

IEP Amendment(s) / Addendum Page

Student Name [Redacted]

Date of Birth [Redacted]

Amendment Date: 3/19/2020

Purpose of Meeting

To outline the change of services due to the temporary emergency school closure. Due to the emergency nature of the school closure, this meeting was held via a telephone conversation, with signatures obtained afterward.

Changes to the IEP dated 10/22/2019

During this temporary emergency school closure, a home program has been developed for your child by your child's Education Specialist. Please follow the instructions for the activities sent home, to work on your child's academic and Occupational skills at home. These activities will continue to address the goals established at your child's IEP meeting as a temporary service plan, until school resumes and services at school can be resumed.

CONSENT

- I agree to the contents of the amendment to the IEP dated 10/22/2019
- I agree to the contents of the amendment to the IEP dated 10/22/2019, with the exception of

Signature [Redacted] 3/19/2020
 Parent Guardian Surrogate Adult Student Date

Signature _____
 Parent Guardian Surrogate Adult Student Date

IEP AMENDMENT PARTICIPATION

| | | | |
|--|------------------|------------------------------|------------------|
| <u>[Redacted]</u> | <u>3/19/2020</u> | _____ | _____ |
| Parent/Guardian/Surrogate | Date | Parent/Guardian/Surrogate | Date |
| _____ | _____ | _____ | _____ |
| Student/Adult Student | Date | General Education Teacher | Date |
| <u>[Redacted] Special Education Director</u> | <u>3/19/2020</u> | <u>[Redacted]</u> | <u>3/19/2020</u> |
| LEA Rep./ Admin. Designee | Date | Special Education Specialist | Date |
| <u>[Redacted] - OT</u> | <u>3/19/2020</u> | _____ | _____ |
| Additional Participant/Title | Date | Additional Participant/Title | Date |
| _____ | _____ | _____ | _____ |
| Additional Participant/Title | Date | Additional Participant/Title | Date |

Parent/Adult student has received a copy of IEP Amendments/Addendum Page

If my child requires additional special education services as part of this amendment IEP and my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal health insurance benefits for applicable services.

Offer of FAPE - SERVICE

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 10/22/2019

The service options that were considered by the IEP team (List all): - General education setting for all courses w/pullout service for OT.
 - General education setting, with push in services for specialized academic instruction for English, Social Studies and Science, along with OT pull out services.
 - General education setting, with push in services for specialized academic instruction for English, Social Studies and Science, along with OT pull out services and pull-out writing instruction during an elective.

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs: Based on Tommy's needs, we as a team feel that OT services outside of regular ed. are deemed important for Tommy to continue to be able to access the regular education curriculum and standards.

SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

- The IEP team discussed and determined program accommodations are not needed in general education classes or other education-related settings.
 The IEP team discussed and determined the following program accommodations are needed in general education classes or other education-related settings.

| Program Accommodations | Start Date | End Date | Location |
|--|------------|------------|------------------------|
| In all classes for writing assignments: -Allow for more time to accomplish a writing task -Scaffold writing task where he has to complete 1 part at a time (intro, body, conclusion) and submit it for approval by teacher or para-professional -Frequent checks for progress to keep him engaged and focused -Praise and feedback for Tommy engaging in area of needed development (Writing and group work) -Allow him to choose between word processing or hand writing -Allow for redo on areas of writing needs (ie, introduction, topic sentence, appropriate detail/evidence, CUPS) -Partially complete notes to keep up in his classes | 10/22/2019 | 10/21/2020 | Regular Ed. Classrooms |

- The IEP team discussed and determined program modifications are not needed in general education classes or other education-related settings.
 The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings.

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
| | | | | | |

- The IEP team discussed and determined other supports for school personnel, or for student, or on behalf of the student are not needed.
 The IEP team discussed and determined the following other supports for school personnel, or for student, or on behalf of the student are needed.

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
| | | | | | | |

SPECIAL EDUCATION and RELATED SERVICES

| | | |
|---|--|-----------------------------------|
| Service: <u>Specialized Academic Instruction</u> | Start Date: <u>3/17/2020</u> | End Date: <u>5/27/2020</u> |
| Provider: <u>District of Service</u> | <input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: <u>30 min served Weekly</u> | Location: <u>Charter Schools</u> | |
| Comments: <u>Student will temporarily receive Specialized Academic Instruction while the LEA temporarily operates under a distance learning/independent study model during the school closure due to COVID-19.</u> | | |

Service: Occupational therapy

Start Date: 3/17/2020

End Date: 5/27/2020

Provider: County Office of Education

Ind Grp Sec Transition

Duration/Freq: 750 min served Yearly

Location: Charter Schools

Comments: Student will temporarily receive Occupational Therapy while the LEA temporarily operates under a distance learning/independent study model during the school closure due to COVID-19.

Programs and services will be provided according to where 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.

Special Education Transportation Yes No

EXTENDED SCHOOL YEAR (ESY)

Yes No

Rationale:

Programs and services will be provided according to where 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.

OFFER OF FAPE - EDUCATIONAL SETTING

Student Name [REDACTED]

Birthdate: [REDACTED]

IEP Date: 10/22/2019

Physical Education: General Specially Designed Other

District of Service: [REDACTED]

School of Attendance: [REDACTED]

All special education services provided at student's school of residence? Yes No (rationale)

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten):

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

The location where the student receives the majority of their special education services:

Same as above Different from above

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Yes No

Program Setting (Ages 6 and older within duration of this IEP): Regular Independent Study or Virtual Charter

(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

0 % of time student is outside the regular class & extracurricular & non academic activities

100 % of time student is in the regular class & extracurricular & non academic activities

Student will not participate in the regular class and/or extracurricular and/or non academic activities: for Occupational Therapy and Specialized Academic Instruction because Tommy will benefit from these services in order to gain the skills necessary to successfully access the general curriculum.

Other Agency Services

- County Mental Health
- California Children's Services(CCS)
- Regional Center
- Probation
- Department of Rehabilitation
- Department of Social Services (DSS)
- Other

Promotion Criteria: District Progress on Goals Other

Parents will be informed of progress: Quarterly Trimester Semester Other

How? Progress Summary Report Other to be sent home at same time as report card

ACTIVITIES TO SUPPORT TRANSITION (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)

None needed at this time

IEP Amendment(s) / Addendum Page

Student Name [Redacted]

Date of Birth [Redacted]

Amendment Date: 3/19/2020

Purpose of Meeting

To outline the change of services due to the temporary emergency school closure. Due to the emergency nature of the school closure, this meeting was held via a telephone conversation and/or email, with signatures obtained afterward.

Changes to the IEP dated 5/2/2019

During this temporary emergency school closure, a home program has been developed for your child by your child's Education Specialist and School Counselor. Education Specialist will be available to work on your child's academic and Individual counseling skills at home. These activities will continue to address the goals established at your child's IEP meeting as a temporary service plan, until school resumes and services at school can be resumed.

CONSENT

- I agree to the contents of the amendment to the IEP dated 5/2/2019
- I agree to the contents of the amendment to the IEP dated 5/2/2019, with the exception of

Signature [Redacted] 3/19/2020
 Parent Guardian Surrogate Adult Student Date

Signature _____ Date _____
 Parent Guardian Surrogate Adult Student

IEP AMENDMENT PARTICIPATION

| | | | |
|--|------------------|------------------------------|-------|
| <u>[Redacted]</u> | <u>3/19/2020</u> | _____ | _____ |
| Parent/Guardian/Surrogate | Date | Parent/Guardian/Surrogate | Date |
| _____ | _____ | _____ | _____ |
| Student/Adult Student | Date | General Education Teacher | Date |
| <u>[Redacted] - Special Education Director</u> | <u>3/19/2020</u> | <u>[Redacted]</u> | _____ |
| LEA Rep./ Admin. Designee | Date | Special Education Specialist | Date |
| <u>[Redacted] - School Counselor</u> | <u>3/19/2020</u> | _____ | _____ |
| Additional Participant/Title | Date | Additional Participant/Title | Date |
| _____ | _____ | _____ | _____ |
| Additional Participant/Title | Date | Additional Participant/Title | Date |

Parent/Adult student has received a copy of IEP Amendments/Addendum Page

If my child requires additional special education services as part of this amendment IEP and my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Offer of FAPE - SERVICE

Student Name: [REDACTED]

Birthdate: [REDACTED]

IEP Date: 5/2/2019

The service options that were considered by the IEP team (List all): -General Education w para support push-in service for all core classes w/ pull out instruction for reading fluency
 -Specialized Academic Instruction w/resource teacher for LA and Math w/ pull out instruction for reading fluency, plus general education para support in Science and Social Studies

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs: The IEP team doesn't believe there will be any significant harmful effects and determined Arik's needs outweigh and minimal harmful effects at this time.

SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT

- The IEP team discussed and determined program accommodations are not needed in general education classes or other education-related settings.
- The IEP team discussed and determined the following program accommodations are needed in general education classes or other education-related settings.

| Program Accommodations | Start Date | End Date | Location |
|---|------------|----------|-----------------------|
| -Extended time on assignments and assessments, shortened assignments/assessments to demonstrate mastery -Preferential seating, desk fidget -Can take quizzes/tests in resource room. -Reteach option: Can do corrections for 1/2 point credit for each correction w/ teacher or para - Arik will receive push in support for Science and Social Studies 4 times a week -May use notes on assignments, quizzes and tests -Will be allowed to take his Chromebook home to work on written assignments and have access to Google Classrooms for assignment listings. | 5/2/2019 | 5/1/2020 | All academic settings |

- The IEP team discussed and determined program modifications are not needed in general education classes or other education-related settings.
- The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings.

| Program Modifications | Start Date | End Date | Frequency | Duration | Location |
|-----------------------|------------|----------|-----------|----------|----------|
| | | | | | |

- The IEP team discussed and determined other supports for school personnel, or for student, or on behalf of the student are not needed.
- The IEP team discussed and determined the following other supports for school personnel, or for student, or on behalf of the student are needed.

| Other Supports for School Personnel, or for Student, or on Behalf of Student | To Support | Start Date | End Date | Frequency | Duration | Location |
|--|------------|------------|----------|-----------|----------|----------|
| | | | | | | |

SPECIAL EDUCATION and RELATED SERVICES

| | | |
|---|--|-----------------------------------|
| Service: <u>Specialized Academic Instruction</u> | Start Date: <u>3/17/2020</u> | End Date: <u>5/27/2020</u> |
| Provider: <u>District of Service</u> | <input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: <u>30 min served Weekly</u> | Location: <u>Charter Schools</u> | |
| Comments: <u>Student will temporarily receive Specialized Academic Instruction while the LEA temporarily operates under a distance learning/independent study model during the school closure due to COVID-19.</u> | | |
| Service: <u>Individual counseling</u> | Start Date: <u>3/17/2020</u> | End Date: <u>5/27/2020</u> |
| Provider: <u>District of Service</u> | <input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition | |
| Duration/Freq: <u>30 min served Weekly</u> | Location: <u>Charter Schools</u> | |

Comments: Student will temporarily receive Individual Counseling while the LEA temporarily operates under a distance learning/independent study model during the school closure due to COVID-19.

Programs and services will be provided according to where 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.

Special Education Transportation Yes No

EXTENDED SCHOOL YEAR (ESY)

Yes No

Rationale:

Programs and services will be provided according to where 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.

OFFER OF FAPE - EDUCATIONAL SETTING

Student Name [REDACTED]

Birthdate [REDACTED]

IEP Date: 5/2/2019

Physical Education: General Specially Designed Other

District of Service: [REDACTED]

School of Attendance: [REDACTED]

All special education services provided at student's school of residence? Yes No (rationale)

Preschool Program Setting (Ages 3-5 only, including those in TK and Kindergarten):

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program or Kindergarten)

The location where the student receives the majority of their special education services:

Same as above Different from above

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Yes No

Program Setting (Ages 6 and older within duration of this IEP): Regular Independent Study or Virtual Charter

(Note: Percentage of time is required for those that will be age 6 and older within the duration of this IEP)

0 % of time student is outside the regular class & extracurricular & non academic activities

100 % of time student is in the regular class & extracurricular & non academic activities

Student will not participate in the regular class and/or extracurricular and/or non academic activities: for Mathematics, Language Arts and Individual Counseling because Arik requires specialized academic instruction, in a small group setting, and behavioral counseling to acquire the skills necessary to successfully access the general curriculum.

Other Agency Services

- County Mental Health
- California Children's Services (CCS)
- Regional Center
- Probation
- Department of Rehabilitation
- Department of Social Services (DSS)
- Other Rancheria of Redding - Mental health and health services

Promotion Criteria: District Progress on Goals Other

Parents will be informed of progress: Quarterly Trimester Semester Other

How? Progress Summary Report Other

ACTIVITIES TO SUPPORT TRANSITION (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)

None needed at this time