

RIVERSIDE COUNTY SELPA  
INDIVIDUALIZED EDUCATION PROGRAM

The use and distribution of this form is limited to employees of public school agencies within the Riverside County Special Education Local Plan Area (SELPA)

Last Name [redacted] First Name [redacted] IEP Meeting Date: 05/01/2013  
Last Annual IEP: 05/01/2013 Next Annual IEP: 05/01/2014 Original Special Ed Entry Date: 05/01/2013  
Last Eval: 05/01/2013 Next Eval: 05/01/2016 Initiation of this IEP Date: 05/03/2013

PURPOSE OF MEETING:

- Initial  Annual  Triennial  Transition Planning  Manifestation Determination
- Interim  Possible Change of Placement/Services  Amendment  Other

Birthdate: [redacted] Age: 2 Gender: Male Grade: 17 Preschool Migrant:  Yes  No

Native Language: 00 English EL:  Yes  No  Reclassified  
Interpreter:  Yes  No Translation Requested:  Yes  No

Student ID: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
SSID#: \_\_\_\_\_

RESIDENCY: 10 Parent or Legal guardian

Educational Rights Held By: Parent/Guardian/Conservator

Parent/Guardian: [redacted]  
Home Address: [redacted]  
City/State/Zip: [redacted]

Home Phone: [redacted]  
Work Phone: \_\_\_\_\_  
Cell Phone: [redacted]  
Email: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  or Student Address (if different than above)  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ CA \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

District of Residence: [redacted] Residence School: [redacted]  
Ethnicity:  500 Hispanic  501 Non Hispanic  900 Intentionally Blank  
Race: (Enter Code; must select one or more, regardless of Ethnicity): 1. 700 White 2. \_\_\_\_\_ 3. \_\_\_\_\_

INDICATE DISABILITY/IES

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

Primary 270 Orthopedic Impairment (OI) \* Secondary 200 None \* Low Incidence Disability

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

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) *Paul was not using scissors correctly and was unable to stabilize his paper which impacts his ability to participate in preschool classroom activities.*

FOR INITIAL PLACEMENTS ONLY

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?  Yes  No

Date of Initial Referral for Special Education Services 03/27/2013  
Person Initiating the Referral for Special Education service 10 Parent  
Date assessment plan was provided to parent: 05/17/2013  
Date District Received Parent Consent: 05/17/2013  
Date of Initial Meeting to Determine Eligibility 05/01/2013

**RIVERSIDE COUNTY SELPA  
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

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Name                     

Birthdate                     

IEP Date: 5/1/2013

**Strengths/Preferences/Interests** *His language and his memory are areas of strengths. He likes anything pertaining to firefighting and trucks. He knows complex details pertaining to fire trucks. He loves books and has good imaginary play skills.*

**Concerns of parent relevant to educational progress** *Mom feels gross motor skills are delayed and at times she feels they impact his ability to participate with the group.*

ASSESSMENT	ASSESSMENT DATE	RESULTS OF ASSESSMENT					
		Advanced	Proficient	Basic	Below Basic	Far Below Basic	N/A
CST	English/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mathematics/Algebra1/Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMA	English/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mathematics/Algebra1/Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Algebra 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Life Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPA CELDT	Level	English Language Arts		Mathematics		Science	
		Listening	Speaking	Reading	Writing	Overall Score	
<b>Other Assessment Data</b> (e.g. curriculum assessment, other district assessment, etc.)							
Hearing Vision	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Other/comments						
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Other/comments						

Progress on each Prior Goal from IEP dated: \_\_\_\_\_

GOAL #	ANNUAL GOAL AREA	PROGRESS TOWARD MEETING ANNUAL GOAL		
		Met	Partially Met	Not Met
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If goal is not met and discontinued please explain WHY:

**Developmental/Academic/Functional Skills: (Including classroom performance in all academic areas)****Reading:**

Paul was observed to receptively identify his eyes, nose, mouth, hair, feet, ears, tongue, head, legs, arms, fingers, teeth, toes, neck and back. He did not correctly receptively identify his thumbs, stomach, chest and knees. Paul expressively identified his nose, eyes, ears, arms, feet, hands, teeth, hair, and arms. When presented with a book, Paul turned the book right side up and opened the book in the center. He turned paper pages several at a time and inconsistently used his left hand to stabilize the book. While looking at the pictures, Paul was able to point to and a label various items on the page. He could describe the pictures using action words like spilling, running, jumping. At this time, he does not identify the front cover nor can he identify a word on the page. When asked to recite the alphabet, Paul repeated the letter A a few times and then continued with the tune for a few seconds. Parent reports that he typically sings the alphabet while his mother is singing.

**Writing:**

OT: Paul uses a right handed 3 finger grasp on a crayon. He was able to copy a vertical or horizontal line with light pressure. He attempted to copy a circle but it was only a circular motion/scribble on the paper.

**Math:**

Paul was observed to match the colors red, green, yellow, blue, orange, purple, pink, black, brown and white. He expressively labeled the color red as pink and brown as chocolate. He expressively labeled the color pink. He matched the shapes circle, square, triangle, rectangle, oval, octagon, and star. He receptively identified square, star, and heart. Paul demonstrated understanding of the concepts big, little, cold, hot, close, open, back, in, out, top, up and down without difficulty. He also understood the concepts one, all, and one more. While counting, Paul would typically state 1-3-4-5-6. He was observed to count 1-2-5-8 and 2-3-5. He does not yet count with one to one correspondence.

**Communication Development:**

Paul is a verbal communicator who currently uses complete sentences to communicate. Parent reports that she understands 100% of his speech. The school psychologist understood 90 to 95% of his speech. Paul obtained a verbal cluster score of 103 on the DAS-II and was in the average range.

**Gross/Fine Motor Development**

5/1/2013 APE: Paul was assessed by the APE teacher to determine gross motor abilities. His left side is affected by CP so he prefers his right side for motor activities. Paul can stand on his right foot momentarily and can walk several steps on a balance beam. He can walk sideways and backwards. He can walk up stairs holding onto a rail but when he came down he went too fast and fell. He is able to run, jump down a step and jump off the floor 1 time. He is not able to hop with assistance. He can throw a playground ball randomly and roll a ball back and forth while sitting on the floor. He is not able to catch a bounced ball. He can push a ball with his foot in an attempt to kick.

Gross Motor (PT) 5/2013- Paul can squat to play and tall kneel. He can stand on right foot for 4 seconds but does not stand on left. He can jump on mini trampoline and "get air". He is independent in transfers from standing to chairs. He was able to ascend stairs reciprocally with or without a rail. He descends leading with the right with or without a rail. He transitions from the floor to stand through 1/2 kneel on the left. He climbed toddler/preschool playground structure independently and the kinergartner playground structure with contact guard to standby assistance.

5/1/13 OT: Grasp: He used a 2 finger grasp on blocks, and raking fine pincer grasps on small buttons and pellets. He would slide the buttons to the edge of the table to pick them up as well.

Block Stringing: He was unable to string any 1/2" blocks after visual demonstration despite several attempts. Twist of Lid: Paul was able to open and close a twist-off lid and place pellets into the container using a fine pincer grasp on the pellets. Scissor skills: Paul picked up children scissors with right hand. He put his fingers in the incorrect loops but was able to snip the paper.

**Social/Emotional/Behavioral**

Mrs. Shirley describes Paul as a generally happy child who is talkative. He gives up easily but follows rules. He tends to be emotional. Overall he gets along well with his siblings, adults and peers. Parent reports that he is shy in group situations and doesn't engage with children when they are involved in physical activities.

**Health**

Paul's overall health is described as healthy, similar to other children. Parent reported that there is no significant history of ear infections. Paul has no allergies and has never been hospitalized. He has a current diagnosis of left hemiplegic cerebral palsy. He currently wears an AFO on his left foot while outside and has a history of Botox injections into his left calf and hamstring in hopes of elongating the muscle. Paul has never been hospitalized nor has he sustained a significant injury. He was last seen for a physical by his pediatrician, Dr. Colette Grant, in June of 2012.

An MRI was conducted on 3/21/2011. Overall impressions noted asymmetric dilatation of the right lateral ventricle secondary to an ex vacuo effect from right periventricular white matter thinning. Mild thinning of the corpus callosum was noted and imaging findings support the clinical suspicion of left hemiparetic form of cerebral palsy.

**Vocational**

During testing, Paul sat and participated in an adult directed activity for up to 15 minutes using a visual timer. He sat and required minimal redirection to scan his choices before making a selection. After the first 15 minute session Paul went to play. He was hesitant to return to the table. His follow up table top activities were 10 minutes in length.

**Adaptive/Daily Living Skills**

*While eating, Paul is able to scoop food with a spoon and pierce food with a fork. He does not yet use a knife. He is able to use a play knife to cut play-dough and will spread with parental assistance. Paul can drink from an open cup and sucks from a straw. While dressing, Paul can remove elastic pants/shorts and underwear. His socks and shoes are removed by an adult. Paul can remove his own shirt if his left arm is out of the sleeve. At this time, Paul requires assistance to put on his clothing. He is more successful with putting on his underwear and sometimes his pants. Paul is potty trained and does not have accidents through the day. He occasionally has accidents at night while he sleeps.*

**Areas of necessity explained in terms of goals and objectives in order that student receives educational benefits:**  
*gross motor*

**RIVERSIDE COUNTY SELPA  
ANNUAL GOALS AND OBJECTIVES**

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Name: [REDACTED] Birthdate: [REDACTED] IEP Date: 5/1/2013

Area of Need: <u>Fine Motor</u>  Baseline: <i>Paul is able to copy a horizontal and vertical line and is unable to copy a circle.</i>	Measurable Annual Goal# <u>1</u> by <u>05/01/2014</u> <i>Using a functional grasp and his left hand as stabilizer, Paul will copy a circle, cross, and X with 80% accuracy on 3/4 trials.</i> as measured by: <u>student work samples</u> <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>OT, teacher, staff</u>		
Short-Term Objective: <i>Using a functional grasp and his left hand as stabilizer, Paul will copy a circle, cross, and X with 50% accuracy on 2/4 trials.</i>			
Short-Term Objective: <i>Using a functional grasp and his left hand as stabilizer, Paul will copy a circle, cross, and X with 70% accuracy on 3/4 trials.</i>			
Short-Term Objective:			
Progress Report 1: _____ Summary of Progress:	Progress Report 2: Summary of Progress:	Progress Report 3: Summary of Progress:	Goal: <u>Annual Review</u> Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Comment:	Comment:	Comment:	

\*Note: If English Learner, one of the goals must address English Language Development.

Name: Paul Shirley Birthdate: 5/3/2010 IEP Date: 5/1/2013

Area of Need: <u>locomotor skills</u>  Baseline: <i>Paul can jump down a step and jump off the floor 1 time</i>	Measurable Annual Goal# <u>2</u> by <u>05/01/2014</u> <i>By 5/1/2014, Paul will jump in place 3 times in a row in 3/5 trials, 80% of the time.</i> as measured by: <u>observation/teacher notes</u> <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input checked="" type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>APE teacher</u>		
Short-Term Objective: <i>By 9/1/2013, Paul will jump in place 2 times in a row in 3/5 trials, 80% of the time.</i>			
Short-Term Objective: <i>By 1/1/2014, Paul will jump in place 3 times in a row in 2/5 trials, 70% of the time.</i>			
Short-Term Objective:			
Progress Report 1: _____ Summary of Progress:	Progress Report 2: Summary of Progress:	Progress Report 3: Summary of Progress:	Goal: <u>Annual Review</u> Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Comment:	Comment:	Comment:	

\*Note: If English Learner, one of the goals must address English Language Development.

Name [redacted] Birthdate: [redacted] IEP Date: 5/1/2013

Area of Need: <u>ball skills</u>  Baseline: <i>Paul will throw a playground ball randomly</i>	Measurable Annual Goal# <u>3</u> by <u>05/01/2014</u> <i>By 5/1/2014, Paul will overhead throw a playground ball with 2 hands, 4-5' in 3/5 trials, 80% of the time.</i> as measured by: <u>observation/teacher notes</u> <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input checked="" type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>APE teacher</u>		
Short-Term Objective: <i>By 9/1/2013, Paul will overhead throw a playground ball with 2 hands, 4-5' in 1/5 trials, 60% of the time.</i>			
Short-Term Objective: <i>By 1/1/2014, Paul will overhead throw a playground ball with 2 hands, 4-5' in 2/5 trials, 70% of the time.</i>			
Short-Term Objective:			
Progress Report 1: _____ Summary of Progress:  Comment:	Progress Report 2: _____ Summary of Progress:  Comment:	Progress Report 3: _____ Summary of Progress:  Comment:	Goal: <u>Annual Review</u> Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

\*Note: If English Learner, one of the goals must address English Language Development.

Name [redacted] Birthdate: [redacted] IEP Date: 5/1/2013

Area of Need: <u>Visual Motor</u>  Baseline: <i>Paul requires assistance to donn scissors correctly and can snip the paper.</i>	Measurable Annual Goal# <u>4</u> by <u>05/01/2014</u> <i>Paul will donn scissors correctly and using his left hand to stabilize the paper, he will cut across the paper on 1/4 inch line without &lt;1/4 inch deviations on 3/4 trials.</i> as measured by: <u>student work samples</u> <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible <u>OT, teacher, staff</u>		
Short-Term Objective: <i>Paul will donn scissors correctly and using his left hand to stabilize the paper, he will cut across the paper on 1/4 inch line without &lt;1 inch deviations on 2/4 trials.</i>			
Short-Term Objective: <i>Paul will donn scissors correctly and using his left hand to stabilize the paper, he will cul across the paper on 1/4 inch line without &lt;1/2 inch deviations on 3/4 trials.</i>			
Short-Term Objective:			
Progress Report 1: _____ Summary of Progress:  Comment:	Progress Report 2: _____ Summary of Progress:  Comment:	Progress Report 3: _____ Summary of Progress:  Comment:	Goal: <u>Annual Review</u> Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

\*Note: If English Learner, one of the goals must address English Language Development.

**RIVERSIDE COUNTY SELPA  
SPECIAL FACTORS**

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Name ██████████Birthdate ██████████IEP Date: 5/1/2013Does the student require assistive technology devices and/or services?  No  Yes (specify)

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

 No  Yes (specify) *No equipment is required at this time*

Considerations if the student is blind or visually impaired:

Considerations if the student is deaf or hard of hearing:

Considerations if the student has an orthopedic impairment: *Receives APE and OT for fine and gross motor delays.*Physical Education:  Requirement Met  General  Specially Designed

APE

Special Transportation:  None\General Ed  Special Ed

Rationale: \_\_\_\_\_

Specify Type: \_\_\_\_\_

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

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

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

 Positive Behavior Support Plan (PBSP) attached  Positive Behavior Intervention Plan (PBIP) attached Goal(s) # \_\_\_\_\_

**PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENT PROGRAMS**

**ENGLISH LANGUAGE ARTS (ELA)**90 Not to participate (outside testing group or plan type ISP)**MATH**90 Not to participate (outside testing group or plan type ISP)**ALGEBRA 1  AND/OR  GEOMETRY**Outside of Testing Grade Range**SCIENCE**90 Not to participate (outside testing group or plan type ISP)**HISTORY/SOCIAL SCIENCE**90 Not to participate (outside testing group or plan type ISP)**WRITING**90 Not to participate (outside testing group or plan type ISP)**CAHSEE**90 Not to participate (outside testing group or plan type ISP)CALIFORNIA ALTERNATE PERFORMANCE ASSESSMENT (CAPA) 1.  2.  3.  4.  5. 

The student will not participate in the CST or CMA because

Participation in the CAPA is appropriate because

**PHYSICAL FITNESS TEST (Grades 5, 7, 9)****CELDT (For English Learners Only)**

Specify subtests for each accommodation or modification (listening, reading, writing, speaking)

**Desired Results Developmental Profile (DRDP) (For Preschoolers Only)**  DRDP Access

**Adaptations:**

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

Other State-Wide/District-Wide Assessment(s) (Accommodations/Modifications)

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

Appropriate because:





RIVERSIDE COUNTY SELPA  
EDUCATIONAL SETTING  
Offer of Free Appropriate Public Education (FAPE)

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Name: [redacted] Birthdate: [redacted] IEP Date: 5/1/2013  
District of Service: [redacted] School of Attendance: [redacted]  
School Type: 10 Public day school Federal Setting: [redacted]  
Federal Preschool Setting: 440 Separate class

All special education services provided at student's school of residence?  Yes  No (rationale)  
Parent requested that services be provided at the same school site where his brother is receiving services.

100 % of time student is outside the regular class & extracurricular & non academic activities  
0 % of time student is in the regular class & extracurricular & non academic activities

List out Student's non academic activities (i.e. lunch, recess, extra curricular activities) in relation to their same age peers:  
emergency drills

Student will not participate in the general education environment and extracurricular & non academic activities for: APE and OT services  
because:

*a small group setting is required for multiple practice opportunities, direct teaching, and corrective feedback in order to make progress towards speech goals.*

The possible harmful effects of this decision are: Exposure to peers with negative behaviors, time away from family and typically developing peers, being labeled as a student with special needs

Are additional assessments needed?  Yes  No In the area(s) of \_\_\_\_\_

OTHER AGENCY SERVICES

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

PROGRESS AND PROMOTION

Promotion Criteria:  District  Progress on Goals  Other \_\_\_\_\_

Parents will be informed of progress:  Quarterly  Trimester  Semester  Other 3x/year

How?  Annotated Goals  Progress Summary Report  Other \_\_\_\_\_

ACTIVITIES TO SUPPORT TRANSITION

(e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, NPS to public school)  
For those students in a NPS setting, yearly the IEP team must consider whether or not the needs of the pupil continue to be best met at nonpublic school and whether the pupil may be transitioned to a public school setting.

*n/a due to chronological age*

GRADUATION PLAN  
(Grade 7 and Higher)

PROJECTED GRADUATION DATE and/or secondary completion date \_\_\_\_\_

\_\_\_\_\_  
CREDITS REQUIRED FOR GRADUATION  
\_\_\_\_\_  
CREDITS EARNED  
\_\_\_\_\_  
CREDITS NEEDED

Passed Algebra I?  No  Yes Date \_\_\_\_\_

- To participate in high school curriculum leading to a Diploma
- To participate in high school curriculum leading to a Certificate of Completion

RIVERSIDE COUNTY SELPA  
SIGNATURE AND PARENT CONSENT

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Name [redacted] Birth Date: [redacted] IEP Date: 5/1/2013

IEP MEETING PARTICIPANTS

[redacted]	5-1-13	[redacted]	
Parent/Guardian	Date	Parent/Guardian	Date
[redacted]	5-1-13	[redacted]	
LEA Representative/Admin. Designee	Date	General Education Teacher	Date
[redacted]		[redacted]	
Student	Date	Special Education Specialist	Date
[redacted]	5-1-13	[redacted]	5/1/13
Additional Participant/Title	Date	Additional Participant/Title	Date
[redacted]		[redacted]	5/1/13
Additional Participant/Title	Date	Additional Participant/Title	Date
[redacted]	5/1/13	[redacted]	5/1/13
Additional Participant/Title	Date	Additional Participant/Title	Date

CONSENT

Agreement

- 1a [redacted] I agree to all parts of the IEP
- 1b [redacted] I agree with the IEP, with the exception of \_\_\_\_\_
- 1c [redacted] I do not agree with this IEP

Eligibility

- 2a [redacted] I understand and agree that my child is not eligible for special education.
- 2b [redacted] I understand and agree that my child is no longer eligible for special education.

Safeguards

- 3a [redacted] I have received a copy of the assessment report(s) and/or IEP at no charge.
- 3b [redacted] I have been advised of and given a copy of the Notice of Procedural Safeguards, as required once per year.
- 3c [redacted] I have been advised of the full continuum of program options.
- 3d [redacted] The school district facilitated parent involvement as a means of improving services and results for my child.

Private School

- 4a [redacted] My child is eligible for special education services. However, I choose to enroll my child in a private school at parent/guardian expense and understand that this IEP cannot be implemented by the school district in the private school.
- 4b [redacted] I choose to enroll my child in a private school and request an Individual Service Plan.  
District of Service: \_\_\_\_\_

If my child is eligible or becomes eligible for public benefits (Medi-Cal) I authorize the district to bill Medi-Cal for services provided to my child.

Parent Signature: [redacted]

Signature below is to authorize and confirm agreement with the areas initialed above:

Signature: [redacted] Date: 5-1-13  
 Parent  Guardian  Surrogate  Adult student

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult student

RIVERSIDE COUNTY SELPA  
IEP TEAM MEETING COMMENTS/CONTINUATION PAGE

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Name [redacted] Birthdate [redacted] IEP Date 5/1/2013  
Date 05/01/2013

Meeting Participants:

[redacted] LEA Representative/Administrative Designee	[redacted] Parents/Guardian
[redacted] Student	[redacted] Special Education Specialist
[redacted] Specialist	[redacted] General Education Teacher
[redacted] Additional Participant/Title	[redacted] Additional Participant/Title
[redacted] Additional Participant/Title	[redacted] Additional Participant/Title
[redacted] Additional Participant/Title	[redacted] Additional Participant/Title
[redacted] Additional Participant/Title	[redacted] Additional Participant/Title

Notes 5/1/2013 Meeting began at 2:35 p.m.

Introductions were made.

The parent was offered a copy of the procedural safeguards, however waived an additional copy and review of the rights at this time. The parent was provided with a detailed review of the rights at the time of intake.

The purpose of the meeting is an initial IEP to determine if Paul qualifies for special education.

Physical therapy- The physical therapist is unable to attend the IEP meeting. The results of the assessment were discussed with Paul's mother prior to the meeting and she was in agreement with the recommendation for a one time consultation with the preschool staff. Paul is doing well with the skills that would be required of him to physically access and be mobile in a preschool setting. PT is available by phone for any questions or concerns.

[redacted] - school psychologist, reviewed results of psycho-educational evaluation with parent. Paul's overall cognitive ability is within age level expectations. His academics are all in place. Parent agrees with educational levels. Please see report dated 5-1-13

[redacted] - speech therapist, reviewed results of speech and language evaluation with parent. Please see report dated 5-1-13

[redacted] APE Teacher shared assessment results with parents. She reported that Paul is showing some delays between 2.1 yrs old and 2.2 yrs old. He can run, jump down a step and hop with assistance. Ball skills are coming in and kicking is also coming in. APE services are recommended. See report dated 5-1-13.

[redacted] PT reviewed the report over the phone with mom. Mom didn't have any questions pertaining to the PT report.

OT, testing showed delays in fine motor and visual motor. Body awareness and balance are areas of weakness.

[redacted] Sunny Days Infant Program reported academic levels, Paul is functioning within age level expectations.

Parent was given the opportunity to ask questions throughout the review of the assessments. At the conclusion of the review, parents were asked if they had any additional questions. It was indicated at that time they do not.

The areas of suspected disability include Orthopedic Impairment Other Health Impairment. Team discussed eligibility considerations. Team agreed that Paul qualifies for special education under the category of Orthopedic Impairment due to diagnosis of Cerebral Palsy.

Team proceeded to develop the IEP (Individual Education Plan).

Team reviewed student's strengths and preferences. Strengths include his language skills and memory. He likes anything pertaining to firefighting and trucks. He knows complex and detailed concepts pertaining to trucks. Good with imaginary play and he loves books.

Parent priorities and concerns were discussed. Mother reports, gross motor skills are delayed and at times she feels they impact his social skills because he can't participate with everyone else.

Team developed present levels of performance in all areas.

Team developed IEP goals. Parent agreed to the goals.

Team reviewed special factors. Team considered and agreed that Paul does not require assistive technology at this time. Team agreed that the student does present with a low incidence disability- orthopedically impaired

DRDP testing was discussed. The DRDP will be given in the fall and the spring.

Team agreed that Paul does not present with behaviors that impede learning at this time.

It was discussed with parents that if changes to the IEP are required once in a classroom setting, the team can meet to make the necessary changes.

Team reviewed the full continuum of placement options in the least restrictive environment and harmful effects of special education with parent. Team agreed that based on their student's unique needs, present levels, goals, and needed supports that placement in Related services only- OT & APE is appropriate.

If the student is not doing well and needs more support, team can consider a change of placement to a more restrictive class. (If student skills improve a less restrictive placement can be considered.)

Team agreed that the student also requires related services for OT & APE.

District offer of FAPE is:

- OT [redacted] small group 5-1-13 to 5-1-14 1x/wk 30 min
- APE [redacted] small group 5-1-13 to 5-1-14 1x/wk 30min
- PT [redacted] Consult 5-1-13 to 5-1-14 1x/year 30 min.

Team discussed transportation services. Team discussed that Paul does not qualify for transportation for this school year as the recommended program is available at home site.

Parents have agreed to transport at this time.

Team discussed extended school year services. The student is new to Special Education and we do not have any documentation of regression. Eligibility can be examined in the future if regression is noted after extended breaks.

Team reviewed educational setting.

Parent understands and agreed to the offer of FAPE/IEP.

Parent was notified of the [redacted] enrollment process.

Prior Written Notice was provided to parent. (See Below)

Meeting concluded @ 3:30 p.m.

\*\*\*\*\*

Prior Written Notice- PWN

At the initial IEP meeting of 5-1-13, the team proposed the following actions. The team recommended that Paul does qualify for special education services under the category of OI- Orthopedic Impairment. The team developed present levels of performance and IEP goals, then made an offer of FAPE (free and appropriate public education) as: Related services only- APE & OT

*The team recommended that Paul be eligible for special education services based upon the results of the initial assessment and in accordance with California Education Code. Team developed present levels based on assessment results, review of records, observations, and interviews. The team developed IEP goals based on areas of deficit identified in the present levels. Team made an offer of FAPE based on the student's unique needs, present levels, goals, and needed supports.*

*APE evaluation, OT Evaluation, PT Evaluation & Psycho-educational Assessment on 4-17, 4-23 & 4-25-13. Initial IEP meeting on 5-1-13 and review of records, observations, and interviews.*

*Team considered not making Paul eligible for special education but agreed that the student requires special education services to make educational benefit.*

*Parent input was discussed and considered.*

Student: [REDACTED]

Date of Birth: [REDACTED]

IEP Date: 5/1/2013

[REDACTED]  
4 [REDACTED]  
Department of Special Education

In accordance with the 1974 Rights and Privacy Act  
Authorized Personnel only

Tests and other assessment materials have been provided and administered in the pupil's primary language or other mode of communication (unless not feasible and indicated on the Assessment Plan). The assessment instruments and procedures have been selected and administered so as not to be racially, culturally, or sexually discriminatory, and they have been validated for the purposes for they are used. Tests were selected and administered to best ensure that when a test is administered to a pupil with impaired sensory, manual, or speaking skills, the results accurately reflect the pupil's aptitude, achievement level, or other factors the test purports to measure, rather than simply reflecting the pupil's impaired sensory, manual, or speaking skills, unless it is in fact those latter skills that are the actual factors that the test purports to measure.

[REDACTED]  
[REDACTED]

**IDENTIFYING INFORMATION**

<b>Student:</b>	[REDACTED]	<b>D.O.B.:</b>	[REDACTED]
<b>Program:</b>	[REDACTED]	<b>Age:</b>	[REDACTED]
<b>Parent/Guardian:</b>	[REDACTED]	<b>Home School:</b>	[REDACTED]
<b>Address:</b>	[REDACTED]	<b>Grade:</b>	Preschool
	[REDACTED]	<b>Ethnicity:</b>	White
<b>Phone:</b>	[REDACTED]	<b>Date Of Evaluation:</b>	March 2013
<b>Primary Language:</b>	[REDACTED]	<b>Date of Report:</b>	4/25/2013

**ASSESSMENT TEAM**

<b>School Psychologist:</b>	[REDACTED]
<b>Occupational Therapist:</b>	[REDACTED]
<b>Physical Therapist:</b>	[REDACTED]
<b>Adaptive Physical Education:</b>	[REDACTED]

**REASON FOR REFERRAL**

Paul is a 2 year, 11 month old boy whose ethnicity is disclosed as White. He was referred for this team assessment as part of his transition from infant services by the Early Start services coordinator, [REDACTED] and by his mother. He currently qualifies for services under developmental delays. He participates in infant stimulation for 5 hours a month and services are provided by [REDACTED]. He also participates in physical therapy and occupational therapy 2 times per week for 30 minute sessions. These services are provided by [REDACTED]. These programs are funded by [REDACTED] Regional Center and will end on his 3<sup>rd</sup> birthday. This assessment was conducted to assist the IEP team in determining eligibility for special education services through the [REDACTED]. The information obtained along with other sources will be utilized to generate an appropriate Individualized Education Plan as the necessary. While all categories of special education will be considered, based on all information, the areas of suspected disabilities are:

- |   |   |
|---|---|
| <input type="checkbox"/> Speech/Language Impairment       | <input type="checkbox"/> Autistic like characteristics      |
| <input type="checkbox"/> Deaf-Blind                       | <input checked="" type="checkbox"/> Other Health Impairment |
| <input checked="" type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Intellectual Disability            |
| <input type="checkbox"/> Emotional Disturbance            | <input type="checkbox"/> Vision Impairment                  |
| <input type="checkbox"/> Traumatic Brain Injury           | <input type="checkbox"/> Multiple Disabilities              |
| <input type="checkbox"/> Hearing Impairment               | <input type="checkbox"/> Specific Learning Disability       |
| <input type="checkbox"/> Deaf/Hard of Hearing             | <input type="checkbox"/> Established Medical Disability     |

**BACKGROUND INFORMATION**

*Unless otherwise noted, all information found in this section was obtained from the health and developmental questionnaire completed by the parent.*

**Developmental History:**

Paul is a 2 year, 11 month old boy and his ethnicity is disclosed as White. Paul's parents are currently married and reside in the same home with Paul and his 3 year old brother. Mrs. [REDACTED] is an elementary

[REDACTED]



school teacher and Mr. [REDACTED] is a firefighter engineer. Ms. [REDACTED] was 29 years of age at the time of her pregnancy and began prenatal care at 2 months gestation. She experienced unusual stress during her pregnancy due to a placental bleed at 13 weeks. Paul also experienced an in utero stroke. Ms. [REDACTED] took Synthroid, 75 mg. Paul was diagnosed with Hemiplegic Cerebral Palsy on his left side.

Paul sat up at 11 months, crawled at 9 months, walked alone at 16 months, and ran at 18 months of age. Paul does not skip, hop or ride a tricycle at this time. Parent reports motor difficulties due to his left sided weakness. While eating, Paul is able to scoop food with a spoon and pierce food with a fork. He does not yet use a knife. He is able to use a play knife to cut play-dough and will spread with parental assistance. Paul can drink from an open cup and sucks from a straw. While dressing, Paul can remove elastic pants/shorts and underwear. His socks and shoes are removed by an adult. Paul can remove his own shirt if his left arm is out of the sleeve. At this time, Paul requires assistance to put on his clothing. He is more successful with putting on his underwear and sometimes his pants. Paul is potty trained and does not have accidents through the day. He occasionally has accidents at night while he sleeps.

Ms. [REDACTED] reported that English is Paul primary language. He spoke his first word at 8 months and spoke in phrases at 12-15 months of age. Paul began to use sentences at 2 years of age. Parent reports that she understands 100% of Paul's speech.

#### **Health Status:**

Paul's overall health is described as healthy, similar to other children. Parent reported that there is no significant history of ear infections. Paul has no allergies and has never been hospitalized. He has a current diagnosis of left hemiplegic cerebral palsy. He currently wears an AFO on his left foot while outside and has a history of Botox injections into his left calf and hamstring in hopes of elongating the muscle. Paul has never been hospitalized nor has he sustained a significant injury. He was last seen for a physical by his pediatrician, [REDACTED], in June of 2012.

An MRI was conducted on 3/21/2011. Overall impressions noted asymmetric dilatation of the right lateral ventricle secondary to an ex vacuo effect from right periventricular white matter thinning. Mild thinning of the corpus callosum was noted and imaging findings support the clinical suspicion of left hemiparetic form of cerebral palsy.

#### **Home/Community Functioning:**

Mrs. [REDACTED] describes Paul as a generally happy child who is talkative. He gives up easily but follows rules. He tends to be emotional. Overall he gets along well with his siblings, adults and peers. Parent reports that he is shy in group situations and doesn't engage with children when they are involved in physical activities. He spends his days at home with his mother and father. Paul does not currently attend preschool or day care. [REDACTED]

#### **Previous Assessment:**

Paul was assessed by his Early Intervention teacher, [REDACTED], on 4/13/2013. Below are her present levels.

Cognitive: 32-35 mos.

Communication:

Expressive: 32-35 mos.

Receptive: 28-31 mos.

Fine Motor: (Right) 28-31 mos. (scattered skills 32-35 mos.)

(Left) 20-23 mos. (scattered skills to 28-31 mos.)

Gross Motor: 16-19 mos. (scattered to 28-31 mo.)

Social Emotional: 32-35 mos.

Adaptive: feeding: 24-27 mos.

toileting: 32-35 mos.

dressing/hygiene: 20-23 mo./32-35 mo.

## CURRENT ASSESSMENT INSTRUMENTS AND PROCEDURES

### EVALUATION PROCEDURES:

This report is based on the examiner's interpretation of information derived from the sources listed below. Because of the relatively brief time involved in the assessment process, it is limited in its potential to provide a long-term description or prediction of the student's behavior and functional ability. In keeping with state and federal regulations, information provided by this assessment is to be utilized as only one source of data for assisting in the making of educational decisions. Paul's primary language, racial, and ethnic background were considered prior to selection and interpretation of evaluation procedures and measures. All assessment procedures measure a limited sample of a person's total repertoire. The selected measures should only be interpreted within the limits of their measured validity. Additional input will be provided by parents, current teacher and other assessment team members in order to assist in generating an appropriate Individualized Educational Program.

The following procedures were components of the evaluation:

- Record Review
- Parent Interview
- Student Observation – Testing Environment/Testing Behavior
- Health/Developmental History – Completed by Mrs. [REDACTED]
- Differential Ability Scales – Second Edition (DAS-II)
- Informal Academic Assessment
- Scale of Independent Behavior – Revised (SIB-R)

## EVALUATION RESULTS

### II. Observation

Paul was observed on two separate occasions in the intake classroom at [REDACTED]. Each time he entered with his mother and was typically carried. Paul always entered eager to play and explore the toys. He immediately walked over to the firehouse and began to play. Paul demonstrated age appropriate pretend play skills. He used the firemen to drive a truck, put out water and slide down the slide.

During testing, Paul sat and participated in an adult directed activity for up to 15 minutes using a visual timer. He sat and required minimal redirection to scan his choices before making a selection. After the first 15 minute session Paul went to play. He was hesitant to return to the table. His follow up table top activities were 10 minutes in length.

### III. Intellectual Functioning

#### Differential Ability Scales – Second Edition (DAS-II)

The following table should be used to determine performance levels for T-scores and Standard Scores.

T-SCORES	STANDARD SCORE	PERFORMANCE LEVEL	PERCENTILE RANK
70 and Above	130 and Above	Very High	98-99
63-69	120 – 129	High	91-97
57-62	110 – 119	Above Average	75-90
43-56	90 – 109	Average	25-74
37-42	80 – 89	Below Average	9-24
30-36	70 – 79	Low	3-8
29 and Below	69 and Below	Very Low	1-2

The DAS-II cognitive battery was administered to Paul in March of 2013 by [REDACTED]. This DAS-II is an individually administered battery of tests for children and adolescents aged 2 years, 6 months through 17 years, 11 months. Because the DAS-II covers such a wide age range, it is divided into three levels: Lower Preschool (ages 2 years, 6 months through 3 years, 5 months), Upper Preschool (aged 3 years, 6 months through 5 years, 11 months), and School-Age (6 years, 0 months through 17 years, 11 months). The DAS-II was designed to measure specific, definable abilities and to provide interpretable profiles of strengths and weaknesses. The DAS-II cognitive battery yields a composite score labeled *General Conceptual Ability* (GCA) that is defined as "the general ability of an individual to perform complex mental processing that involves conceptualization and transformation of information" (Elliott, 1990b, p. 20). For the Lower Preschool children, these cluster scores represent Verbal and Nonverbal abilities. He was given the Lower Preschool Level and obtained the following scores:

<b>Verbal Cluster</b>	<b>T- Score</b>	<b>Percentile</b>	<b>Age Equiv.</b>	<b>Range</b>
<b>Verbal Comprehension</b> <i>Receptive Language: understanding of oral instructions involving basic language concepts</i>	50	50	2:10	Average
<b>Naming Vocabulary</b> <i>Expressive Language: Labeling pictures</i>	53	62	3:1	Average
<b>Nonverbal Cluster</b>				
<b>Picture Similarities</b> <i>Nonverbal Reasoning shown by matching pictures that have a common element or concept</i>	52	58	2:10	Average
<b>Pattern Construction</b> <i>Visual-perceptual matching, especially of spatial orientation, in copying block patterns.</i>	45	31	Below 2:7	Average

<b>Composite Scores</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>95% Confidence Interval</b>	<b>Range</b>
Verbal Cluster	103	58	96-110	Average
Nonverbal Cluster	97	42	88-107	Average
<b>General Conceptual Ability Score</b>	100	50	93-107	Average

On this particular administration of the DAS-II, Paul obtained a General Conceptual Ability score (GCA) of 100, scoring better than approximately 50% of the children his own age. Paul's verbal abilities, standard score of 103, are in the average range and his nonverbal abilities are in the average range (SS 97). A significant difference was not found between subtests in the verbal cluster nor was there a significant difference found between subtests in the nonverbal cluster. Therefore, each cluster score is a valid representation of their respective abilities. A significant difference was not found between verbal and nonverbal cluster scores. Therefore, the General Conceptual Abilities Score is a valid measure of his overall conceptual ability. Using the DAS-II classification system, Paul's conceptual ability is in the average range with a standard score of 100 and a 95% confidence interval of 93 to 107.

## **II. Academic Functioning**

### **Informal academics**

#### **Pre-Reading**

Paul was observed to receptively identify his eyes, nose, mouth, hair, feet, ears, tongue, head, legs, arms, fingers, teeth, toes, neck and back. He did not correctly receptively identify his thumbs, stomach, chest and knees. Paul expressively identified his nose, eyes, ears, arms, feet, hands, teeth, hair, and arms. When presented with a book, Paul turned the book right side up and opened the book in the center. He turned paper pages several at a time and inconsistently used his left hand to stabilize

the book. While looking at the pictures, Paul was able to point to and label various items on the page. He could describe the pictures using action words like spilling, running, jumping. At this time, he does not identify the front cover nor can he identify a word on the page. When asked to recite the alphabet, Paul repeated the letter A a few times and then continued with the tune for a few seconds. Parent reports that he typically sings the alphabet while his mother is singing.

#### Pre-Math

Paul was observed to match the colors red, green, yellow, blue, orange, purple, pink, black, brown and white. He expressively labeled the color red as pink and brown as chocolate. He expressively labeled the color pink. He matched the shapes circle, square, triangle, rectangle, oval, octagon, and star. He receptively identified square, star, and heart. Paul demonstrated understanding of the concepts big, little, cold, hot, close, open, back, in, out, top, up and down without difficulty. He also understood the concepts one, all, and one more. While counting, Paul would typically state 1-3-4-5-6. He was observed to count 1-2-5-8 and 2-3-5. He does not yet count with one to one correspondence.

#### Pre-Writing/Fine Motor

The following was taken directly from the Occupational Therapy report dated 4/29/2013. "**Grasp:** He used a 2 finger grasp on blocks, and raking fine pincer grasps on small buttons and pellets. He would slide the buttons to the edge of the table to pick them up as well. **Block Stringing:** He was unable to string any ½" blocks after visual demonstration despite several attempts. **Twist of Lid:** Paul was able to open and close a twist-off lid and place pellets into the container using a fine pincer grasp on the pellets. **Block Design:** Paul stacked 8 1" blocks after a visual model. He was able to copy a 3 block bridge and attempted to copy a 4 block train design, however the top block in each design was not in the correct spot. **Inserting Shapes:** Paul was able to insert a square, circle and triangle into a board independently. **Peg Board:** Paul was able to insert and remove pegs from a pegboard independently. **Prewriting skills:** He used a right handed 3 finger grasp on a crayon. He was able to copy a vertical or horizontal line with light pressure. He attempted to copy a circle but it was circular motion. **Scissor skills:** Paul picked up children scissors with right hand. He put his fingers in the incorrect loops but was able to snip the paper."

### **IV. Social/Emotional/Adaptive Scales**

#### Scale of Independent Behavior – Revised (SIB-R)

Paul's adaptive behavior and maladaptive behavior were evaluated using the Scales of Independent Behavior--Revised (SIB-R), Early Development Form. *This section was not completed by the examiner but is a representation of Mrs. [REDACTED] response to a variety of questions.*

#### Adaptive Behavior

Broad Independence (Early Development Form) is a measure of overall adaptive behavior based on a sampling of four different areas of adaptive functioning: motor skills, social interaction and communication skills, personal living skills, and community living skills. Paul's functional independence is age-appropriate; his performance is comparable to that of the average individual at age 2 years 7 months (2-7). This is within the low average range of scores obtained by others at his age level, as shown by his percentile rank (22) and standard score (88).

#### Problem Behaviors

Overall, Paul demonstrates normal problem behaviors. His internalized maladaptive behavior is in the normal range, one internalized behavior has been identified as a problem for Paul. Paul's withdrawal or inattentive behavior is slightly serious. It occurs 1 to 3 times a month. Although his externalized maladaptive behavior is in the normal range, one externalized behavior has been identified as a problem for Paul. Specifically, Paul's aggression toward others is slightly serious and occurs 1 to 3 times a month.

### Intensity of Needed Support

Based on his levels of functional independence and any problem behaviors, Paul will need limited support, about the same as others his age.

## SUMMARY

Paul is a 2 year, 11 month old boy whose ethnicity is disclosed as White. He was referred for this team assessment as part of his transition from infant services by the Early Start services coordinator, [REDACTED] and by his mother. He currently qualifies for services under developmental delays. He participates in infant stimulation for 5 hours a month and services are provided by [REDACTED]. He also participates in physical therapy and occupational therapy 2 times per week for 30 minute sessions. These services are provided by [REDACTED]. These programs are funded by [REDACTED] Regional Center and will end on his 3<sup>rd</sup> birthday. This assessment was conducted to assist the IEP team in determining eligibility for special education services through the [REDACTED]. The information obtained along with other sources will be utilized to generate an appropriate Individualized Education Plan as the necessary.

Paul's assessment by the preschool team included direct observations, infant teacher interview, parent interview, and direct testing. While all categories of special education will be considered, based on all information, the areas of suspect disabilities are an orthopedic impairment and other health impairment. In order for Paul to qualify for special education services through the school district, he must meet the three prongs of eligibility for special education.

- 1) The student must have a disability as defined by the California Education Code of Regulations
- 2) The disability must have a negative impact on educational performance
- 3) The student must require special education services

### Disability as Defined by the California Education Code of Regulations

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 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 assessment 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*. (Title 5 CCR, 3030)

### Orthopedic Impairment

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (poliomyelitis, bone tuberculosis, et.c), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures). (34 CFR Sec. 300.7 (b)(6) Sec. 300.7(c)(8))

Other Health Impaired

Other Health Impaired means having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance. (34 CFR Part 300.7 (c)(9)).

Eligibility Statement

Based on this evaluation, the assessor assures that the following have been ruled out as a determination for eligibility: environmental, cultural/linguistic, or economic disadvantage (Educational code 56327.G).

The results of these assessments indicate that Paul does meet the eligibility criteria for a student with special needs under the eligibility category of Orthopedic Impairment. He does not qualify under the eligibility of Other Health Impaired at this time.

However, results of these evaluations will be presented and discussed with the IEP team for a final determination of services to be rendered.

  
5/1/13  
Date  
School Psychologist