

Student Name: _____ DOB: _____ Date of Meeting: _____

Program and Services Identification Instructional Setting								
Program	Dis- cussed	Recom- mended	Services to begin	Services to end	Provider of Service	Frequency & Duration* (ex: 2 times wk. 20 mins.)	Service Delivery Model (direct, consult, etc.)	Location of Service
Regular Class with Accommodations								
Resource Services <input type="checkbox"/> School Based Program <input type="checkbox"/> Resource Specialist								
Special Day Class <input type="checkbox"/> Inclusion <input type="checkbox"/> Public School Location <input type="checkbox"/> Separate Facility <input type="checkbox"/> Non Public School								
Language and Speech								
Extended School Year:								
Other School Service:								
Other School Service:								
Other School Service:								
Agency Service:*					Agency:			
Agency Service:*					Agency:			
Agency Service:*					Agency:			

*Treatment plan must be attached of agency services from Mental Health or CCS

(Continue to next page to address required areas.)

+Excluding non-student days per school calendar

Other Considerations:

SELPA Placement Code

- Special Day Class
 Resource Specialist Program
 Designated Instructional Services
 Non Public School

Student Name: _____ DOB: _____ Date of Meeting: _____

Transportation: Walk Bus - provider _____ Parent Other _____
 Special Needs _____

P.E. Regular Modified Specially Designed Adaptive

Typical school day - _____% of time in general education. _____% of time in special education.

Regular Education Subjects/Participation:
 Lunch, Recess, Passing Periods Academic Areas _____
 School Day Activities Electives _____
 English Language Development

Vocational Education K-12: Not Applicable Exploration Regular Education Vocational Transition
 Special Education Awareness Completed Transition Plan Attached

Other School Based Services Provided: Migrant Title I English Language Development Other

Rationale for Recommendations:

Progress Report toward Goals will be provided: Written Verbal Quarterly With Report Card
Comment:

Participation in State and District-wide Assessment

CAT-6/California Standards Test
 Full Participation Partial Participation (rationale) _____
 No Accommodations/Modifications With Accommodations _____
 With Modifications _____
 California Alternate Performance Assessment (CAPA) - Level 1. 2. 3. 4. 5.
Participation in the CAT-6/CST not appropriate because _____

Grade Exempt (before grade 2 and after grade 11)
CAHSEE (California High School Exit Exam)
 No Accommodations/Modifications
 With Accommodations (specify) _____
 With Modifications (specify) _____
 Student not working towards diploma Student not high school grade Test not given this school year

Promotion/Graduation Standards: District Substantial progress on goals Other _____
Other State Assessments/Accommodations/Modifications: _____
Other District Assessments/Accommodations/Modifications: _____