

## Assessment Plan

Student Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Initial  Annual  Triennial  Transition  Interim  Other \_\_\_\_\_

To parent/guardian of \_\_\_\_\_

Assessment Plan Date \_\_\_/\_\_\_/\_\_\_

LEA/District \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Native Language \_\_\_\_\_

English proficiency level \_\_\_\_\_

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

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

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name of Contact \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

- I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.
- I do not consent to the proposed assessment described above.
- I would like the following assessment information to be considered by the IEP team \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Parent  Guardian  Surrogate  Adult Student

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Parent  Guardian  Surrogate  Adult Student

## Assessment Plan

Parent/Guardian/Student has received written notification of protections available to parents when LEA/district requests to access Medical benefits

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Comments \_\_\_\_\_

**NOTE: Notice of Action/Prior Written Notice attached if this is an initial evaluation**

Date Received by LEA/District \_\_\_\_/\_\_\_\_/\_\_\_\_

### Notice of Action

This notice is provided to parent prior to local education agency(LEA)/district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education. This notice includes a description of the proposed and/or refused action, an explanation of why the LEA/district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Purpose:**  Evaluation

Actions Proposed	Reasons for Proposed Actions	Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Proposed	Date Actions will be Implemented
Actions Refused	Reasons for Refused Actions	Evaluation Procedures, Tests, Records, or Reports Used in Deciding for the Actions Refused	
Other Options Considered	Reasons for Rejecting Other Options	Other Factors Relevant to Actions Proposed and/or Refused	

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Print Name of Contact \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

IEP Dated \_\_\_\_\_ attached:  Yes  Not Applicable