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CÓDIGO)** | | | | | | | | | | **NO. DE CLASE** | | | | | **PROVEEDOR** | | | | | | | | | | **UBICACIÓN DEL SERVICIO (NO. CÓDIGO)** | | | | | | | | | | | | | **FECHA PROYECTADA DE INICIO** | | | | | | | | **FECHA PROYECTADA DE FINALIZACIÓN** | | | | | | **FRECUENCIA (NO. CÓDIGO)** | | | | | **DURACIÓN** | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | | **NOTA:** Los programas y los servicios se prestarán de acuerdo a la escuela de asistencia del estudiante y en consonancia con el calendario de servicios del distrito y los servicios regulares, excepto festivos, vacaciones y días sin actividades docentes, a menos que se especifique lo contrario. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | **CÓDIGOS DE SERVICIO PARA EDUCACIÓN ESPECIAL Y SERVICIOS RELACIONADOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 210 | Capacitación a la familia, Asesoría & Visitas al hogar (edad sólo de 0-2) | | | | | | | | | | | | | | | | | 425 | Educación Física Adaptada | | | | | | | | | | | 550 | | | Servicios de Tratamiento Residencial | | | | | | | | | | | | | | | | 820 | Conciencia de la universidad | | | | | | | | | | | | 220 | Servicios médicos – sólo evaluación (edad sólo 0-2) | | | | | | | | | | | | | | | | | 435 | Salud y Enfermería - Servicios de Cuidado | | | | | | | | | | | 610 | | | Servicios especializados para discapacidades de baja incidencia | | | | | | | | | | | | | | | | 840 | Conciencia de la carrera | | | | | | | | | | | | 230 | Servicios de nutrición (edad sólo 0-2) | | | | | | | | | | | | | | | | |  | de Salud Física Especializados | | | | | | | | | | | 710 | | | Especializados para sordos y con dificultades auditivas | | | | | | | | | | | | | | | | 850 | Educación en experiencia laboral | | | | | | | | | | | | 240 | Coordinación de servicios (edad sólo 0-2) | | | | | | | | | | | | | | | | | 436 | Salud y Enfermería - Otros Servicios | | | | | | | | | | | 715 | | | Servicios de intérprete | | | | | | | | | | | | | | | | 855 | Asesoría laboral (incluye observación de trabajo | | | | | | | | | | | | 250 | Instrucción especial (edad sólo 0-2) | | | | | | | | | | | | | | | | | 445 | Servicios de tecnología asistiva | | | | | | | | | | | 720 | | | Servicios audiológicos | | | | | | | | | | | | | | | |  | y de servicios) | | | | | | | | | | | | 260 | Auxiliar de educación especial en clase de desarrollo regular Cuidado | | | | | | | | | | | | | | | | | 450 | Terapia ocupacional | | | | | | | | | | | 725 | | | Servicios oftalmológicos especializados | | | | | | | | | | | | | | | | 860 | Tutoría (*mentoring*) | | | | | | | | | | | |  | infantil en el hogar (edad sólo 0-2) | | | | | | | | | | | | | | | | | 460 | Terapia física | | | | | | | | | | | 730 | | | Orientación y Movilidad | | | | | | | | | | | | | | | | 865 | Vínculos agencias (remisión y ubicación) | | | | | | | | | | | | 270 | Servicios de cuidado de relevo (edad sólo 0-2) | | | | | | | | | | | | | | | | | 510 | Consejería Individual | | | | | | | | | | | 735 | | | Transcripción Braille | | | | | | | | | | | | | | | | 870 | Capacitación para viajar (incluye capacitación de movilidad) | | | | | | | | | | | | 330 | Instrucción académica especial | | | | | | | | | | | | | | | | | 515 | Consejería y Orientación | | | | | | | | | | | 740 | | | Servicios ortopédicos especializados | | | | | | | | | | | | | | | | 890 | Otros servicios de transición | | | | | | | | | | | | 340 | Servicios individuales intensivos | | | | | | | | | | | | | | | | | 520 | Asesoría de Padres | | | | | | | | | | | 745 | | | Servicios de lector | | | | | | | | | | | | | | | | 900 | Otros Servicios de Educación Especial y Relacionados | | | | | | | | | | | | 350 | Instrucción individual y en grupos pequeños (edad sólo 3-5) | | | | | | | | | | | | | | | | | 525 | Servicios de Trabajo Social (DMCC) | | | | | | | | | | | 750 | | | Servicios de toma de notas | | | | | | | | | | | | | | | | 901 | Transporte | | | | | | | | | | | | 355 | Instrucción individual y en grupos pequeños (edad 6+) | | | | | | | | | | | | | | | | | 530 | Servicios Psicológicos | | | | | | | | | | | 755 | | | Servicios de transcripción | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | 415 | Habla y lenguaje | | | | | | | | | | | | | | | | | 535 | Servicios de intervención al comportamiento | | | | | | | | | | | 760 | | | Servicios de recreación (incluye creación terapéutica) | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | 417 | *SELPA* / Habla *DMCC* | | | | | | | | | | | | | | | | | 540 | Servicios de tratamiento diurno | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | | | | | | | |  | | | | | | | | **ENTIENDO QUE ESTE IEP es UN ANEXO/REVISIÓN DEL IEP actual de mi hijo con FECHA** | |  | | | | | | | | | **, Y QUE TODAS LAS metas, objetivos, puntos de** | | | | | | | | **referencia y servicios incluidos en el IEP actual CONTINUARÁN A MENOS QUE SE INDIQUE LO CONTRARIO EN ESTE ANEXO/ REVISION.** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | | | | | | | | | | | | **CONSENTIMIENTO INFORMADO (ESCRIBA LA INICIAL POR CADA ENUNCIADO PERTINENTE DE LOS QUE APARECEN A CONTINUACIÓN)** | | | | | | | | | | | | | | | | | | |  | Me informaron y recibí una copia de las Garantías Procesales de Educación Especial/Derechos de los | | |  | | **(SI ES PERTINENTE)** Me han informado sobre la responsabilidad del distrito para llevar a cabo un | | | | | | | | | | | | |  | padres este año escolar. | | |  | | examen de visión y audición a mi hijo/a pero ***NO DOY MI CONSENTIMIENTO*** para este examen. | | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | | |  | Recibí una copia de este Individualized Education Program Addendum/Revision. | | |  | | ***DOY MI CONSENTIMIENTO*** para este Individualized Education Program Addendum/Revision | | | | | | | | | | | | |  |  | | |  | | ***EXCEPTO*** para lo siguiente: | | | | | |  | | | | | | |  | ***DOY MI CONSENTIMIENTO*** para hacer estos cambios sin una reunión del equipo del IEP. | | |  | | |  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | | |  | **(SI ES PERTINENTE)** **DOY MI CONSENTIMIENTO** para la participación de agencias para la planeación | | |  | | |  | | | | | | | | | | | |  | de la transición en esta reunión *IEP*. | | |  | | ***NO DOY MI CONSENTIMIENTO***  para el Individualized Education Program Addendum/Revision. | | | | | | | | | | | | |  |  | | |  | | ***RAZONES:*** | |  | | | | | | | | | | |  | **(SI ES PERTINENTE)** Me han explicado y entiendo la razón por la cual un integrante del | | |  | | |  | | | | | | | | | | | |  | Programa de Educación Individualizada (IEP) no está presente. | | |  | | |  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | | |  | **(SI ES PERTINENTE)** ***DOY MI CONSENTIMIENTO*** y excuso al integrante del equipo del que se hace | | |  | | Solicito que me entreguen una copia de este Individualized Education Program Addendum/Revision | | | | | | | | | | | | |  | referencia arriba de la reunión IEP. | | |  | | en mi lengua materna: | | | |  | | | | | | | | |  |  | | |  | |  | | | |  | | | | | | | | |  | **(SI ES PERTINENTE)** Antes de la reunión del IEP, recibí la información por escrito de un integrante | | |  | | El Individualized Education Program Addendum/Revision ha sido interpretado oralmente por: | | | | | | | | | | | | |  | del equipo IEP que es relevante para el desarrollo del IEP. | | |  | | *(si es apropiado)* | | |  | | | | | | | | | |  |  | | |  | |  | | |  | | | | | | | | | |  | **(SI ES PERTINENTE)** ***DOY MI CONSENTIMIENTO*** para la revisión, el acceso, el tratamiento de las | | |  | | La ***TRANSFERENCIA DE DERECHOS EDUCATIVOS EN LA MAYORÍA DE EDAD (18)*** se ha | | | | | | | | | | | | |  | quejas y el reembolso de los beneficios/información de Medi-Cal por parte del distrito escolar y/o | | |  | | explicado al estudiante ya sus padres. | | | | | | | Padre |  | Estudiante | |  | |  | equipo del IEP para los servicios previstos bajo el presente *IEP*, incluyendo, si es apropiada, la | | |  | |  | | | | | | | Inicial |  | Inicial | |  | |  | prestación de los servicios de administración de casos focalizados. | | |  | |  | | | | | | |  |  |  | |  | |  | El distrito escolar facilita la participación de los padres para mejorar los servicios y resultados para mi hijo.  SÍ  NO | | | | ***PARA USO EXCLUSIVO DEL DISTRITO:*** Escribir las iniciales aquí si no hubo respuesta del padre/tutor: | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **DOY MI consentIMIENTO PARA TODOS LOS COMPONENTES DEL iep CON LAS EXCEPCIONES QUE APARECEN ARRIBA. ENTIENDO QUE SE IMPLEMENTARÁN ESTOS COMPONENTES PARA LOS QUE DOY MI CONSENTIMIENTO. ENTIENDO ADEMÁS QUE ESTE CONSENTIMIENTO ES voluntarIO Y PUEDE SER REVOCADO EN CUALQUIER MOMENTO.** | | | | | | | | | | | | | | Padre/Tutor/Sustituto proporcionó ***CONSENTIMIENTO VERBAL*** para implementar este IEP. | | | Fecha: |  | | | Estudiante: |  | | | Fecha: |  | | Padre/Tutor/Sustituto: |  | | Fecha: |  | | | Padre/Tutor/Sustituto: | |  | | Fecha: |  | |  |  | |  |  | | |  | |  | |  |  | | **LAS SIGUIENTES PERSONAS ASISTIERON Y PARTICIPARON EN EL DESARROLLO DE ESTE ANEXO/REVISIÓN AL IEP:** | | | | | | | | | | | | | |  | |  | | |  |  | | | |  | | | | Representante de la Agencia Local de | | Fecha | | |  | Patólogo(a) de Lenguaje y articulacíón | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | | Maestro de Educación Especial | | Fecha | | |  | Psicólogo(a) | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | | Maestro de Educación General | | Fecha | | |  | Padre/Tutor/Sustituto | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | | Enfermero(a) | | Fecha | | |  | Otro/Titulo | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | | Otro/Titulo | | Fecha | | |  | Otro/Titulo | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | | Otro/Titulo | | Fecha | | |  | Otro/Titulo | | | | Fecha | | | |  | |  | | |  |  | | | |  | | | |