

# NW SELPA

## Parent Information Sessions: Assessment

- Presented by Namita Maunder, Coordinator  
[NorthWest SELPA](#), 11/4/2024

# NW SELPA

## SANTA CLARA COUNTY NORTH WEST SPECIAL EDUCATION LOCAL PLAN AREA (NW SELPA)

1290 Ridder Park Drive

San Jose, CA 95131

Contact: **Leo Mapagu**, SELPA Executive Director

Phone: (408) 453-6566

Cambrian School District, Campbell Union School District, Campbell Union High School District, Cupertino Union School District, Fremont Union High School District, Lakeside Joint School District, Loma Prieta Joint Union School District, Los Altos Elementary School District, Los Gatos Union School District, Los Gatos Saratoga Union High School District, Luther Burbank School District, Moreland School District, Mountain View Los Altos Union High School District, Mountain View Whisman School District, Palo Alto Unified School District, San Jose Unified School District, Santa Clara County Office of Education, Santa Clara Unified School District, Saratoga Union School District, Sunnyvale School District, Union School District.

## SANTA CLARA SOUTH EAST SPECIAL EDUCATION LOCAL PLAN AREA (SE SELPA)

3434 Marten Avenue (Mt. Pleasant Elementary School District Office)

San Jose, CA 95148

Contact: **Shelly Ota**, SELPA Director

Phone: (408) 223-3771

Alum Rock Union School District, Berryessa Union School District, East Side Union School District, Evergreen School District, Franklin-McKinley School District, Milpitas Unified School District, Mt. Pleasant School District, Oak Grove School District, Orchard School District, Gilroy Unified School District, Morgan Hill Unified School District, Santa Clara County Office of Education.

# Introduction



# Goal



- To share general special education process related to assessment.



- Please wait for questions till the end of the presentation.

# How to request for Assessment and what happens next?

# Today's Agenda

- Identification: Child Find, Student Study Team
- Referral process and procedure
- Assessment: Timeline, Assessment plan, Assessment requirements, Assessment report, Assessment for English Learners
- IEP Forms related to Assessment
- [Feedback Survey](#)

# Identification : Child Find



- (EC 56300, 56301; CFR 300.451)
- Seek and serve : The SELPA and its LEA member districts will actively and systematically seek out all individuals with disabilities including children with disabilities who are homeless, children who are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disabilities and who need special education and related services, are identified, located, and evaluated.

# Example of Child Find activities may include:

- Distribution of written information, including brochures and pamphlets describing the referral procedure.
- Public awareness campaign, including public service announcements.
- Coordination with parent resource centers and support groups.
- Presentations to local professional groups and organizations established to inform and/or to serve culturally diverse populations.
- Coordination with activities of the SELPA Community Advisory Committee (CAC)
- Coordination with school site procedures, including referrals from the school site student intervention teams (e.g., Student Study Teams, etc.)



# Student Study Team



- The Student Study Team (SST) is a general education function. It is a process of reviewing individual student concerns and planning alternative instructional strategies to be implemented in the general education classroom.
- The student will be assessed by a process defined through local board policies and procedures.

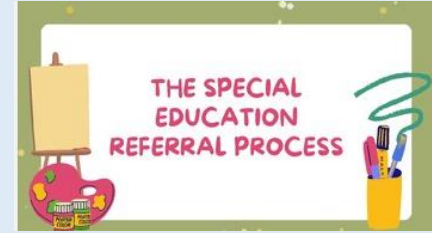
# Student Study Team members:

- At least one regular education teacher
- Principal or administrator
- Parent
- Special education specialist
- School psychologist
- School nurse
- Counselor or specialist
- Speech/language pathologist
- Interpreters (as needed)
- Student (as appropriate)
- Bilingual personnel /English Learner specialist



# Referral Process

# Referral Process: Source



- Referrals for assessment to determine eligibility for special education and related services may come from teachers, parents, agencies, appropriate professional persons, and from other members of the public.
- **Ed code 56303:** A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

# Who can refer for assessment in special Education?



Parent, Caregiver

Teacher, agencies, members of the public

Physician or appropriate professional persons

# How do you request for Assessment?

Verbal

Written

# What should the request for assessment include?



Contact information of person making the request for assessment/ Educational right holder



Areas of educational concern or challenges



Identify areas in which you are requesting assessment

Referral Procedure: (EC 56302-56303; 5 CCR 3021) [34 C.F.R. § 300.503](#)





# ASSESSMENT

# Assessment Timeline



From the date the school receives the written assessment request, it has 15 calendar days respond in writing. *Cal. Educ. Code §§ 56043(a), 56321.*



School will provide an Assessment plan that includes all assessments requested or a refusal letter giving reasons for denying the specific request for assessment.



Only the Educational right holder can consent for special education assessments. *Cal. Educ. Code § 56321*

# Assessment Plan : (EC 56321, 5 CCR 3022)

Be in language easily understood by the public.

Be provided in the native language of the parent or guardian or other mode of communication used by the parent or guardian, unless to do so is not clearly feasible.

Explain the types of assessments to be conducted.

State that no individualized education program (IEP) will result from the assessment without parent consent

# Assessment Requirements: (EC 56320, 56324)

- Administered in the most appropriate language and form to acquire most accurate information.
- Assessments must be valid and reliable.
- Administered by trained personnel according to instructions.
- Tests must measure areas of specific educational needs, not just general intelligence.
- Accommodate pupils with sensory, manual, or speaking impairments.
- No single assessment should be the sole criterion for determining exceptional needs or educational programs.
- Assessment should be done in all areas of suspected disability, including developmental history and low vision assessment.

# Assessment Requirements ( Cont): (EC 56320, 56324)

- As part of an initial evaluation the IEP team will review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and observations by teachers and related services providers.

# Assessment Report: (EC 56327)

Person who completes the assessment prepares the assessment report .The report shall include, but not be limited to, all the following:

- Whether the child may need special education and related services.
- The basis for making the determination.
- The relevant behavior noted during the observation of the child in an appropriate setting.
- The relationship of that behavior to the child's academic and social functioning.
- The educationally relevant health and development, and medical findings, if any.

# Other reasons for assessments (EC 56380, 56381; CFR 300.533, 300.536)

## Re-evaluation

- If a parent or teacher requests a re-evaluation.
- When a preschool child with a disability transitions to Kindergarten or first grade.
- An LEA shall evaluate a child with a disability before determining that the child is no longer a child with a disability.

## Three- year reassessment

# Identification and Assessment of English Learners

- Identification begins with the completion of the state-mandated Home Language Survey (HLS) by families.
- The potential student's English proficiency is determined by English Language Proficiency Assessments for California (ELPAC) or Alternate ELPAC.
- State and Federal law require that local educational agencies administer a state test of ELP to eligible students in kindergarten through grade twelve.
- Additional information can also be found in the [CA Practitioners' Guide for Educating English Learners with Disabilities](#).



# California Code of Regulations (CCR), Title 5 3023 (b)

- “The normal process of second language acquisition, as well as manifestations of dialect and sociolinguistic variance shall not be diagnosed as a handicapping condition.”
- However, assessing an English learner for a disability does not require a waiting period for English language skills to develop. It is critical to differentiate between a student who is not achieving in the classroom because English is not his/her primary language, and a student who is not achieving due to a disability

# IEP FORMS Related to Assessment

# SIRAS Assessment Form with Procedural Safeguards

**SELPA**  
Special Education Local Plan Area

North West Santa Clara County SELPAs  
Assessment Plan & Prior Written Notice

☐ Initial ☐ Triennial ☐ Transition ☐ Other: \_\_\_\_\_ Date: 10/4/2024

To Parent or Guardian of: \_\_\_\_\_ Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

District of Service: \_\_\_\_\_ District of Responsibility: \_\_\_\_\_

Student Language: \_\_\_\_\_ Designation: ☐ ELL ☐ EL ☐ IEP ☐ RFP ☐ TBD

☐ Parent ☐ Nurse ☐ Teacher ☐ Special Ed Teacher ☐ Student Success Team ☐ Other

Has been referred and/or recommended for an assessment by the following individual(s):

☐ Parent ☐ Nurse ☐ Teacher ☐ Special Ed Teacher ☐ Student Success Team ☐ Other

**This notice is to inform the parent(s) regarding the school district's proposal to initiate an evaluation of the above-named student.** This prior written notice includes a description of the proposed evaluation, an explanation of why the 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. Your written permission must be given before we assess your child. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of an IEP meeting to discuss the results of the evaluation. If your child is found eligible for special education services, a full range of program options will be considered.

**Description of the proposed assessment:**

In order to understand meet your child's educational needs, the assessments in the attached assessment plan are being proposed. The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language or mode of communication may be used. Activities conducted as part of these assessments may include, but are not limited to, classroom observations, administration of rating scales, one-on-one testing, a review of records, including any previously conducted assessment(s), and any available independent assessment(s), and a review of any information the parent requests to be considered. No single procedure may be used as the sole criterion for determining appropriate educational program. All testing instruments are selected and administered so as not to be racially, culturally or sexually discriminatory. You will receive a copy of the assessment report(s). You will be asked to participate in a meeting of the Individualized Education Program Team following completion of the assessment(s). The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). No special education services will be provided to your child without your written consent. All information and assessment results are confidential.

**Reason(s) for proposed assessment:**

**Description of other options considered and reasons for rejecting them:**

**Other factors relevant to the proposal:**

Date Received by District: \_\_\_\_\_

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North West Santa Clara County SELPAs  
Assessment Plan & Prior Written Notice

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

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

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 District Contact \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**THIS FORM MUST BE SIGNED BEFORE ASSESSMENT CAN BEGIN (See statement of Notice of Procedural Safeguards)**

**Please check the following items, as appropriate.**

☐ I give informed consent for my child, \_\_\_\_\_, to be assessed according to the Assessment Plan above. I understand: 1) that the results will be confidential, and that I will be invited to discuss them at an Individualized Education Program Team meeting; and, 2) that no special educational assessment or service will be provided without my written permission unless ordered by due process hearing officer.

☐ I deny consent to conduct the assessment described above.

☐ I have received a copy of the Procedural Safeguards.

☐ I would like the following assessment information to be considered by the IEP team: \_\_\_\_\_

☐ I prefer to discuss the assessment plan before I give approval. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Parent/Adult Student: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-Cal Health Insurance benefits.

☐ Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-Cal Health Insurance benefits.

Note: Attach Procedural Safeguards & Medi-Cal Protections \_\_\_\_\_ Date Received by District/LEA: \_\_\_\_\_

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# Notice of Meeting



North West Santa Clara County SELPAs

## Notice of IEP Team Meeting

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: 10/4/2024

Dear \_\_\_\_\_

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

At the meeting, the following areas will be discussed: Location: \_\_\_\_\_

- ☐ Assessment Results  
☐ Eligibility for special education  
☐ Development or revision of the IEP  
☐ Review of student progress  
☐ Transition Planning and Services\*  
☐ Behavioral Emergency
- ☐ Program Placement/Services  
☐ Other: \_\_\_\_\_

\* With parent consent, appropriate agency representatives will be invited to attend

We anticipate that the following IEP team members will be in attendance:

Title	Name	Title	Name
LEA Representative			
General Education Teacher			

NOTE: If you wish to audio tape this meeting, you must provide 24 hour notice.

### PARENT RESPONSE


- ☐ I have received a copy of the *Notice of Procedural Safeguards*.  
☐ I plan to attend the meeting.  
☐ I do not plan to attend the meeting, but am available by teleconference.  
☐ I request a different time and/or place; please contact me at: \_\_\_\_\_  
☐ I request an interpreter in my primary language or other mode of communication: \_\_\_\_\_  
☐ I do not plan to attend the meeting but give consent for the meeting to be held without me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.  
☐ I do not plan to attend the meeting but will send \_\_\_\_\_ to represent me; I understand that the IEP and related documents from this meeting will be provided to me for my signature and I agree to return them in a timely manner.  
☐ If transition planning and services will be discussed, I consent to appropriate agency representatives being invited.

Signature of Parent/Adult Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and sign this form, and return to: \_\_\_\_\_

NC 6A (6/15)

# Best Practices before the IEP meeting



**FAMILY EDITION**  
BEFORE, DURING & AFTER the IEP

## Parent Checklist For IEP Meetings

As a parent/guardian you are a valuable and required member of the Individualized Education Program (IEP) team. This checklist offers ideas to support you before, during, and after an IEP team meeting.


**Why is this important?**  
The Individuals with Disabilities Education Act (IDEA) requires that the IEP team include the parent(s) of the child with a disability. Likewise, "each public agency must take steps to ensure that one or both of the parents are present" and are "afforded the opportunity to participate." CFR § 300.321 and 300.322

### Before

- Review the invitation to the IEP team meeting. Return the signed invitation to your child's case manager. If you have any questions about scheduling, reach out to your case manager.
- If there is anyone else you would like to include in the meeting (friend, family member, other person(s) who work with your child, etc.), reach out to them to see if they can attend. Bring anything that may help you feel comfortable during the meeting.
- Read and understand the parents' rights/procedural safeguards.
- Be prepared to discuss your child's strengths and needs. If asked, fill out any teacher requests for input about your child. Consider using the [Building on My Child's Strengths](#) protocol and share with your child's teacher.
- Review the goals and services from last year's IEP to give your input as to your child's progress. Write notes/bring work samples that show your child's progress on those goals. This will give you the opportunity to participate when reviewing the report of progress on previous goals.
- Gather any other relevant records from the past year about your child (e.g. private assessments, doctor visits, information about other groups or activities your child is a part of) that you think are relevant and would like to share with the IEP team.
- Prepare and send any questions, concerns, recommended goals, etc. to the case manager before the meeting. Ask the case manager to include them in the IEP agenda.
- If there are any requests to excuse IEP team members who cannot attend the meeting, consider the excusal, and if you agree, sign and return the Excusal Form. If you are not in agreement, discuss rescheduling with your child's case manager.
- Ask for an interpreter, if needed.

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**FAMILY EDITION**  
BEFORE, DURING & AFTER the IEP

## During

- Review the agenda together with the IEP team and ensure it includes everything you want to be discussed.
- If jargon or acronyms are used that you need clarification on, be sure to ask for clarification.
- During the meeting you will be asked for your input and concerns. Share the information you've gathered. Remember your input is valuable as an IEP team member.
- Throughout the meeting, ask any questions that may come up. If the IEP team doesn't have an answer right away, ensure a plan is made to follow up.
- Ensure that your concerns, if applicable, are noted and addressed.
- If time runs out during the meeting, make a plan to continue the meeting on another day.
- If there are unresolved concerns or any disagreements, make a plan with the IEP team for next steps.
- If you are in agreement with the IEP offer, sign for consent. If you need time to review, you can take it home for consideration. Make a plan for following up with the team if needed.
- At the conclusion of the meeting, be sure you receive a copy of the IEP documents and reports to take with you.

## After

- Review all the documents you receive and ensure everything is accurately recorded. If you have questions or concerns, contact your child's IEP case manager.
- Complete any follow up steps agreed to during the IEP.
- As a member of the IEP team, work collaboratively with the team to ensure all components of the IEP are implemented. If you are unsure, contact your IEP case manager right away.
- Work with your child to make progress on their IEP goals.


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# Role of Parent in the Assessment Process


- The parent provides unique perspective about their child and discuss their child's strengths and challenges.
- Making the child available for assessment at the specified date/ time.
- Answering interview questions and filling out assessment questioners.
- They can share information, work samples, other reports or activities they do with their child.
- Asking for any clarification on the assessment process or reports.

Even if the student has a medical diagnosis, the child may not qualify for special education services.





## Autism Identification and Supports


Medical Diagnosis	Educational Eligibility
<b>Who:</b> A pediatrician can make a referral for an evaluation. Typically a clinical psychologist, neurologist, or developmental pediatrician diagnose.	<b>Who:</b> An IEP team consisting of school-based professionals and parent(s)/caregiver(s).
<b>What Criteria:</b> Based on criteria outlined in the Diagnostic Statistical Manual, currently in the 5th Edition, (DSM-V).	<b>What Criteria:</b> California Education Code, 5 CCR § 3030(b) (f) definition of Autism (impact on educational performance and need for special education required). Medical diagnosis alone is not sufficient.
<b>When:</b> As young as 18 months.	<b>When:</b> Beginning at age 3 (educational services may be provided through age 22).
<b>How Long:</b> A medical diagnosis of Autism is considered life-long.	<b>How Long:</b> Until exited from special education; re-evaluation occurs every 3 years to determine continued eligibility.
<b>What Services Can Be Accessed:</b> Services outside of the educational system including supports provided at home, after-school, or during school breaks and for respite. Services funded through health insurance or Regional Centers, etc. Services can include Applied Behavior Analysis (ABA) therapy, speech therapy, occupational therapy, social skills groups, etc.	<b>What Services Can Be Accessed:</b> School-based supports may include speech therapy, specialized academic instruction, occupational therapy, or other services based on each child's unique needs.
<b>When:</b> Outside of school hours.	<b>When:</b> During school year and school hours.
<b>Where Services Happen:</b> At home, a clinic, or in the community.	<b>Where Services Happen:</b> At school. (School-based.)




**CALECSE**  
California Early Childhood  
Special Education Network

 (650) 956-1679 (T)  
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Costa Mesa, CA 92626

 info@calecse.org

 calecse.org

# Feedback Survey

**Thank You**  
For Your Attention!

Any Questions





# Resources:

