

September 21, 2023

To: Norman Choy

From: Yang Xiong

RE: Kaleb Xiong's SOC 821 and Additional Findings from Elk Grove Unified School District

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We've received the SOC 821 form from Kaleb's Ophthalmologist – Dr. Muminovic. As you will see, while Dr. Muminovic checked “severe disorientation” for the Orientation category, “no deficit problem” and “unimpaired” were checked for the Memory and Judgment categories, respectively.

We feel that Dr. Muminovic's assessment of Memory and Judgment is not accurate, but we expected that from her because her expertise had to do with Kaleb's primary disability – blindness. Also, she saw Kaleb only occasionally, which is not enough exposure, in our view, to accurately determine Kaleb's memory and judgment capabilities.

As parents, however, we are with Kaleb 24 hours a day, seven days a week, minus when he is at school (M – Th, 8 AM – 11 AM). We know Kaleb very well; as you may recall, we have seven other children. So, we know very well how different Kaleb is from his siblings as he is compared to them when they were at Kaleb's current age.

We want to bring your attention to the additional documentation we emailed you. One of these documents is Kaleb's Interdisciplinary Assessment Report, a full psychoeducational assessment conducted by various Elk Grove Unified School District (EGUSD) professionals. Below are bullet points of the findings:

- Cognitive Functioning Skills: delayed range, when compared to same age peers.
- Adaptive Functioning Skills: delayed range when compared to same age peers and presence of significant functional skill limitations due to his visual impairment and speech/language delays.
- Speech and Language Development: delayed in receptive language and expressive communication in comparison with what is expected for his age.
- Foundational Skills: demonstrates some skills related to social communication, while other expected skills are less reliable and/or reduced in frequency, range, or quality; overall intelligibility was rated to fall within the average range.
- Academic Skills: emerging when compared to same age peers.
- Orientation & Mobility: demonstrates appropriate fine motor skills for his age.
- Social-emotional/Behavior Functioning: delayed range, when compared to same age peers; may be due to his delays with speech/language and visual impairment.

From the EGUSD Interdisciplinary Assessment Report, we see that Kaleb is delayed in most of the areas in which he was assessed, all of which significantly impact Kaleb's memory and judgment. On almost a daily basis, Kaleb is at risk of getting injured due to his deficits. We've previously submitted a record of the incidents.

We know that as parents of a three-year-old boy, we are responsible for handling many tasks and keeping him safe. We intend to uphold our responsibilities, but Kaleb's needs are more, and his capabilities are much less than the typical three-year-old.

To keep Kaleb safe, we request the maximum number of Protective Supervision hours and the appropriate hours allocated for Transfer needs.

### ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

Release of Information Attached

Attending Physician	Irma Muminovic, MD 1600 Eureka Road Building C, MOB 2 Roseville, CA 95661 Phone: (916) 784-4185 Fax: (916) 474-2714	PATIENT'S NAME: KALEB C. XIDONG	PATIENT'S DOB: 3 / 13 / 2020
		MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:
		IHSS SOCIAL WORKER'S NAME:	
		COUNTY CONTACT TELEPHONE #:	COUNTY FAX #:

Your patient is an applicant/recipient of In-Home Supportive Services (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

- (1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
- (2) For friendly visitation or other social activities;
- (3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
- (4) In anticipation of a medical emergency (such as seizures, etc.);
- (5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision. (Welfare and Institutions Code §12301.21)

DATE PATIENT LAST SEEN BY YOU: 11/9/2023	LENGTH OF TIME YOU HAVE TREATED PATIENT: since 03/11/2021
DIAGNOSIS/MENTAL CONDITION: BILAT BLINDNESS	PROGNOSIS: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary - Timeframe:

#### PLEASE CHECK THE APPROPRIATE BOXES

#### MEMORY

- No deficit problem     Moderate or intermittent deficit (explain below)     Severe memory deficit (explain below)

Explanation: \_\_\_\_\_

#### ORIENTATION

- No disorientation     Moderate disorientation/confusion (explain below)     Severe disorientation (explain below)

Explanation: CHILD IS BLIND

#### JUDGMENT

- Unimpaired     Mildly Impaired (explain below)     Severely Impaired (explain below)

Explanation: APPROPRIATE FOR TODDLER / YOUNG CHILD

- Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment?  Yes  No  
If Yes, please specify: CONGENITAL ANOMALY OF EYES S/P SURGERY
- Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident?  Yes  No
- Do you have any additional information or comments? 3 YEAR OLD CHILD. BLIND. NEEDS CONSTANT SUPERVISION.

#### CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL: 	MEDICAL SPECIALTY: OPHTHALMOLOGY	DATE: 9/20/23
ADDRESS: 1600 EUREKA ROAD BUILDING C, MOB 2 ROSEVILLE CA 95661	LICENSE NO.: A138600	TELEPHONE: (916) 784-4185

RETURN THIS FORM TO: COUNTY'S MAILING ADDRESS, CITY, CA.: ATTN: SWNAME