



# **Special Education Records The Green Folder**

Los Angeles Unified School District  
Division of Special Education



# Objectives

- Learn legal background for special education records
- Know what mandated records are contained in green folder
- Become familiar with purpose of each document

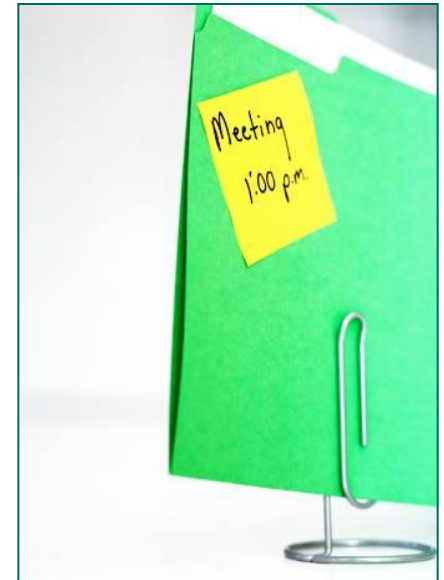


# Background

- Each LAUSD student who receives special education services must have a green folder (PPM, p. 134-135)
- Federal and state laws require that specific documents become part of school records for students with disabilities (EC §49602)

# Green Folder Mandated Records

- Access Log
- Parent Request/Reasonable Accommodations form
- Student Success Team notes
- Request for Special Education Assessment form
- Special Education Assessment Plan





# Green Folder Mandated Records (continued)


- Assessment reports
- Notification to Participate in an Individualized Education Program (IEP) Meeting form
- IEP Team Member Written Excusal form, if applicable
- Individualized Education Programs (IEPs)
- Consent to Release Confidential Information form, if applicable





# Routine Access to Information in Green Folder

- Any teacher providing service to student
  - Special education teachers
  - General education teachers
  - Related services providers
  - Other service providers identified on IEP
  
- Other staff members, as appropriate



# Parent Request/Reasonable Accommodations

- Give to parent
  - With parent notification for an initial IEP
  - Of an out-of-district student enrolling at your school
  - Of a student new to school that does not have form in green folder



# Parent Request/Reasonable Accommodations (continued)

- Attach to inside of green folder on left-hand side
- Form accessed in Welligent Downloads

Los Angeles Unified School District  
PARENT REQUEST FOR REASONABLE ACCOMMODATIONS

**SCHOOL STAFF:**  
This form is to be given to every parent of a student with disabilities upon student enrollment or when a student is initially referred for special education assessment to request reasonable accommodations for the parent in the process of development or revision of the student's Individualized Education Program (IEP). The pink service copy of this form should be filed and maintained in the student's special education folder at the time the white copy is sent home to the parent for signature. The white copy of this form should be filed and maintained in the student's special education folder at the time it is returned to the school with the parent's request and signature.

DATE FORM PROVIDED TO PARENT \_\_\_\_\_ SCHOOL \_\_\_\_\_  
LOCAL DISTRICT \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM TO THE SCHOOL SITE ADMINISTRATOR AS SOON AS POSSIBLE**

Reasonable accommodations can be requested by parents of students with disabilities in order to ensure that the parents are able to participate in meetings and/or understand written documents in the development or revision of their child's Individualized Education Program (IEP). Examples of accommodations may include the use of an interpreter, request for written translation, mobility assistance, request for Braille copies, need for audiotapes, etc.

Yes, I am requesting the following accommodations at this time:  
\_\_\_\_\_  
\_\_\_\_\_

No, I am not requesting accommodations.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_

Direct questions to the following school personnel: *(To be completed by school staff prior to providing this notice to parent)*  
Contact Person \_\_\_\_\_ School/Office \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Pink/Service Copy filed in student's special education folder on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_  
Pink copy replaced by White/Student File copy on \_\_\_/\_\_\_/\_\_\_ and filed in student's special education folder by \_\_\_\_\_

COMMODITY CODE # 000000000 WHITE - STUDENT FILE YELLOW - PARENT COPY PINK - SERVICE COPY (02/02)

# Student Success Team Notes

- Document pre-referral intervention information

**SST SUMMARY FORM**

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ TEAM: \_\_\_\_\_ DATE OF INITIAL SST: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PARENTS: \_\_\_\_\_

STRENGTHS	KNOWN		CONCERNS (Prioritize)	QUESTIONS (Clarification)	STRATEGIES (Brainstorm)	ACTIONS (Prioritize)	Who	
	Information	Modifications					Who	When

Follow Up Date: \_\_\_\_\_ Invite: \_\_\_\_\_

Team Members' Signature & Position:

1. Parent \_\_\_\_\_ 5. \_\_\_\_\_ / \_\_\_\_\_

2. Student \_\_\_\_\_ 6. \_\_\_\_\_ / \_\_\_\_\_

3. Administrator \_\_\_\_\_ 7. \_\_\_\_\_ / \_\_\_\_\_

4. Referring Teacher \_\_\_\_\_ 8. \_\_\_\_\_ / \_\_\_\_\_

SST SUMMARY FORM - REV 2000







# Assessment Reports

- Gather all assessment reports **except**
  - Psychologist report (kept in separate white folder)
  - Health report (maintained in school's Health Office)



# IEP Team Member Written Excusal

- Use to document those individuals excused from attending IEP meeting
- Form accessed in Welligent Downloads

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
IEP Team Member Written Excusal Form**

Student's Name: \_\_\_\_\_  
 Date of IEP Team Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Individuals with Disabilities Education Act (IDEA), 2004, provides that a member of the Individualized Education Program (IEP) team may be excused from attending an IEP team meeting, in whole or in part, in two situations.

- 1) If the IEP Team member's area of the curriculum or related service is not being modified or discussed at the IEP team meeting and the parent (or student who is at least 18 years old) and the designated LAUSD IEP team representative mutually agree in writing to excuse the team member's attendance; or,
- 2) If the IEP team meeting does involve a modification to or discussion of the team member's area of the curriculum or related service, and the parent (or the student who is at least 18 years old) and the designated LAUSD IEP team representative mutually agree in writing to excuse the IEP team member's attendance, *and the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.*

Individualized Education Program Team Members	Area of Curriculum or Related Services	Check the appropriate column below (please choose only one):	
		Area of Curriculum or Related Services is Not Being Discussed or Modified	Area of Curriculum or Related Services is being discussed or modified AND the IEP team member has provided written input to the parent and the IEP team prior to the IEP meeting

By mutual agreement, the IEP team members identified above is/are excused from being present and participating in the IEP meeting referenced above.

Signature of District Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Parent\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Parent\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Adult Student\*\*\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Parent as used above means parent, guardian, or appointed surrogate parent.  
 \*\*Adult student as used above means the student is at least 18 years old and has not had a conservatorship established.

# Individualized Education Programs (IEPs)

- Include student's IEP (English copy only)
- Translated IEPs are maintained in Welligent System

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District IEP Page 1 of 0

Student Identification Number **Not Found**  
*The requested URL /pls/iepw/iepw\_events\_pkg.get\_ellig\_txt was not found on this server.*

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last First MI

---

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting _____	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated _____
Date of Present Meeting _____	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by _____	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by _____	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on _____	
Transition to Kindergarten to be conducted by _____	
Location of Meeting: _____	District Name: Los Angeles Unified School District

---

Section B: Student Information

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender  Male  Female Limited English Proficient Student  Yes  No

Ethnic Code \_\_\_\_\_

Location of the Psych Folder: \_\_\_\_\_ Student has no Psych Folder:

Location of the Cum Folder: \_\_\_\_\_ Student has no Cum Folder:

Home Language \_\_\_\_\_ Student Language \_\_\_\_\_

Alternate Mode of Communication \_\_\_\_\_

Home Address of Student \_\_\_\_\_

City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

School of Attendance \_\_\_\_\_ Location Code \_\_\_\_\_

School of Residence \_\_\_\_\_ Location Code \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Surrogate Parent \_\_\_\_\_ Telephone \_\_\_\_\_

Attends CURRENT SCHOOL as a result of one of the following:

Is the student living in a Family Foster Home (FFH)?  No  Yes FFH# \_\_\_\_\_ Is FFH Provider related to student?  No  Yes

Relationship \_\_\_\_\_

Licensed Children's Institution  No  Yes LCI Name \_\_\_\_\_ LCI# \_\_\_\_\_

Out of home placement made by:  Department of Mental Health  Department of Children's Services  Regional Center  Superior Court

Other \_\_\_\_\_ Child's family living within LAUSD's boundaries?  No  Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes





# Consent to Release Confidential Information

- Family Educational Rights and Privacy Act (FERPA) Policy
  - Protects student's educational record information
  - Follow policy guidelines when access to student records is requested
  - Obtain written consent from parent or legal guardian before releasing confidential student information

# Consent to Release Confidential Information (continued)

- Use when access to confidential student information is requested

Bulletin No. BUL-1077.1  
December 5, 2006

ATTACHMENT A-1

DISTRICT FORM FOR CONSENT TO RELEASE  
CONFIDENTIAL STUDENT INFORMATION

**NOTE—REVIEW SCHOOL'S CURRENT CONSENT FORM FOR THE ELEMENTS BELOW**

STUDENT'S NAME: \_\_\_\_\_  
STUDENT'S DATE OF BIRTH: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

CHECK ONE:  
 I am the \_\_\_\_\_ of the above named student, a non-emancipated  
(Parent or Legal Guardian)  
student under the age of 18. I hereby consent to the release of confidential student information relating to this student.

I am an emancipated student or student over 18 years of age. I hereby consent to the release of my confidential student information.

CHECK ONLY IF APPLICABLE:

Purpose of Release—If consent is being given to release this information for a particular purpose, please describe this purpose: \_\_\_\_\_

Time Limit—If consent is being given to release this information during a particular period of time, please write the beginning date and ending date of consent:

\_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date

I do NOT want my student's Directory Information (Name, Address, or Telephone Number) released to anyone, including the U.S. Military, other than as required by law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



# Confidentiality

- Student records must be maintained in manner to ensure confidentiality
- Green folders are kept with cumulative folders
- Records of students with disabilities must be maintained in same file cabinets as those of general education students