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Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | | | | | | | | | | Indiv.  Group | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | **NOTE:** Programs and services will be provided according to where the student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **service codes for special education and related services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 210 | Family Training, Counseling & Home Visits (age 0-2 only) | | | | | | | | | | | | | 417 | | SELPA / DMCC Speech | | | | | | | | | | 540 | | | | | Day Treatment Services | | | | | | | | | | | | | 760 | | Recreation Services (includes therapeutic | | | | | | | | | | | 220 | Medical Services – evaluation only (ages 0-2 only) | | | | | | | | | | | | | 425 | | Adapted Physical Education | | | | | | | | | | 550 | | | | | Residential Treatment Services | | | | | | | | | | | | |  | | creation) | | | | | | | | | | | 230 | Nutrition Services (ages 0-2 only) | | | | | | | | | | | | | 435 | | Health & Nursing – Specialized Physical | | | | | | | | | | 610 | | | | | Specialized Services for Low Incidence | | | | | | | | | | | | | 820 | | College Awareness | | | | | | | | | | | 240 | Service Coordination (ages 0-2 only) | | | | | | | | | | | | |  | | Health Care Services | | | | | | | | | |  | | | | | Disabilities | | | | | | | | | | | | | 840 | | Career Awareness | | | | | | | | | | | 250 | Special Instruction (ages 0-2 only) | | | | | | | | | | | | | 436 | | Health & Nursing – Other Services | | | | | | | | | | 710 | | | | | Specialized Deaf & Hard of Hearing | | | | | | | | | | | | | 850 | | Work Experience Education | | | | | | | | | | | 260 | Special Education Aide in Regular Development Class | | | | | | | | | | | | | 445 | | Assistive Technology Services | | | | | | | | | | 715 | | | | | Interpreter Services | | | | | | | | | | | | | 855 | | Job Coaching (includes job shadow and service) | | | | | | | | | | |  | Child Care Home (ages 0-2 only) | | | | | | | | | | | | | 450 | | Occupational Therapy | | | | | | | | | | 720 | | | | | Audiological Services | | | | | | | | | | | | | 860 | | Mentoring | | | | | | | | | | | 270 | Respite Care Services (ages 0-2 only) | | | | | | | | | | | | | 460 | | Physical Therapy | | | | | | | | | | 725 | | | | | Specialized Vision Services | | | | | | | | | | | | | 865 | | Agency Linkages (referral and placement) | | | | | | | | | | | 330 | Special Academic Instruction | | | | | | | | | | | | | 510 | | Individual Counseling | | | | | | | | | | 730 | | | | | Orientation & Mobility | | | | | | | | | | | | | 870 | | Travel Training (includes Mobility training) | | | | | | | | | | | 340 | Intensive Individual Services | | | | | | | | | | | | | 515 | | Counseling & Guidance | | | | | | | | | | 735 | | | | | Braille Transcription | | | | | | | | | | | | | 890 | | Other Transition Services | | | | | | | | | | | 348 | One-to-One Bus Aide | | | | | | | | | | | | | 520 | | Parent Counseling | | | | | | | | | | 740 | | | | | Specialized Orthopedic Services | | | | | | | | | | | | | 900 | | Other Special Education and Related Services | | | | | | | | | | | 350 | Individual & Small Group Instruction (ages 3-5 only) | | | | | | | | | | | | | 525 | | Social Work Services (DMCC) | | | | | | | | | | 745 | | | | | Reader Services | | | | | | | | | | | | | 901 | | Transportation | | | | | | | | | | | 355 | Individual & Small Group Instruction (ages 6+) | | | | | | | | | | | | | 530 | | Psychological Services | | | | | | | | | | 750 | | | | | Note Taking Services | | | | | | | | | | | | |  | |  | | | | | | | | | | | 415 | Language & Speech | | | | | | | | | | | | | 535 | | Behavior Intervention Services | | | | | | | | | | 755 | | | | | Transcription Services | | | | | | | | | | | | |  | |  | | | | | | | | | | |  |  | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | | | | |  | | | | | | | **i understand that this iep is an addendum/revision of my child’s current iep dated** | | | |  | | | | | **, and that all goals, objectives, benchmarks,** | | | | | | | **and services included in the current iep will be continued unless otherwise stated in this addendum/revision.** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |  |  | | |  | | | | | | | | | | **Informed consent (initial each applicable statement below)** | | | | | | | | | | | | | | | |  |  | |  | | |  | | | | | | | | | |  | I have been advised of and given a copy of Special Education Procedural Safeguards/Parent Rights | |  | | | **(IF APPLICABLE)** I have been advised of the district’s responsibility to conduct a vision and hearing | | | | | | | | | |  | this school year. | |  | | | screening of my child but ***DO NOT CONSENT*** to this examination. | | | | | | | | | |  |  | |  | | | |  | | | | | | | | |  | I have received a copy of this Individualized Education Program Addendum/Revision. | |  | | | I ***CONSENT*** to this Individualized Education Program Addendum/Revision ***EXCEPT*** for the following: | | | | | | | | | |  |  | |  | | | |  | | | | | | | | |  | 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. | |  | | | |  | | | | | | | | |  |  | |  | | | I ***DO NOT CONSENT*** to this Individualized Education Program Addendum/Revision. ***REASONS:*** | | | | | | | | | |  | (**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. | |  | | | I request a copy of this Individualized Education Program Addendum/Revision to be provided in my | | | | | | | | | |  |  | |  | | | primary language: | |  | | | | | | | |  | (**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. | |  | | | The Individualized Education Program Addendum/Revision has been interpreted orally by: | | | | | | | | | |  |  | |  | | | *(when appropriate)* | |  | | | | | | | |  | (**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 | |  | | | The ***TRANSFER OF EDUCATIONAL RIGHTS AT THE AGE OF MAJORITY (18)*** has been | | | | | | | | | |  | IEP, including, if appropriate, the provision of Targeted Case Management Services. | |  | | | 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 addendum/revision with any exceptions noted above. I understand that those components to which I consent will be implemented. I further understand that this 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: |  | |  |  | |  |  | | |  | |  | |  |  | | **The following attended and participated in the development of this IEP Addendum/Revision:** | | | | | | | | | | | | | |  | |  | | |  |  | | | |  | | | | 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 | | | |  | |  | | |  |  | | | |  | | | |