



# **“10 Steps” The Basics of Special Education Process Under IDEA**

Los Angeles Unified School District  
Division of Special Education



# Objectives

- Provide background information about the Individuals with Disabilities Education Act
- Provide 10 basic steps of the special education process



# IDEA

## Individuals with Disabilities Education Act

- What is IDEA?
  - Purpose
  - Who is Protected
  - Free Appropriate Public Education (FAPE)

# Legal Guidelines

- PL 94-142 (Education for All Handicapped Children Act)
- IDEA (Individuals with Disabilities Education Act)
- IDEA '97 & '04 (Reauthorizations)
- Modified Consent Decree (MCD)





# 10 BASIC STEPS

## Special Education Process

- Child Identified as Possibly Needing Special Education and Related Services
- Child is Assessed
- IEP Meeting is Scheduled
- IEP Meeting is Held and IEP is Written
- Eligibility is Decided
- Child is Found Eligible for Services
- Services Are Provided
- Progress is Measured and Reported to Parents
- IEP is Reviewed
- Child is Reassessed



# STEP 1

## Child Identified as Possibly Needing Special Education and Related Services

- Academic troubles
- Behavioral problems
- Physical issue that adversely affects his or her educational performance
- Emotional or social dysfunction or difficulty
- Some other manifestation of difficulty (e.g. inattention, speech problems)

# STEP 1

## Child is Identified as Possibly Needing Special Education and Related Services (continued)

- Search and Serve / Child Find
- Requesting an Evaluation
- Student Record
- Special Education Referral Process
  - What to do when referring a child for special education
  - SST
- Special Education Green Folder
  - What documentation is to be maintained in the student's special education green folder

# Green Folder



- Access Log (Outside front cover)
- Parent Request for Reasonable Accommodations (Inside front cover)
- Contents in Chronological Order (most recent on top)
  - Request for Special Education Assessment
  - Special Education Assessment Notification
  - Special Education Assessment Plan
  - Notification to Participate in an IEP Meeting
  - Excusal Form
  - Assessment Reports (excluding Psychologist & Nurse)
  - IEP





# STEP 2

## Child is Assessed

- Assessment Definition
- Key Points:
  - Purposes of Assessment
  - Scope of Assessment

# STEP 2

## Child is Assessed (continued)

- Key Points (continued):
  - Ensuring Technical Quality and Soundness
  - Considering Language, Communication Mode, and Culture
- Special Education Assessment
  - What to do when assessing a child for special education

# 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
- Date of request begins timelines
  - 15 calendar days

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Request for Special Education Assessment**

Complete this form if you wish to request an assessment to determine this student's eligibility to receive special education and/or related services. Once you have completed this form, return it to the person designated below. Within 15 days, you will receive a written response. Parents requesting an assessment should receive and complete the "Student Information Questionnaire."

A. Name of student (last/first/middle) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Male  Female Grade \_\_\_\_\_ Student's primary language \_\_\_\_\_  
School of residence \_\_\_\_\_ School of attendance \_\_\_\_\_

B. Name of parent/guardian \_\_\_\_\_  
Parent/Guardian address (if different than student) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Name of referring person \_\_\_\_\_  
What is your relationship to this student? \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other (specify) \_\_\_\_\_  
If request is from someone other than parent/guardian, is the parent/guardian aware of request?  Yes  No  
What are your concerns about this student? \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN ► I hereby request a special education assessment.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

C. IF DISTRICT STAFF MEMBER IS MAKING THE REQUEST: What prior actions/modifications have been taken to help this student?  
Date: Action/Modification: Outcome:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRICT STAFF MEMBER ► I hereby request a special education assessment.  
Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO:**

D. District contact \_\_\_\_\_ School/Office \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ADMINISTRATIVE/OFFICE USE ONLY**

E. Date Request for Special Education Assessment provided: \_\_\_\_/\_\_\_\_/\_\_\_\_ by:  mail  conference  other \_\_\_\_\_  
Date received by school/office: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Assessment Plan/Response due: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(15 calendar days after receipt of signed Request)  
Request received by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
White action copy given to Administrator/Designee: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

English

# Special Education Assessment Plan

- Provide “A Parents Guide to Special Education Services (Including Procedural Rights and Safeguards)”
- Parent has **15 days** to return signed Assessment Plan
- Within **60 calendar days** IEP meeting held
- Provide assessment reports to the parent within **4 working days** before the date of the IEP meeting

Los Angeles Unified School District SPECIAL EDUCATION ASSESSMENT PLAN		
Name	Birthdate	Grade
School of Attendance	School of Residence	ID#
Student Language/Alternate Mode of Communication	Home Language	COM/EL/DESI Level
<small>Assessment Areas (including consideration of need for specialized equipment). See other side for instructions.</small>		
1. <input type="checkbox"/> Health and Development, including Vision and Hearing	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Nurse/Physician <input type="checkbox"/> Audiologist <input type="checkbox"/> Other
2. <input type="checkbox"/> General Ability	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Psychologist
3. <input type="checkbox"/> Academic Performance	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Other
4. <input type="checkbox"/> Language Function	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Psychologist <input type="checkbox"/> Language and Speech Therapist <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Other
5. <input type="checkbox"/> Motor Abilities	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Psychologist <input type="checkbox"/> Adapted P.E. Teacher <input type="checkbox"/> Special Ed. Teacher <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Other
6. <input type="checkbox"/> Social-Emotional Status	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	<input type="checkbox"/> Psychologist <input type="checkbox"/> Special Education Teacher
7. <input type="checkbox"/> Self-Help, including Orientation and Mobility	<input type="checkbox"/> Standardized Tests (See other side) <input type="checkbox"/> Preschool Team Assessment Experimental III <input type="checkbox"/> Alternative Assessment	
8. <input type="checkbox"/> Career and Vocational Abilities/Interests	<input type="checkbox"/> Inventories <input type="checkbox"/> Observations <input type="checkbox"/> Surveys <input type="checkbox"/> Interviews <input type="checkbox"/> Questionnaires	
<small>Accommodations in test administration Reason qualified</small>		
<b>PARENT/GUARDIAN CONSENT</b> <small>I have reviewed the Special Education Assessment Notification and the Special Education Assessment Plan (including Procedural Rights and Safeguards). Parents of students who are Med-Cal eligible are referred to the Special Education Department for more information. Assessment shall be conducted without my written consent and no educational placement or services shall be provided without my written consent.</small> <b>CHECK ONE</b> <input type="radio"/> YES, I consent to the Assessment Plan. <input type="radio"/> YES, I consent to the Assessment Plan except in the following area(s): _____ <input type="radio"/> NO, I do not consent to the Assessment Plan.		
<small>Parent/Guardian Signature: _____</small> <small>Home Phone: _____ Work Phone: _____</small> <b>CHECK AS APPROPRIATE:</b> <input type="checkbox"/> I have attached the following independent evaluation report(s) or will provide a copy of the report(s) to the school. _____ <input type="checkbox"/> I would like to have additional areas of educational concern addressed (specify): _____ <input type="checkbox"/> I would like to have a copy of the psychologist's assessment report resulting from this assessment translated into the following language: _____		
<b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> Enclosed with this plan. <i>A Parent's Guide to Special Education Services</i> <small>Plan sent on _____ by <input type="radio"/> mail <input type="radio"/> student <input type="radio"/> other _____  <small>in (language, if other than English) _____ 2nd file _____  <small>Signed plan received _____</small> </small></small>		

**A Parent's Guide  
To  
Special Education  
Services  
(Including Procedural Rights and Safeguards)**

**Los Angeles Unified School District  
Revised June 2009**

946-12-1899 (Rev. June 2009) Parent's Guide to Special Education Services - English

# STEP 3

## IEP Meeting is Scheduled

- What is an IEP?
- Timeframe for IEP Meeting
- Scheduling the IEP Meeting
- Parent Participation
- Preparation for IEP Meeting
  - Information about how to prepare for an upcoming 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

LOS ANGELES UNIFIED SCHOOL DISTRICT  
NOTIFICATION TO PARTICIPATE IN AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING

You are invited to attend and participate as a member of an Individualized Education Program (IEP) team meeting for:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ IDe: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Meeting: \_\_\_\_\_

**TYPE OF MEETING:**  Initial  Review  Other

**PURPOSE OF MEETING (Check all that apply)**

Determine eligibility (based on disability and need) for special education services

Facilitate Preschool Transition

Develop, review and/or revise an Individualized Education Program (IEP)

Develop, review and/or revise Individual Transition Plan (ITP) and post-secondary goals

Conduct a three year review of the IEP

Conduct Expulsion Analysis

Facilitate Early Start Transition

Other: \_\_\_\_\_

**INDIVIDUALS INVITED TO PARTICIPATE (Check all that apply)**

Parent  Psychologist  Designated Instruction and Services (DIS) representative(s)

Student  Nurse/Doctor (Specify the service(s))

Administrator/Designee  Interpreter  Agency (specify)

Special Education Teacher  Counselor  Other (specify)

General Education Teacher  Transition Teacher

**PARENT RESPONSE SECTION** *If you cannot attend the meeting, a copy of the Individualized Education Program (IEP) will be provided for your review and signature. A team member will contact you to review the IEP with you.*

**Please Check One Box**

I intend to be there, however, you may proceed without me if I am unable to attend.

I am not able to attend the meeting. Please forward a copy of the IEP for my review and signature.

I intend to be there, however, if I am unable to attend, please contact me to reschedule or conduct the meeting by telephone conference.

The above meeting date and time is not convenient for me. Please contact me to reschedule.

**Check as appropriate**

I will bring the following representatives to the meeting.  
Name/Title: \_\_\_\_\_

I have special needs and request the following accommodation:  
 I need an interpreter. I understand one will be provided free of charge. (Specify language, including sign language)

I wish to have the IEP team consider independent educational evaluation report(s)  previously sent  to be submitted prior to the IEP meeting from the following person(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE. KEEP THE "PARENT COPY" FOR YOUR RECORDS.**

X \_\_\_\_\_  
Signature of Parent/Guardian or Student (if over 18 with educational rights) \_\_\_\_\_ Please Print Name \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Direct your questions to: \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

School/Office \_\_\_\_\_ Address Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**FOR SCHOOL USE ONLY** School: \_\_\_\_\_ Local District: \_\_\_\_\_

Included with this notification:  A Parent's Guide to Special Education Services (including Procedural Rights and Safeguards)  The IEP and  The ITP and You

Notification Method: \_\_\_\_\_ By Whom: \_\_\_\_\_ When: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ Parent Response: \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Signed Notification received on \_\_\_\_\_ by \_\_\_\_\_

COMMUNITY CODE: 4.666(17761) (01/01/03)



# STEP 4

## IEP Meeting is Held and IEP is Written

- IEP Meeting Participants
- Specific Information
  - Present Levels of Performance
  - Progress and Involvement in the General Education Curriculum



# Beginning the Meeting

## ■ Parents' Rights

- Ask parents if they have received

- *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)*

- *The IEP and You*

- *The ITP and You*

- Review contents at each meeting



# During the Meeting

- Stay student-centered
- Focus on student's needs
- Check for understanding
- Be an active listener
- No sidebar conversations
- Watch body language
- Avoid acronyms



# During the Meeting


- Do not take parents' complaints personally
- Give every consideration to parents' request
- Make recommendations based on data and professional expertise
- Recess meeting if additional information needs to be gathered



# During the Meeting

## ■ PLPs

- Provide copies of reports
- Summarize PLPs
- Address one performance area at a time
- FAPE based on student need in PLPs

Present Levels of Performance		
		
Student: _____		
Performance Area: _____		
Goal 1 Achieved?: Y N NA	Goal 2 Achieved?: Y N NA	
Strengths/Abilities	Challenges/Needs	Supports/Accommodations



# During the Meeting

- Eligibility

- Initial and reassessment IEP

- Determine whether student meets legal eligibility criteria

- Determine whether student needs special education and/or related services



# During the Meeting

- Goals and Objectives

- Service providers

- Present recommended goals
    - Goals based on needs stated in PLP

- Input

- Parents
    - Other IEP team members



# During the Meeting

- Placement and Consideration of Least Restrictive Environment (LRE)
  - Change of placement not recommended
    - Review current placement
    - Confirm placement is appropriate
  - Initial placement/change of placement recommended
    - Consider all LRE placement options
    - Discuss advantages and disadvantages

# During the Meeting

## ■ Supports

- Testing Adaptations/Accommodations/Modifications
- Instructional Accommodations/Modifications
- Nonacademic/Extracurricular Activities
- Assistive Technology
- Extended School Year
- Transportation
- Low Incidence Support





# During the Meeting

## ■ Services

- Special Education Services and/or Related Services
  - Service provider
  - How often
  - Location of services
- Related Services
  - Must address unique student need
  - Review PLPs



# STEP 5

## Eligibility is Decided

- Group Determining Eligibility
- Factors to Consider
  - Special Rule
  - Variety of Sources
  - Identifying Children with Learning Disabilities

# STEP 6

## Child is Found Eligible for Services

- Eligible for Services
  - Child with a Disability
  - Need Special Education and Related Services
- Not Eligible for Services
- Disagreement with IEP
- Resolving IEP Disagreements
  - What to do when the parent disagrees with the IEP



# When Parent Disagrees

- Clarify areas of agreement and disagreement
- Attempt to work out disagreement within IEP process
- Document in IEP, Section Q
  - Elements of agreement and disagreement
  - Steps to be taken by school and/or parent
  - Date for reconvening IEP meeting, if necessary



# When Parent Disagrees (continued)

- If areas of concern cannot be resolved through IEP process, inform parent of three dispute resolution options available in District
  - Informal Dispute Resolution (IDR)
  - State Mediation Only
  - Formal Due Process Proceedings



# **STEP 7**

## **Services Are Provided**

- **Parent Written Consent**
- **Implement IEP**
- **Service Provider Access to IEP**



# STEP 8

## Progress is Measured and Reported to Parents

- Measure Progress
- Reported Periodically to Parents
- “IEP Report of Progress and Achievement from Current IEP”
  - Information about the process of periodic progress reporting for students with IEPs


# When is student progress toward meeting IEP goals provided?

- *IEP Report of Progress and Achievement from Current IEP*
  - Provided concurrent with school's regular reporting periods
  - For elementary schools
    - Provided 3 times per year with issuance of Progress Reports
  - For secondary schools
    - Provided 4 times per year with issuance of Report Cards

# How do you complete *IEP Report of Progress and Achievement from Current IEP*?

- Enter date in first column on left
  - Date corresponds to Progress Report or Report Card reporting period
- Enter progress mark
- Select “Yes” or “No” to following question...
  - Is progress sufficient to meet annual goal?
- If answer is “No”
  - Select most appropriate comment





# How do you distribute *IEP Report of Progress and Achievement from Current IEP?*

- School develops procedure for distribution of report to parents
- Follow your school's established procedure



# STEP 9

## IEP is Reviewed

- Once Every 12 Months
- Request for IEP Review
  - Parent
  - School



# **STEP 10**

## **Child is Reassessed**

- **When Reassessment Occurs**
- **What Reassessment Shares with Initial Assessment**



# For more information . . .

- Consult the [Interactive Electronic Policies and Procedures Manual](#)