



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”

LOS ANGELES UNIFIED SCHOOL DISTRICT Request for Special Education Assessment	
<small>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."</small>	
A. Name of student (last/first/middle) _____ Date of birth _____ Student address _____ Phone() _____ <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: District contact _____ School/Office _____ Address _____ Phone () _____	
ADMINISTRATIVE/OFFICE USE ONLY E. Date Request for Special Education Assessment provided: ____/____/____ by: <input type="checkbox"/> mail <input type="checkbox"/> conference <input type="checkbox"/> other _____ Date received by school/office: ____/____/____ Date Assessment Plan/Response due: ____/____/____ <small>(15 calendar days after receipt of signed Request)</small> Request received by: _____ Position: _____ Date: ____/____/____ White action copy given to Administrator/Designee: _____ Name _____ Date: ____/____/____	
English	

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

LOS ANGELES UNIFIED SCHOOL DISTRICT Request for Special Education Assessment	
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A. Name of student (last/first/middle) _____ Date of birth _____	
Student address _____ Phone () _____	
<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> mail <input type="checkbox"/> conference <input type="checkbox"/> other _____	
Date received by school/office: ____/____/____ Date Assessment Plan/Response due: ____/____/____ <small>(15 calendar days after receipt of signed Request)</small>	
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)*” 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

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/ELDESI 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	
Accommodations in test administration	Reason qualified	
PARENT/GUARDIAN CONSENT <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 Assessment Plan for more information. Assessment shall be conducted without my written consent and no educational placement or services shall be provided until I have signed this consent form.</small>		
CHECK ONE <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.		
Parent/Guardian Signature: _____ Home Phone: _____ Work Phone: _____		
CHECK AS APPROPRIATE: <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: _____		
FOR OFFICE USE ONLY: <input type="checkbox"/> Enclosed with this plan is <i>A Parent's Guide to Special Education Services</i> . Plan sent on _____ by <input type="radio"/> mail <input type="radio"/> student <input type="radio"/> other _____ in (language, if other than English) _____ Signed plan received by _____		

**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)

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

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 languages, 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.

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 You The IEP and You Notification Mailed By Who When Meeting Date Parent Response

1 _____

2 _____

3 _____

Signed Notification received on _____ by _____

COMMUNITY CODE: 4.666(12761) (10/01/03)



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