



Special Education Assessment

Los Angeles Unified School District
Division of Special Education



Objective

- Become aware of procedures for special education assessment listed below
 - Identify Purpose for Assessment
 - Request Assessment
 - Develop Assessment Plan
 - Notify Parent
 - Obtain Consent
 - Conduct Assessment
 - Write Assessment Report



Purpose of Assessment

- Provides Information for IEP Team to:
 - Determine student's present levels of educational performance
 - Determine whether student has disability and requires special education and related services
 - Determine instructional needs of student including accommodations, modifications, and other services that may be required



Identify Purpose for Assessment

- Initial Assessment

- Determine whether student has disability

- Determine need for special education and related services



Identify Purpose for Assessment

■ Reassessment

- Student may no longer have a disability
- Student may have additional or different disability
- Student is not adequately progressing in achieving goals/objectives in his/her IEP
- Student's current special education and related services may no longer be appropriate
- Student may no longer need special education and related services



When to Conduct Reassessment

- Every Three Years
 - Unless parent and District agree in writing that reassessment is unnecessary
- At Request of Parent or District Staff
 - Not more than once a year

Must Conduct Reassessment

- Comprehensive Reassessment
 - Emotional Disturbance (ED) Eligibility
 - Program Support
 - BIC/BID/BII/BIT Services
- BUL-1309 (ED)
- REF-5052.1 (Behavior)



Request Assessment

■ Request for Special Education Assessment Documents:

Documents:

- Who made request
- Date of request
- Date assessment plan due to parent within 15 calendar days
 - Requests made within last 10 days of the regular school year, due within first 10 days of subsequent school year

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 please observe and complete the "Student Information Questionnaire."

A. Name of student (last/first/initials) _____ 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): _____

I request a free assessment 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: _____

IF YOU ARE NOT THE PARENT OR GUARDIAN OF THE CHILD, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS IN THE SPACE PROVIDED. IF YOU ARE NOT THE PARENT OR GUARDIAN OF THE CHILD, YOU MUST SIGN AND PRINT YOUR NAME AND ADDRESS IN THE SPACE PROVIDED.

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: _____
(to calendar days after receipt of signed request)

Request received by: _____ Position: _____ Date: _____

While a full copy given to Administrator/Designer: _____ Name: _____ Date: _____

English

Develop Assessment Plan

- Provided to Parent
 - In language of the home
 - Within 15 calendar days from receipt of written request
- Assessment Plan
 - Areas to be assessed
 - Types of assessments
 - Responsible assessors

Name	Subject	IFA	Date
SPECIAL EDUCATION ASSESSMENT PLAN			
Name of Parent/Guardian	Name of Student	IF #	DOB
Address	Address	Address	Address
City	City	City	City
State	State	State	State
Zip	Zip	Zip	Zip
I, the undersigned, hereby request a Special Education Assessment for my child/children named above, who is/are currently attending the above school. I understand that this assessment will be conducted by a qualified assessor and will include the following:			
1. Areas to be assessed	2. Types of assessments	3. Responsible assessors	
□ Reading	□ Standardized Achievement Test	□ Reading Specialist	
□ Writing	□ Writing Sample	□ Writing Specialist	
□ Math	□ Math Computation	□ Math Specialist	
□ Science	□ Science Knowledge and Application	□ Science Specialist	
□ Social Studies	□ Social Studies Knowledge and Application	□ Social Studies Specialist	
□ English as a Second Language (ESL)	□ Standardized Test (WISC-III)	□ Reading Specialist	
□ Foreign Language	□ Foreign Language Assessment	□ Foreign Language Specialist	
□ Career Assessment	□ Career Assessment	□ Career Specialist	
RESULTS OF ASSESSMENT			
DATE OF ASSESSMENT: _____			
RESULTS: _____			
RECOMMENDATIONS: _____			
DATE: _____			
SIGNATURE: _____			
PRINTED NAME: _____			
ADDRESS: _____			
CITY: _____			
STATE: _____			
ZIP: _____			
TELEPHONE: _____			
FOLLOW UP: _____			
DATE OF FOLLOW UP: _____			
FOLLOW UP RESULTS: _____			
FOLLOW UP SIGNATURE: _____			
FOLLOW UP PRINTED NAME: _____			



Develop Assessment Plan

■ Collaboration

- Student's teachers (general/special education)
- Appropriate District staff
 - School psychologist, related services personnel, school nurse

■ Variety of Information Sources

- Student records, work samples, parent and teacher input, observations

Notify Parent

■ Send to Parent

- *Special Education Assessment Notification*
- *Special Education Assessment Plan*
- *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards), June 2009*
- *Parent Request for Reasonable Accommodations*

Obtain Consent



- School Receives Signed Assessment Plan
 - Enter date into Welligent
 - 60 calendar days to conduct assessment and hold IEP meeting

- Notify Assessors of Assessment Responsibilities Using Welligent System



What if Parent Refuses Consent to Assessment?

- For Initial Assessment

- Assessment process stops
- District not required to pursue assessment

- For Reassessment

- Assessment process stops
- District not required to pursue reassessment



What if District Unable to Obtain Consent to Assessment?

- Applies to Reassessment Only If
 - District made reasonable efforts to obtain consent
 - Parent has failed to respond to request for consent

- District **May** Conduct Reassessment without Parental Consent



Conduct Assessment

- *Follow Special Education Policies and Procedures Manual pp.37-40*
- Consistent with Assessment Plan
- Multiple Assessment Instruments and Strategies
- Review of Record, Interviews with Parents and Teachers
- Observation of Student



Assessment Report

- Written Assessment Report
- Attach Report in Welligent
- Provide Report to Parent at IEP Meeting
- If Requested, Provide Report to Parent 4 Working Days Prior to Meeting