|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DOCUMENTED EFFORTS TO CONTACT PARENTS** | | | | | | | | | |  | Meeting at Parent’s Request | | | | Invitation Sent: | | |  | | **Follow-up contacts:** | | | |  | |  | | | |  | |  |  | | |  |  | | | Date | |  | Staff | | |  | Results | | |  | |  |  | | |  |  | | | Date | |  | Staff | | |  | Results | | |  | |  |  | | |  |  | | | Date | |  | Staff | | |  | Results | | |  | Parent unable to attend and requests a copy of IEP including Special Education Procedural Safeguards / | | | | | | | | |  | Parent Rights. | | | | | | | | |  | Person assigned to discuss with parents and obtain consent if parent(s) could not attend IEP meeting: | | | | | | | | |  |  | | | | | | | | |  |  | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **attendees/participants in development/review of this individualized education program** | | | | | |  |  |  |  |  | | LEA Representative | Date |  | Speech-Language Pathologist | Date | |  |  |  |  |  | | Special Education Teacher | Date |  | Psychologist | Date | |  |  |  |  |  | | General Education Teacher | Date |  | Parent/Guardian/Surrogate | Date | |  |  |  |  |  | | Nurse | Date |  | Other/Title | Date | |  |  |  |  |  | | Other/Title | Date |  | Other/Title | Date | |  |  |  |  |  | | Other/Title | Date |  | Other/Title | Date | |  |  |  |  |  | | Other/Title | Date |  | Other/Title | Date | |  |  |  |  |  | | Other/Title | Date |  | Other/Title | Date | |
|  |  |
| |  | | --- | | **informed consent (initial each applicable statement below)** | | |
| |  |  | | --- | --- | |  | I have been advised of and given a copy of Special Education Procedural Safeguards/Parent Rights | |  | this school year. | |  |  | |  | I have received a copy of this Individualized Education Program. | |  |  | |  | I ***CONSENT*** to making these changes without an IEP team meeting. | |  |  | |  | (**IF APPLICABLE**) I ***CONSENT*** to the participation of agencies for transition planning at this IEP meeting. | |  |  | |  | **(IF APPLICABLE)** It has been explained to me and I understand the reason why a member of the | |  | Individualized Education Program (IEP) team is not present. | |  |  | |  | **(IF APPLICABLE)** I ***CONSENT*** and excuse the team member referred to above from the IEP | |  | team meeting. | |  |  | |  | **(IF APPLICABLE)** Prior to the IEP meeting, I received written information from an excused | |  | member of the IEP team that is relevant to the development of the IEP. | |  |  | |  | **(IF APPLICABLE)** I ***CONSENT*** to the review, access, processing of claims, and reimbursement of | |  | Medi-Cal benefits/information by the school district and/or IEP team for services provided under this I­­EP, including, if appropriate, the provision of Targeted Case Management Services. | |  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **( IF APPLICABLE)** I have been advised of the district’s responsibility to conduct a vision and hearing | | | | | | | | | |  | screening of my child but ***DO NOT CONSENT*** to this examination. | | | | | | | | | |  | |  | | | | | | | | |  | I ***CONSENT*** to this Individualized Education Program ***EXCEPT*** for the following: | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | I ***DO NOT CONSENT*** to this Individualized Education Program. ***REASONS:*** | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | I request a copy of this Individualized Education Program to be provided in my primary language. | | | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | | | | |  | The Individualized Education Program has been interpreted orally by: *(when appropriate)* | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | The ***Transfer of Educational Rights at the Age of Majority (18)*** has been explained | | | | | | | | | |  | to the student and parent. | | |  |  | |  | |  | |  | Parent Initials: | |  | | | Student Initials: | |  | | |
|  |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | The school district facilitates parent involvement to improve services and results for my child.  YES  NO | | ***DISTRICT USE ONLY*:** Initial here if no response was provided by the parent/guardian: | |  | | |  |  |  | |  | |  | | |
| |  | | --- | | **i consent to all components of the iep with any exceptions noted above. i understand that those components to which i consent will be implemented.**  **i further understand that ths consent is voluntary and may be revoked at any time.** | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Parent/Guardian/Surrogate provided ***VERBAL CONSENT*** to implement this IEP. | | Date: |  | Student: |  | | Date: |  | | Parent/Guardian/Surrogate: |  | Date: |  | Parent/Guardian/Surrogate: | |  | Date: |  | |  |  |  |  |  | |  |  |  | | |
|  | |