

**MEMORANDUM OF UNDERSTANDING BETWEEN THE COUNTY OF VENTURA,
BEHAVIORAL HEALTH DEPARTMENT AND THE VENTURA COUNTY OFFICE OF
EDUCATION FOR CHILDREN'S SPECIAL EDUCATION MENTAL HEALTH SERVICES**

This Memorandum of Understanding (MOU) is made and entered into between the Ventura County Office of Education/Special Education Local Plan Area (herein after collectively known as VCOE/SELPA) and the County of Ventura acting through its Behavioral Health Department ("COUNTY"), collectively "Parties".

Whereas, VCOE/SELPA, are solely responsible for ensuring that students with disabilities receive the Special Education and related services needed to address their social, emotional and behavioral needs and receive a free appropriate public education, in accordance with the Individuals with Disabilities Education Act (IDEA).

Whereas, VCOE/SELPA may and does contract with COUNTY for the provision of educationally related mental health services, also referred to as Intensive Social Emotional Services ("ISES"), to students pursuant to individualized education programs and as detailed in the attached **Exhibit A - Interagency Scope of Work**.

NOW, THEREFORE, it is agreed as follows:

1. Array of Services: COUNTY agrees to provide educationally related mental health services which may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, any other mental health services as defined in Education Code Section 56363, Title 34 of the Code of Federal Regulations section 300.34 or a student's individualized education program. This MOU is not intended to make County a "public agency" within the meaning of the IDEA or related case law, nor is it intended to make County subject to the due process mandates of the IDEA.

2. Funding of Services:

a. VCOE/SELPA agrees to reimburse COUNTY for the provision of all educationally related mental health services which they provide at the request of VCOE/SELPA and pursuant to a student's individualized education program.

b. COUNTY agrees to maximize to the extent possible other sources of county, state, or federal funding, including but not limited to, funding from, Medi-Cal. Such funding and/or reimbursements received by COUNTY for provision of educationally related mental health services shall offset any amount VCOE/SELPA is required to fund under this Agreement. Additionally, COUNTY shall indicate to VCOE/SELPA any funding or reimbursements it receives when submitting any invoices to VCOE/SELPA.

3. Documentation and Timelines:

a. COUNTY will invoice the VCOE/SELPA on a Quarterly Basis for educationally related mental health services. An interim billing will be invoiced to the Special Education Local

Area Plan (5100 Adolfo Road, Camarillo, CA 93012) by the 30th day following each calendar quarter-end for 1/4 of the annual projected budget subject to reconciliations (see timeline below) for actual cost incurred. Payment terms are net/45 from date of invoice.

b. The first quarterly reconciliation will be made by the 150th day of the fiscal year (November 30th) and then 90 days thereafter (February 28th, May 31st, and August 31st). The bill will be supported by General Ledger, payroll reports, and services & supplies invoices. The invoice will be accompanied by a quarterly summary report that includes the names of students receiving services listed in alphabetical order and sorted by school, along with their birth dates. For each student there will be a quarterly summary of types of services delivered and units of service in minutes.

TIMELINE:

1st Quarter (ending September 30th) reconciled by November 30th,

2nd Quarter (ending December 31st) reconciled by February 28th,

3rd Quarter (ending March 31st) reconciled by May 31st, and

4th Quarter (ending June 30th) reconciled by August 31st.

18 months after the close of the fiscal year, there will be a final reconciliation.

4. Privacy. COUNTY and VCOE/SELPA acknowledge the protections afforded to student health information under regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 14-109, students records under the Family Educational Rights and Privacy Act (FERPA), 20 USC Section 1232g; and under provisions of state law relating to privacy. COUNTY and VCOE/SELPA shall ensure that all activities undertaken under this MOU will conform to the requirements of these laws.

5. Indemnity. COUNTY and VCOE/SELPA shall each defend, hold harmless and indemnify the other party, its governing board, officers, administrators, agents, employees, independent contractors, subcontractors, consultants, and other representatives from and against any and all liabilities, claims, demands, costs, losses, damages, or expenses, including reasonable attorneys' fees and costs, and including but not limited to consequential damages, loss of use, extra expense, cost of facilities, death, sickness, or injury to any person(s) or damage to any property, from any cause whatsoever arising from or connected with its service hereunder, that arise out of or result from, in whole or in part, the negligent, wrongful or willful acts or omissions of the indemnifying party, its employees, agents, subcontractors, independent contractors, consultants, or other representatives.

This indemnity provision shall survive the term of this MOU and is in addition to any other rights or remedies that COUNTY or VCOE/SELPA may have under law and/or the MOU.

6. Legal Fees. In the event VCBH is named as a party to a due process hearing, VCOE/SELPA will pay for the legal fees incurred by VCBH.

7. Integration. Along with the Exhibit A – Interagency Scope of Work (SOW), this MOU represents the entire understanding of VCOE/SELPA and COUNTY as to those matters contained herein, and supersedes and cancels any other prior oral or written understanding, promises or representations with respect to those matters covered hereunder. This MOU may not be modified or altered except in writing signed by both parties hereto.

8. Laws and Venue. This MOU shall be interpreted in accordance with the laws of the State of California. If any action is brought to interpret or enforce any term of this MOU, the action shall be brought in a state or federal court situated in the County of Ventura, State of California, unless otherwise specifically provided for under California law.

9. Third Party Rights. Nothing in this MOU shall be construed to give any rights or benefits to anyone other than VCOE/SELPA and COUNTY.

10. Severability. The unenforceability, invalidity, or illegality of any provision(s) of this MOU shall not render the other provisions unenforceable, invalid, or illegal.

11. Term. This MOU shall cover one fiscal year: July 1, 2014, through June 30, 2015. This MOU shall terminate as of the close of business on June 30, 2015. However, this MOU may be extended by mutual written consent to cover two additional fiscal years, from July 1, 2015 through June 30, 2017, with all other terms of the MOU remaining the same.

This MOU may be cancelled at any time by either party upon 30 days written notice.

12. Dispute Resolution. COUNTY and VCOE/SELPA agree that the following process will be used to address disputes on the implementation of the MOU only after collaborative efforts have been attempted at the lowest possible level.

By July 1, 2014, and for any extension of this MOU beyond June 30, 2015, COUNTY and VCOE/SELPA will name a mutually agreed upon mediator of a county department or agency to assist to resolve disputes using a process of facilitated communication through non-binding COUNTY and VCOE/SELPA mediation. The parties will use the following process:

1. A written notice of the request for dispute resolution, including a description of the concerns to be addressed, shall be forwarded by the agency initiating the dispute to the non-initiating party and the mediator.
2. If the issue is not resolved within 5 business days, the agency initiating the dispute shall request that the mediator be contacted to schedule a mediation between the agencies.

3. No later than thirty (30) calendar days after mediation a resolution plan between the two agencies will be developed.
4. The responsible COUNTY and VCOE/SELPA personnel services shall be responsible for assuring the agreements included in the resolution plan are implemented.
5. The costs for this service shall be shared equally between the COUNTY and VCOE/SELPA.

13. Implementation Responsibility. The signatories of this MOU or their designee shall be responsible for assuring the agreements included in this MOU are implemented.

Neither party shall be deemed to be in default of the terms of this MOU if either party is prevented from performing the terms of this Agreement by causes beyond its control, including without being limited to: acts of God; any laws and/or regulations of State or Federal government; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall immediately give the other parties written notice of the cause for delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable, and if the condition that caused the delay is corrected, the party delayed shall immediately give the other parties written notice thereof and shall resume performance of the terms of this MOU.

Neither party shall be liable for any excess costs if the failure to perform the MOU arises from any of the contingencies listed above.

IN WITNESS WHEREOF, the parties have caused this MOU to be executed by their duly authorized officers in the County of Ventura, California.

VCOE:

By 

Date June 11, 2014

Name Stanley C. Mantooth

Title County Superintendent of Schools

SELPA:

By 

Date June 11, 2014

Name Mary E. Samples

Title Assistant Superintendent

COUNTY:

By 

Date 7.1.14

Name

Meloney Roy, LCSW
Director, VCBH

Title _____

Attachment: Exhibit A

EXHIBIT A

VENTURA COUNTY INTERAGENCY SCOPE OF WORK



**Ventura County Health Care Agency
Behavioral Health Department**

and



**Ventura County Special Education
Local Plan Area**

**For The Provision of "Intensive Social/Emotional Services"
(ISES)
To Special Education Eligible Students with IEPs**

2014-2015

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I. GENERAL PROVISIONS

This Scope of Work delineates the roles and responsibilities of the Ventura County Office of Education /Special Education Local Plan Area (VCOE/SELPA) and the Ventura County Behavioral Health (VCBH). This SOW is subject to a Memorandum of Understanding being in place between VCBH and VCOE/SELPA for funding purposes.

A. Purpose

The purpose of this SOW is to facilitate the provision of Intensive Social/Emotional Services (ISES) by VCBH to special education students within the VCOE/SELPA who require services as part of their Individualized Education Program (IEP). For over twenty years, the parties have been committed to serving students with ISES needs in the least restrictive school, home and community settings. This collaboration has maintained students with disabilities in the least restrictive environment and whenever possible at home with their families in their communities.

This SOW does not include all public mental health services available to Special Education students as clients of VCBH, but is limited to only those services as requested by the IEP team of the school district.

This SOW conforms to Code of Federal Regulations Title 34; Parts 300 & 303; USC Title 20 sections 1400 et seq.; relevant portions of the California Education Code, and the Government Code, Title 1, Division 7, Chapter 26.5, Sections 7570, et seq. and California Code of Regulations (CCR), Title 2, Division 9, Chapter 1 sections 60000 et seq.

B. Organizational Structure:

- SELPA is comprised of 21 school districts.
- SELPA will work with the five ISES Regional Councils (comprised of school districts within the Region) to identify student needs for ISES in their region.
- SELPA will contract with VCBH to provide master's level clinicians, known as "Intensive School-Based Therapists" (ISBT), to provide ISES.
- VCBH Clinic Administrators (CAs) will provide administrative and clinical supervision for VCBH employees.
- CAs will work with the Regional Councils to discuss needs and concerns, as well as allocation of staff and provide ongoing consultation regarding status of services.
- SELPA in collaboration with the five ISES Regional Councils will establish procedures for communication regarding ISES, including referral to Residential placement and other community based services.
- VCBH and SELPA administration will meet regularly to discuss the program, services and needs of the program.

C. ISES Oversight Committee

The ISES Oversight Committee is comprised of representatives from VCBH and SELPA. Its objective is to establish and monitor interagency program policy within the limits of both Ventura County and Public Education Regulations. The Committee will meet regularly to fulfill the requirements outlined in this exhibit and resolve any issues that may arise. The contact person for the SELPA is the SELPA Assistant Superintendent and the contact person for VCBH is the Youth and Family Services Manager.

II. GENERAL PRINCIPLES

This SOW is subject to a Memorandum of Understanding (MOU) being in place between VCBH and VCOE/SELPA.

A. Students Served

Eligible students include those special education eligible students who require Intensive Social/Emotional Services in order to benefit from Special Education as per their IEP. Eligibility for Special Education will be established by assessment conducted by school district Special Education Multidisciplinary assessment teams as per California Education Code, Section 56032.

B. Funding and Payment for Services

Funding and Payment for Services are found in the Memorandum of Understanding (MOU), approved by the Ventura County Board of Supervisors between VCBH and the VCOE/SELPA and any subsequent MOU to which the parties may agree.

C. Confidentiality

VCBH records are confidential and privileged by the Confidentiality Medical Information Civil Code section 56 et seq; the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA); the Lanterman-Petris-Short Act (LPS); Welfare Institutions Code Section 5328 and/or 45 CFR parts 160 and 164; Health Information Technology for Economic and Clinical Health (HITECH) and 42 USC Section 17921 et seq.

Educational records are confidential pursuant to the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. Section 1232g. As each agency's regulations governing confidential information are in effect, all such information will be maintained in locked files and will not be released to third parties by either agency unless permitted by regulation or by specific written consent of parent/guardian or adult student.

Written consent for release of information will always be obtained prior to interagency sharing of records, using the "Consent for Exchange of Information for Intensive Social Emotional Assessment needs" (Attachment A). VCBH records that are provided to school personnel become student's education confidential file and become available to parents or authorized school personnel. School records that are provided to VCBH become part of the confidential medical record. Parents/adult students, or others with authorization, have the right to revoke consent from either agency for releasing information at any time.

D. Due Process

Nothing in this SOW or the MOU is intended to make VCBH a "public agency" within the meaning of Individuals with Disabilities Education Act (IDEA) or subject VCBH to the due process mandates of the IDEA. Issues arising from the provision of ISES will be handled by the school district which has the sole responsibility for insuring that students with disabilities receive the special education and related services needed to address their social, emotional, and behavioral needs in accordance with the IDEA. The school district is solely responsible to comply with any orders made by an administrative law judge following a due process hearing. When VCBH becomes aware of any impending requests for due process or other complaints, VCBH shall notify the SELPA Assistant Superintendent. Further, VCBH shall cooperate with VCOE/SELPA and/or the responsible LEA in the resolution or defense of due process or other complaints related to the provision of services by VCBH. The school district is subject to the decisions made pursuant to the due process procedures

of Education Code Section 56500.1-56509 & Title 5, California Code of Regulations Section 3080-3089.

E. Medi-Cal Funded Students

When ISES is being provided and funded by Medi-Cal, VCBH must follow all applicable rules related to beneficiary rights.

F. Access/Provision of Space

VCOE/SELPA and school districts will collaborate with VCBH to ensure that VCBH staff is afforded appropriate on-campus access, during school hours, to provide ISES. Other than VCBHs staff who are assigned to a specific classroom(s), visiting VCBH staff will report to the respective school office and follow campus procedures for visitors. Space will be made available in which confidential therapy sessions can occur. The school district will also provide necessary logistical support at the school site to facilitate the delivery of ISES.

G. Fingerprinting

For VCBH staff having official business on a regular basis on school campuses with Special Education students, SELPA is responsible for the provision of fingerprinting and the maintenance of fingerprinting records, with the approval of the SELPA Assistant Superintendent. VCBH will notify SELPA when new staff is hired to facilitate the process of fingerprinting.

H. Qualifications of Intensive School-Based Therapists (ISBTs)

ISES will be provided by qualified mental health professionals, who are licensed practitioners of the healing arts, including: clinical social workers, marriage and family therapists, and others who have been waived under Section 5751.2 of the Welfare and Institutions Code. These qualifications conform with CCR Title 5, Section 3065 (Staff Qualifications for Related Services). Such individuals may provide ISES consistent with their scope of practice.

I. Management Information System

VCBH and VCOE/SELPA will work together to verify the students receiving ISES each quarter as described in the MOU.

School districts collect data regarding all students served in Special Education for submission twice yearly to the California Department of Education. All school districts in the SELPA participate in the California Special Education Management Information System (CASEMIS), which requires documentation of all special education services that are provided to each student. All ISES services will be tracked and reported in CASEMIS.

J. Staff Development

The SELPA and VCBH will collaborate together to develop and implement staff development activities of mutual interest. This may include an annual "Carpe Diem" Conference, and other ongoing interagency trainings and meetings as appropriate.

III. SERVICE DELIVERY

A. Student Assessment/Determination of Need for Services:

- Student must already be Special Education eligible or in the assessment process.

- The school team requests an ISES assessment and generates an Assessment Plan (Attachment B). The assessment plan will have the "Social/Emotional" box checked as well as "School Based Therapist."
- The Assessment Plan also indicates that School Psychologist will assess, in the Social/Emotional area.
- The school Assessment Team Lead (ATL) calls the Clinical Administrator (CA) and informs them that an Assessment Plan has been generated and an assessment packet will follow.
- The CA and ATL will collaborate together regarding obtaining parent consent on Special Education Assessment Plan, Consent for Mental Health Services (Attachment C), and Consent for Exchange of Information for Intensive Social/Emotional Assessment and Services (Attachment A).
- If VCBH is requested to attend an IEP meeting at which ISES will be discussed, the CA or designee may attend for the portion of the IEP in which the services are being discussed. If ISES are being considered, the school team will initiate the ISES assessment packet and have it available at the meeting. Whenever possible, specific days and times will be set aside for ISES IEP meetings, to assist VCBH in scheduling.
- Once the Assessment Plan is signed, the 60 calendar day timeline for assessment begins.
- If there is any difficulty obtaining Consent for Mental Health Services or Consent for Exchange of Information, CA will communicate with the ATL within one week.
- Once Assessment Plan is signed, a copy will be forwarded to the CA by the ATL, along with the completed "Background Information for Social/Emotional Assessment" (Attachment D) and the "Record of Social/Emotional and Behavioral Interventions" form (Attachment E). The Background Information form will indicate the date the assessments results are needed for development of the assessment report. If there are concerns about the requested date, the Intensive Social Behavior Therapist (ISBT) and ATL will communicate to resolve the concern.
- The CA assigns the assessment to an ISBT. CA will contact the ATL to inform them of the name of the ISBT who has been assigned to assess the student.
- The ATL gives name of ISBT to CASEMIS clerk for inclusion as a "provider" for meeting notices.
- The ISBT contacts the ATL to discuss the student needs and make arrangements for file review, parent interview and school visit. The ATL is responsible to make sure the ISBT has access to the files. They will discuss the IEP date as well as the timeline for completion of the assessment report.
- The ISBT contacts family to begin the assessment. The assessment is conducted in the school and/or other community setting, which should include teacher interview and may also include student observation in the school setting.
- The ISBT summarizes recommendations for inclusion in the combined Psychoeducational Report. This information may be submitted electronically in Word format for cutting and pasting into the combined report using the "Input to Intensive Social/Emotional Services Assessment" form (Attachment F). The DSM diagnosis will be indicated under "New Assessment Results."
- The ISBT will utilize the VCBH protocol for secure electronic transmission of confidential information, which requires the recipient to establish a user name and password.
- The School Psychologist conducts a new assessment or review of records, and summarizes findings for the combined report.
- The Intensive Social/Emotional Services Assessment report will be available at the IEP meeting, which will be held within 60 calendar days of the receipt of the signed Assessment Plan (Attachment G). Either all assessors sign, or all assessor names are indicated on report.

B. IEP Meeting:

- The ATL will assure that the ISBT receives written notice of the IEP meeting at the same time as all other IEP team members. (Attachment H)
- The ISBT attends the IEP meeting to discuss the assessment findings. If the ISBT is not able to attend, another ISBT with comparable credentials will be in attendance to discuss findings. If no ISBT is able to be in attendance, the parent will be requested to sign a "Team Member Excusal"

form. (Attachment I). If the parent agrees to the Team Member Excusal, the ISBT will meet with the parent before the meeting to discuss his or her findings in written format. If the parent does not agree to the Excusal, the IEP team meeting will be rescheduled.

- The ISBT will participate as a member of the IEP team. Final decision about the district's offer of Free Appropriate Public Education (FAPE) will be made by the parent and Local Education Agency (LEA) representative.
- If it is agreed that the student will receive ISES provided by an ISBT, the following are options for the IEP team:
 - "Individual Counseling" - One-to-one counseling, provided by a qualified individual pursuant to an IEP. Individual counseling is expected to supplement the regular guidance and counseling program.
 - "Counseling and Guidance Services" - Counseling in a group setting, provided by a qualified individual pursuant to an IEP typically in social skills development. Guidance services include interpersonal, intrapersonal or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP.
 - "Social Work Services" - Includes, but is not limited to, preparing a social or developmental history of a child with a disability; working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program.
 - "Parent Counseling and Training" – Includes individual or group counseling for the parent provided by a qualified individual to assist the parent(s) of special education students in better understanding and meeting their child's needs; this may include parenting skills. It does not include Family Therapy.
 - "Behavior Intervention Services" – A systemic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social context, public events, and placement in least restrictive environments.
- The IEP will note the minimum number of minutes/hours per week, month or year, for each service specified, using input from the ISBT. (see Attachments J - ISES Program Details Matrix and K - Sample ISES IEP)
- The Location may be a school or "any other location or setting."
- The Provider will be "District of Service" (DOS) or "County Office of Education" (COE). All students enrolled in Phoenix will have "COE" noted.
- The ISBT and Special Education Case Manager (CM) will collaborate together to develop social/emotional goals which are measurable in the educational environment. The ISBT will be noted as one of the "Responsible Disciplines" for the goal, but the CM will most often be the first discipline noted.
- The IEP will be signed by all IEP team members including the ISBT. The ISBT will receive a copy of the complete IEP.

See Attachment L for ISES Referral Process Checklist.

C. Accountability for Services and Goals:

- The ISBT will provide the district with a list of each type of service provided and number of minutes per service on a monthly basis on the "ISES Services Log" (Attachment M), to be placed in the student's Special Education file.
- The CM is responsible for assuring that all Related Services are provided as per the IEP.
- If there is a concern about provision of services, (for example, if the student or family are not participating) the ISBT and CM will confer. The CM will communicate with the Special Education Administrator, who will work with the CA to resolve the issue. If unable to be resolved, the IEP team may need to be reconvened to address the issue.
- The CM is responsible to collect data about outcomes toward goals, as measured in the educational environment.

- The CM is responsible for reporting progress toward goals at the time of Report Cards. The CM will communicate with the ISBT in development of the progress report if necessary.

D. Crisis Counseling:

- Crisis counseling is not included in ISES.
- If an ISES student is experiencing a mental health crisis while receiving individual or group counseling services, the ISBT will follow the VCBH protocol for managing such instances and will inform and collaborate with school personnel to ensure the student's safety.
- If an ISES student is experiencing a **serious** mental health crisis at school that requires an evaluation for safety, harm to self or others, the ISBT will follow VCBH protocol for managing such instances and will inform collaborate with school personnel to ensure the student's safety.
- If the ISBT is **not** present during a **serious** mental health crisis, school personnel will follow their district protocol.
- VCBH will work with school staff to familiarize them with the process for contacting the appropriate crisis response team:
 - Ventura County:
 - (Under 21) – CIRT 1-866-431-2478
 - (Over 21) – Crisis Team 1-866-998-2243
 - Los Angeles County:
 - Regular business hours – PMRT 1-818-832-2410
 - After 5:00 pm, weekends and holidays - PMRT 1-800-854-8881

E. Changes to ISES:

Addition or Reduction of Service:

- If the ISBT feels that the services are not appropriate for the child, for example, change in intensity or a different service is needed, he or she will communicate with the CM.
- The CM will communicate with his or her administrator, and if it is decided to consider changing a service, an IEP meeting will be held. If agreed, the IEP will note the changes.
- Minor changes to services can be made through an IEP Addendum or Amendments.

Dismissal from Service:

- If any member of the IEP team (including ISBT) feels that the student no longer needs ISES, they will communicate with the Special Education administrator
- If agreed, an IEP team meeting will be convened to discuss removal of ISES from the IEP.
- At the meeting, progress reports toward goals will be reviewed.
- If the team agrees that ISES are no longer required to assist a student in accessing his or her Special Education program, then the IEP will indicate the dismissal, and the service(s) will be removed from the IEP.

F. Triennial Reevaluation

The ISBT will participate in the process of reevaluation as required to determine if the student remains eligible for and requires special education and related services. The ISBT would conduct new assessment findings and submit on the Input and Social/Emotional Services Assessment Report form, to be included in the "Social/Emotional" section of the Psychoeducational Report.

IV. CONTINUUM OF SERVICE OPTIONS

The philosophy of VCOE/SELPA and VCBH is to provide mental health services in the least restrictive environment possible and to work with the schools to assist special education students in benefiting

from their special education program. Services may be provided to ISES eligible students as described below.

A. Outpatient Clinics

1. Youth and Family Outpatient Clinics are located countywide in Ventura, Oxnard, Thousand Oaks, Simi Valley, Fillmore and Santa Paula.
2. Medi-Cal eligible students may receive outpatient services outside of the IEP process, by accessing the STAR program.
3. Some ISES may be provided in the clinic, if appropriate.
4. School districts will collaborate with VCBH to provide office space for VCBH to serve outpatient clients who are not ISES, as appropriate.

B. Special Education Classes with On-Site ISES by VCBH

VCBH provides on-site ISES at certain school sites, as per the IEP. The sites are subject to change due to student needs, based on the Regional Council's decisions.

1. Student Placement and Ratios
 - a. VCBH will be invited to IEP team meetings when a student who is currently a VCBH client is being considered for placement in a special education class with on-site ISES.
 - b. The number of clients on the ISBT's caseload will be determined collaboratively by the Regional Council and VCBH. There may be additional students in the Special Education class who do not receive ISES or who receive mental health services from other providers or programs.
2. Location/Office Space/Costs
 - a. The determination of location of these classes within the region is made by the Regional Council.
 - b. The school district provides the ISBT with an office in which confidential therapy sessions can occur. VCBH provides office supplies, phone and office furniture.
3. Supervision
 - a. The teachers and other school personnel are hired and supervised by the school district, or VCOE.
 - b. VCBH is responsible for hiring and providing administrative/clinical supervision for staff.
4. Non Public Schools

The SELPA Assistant Superintendent is responsible for developing the master contract for the nonpublic schools serving SELPA students. The school district is responsible for monitoring individual service agreements for students to assure that the services on the student's IEP are provided. For non-residential placements, VCBH will provide ISES to students as follows:

 - Camarillo Academy for Excellence - Oxnard Clinic ISBTs
 - Passageway - Conejo Clinic ISBTs
 - TLC Plus – Oxnard Clinic ISBTs
 - Casa Pacifica – will provide ISES services to Casa Pacifica students

C. The Phoenix Program

The Phoenix Program provides on-site ISES to students referred by their individual school districts of residence. The Phoenix Program is a collaborative program administered by Ventura County Office of Education (VCOE)/SELPA and VCBH; these agencies work to maintain these students in the community and successfully return them to a less restrictive public school program.

The Phoenix Regional Council establishes the number of ISBTs assigned to work in the Phoenix program.

Determinations about placement at Phoenix are made at IEP meetings. While the length of time a student will stay at Phoenix will vary, it is generally recommended that students stay in the program for at least six months, but no more than two years.

1. Referral Process. See (Attachment N).
 - a. Students are referred from a school district within the SELPA. The student's school district in which the parent resides remains ultimately responsible for funding special education services for the student.
 - b. Appropriate class size will be determined through collaboration by Phoenix School Administration and VCOE/SELPA.
 - c. A student must meet the following criteria:
 - i. Student must be Special Education eligible, having received ISES for at least three months.
 - ii. Student must be Special Education eligible as a student with Emotional Disturbance, or evidence of serious social/emotional concerns. Must have a DSM diagnosis.
 - iii. If the student has externalizing maladaptive behaviors, must have a Functional Analysis Assessment or Functional Behavioral Assessment and a Behavior Plan or Positive Behavior Support Plan.
 - d. District must send a complete referral packet with parental consent for referral to the Phoenix Program, including "Phoenix School – Interdistrict Referral form" (Attachment O) and "Consent for Release of Information for Interdistrict Referral" (Attachment P)
 - e. The referring school district must attend the pre-admission Case Conference and all subsequent IEPs.
 - f. When a student's referral has been deemed appropriate for Phoenix, the referring school district will convene an IEP to discuss placement.
 - g. If the IEP team agrees to place a student at Phoenix, a new IEP will be developed, with appropriate new services, accommodations and locations noted. It may be appropriate to carry forth some annual goals. The "Specialized Out of District Placement" form will be completed, specify goals for the student to return to district.
2. Supervision
 - a. VCOE is responsible for hiring and supervising Phoenix educational personnel.
 - b. VCBH is responsible for hiring and providing administrative and clinical supervision for VCBH staff.

V. RESIDENTIAL PLACEMENT AND ALTERNATIVES

A. Collaborative Educational Services (COEDS) will be Provided via Contract with AspiraNet.

1. Criteria for COEDS:
 - The student is already receiving ISES for at least three months. (In rare circumstances, the IEP team may determine that a referral to COEDS is necessary and urgent and a simultaneous referral to ISES may occur. Student must have an ISES ISBT in order to participate in COEDS.
 - The district team, including ISBT, considers that the student may benefit from COEDS. .

2. Referral to COEDS:

- The district Special Education Director or Coordinator and ISBT work together to complete the COEDS referral packet and forward to provider. Packet includes a cover sheet (Attachment Q), Student Profile, (Attachment R) and Referral Consent (Attachment S).
- If agreed upon at the IEP, the provider will begin to serve as soon as possible.
- District administrator forwards the COEDS Authorization Form (Attachment T) to SELPA Assistant Superintendent.

3. Monitoring In-Home ISES:

- At least once a month the Family Support Team (FST) meeting will be held at the school, with participation by ISBT, Case Manager and other school staff as appropriate.
- If the family and/or student is not participating in good faith with COEDS, the school district administrator will be notified by the ISBT and/or VCBH Liaison for COEDS.
- COEDS will be reviewed by the IEP team at least every six months. The IEP meeting will include a representative from the provider, either the Family Case Manager or Program Manager.
- If a student makes good progress, the IEP team will meet to discuss "scaling down" one or more of the services.
- If a member of the IEP team feels that COEDS are no longer appropriate or needed, an IEP team meeting will be held to discuss the appropriateness of the service. If agreed it is no longer needed, the IEP will be changed to indicate dismissal from the service(s).

B. Residential Treatment Services:

1. Students considered for Residential treatment are those whose behaviors are:

- Due to social/emotional issues and resulting in significant, ongoing difficulties in educational performance.
- Presenting frequent, ongoing safety risks *at school* to self and/or others.
- Not sufficiently responsive to extensive supports and services which have been provided at school and/or home as appropriate.
- Requiring a comprehensive therapeutic setting 24/7 in order to benefit from educational program.

2. Assessment:

- If any member of the IEP team is considering Residential Treatment Services, the district administrator will be notified.
- An Assessment Plan will be developed, with "Residential Treatment Services" noted under "Other," and the ISBT and School Psychologist noted as Responsible Personnel.
- Once parent signature is obtained, ISBT and school staff will collaborate together to complete the Assessment for Consideration of Need for Residential Treatment Services. (Attachment U)

3. IEP:

- An IEP meeting will be held, with the ISBT in attendance, within 60 days of signed assessment plan. The Report will be shared. The IEP form "Consideration for IEP/Educationally Related Residential Treatment Services" will be completed. (Attachment V)
- If it is determined that Residential Treatment Services are recommended, the school district administrator will work with the Residential Placement Consultant (RPC) to locate an appropriate placement.
- The RPC will complete the placement packet in collaboration with the school district.
- Once a facility is located and agreed upon an IEP team meeting will be held to note the Residential Placement and any changes to services or goals. The form "Specialized Out of

District Placement" will be completed, noting goals for student to return home. (Attachment W)

- "Residential Treatment Services" will be noted on the Student Information and Services" page, with a total of 1440 minutes a day. All other ISES will also be noted, as appropriate.
- Parent and School district will complete the "Parent and School District Agreement for Residential Placement" form (Attachment X)
- The RPC will contact the residential facility at least once a month and visit the student in placement at least once every three months, and participate in all IEP reviews.
- RPC will facilitate forwarding of progress reports to parents and district at Report Card periods.
- The IEP team will decide when it is appropriate to return student from the Residential Placement.
- The IEP team will consider COEDS and other lesser restrictive options when returning a student home from Residential Placement. All students returning from Residential Placement will be referred for ISES (if not already receiving) for ongoing monitoring of care.

C. Unilateral Placements into Residential

When a parent informs the district that they have or intend to place their child in a residential facility at public expense, the school district must respond promptly. The parent must be informed within 10 days of their notice that they must make their child available for assessment (Attachment Y). The "Consideration for IEP/Educationally Related Residential Treatment Services" assessment will be completed by school psychologist in collaboration with ISBT. Failure to make their child available for this assessment may substantially limit the parent's ability to receive possible reimbursement for the placement.

1. Students with existing IEP and ISES:

An IEP will be held to discuss the Residential Assessment Report. If the school district believes that parent's proposed placement is inappropriate, the school district will initiate a Due Process Hearing.

2. Students with existing IEP but no ISES:

The school district will initiate the Assessment Plan for both ISES assessment and need for Residential Treatment Services. The school district will simultaneously notify appropriate CA of the intent for unilateral placement. School district will file for due process if parent refuses to make the student available for assessment. An IEP will be held to review both assessments and the appropriateness of ISES and/or the placement.

3. Student NOT Special Education Eligible:

The school district will initiate assessment for Special Education eligibility and need for Residential Treatment Services. The school district will simultaneously notify the appropriate CA of the unilateral placement, and if appropriate, make a request to ISES assessment. If parent does not make student available to either VCBH or school district for assessment, the school district will file for a due process on the issue of assessment. If assessment is completed, an IEP will be held to discuss all 3 assessment reports and appropriateness of placement.

D. Responsibilities for Coordination of Residential Placement

1. School District/ SELPA Responsibilities:

- The SELPA Assistant Superintendent negotiates master contracts with non-public schools and agencies in order to set standard rates for all residential facilities and schools. The SELPA is responsible for assuring that the non-public school affiliated with the RTC is certified by the California Department of Education.

- The school district Special Education Administrator works collaboratively with the VCBH ISBT RPC, to determine the most appropriate Residential Placement options.
- The school district is ultimately responsible to provide, arrange and pay for the school, board and care, and therapy components needed by the student.
- The school district assumes responsibility for the transportation of the student to and from the residential placement upon placement and discharge, as agreed upon by the IEP team. Additional transportation for the family/student shall be agreed upon by the school district and specified in the IEP.
- The placing school district is responsible for coordinating an IEP review at least every six months to review the student's progress and consider transition to less restrictive environment as soon as possible.

2. Residential Placement Consultant (RPC):

- Identifies, in consultation with the school district administrator, a placement that addresses the student's educational and social/emotional needs. The placement is subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment to meet the student's needs.
- Collaborates with IEP team to develop a residential placement plan that includes provisions as determined in the IEP for the care, supervision, social/emotional needs, and education of a student with emotional disturbance.
- Assists school district in completion of the financial paperwork, in order to initiate payments for residential placement.
- Assists the family with the student's social and emotional transition from home to the residential placement and subsequent return home.
- Notifies the school district that the placement has been arranged and coordinates the enrollment. The school district will arrange to provide transportation of the student to the facility if needed.
- Conducts the face-to-face contacts with all residentially placed students to monitor the level of care and supervision and the provision of ISES as required by the IEP.
- Participates in IEP meetings at least every 6 months for all residentially placed students.
- Notifies the school district administrator if there is a discrepancy between the level of care, supervision or provision of special education services as required in the IEP.
- May gather data for a Functional Analysis Assessment in the Residential school, in order to develop a Behavior Intervention Plan for implementation upon return to district.

**Ventura County Special Education Local Plan Area**

5100 Adolfo Road, Camarillo, CA 93012

(805) 437-1560 FAX (805) 437-1599

www.venturacountyselpa.com

Mary E. Samples, Assistant Superintendent

<p align="center">CONSENT FOR EXCHANGE OF INFORMATION FOR INTENSIVE SOCIAL/EMOTIONAL ASSESSMENT AND SERVICES</p>

Student: _____

Name	Birthdate
------	-----------

I, the undersigned, hereby give consent to _____ (Agency) to release all social/emotional assessment results regarding the above named student to the _____ (School District) for inclusion in the educational records to be used for planning an effective school program.

I also give consent to _____ (School District) to give access to the student's confidential education file to _____ (Agency) to assist in gathering information for assessment purposes.

A photocopy of this is as valid as the original.

This consent remains in effect for one year from date of signature or until revoked in writing.

Signature of Parent or Guardian: _____

Relationship to student: _____

Parent/Guardian

Date: _____

WITNESS: _____ (Signature)

_____ (Address)

For Staff Only:

Date Received _____

ASSESSMENT PLAN

Ventura County Special Education Local Plan Area (SELPA)

☐ Initial Evaluation

☐ Triennial Review

☐ Other

Attachment B

Student Name _____ D.O.B. _____ Age _____ Grade _____ Date _____

Parent/Guardian/Surrogate Name _____ Address _____

Phone(s) Home _____ Cell _____ Work _____ Email _____

School _____ ID# _____ EL Status _____ Primary Language _____

REASON FOR ASSESSMENT/AREAS OF CONCERN _____

For Initial Evaluations only

Referral Source _____ Date Referred _____

School years interventions were provided in general education _____

The following assessments are proposed to assist in determining your child's educational needs. All assessments will be given by appropriately qualified personnel. The assessment will be in the areas checked below and may include pupil observation in a group setting, classroom work samples, district or statewide group assessments, individualized testing, teacher interview(s) and an interview with you. It also may include a review of reports you have authorized us to request or that already exist in current records. Assessments will be non-discriminatory, and alternative means of assessment may be used in situations when standardized assessments are inappropriate. Within 60 days of receipt of this signed assessment plan, an Individualized Education Program (IEP) team meeting will be held. You will be invited to attend and review assessment results and participate in determining your child's educational needs and eligibility for special education services.

☐ **PRE-ACADEMIC/ACADEMIC ACHIEVEMENT:** ☐ Special Education Teacher ☐ Early Childhood Specialist ☐ Other: _____

Purpose: To determine current reading, writing, and math skills or pre-academic skills such as matching or sorting.

☐ **SOCIAL/EMOTIONAL BEHAVIOR:** ☐ Psychologist ☐ Behavior Specialist ☐ Intensive School-Based Therapist

☐ Other: _____

Purpose: To evaluate how the student handles feelings and emotions and how he/she gets along with other people.

☐ **SELF HELP/ADAPTIVE SKILLS:** ☐ Psychologist ☐ Special Education Teacher ☐ Other: _____

Purpose: To evaluate how the student functions in daily life activities needed in the educational setting.

☐ **MOTOR SKILLS DEVELOPMENT:** ☐ Occupational Therapist ☐ Physical Therapist ☐ Adapted Physical Education Specialist

☐ Psychologist ☐ Early Childhood Specialist ☐ Other: _____

Purpose: To evaluate small and large motor functioning and/or psycho-motor skills related to access and performance in the educational environment.

☐ **LANGUAGE/SPEECH/COMMUNICATION DEVELOPMENT:** ☐ Speech-Language Pathologist ☐ Early Childhood Specialist

☐ Other: _____

Purpose: To determine an individual's ability to understand, relate to, and use language and speech clearly and appropriately.

☐ **INTELLECTUAL DEVELOPMENT:** ☐ Psychologist ☐ Early Childhood Specialist ☐ Other: _____

Purpose: To determine how well individuals remember what they have seen and heard, how well they can use that information to solve problems, and to assist in predicting the student's learning rate. Verbal and performance instruments may be used as appropriate.

☐ **HEALTH ASSESSMENT:** ☐ School Nurse ☐ Audiologist ☐ Other: _____

Purpose: To evaluate developmental patterns and current health status as they relate to school functioning.

☐ **VOCATIONAL/PREVOCATIONAL:** ☐ Special Education Teacher ☐ Psychologist ☐ Other: _____

Purpose: To determine the individual's interests and aptitudes as related to future job and/or career.

OTHER: ☐ Deaf/Hard of Hearing ☐ Functional Behavior Analysis ☐ Assistive Technology ☐ Augmentative/Alternative Communication

☐ Functional Vision ☐ Orientation & Mobility ☐ Special Circumstances Paraprofessional ☐ Other: _____

Responsible Personnel: _____

If you have any questions contact: _____

Name/Title

Phone/Email

PARENTAL CONSENT FOR PUPIL ASSESSMENT

I understand the purpose of the proposed Assessment Plan and have received a copy of my Parent Rights. I authorize the use of a suitable interpreter or prerecorded tests in my child's primary language as appropriate. I further understand that no Individualized Education Program will result from this assessment without my consent. The box(es) checked below indicate my decision(s).

☐ **Yes**, I give my permission to conduct the assessment as described above and will make my child available for the assessment. I understand that assessment cannot begin until a copy of this form has been signed and returned.

If yes, check any that apply:

☐ I give permission to the school district to bill the LEA Medi-Cal Billing Option Program for this assessment, if applicable.

(Income from this program is used by the district to offset costs of providing special education services and will not affect the child's individual benefits.)

☐ Please consider the following Independent Educational Evaluation report(s) as part of the assessment process: _____

☐ **No**, permission is denied.

Please sign and return, keeping one copy for your records.

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify) _____

Telephone Number _____

Date _____

**County of Ventura Mental Health Services
Consent for Mental Health Services**

1. Mental Health Services may include assessment, diagnostic services, crisis intervention, supported employment, supported housing, rehabilitation services, linkage services, individual, group or family therapy, or medication. Services are provided by qualified staff members of the Ventura County Behavioral Health Department, or their contract providers. (Qualified staff include both licensed and unlicensed staff)
2. Mental Health Services may provide significant benefits, and may also pose potential risks, which you may discuss with your provider throughout the course of your treatment.
3. You will be informed in a separate consent form about any medication recommendation for use as part of the mental health services.
4. You will be expected to pay all or some of the costs of services received, when not covered by other sources, if applicable. The amount you pay is dependent upon your ability to pay based on your income and family size.
5. All information and records obtained in the course of services shall remain confidential and will not be released without written consent except under one or more of the following conditions:
 - a. If you are a minor, to your parent or legally authorized representative.
 - b. If you are a ward of the court, to the court.
 - c. If you are a Lanterman-Petris Short (L.P.S.) conservatee, to the conservator. (Welfare and Institutions Code Section 5350)
 - d. To government law agencies to protect the lives of federal and state elective constitutional officers and their families.
 - e. To the courts, as required by law.
 - f. To prevent harm or potential harm to oneself.
 - g. To prevent potential bodily harm to another person. (Tammoff vs. Regents of University of California, 1976 and 2005 California State Legislature AB 733, amending Section 43.92 of the California Civil Code relating to personal rights)
 - h. When child abuse is observed or suspected. (Penal Code Section 11181.5)
 - i. When older/dependent adult abuse is observed or suspected. (Welfare and Institutions Code Section 15830)
 - j. In order to access necessary emergency medical services.
 - k. To your insurance provider for third party payments.
6. You have the right to freedom of choice when requesting mental health services and to be made aware of reasonable alternatives.
7. You have a right to refuse or stop mental health services at any time.

I have read, been informed of, discussed and understand the above. I agree to accept services and acknowledge that I have been offered a copy of this agreement.

Client name: _____ Signature: _____ Date: _____
 Client is a minor over age 12 but under age 18, consenting for self under Calif. Family Code, Sec. 6924 ☐

Legally Authorized Representative name: _____ Signature: _____ Date: _____

Clinician (witness) name: _____ Signature: _____ Date: _____

Copy provided to Client/Legally Authorized Representative: ☐

Copy offered to Client/Legally Authorized Representative, but declined: ☐

Ventura County Behavioral Health Mental Health Services	Consent for Mental Health Services	Name: _____
Confidential Patient Information Welfare & Institutions Code 5328 And Evidence Code 1014		ID # _____
		Site # _____

Ventura County SELPA

Background Information for Social/Emotional Assessment by Intensive School-Based Therapist

This form located at www.venturacountyselpa.com

Student Name: _____ Age: _____

District: _____ School: _____ Grade: _____

Current Placement: _____

Parent Name: _____

Address: _____

Email: _____ Home phone: _____

Cell phone: _____ Work phone: _____
(indicate best way to reach parent and whether it is okay to leave voice messages.) _____

Assessment Team Lead Name and Title: _____

Email: _____ Phone: _____

Special Education Case Manager: _____ (If not Team Lead)

Email: _____ Phone: _____

School Psychologist: _____ (If not Team Lead)

Email: _____ Phone: _____

1. (Outside of School) Mental health services the student has received in the past
(include names of therapists, if known) –
2. Current relevant sources of data in the child's file to be reviewed –
3. Types of social/emotional assessments school psychologist plans to conduct –
4. Please send results to me no later than: _____

Attachments:

Consent for Exchange of Information ☐ Attached ☐ To follow in hard copy

Assessment Plan ☐ Attached ☐ To follow in hard copy

☐ "Record of Social/Emotional and Behavioral Interventions" form.

Ventura County SELPA

RECORD OF SOCIAL/EMOTIONAL AND BEHAVIORAL INTERVENTIONS
--

This form located at www.venturacountyselpa.com

This form to be completed before referral to an Intensive School-Based Therapist for assessment for Intensive Social/Emotional Services

Student Name [Click here to enter text.](#) D.O.B. [Click here to enter text.](#) District [Click here to enter text.](#)

- I. Describe how social/emotional or behavioral characteristics impede the student from benefiting from his/her special/education program. Include rate of occurrence and intensity of emotional/behavioral incidences:

[Click here to enter text.](#)

- II. Were these issues addressed as IEP Goals/Objectives in past IEP(s)? If "yes," attach progress reports for relevant goals. If "no", give a brief explanation as to why they were not:

[Click here to enter text.](#)

- III. Use the table below to note school counseling and guidance, psychological services, parent counseling and training, social work services, behavior interventions or other school-based interventions that have been implemented to address the goals listed above.

Service Type	Provider	Frequency	Duration	Start Date	End Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- IV. Rationale for district's decision to request assessment for Intensive Social/Emotional Services by an

Intensive School-Based Therapist:

Click here to enter text.

**Input to
Intensive Social/Emotional Services (ISES) Assessment Report
(to be completed by the Intensive School-Based Therapist)**

Student Name: _____ DOB: _____

Specialist Name: _____

Title: _____

Date(s) of assessment: _____

Assessment administered in (language): _____

Any relevant background information obtained by this specialist (e.g., from outside therapist or psychiatrist):

Any unique behaviors observed in the classroom by this specialist:

Behavior during testing by this specialist:

Any existing assessments reviewed by this specialist (e.g. medical or psychiatric reports) not also reviewed by psychologist:

Date	Type	Assessment

New assessments administered (name and brief description) by this specialist:

Any information about non standard administration of assessment (e.g. subtests only, non-standard scoring, translation):

NEW ASSESSMENT RESULTS

Findings:

1. Summary of assessment, including DSM diagnosis:
2. Describe how social/emotional issues are or may impact educational performance:
3. Describe student's ability (both cognitive and motivational) to benefit from individual or group therapy:
4. Describe areas of need to be addressed in IEP through goals and services.
5. Describe school and/or home-based social/emotional services student may need.

End recipient: Please destroy this e-mail once information is compiled into your report.

Your Letterhead Here

ASSESSMENT REPORT FOR INTENSIVE SOCIAL/EMOTIONAL SERVICES (ISES)**Ventura County SELPA**Student Name: [Click here to enter text.](#)D.O.B.: [Click here to enter text.](#) Age: [Click here to enter](#)text. Yrs. [Click here to enter text.](#) Mo.School: [Click here to enter text.](#)Grade: [Click here to enter text.](#) Sex: Male FemaleCase Manager: [Click here to enter text.](#)Date(s) of Assessment: [Click here to enter text.](#)Parent(s) Name(s): [Click here to enter text.](#)Address: [Click here to enter text.](#)

(Street & Number, City, Zip)

Native Language: English

Phone: Home [Click here to enter text.](#)Work: [Click here to enter text.](#)Cell: [Click here to enter text.](#)

The following report was developed to assist the IEP Team in determining need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. The decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education services shall be made by the IEP team, including assessment personnel. The IEP team shall take into account all relevant material which is available on the student. (From CCR 5 Sec. 3030)

English Level: English only Initially Fluent English Proficient English Learner - Beginning Early Intermediate Intermediate Early Advanced Advanced Reclassified Fully English Proficient

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally. If not, explain

Assessment(s) administered in English.

REASON FOR REFERRAL:

To determine need for Intensive Social/Emotional Services.

BACKGROUND INFORMATION RELEVANT TO THIS REPORT:

Environmental, cultural, and economic information: [Click here to enter text.](#)

Health and developmental information: Describe any medications, psychiatry, or non-educational counseling or therapy received in the past.

Educational history:

Attendance history - [Click here to enter text.](#)

Other relevant educational history: Describe any non-intensive social/emotional services received.

BEHAVIORAL OBSERVATIONS:

Observations in classroom and other appropriate settings, including relationship of behavior to student's academic and social functioning: [Click here to enter text.](#)

Behavior during testing, including relationship of behavior to the reliability of the current assessment results: [Click here to enter text.](#)

ASSESSMENT INFORMATION:

SOURCES OF DATA REVIEWED: (check or indicate "NA")

Choose an item. Cumulative records

Choose an item. Statewide Testing and Reporting results (STAR program)

Choose an item. Progress toward goals

Choose an item.

Existing assessment reports: (within three years list below) None

Date	Type	Assessor
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Choose an item. Parent interview

Choose an item. Teacher survey or interview

Choose an item. Student

interview

Choose an item. Other data sources Click here to enter text.

Summary of existing data (if applicable):

NEW ASSESSMENTS ADMINISTERED: Click here to enter text.

- Student was assessed in all areas of suspected disability related to this concern.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable

RESULTS OF ASSESSMENT:

Insert results of assessment by Intensive School-Based Therapist, including DSM diagnosis.

OVERALL SUMMARY AND RECOMMENDATIONS:

Summary of assessment, including factors affecting educational performance: Describe impact of behavior/social/emotional issues on school performance.

Recommendations to enable student to be involved in and progress in general education curriculum: Describe needs that would warrant educationally-related counseling, social work or behavior interventions, and related goals.

Describe student's ability (both cognitive and motivational) to benefit from individual or group counseling, provided in the educational setting.

Possible special education and related services or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities. Describe the school and/or home-based social/emotional services student may need.

The IEP team will meet to discuss assessment results and make a decision about special education and related services. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

Click here to enter text.
Name

Click here to enter text.
Title

Signature

[Click here to enter text.](#)

Date

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

NOTICE OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING

Ventura County Special Education Local Plan Area (SELPA)

This notice is to be sent to parents of students under 18. If Transition to Adult is listed below, the student must also be invited using this form or the Student Notice. Students 18 and older must receive this notice for all meetings; their parents are sent a copy for informational purposes only.

Student Name _____ D.O.B. _____ Date _____
 School District _____ School _____
 Parents _____ Address _____
 Phone(s) Home _____ Cell _____ Work _____ Email _____

An Individualized Education Program (IEP) Team meeting has been scheduled for:

Date: _____ Time: _____ Place: _____

Meeting purpose: _____

Additional Information: _____

The following staff are invited to the meeting (In addition to the parent, the IEP team must include LEA Representative, special education provider, and general education teacher unless an "IEP Team Member Excusal" form is completed and signed by the parent.):

- ☐ Case Manager: _____
- ☐ LEA (District) Representative: _____
- ☐ School Psychologist: _____
- ☐ Special Education Teacher: _____
- ☐ Other Special Education Teacher(s): _____
- ☐ General Education Teacher: _____
- ☐ Speech-Language Pathologist: _____
- ☐ School Nurse: _____
- ☐ Counselor: _____
- ☐ Representative from District of Residence (if student resides in another district): _____
- ☐ Other (Interpreter, OT, APE, etc.): _____
- ☐ Early Start Service Coordinator (incoming 3 year olds only) : _____
- ☐ Community agency representative(s): _____

If you object to the attendance of any community agency representative, let me know within the next five days. You may invite others who you wish to attend the meeting, but please let me know in advance.

Parents or adult students may decide to send another adult to represent them at the IEP meeting. (Adult students may designate their parents if they choose). Please ask for the Ventura County SELPA form "Designation of Educational Representative" if you would like someone to represent you on a long-term basis. If you would like someone to represent you for this meeting only, please check the box below.

Please check the appropriate box below to indicate your intentions and return one copy of this form in the enclosed self-addressed envelope by _____. The other copy is for your records. Call me if you have any questions/concerns.

Name: _____ Title: _____ Phone: _____

PARENT RESPONSE

- ☐ I will attend the meeting.
- ☐ I would like to participate as scheduled by phone call. I can be reached at this number: _____
- ☐ I am not able to attend and would like to reschedule the meeting. Please arrange a new date.
- ☐ I authorize this person to represent me at the meeting: _____
 (Name and Title—may be parents if adult student designates)
- ☐ I will not be able to attend at all. Please hold the meeting, and send the paperwork to me for review/approval.
- ☐ I require interpretation services, and I will not be able to bring an interpreter to the meeting. Please provide an interpreter. (Specify: Spanish, Sign Language, etc.): _____

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify) _____ Telephone _____ Date: _____

If you would like a copy of the Parent Guide to Special Education, please call the SELPA office at 805-437-1560. For more information about special education and your rights contact your district special education office or visit the Ventura County SELPA website at www.venturacountyselfpa.com

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent ☐ Student

EXCUSAL OF IEP TEAM MEMBER
Ventura County Special Education Local Plan Area (SELPA)

(This form to be filled out prior to IEP)

Student Name _____ D.O.B. _____ Date _____

The _____ School District is proposing the excusal of a required team member from all or part of the following IEP meeting:

IEP meeting date: _____

Meeting purpose: _____

IEP team member being excused: _____
 Name and/or Title

The school district and parent/adult student agree that (check one):

- ☐ The attendance of the IEP team member listed above is not necessary because the team member's area of the curriculum or related service is not being modified or discussed.
- ☐ Although the meeting involves a modification to or discussion of the member's area of curriculum or related service, the team member shall submit written input to the parent/adult student and team in lieu of attending.

Comments:

If you have questions regarding this form, or if you have questions that you would like addressed at the IEP regarding the area of curriculum of the excused IEP team member, please contact:

_____	_____	_____
Name	Title	Phone Number

Please check and return by: _____

☐ I agree to excuse the IEP team member listed above. Please address the following concerns at the meeting:

☐ I do not agree to excuse the IEP team member listed above.

Parent/Guardian/Adult Student Signature _____ Date _____

For more information about special education and your rights, please contact your district Special Education Office or visit the SELPA website at www.venturacountyselfpa.com

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Services ☐ Agency ☐ Other _____

**Ventura County SELPA
Intensive Social/Emotional Services (ISES)
Program Details Matrix**

- Special Education Eligible student
- Lesser restrictive school-based services have been tried –or- Residential Placement pending
- ISES Assessment:
 - Intensive School-Based Therapist
 - Assessment Plan/Report
 - DSM Diagnosis
- IEP team determines need
- Available options and details:

Service & CASEMIS Code	Consult/ Collaboration Available	Service Provider Qualifications	Location	Location on IEP	Goals	Frequency on IEP	COEDS	24/7 Crisis?	Prerequisite
Individual Counseling 510	No	MFT or intern, or LCSW or assoc	Special Education Class/Other location / Service Provider location	SIS page	Yes	Minutes per week, month			
515 Counseling and Guidance (Group Counseling)	No	MFT or intern, or LCSW or assoc	Special Education Class/Service Provider location	SIS page	Yes	Minutes per week, month			
Behavior Intervention Services 535	Yes	– MFT or LCSW – Implementation must be under supervision of above	Special Education class or Other location	SIS page	Yes *and PBSP or BIP	Total number minutes per mo. (not to exceed 4 months if COEDS-Option 1) -Average – 480-1208 minutes/month	Option 1 Option 3	Option 3	– Must have ISES Counseling for COEDS – Must have FAA/FBA for COEDS 1 or 3

Service & CASEMIS Code	Consult/ Collaboration Available	Service Provider Qualifications	Location	Location on IEP	Goals	Frequency on IEP	COEDS	24/7 Crisis?	Prerequisite
Parent Counseling and Training 520	Yes	MFT or intern, LCSW or Assoc, Special Ed Teacher, School Psychologist	Special Education class or Other location	SIS or LRE page	Yes if SIS	Total number minutes per mo. (unless LRE- addt'l supports)			
Social Work Services 525	Yes	LCSW or Associate, MFT or MFT Intern	Special Education class/Service Provider location/or Other location	SIS or LRE page	Yes if SIS	Total number minutes wk/mo. Range 240-960 For COEDS requires review every 6 mo.	Option 2 Option 3	Yes if Option 2 or 3	Must have ISES Counseling for COEDS
Residential Treatment Services 545	No	Facility Team, including on staff therapists	Facility	SIS page, also Specialized Out of District	Yes	1,440 mins/day			Should have ISES Counseling to return to district
Parent to Parent Support Not CASEMIS	No	Parent	Other location	LRE page	No		Option 2 Option 3	Yes if Option 2 or 3	Must have ISES counseling for COEDS
Phoenix Schools -Onsite counseling 510/515 -Time in Not CASEMIS	No	- MFT, LCSW, - Time in provided by paras	Special Education class	LRE page, also Specialized Out of District	Yes and PBSP or BIP	LRE page in the Offer of FAPE- no minutes			Must have ISES Counseling for 3 months & FBA/FAA

STUDENT INFORMATION AND SERVICES

Ventura County Special Education Local Plan Area (SELPA) Individualized Education Program (IEP)

Student: Sample, Jose D.O.B. 2/12/1997 Age 16 yr. 1 mo. Grade 10th Sex M

Parent/Guardian/Surrogate: Menyo Isiah Case Manager: Fran Arner-Costello Meeting Date: _____

Address: 10677 Inyo Street, Ventura, CA Case Manager Phone: 805-437-1560 Meeting Purpose: Annual Review

Phone Home: _____ Cell: _____ Work: _____ Case Manager Email: famerco@vcoe.org Teacher (Elem. only): _____

E-mail: _____ School Attending: BRIDGES Charter Student ID #: isample

Parent/Guardian: Jonas Samples Home School: _____ SSID#: _____

Address: _____ Residency: Parent or legal guardian District of Service (DOS): County Office of Education (VCOE)

Phone Home: _____ Cell: _____ Work: _____ Native Language: Samoan District of Residence: County Office of Education (VCOE)

E-mail: _____ ☐ EO ☐ IEP ☒ EL (see ELD page) ☐ RFP ☐ Eligible for Migrant Program

Dates		Agency Services (outside of IEP)		Ethnicity/Race		In General Education					
Initial entry (0-22)	Next Review	<input type="checkbox"/> None <input type="checkbox"/> CCS <input type="checkbox"/> Social Services <input type="checkbox"/> Other Agency	<input type="checkbox"/> Regional Center (RC) <input checked="" type="checkbox"/> Mental Health (DMH) <input type="checkbox"/> Rehabilitation (DR)	Hispanic/Latino <u>Yes</u> Race: <u>White</u>	<u>5</u> Percent of the school day that the student is in the general education classroom/setting (ages 3-22).	Physical Education <input type="checkbox"/> General <input type="checkbox"/> Modified General <input type="checkbox"/> Specially Designed <input type="checkbox"/> Adapted <input type="checkbox"/> Exempt <input type="checkbox"/> N/A					
Initial IEP	Next Triennial					Out of District Transfer					
Implementation (this plan)*	Exit Date					Transfer to: _____ Date: _____					
Exit Reason						Dismissed From					
* Contingent upon full IEP team approval of plan.						Service: _____ Service: _____ Service: _____ Service: _____					
Eligibility (Check Primary) <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Autism <input checked="" type="checkbox"/> Emotional Disturbance Secondary (if any) <u>None</u> <input type="checkbox"/> Not Eligible (explanation/comments) _____		Health / Behavior <input type="checkbox"/> Specialized Physical Health Care Service(s) <input type="checkbox"/> Health &/or Emergency Care Plan <input type="checkbox"/> Behavior Plan Special Transportation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Special Requirements: _____ Emergency Drop off: _____		Special Education Services and/or Related Services All services on this IEP will continue until next review unless otherwise specified under End Date. All Subjects 1. Primary Specialized Academic Instruction: <u>ISES</u> 2. Individual counseling: <u>ISES</u> 3. Counseling and guidance: <u>COEDS</u> 4. Behavior intervention services: <u>COEDS</u> 5. Assistive technology services: _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____		Frequency Daily _____ Weekly _____ Weekly _____ Weekly _____ Yearly _____ _____ _____ _____ _____ _____ _____		Total Minutes _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		Provider VCOE VCOE VCOE SELPA SELPA _____ _____ _____ _____ _____ _____	

Note: Services will only be provided on regular school days, per the student's school calendar, unless otherwise specified. For services with a frequency of "weekly," services may not be provided if school is not in session on the day(s) student is scheduled to receive services. For services with a frequency of "monthly" the total minutes will be prorated for months with less than 4 weeks of school. Services with "yearly" frequency include minutes provided during ESY.

Copy to: ☐ District Office ☐ General Education/Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Services ☐ Agency ☐ Other _____

Ventura County SELPA Referral to Intensive/Social Emotional Services (ISES)

Assessment:

- ☐ Assessment Plan generated – “Social/Emotional” Checked and Intensive “School-Based Therapist” indicated as a discipline
- ☐ “Consent for Exchange of Information for ISES Assessment and Services” (if necessary) given to parents to sign

School Psychologist sends to Intensive School-Based Therapist (ISBT):

- ☐ Record of Social/Emotional and Behavioral Interventions
- ☐ Background Information for Social/Emotional Assessment by Intensive School- Based Therapist

ISBT and School Psychologist conduct assessment:

- New assessment as needed
- Review of records
- Interview with family, teacher and student as appropriate

ISBT sends findings, including DSM diagnosis, to Psychologist using the

- ☐ “Input to ISES Assessment Report”

School Psychologist combines findings of ISBT with his or her findings into the

- ☐ “Assessment Report for Intensive Social/Emotional Services”

IEP meeting held:

- ☐ ISES services noted on IEP if agreed upon (See ISES Matrix)
Related Social/Emotional or Behavioral goals must be included in the IEP
- ☐ ISBT and Special Education Case Manager collaborate together on goals and Progress Reports



**Reporting Form
VCBH Minutes of Service**

Service Month/Year _____

Student Name: _____ **D.O.B** _____

School of Attendance: _____ **District:** _____

***Individual Counseling:** _____

Counseling and Guidance (Group Therapy) _____

Social Work Services (Case Management) _____

Parent Counseling and Training (Collateral) _____

VCBH Clinician Name: _____

ISES Regional Council: _____

***Note that the above minutes of services is based on a preliminary Netsmart report dated _____ and may not reflect final reconciling of services.**

REFERRAL PROCESS TO PHOENIX

Appropriate Referrals:

- Student meets eligibility criteria as a special education student. In most cases, eligibility will be as a student with Emotional Disturbance, or if another disability, there must be clear documented history of significant emotional issues impacting educational performance. Must have a DSM diagnosis.
 - The ability to benefit from a program which includes a behavioral approach combined with intensive individual and group therapy.
 - Student is already receiving Intensive Social/Emotional Services (ISES), (at least three months) with an Intensive School-Based Therapist (ISBT).*
- *In rare circumstances, the IEP team may determine that ISES are clearly inappropriate and services will have been provided for less than three months. Or, in instances of out of SELPA or out of state transfer, this may not apply.
- A Functional Analysis Assessment or Functional Behavioral Assessment should have been completed, with a resulting Behavior Plan (BIP or PBSP).

A Complete Referral Packet Requires the Following:

- ☐ Phoenix Referral form (Background Information) – use your ISBT to assist in completing the referral
- ☐ Consent for Parent Release of Information Form (VCOE or District)
- ☐ Most recent IEP and addendums (if any) to that IEP
- ☐ At least three months Progress Reports relevant to the social/emotional or behavioral goals
- ☐ Most recent Psychoeducational Assessment Report, including assessment findings from the ISBT (if placement is made within 3 months of the Triennial due date, the referring district must complete the assessment).
- ☐ Any current OT, PT, Speech Therapy, and/or medical reports
- ☐ For students with externalizing maladaptive behaviors, Functional Analysis Assessment or Functional Behavioral Analysis, with Behavioral Intervention Plan or Positive Behavior Support Plan
- ☐ Transcript (including CAHSEE and STAR [including CELDT, if applicable] testing results). Must be updated to include any credits received in residential placement.

There are three Phoenix School locations. Two sites in Camarillo serve students K-12. One site in Moorpark serves students grades 2-8. However all referral packets will be sent to Phoenix (attention Regina Reed) at:

500 Airport Way
Camarillo, CA 93010
805-437-1400

Or FAX to: 805-437-1492

Once a complete referral packet is received a Case Conference will be set up within 2 weeks.

Case Conference

The case conference will include the following: current district teacher and ISBT (required), referring district representative and Phoenix school staff.

The following information will be discussed at the case conference:

- Student's strengths (both academic and psychological).
- Areas of need (both academic and psychological).
- Current medications; including those which are taken at school.
- Previous school placements.
- What motivates this student?
- What is the IEP team expecting in terms of ISES services?
- Are there any particular "triggers" that we should be aware of? Any dangerous behaviors?
- How will the student benefit from a Phoenix program?
- What will success look like for this student?
- What coping strategies and skills does the student need to show in order to return to district?
- What program options are available for student upon successful return to district?

After the case conference, the Phoenix staff will notify the referring district within two days regarding their recommendation about the appropriateness of a Phoenix placement for this student. If the referring district disagrees with the outcome, a meeting (can be a phone conference) will be held with the administrative staff of the Phoenix school. If the parties are unable to resolve the disagreement, the SELPA Assistant Superintendent will be consulted to assist in resolution.

If it is agreed that Phoenix is an appropriate option for the IEP team to consider for the student, the referring district staff will set up a parent/student tour of Phoenix at possible Phoenix site (in conjunction with Phoenix staff). An IEP meeting will be chaired by the referring district (at the appropriate Phoenix site) to discuss the placement.

If the team agrees to Phoenix placement, the parent will be given the enrollment packet.

The IEP will note the placement at Phoenix, needed transportation, and implementation date. The referring district will be responsible for initiating the IEP paperwork and entering it into the IEP software. Referring district will collaborate with Phoenix staff and ISBT to develop draft goals. A new Student Information and Services page will need to be generated as this IEP will be a change of placement. However, if the current goals are appropriate, they can be adopted. The annual review date can be adjusted to reflect the review of the goals (shortened timeline) or the annual goal date can be extended to reflect the one year annual review date. The form "Specialized out of District Placement" is completed and attached.



VENTURA COUNTY OFFICE OF EDUCATION AND VENTURA COUNTY SELPA PHOENIX SCHOOL-INTERDISTRICT REFERRAL FORM

Referral Date: Click here to enter text.

Referring District: Click here to enter text.

Contact: Name Click here to enter text. Title: Click here to enter text.

Phone: (Click here to enter text.) Click here to enter text. Email: Click here to enter text.

Current Intensive School-Based Therapist: Click here to enter text.

STUDENT INFORMATION

Student's Full Name: Click here to enter text.

Date of Birth (Mo/Day/Yr): Click here to enter text. Age: Click here to enter text. Sex: Click here to enter text.

Ethnicity: Click here to enter text.

Current School: Click here to enter text. Grade: Click here to enter text.

Primary Language: Click here to enter text. Secondary language: Click here to enter text. EL Yes No (if yes) Overall Level Click here to enter text.

STAR Results: ELA Click here to enter text. Math Click here to enter text. CAHSEE Results: Math Click here to enter text. English Click here to enter text.

PARENT/GUARDIAN/SURROGATE INFORMATION

Parent/Guardian: Click here to enter text. Does Parent have Educational Rights? Yes No

If no, name of Surrogate: Click here to enter text.

Parent/Surrogate Contact Information: Click here to enter text.

Home Phone: Click here to enter text. Work: Click here to enter text. Cell Phone: Click here to enter text.

Best number to call – indicate if okay to leave a message: Click here to enter text.

Address: Click here to enter text.

Number and Street, Apt/Bldg/Other

City

ZIP

STUDENT'S HISTORY (CHECK ALL THAT APPLY AND PROVIDE DETAIL):

Student's strengths: Click here to enter text.

Behavior concerns (check all that apply):

☐ Anxiety

☐ Assaultive Behaviors

☐ Cruelty to Animals

☐ Homicidal ideation

☐ Other Click here to enter text.

☐ Self-Injurious Behaviors

☐ Depression

☐ Disruptive

☐ Defiant

☐ Sexual Acting Out

☐ Sleep Disturbances / Nightmares

☐ Suicidal Ideation

Provide more detail to any checked:

☐ Physical/Verbal Abuse: Click here to enter text.

☐ Neglect: Click here to enter text.

☐ Emotional Incidences: Click here to enter text.

- ☐ Legal Issues: Click here to enter text.
- ☐ Drug or Alcohol Abuse (please list substances): Click here to enter text.
- Is student currently using substances? Yes No
- ☐ Psychiatric Diagnosis (if relevant): Click here to enter text.
- ☐ Past Suicide Attempts/Dates: Click here to enter text.
- ☐ Current Psychiatric Medications (please list): Click here to enter text.
- ☐ Name of Psychiatrist: Click here to enter text.
- ☐ Psychiatric Hospitalization: Click here to enter text.
- ☐ Cognitive Functioning / IQ (please list Full Scale IQ, if known): Click here to enter text.
- ☐ Currently being treated by a physician (physician's name/number, if known): Click here to enter text.
- ☐ Medical issues being treated: Click here to enter text.

INTENSIVE SOCIAL/EMOTIONAL AND BEHAVIORAL INTERVENTIONS

ISES Services Student has Received (must be at least 3 months):

Service Type	Provider (name/title)	Frequency	Duration	Start Date	End Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Brief description of goals which the Intensive Social/Emotional Interventions addressed:

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

Attach progress reports toward the above goals (should have been monitored at least three months)

Rationale for making a referral to Phoenix School at this time:

Click here to enter text.

OTHER

Family composition: Click here to enter text.

Family's strengths: Click here to enter text.

Family history of psychiatric or legal issues: Click here to enter text.

Other agencies involved, contact name and phone number (check all that apply):

- ☐ Child Protective Services Click here to enter text.
- ☐ Probation Click here to enter text.
- ☐ Mental Health Click here to enter text.
- Formal or Informal probation: Click here to enter text.
- ☐ Public Health Click here to enter text.
- ☐ Other: Click here to enter text.

Medi-Cal Eligible: Yes No

CONSENT FOR RELEASE OF INFORMATION FOR INTERDISTRICT REFERRAL
--

Concerning: _____
Name
Birthdate

I, the undersigned, hereby consent to, request, and authorize the agencies listed below to release any or all medical, social, psychological, and educational information regarding the above named person to the _____
 _____ *(Name of School District/Agency)* for inclusion in their records which are to be used for planning an effective school program for this person.

I also consent to, request, and authorize said _____ *(Name of School District/Agency)* to release the said information upon request to agencies or professionals listed below.

A photocopy of this is as valid as the original.

The records of my child may be obtained from:

MEDICAL

Name	Address	City	State

Name	Address	City	State

Name	Address	City	State

EDUCATIONAL

Name	Address	City	State

AGENCY

Name	Address	City	State

Signature of Parent or Guardian: _____

Relationship to Above-Named Person: _____
Parent/Guardian

Date: _____

WITNESS: _____ *(Signature)*

_____ *(Address)*

<p style="text-align: center;">COEDS Referral Cover Sheet</p>
--

Required forms –

- ☐ COEDS Student Profile Form - *Your Intensive Social/Emotional Services, Intensive School-Based therapist (ISES ISBT) will assist with completing the form*
- ☐ COEDS Referral Consent Form - *Must be signed by parent and Director/Coordinator of Special Education or designee*
- ☐ Most recent IEP
- ☐ Most recent Psychoeducational or Social/Emotional Services Report with ISBT findings, including DSM diagnosis and functional implications of emotional issues
- ☐ Most recent IEP progress reports noting progress on social/emotional and/or behavioral goals
- ☐ MTP – (if VCBH ISBT) *your ISES ISBT will provide*

Forward information packet to:

COEDS Program
AspiraNet Manager
Wesley Flanagan
1838 Eastman Ave., Ste 100
Ventura, CA 93003

Send e-mail to wflanagan@aspiranet.org
or Fax to: (805) 289-0130
Phone: (805) 289-0120

Once IEP Team agrees to services, district staff forward to COEDS:

- ☐ COEDS Authorization Form (copy to SELPA)
- ☐ IEP noting COEDS on front page and in Offer of FAPE
- ☐ FAA/FBA – For Option 1 and 3 (if externalizing behaviors)



**ASPIRANET and VENTURA COUNTY SELPA
COLLABORATIVE EDUCATIONAL SUPPORTS (COEDS)
STUDENT PROFILE FORM**

FAX To: (805)289-0130 ATTN: Wesley Flanagan E-MAIL To: wflanagan@aspiranet.org

Date form completed:

District Contact Name & Title: _____	District: _____
Phone: _____ Fax: _____	Email: _____
Intensive School Based Therapist Name & Title: _____	
Phone: _____ Fax: _____	Email: _____
Special Education Case Manager Name & Title: _____	
Phone: _____ Fax: _____	Email: _____

Other agencies involved, (for any family members) name of contact and phone number (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> CFS _____ | <input type="checkbox"/> Ventura County Probation _____ |
| <input type="checkbox"/> County Mental Health _____ | <input type="checkbox"/> Public Health _____ |
| <input type="checkbox"/> Regional Center _____ | <input type="checkbox"/> Other: _____ |

Summary of Needs: _____ _____ _____ _____
Scheduled date of IEP meeting: _____ Projected Option: <input type="checkbox"/> Option 1 (Behavioral Specialist) <input type="checkbox"/> Option 2 (Parent Partner & Family Case Manager) <input type="checkbox"/> 24/7 on call support <input type="checkbox"/> Option 3 (Parent Partner, Family Case Manager, and Youth Partner)

Student's Full Name: _____

Date of Birth (Mo/Day/Yr): _____ Age: _____ Sex: M ☐ F ☐ VCBH ID Number: _____

Current School: _____

Ethnicity: _____ Student's Primary Language: _____ Secondary language: _____

Parent/Guardian: _____ Primary Language: _____ Secondary language: _____

Home Phone: _____ Work/ Cell Phone: _____ Best number to call: _____

Address: _____
Number and Street, Apt/Bldg/Other City ZIP

Who lives in the family home? (PLEASE INCLUDE NAMES, RELATIONSHIP, AND AGES):

IMMEDIATE SAFETY CONCERNS

Are there any safety concerns in the home?

☐ YES

☐ NO

Check all that apply: ☐ Guns / Weapons ☐ Drugs ☐ Gangs ☐ Location ☐ Physical/Domestic Violence

☐ Other: _____ Comments: _____

INTENSIVE SOCIAL/EMOTIONAL SERVICES (ISES)

ISES student has received (must be at least 3 months):

Attachment R

Service Type:	Provider (name/title)	Frequency	Duration	Start Date	End Date

Brief description of goals which the Intensive Social/Emotional services addressed:

- 1.
- 2.
- 3.

MENTAL HEALTH/JUVENILE JUSTICE (STUDENT)

Address any of the following that apply regarding the student:

Psychiatric diagnosis: _____

Current psychiatric medication: _____

Psychiatrist name/number: _____

Past suicide attempt(s)/date(s): _____

Psychiatric hold/hospitalization(s)/date(s): _____

Substance abuse (list substance(s)): _____

Juvenile Hall detention(s)/date(s): _____

Probation ☐ Yes ☐ No Offense: _____

Probation Officer name/number (if different than above): _____

MEDICAL / HEALTH INFORMATION (STUDENT/FAMILY)

Is anyone currently being treated by a physician (chronic illness) (describe): _____

Physician name/number, if known: _____

Is Public Health working with the family in any capacity? _____

Public Health Nurse name/number (if different than above): _____

Health Insurance: ☐ MediCal # _____ ☐ Healthy Families ☐ Other Low-Cost Insurance ☐ Private Insurance

CHILD WELFARE / CPS HISTORY

Is there a history of Abuse or Neglect reports to Child and Family Services? ☐ YES ☐ NO

Dates of prior CPS referrals and disposition: _____

Is there any history of Court Dependency? ☐ YES ☐ NO Date(s): _____

Is this student or any children in the home adopted? ☐ NO ☐ YES: ☐ Private ☐ Public Agency

City, State, and Date of Adoption _____

Has this student or have any other children in the home been placed in Foster/Group home or Residential treatment (location(s)/date(s)): _____

EDUCATION HISTORY OF SIBLINGS

Are all children in the home enrolled in school? ☐ YES ☐ NO

Are all enrolled children attending school? ☐ YES ☐ NO

Is there any history of Suspension/Expulsion? ☐ YES ☐ NO

If yes, explain: _____

Are any other children in the home receiving Special Education Services? ☐ YES ☐ NO

If yes, describe: _____

FAMILY INFORMATION – INCLUDE INFORMATION ABOUT ALL PEOPLE LIVING IN THE HOME – only provide information known directly by persons contributing to this form

Address each of these that apply and supply detail, including person's name.

Probation or Parole- include date(s) and offense(s): _____

Probation/Parole Officer name/number (if different than above): _____

Incarceration(s) (include date(s) and offense(s)): _____

Psychiatric diagnosis: _____

Past suicide attempt(s)/date(s): _____

Psychiatric hold(s)/hospitalization(s): _____

Substance abuse (list substances): _____

CURRENT BEHAVIORS IN THE HOME: Please check all that apply, to either student and family members. List others that are not listed, if applicable, and explain☐ Anxiety☐ Self-Injurious Behaviors☐ Sexual Acting Out☐ Assaultive Behaviors☐ Depression☐ Sleep Disturbances / Nightmares☐ Cruelty to Animals☐ Disruptive Behaviors☐ Homicidal Ideation☐ Suicidal Ideation☐ Other _____

Explanation: _____

STRENGTHSWhat are the **student's** strengths? _____What are the **family's** strengths? _____**OTHER FACTORS OR ISSUES TO CONSIDER: (Strengths and/or Needs)**☐ Family _____☐ Housing _____☐ Social/Fun _____☐ School/Work _____☐ Cultural _____☐ Spiritual _____☐ Financial _____☐ Other _____

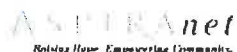
COMMUNITY/FAMILY MEMBERS KNOWN/AVAILABLE TO SUPPORT THE FAMILY		
Name	Address	Relationship

Attach:

- ☐ Most recent Psychoeducational Assessment Report including Intensive School-Based Therapist report
- ☐ Most recent IEP and most recent Progress Report noting progress on social/emotional or behavioral goals



Ventura County SELPA in collaboration with



COLLABORATIVE EDUCATIONAL SERVICES (COEDS) REFERRAL CONSENT

What is the COEDS Program? COEDS is a service provided at no cost to families via the Individualized Education Program (IEP) process. It helps students who are facing challenges in accessing their Special Education program by providing additional supports outside of school. COEDS services are designed to address the student's IEP goals in social, emotional or behavioral areas, and outcomes are measured by progress toward those goals. The intent of COEDS is to empower youth and families with the skills and knowledge to be able to rely on themselves, their community and available resources to cope with the challenges they face.

COEDS is provided by the Ventura County SELPA under a contract with Aspiranet, a community agency with a successful history of providing services to at-risk youth. Participation in the COEDS program is voluntary and requires the parent's consent during the IEP meeting. Information about the student and/or family and their participation in COEDS will not be shared with any other agency without parent permission.

What are the Different Options? COEDS Option 1 is an intensive, one-to-one short term intervention for students who need additional support in the home and/or community to meet the behavioral goals in the IEP. It is staffed by a Clinician who is either licensed or an intern registered with the Board of Behavioral Science (BBS) and one or more Behavioral Specialists with a bachelor's degree in a related field.

COEDS Options 2 and 3 utilize an intensive, team-based planning and intervention process to assist the family in supporting the student in meeting his or her IEP goals. These options provide community-based services and supports to address the challenges faced by the family and student. For both Options 2 and 3 the team will include either a licensed Clinical Social Worker or Associate, or a licensed Marriage and Family Therapist or registered intern, serving as a Family Case Manager. In addition, the team will include a Parent Partner who is an experienced parent of a child with special needs who has been trained to work with other parents. Option 3 will also include a Behavioral Specialist in the role of Youth Partner.

What is the Planning Process? For Option 1, an Intervention Plan will be developed for the home, in collaboration with the family, Special Education Case Manager, School-Based Therapist, and COEDS Clinician.

For Options 2 and 3, strategies and resources will be identified in an individualized Family Support Plan. The team will also work together to develop a Safety Plan to address safety and crisis issues that the student and family may encounter. Both the Family Support and Safety Plans are "living documents" that are updated as needs change.

When are Services Provided? Services will be scheduled to meet the family's needs, and may occur in the morning, afternoon, evening and/or weekend.

What is the Meeting Process? For COEDS Option 1, an initial meeting will occur between COEDS Clinician, family, Intensive School Based Therapist and Special Education Case Manager to create an Implementation plan. Monthly review meetings will be held at the school with the student, family, COEDS team (Behavioral Specialist and Clinician), School-Based Therapist, and Special Education Case Manager. Progress toward behavioral goals will be reviewed.

For COEDS Options 2 and 3, Family Support Team meetings will take place weekly in the family home or any other location where the family or student feels comfortable (home, school, or community). At least one meeting per month will be held at the school, and will include the student, family, COEDS team, Intensive School-Based Therapist, and Special Education Case Manager. Every effort will be made to schedule these meetings to accommodate the schedules of the family and school staff. The Parent Partner meets, to start, with the parent weekly and visits decrease according to family need.

How are Students Referred? Students are referred to the COEDS program by a school district team, with parent permission. An IEP meeting will be then be scheduled, and a representative from the COEDS team will attend the IEP meeting to discuss the program. At the meeting, the team will decide whether the COEDS program is appropriate. If it is agreed that the student and family will participate, a first meeting with COEDS is immediately scheduled.

How are Students Exited from Services? The IEP team, including COEDS staff and the family, will work together to determine a successful completion from the COEDS program, as measured by attainment of IEP goals. For Options 2 and 3, an IEP meeting is required for dismissal from services.

I have read the above, and agree to have my student referred to the COEDS PROGRAM and to have the student profile sent to COEDS Program Manager. I understand that if the IEP team agrees to the COEDS program, my participation is expected at all levels of the process.

Student: _____

Parent signature: _____ Date: _____

District Director of Special Education or Designee

Name: _____ Title: _____

Signature: _____ Date: _____

<p style="text-align: center;">COLLABORATIVE EDUCATIONAL SERVICES (COEDS) Authorization Form</p>
--

Student: _____

DOB: _____

Date of IEP: _____

District: _____

Administrator: _____

Level of COEDS services authorized:

One ☐ (Behavior Intervention only)

Two ☐ (Social Work Services and Parent-to-Parent)

Three ☐ (Social Work, Parent-to-Parent, and Behavior Interventions)

☐ 24/7 On-Call Support

Start date: _____

End date: _____

Signatures:

District Administrator
(Director or Coordinator of Special Education)

Date

cc: SELPA

<p align="center">CONSIDERATION OF NEED FOR RESIDENTIAL TREATMENT SERVICES ASSESSMENT REPORT</p>

Ventura County SELPA

To be completed by School Team, including School Psychologist

Student Name: [Click here to enter text.](#)D.O.B.: [Click here to enter text.](#) Age: [Click here to enter](#)text. Yrs. [Click here to enter text.](#) Mo.School: [Click here to enter text.](#)Grade: [Click here to enter text.](#) Sex: Male FemaleCase Manager: [Click here to enter text.](#)Date(s) of Assessment: [Click here to enter text.](#)Parent(s) Name(s): [Click here to enter text.](#)Special Education Eligibility: [Click here to enter text.](#)Address: [Click here to enter text.](#)Mental Health Diagnosis: [Click here to enter text.](#)[Click here to enter text.](#)

(Street & Number, City, Zip)

Phone: Home [Click here to enter text.](#)Work: [Click here to enter text.](#)Cell: [Click here to enter text.](#)

Primary Language: English

English Level: English only Initially Fluent English Proficient English Learner - Beginning Early Intermediate Intermediate
Early Advanced Advanced Reclassified Fully English Proficient

The following report was developed to assist the IEP Team in determining need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. The decision as to whether or not the assessment results demonstrate the need for special education services shall be made by the IEP team, including assessment personnel. The IEP team shall take into account all relevant material which is available on the student. (From CCR 5 Sec. 3030)

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain

Assessment(s) administered in English.

REASON FOR REFERRAL:

[Click here to enter text.](#) has requested assessment to consider continued need for Residential Treatment Services, due to [Click here to enter text.](#)

A student who would be considered for Residential Treatment Services has behaviors that are:

- *Resulting in significant ongoing difficulties in educational performance due to social/emotional issues (and/or)*
- *Presenting frequent, ongoing safety risks at school to self and/or others (and)*
- *Not sufficiently responsive to extensive supports and services which have been provided at school and/or home as appropriate to address educational needs (and)*
- *Requiring and likely to benefit from a 24 hour a day, seven days a week comprehensive therapeutic setting in order to access their educational services.*

BACKGROUND INFORMATION RELEVANT TO THIS REPORT:Environmental, cultural, and economic information: [Click here to enter text.](#)Health and developmental information: [Click here to enter text.](#)

Educational history:

Attendance history – Describe any trancies, absences, or suspensions which may be related to social/emotional issues.

Other relevant educational history – Describe any social/emotional and/or behavioral services student has received. Attachment U

ASSESSMENT INFORMATION:

SOURCES OF DATA REVIEWED: (check or indicate "NA")

Choose an item. Cumulative records

Choose an item. Statewide Testing and Reporting results (STAR program)

Choose an item. Progress toward goals

Choose an item. Existing assessment reports: (within three years list below)

Date	Type	Assessor
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

- ☐ Student survey/interview
☐ Parent survey/interview
☐ Teacher survey/interview

NEW ASSESSMENTS ADMINISTERED: (If any-list all)

Delete the following section if no new tests were administered.

- Student was assessed in all areas of suspected disability related to this concern.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable

RESULTS OF ASSESSMENT:

1. Consideration of whether behaviors are due to social/emotional issues or symptoms and result in significant ongoing difficulty in educational performance -
 - a. Description of behaviors including location (school, home, community), frequency, intensity and how long observed: Click here to enter text.
 - b. Social/emotional issues and symptoms, and their relationship to the behavior: Click here to enter text.
 - c. Level of interference of behavior in educational performance, Click here to enter text.
 - d. Any history of trauma or abuse: Click here to enter text.
2. Consideration of whether behaviors are resulting in frequent and ongoing safety risks at school to self and/or others -
 - a. History of referrals and suspensions: Click here to enter text.
 - b. Safety issues at school which are causing risk to self or others: Click here to enter text.
 - c. Description of how safety risks are related to the student's social/emotional issues and symptoms: Click here to enter text.
 - d. Any crisis or recent emergency impacting behaviors: Click here to enter text.
3. Consideration of responsiveness to extensive supports and services which have been utilized at school and/or home -

- a. Intensive Social/Emotional Services which have been provided as part of the IEP and the effectiveness of those services: Click here to enter text.
 - b. Any in-home Social/Emotional services which have been provided as part of the IEP and the effectiveness of those services, including level of parent participation in these services: Click here to enter text.
 - c. Description of how the student has or has not benefited from therapeutic intervention, including student's motivation and cognitive capacity to participate in therapy.
4. Consideration of whether the behaviors require and are likely to benefit from a full-time comprehensive therapeutic setting -
- a. Explanation of needs for continuous supervision: Click here to enter text.
 - b. Rationale for need for intensive therapeutic intervention beyond regular school hours: Click here to enter text.
5. Consideration of whether the behavior is *primarily* a result of social maladjustment or conduct disorder (not related to trauma). (Indicate and describe all that apply)
- Willful disregard for the rights of others – Does not apply
Frequent violations of rules and/or societal norms - Does not apply
History of criminal activities and arrests - Does not apply
Often bullies, threatens, or intimidates others - Does not apply
Often initiates physical fights - Does not apply
Gang involvement - Does not apply
Has used a weapon that can cause serious physical harm - Does not apply
Truancy - Does not apply
6. Substance abuse issues – No known history of substance abuse.
- a. Description of how substance abuse issues impact the student's educational performance. Click here to enter text.
 - b. Description of whether substance abuse is believed to be a primary or secondary factor impacting social/emotional functioning. Click here to enter text.
 - c. Description of any treatment for these issues, and if so, how the student responded. Click here to enter text.
7. Description of location(s) where behaviors primarily occur. Click here to enter text.

OVERALL SUMMARY AND RECOMMENDATIONS:

Summary of assessment, including factors affecting educational performance: Click here to enter text.

The IEP team will meet to discuss assessment results and make a decision about special education services. The purpose of this report is to provide information to assist the team in making that decision.

- Recommendations to enable student to be involved in and progress in general education curriculum: give general suggestions for areas to be addressed.
- Possible special education and related services needed, or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need): Click here to enter text.

Person(s) completing this report:

Click here to enter text.
Name

Click here to enter text.
School Psychologist

Signature

Click here to enter text.
Date

Click here to enter text.
Name

Click here to enter text.
Intensive School-Based Therapist

Attachment U

Signature

Click here to enter text.
Date

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student

CONSIDERATION FOR IEP/EDUCATIONALLY RELATED RESIDENTIAL TREATMENT SERVICES

Ventura County Special Education Local Plan Area (SELPA)

Student Name _____ D.O.B. _____ Meeting Date _____

IEP/Educationally related Residential Treatment Services are provided to assist a student in accessing his/her Special Education program. The decision to provide Residential Treatment Services should be based upon a thorough assessment.

1. **Residential Treatment Services were requested by :** **Reason:**

2. **Based upon all information gathered, student demonstrates behaviors that:**
 - ☐ Are ☐ Are not primarily due to social/emotional issues or symptoms and result in significant ongoing difficulties in educational performance (Briefly summarize)
 - ☐ Are ☐ Are not presenting frequent, ongoing safety risks at school to self and/or others (Briefly summarize)
 - ☐ Are ☐ Are not sufficiently responsive to extensive supports and services which have been provided at school and/or home to address educational needs (Briefly describe response to services provided)
 - ☐ Require ☐ Do not require a comprehensive full-time therapeutic setting in order to access educational services (Give rationale)

3. The IEP Team agrees that the:

- ☐ Student should receive additional Intensive Social/Emotional Services to address his/her educational needs before considering IEP/Educationally related Residential Treatment Services. (Describe)
- ☐ The student requires IEP/Educationally related Residential Treatment Services in order to benefit from his/her special education program.

See Special Education and Related Services and Offer of FAPE sections of the IEP for specific information about the student's Residential Treatment program as well as the Worksheet for Specialized Out of District Program for skills and competencies expected for the student to return to a less restrictive setting. Family and district will work with the Residential Placement Consultant to identify an appropriate facility. If not yet determined, an IEP Addendum meeting will be held to provide more detail about the program once selected. The IEP must be reviewed at least every six months.

Residential Placement Consultant _____

Name

Phone

Email

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Intensive School-Based Therapist ☐ Residential Placement Consultant ☐ COEDS ☐ Other _____

WORKSHEET FOR SPECIALIZED OUT OF DISTRICT PROGRAM

Ventura County Special Education Local Plan Area (SELPA)

Student Name _____ D.O.B. _____ Meeting Date _____

The team agrees student will be placed in _____

Rationale for placement: _____

Progress reports toward goals will be reported to parents _____

- Method: _____
- Months: _____

It is the goal of the Ventura County SELPA to educate students in settings as close to the home community as soon as possible. Steps to assist student in returning to a less restrictive school placement:

-
-
-
-
-

Skills/competencies student should display before returning to a less restrictive school placement: _____

-
-
-
-
-

These skills and competencies should be reflected in goals when appropriate.

Frequency of IEP review: _____

Copies of Progress Reports and Behavior Emergency Reports to be forwarded to:

(Name) _____ (Title) _____

(Location) _____

(Address/Fax) _____
