



MT. DIABLO UNIFIED SCHOOL DISTRICT  
SPECIAL EDUCATION

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1936 Carlotta Drive, Concord, CA 94519  
Phone (925) 682-8000 or TDD 685-2962

FAX (925) 687-3139  
Community Advisory Committee (CAC)  
Parent Liaison (925) 682-8000, x4297

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial \_\_\_\_ Annual \_\_\_\_ Triennial \_\_\_\_ Student # \_\_\_\_  
Interim \_\_\_\_ Manifestation \_\_\_\_ Transition \_\_\_\_ Other \_\_\_\_

### For Initial Placements Only

Has the student received pre-referral early intervening service in the past two years? ☐ Yes ☐ No

Date of initial referral for special education services \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Initial IEP \_\_\_\_/\_\_\_\_/\_\_\_\_

IEP DATA Last Annual IEP \_\_\_\_ Triennial Reevaluation \_\_\_\_

STUDENT DATA Last Name \_\_\_\_ First Name \_\_\_\_ Birthdate \_\_\_\_  
School of Attendance \_\_\_\_ Grade \_\_\_\_ Native Language \_\_\_\_  
School of Residence \_\_\_\_ District of Residence \_\_\_\_  
Attends Private School \_\_\_\_ English Learner ☐ Yes CELDT level \_\_\_\_ Redesignated ☐ Yes

HOME DATA Parent/Guardian \_\_\_\_ Parent/Guardian \_\_\_\_ Licensed/  
Address \_\_\_\_ Address \_\_\_\_ Foster Children's Home  
Ph:(hm) \_\_\_\_ Ph:(hm) \_\_\_\_ ☐ Yes ☐ No  
Ph:(wk) \_\_\_\_ Ph:(wk) \_\_\_\_  
Ph:(cell) \_\_\_\_ Ph:(cell) \_\_\_\_  
Native Language \_\_\_\_ Native Language \_\_\_\_

ELIGIBILITY Primary Disability Code \_\_\_\_ Category \_\_\_\_  
Secondary Disability Code \_\_\_\_ Category \_\_\_\_  
\_\_\_\_ NOT Eligible for Special Education \_\_\_\_ EXITING from SpEd (no longer eligible)

SERVICES DATA	Current	Proposed	Dates of Service	Frequency	Duration	Location
			to			
			to			
			to			
			to			
			to			

Physical Education: ☐ Regular ☐ Specially Designed ☐ Adapted

AB3632 Eligible for Mental Health Services ☐ Yes ☐ No

Provider \_\_\_\_ Location \_\_\_\_ Duration (Number of Minutes) \_\_\_\_

Frequency: \_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Yearly \_\_\_\_ Other

\_\_\_\_ Mental Health Counseling \_\_\_\_ Medication Management \_\_\_\_ Day Treatment \_\_\_\_ Residential Treatment

Supplementary aids and services to be provided to the child or on behalf of the child and program modifications or supports for school personnel.

Description	Dates of Service	Frequency	Duration	Location
	to			
	to			
	to			

Accommodations, Modifications, Add'l Comments \_\_\_\_

Transportation ☐ Yes ☐ No

Submit form if transportation is new.

Check transportation code A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ D \_\_\_\_

Participates in Workability I ☐ Yes ☐ No

Transition Plan Attached (\*ages 15 and up)

☐ Yes ☐ No



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IEP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Vision Screening Date: \_\_\_\_\_ Pass \_\_\_\_ Fail \_\_\_\_ Hearing Screening Date: \_\_\_\_\_ Pass \_\_\_\_ Fail \_\_\_\_

**STATEWIDE  
TESTING  
AND  
REPORTING**

District Standards Curriculum leading to Diploma  
CAT6/CST ☐  
Accommodations needed: ☐ Yes ☐ No  
If Yes, refer to the Matrix of Test Variations,  
Accommodations/Modifications and list those  
needed in Conference Notes.

**OR**

Alternative Curriculum leading to Certificate of  
Completion  
CAPA ☐  
Level 1: (Gr. 2-11) \_\_\_\_\_  
Level 2: (Gr. 2-3) \_\_\_\_\_ Level 3: (Gr. 4-5) \_\_\_\_\_  
Level 4: (Gr. 6-8) \_\_\_\_\_ Level 5: (Gr. 9-11) \_\_\_\_\_

High School Exit Exam (CAHSEE)  
Math: Pass \_\_\_\_ Fail \_\_\_\_ English: Pass \_\_\_\_ Fail \_\_\_\_  
Accommodations Needed: ☐ Yes ☐ No  
If Yes, refer to the Matrix of Test Variations,  
Accommodations/Modifications and list those  
needed in Conference Notes.

CELDT \_\_\_\_\_ for English Learners  
Accommodations Needed: ☐ Yes ☐ No  
If Yes, refer to the Matrix of Test Variations,  
Accommodations/Modifications and list those  
needed in Conference Notes.

For 3, 4, 5 year old preschoolers only (Desired Results Developmental Profile - DRDP)  
\_\_\_\_ DRDP \_\_\_\_ DRDP Access Adaptations \_\_\_\_

Strengths/Preferences/Interests \_\_\_\_\_

Concerns of parent relevant to educational progress \_\_\_\_\_

**SPECIAL FACTORS**

Does the student require assistive technology devices and/or services? ☐ No ☐ Yes (specify) \_\_\_\_\_

Does the student require low incidence services, equipment and/or materials to meet educational goals?  
☐ No ☐ Yes (specify) \_\_\_\_\_

Is the student blind or visually impaired? ☐ No ☐ Yes If "yes", will instruction in braille be provided? ☐ No ☐ Yes

Is the student deaf or hard of hearing? ☐ No ☐ Yes If "yes", specify strategies, specialized instruction and mode of  
communication. \_\_\_\_\_

Is the student an English Learner? ☐ No ☐ Yes If "yes", specify how the student's level of English proficiency related to  
the IEP will be addressed. \_\_\_\_\_

Does the student's behavior impede learning of self or others? ☐ No ☐ Yes (describe) \_\_\_\_\_

If yes, specify positive behavior interventions, strategies, and supports \_\_\_\_\_

☐ Behavior Support Plan (BSP) attached

☐ Positive Behavior Intervention Plan (PBIP/Hughes Bill) attached



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## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Areas of need to be addressed in goals and objectives for student to receive educational benefit \_\_\_\_\_

### RATIONALE FOR PLACEMENT

\_\_\_\_ Needs cannot be met in less restrictive environment and student will benefit from the instructional environment at the school of assignment.

\_\_\_\_ This placement was based on consideration of the following information: evaluations, tests, records and reports. (Attach applicable documentation.)

Indicate how the student's disability affects involvement and progress in the regular curriculum (or for preschoolers, participation in appropriate activities).

The following placement options were considered and rationale documented on conferences notes.

\_\_\_\_ Regular Education  
\_\_\_\_ Regular Ed. with Related/Support Services  
\_\_\_\_ Special Education Setting  
\_\_\_\_ Special Education Center  
\_\_\_\_ Non-Public School  
\_\_\_\_ Residential School  
\_\_\_\_ Home/Hospital  
\_\_\_\_ Home

\_\_\_\_ Academic Performance  
\_\_\_\_ Social/Interactive Skills  
\_\_\_\_ Communication  
\_\_\_\_ Physical Movement/Participation  
\_\_\_\_ Independent Functioning/Participation  
\_\_\_\_ Ability to Follow the Discipline Rules

\_\_\_\_ % of time student is outside the regular education environment.

\_\_\_\_ % of time student is in the regular education environment.

### EXPLANATION OF EXTENT TO WHICH THE STUDENT CANNOT PARTICIPATE IN THE REGULAR EDUCATION CLASS AND ACTIVITIES

**PROGRESS DATA** Parents will be informed of progress at the same frequency as students without disabilities:

Report Card \_\_\_\_ Progress Report \_\_\_\_ Conference \_\_\_\_ Phone \_\_\_\_ FAX \_\_\_\_ E-mail \_\_\_\_  
Other \_\_\_\_\_

**EXTENDED SCHOOL YEAR (ESY):** ☐ No ☐ Yes

Consider students with disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student's educational programming which may cause regression. This regression, when coupled with limited recoupment capacity, renders it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability.

Proposed Service	Dates of Service	Frequency	Duration	Location
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____



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Programs and services will be provided when the student is in attendance and consistent with the public school calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

### IEP MEETING PARTICIPANTS

_____ Parent/Guardian/Surrogate	_____ Date	_____ Parent/Guardian/Surrogate	_____ Date
_____ LEA Representative/Admin. Designee	_____ Date	_____ Regular Education Teacher	_____ Date
_____ Student	_____ Date	_____ Special Education Specialist	_____ Date
_____ Additional Participant/Title	_____ Date	_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date	_____ Additional Participant/Title	_____ Date

### PARENT CONSENT (please initial areas of agreement)

\_\_\_\_ I participated in the development of the IEP.

\_\_\_\_ I agree to all parts of the IEP.

\_\_\_\_ I agree with IEP, with the exception of \_\_\_\_\_

\_\_\_\_ I have received a copy of assessment reports.

\_\_\_\_ I have received a copy of Procedural Safeguards within the last year.

\_\_\_\_ I have received the Notice of IEP Meeting.

\_\_\_\_ I understand that my child is not eligible for special education.

\_\_\_\_ I understand that my child is no longer eligible for special education.

Signature below is to authorize and approve the IEP.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Student enrolled in private school by his/her parents: ☐ No ☐ Yes If yes, refer to Private School Services Individual Service Plan.

Refer to a separate document for the back of page 1.