OUTCOME # 18: DISPROPORTIONALITY

COMPREHENSIVE EVALUATION PROCESS

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP:</td>
<td>IEP Type:</td>
</tr>
<tr>
<td>District</td>
<td>Loc Code:</td>
</tr>
<tr>
<td></td>
<td>School:</td>
</tr>
</tbody>
</table>

Reviewed by:________________ Date:__________

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

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

1-1 Yes ☐ No ☐ 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.
☐ Report Card ☐ Cum Folder ☐ SST Form ☐ IEP p. 3, 4, 12, Referral Details
☐ Student Intervention Record Form (BUL-2075) ☐ Psych Report ☐ Other:

1-2 ☐ No ☐ 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.
☐ Report Card ☐ Cum Folder ☐ SST Form ☐ IEP p. 3, 4, 12, Referral Details
☐ Student Intervention Record Form (BUL-2075) ☐ Psych Report ☐ Other

1-3 ☐ No ☐ Evidence of parent participation at the pre-referral intervention meeting, such as an SST and/or parent conference.
☐ Report Card ☐ Cum Folder ☐ SST Form ☐ IEP p. 3, 4, 12, Referral Details
☐ Student Intervention Record Form (BUL-2075) ☐ Psych Report ☐ Other

1-4 ☐ No ☐ Pre-referral teams documentation of the following considerations: ☐ attendance history; ☐ Recent changes in student’s home environment; ☐ student’s primary language (if applicable); and, ☐ vision and hearing screening.

1-5 ☐ No ☐ 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.

1-6 ☐ No ☐ Documentation of one of the following; non-DIS counseling, behavior modification plan, and/or participation in a school-wide discipline program.
☐ Report Card ☐ Cum Folder ☐ SST Form ☐ IEP p. 3, 4 or 12
☐ Student Intervention Record Form (BUL-2075) ☐ Psych Report ☐ Other

1-7 ☐ No ☐ Assessment plan and/or other documentation indicating behavioral concerns and
consideration for ED as a suspected disability (such as Request for Assessment by parent).

<table>
<thead>
<tr>
<th>1-A. REVIEW OF PRE-REFERRAL AND REFERRAL INTERVENTION (CHANGE OF ELIGIBILITY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES UNDER ANOTHER ELIGIBILITY (NOT ED)</td>
</tr>
<tr>
<td>1-1A</td>
</tr>
<tr>
<td>Behavior support plan (IEP Behavior Support Plan)</td>
</tr>
<tr>
<td>1-2A</td>
</tr>
<tr>
<td>Academic modifications and accommodations attempted to address the behavioral concerns</td>
</tr>
<tr>
<td>1-3A</td>
</tr>
<tr>
<td>Consideration for counseling services and/or referrals to school-wide discipline programs</td>
</tr>
<tr>
<td>1-4A</td>
</tr>
<tr>
<td>Assessment plan indicating behavioral concerns and consideration for ED as a suspected disability (or statement in IEP p. 3 or 12 indicating a re-evaluation due to behavioral concerns)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>No Formal Assessment needed to re-establish eligibility</th>
<th>Formal Assessment needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous IEP is unavailable or did not indicate either</td>
<td>正式评估所需</td>
</tr>
</tbody>
</table>

2. ASSESSMENT

Present Levels of Performance p. 3

| 2-1  | Yes | No |
| Health assessment | | Psych Report |

| 2-2  | No  | No  |
| Formal academic assessment and consideration of assessments based on curriculum and classroom performance. | |

| 2-3  | No  | No  |
| Cognitive or general ability assessment identifying the student’s strengths and weaknesses | | Psych Report |

| 2-4  | No  | No  |
| Multi-disciplinary social-emotional evaluation considering home and community behavior using the following measures: observation in various settings (formal and informal); | | |
| Ratings scales and/or other psychometric instruments; and, interviews with at least one teacher and/or parent. | |

| 2-5  | No  | No  |
| 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. | | p. 3  | other: |
| Behavior Support Plan | |

3. DETERMINATION OF ED ELIGIBILITY

| 3-1  | Yes | No |
| 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) | | p.3 (psych)  | p. 4  | p. 12  | Ed Certification Form other: |
| an inability to learn that cannot be explained by intellectual, sensory, or health factors | |
| an inability to build or maintain satisfactory interpersonal relationships with peers/teachers | |
| 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 ☐ N/A ☐ Justification of co-morbid disabilities (i.e. additional disabilities)
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

4-1 ☐ ☐ Consideration of a Behavior Support Plan (BSP) ☐ p. 12 ☐ Psych Report

4-2 ☐ ☐ IEP team considerations for placement in the least restrictive environment, including appropriate supports and modifications to ensure participation in the LRE, with responsible personnel

☐ p. 12 ☐ FAPE ☐ Psych Report ☐ 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

4-3 ☐ ☐ Consideration of DIS counseling services, and/or referral to mental health agency for such services (AB3632)

☐ p. 4 ☐ p. 12 ☐ FAPE ☐ Psych Report ☐ Other:

4-4 ☐ N/A ☐ Counseling goals, if appropriate (If counseling not provided but there is evidence of consideration, mark N/A: not applicable)

☐ p. 5 ☐ FAPE ☐ Psych Report ☐ Other:

4-5 ☐ ☐ Parent participation at the IEP meeting determining eligibility and placement

☐ p. 10 Section Q (date must be the same as IEP date) ☐ 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.  
___ Student was referred for special education assessment.

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, 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.
Los Angeles Unified School District
INDIVIDUALIZED EDUCATION PROGRAM

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**

<table>
<thead>
<tr>
<th>Student Name Last, First</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Contact Name/Position</td>
<td>School Contact Email Address</td>
</tr>
</tbody>
</table>

**Student’s Current Placement Type:**

- [ ] General Education Class/General Education Site
- [ ] Special Day Program/General Education Site
- [ ] Special Day Program/Special Education Center
- [ ] Nonpublic School
- [ ] 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?

- [ ] YES  [ ] 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.

- [ ] YES  [ ] 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?

- [ ] YES  [ ] 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.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not currently available, can the required supports, services,</td>
<td>YES □ NO □</td>
<td>If the answer is NO, please articulate why in the box below. Then go to Step C.</td>
</tr>
<tr>
<td>accommodations and/or modifications be made available in a special day</td>
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<tr>
<td>program on a general education site? If YES, all required supports,</td>
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<tr>
<td>services, accommodations and/or modifications must be provided within</td>
<td></td>
<td></td>
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<tr>
<td>a reasonable timeline.</td>
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<tr>
<td>If the answer is NO, please articulate why in the box below. Then go</td>
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<tr>
<td>to Step C.</td>
<td></td>
<td></td>
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<tr>
<td>Can the supports, services, accommodations and/or modifications in the</td>
<td>YES □ NO □</td>
<td>If the answer is NO, go to the question below.</td>
</tr>
<tr>
<td>student’s IEP be made available in a non-general education setting?</td>
<td></td>
<td></td>
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<tr>
<td>If not currently available, can the required supports, services,</td>
<td>YES □ NO □</td>
<td>If the answer is NO, please articulate why in the box below. Then go to Step D.</td>
</tr>
<tr>
<td>accommodations and/or modifications be made available in a non-general</td>
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<tr>
<td>education setting?</td>
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<tr>
<td>If the answer is YES, then a non-general education setting is the</td>
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<tr>
<td>appropriate placement.</td>
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<td></td>
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<tr>
<td>If the answer is NO, go to the question below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the supports, services, accommodations and/or modifications in the</td>
<td>YES □ NO □</td>
<td>If the answer is NO, please articulate why in the box below. Then go to Step D.</td>
</tr>
<tr>
<td>student’s IEP be made available in a home/hospital setting?</td>
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<td></td>
</tr>
<tr>
<td>If the answer is YES, then a home/hospital setting is the appropriate</td>
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<tr>
<td>placement.</td>
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<td></td>
</tr>
<tr>
<td>If the answer is NO, go to the question below.</td>
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<td></td>
</tr>
<tr>
<td>Can the supports, services, accommodations and/or modifications in the</td>
<td>YES □ NO □</td>
<td>If the answer is NO, please articulate why in the box below. Then go to Step E.</td>
</tr>
<tr>
<td>student’s IEP be made available in a residential care facility?</td>
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<tr>
<td>If not currently available, articulate in the IEP what supports,</td>
<td>YES □</td>
<td>If not currently available, articulate in the IEP what supports,</td>
</tr>
<tr>
<td>accommodations and/or modifications are required for the student in</td>
<td></td>
<td>accommodations and/or modifications are required for the student in</td>
</tr>
<tr>
<td>this setting.</td>
<td></td>
<td>this setting.</td>
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</table>