

OUTCOME # 18: DISPROPORTIONALITY**COMPREHENSIVE EVALUATION PROCESS**

Student Name:	Student ID:	
IEP:	IEP Type:	Meeting Date:
District	Loc Code:	School:

Reviewed by: _____ Date: _____

- File review is complete File review is not complete: child was exited from SPED (must make a copy of all relevant IEPs)
 Compliant File review is not complete, child is no longer eligible as ED (must make a copy of all relevant IEPs)
 Non-Compliant File review is not complete due to the child's records being unavailable
 Non-Compliant Area: _____

1. REVIEW OF PRE-REFERRAL AND REFERRAL INTERVENTION

- No Information on Request for Assessment Parent Request for Assessment Agency Request for Assessment Teacher/School Request for Assessment

FOR STUDENTS INITIALLY REFERRED FOR SPECIAL EDUCATION

- | | <u>Yes</u> | <u>No</u> | |
|------------|--------------------------|--------------------------|---|
| <u>1-1</u> | <input type="checkbox"/> | <input type="checkbox"/> | Documentation of an initial pre-referral intervention meeting, such as an SST or 504 plan that addresses the behavioral and/or academic concerns and actions to address these concerns.
<input type="checkbox"/> Report Card <input type="checkbox"/> Cum Folder <input type="checkbox"/> SST Form <input type="checkbox"/> IEP p. 3, 4, 12, Referral Details
<input type="checkbox"/> Student Intervention Record Form (BUL-2075) <input type="checkbox"/> Psych Report <input type="checkbox"/> Other: |
| <u>1-2</u> | <input type="checkbox"/> | <input type="checkbox"/> | Documentation of a follow-up pre-referral intervention meeting, such as an SST or 504 plan (at least 3 months after the initial meeting) documenting the results of the interventions and the effect on the behavior.
<input type="checkbox"/> Report Card <input type="checkbox"/> Cum Folder <input type="checkbox"/> SST Form <input type="checkbox"/> IEP p. 3, 4, 12, Referral Details
<input type="checkbox"/> Student Intervention Record Form (BUL-2075) <input type="checkbox"/> Psych Report <input type="checkbox"/> Other |
| <u>1-3</u> | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of parent participation at the pre-referral intervention meeting, such as an SST and/or parent conference.
<input type="checkbox"/> Report Card <input type="checkbox"/> Cum Folder <input type="checkbox"/> SST Form <input type="checkbox"/> IEP p. 3, 4, 12, Referral Details
<input type="checkbox"/> Student Intervention Record Form (BUL-2075) <input type="checkbox"/> Psych Report <input type="checkbox"/> Other |
| <u>1-4</u> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-referral teams documentation of the following considerations: <input type="checkbox"/> attendance history; <input type="checkbox"/> Recent changes in student's home environment; <input type="checkbox"/> student's primary language (if applicable); and, <input type="checkbox"/> vision and hearing screening. |
| <u>1-5</u> | <input type="checkbox"/> | <input type="checkbox"/> | Report card or cumulative file comments indicate behavioral and academic concerns for more than one semester (secondary) or one year, prior to the date of referral. |
| <u>1-6</u> | <input type="checkbox"/> | <input type="checkbox"/> | Documentation of one of the following; non-DIS counseling, behavior modification plan, and/or participation in a school-wide discipline program.
<input type="checkbox"/> Report Card <input type="checkbox"/> Cum Folder <input type="checkbox"/> SST Form <input type="checkbox"/> IEP p. 3, 4 or 12
<input type="checkbox"/> Student Intervention Record Form (BUL-2075) <input type="checkbox"/> Psych Report <input type="checkbox"/> Other |
| <u>1-7</u> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment plan and/or other documentation indicating behavioral concerns and |

consideration for ED as a suspected disability (such as Request for Assessment by parent).
 Assessment plan Student Intervention Record Form (BUL-2075) Psych Report

1-A. REVIEW OF PRE-REFERRAL AND REFERRAL INTERVENTION (CHANGE OF ELIGIBILITY)

FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES UNDER ANOTHER ELIGIBILITY (NOT ED)

- | | Yes | No | |
|-------------|--------------------------|--------------------------|---|
| <u>1-1A</u> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior support plan (IEP Behavior Support Plan) Need to look at previous IEP |
| <u>1-2A</u> | <input type="checkbox"/> | <input type="checkbox"/> | Academic modifications and accommodations attempted to address the behavioral concerns
<input type="checkbox"/> p. 3 <input type="checkbox"/> p.4 <input type="checkbox"/> p. 12 <input type="checkbox"/> FAPE (of current or previous IEP) |
| <u>1-3A</u> | <input type="checkbox"/> | <input type="checkbox"/> | Consideration for counseling services and/or referrals to school-wide discipline programs
<input type="checkbox"/> p. 3 <input type="checkbox"/> p. 4 <input type="checkbox"/> p. 12 <input type="checkbox"/> FAPE (of current or previous IEP) |
| <u>1-4A</u> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment plan indicating behavioral concerns and consideration for ED as a suspected disability (or statement in <i>IEP p. 3 or 12</i> indicating a re-evaluation due to behavioral concerns)
<input type="checkbox"/> Psych Report |

Begin here for students currently identified as emotionally disturbed (Triennial or re-evaluation).

For triennials, review previous annual IEP to determine if the IEP team determined that a formal assessment would *not be required* at the triennial to re-establish eligibility.

Preparation for Three Year Review p. 6: Section H (must mark one)

- No Formal Assessment needed to re-establish eligibility Formal Assessment needed
 Previous IEP is unavailable or did not indicate either

2. ASSESSMENT

Present Levels of Performance p. 3

- | | Yes | No | |
|------------|--------------------------|--------------------------|---|
| <u>2-1</u> | <input type="checkbox"/> | <input type="checkbox"/> | Health assessment
<input type="checkbox"/> Psych Report |
| <u>2-2</u> | <input type="checkbox"/> | <input type="checkbox"/> | Formal academic assessment and consideration of assessments based on curriculum and classroom performance. |
| <u>2-3</u> | <input type="checkbox"/> | <input type="checkbox"/> | Cognitive or general ability assessment identifying the student's strengths and weaknesses
<input type="checkbox"/> Psych Report |
| <u>2-4</u> | <input type="checkbox"/> | <input type="checkbox"/> | Multi-disciplinary social-emotional evaluation considering home and community behavior using the following measures: <input type="checkbox"/> observation in various settings (formal and informal);
<input type="checkbox"/> Ratings scales and/or other psychometric instruments; and, <input type="checkbox"/> interviews with at least one teacher and/or parent. |
| <u>2-5</u> | <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive behavioral evaluation such as a functional behavioral analysis, functional assessment analysis or other behavioral evaluation that identifies the function of the behavior, the frequency and duration of the behavior, and the identification of alternative behaviors that may serve to replace the undesired behavior.
<input type="checkbox"/> Behavior Support Plan <input type="checkbox"/> p. 3 <input type="checkbox"/> other: |

3. DETERMINATION OF ED ELIGIBILITY

- | | Yes | No | |
|------------|--------------------------|--------------------------|--|
| <u>3-1</u> | <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive ED eligibility statement identifying specific areas of eligibility as per IDEA 1997 regulations (must have at least one within the context of explaining ED as disability)
<input type="checkbox"/> p.3 (psych) <input type="checkbox"/> p. 4 <input type="checkbox"/> p. 12 <input type="checkbox"/> Ed Certification Form <input type="checkbox"/> other:

<input type="checkbox"/> an inability to learn that cannot be explained by intellectual, sensory, or health factors
<input type="checkbox"/> an inability to build or maintain satisfactory interpersonal relationships with peers/teachers
<input type="checkbox"/> inappropriate types of behaviors or feelings under normal circumstances |

- a general pervasiveness mood of unhappiness or depression
- a tendency to develop physical symptoms or fears associated with personal or school problems

3-2 Consideration of exclusionary criteria and other relevant factors (must be in the context of explaining eligibility consideration)

p.3 (psych) p. 4 p. 12 Ed Certification Form other:

are behaviors a result of intellectual, sensory or health factors?
 are behaviors due to a specific environmental stress or situational trauma?
 are behaviors a function of social maladjustment without evidence of an emotional disturbance?

3-3 Justification of co-morbid disabilities (i.e. additional disabilities)
 N/A Statement providing an explanation or reason for more than one eligibility

p. 3 p. 4 p. 12 SLD certification form (at the back of IEP)

4. IEP TEAM RECOMMENDATIONS

	<u>Yes</u>	<u>No</u>	
<u>4-1</u>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration of a Behavior Support Plan (BSP) <input type="checkbox"/> p. 12 <input type="checkbox"/> Psych Report
<u>4-2</u>	<input type="checkbox"/>	<input type="checkbox"/>	IEP team considerations for placement in the least restrictive environment, including appropriate supports and modifications to ensure participation in the LRE, with responsible personnel <input type="checkbox"/> p. 12 <input type="checkbox"/> FAPE <input type="checkbox"/> Psych Report <input type="checkbox"/> other:

Placement recommendations p. 8 Section M: IEP team recommendations or p.12: Summary:
 Location of Services: School of residence non-residence school SPED center Charter
 nonpublic school (NPS) **no need to indicate instructional setting**
 Instructional Setting: Gen. Ed. RSP SDC SDC ED DIS

Identify placement prior to IEP: initial evaluations should be General Ed
 Gen. Ed. RSP SDC DIS (ie. Counseling, OT, PT) NPS

<u>4-3</u>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration of DIS counseling services, and/or referral to mental health agency for such services (AB3632) <input type="checkbox"/> p. 4 <input type="checkbox"/> p. 12 <input type="checkbox"/> FAPE <input type="checkbox"/> Psych Report <input type="checkbox"/> Other:
<u>4-4</u>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling goals, if appropriate (If counseling not provided but there is evidence of consideration, mark N/A: not applicable) <input type="checkbox"/> N/A <input type="checkbox"/> p. 5 <input type="checkbox"/> FAPE <input type="checkbox"/> Psych Report <input type="checkbox"/> Other:
<u>4-5</u>	<input type="checkbox"/>	<input type="checkbox"/>	Parent participation at the IEP meeting determining eligibility and placement <input type="checkbox"/> p. 10 Section Q (date must be the same as IEP date) <input type="checkbox"/> Other

**Los Angeles Unified School District
INDIVIDUALIZED EDUCATION PROGRAM**

SPEECH LANGUAGE IMPAIRMENT ELIGIBILITY CERTIFICATION (SLI CERTIFICATION)

Student _____ **Date of Birth** _____ **Meeting Date** _____

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

Complete Step 1A or 1B.

Step 1A. General Education Interventions - Check items as completed

- _____ Intervention strategies implemented, including English Language Instruction or RtI² prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- _____ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- _____ Interventions were not successful, student referred for special education assessment.
- _____ Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

Step 1B. Interventions Not Applicable

- _____ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- _____ The speech or language delay does not appear to be due to unfamiliarity with English.
- _____ The delay does not appear to be due to a lack of instruction in English, dialectical factors, or limited language experience.
- _____ The delay does not appear to be due to environmental factors.
- _____ The delay does not appear to be due to economic factors.
- _____ The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- _____ A. Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies (if a language impairment is suspected). **OR**
- _____ B. A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
- _____ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- _____ A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Complete Step 4

Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)

- A. _____ Student meets one or more of the following criteria (check each disorder that applies):
- _____ A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level **and** a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
 - _____ An articulation disorder (e.g. Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
 - _____ A fluency disorder (e.g. Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
 - _____ A voice disorder (e.g. Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B. _____ The impairment has a significant adverse effect on the student's academic performance.
- C. _____ The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.

Complete Step 5

Step 5. Consideration for additional special education service(s): Complete A or B.

- A. _____ In the event a student with eligibility of Speech Language Impairment is being considered for special education **academic** services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- B. _____ Student is not being considered for additional special education academic services and/or support.

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.

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LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)

Student _____ Date of Birth _____ Meeting Date _____

This page is to be completed for students with Special Education eligibility *other than SLI* when determining the need for LAS services to support the provision of FAPE.

Complete Step 1A or 1B.

Step 1A. General Education Interventions - Check items as completed

- _____ Intervention strategies implemented, including English Language Instruction or RtI² prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- _____ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- _____ Interventions were not successful, student referred for special education assessment.
- _____ Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

Step 1B. Interventions Not Applicable

- _____ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information -Check items as applicable

- _____ The speech or language delay does not appear to be due to unfamiliarity with English.
- _____ The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- _____ The delay does not appear to be due to environmental factors.
- _____ The delay does not appear to be due to economic factors.
- _____ The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- _____ A. Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies (if a language impairment is suspected). **OR**
- _____ B. A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation.
- _____ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- _____ A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility *other than SLI*):

- _____ The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.
- _____ The presenting need for LAS service is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.

If the above is so, identify the area(s) of difficulty:

- _____ Language disorder
- _____ Articulation disorder
- _____ Fluency disorder
- _____ Voice disorder

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

To Be Completed By the IEP Team at the IEP Team Meeting

Student Name Last, First		Student ID	
School Contact Name/Position		School Contact Email Address	

Student's Current Placement Type:

<input type="checkbox"/> General Education Class/General Education Site	<input type="checkbox"/> Special Day Program/General Education Site
<input type="checkbox"/> Special Day Program/Special Education Center	<input type="checkbox"/> Nonpublic School
<input type="checkbox"/> Home/Hospital or Residential Care Facility	

DIRECTIONS: Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily. The lack of current availability of a student's required supports, services, accommodations and modifications is not the sole justification for placement in a more restrictive setting, unless there is a compelling reason why they cannot be provided.

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.	

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<input type="checkbox"/> YES <input type="checkbox"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.

Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a non-general education setting?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If the answer is YES, then a non-general education setting is the appropriate placement. If the answer is NO, go to the question below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a non-general education setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D.	

Step D.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.	

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
<input type="checkbox"/> YES	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.	