular page as long as you want.

A co-worker can be working on another section of the same student's evaluation report, but if they navigate to the same section that you have "exclusive rights" to, before the page is shown, your co-worker will get a popup message stating that: **[Your Name] (last login: date/time/phone) is already working on this page for [Student]. The save button has been disabled.**

That section will then be shown in read only format (no changes can be made) and if your co-worker does hit the "Save", an additional popup warning will be displayed with the same basic information.

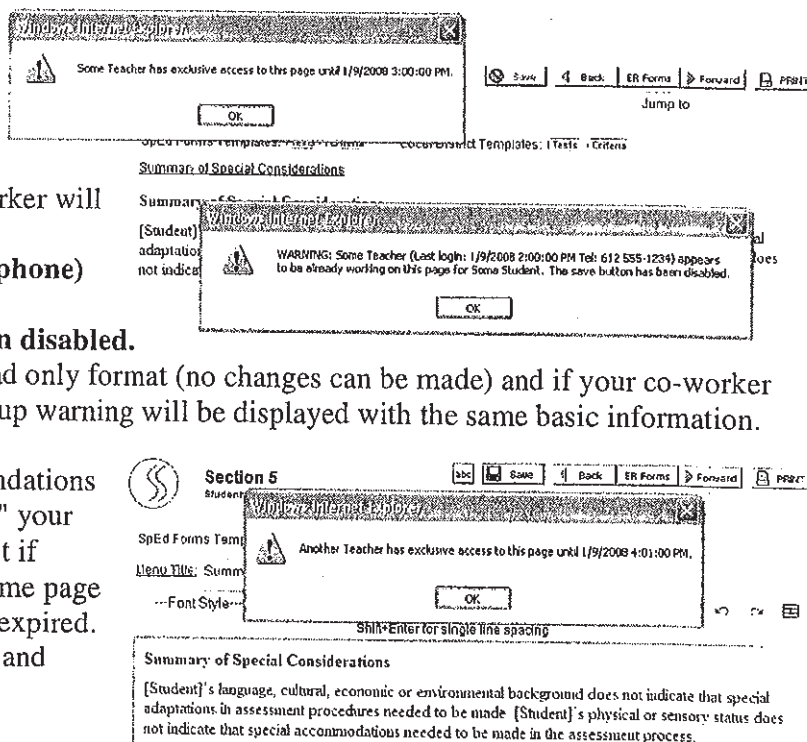
NOTE: If you ignore basic recommendations and wait longer than an hour to "Save" your work, all of your changes could be lost if another user begins working on the same page after your "exclusive edit access" has expired. Pay attention to warnings/precautions and please study the following examples.

Example 1

Sally opens section 5 of Johnny's ER at 2:00pm. She has "exclusive edit access" in section 5 until 3:00pm. Sally "Saves" her work each time she completes a paragraph and/or completes a few lines of data (her "exclusive edit access" is then extended for another hour each time). Meanwhile, Kim saves the section she was working on and opens section 5 at 3:01pm. Kim is warned that Sally is working on the page and is unable to make changes. Kim moves on to other sections until Sally is finished.

Example 2

Sally opens section 5 of Johnny's ER at 2:00pm. She has "exclusive edit access" in section 5 until 3:00pm. Sally concentrates and continues to work without "saving". Meanwhile, Kim saves the section she was working on and opens section 5 at 3:01pm. Sally's edit access has expired so Kim can access the page, unaware that Sally is also working on section 5. Kim then has "exclusive edit access" to section 5 until 4:01pm. At 3:30pm, Sally finishes her work in section 5 and clicks the "Save" button. Since Kim now has "exclusive edit access" to section 5, Sally will get a popup warning stating that: Kim has access to this page until 4:01pm. After clicking "OK" the information on Sally's page will revert back to what has been previously saved in the database (all of her work, since 2pm, will be lost).



15. Text formatting issues

Keep in mind that while you type and layout text in the text boxes provided to make your evaluation report, even with the robust features of "DesignMode", this is by no means a full fledged "Word Processor". There are also specific text formatting issues that come into play when you cut/copy and paste text from another "Word Processor".

15.1 Lining up text or information in a table

1. While using the original Text Mode editing features of ER Forms, please use the spacebar to line up text or information in a table. DesignMode users can insert tables to organize blocks of text. The "Tab" key is used (by the web browser) to move between text fields and you will not be able to type a "Tab" into any text field on a web browser.

15.2 "Cut/Copy & Pasting" text from another program into the DesignMode window

1. If you "Cut/Copy & Paste" text from another program that has "Tabs" formatted into the text, they will be converted to spaces in the DesignMode window. It might be more desirable to create a table in ER Forms and copy the elements to this table.

15.3 "Cut/Copy & Pasting" text from another program into the original Text Mode window

1. If you "Cut/Copy & Paste" text from another program that has "Tabs" formatted into the text, they will show up on the screen but will not print. You can tell if there are "Tabs" in your text by placing your cursor in a line of text and using the arrow keys on your keyboard to move back and forth. If the cursor jumps a long distance with one move of the arrow key, you may have "Tab" characters in your document. Delete any "Tabs" and use the spacebar to line up the columns.

Section 3
Student: Some Student

Go to: [Save] [Back] ER Forms [Forward] [Print]

SpEd Forms Templates: [Text] [Criteria] Local District Templates: [Text] [Criteria]

Educational Evaluation Methods

Table with TABS cut & pasted from WORD:

one	two	three	four	five
six	seven	eight	nine	ten

Brisbane Schools
101 Brisbane Lane
Brisbane CA 90123

EVALUATION REPORT

Educational Evaluation Methods

The same table when printed
one two three four five
six seven eight nine ten

NOTE: If your document looks fine on screen but the columns are not lined up when you print, there are probably "Tab" characters in your document.

2. Fonts are converted to "Courier" (a fixed-width font) when pasted into the SpEd Forms evaluation report. This is intentional, so that every character remains the same width (an "i" will take up the same space as an "m").
3. Occasionally your web browser may not translate special characters correctly when "Pasted" from specific operating systems or specific programs. Smart quotes ("") or (‘’) may cause unexpected behavior in some situations. Try changing them to straight quotes (") or (').

16. Getting started in LEA Billing Forms

PLEASE NOTE: Before you start using LEA Billing Forms you must ensure your computer is setup correctly. Please see "Configuring your computer" (section 1.1 of this guide).

16.1 Accessing LEA Billing Forms

1. Navigate to the "Forms Menu" for the student you wish to work on.
2. Under "Modules" (toward the bottom of the page), click on "LEA Billing Forms".
3. The LEA Billing Forms menu will then appear.

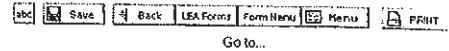
16.2 Student billing setup

1. Navigate to the LEA Billing Forms menu.
2. Click on "Student Billing Setup".
3. Fill in as much of the billing information as you can for this student.

NOTE: Fields shown in red are important for third party billing. You can continue to use LEA Billing Forms if some of this information is missing but the LEA Billing billing administrator cannot bill for services until all of the required information has been completed.

4. Click on the "Save" button to save your changes and navigate back to the LEA Billing Forms menu by clicking on the "Form Menu" button.

17. Entering billing information



17.1 Working with activity logs

1. From the "LEA Billing Forms" menu, click on "Activity Logs".

NOTE: The activity log menu shows no more than 12 logs by default. You can change this number and then hit "Enter" but it will default back to 12 when you quit and login to SpEd Forms again.

17.1.1 Create a new activity log

1. From the "LEA Billing Forms" menu, click on "Activity Logs".
2. On the activity log menu, click on the "New Activity Log" button.
3. You are then taken to a new IEP/IFSP services activity log sheet.
4. Select the "Provider", "Type of Service provided" and then click on the "Add Activity" button.
5. Change the "Date of Service" to the actual date the service was provided, fill in the time spent, the number of children that were in the group. When the "Not Billable" box is checked, that service will not show up on the LEA Billing Administrator's list of (reimbursable) services.
6. Under "Services Description", select a service modifier from the drop down list and then type in a description or choose one from the descriptions drop down list.

NOTE: You can duplicate any number of activity lines by typing in a number in the "Duplicate for (number of days)" box and clicking on the "Duplicate" button (if this box is left blank only one log will be duplicated). You can delete activity lines, at any time before they are billed, by clicking on the "Delete" button next to the log you want to delete.

7. Fill in your name and title or the name and title of the person fulfilling this service.
8. Click on "Save" when you are finished and this log will show up on the activity logs menu.

NOTE: Use the "Finalize" button at the top of the page to render the log as finalized or completed. Some districts take this into account when they are building a batch of (only) "Completed" claims. If you need to make changes to the finalized log click on the "Reactivate log" button to reactivate it.

17.1.2 View/Delete existing activity logs

1. Navigate to the "Activity Logs" menu (section 17.1).
2. Click on "View" next to the log you want to view.
3. Click on "Delete" next to the log you want to delete.

17.1.3 Duplicate existing activity logs

1. Navigate to the "Activity Logs" menu (section 17.1).
2. Click on "Duplicate" button next to the log you want to duplicate.
3. A duplicate log will appear with today's date as the "Log Date". Make changes as needed.

Finalize

Student's Name: <u>Some Student</u>		Log Date: 19 / 20 / 2008	
Date of Birth: 10 / 19 / 1996		Provider: Teacher, Some	
Serving District: Brisbane Schools		Type of Service Provided: Physical Therapy Assessment, Amended	
School: Brisbane Elementary			

Date of Service	Time Spent Providing Service	Number of Children In Group	Services Description
19 / 21 / 2008	10 minutes	1	Amended Physical Therapy Assessment Range of motion and muscle strengthening exercises

Not billable
 Duplicate for number of days:

Signature: _____ Service Provider Supervisor (if applicable)

Name: Brisbane Elementary Title: Special Education Supervisor

Billing Information
 C SIS ID: 1234567890 Medi-Cal: 1234567890 1234
 Address: 123 Parent Address, Parent City, ST 12345

Activity Logs for 1234567890: Some Student

Showing 12 Activity Logs

Log Date	Type of Service	View	Duplicate	Delete
12/31/2008	Physical Therapy Assessment - Amended	<input type="button" value="View"/>	<input type="button" value="Duplicate"/>	<input type="button" value="Delete"/>
11/28/2008	Physical Therapy Assessment - Amended	<input type="button" value="View"/>	<input type="button" value="Duplicate"/>	<input type="button" value="Delete"/>
10/31/2008	Physical Therapy Assessment - Amended	<input type="button" value="View"/>	<input type="button" value="Duplicate"/>	<input type="button" value="Delete"/>
09/30/2008	Physical Therapy Assessment - Amended	<input type="button" value="View"/>	<input type="button" value="Duplicate"/>	<input type="button" value="Delete"/>

17.2 Working with trip logs

1. From the "LEA Billing Forms" menu, click on "Trip Logs".

NOTE: The trip log menu shows no more than 12 logs by default. You can change this number and then hit "Enter" but it will default back to 12 when you quit and login to SpEd Forms again.

17.2.1 Create a new trip log

1. From the "LEA Billing Forms" menu, click on "Trip Logs".
2. On the trip log menu, click on the "New Trip Log" button.
3. You are then taken to a new IEP/IFSP services trip log sheet.
4. Select the "Type of Service provided" and then click on the "Add Trip" button.
5. Change the "Date of Service" to the actual date the service was provided and in the "Miles from pick-up to drop-off", indicate the number of miles for each trip.

NOTE: You can duplicate any number of trip lines by typing in a number in the "Duplicate for (number of days)" box and clicking on the "Duplicate" button (if this box is left blank only one log will be duplicated). To duplicate one log, click the "+" button next to the log you want to duplicate or you can delete any of the trip lines, at any time before they are billed, by clicking the "-" button next to the log you want to delete.

6. Select a service modifier from the drop down list.
7. Fill in your name or the name of the person responsible for completing this service.
8. Click on "Save" when you are finished and this log will show up on the trip logs menu.

17.2.2 View/Delete existing trip logs

1. Navigate to the "Trip Logs" menu (section 17.2).
2. Click on "View" next to the log you want to view.
3. Click on "Delete" next to the log you want to delete.

IEP/IFSP Services
Trip Log

File Save Back LEA Forms Form New Menu Print
Go to...

Finalize

Student's Name: <u>Some Student</u>		Log Date: 9/30/2008	
Date of Birth: 10/9/1986		Type of Service Provided: Medical Transportation, per one way trip	
Serving District: Brisbane Schools		School: Brisbane Elementary	

Mark as Not Billable	Date of Service	Units of Service		Mark as Not Billable	Date of Service	Units of Service	
		Miles from pick-up (home) to drop-off (school)	Miles from pick-up (school) to drop-off (home)			Miles from pick-up (home) to drop-off (school)	Miles from pick-up (school) to drop-off (home)
<input type="checkbox"/>	9/1/2008	5	5	<input type="checkbox"/>	9/2/2008	0	5
<input type="checkbox"/>	9/3/2008	5	5	<input type="checkbox"/>	9/4/2008	5	5
<input type="checkbox"/>	9/5/2008	5	5	<input type="checkbox"/>	9/6/2008	5	5

Medical Transportation, per one way trip Duplicate for (number of days): Duplicate

Add Trip

Signature: _____
Driver or designated school staff person responsible for documenting mileage:
Typed/Printed Name: Brisbane Elementary

Trip Logs for 1234567890:Some Student

New Trip Log

Showing 12 Trip Logs.

Log Date	Type of Service	View	Delete
12/31/2008	Medical Transportation, per one way trip	View	Delete
11/28/2008	Medical Transportation, per one way trip	View	Delete
10/31/2008	Medical Transportation, per one way trip	View	Delete
9/30/2008	Medical Transportation, per one way trip	View	Delete

17.3 Entering form information

1. Navigate to the LEA Billing Forms menu.
2. Click on the form that you want to work on or print.
3. Enter the necessary data.
4. Click "Save" so that your changes are saved to the server.



LEA Billing Forms
Annual Physician Release

LEA Forms | Form Menu | Menu | PRINT
Go to:

Student's Name: Some Student
Date of Birth: 10/9/1996
CSIS ID#: 1234567890

Physician Release

If my child gets certain health related services at school, the district needs to give information to my child's doctor or clinic to get a medical order. This information includes my child's name, date of birth and the type(s) of health related service that he or she gets during school hours. The release to share information with my child's doctor or clinic starts on _____ and is good for one year or can be stopped in writing sooner

Dr./Clinic Name: _____ Address: _____

My signature below lets the District release information to my child's doctor or clinic to get an order.

Parent/Legal Representative Signature: _____ Date: _____

18. Frequently Asked Questions

18.1 General questions

1. Am I automatically disconnected from SpEd Forms after a certain period of time?

SpEd Forms will persist your connection for up to 24 hours. However, we recommend that you save your work at least every 20 minutes, especially when working on a dial-up internet connection.

2. A message appears saying that the "Page cannot be displayed". What's wrong?

This is a general message displayed by Internet Explorer when your computer cannot connect to the server.

1. Check your internet connection. If your internet connection has been disconnected, this message will be displayed.
2. Check to make sure you have correctly followed the Setup procedures outlined on Section 1.1 of the User Guide. *(This message may be an indication that your page caching setting is incorrect.)*
3. If you continue to get this message please contact your SpEd Forms Administrator.

3. How do I make a backup of my student information?

Your student information is stored on your school district's SpEd Forms server. Your SpEd Forms server administrator should make a daily backup of the data stored on your SpEd Forms server.

4. I'm using Mac OS X, what browser works best with the features of SpEd Forms? (Mac Only)

We recommend using Firefox2. If you are using Opera, it works fine. For a comparison of how some of the more common Mac web browsers work with the features of SpEd Forms, refer to our Mac Test Results page at: http://www.spedforms.com/support/mac_test_results.htm

5. Two students appear to have their information mixed up. How did this happen?

SpEd Forms remembers which student you are working on. The behavior described can occur for two reasons:

1. If somebody else logs into SpEd Forms using your user name and password, then SpEd Forms may confuse the student you are working on with the student the other person is working on. Never share your user name and password.
2. If you work on two computers and do not "Quit" SpEd Forms before moving to the second computer, SpEd Forms may confuse the students you are working on. Always "Quit" SpEd Forms before moving to a new machine.

6. **Erroneous information is automatically entered into my forms. How do I turn off "Autofill"?**
When "Autofill" is turned on, the computer tries to automatically fill out forms. This can cause strange things to happen.

PC Users (*Internet Explorer*)

1. Select "Internet Options" from the "Tools" menu.
2. Click the "Content" tab then click on the "Autocomplete" button.
3. Uncheck "Forms" and "User names and passwords on forms".
4. In the "General" tab, click on "Delete..." (browsing history) and "Delete forms/passwords".

Mac Users (*Firefox2*)

1. Select "Preferences..." from the "Firefox" menu.
2. Choose the "Privacy" tab and uncheck "Remember what I enter in forms and the...".
3. Choose the "Security" tab and uncheck "Remember passwords for sites".
4. Click on "Show Passwords..." then click on the "Remove All" button.

Mac Users (*Opera*)

1. Select "Preferences..." from the "Opera" menu.
2. Choose the "Wand" tab and uncheck "Let the Wand remember passwords".
3. Clear out any (auto-complete) data then click on "Passwords" and delete all wand logins.

7. **When I'm using ER Forms a message appears stating: "This page contains both secure and nonsecure items. Do you want to display the nonsecure items?" (PC Only)**

This message may appear if you have not completed the new setup instructions for DesignMode. The following instructions will also appear in section 1.1.1 of the SpEd Forms user guide.

1. Open Internet Explorer and select "Internet Options" from the "Tools" menu.
2. Select the "Security" tab and click on the "Custom Level..." button.
3. In the "Miscellaneous" section - enable "Display Mixed Content" (When you click "OK" you will be asked if you want to change the security settings. This is to prevent the warning box from being displayed in "Design Mode", it has nothing to do with the security of your computer).

8. **A "debugging" window keeps coming up. Is this an error with SpEd Forms? (PC Only)**

You can Disable Script Debugging in Internet Explorer's setup options.

1. Select "Internet Options" from the "Tools" menu and choose the "Advanced" tab.
2. In the "Browsing" section put a check in both "Disable Script Debugging" boxes.

18.2 Working with student information

9. I cannot add a new student, I get a message saying the student already exists!

The Student ID number is used extensively throughout SpEd Forms. A student cannot be added if the Student ID you are using for the new student already exists. There are several reasons why a student may already exist in the system.

1. This student may already have been added by another IEP Manager.
2. This student is inactive. Activate the student.
3. Students that had been deleted by an IEP Manager prior to 1/1/06 will still be in the system and need to be reassigned by the Administrator.

NOTE: Contact your SpEd Forms administrator, they can search for the Student ID number you are using and determine if the student already exists in the system.

10. A student does not show up in my list. I'm sure they are assigned to me. Where are they?

Solution 1: The student may not be assigned to the same school district as the teacher.

To show the student: Click on the "Work with students" button. In the drop down box above the list of students select "Students served by all districts".

NOTE: To facilitate better organization of students for teachers working in multiple districts, students are now organized by school district in the teacher student list.

Solution 2: The student evaluation status is not a current special education evaluation status.

To show the student: Click on the "Work with students" button. A list of active students will appear. Put a check in the "Show inactive/exited students" checkbox.

NOTE: If the student does not show up automatically in the teacher list, the student does not have a current Evaluation Status. The teacher should correct this issue by changing the evaluation status for the student to a current evaluation status. SpEd Forms now keeps a history of all evaluation status changes for future reference.

11. Can I change a Student ID on my own, or should I call my SpEd Forms administrator?

If you are the Case Manager for this student or have been given Edit Access you can change the student number. If you navigate to the "Work with students" list you can edit their number if the button states "Work on this Record" but not if it states "View this Record". To change the number:

1. From the "Work with students" list click on "Work on this Record" for the intended student.
2. On the "Forms Menu" click on the "Edit Setup" button.
3. Next to the Student ID click the "Edit" link.
4. Change the number, as needed, and click "Save".

NOTE: If you would prefer, you can contact your SpEd Forms administrator and they can do it for you as well.

12. How do I change the IEP manager for a student?

The current IEP Manager is able to reassign the student to a new IEP Manager.

1. Navigate to the student's "Forms Menu", click on "Student Sharing" and then the "Send this student to a new case manager" button.
2. Select the new IEP Manager from the drop down list and click "Send" (put a check in the "Reset current student sharing" checkbox if you no longer need access to this student, if you leave it unchecked you will continue to have edit access to this student).

NOTE: If you are sending this student to a remote manager (not on the same server), fill in the information on the bottom of this page, click on the "Create Fax" button and fax it to the new IEP Manager.

13. When I enter information in a form, then come back later, it is gone. What happened?

The changes you have made to one of your forms could be lost for any of the following reasons:

1. You may not have clicked the "Save" button after you had finished entering information. After you have finished making changes to ANY page, you must click the "Save" button to save your changes to the SpEd Forms server.
2. If somebody else logs into SpEd Forms using your user name and password, then SpEd Forms may confuse the student you are working on with the student the other person is working on. Never share your user name and password.
3. If you work on two computers and do not "Quit" SpEd Forms before moving to the second computer, SpEd Forms may confuse the students you are working on. Always quit SpEd Forms with the "Quit" button on the navigation bar before moving to a new machine.

14. Why does the Spell Check find numbers and then only lets me ignore them one by one?

If the Spell Check only allows you to "Ignore Once" and/or the errors are shown in bold green text the Spell Check is checking for grammar. You can uncheck the "Check grammar" checkbox.

15. Sometimes I enter a date and it does not save. Why not?

If you do not enter a valid date your date will not be saved. The date format is MM/DD/YYYY. If you enter any non-numeric characters in a date field it also will not be saved.

16. Why are some names on my caseload not showing up on the Combined Report?

It may be because not all the proper fields are completed. In order for a record to appear on this report, you must have both a team meeting date and a primary disability entered into the system.

17. How do I exit a student from my caseload?

Only those with edit access to the student can exit them from special education. To exit a student:

1. From the "Work with students" list click on "Work on this Record" for the intended student.
2. On the "Forms Menu" click on the "Edit Setup" button.
3. Next to "Evaluation Status", select code 2, 5 or 7 and/or for the "Status End (Exit Reason)", select a code prefaced by the word "EXIT".
4. Enter any other pertinent information and click "Save".

NOTE: Once a student is exited they will no longer be listed on the teacher's list. Contact the SpEd Forms administrator to reassign a student that has been exited.

18. Can the IEP be "archived" so that you can keep last year's IEP and make a new one too?

Teachers can click on the "Validate" button on the IEP menu, make any necessary changes and then click on the "Finalize" button. A History will then be made of all IEP pages. From the Forms Menu, click on the "History" tab to view any history pages that have been made for that student.

19. How do I change the goals from last year to make them current for this year?

Simply delete the old goals and then enter the new information for this year.

20. How do I re-number Goals?

On each goal page you are able to type a new number in the Goal Number box. After you change the number click "Save" and the goals will be reordered.

21. Some tips for entering information into ER Forms:

The default print margins for SpEd Forms are 0.5 inch. This is because most of the state due process forms do not fit on a page with large margins. You can change the print margins by selecting Page Setup from the File Menu. If you do change the print margins for the Evaluation Report, don't forget to change them back when you print an IEP.

If you paste text in from another document or Word Processing program make sure all of the special formatting has been omitted. Most of these Word Processing programs can save the document in "plain text" format or you can use a simple program like Notepad (PC) or TextEdit (Mac, under "Format" select "Make Plain Text"). Use the tips listed below to add formatting back into the document.

DesignMode

1. Type up whole paragraphs of text and then go back and highlight the areas you want to enhance (bold, italic, underline), otherwise it can become difficult to stop or undo these specific enhancements as you type. The alignment or indent buttons effect the whole paragraph where the cursor is located (not limited to the highlighted text).
2. When adding tables from scratch, put some thought into how many rows and columns you will need (you cannot alter the table after it has been created). In most browsers you can click on the outer perimeter of the table and then hit the delete button to delete it.
3. Tests and/or Criteria are imported at the point where the cursor is located (not at the bottom of the page as in Text Mode).

Original Text Mode

1. Use spaces rather than tabs to create columns within the report. Tabs are used to navigate between fields and cannot be typed into a report. We have used a special fixed-width font to make spaces hold so teachers can print in columns. If you are not sure how to create columns using spaces take a look at one of the test templates available in SpEd Forms. These test templates include columns and tables created using spaces rather than tabs.

When working with spaces:

- Use the Enter or Return key to move to another line. Do not use the space bar to advance to the next line because the browser will treat the group of spaces as one character and force the right margin off the page when you print.
- Before you add more spaces to a line, make sure there are not existing spaces on this line. You can check this by using the arrow key to move right or by clicking to the right of the existing text (if the cursor jumps to where you click, spaces exist there).
- If you choose a SpEd Forms template, click the mouse into the predefined spaces to enter measures.

18.3 Printing from SpEd Forms

22. Can I print more than one page at a time?

Using SpEd Forms, you may print the entire IEP, IFSP, IIP and ER by clicking on the "Print..." button toward the top of each of these menus (some Mac OS X browsers do not support this feature). Additional Forms can be printed one page at a time.

23. I clicked the "Print" button, but nothing happens. What did I do wrong?

Only one print window will open at a time. It's likely your print window is already open in the background and the new print preview has loaded into it. If you are on a PC, click ALT-TAB to cycle through the open browser windows until you find it. If you are on a Mac, select the print window from the "Window" menu.

24. (Mac OS Only) When I print, only the navigation buttons print. Where's my form?

Make sure you click on the SpEd Forms print button (in the SpEd Forms navigation bar) and then print from the print preview window. If you select File>>Print without going to the print preview screen, only the heading will print.

25. When I print, the web page address and other information prints. How do I prevent that from printing?

Your browser should be setup to not print headers or footers. You'll find this setting in your page setup or print setup window. Please refer to the "Printing Setup" found on Section 1.1 of the User Guide.

26. I seem to be only able to print the first goal/transition page. I am able to print the other goal pages when I first create them but not when I go back.

The problem you are experiencing is probably related to the cache setup of your browser. Please refer to the Setup procedures found on Section 1.1 of the User Guide.

27. Can the print size be made larger?

Yes. To make the printed font larger navigate to "Your Setup" and click on "Profile". Select the desired size from the "Print Font Size" drop down box. Click "Save" to save your changes.

19. Where do I go for support?

Step 1: Consult the SpEd Forms user guide

Before requesting support please review the SpEd Forms User Guide. Most support questions are from users who have not completed the computer configuration (refer to Section 1.1 of the User Guide). Answers to most other questions asked by teachers can be found in Frequently Asked Questions (refer to Section 18 of the User Guide).

Step 2: Contact your SpEd Forms administrator

Your SpEd Forms Administrator is the person responsible for administering SpEd Forms for your school district. This person will be able to answer most questions about the program. Your designated SpEd Forms Administrator qualifies for technical support from SpEd Forms.

Note: Be sure to give your SpEd Forms Administrator clear and concise information. The better information you provide, the more likely your problem will be solved in a timely manner.

Step 3: Contact a coordinator or special education director

If the SpEd Forms Administrator is unavailable, please contact your special education coordinator or special education director. These people also qualify for technical support from SpEd Forms.

Note: SpEd Forms Inc. ONLY provides technical support to designated SpEd Forms Administrators, Special Education Coordinators and Special Education Directors. Your school district or organizational unit may have its own procedures. For example, most service cooperatives require questions to be directed to the SpEd Forms Administrator.

If your district or organizational unit does not have a designated SpEd Forms Administrator, please contact your Special Education Director. Your Special Education Director can contact SpEd Forms to designate a SpEd Forms Administrator. Your SpEd Forms Administrator does not need special training but should be accessible to teachers. Their role is to answer common questions and verify issues before contacting SpEd Forms technical support.