

# Los Angeles Unified School District

## SPECIAL EDUCATION ASSESSMENT NOTIFICATION

School Name  Local District   
Dear Parent/Guardian of (Student's First Name)  (Student's Last Name)

This is a notice to inform you that your child has been referred for special education assessment. In order to conduct the assessment, your written consent is required.

A. Assessment is requested for the following reason(s):

- To determine your child's eligibility (based on disability and may be eligible for Special Education or related service)
- To Conduct the special education re-evaluation
- To determine if a change in your child's special education program and/or related service are needed
- To transition a Student from a preschool special education program

B. Request for assessment was made by:

Name of Individual Relationship to Student/Title Agency/Affiliation

C. Please note that assessment(s) conducted by District staff:

- Includes gathering information in all areas of suspected disability.
- May include review of school records, reports, existing assessment data, work samples, situational observations, interviews, independent evaluations, information provided by parents, and results of individual standardized tests and/or alternative assessments.
- Will be in your child's primary language or other mode of preferred communication by a qualified assessor(s). When this is not feasible, a qualified interpreter will assist the assessor(s).
- Will result in information that will be reviewed at the Individualized Education Program (IEP) meeting. A copy of each assessment report will be given to you at the meeting. When a psychologist's assessment report is part of this assessment, upon request, a copy of the report will be mailed to you four (4) working days prior to the IEP meeting.

D. Evaluations conducted by an independent agency shall be considered by the IEP team. Please submit a copy of the independent report prior to the IEP meeting, allowing District personnel adequate time to review the information.

E. After the assessment:

- An IEP meeting will be held within sixty (60) calendar days from receipt of your written request for assessment or by your child's third birthday if your child is transitioning from Early Start. Refer to *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)* for specific timeline information.
- You will receive a *Notification to Participate in an Individualized Education Program (IEP) Meeting* form at least ten (10) calendar days prior to the meeting.

Please review, sign and return the attached *Special Education Assessment Plan*. Keep the "Parent Copy" and this *Special Education Assessment Notification* form for your records.

If you have any questions concerning the assessment process, please contact the person listed below.

Contact Person School/Office Phone  
     
Address City State Zip Code

# Los Angeles Unified School District

## SPECIAL EDUCATION ASSESSMENT PLAN

Name   Birthdate  ID#  Grade

School of Attendance  School of Residence

Student Language/Alternate Mode of Communication  Home Language  ELD Level

Assessment Areas (*including consideration of need for specialized equipment). See other side for descriptions.	Assessment may include review of existing data, observations and parent input. It may also include the use of standardized tests, developmental scales and alternative assessments.	Assessment will be conducted by the District staff checked below.
1. <input checked="" type="checkbox"/> Language Function	<input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2)	<input checked="" type="checkbox"/> Language and Speech Therapist
2. <input checked="" type="checkbox"/> Health and Development, Including Vision and Hearing	<input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2)	<input checked="" type="checkbox"/> Nurse/Physician
3. <input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2)	<input checked="" type="checkbox"/> Special Education Teacher
4. <input checked="" type="checkbox"/> Social Emotional Status General Ability Language Function Motor Abilities	<input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2) <input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2) <input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2) <input checked="" type="checkbox"/> Standardized Tests (See Assessment Plan, Page 2)	<input checked="" type="checkbox"/> Psychologist
Accommodations in test administration <input type="text"/>		Reason qualified interpreter will assist assessor in test administration <input type="text"/>

# PARENT/GUARDIAN CONSENT FOR ASSESSMENT

I have reviewed the *Special Education Assessment Notification* and the *Special Education Assessment Plan*. I have received *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)*. Parents of students who are Medi-Cal eligible are referred to "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)." I understand that no assessment shall be conducted without my written consent and no educational placement or services will be provided unless I consent to them on the IEP.

### CHECK ONE

- YES, I consent to the Assessment Plan.
- YES, I consent to the Assessment Plan except in the following area(s):
- NO, I do not consent to the Assessment Plan.

Parent/Guardian Signature   Date

Home Phone  Work Phone  Other

### CHECK AS APPROPRIATE

- I have attached the following independent evaluation report(s) or will provide a copy to the IEP team for consideration at the IEP meeting:
- I would like to have additional areas of educational concern addressed (specify)
- I would like to have a copy of the psychologist's assessment report resulting from this assessment mailed to me four (4) working days prior to the IEP meeting. If feasible, please translate the report into the following language:

**FOR OFFICE USE ONLY**  Enclosed with this plan: *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)*  Assessment Not Requiring In-Person Interaction Letter Attached

Plan sent on  by  mail  student  other  2<sup>nd</sup> plan sent  3<sup>rd</sup> plan sent  Psych report mailed on  by  in (language, if other than English)  Signed plan rec'd on  by  IEP must be held by .

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STANDARDIZED TESTS MAY INCLUDE, BUT NOT BE LIMITED TO:

Assessment Area	Assessment Area Description	Assessment Instruments
Health and Development, 1. including Vision and Hearing	Evaluates medical conditions/health issues.*	Air and Bone Conduction Test, Hearing and Vision Screening Impedance Audiometry, Otoacoustic Emissions Test, Physical Examination, Speech Awareness Test, Speech Discrimination Test, Speech Reception Test, Orientation and Mobility for the Blind
2. General Ability	Evaluates the ability to process, comprehend, integrate, analyze, synthesize and apply information.*	Cognitive Assessment System 2, Comprehensive Test of Phonological Processing 2, Motor-Free Visual Perception Test-4, Test of Auditory Processing Skills 4, Test of Information Processing Skills, Test of Visual Perceptual Skills 4, Wide Range Assessment of Memory and Learning 2, Mullen Scales of Early Learning
3. Academic Performance	Evaluates school readiness, reading, written language, speech and alternative communication appropriately.*	Bateria III Woodcock-Munoz, Brigance Comprehensive Inventory of Basic Skills II, Brigance Inventory of Early Development III, Kaufman Survey of Early Academic and Language Skills, Kaufman Test of Education Achievement 3, Student Annual Needs Determination Inventory, Woodcock-Johnson IV Tests of Achievement
4. Language Function	Evaluates the ability to receive, understand and use verbal language, speech and alternative communication appropriately.*	Comprehensive Test of Phonological Processing 2, Woodcock Munoz Language Survey III (English/Spanish), Woodcock Johnson IV Tests of Oral Language, Comprehensive Assessment of Spoken Language-2
5. Motor Abilities	Evaluates the use of large and small muscles, general physical conditioning, motor and hand-eye coordination skills and sensory processing in educational settings and activities, including orientation and mobility.*	Beery-Buktenica Developmental Test of Visual-Motor Integration 6, Bender-Gestalt II Visual Motor Integration Test, Koppitz-2 Developmental Scoring System for Bender Gestalt Test, Adapted Physical Education Assessment Scale-2, Brigance-2, Kounas Assessment of Limited Mobility, Students-Revised Peabody Development Motor Scales 2, Bruininks-Oseretsky Test of Motor Proficiency, Second Edition, Sensory Profile 2, The Miller Function and Participation Scales, Bayley Scales of Infant and Toddler Development - Third Edition, Sensory Processing Measure, School Function Assessment, Test of Visual Perceptual Skills, Revised, Test of Gross Motor Development-2, Curriculum, Assessment, Resources and Evaluation - Revised 2
6. Social Emotional Status	Evaluates behavior, social emotional development and the ability to get along with others.	Autism Spectrum Rating Scales, Behavior Assessment System for Children 3, Childhood Autism Rating Scale 2, Children's Depression Inventory 2, Conners 3, Multidimensional Anxiety Scale for Children 2, Piers-Harris Children's Self-Concept Scale 2, Revised Children's Manifest Anxiety Scale 2, School Social Behavior Scale-2, Home and Community Social Behavior Scale
7. Adaptive Behavior	Evaluates adaptive behavior and the ability to perform daily activities required for personal, domestic and community sufficiency/responsibility.*	Adaptive Behavior Assessment System 3, Childhood Autism Rating Scale 2, Developmental Profile 3, Vineland Adaptive Behavior Scales 3
8. Career and Vocational Abilities/Interests	Evaluates interests, preferences and readiness to help prepare for post high school living.*	Transition Planning Inventory-3rd Edition (TPI-3), Brigance Transition Skills Inventory, Choice-Maker Self Determination Assessment, Picture Interest Career Survey (PICS), Student Annual Needs Determination Inventory (SANDI), Transition Assessment and Goal Generator (TAGG)

\*including consideration of need for specialized equipment