Special Education IEP Timelines

Los Angeles Unified School District
Division of Special Education

Objectives

Ensure timely completion of IEP process

 Document mandated timelines on District forms

Document mandated timelines in Welligent



Request for Special Education Assessment

- Initial request for special education assessment is made in writing by either staff members or parent/guardian
- Document initial request on the Request for Special Education Assessment form
- Form is accessed in Welligent – "Downloads"

	S UNIFIED SCHOOL DISTRICT pecial Education Assessment	
omplete this form if you wish to request an assessment to d	determine this student's eligibility to receive special education and	d/or related
ervices. Once you have completed this form, return it to the earents requesting an assessment should receive and complete.	e person designated below. Within 15 days, you will receive a wr plete the "Student Information Questionnaire."	itten response.
. Name of student (last/first/middle)	Date of birth	
itudent address	Phone()	
Male Grade	Student's primary language	
chool of residence	School of attendance	
Name of parent/guardian		
arent/Guardian address (if different than student)	Phone ()	
lame of referring person		
What is your relationship to this student?MotherFathe	er Guardian Other (specify)	
request is from someone other than parent/guardian, is the pa		
What are your concerns about this student?	di violge di cina di c	
PARENT/GUARDIAN I hereby request a special educa	ation assessment.	
Signature	Date	
C. IF DISTRICT STAFF MEMBER IS MAKING THE REQUE Date: Action/Modification:	JEST: What prior actions/modifications have been taken to help Outcome:	p this student?
	The state of the s	
DISTRICT STAFF MEMBER► I hereby request a special of	education assessment.	
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Signature	Position Date	
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Signature District contact Address ADMINIS E. Date Request for Special Education Assessment provided: Date received by school/office:	Position Date ETURN THIS FORM TO: School/Office Phone () STRATIVE/OFFICE USE ONLY /	1



Request for Special Education Assessment

- Date of request begins timelines
- School has 15 calendar days to provide to parent either an assessment plan or written notice that the request for assessment is inappropriate at this time

	INGELES UNIFIED SCHOOL DISTRICT
	est for Special Education Assessment
ervices. Once you have completed this form, r	sessment to determine this student's eligibility to receive special education and/or related return it to the person designated below. Within 15 days, you will receive a written response, we and complete the "Student Information Questionnaire."
. Name of student (last/first/middle)	Date of birth
itudent address	Phone()
I Male □ Female Grade	Student's primary language
chool of residence	School of attendance
I. Name of parent/guardian	
*	
arent/Guardian address (if different than student	Phone ()
lame of referring person	
	herFatherGuardianOther (specify)
request is from someone other than parent/guar	dian, is the parent/guardian aware of request?
What are your concerns about this student?	
The second secon	
PARENT/GUARDIAN > I hereby request a s	pecial education assessment.
Signature	Date
	THE REQUEST: What prior actions/modifications have been taken to help this student?
Date: Action/Modification:	Outcome:
Date: Action/Modification:	Outcome:
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Special Education Assessment Plan

- Provide "A Parents Guide to Special Education Services (Including Procedural Rights and Safeguards)" with the Assessment Plan or written notice that the request for assessment is inappropriate at this time
- Parent has 15 days to return signed Assessment Plan

Name	Birthdate	ID# Grade
School of Attendance	School of Residen	nce
Student Language/Alternate Mode of Comm		COM/ELD/ESL Level
Assessment Areas (*including consideration of need for specialized equipment). See other side for descriptions.	Assessment may include review of existing data, observations a input. It may also include the use of standardized tests, develop and alternative assessments.	and parent Assessment will be conducted by the District staff checked below.
Health and Development, including Vision and Hearing	Standardized Tests (See other side) Alternative Assessment	Nurse/Physician Audiologist Other
2. General Ability	Stardardized Tests (See other side) Preschool Team Assessment Experimental III Alternative Assessment	Psychologisi
3. Academic Performance	Standardized Tests (See other side) Preschool Team Assessment Experimental III Alternative Assessment	Special Education Teacher Other
4. Language Function	Standardized Tests (See other side) Preschool Team Assessment Experimental III Alternative Assessment	Psychologist Language and Speech Therapist Special Education Teacher Other
5. Motor Abilities	Standardized Tests (See other side) Preschool Team Assessment Experimental III Alternative Assessment	Psychologist Adapted P.E. Teacher Special Ed. Teacher Occupational Therapist Physical Therapist Other
6. Social-Emotional Status	Standardized Tests (See other side) Preschool Team Assessment Experimental III Alternative Assessment	Psychologist Special Education Teacher
Self-Help, including Orientation and Mobility	Standardized Tests (See other side) Preschool Team Assessment Exper Alternative Assessment	
Career and Vocational Abilities/Interests	Inventories Obse Surveys Obse Questionnaires	A Parent's Guide
Accommodations in test administration	Reason qualifie	To
I have reviewed the Special Education Assessment I Procedural Rights and Safeguards). Parents of stud		Special Education
assessment shall be conducted without my written c CHECK ONE YES, I consent to the Assessment Plan.	onsent and no educational placement or set	Services
YES, I consent to the Assessment Plan exce		
NO, I do not consent to the Assessment Plan Parent/Guardian Signature Home Phone Work Phone	(Incl	luding Procedural Rights and Safeguards)
CHECK AS APPROPRIATE I have attached the following independent events of the control of the con	State of the state	Les Angeles Unified School District Revised June 2009
I would like to have acditional areas of educ I would like to have a copy of the psycholog translate the report into the following langua FOR OFFICE USE ONLY Enclosed with th Plan sent on by mail s	ist's assessment report resulting from this a ge: is plan. A Parent's Guide to Special Ethica tudent other 2 nd pla	
in (language, if other than	English) Signed plan rec'd	966-12-18989 [Rev. June 2009 Parent': Guide to Special Education Service: - English]

Special Education Assessment Plan

- Within 60 calendar days from date signed Assessment Plan is received by school, all assessments and reports must be completed and the IEP meeting held
- Timelines stop and re-start again when off-track time and school vacation exceed 5 school days
- Assessment Reports
 - If requested by the parent, the school provides assessment reports to the parent within 4 working days before the date of the IEP meeting

Notification to Participate in an Individualized Education Program (IEP) Meeting

- Parent should receive written notice of IEP meeting at least 10 calendar days prior to scheduled IEP meeting
- All IEP team members should receive notice of IEP meeting at least 10 calendar days prior to scheduled IEP meeting

PURPOSE OF MEETING (Check all that apply) Determine eligibility (based on disability and need) for special education pervices Develop, review and/or revise an Individualized Education Program (IEP) Facilitate Early Start Transition Conduct as three year review of the IEP Facilitate Early Start Transition For Parent Shotent Sh	Check as appropriate Will bring the following representatives to the meeting. Wand/Tule:
TYPE OF MEETING: Check all that apply) Determise eligibility (based on disability and need) for special education pervices Develop, review and/or revise an Individualized Education Program (IEP) secondary of the IEP Facilitate Early Start Transition SIDVIDUALS INVITED TO PARTICIPATE (Check all that apply) Parent Student Student Numer/Dector Administrator/Designee Special Education Teacher Special Education Teacher General Education Teacher Agreem TRESPONS ESCTION Please Check One Box I intend to be there; however, you may proceed without me if I am unable to at I am got all to attend the meeting. Please forward a topy of the IEP for energing please forward a spry of the IEP for energing please forward as provided the residence of the processor of the IEP team consider independent educational evaluation report(s) following person(s):	Cotter accilitate Preschool Transition evelop, review and/or revise Individual Transition Plan (ITP) and posi- dary goals there esignated Instruction and Services (DIS) representative(s) peority the service(s) gency (specify) there (specify) there (specify) there (specify) there (specify) Check as appropriate [I will bring the following representatives to the meeting Name/Title: 1 have special needs and request the following second-order or control of the provided for your review of charge (Specify) language, including sign language)
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Determine eligibility (based on disability and need) for special education services Develop, review and/or revise an Individualized Education Program (IEP) second content of the IEP and Individualized Education Program (IEP) second content of IEP and III and II	acilitate Preschool Transition levelop, review and/or revise Individual Transition Plan (ITP) and post- dary goals dry goals pocify the service[s]) goary (specify) that (specify) that (specify) Check as appropriate and. I will thrugh the following representatives to the meeting. Nama/Tule: 1 have special needs and request the following secondodation: I need an interpreter I understand one will be provided for of charge. (Specify language, including sign language)
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Pacifizate Early Start Transition NOVIDUALS INVITED TO PARTICIPATE (Check all that apply) Plarent Parent	ther: tesignated Interaction and Services (DIS) representative(s) possity the service[s]) genzy (specify) ther (specify) the (specify) the fallowing the (EF) with our Check as appropriate and. Check as appropriate I will bring the following representatives to the meeting. Ammo/Tule: Ammo/Tule: Those special needs and request the following accommodation: I need an interpreter. I understand one will be provided for of charge. (Specify language, including sign language)
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Please Check One Box I intend to be there; however, you may proceed without me if I am unable to at I am got able to attend the meeting. Please forward a copy of the IEP for my re signature. I intend to be there; however, if I am unable to attend please contact me to resi- conduct the meeting by telephone conference. The above meeting date and time is not convenient for me. Please contact me to reachedule. wish to have the IEP team consider independent educational evaluation report(s) allowing person(s).	Check as appropriate Will bring the following representatives to the meeting. Wand/Tule:
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ntowing person(s):	
onowing person(s):	previously sent to be submitted prior to the IEP meeting from the
	Phone;
Name: Title:	Phone:
PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE, KEE	THE "PARENT COPY" FOR YOUR RECORDS.
Signature of Parent/Guardian or Student (if over 18 with educational rights)	Please Print Name
Address: Street City Zip	Phone: Home Other
Pirect your questions to:	
Cantact Person	. Phone
chool/Office Address Street	City Zip
OR SCHOOL USE ONEA School: Local District:	
Enclosed with this notification: A Parent's Guide to Special Education Services (Including Pro forification Method By Who When	mediaral Rights and Safeguards) The IEP and You The ITP and You Meeting Date Parent Response



Additional IEP Timelines

■ IEP is conducted within one calendar year from the previous IEP meeting

Parent Request

- When parent of a special education student provides written request for an IEP that does not require assessment, the school must convene an IEP meeting within 30 calendar days of parent request
- □ When parent of a special education student provides written request for assessment, an assessment plan or written notice that assessment is inappropriate at this time must be provided within 15 calendar days from date of request



Additional IEP Timelines

- Out of District
 - □ IEP is conducted within 30 days from the date of enrollment of a student with an IEP from another school district
- Individual Transition Plan (ITP)
 - □ IEP must include ITP for students age 14 years and older
 - □ ITP must be developed prior to student's 14th birthday to ensure that ITP is in place when student reaches age 14