

**IHSS STATE HEARING  
CLAIMANT STATEMENT OF POSITION**

Case Name: Kaleb Xiong Claimant: Yang Xiong 9582 Village Tree Dr. Elk Grove, CA 95758	IHSS Case Number: 1951916 State Hearing Case #: 104946193 Hearing Date: 1/10/2024 @ 10:00 AM
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**ISSUE**

Based on the Notice of Action, dated 10/6/2023, and the Statement of Position, uploaded to the ACMS website on 11/30/2023, the County of Sacramento denied Protective Supervision for Kaleb Xiong, who is now three years and ten months old because the County sees his case as one where the supervision he needed was "medical or for a medical condition," and therefore, the County "determined that [he] did not meet the criteria for protective supervision."

To support this conclusion, the County took the following actions:

1. They disregarded the overwhelming crucial evidence that Kaleb's medical professionals, we as his parents, the Elk Grove Unified School District (EGUSD), and the Alta California Regional Center (ACRC) provided, which spoke to Kaleb's mental impairments while nick-picked to highlight a few statements that appear to support their position.
2. Regarding Kaleb's level of deficits in the areas of memory, orientation, and judgment, despite the corroborating conclusions of Kaleb's medical professionals, the County disregarded the evidence and provided their own findings, which differed starkly from the medical professionals' views and erroneously claimed that Kaleb's abilities were age appropriate.
3. Despite our numerous attempts to resolve the matter with the County all the way to even Friday, 1/5/2024, so that we could avoid today's hearing, they told us that they were unable to decide and wanted the Administrative Law Judge to make the decision because of the uniqueness of Kaleb's case as Kaleb has both a physical disability of total blindness from birth and a mental impairment which together makes Kaleb's case quite unique from the average cases that they've worked on. (Attachment 13)

**POSITION**

Because of the above, we hold that the County of Sacramento had erroneously denied Protective Supervision for Kaleb. They've focused predominantly on his physical impairment of congenital blindness, highlighted his young age, and did not properly consider the overwhelming

evidence that we've provided on his mental impairments. ACL 98-87 clarifies that "A minor must not be denied PS solely on age. WIC 12301.1" and "The county social worker should review the information, and documentation provided by the parent or guardian." While some of the documents that we've provided to the County were reviewed, they neglected to review and consider the information related to Kaleb's mental impairments. **We will cover this documentation that the County neglected to consider, showing how Kaleb has met all of the criteria for Protective Supervision.**

KALEB'S DIAGNOSIS

In the Statement of Position, the County asserted that Kaleb had "no official diagnosis of mental impairment, Autism" to dismiss our claim of Kaleb having "Autistic behaviors." This assertion is inaccurate and should not be permitted to stand because of the following reasons.

Firstly, based on existing statutes and regulations, nowhere is it stated that the applicant must have an official diagnosis or that Protective Supervision is based on whether the applicant has an official diagnosis. Per MPP 30-757.171, "Protective Supervision is available for observing the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons only." It says nothing about needing to be officially diagnosed.

Secondly, Kaleb has been confirmed to be mentally impaired as Kaleb's pediatrician, Dr. Stephanie Yee-Guardino and we have claimed all along since August 1, 2023; and this information has been given to Yolanda Lewis, the County Hearing Representative, on January 3, 2024 (Attachment 1). Through ACRC, Kaleb was evaluated and diagnosed by Dr. Morgen Aita, Licensed Clinical Psychologist, on December 13, 2023, with Autism Spectrum Disorder in the moderate to severe range, Language Disorder, and Global Developmental Delay (Attachment 2). Dr. Aita's conclusion was drawn from a battery of tests administered to observe behaviors and traits associated with Autism Spectrum Disorder as well as to assess Kaleb's cognitive functioning and adaptive behaviors.

WHY WERE THERE THREE SOC 821 FORMS SUBMITTED?

As noted by the County, three SOC 821 forms (Assessment of Need for Protective Supervision for In-Home Supportive Services Program) were submitted by the following medical professionals: Dr. Irma Muminovic, Kaleb's Ophthalmologist (Attachment 3); Chris Peterson, Kaleb's Teacher of the Visually Impaired and Mobility & Vision Specialist (Attachment 4); and Dr. Stephanie Yee-Guardino, Kaleb's pediatrician who is also the Assistant Chief of Pediatrics for Kaiser South Sacramento Pediatrics (Attachment 5). The reasons for having multiple SOC 821 forms are two-fold:

1. Being new to IHSS, we were ignorant of the eligibility criteria for Protective Supervision when we first sought IHSS for Kaleb in August 2023.
2. There was a need to get the SOC 821 form completed by the most appropriate professionals.

Because we were ignorant of the criteria for Protective Supervision in August 2023, our initial thought was that since IHSS is designed to support the elderly, disabled, and blind people, we would highlight Kaleb's congenital blindness as the prevalent diagnosis. An SOC 821 form was given to Dr. Muminovic to complete. However, it turns out that she could speak competently only to the orientation area as the other two areas were outside her area of expertise. We discussed this with Norman Choy, the County Social Worker, via a memo sent along with Dr. Muminovic's form on September 20, 2023 (Attachment 14).

In follow-up emails and phone contacts with Mr. Choy regarding the situation, we learned that Kaleb would be denied Protective Supervision if all that could be said about his memory, orientation, and judgment was what Dr. Muminovic had put forth. Furthermore, we also learned that some of the statements made by Chris Peterson in his May 2023 reports (Mobility & Orientation Report and Initial Functional Vision Assessment) could be misunderstood if not clarified. This led us to ask Mr. Peterson to complete the SOC 821 form and clarify his statements. At the same time, knowing that Mr. Peterson was a professional who could speak competently to only the areas of orientation and judgment, we asked Dr. Yee-Guardino to also complete the SOC 821 form. **As a result, we see that Kaleb was ultimately ranked in the severe range for memory, orientation, and judgment.**

However, despite these three medical professionals' conclusions, which complimented each other and provided a more thorough picture regarding Kaleb's level of deficits, the County ignored this crucial evidence and provided starkly different conclusions for Kaleb's memory, orientation, and judgment. **It is essential to consider that Kaleb's medical professionals have a more in-depth knowledge of Kaleb's mental capabilities as they have served Kaleb in a more extended period than just a 1.5-hour visit by the County. This impacts the degree of accuracy of knowledge that they have on Kaleb's mental capabilities.**

### MEMORY

In the Statement of Position, the County indicated the following for the area of memory: "MEMORY: Rank 2: Kaleb is 3 years old and is totally blind, he is verbal and can repeat what he hears and appears to have age-appropriate memory."

Comparing this to Kaleb's medical professionals' rankings and comments, we see a huge difference. First, at the time of the County's home visit with Kaleb on September 15, 2023, Kaleb was already three years and six months old, not just three years old. Next, understandably because memory is outside their areas of expertise, Dr. Muminovic ranked Kaleb incorrectly as having no memory impairment, and Chris Peterson did not rank Kaleb in this area. Kaleb's pediatrician, Dr. Yee-Guardino, who followed Kaleb since birth, ranked Kaleb in the severe range. She provided ample examples and explanations to support her ranking. Specifically, Dr. Yee-Guardino explained that Kaleb retains some information but not in a meaningful way for safety. He has no sense of danger. His safety is always at risk in every situation. **He does not recall the usual safety norms appropriate for children his age** (Attachment 5).

Furthermore, a close examination of other important documents that spoke to Kaleb's cognitive and mental functioning that have been provided to the County shows that **Kaleb is in the delayed range compared to children his age**. These documents are the May 2023 EGUSD psychoeducational Interdisciplinary Assessment Report (Attachment 6), Initial Functional Vision Assessment (Attachment 7), and the Orientation & Mobility Report

(Attachment 8), all of which were used to develop Kaleb’s Individual Education Plan (IEP) (Attachment 9). A summary of the findings associated with Kaleb’s mental capability from these assessments and reports, which the County neglected to consider, is below:

- Cognitive Functioning Skills: Delayed range compared to peers of the same age.
- Adaptive Functioning Skills: Delayed range when compared to peers of the same age.
- Speech and Language Development: Delayed in receptive language and expressive communication compared to what is expected for his age.
- Orientation & Mobility: While ambulatory with a cane, unaware of time, place, self, and other people in his environment.
- Social-emotional/Behavior Functioning: Delayed range, when compared to same age peers.

Additionally, Kaiser Permanente’s Developmental Screening on Kaleb, dated October 13, 2023 (Attachment 10), shows that he was **below age expectations in the areas of communication, gross motor, fine motor, problem solving, and personal-social**. More recently, as pointed out earlier, Dr. Aita diagnosed Kaleb with **Autism Spectrum Disorder in the mild to severe range, Language Disorder, and Global Developmental Delay**.

With all of these corroborating conclusions from these various professionals, Kaleb’s memory should not have been ranked 2; and just because Kaleb is verbal and can repeat what he hears, it does not mean that he is age-appropriate, as the County claims. Due to his Autism, Kaleb often engages in echolilia where he repeats what he hears but really has no understanding. Kaleb should have been ranked 5 in this area of memory, as supported by the findings from the various assessments mentioned above.

### ORIENTATION

For the orientation area, the County stated the following: “ORIENTATION: Rank 2: Kaleb is 3 years old and is totally blind. He appears to know where

is his inside the home and knows the layout. He is not aware of where he is when outside the home due to blindness and his young age.”

**All three professionals (Dr. Muminovic, Chris Peterson, and Dr. Yee-Guardino) ranked Kaleb in the severe range for the orientation area.** Dr. Yee-Guardino explained that **Kaleb has difficulty orienting to person and safety.** His environment poses safety threats if there is no constant supervision. Examples are unexpected changes, such as wet floors, things getting moved, etc. **Kaleb will go with strangers without realizing he should not due to his developmental delays.**

Chris Peterson stated in his May 2023 reports (Initial Functional Vision Assessment and Orientation & Mobility Report) and a letter dated October 3, 2023 (Attachment 4), that Kaleb freely walks on surfaces, including pavement and grass, and follows voices when walking with his cane. This, however, can pose a potential danger of him following potential strangers if he is not supervised. **Kaleb is unaware of time, place, self, and other people in his environment.**

Therefore, Kaleb should have been ranked 5 for orientation because he does not have the mental capability to assess whether he would be in danger if he were to go a certain direction or follow someone's instructions due to his mental impairment. **All three of Kaleb's medical professionals ranked Kaleb in the severe range for orientation.**

## JUDGMENT

Regarding the area of judgment, the County stated the following: “JUDGMENT: Rank 2: Kaleb is 3 years old and is totally blind. He may go places he should not, like many 3-year-olds but he is blind. Judgment is age appropriate.”

Similar to the areas of memory and orientation, the rankings of all three professionals (Dr. Muminovic, Chris Peterson, and Dr. Yee-Guardino) complimented each other in the area of judgment. While Dr. Muminovic incorrectly indicated unimpaired, as she rightly should because judgment is not her area of expertise, Chris Peterson indicated mild impairment, and Dr. Yee-Guardino indicated severe impairment. Dr. Yee-Guardino explained that

**due mostly to his developmental delays, Kaleb lacks appropriate judgment for his age.** As mentioned above, **Kaleb's inability to retain age-appropriate information and disorientation clouds his judgment. If not watched all the time, Kaleb could elope, and his safety is at risk** (Attachment 5).

Chris Peterson talked about how a lack of environmental knowledge makes Kaleb potentially susceptible to hazards in the areas he occupies or travels in. For example, Kaleb may be familiar with his home's layout but **lacks the appropriate judgment or maturity for his age to avoid hazardous situations or deal with unexpected changes in his environment.** Kaleb often twirls regardless of where he is at home due to his Autism. Even after sustaining an injury from getting his head bumped at a corner, he still twirls at the same place and repeatedly gets hurt until someone intervenes. **This lack of good judgment means he cannot correctly determine if something or he is putting himself in danger of harm.**

Mr. Choy noticed these autistic behaviors during his visit on September 15, 2023. In his assessment, he stated, "Interview took place in the living room, where cIt was seen playing and twirling around. CIt is able to mimic sounds and sometimes repeated what s/w said.... During the visit, Kaleb had to be redirected several times as he was playing next to something that was dangerous (the edge of a table) or told to get down from the sofa chair (he enjoyed standing in it and rocking it back and forward)." (Attachment 15)

Mr. Choy's observation starkly contrasts a point the County made in their Statement of Position, where they quoted from Kaleb's IEP that "Kaleb did not exhibit any excessive behaviors during the week. His parents report that they do not have behavioral concerns currently." Furthermore, when we made that statement, we were referring to "ordinary naughtiness" that Kaleb had no "misbehavior," but in terms of "autistic behaviors" or behaviors related to his mental impairments, he had plenty as they've been observed by practically everyone who had assessed Kaleb, including Dr. Yee-Guardino, Dr. Aita, Chris Peterson, and Jessica Fox, ACRC Intake Specialist who completed the Social Assessment (Attachment 11) which was used to make Kaleb eligible for Regional Center services (Attachment 16).

Continuing with how Kaleb lacks good judgment, Kaleb succeeded in eloping to the neighbor's garage door once when our front door was still open as we carried groceries inside. Kaleb did not have the mental capacity to assess and understand that he would put himself at risk as he wandered off. Of course, the argument could be made that all 3-year-olds would conduct themselves similarly. Still, the difference here is that Kaleb will not know how to come back or communicate with people due to his mental impairments. Dr. Yee-Guardino had stated that while Kaleb is almost four years old, he currently communicates in single - 2 words which is equivalent to children who are 1 - 2 years old (Attachment 12).

Furthermore, for self-soothing purposes and as ways to communicate different forms of anxieties, typical of people with Autism, Kaleb engages in self-injurious behaviors when he can't communicate to obtain what he desires. These behaviors include hitting himself with his hand, banging his head on the couch, floor, and wall, and rolling all over the floor, which leads to bumping into walls and the legs of chairs, tables, and other objects. **He lacks the understanding and good judgment that these self-soothing behaviors could injure him. Consequently, Kaleb's mental impairments exacerbate his physical impairment even more, which increases the propensity for him to be at higher risk of harm.**

As a summary of Kaleb's functioning levels in memory, orientation, and judgment, Dr. Aita's observations succinctly capture it. He stated, "Kaleb displays a significant lack of safety and environmental awareness. He requires constant supervision as he engages in elopement, climbing onto furniture, or will attempt to touch dangerous items. Furthermore, Kaleb is unresponsive to his parents' warnings and verbal instructions to "stop" or "don't touch" items in his environment. Kaleb appears to not retain previously learned information. He will typically forget such information after approximately 1-2 days." (Attachment 2)

Furthermore, as recorded in a Teacher Questionnaire dated November 28, 2023, Kaleb's teacher, Mr. Jim Thao, stated that while Kaleb had some strengths, "He will often repeat a word or phrase that is being taught or just hearing from another person. A form of echolalia. As a result, some learning occurs, but Kaleb does not always understand what a word or phrase means for communication in a functional manner." Kaleb "Does not seek interaction

with peers .... Communicates very little with his peers. May say a peer's names, but not in a way to gain their attention to communicate with." Kaleb "Closes ears for some musical sounds. Intense interest in some objects (pepperoni from board game). Often hold and put objects in mouth .... Kaleb often hold small items that have bumps in his hands for comfort and not to interact w/ other students...." (Attachment 17)

Also, Dr. Yee-Guardino stated in her January 5, 2024 letter that "If Kaleb were not blind, this family [the Xiong family] would still have a very challenging time caring for Kaleb, as he was categorized in the moderate to severe range of Autism. While the visual impairment adds a different dimension to Kaleb's care and safety, it is not the cause of Kaleb's global delays. Children with blindness still retain the ability to develop normal social communication skills as well as comprehension, and thus the ability to learn. Kaleb currently speaks in single- or 2-word phrases, which is the expected range for a 1-2 year old. It is the significant developmental delays associated with Autism that place him at risk for safety concerns, resulting in his need for constant supervision." (Attachment 12)

#### 1ST PROTECTIVE SUPERVISION CRITERION MET

**Because of Kaleb's severe deficits in memory, orientation, and judgment when compared to a typical developing child of his age, Kaleb is nonself-directing due to his mental impairment.** He is unable to assess danger and the risk of harm. Consequently, he sustained some minor self-injuries and continued to put himself at risk for self-harm daily. Therefore, Kaleb has met the first criterion for Protective Supervision per ACL 15-25, where it states, "In addition to all other relevant eligibility criteria, a person must be both mentally impaired or mentally ill and nonself-directing to be eligible for Protective Supervision."

According to ACL 15-25, Kaleb must meet three other criteria to be eligible for Protective Supervision since he is a minor.

1. Since Kaleb is mentally impaired and nonself-directing, is he "likely to engage in potentially dangerous activities?" In other words, is he capable of physically harming himself?

2. Does Kaleb “also need more supervision than a minor of comparable age who is not mentally impaired/mentally ill pursuant to the Garrett V. Anderson court order? “More supervision” can be more time, more intensity, or both.” In other words, are Kaleb’s needs more significant than those of a typically developing child without mental impairment?
3. “When it is found that “more supervision” is needed, is 24 hour-a-day supervision needed in order for the minor [Kaleb] to remain at home safely pursuant to MPP 30-757.173?”

### 2ND PROTECTIVE SUPERVISION CRITERION MET

Regarding whether Kaleb is likely to engage in potentially dangerous activities or capable of harming himself, the County concluded, as found in Mr. Choy’s assessment, that Kaleb’s “blindness appears to be the limiting factor, if he could see something, he would not have to put in his mouth to “see” what it is or run his hand across a table to “see” what is there.” (Attachment 15)

This is not a statement of certainty, as it should not be since Mr. Choy is a social worker, not a medical expert on children with congenital blindness. On the other hand, Dr. Yee-Guardino is a medical doctor who has treated Kaleb since birth. She indicated that “Focus on this medical condition [referring to Kaleb's blindness] may have distracted from another condition that emerged, which is his global developmental delay. As Kaleb grew, the difficulties of managing him became greater as he became more ambulatory. It became apparent that Kaleb’s difficulties were not just due to his visual defect, but rather from Autism.” (Attachment 12)

Despite Kaleb’s mental impairments, Kaleb is ambulatory and is physically capable of harming himself. Due to his Autism, most of the time, to self-regulate, Kaleb would be stimming in the form of jumping or twirling around while singing or engaging in echolalia anywhere. Sometimes, he would lose his balance and hit the corner of a wall, dresser, the side of the bed, kitchen table, chairs, corners of the sofa, etc. Mr. Choy even observed some of these dangerous behaviors during his visit as he noted that “Kaleb had to be redirected several times as he was playing next to something dangerous (the edge of a table) or told to get down from the sofa chair (he enjoyed standing in it and rocking it back and forward).” (Attachment 15)

Additionally, Kaleb likes to trail along the counters, which, to the County, has been viewed as a way for Kaleb to “see” and that he would not do that if he had sight. However, if it were due just to his blindness, then he would not have engaged in this behavior repeatedly on an hourly basis as Kaleb would have “seen” and “learned” what’s on the counter. Therefore, he would have stopped the behavior as normally developing sighted three years old likely would. However, Kaleb engages in this behavior daily because of his Autism, and due to his global developmental delays, he does not retain whatever it is that he would have seen and learned from the counter-trailing; this is just a part of his autistic repetitive behaviors. Dr. Aita noted that Kaleb’s repetitive behaviors were in the moderate range (Attachment 2). **As this behavior occurs daily at home, it creates hazardous situations where he could end up touching things that could cause harm, such as a hot stove or pushing an object that could accidentally fall on him.**

Kaleb engages in an additional dangerous behavior almost 100% of the time when he gets an object in his hand. **He must first put it in his mouth, lick or taste it, and bang his teeth with it regardless of the object, whether it is dirty, clean, or dangerous.** It is a behavior related to his Autism where it is part of a rigid routine that he follows; we have had to continually redirect or help him to discontinue this behavior daily, about every five minutes. There have been a few incidents where Kaleb almost succeeded in putting a phone charger cord, still plugged into the wall, into his mouth. Other items that he has succeeded in putting in his mouth were coins, a battery, a small paint bottle, eczema cream tubes, and a metal filer that has a sharp tip.

Another of Kaleb’s rigid routines that is potentially dangerous is his continual attempts to play with the water in the toilet bowl and then putting his fingers in his mouth. He has been caught most of the time, and we have explained that it is dirty water. However, he does not understand and continues to engage in the behavior. Also, during potty training, despite our continuous attempts that have been over a year to teach him not to engage in the behavior, he continues to attempt to reach down to try to touch his penis and dirty bottom and then put his fingers in his mouth. This behavior can potentially create health issues for Kaleb.

**In summary, although Kaleb is autistic and globally delayed, he is ambulatory. He is capable and engages daily, even on an hourly basis, in potentially dangerous and harmful behaviors. Without someone watching him all of the time, he will succeed in engaging in self-harm.**

### 3RD PROTECTIVE SUPERVISION CRITERION MET

The next criterion is whether Kaleb “also need more supervision than a minor of comparable age who is not mentally impaired/mentally ill pursuant to the Garrett v. Anderson court order?” According to the County, per Mr. Choy’s assessment, “It appears Kaleb needs more supervision due to his blindness vs he mental condition. All 3-year-old must be monitored” (Attachment 15). As pointed above, the County is so focused on Kaleb’s physical impairment that they neglected to give the necessary proper weight and attention to his mental impairments.

Kaleb does ***need more supervision than a minor of comparable age who is not mentally impaired.*** As experienced parents of eight children ages 23 to 1 year old, we take our responsibility to care for and protect our children very seriously. We know the level of needs for a typically developing child Kaleb’s age. Also, Kaleb has a little brother who just turned one year old, but his little brother has already caught up to Kaleb in many areas of development, and in some areas, he has even surpassed Kaleb. Specifically, Kaleb’s little brother understands our instructions for him not to engage in a particular behavior, but Kaleb does not, even after repeated attempts to teach him. We actually have to physically stop him from engaging in dangerous behaviors.

**Due to Kaleb’s Autism, Language Disorder, and Global Development Delay, he needs more care and supervision than typically developing children of his age who are not mentally impaired.** This need is evident in the two sample logs we kept documenting Kaleb’s incidents and dangerous behaviors. The first log covered the period of 8/29/2023 - 9/15/2023, which was shared with Mr. Choy when he came out on September 15, 2023, to conduct Kaleb’s initial IHSS Needs Assessment. Following the assessment, we kept another log for the whole month of October 2023, which had also been made available to the County on

November 13, 2023. Below are these two sample logs recorded by Kaleb's mother who has been his primary care provider since birth.

Log Period: 8/29/2023 - 9/15/2023

- 8/29, 10:05 PM – He would not sleep, kept jumping around, and hit his head on the wood beam that is used to fill the gap between the bed and the wall.
- 8/31, 6:18 PM – He couldn't find his rubber ducky, so he started hitting his ears.
- 9/1, 9:45 PM – Bumped his forehead into the corner of the table.
- 9/2, 9:20 AM - Kaleb's head hit the cupboard trying to find his toy.
- 9/3, 4:15 PM – Bumped his forehead into the cabinet cover while opening it.
- 9/3, 6:05 PM - Walked into the corner table.
- 9/4, 3:25 PM - Walked into the wall corner in the hallway.
- 9/6, 7:18 PM - Took the phone charger from the wall and put the plug in his mouth.
- 9/7, 3:40 PM – Hit his head on the toy box from getting up.
- 9/9, 11:00 PM - Wouldn't go to sleep, was jumping up and down (stimming), ran into the dresser, and hit his head.
- 9/10, 12:22 AM - Still not asleep. Put him in bed, jumping, rolling around, and hitting his head on the wood.
- 9/10, 10:15 AM - Kaleb kept banging his head on the wooden part of the rocking chair or the carpet or using his hand to hit his head because he could not find one of his toys. This happened throughout the day as he remembered asking for the toy, but we couldn't find it.
- 9/10, 3:36 PM - Fell off the bed, trying to get off.
- 9/12, 5:30 PM - 2nd time for the day going into the cupboard, taking out cooking wear to play.
- 9/12, 7:06 PM - Lost his toy. Had a meltdown. He doesn't understand that we were not able to find it. He started banging his head on the chair he was sitting on.
- 9/13, 6 PM - He walked into the diner, trying to go to the bedroom, and hit his head.

Log Period: 10/1/2023 - 10/31/2023

- 10/1, 6:30 PM - While I was still chopping some vegetables, Kaleb walked over to the stove and started searching for things. His hand was so close to getting burned if I had not seen it.
- 10/2, 7:00 PM - He found an AA battery and was about to put it in his mouth, but I caught him before he could put it in his mouth.
- 10/4, 1:15 PM - I was changing Kaleb's baby brother's diaper, and when I saw Kaleb, he was climbing on the table, trying to search for things. He got a hold of my cup of tea and spilled it over the table and on him. Luckily, my tea was cold.
- 10/5, 12:35 PM - Found him biting a lead on the pencil.
- 10/5, 3:20 PM - Got hold of a nail clipper and was eating it. I took it away, and he started hitting his head on the rocking chair.
- 10/6, 12:15 PM - He did his rollover and hit the corner wall with his back.
- 10/6, 2:25 PM - Got a hold of a glue bottle and was chewing the tip.
- 10/7, 4:00 PM - Found him messing with the outlet.
- 10/8, 2:05 PM - He pulled my charger from the wall and bit the cord.
- 10/10, 4:09 PM - Dropped his toy while jumping up and down, and he couldn't find it. He threw a fit and was banging his head on the rocking chair. When I asked him what was wrong, he couldn't tell me. He only got more irritated.
- 10/12, 4:40 PM - He was stimming and hit his head on the corner table.
- 10/12, 7:00 PM - Found him playing with the toilet water. He does not understand whether it's dirty or clean.
- 10/14, 10:30 PM - He walked into the kitchen, and his head hit the air purifier.
- 10/14, 11:50 PM - He was stimming in the bedroom, slipped, and hit his head on the corner bed.
- 10/15, 2 PM - Found him in the bathroom playing with the toilet water.
- 10/18, 7 PM - Fell off the dining chair while trying to get off.
- 10/23, 12:35 PM - He got into the cupboard, got a hold of a paint bottle, and banged it on his teeth.
- 10/25, 3:30 PM - He got a hold of my tea cup from the counter and spilled it all over him; luckily, the tea had cooled down.
- 10/26, 6:30 PM - Kaleb walked over to touch the stove after I had just finished cooking. I was able to run quickly enough to stop him.

- 10/28, 9:20 PM - Jumping on the rocking chair, falling off and hitting his head.
- 10/30, 8:05 PM - After Kaleb finished drinking his bottle, he got out of bed. He hit his head on the wall while getting out of bed.

The two logs documented a total of 36 incidents, but these were only the incidents that had occurred. If we were to add all the times when we succeeded in preventing him from engaging in dangerous behaviors, the number of incidents would have been much higher. **As parents of eight children, we've never had to spend so much time watching and preventing a child from getting hurt due to his mental impairments than Kaleb.** According to ACL 15-25, Kaleb "... does not have to suffer actual injury to be eligible for Protective Supervision, but only have a history of a propensity for placing him/herself in danger." **From these sample records, we see that Kaleb had sustained some injuries and engaged quite frequently in dangerous behaviors. To keep him safe in the home, he requires additional supervision that is significantly more than routine child care.**

#### 4TH PROTECTIVE SUPERVISION CRITERION MET

The final criterion for Protective Supervision is whether "24 hour-a-day supervision needed in order for the minor [Kaleb] to remain at home safely pursuant to MPP 30-757.173". Based on Mr. Choy's assessment, the County is of the position that Kaleb does not need 24 hour-a-day supervision and did not provide any supporting details. (Attachment 15)

We hold that ***Kaleb needs 24-hour-a-day supervision to remain safely at home based on the documented incidents above.*** We recognize that a child of Kaleb's age still needs parental supervision and protection on a 24-hour-a-day basis, regardless of whether or not the child has a mental impairment. We intend to continue to carry out our parental responsibilities to keep Kaleb safe, but as mentioned above, **Kaleb is mentally impaired with Autism, Language Disorder, and Global Developmental Delay. From the sample logs, we see that Kaleb sometimes even gets hurt late into the night.** He wouldn't go to sleep on most nights. He would keep on jumping, twirling, and getting hurt as he lost balance and bumped into the side of the bed, wall, and dresser, or he would walk out of the bedroom and go counter-searching for objects, all due to his Autism. That is

also because he has had an irregular sleeping pattern since birth. He often wakes up throughout the night crying about things he thinks are happening, like a particular show still playing on TV or his iPad or he needs something else.

**The two logs show a significant frequency of Kaleb getting hurt and putting himself in harm's way.** While accidents are prone to occur with every child, Kaleb is much more prone to getting himself hurt than those of a typically developing child his age. The Elk Grove Unified School District recognized Kaleb's propensity to be in harm's way. As part of Kaleb's Special Education accommodations and services, he is given a 1:1 aide in addition to the paraprofessionals and teacher while Kaleb is at school (Attachment 9). **Kaleb must always have someone to be with him to help safeguard him from injury, hazard, or accident.**

Below is how a typical day looks like to serve and keep Kaleb safe:

6:30 AM – 8:10 AM

- Wakeup Kaleb
- Change Kaleb's diaper
- Wash up and brush Kaleb's teeth
- Dress Kaleb up
- Pack Kaleb's snacks
- Take Kaleb to school

8:10 AM – 11:10 AM

- Kaleb is at school

11:10 AM - Until Sleep (Kaleb is with his mom - Provider)

- Cook lunch separately for Kaleb because he is a picky eater
- Feed Kaleb lunch
- Clean mess after lunch
- Change dirty diaper (poop)
- Change wet diapers 5 - 6 times throughout the day
- Find his dropped toys every 30 minutes to an hour
- Find a toy that Kaleb requested but doesn't remember where he had put it approximately 3 - 7 times throughout the day
- Give him snacks and clean his mess

- Tidy up every two hours to ensure the living space and counters are clear and safe for Kaleb to be around as Kaleb typically takes his toys out of the toy box and leaves it all over and siblings forget to put things away.
- Ensure door to the bathrooms, front and back door are always lock
- About every 5 minutes, ensure Kaleb does not put any harmful objects in his mouth or lick things that can harm himself.
- Prepare dinner separately from family dinner
- Feed Kaleb Dinner
- Clean Kaleb
- Bathe Kaleb, dress him up
- Stay up with Kaleb until 2 AM -3 AM to ensure he does not fall and get hurt from his stimming, or that he does not get out of the bedroom to go search for things that can harm him

**From this laborious schedule and the documented sample incidents, we see that Kaleb needs 24 hour-a-day supervision.** The County failed to see this because they did not consider the findings of Dr. Aita and Dr. Yee-Guardino, both of whom, documented that Kaleb is mentally impaired and requires much more support than routine child care. In the words of Dr. Yee-Guardino, "Kaleb currently speaks in single- or 2-word phrases, which is the expected range for a 1-2 year old. **It is the significant development delays associated with Autism that place him at risk for safety concerns, resulting in his need for constant supervision.**" (Attachment 12)

### CONCLUSION

In conclusion, regardless of where Kaleb is, he requires constant and close supervision, much more than a typically developing child of his age. His multiple mental impairments of Autism Spectrum Disorder in the moderate to severe range, Language Disorder, and Global Developmental Delay cloud his memory, orientation, and judgment into the severe range. Altogether, his mental impairments impact his ability to be self-directed. Yet, Kaleb still can get himself hurt because he is ambulatory and per ACL 15-25, Kaleb "... does not have to suffer actual injury to be eligible for Protective Supervision, but only have a history of a propensity for placing him/herself in danger."

Kaleb has met all of the criteria for Protective Supervision. The approval of Protective Supervision for Kaleb will help reduce the propensity for Kaleb to place himself in harm's way. We humbly ask the Administrative Law Judge to approve Protective Supervision for Kaleb.

ATTACHMENTS

1. January 3, 2024 Email to Yolanda Lewis, County Hearing Specialist and Her Response
2. Dr. Morgen Aita's Psychological Evaluation
3. Dr. Irma Muminovic SOC 821 Form
4. Chris Peterson SOC 821 Form
5. Dr. Stephanie Yee-Guardino SOC 821 Form
6. EGUSD Psychoeducational Interdisciplinary Assessment
7. Initial Functional Vision Assessment
8. Orientation & Mobility Report
9. Kaleb's Individual Education Plan (IEP)
10. Kaiser Permanente Developmental Screening
11. Social Assessment by Jessica Fox, ACRC Intake Specialist
12. Dr. Yee-Guardino's 1/5/2024 Letter
13. Attempts to Resolve the Case at County Level
14. 9/21/2023 Memo to Norman Choy, County Social Worker
15. IHSS Needs Assessment, by Norman Choy
16. ACRC Letter of Eligibility
17. Jim Thao Teacher Questionnaire



Yang Xiong &lt;yangcounty@gmail.com&gt;

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## State Administrative Hearing

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Yang Xiong &lt;yangcounty@gmail.com&gt;

Wed, Jan 3, 2024 at 9:46 AM

To: "Lewis, Yolanda" &lt;LewisYo@saccounty.gov&gt;

Cc: maryxiong19@yahoo.com

Happy New Year, Yolanda!

As you know, Kaleb's hearing with the ALJ is next week on 1/10/2024. I wanted to ask you one last time to reconsider the County's denial of Protective Supervision for Kaleb based on additional and reinforcing evidence that we have now obtained regarding Kaleb's mental impairment and how it impacts his safety.

While we sought services for Kaleb through IHSS, we concurrently sought Regional Center services for him through the Alta California Regional Center (ACRC). ACRC finally determined last week that "Kaleb was determined eligible for Regional Center services under the qualifying areas of autism and a condition similar to intellectual disability or requiring treatment similar to that required by individuals with intellectual disability on 12/27/2023." More specifically, Dr. Morgen Aita, an independent psychologist who contracts with ACRC to provide psychological evaluations, diagnosed Kaleb with the following DSM-5TR Diagnoses:

- F84.0 Autism Spectrum Disorder (L3, L2) with Accompanying Language and Intellectual Impairment
- F80.2 Language Disorder
- F88 Global Developmental Delay

In addition to the County's view of Kaleb's developmental/congenital blindness as a medical condition, rendering him ineligible for Protective Supervision, I understand that the County was also concerned about our position of Kaleb's "Autistic behaviors" and that he had "... no official diagnosis of mental impairment." Again, based on Dr. Aita's thorough psychological evaluation, Kaleb is now officially diagnosed with Autism Spectrum Disorder (ASD) in the Level 2 range for repetitive patterns of behavior and the Level 3 range for social communication impairment with Language Disorder and Global Developmental Delay. Dr. Aita's findings reinforced and confirmed the findings of the Elk Grove Unified School District (EGUSD) and Kaleb's medical professionals, especially the findings of his pediatrician, Dr. Stephanie Yee-Guardino, who specifically said that compared to other children of Kaleb's age, Kaleb's deficits are in the severe range for all three areas of memory, orientation, and judgment.

Furthermore, as recorded in a Teacher Questionnaire dated November 28, 2023, Kaleb's teacher, Mr. Jim Thao, stated that while Kaleb had some strengths, "He will often repeat a word or phrase that is being taught or just hearing from another person. A form of echolalia. *As a result, some learning occurs, but Kaleb does not always understand what a word or phrase means* for communication in a functional manner." Kaleb "Does not seek interaction with peers .... Communicates very little with his peers. May say a peer's names, but not in a way to gain their attention to communicate with." Kaleb "Closes ears for some musical sounds. Intense interest in some objects (pepperoni from board game). Often hold and put objects in mouth .... Kaleb often hold small items that have bumps in his hands for comfort and not to interact w/ other students...."

It is my understanding, based on ACL 17-102, that you, as the County's hearing representative, "... are given the authority to make determinations on behalf of the county about whether or not a case should proceed to hearing and how to resolve the case throughout the hearing process." Furthermore, the County Welfare Department "... shall not require the county hearing representative to seek prior approval before entering into an agreement with a claimant to resolve any aspect of the issues for hearing." As I understand it, you have the authority to say "Yes" to Protective Supervision for Kaleb even now.

With the overwhelming evidence that we've provided as Kaleb's parents and the findings from third parties, such as Kaleb's medical professionals, the EGUSD, and Dr. Aita's psychological evaluation, Kaleb has met all of the criteria for Protective Supervision as we've maintained all along. Per ACL 15-25, because Kaleb is a minor, Kaleb has to meet these four criteria to be eligible for Protective Supervision:

1. Is Kaleb's "nonselving-directing due to the mental impairment/mental illness?" – The answer is YES.
2. Despite his nonself-directing due to mental impairment, is Kaleb still "likely to engage in potentially dangerous activities?" – The answer is YES
3. Does Kaleb "also need more supervision than a minor of comparable age who is not mentally impaired/mentally ill pursuant to the Garrett v. Anderson court order?" – The answer is YES.
4. "When it is found that "more supervision" is needed, is 24 hour-a-day supervision needed in order for the minor [Kaleb] to remain at home safely pursuant to MPP § 30- 757.173?" – The answer is YES.

I've previously provided the details of how Kaleb has met these four criteria in a 9-page document titled "Additional Clarifications on Why Kaleb Xiong Should Be Approved For Protective Supervision," dated November 13, 2023.

I remember you explaining that your role is to resolve the matter at the lowest possible level. Indeed, based on ACL 17-102, "The county hearing representative shall resolve any disagreements or misunderstandings at the lowest possible administrative level to avoid unnecessary hearings, and by regulation, is granted the authority to settle cases on behalf of the county (see also MPP, §22-073.231(a))." From the communications that I have had with you and Norman Choy, we agreed that Kaleb's case is quite unique when compared to the average case due to his congenital blindness and suspected developmental delays. That was before we had confirmation that Kaleb was officially diagnosed. Now that we know Kaleb is officially mentally impaired with ASD, Language Disorder, and Global Developmental Delay on top of the blindness, when taking all of the evidence together, Kaleb has met all the criteria for Protective Supervision.

Again, I ask you to reconsider the denial and grant Kaleb Protective Supervision, and I have attached the documents I referenced in this email for your review. I look forward to hearing from you soon.

Sincerely,

Yang Xiong

[Quoted text hidden]

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#### 4 attachments



**Kaleb Eligible for ACRC Services - official letter.pdf**

184K



**Xiong, Kaleb- Psychological Evaluation 12.13.2023.pdf**

265K



**11.28.2023 - Kaleb Xiong's Teacher Questionnaire - Jim Thao - Final.pdf**

1529K



**Additional Clarifications on Why Kaleb Xiong Should Be Approved For Protective Supervision.pdf**

343K

Xiong, Kaleb - HSN-104946193



Yang Xiong &lt;yangcounty@gmail.com&gt;

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## State Administrative Hearing

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**Lewis, Yolanda** <LewisYo@saccounty.gov>  
To: Yang Xiong <yangcounty@gmail.com>  
Cc: "maryxiong19@yahoo.com" <maryxiong19@yahoo.com>

Wed, Jan 3, 2024 at 10:25 AM

Greetings,

Thank you for this additional information. I am still of the opinion that the ALJ should make a decision on the eligibility of Protective Supervision.

Please let me know if you will be uploading these forms to the ACMS system. If not, I will upload them for the ALJ to determine eligibility for Protective Supervision.

We can discuss all points that you listed at the state hearings on 1/10/2024. You will have your turn to present evidence as the County of Sacramento will also be presenting our position on the matter.

Yolanda Lewis

County of Sacramento

IHSS- Program Specialist

Appeals Unit

[Quoted text hidden]

## PSYCHOLOGICAL ASSESSMENT

**Client Name:** Kaleb Xiong  
**UCI:** 8328040  
**Client Date of Birth:** 03/13/2020  
**Age:** 3-years, 9-months  
**Gender:** Male  
**Date of Assessment:** 12/13/2023  
**Intake Specialist:** Jessica Fox  
**Evaluator:** Morgen Aita, Ph.D.

*This report and all its content is confidential. It is not to be shared/released without the written consent of the client or legal representative. If the client is a minor, written consent must be obtained from the client's parent/legal guardian or legal representative.*

### REASON FOR REFERRAL

Kaleb Xiong is a 3-year, 9-month, male who was referred to the Alta California Regional Center to assess for Lanterman eligibility under Autism Spectrum Disorder (ASD) and Intellectual Developmental Disorder (formerly referred to as Intellectual Disability in DSM 5). This examination took place at AB Psych Consulting in Elk Grove, California. Reported concerns are blindness, delayed cognitive/intellectual skills, physical self-stimulatory behaviors, echolalia, frequent object mouthing, and a lack of response to his name being called. These behaviors were observed by Yang and Mary Xiong, his parents. He did not undergo prior psychological or neuropsychological assessment.

### INFORMED CONSENT

Kaleb's parents willingly gave consent to undergo the evaluation procedures. His parents were informed of the nature of the evaluation process and the reasons for undergoing the procedures. His parents were informed that the providers at Alta California Regional Center will have access to a report of the results after the evaluation is concluded.

### LIST OF TESTS ADMINISTERED:

Review of Records  
Clinical Interview  
Clinical Observations  
Adaptive Behavior Assessment System Third Edition (ABAS-3), Parent/Primary Caregiver Form  
Autism Diagnostic Interview-Revised (ADI-R)  
Childhood Autism Rating Scale, (CARS 2 - ST) Standard Version  
Developmental Profile, Fourth Edition (DP-4 Cognitive)

### RELEVANT HISTORY

#### Developmental History

Kaleb was born full-term via C-Section delivery at Kaiser Permanente in South Sacramento, California. Kaleb's mother was 39 years old at the time of his birth. Smoking, alcohol consumption, and illicit drug use were denied during the pregnancy.

Labetalol for high blood pressure was used during the pregnancy. Kaleb weighed 6 pounds, 13 ounces at birth and was negative for NICU services. Kaleb's temperament as a baby was calm. Kaleb first crawled at 7-8 months, walked at 11 months, spoke his first words at 12 months, and spoke in short phrases at 18 months. His parents noted concern with his development since birth due to blindness and at 2 years when he was unresponsive and did not reciprocate communication with others.

#### Family History

Kaleb was born to Yang and Mary Xiong. Kaleb resides in Elk Grove, California with his parents, 5 sisters, and 2 brothers. Mr. Xiong (50 years old) completed a master's degree and works as an administrative services officer. Mrs. (42 years old) completed some college and is a homemaker. Family history is notable for ASD on both sides of the family. Kaleb receives special education services through the Elk Grove Unified School District through which he receives specialized vision services, orientation and mobility, and individual and small group instruction. There is no known CPS involvement with the family. English is spoken at home.

#### Academic History

Kaleb attends a pre-K, special education class at Foulks Ranch Elementary. He has an IEP under the classification of Vision Impairment (VI) and Speech and Language Impairment (SLI). Kaleb has never repeated a grade. Kaleb receives specialized vision services, orientation and mobility, and individual and small group instruction.

#### Medical History

Kaleb receives primary care from Kaiser Permanente. Kaleb does not currently take any medications and has no known allergies. There is no history of significant hospitalizations, injuries, seizures, or illness. Beginning at 3 months he underwent multiple surgeries on his eyes. He is a picky eater in that he accepts a limited variety of foods. He prefers dry foods, carbs, broth, and meat. He appears to be sensitive to the texture of foods. Kaleb prefers for his food to not touch and will feel around and move his foods to be separated. He also will not allow his cup to be near his plate and will push it away. Kaleb has difficulties falling asleep and will wake frequently through the night.

#### Psychiatric History

Kaleb does not have any psychiatric diagnoses at this time. The family history is negative for a psychiatric history.

#### Legal Issues

None reported.

#### Substance Use History

None reported.

#### Employment History

None reported.

### Behavioral History

#### *Social Communication/ Social Emotional Reciprocity*

Kaleb primarily communicates via single words with some 2-word phrases emerging. His parents estimate that he has less than 50 spontaneous words. Kaleb engages in frequent echolalia, both immediate and delayed. He primarily engages in self-directed verbalizations and typically does not respond to others when they talk to him. The exception is he will direct sounds towards others when he is asking for help or wants something. Kaleb does not respond to his name being called even if repeated. He does not respond to social praise. Kaleb will accept and give affection to his mother only. However, he will only give and receive affection from other family members on his terms only. Kaleb does not show items of interest or point out items of interest to others. He can complete some simple instructions if they are simplified and repeated. However, Kaleb is generally unresponsive to communication from others.

#### *Social Interaction*

Kaleb prefers to play alone. He generally ignores the overtures of others and shows no interest in interacting with peers. This was also observed at school. Kaleb does not initiate social interactions with others. He does not display empathy or offer comfort to others. Rather, if he hears others crying, he will imitate the sounds that they are making. Kaleb does not display any imaginative play skills. Kaleb displays limited stranger awareness and will approach others if they have something that he wants.

#### *Nonverbal Communication*

Kaleb is blind so his eye contact is limited in this sense. He does not direct his affect towards others. Kaleb has a limited range of emotional expressions. He does not utilize any gestures. Due to his blindness, he does not respond to the facial expressions of others. He does not respond to others' change in voice tone.

#### *Restricted and Repetitive Patterns of Behavior*

Kaleb displays several routine-like and rigid behaviors. For example, he requires his mother to give him his bottle and she must hold his feet while he feeds. Kaleb also isolates specific behaviors and interactions for specific people. For example, he will go to his sister for her to play a specific song, he will go to his father for a specific type of play and go to his mother for a specific type of comfort. Kaleb also will add additional steps that he feels is part of a sequence in a repetitive manner. For example, if his mother directs him to put away a toy and he knows where to put it, he will still approach her before putting the toy in the bin. He follows a specific daily routine in which he will explore various parts of his home and engage in specific behaviors unique to each location. Kaleb will engage in tantrum behaviors if people other than his mother take him to school. Kaleb will repetitively tap his toys to his hand. He engages in constant echolalia as well as other verbal self-stimulatory behaviors (e.g., making nonsensical noises). Furthermore, his echolalia is immediate as well as delayed. Kaleb will listen to songs repeatedly. Kaleb nearly always prefers to have something in his hand even if he is not directly interacting with it. He will also mouth the object. Kaleb will get "stuck" on a specific item and will engage in tantrum behaviors until he gains access to that item.

During such instances he cannot be redirected to other items and will continue to engage in tantrum behaviors until he is granted access to his desired item.

### *Sensory Concerns*

Kaleb is highly sensitive to sounds and will cover his ears. He will engage in tantrum behaviors when exposed to such stimuli. However, he will generally tolerate such things if given significant preparation. For example, he will tolerate public restrooms if his parents repeat to him ahead of time that he will be entering one. Kaleb engages in frequent object mouthing with nearly everything in his environment. He will also wiggle his fingers towards his lips while making verbalizations. He does not engage in toe walking. However, Kaleb will walk sideways rather than forwards. He is sensitive to clothing textures and prefers softer textures. Kaleb is also sensitive to textures other than dry. He will refuse or engage in tantrum behaviors if his hands meet an unfavorable texture. Kaleb has been observed to repetitively jump and spin for sustained periods.

### *Other Behaviors*

Kaleb displays a significant lack of safety and environmental awareness. He requires constant supervision as he engages in elopement, climbing onto furniture, or will attempt to touch dangerous items. Furthermore, Kaleb is unresponsive to his parents' warnings and verbal instructions to "stop" or "don't touch" items in his environment. Kaleb appears to not retain previously learned information. He will typically forget such information after approximately 1-2 days.

### **Previous Evaluations**

None available for review.

### **OBSERVATIONS**

Kaleb Xiong is a 3-year, 9-month, male of Asian descent. He came to the testing session accompanied by his parents. He presented with a flat affect overall and was self-directed throughout the evaluation. He came dressed in casually neat and appropriate attire. He is blind and did not make eye contact at any point. However, it was observed that Kaleb did not orient towards others nor did he direct affect towards others at any point of the evaluation despite clearly knowing where his parents and this examiner were located. His verbal skills are delayed in that his spontaneous language consisted primarily of single words. Although he was observed to use some short phrases, they were echolalic in nature and did not have a social component. Furthermore, Kaleb's speech was self-directed with no attempts at social engagement.

Kaleb transitioned into the testing room without issue. He primarily clung to his mother as his parents provided background history. Kaleb was offered toys at the table, to which he briefly explored but then returned to his mother and fell asleep in her arms. Once he awoke, Kaleb was observed to request items by repeating them over and over (e.g., pink, pink, pink, Cinderella, Cinderella, Cinderella). He did not direct his vocalizations towards others. Rather, he would be reaching into his bag while verbalizing. Once Kaleb found his desired toy, he was observed to mouth it as well as tap it near his ear. Kaleb did not

engage with his toys in a functional manner. Rather, he only tapped them or placed them to his mouth. Furthermore, Kaleb did not show or give items to others during the contact period. Kaleb was observed to flick his lips with his fingers while making self-directed verbalizations. At various points during the evaluation, Kaleb engaged in echolalia and repeated words that were just spoken as well as repeated words and phrases that were spoken several moments prior. None of his verbalizations were directed towards others nor did they appear to be for social purposes. The examiner activated some noise making toys which caught Kaleb's attention. Kaleb approached the toy but made no attempts to engage with the examiner. Rather, Kaleb played with the toy in a repetitive manner by pressing the buttons rapidly. He did not direct affect nor did his emotional state change significantly as his expression remained flat. Other noise making toys were introduced to him. However, he preferred to continue playing with the noise making toy. The examiner engaged Kaleb with hand over hand prompting to activate a jack in the box. Despite enjoying the toy, Kaleb made not reciprocal interaction or communication with the examiner, nor did he display shared enjoyment. Kaleb activated the toy with prompting then returned to repetitively pressing the cause-and-effect noise making toy. The examiner presented Kaleb with the multiple pop-up toy to which he showed some interest. Kaleb's play with all the presented toys appeared repetitive in nature with no imaginative or interactive play evident. He did not request items, nor did he attempt to engage with others. Kaleb was unresponsive to his name being called by his parents or by the examiner. Kaleb was generally aloof to the presence of others and did not respond when others gave directives or attempted to engage with him. Kaleb was observed to engage in echolalia as well as flicking his lips with his fingers while engaging in verbal self-stimulatory behaviors.

## TEST RESULTS

### ADI-R

Mr. and Mrs. Xiong participated as the informants for the Autism Diagnostic Interview - Revised (ADI-R). The ADI-R is a structured, standardized assessment of communication, social interaction, and behavior for individuals where an ASD is suspected. Scores at or above the cutoff indicate a higher likelihood of an ASD. The following table provides the raw score tallies that were totaled to acquire the "obtained score." Higher scores reflect a combination of autistic type characteristics and their severity. Ratings are based on both the patient's current behavior and their behavior in childhood (at the age of four to five years) as specified by the ADI-R directions.

<b>Autism Diagnostic Interview - Revised (ADI-R)</b>	<b>Obtained Scores</b>	<b>Cut-off Scores</b>
Qualitative Impairments in Social Interaction	16	10
Communication	22	7
Repetitive Behaviors and Stereotyped Patterns	10	3

Abnormality of development evident at or before 36 months.	4	1
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Mr. and Mrs. Xiong’s responses suggested that Kaleb exceeds cutoff for symptoms related to Autism Spectrum Disorder. Mr. and Mrs. Xiong reported that Kaleb’s Functional use of spontaneous, echoed, or stereotyped language that, on a daily basis, involves phrases of 3 words or more that at least sometimes include a verb and are comprehensible to other people. However, it should be noted that Kaleb’s speech is primarily echolalic in nature with spontaneous language consisting only of single words.

**Reciprocal Social Interaction**

<b>A: Qualitative Abnormalities in Reciprocal Social Interaction (<i>Diagnostic cutoff=10</i>)</b>	<b>16</b>
A1: Failure to use nonverbal behaviors to regulate social interaction	2
A2: Failure to develop peer relationships	4
A3: Lack of shared enjoyment	6
A4: Lack socioemotional reciprocity	4

According to Mr. and Mrs. Xiong, Kaleb does not display eye contact due to his blindness. As such, he does not reciprocate a social smile. However, Kaleb evidences a markedly limited range of facial expressions. His parents further noted that it is difficult to discern his emotional state except when he is engaging in tantrum behaviors. Kaleb does not evidence any imaginative play skills with peers or even when playing alone. Kaleb shows no interest in other children. He consistently avoids or ignores the approaches of other children. In general, Kaleb evidences little or no interest or response to others. Kaleb does not seek play involving groups of other children. He does not have peer relationships that involve selectivity and/or sharing. Kaleb evidences rare or no social approaches that involve showing or directing attention. Furthermore, Kaleb does not spontaneously offer to share items with others in any form. Kaleb evidences few or no attempts to share enjoyment with others. He does not offer comfort to others.

**Communication**

<b>B: Qualitative Abnormalities in Communication (<i>Diagnostic cutoff=8</i>)</b>	<b>22</b>
B1: Lack of, or delay in, spoken language and failure to compensate through gesture	6
B2: Relative failure to initiate or sustain conversational interchange	4
B3: Stereotyped, repetitive, or idiosyncratic speech	4
B4: Lack of varied spontaneous make-believe or social imitative play	8

According to Mr. and Mrs. Xiong, Kaleb does not use others’ hand as a tool or to gesture. He does not point to items of interest or desired items. This is due to his blindness. Kaleb does not point or nod his head to signify “yes” or “no”. Kaleb does not use conventional or instrumental gestures. Kaleb imitates the noises and words, but not behaviors of others.

Kaleb uses some speech to alert caregivers to immediate needs or wants, but little or no purely social use of verbalizations. He evidences little or no reciprocal conversation. Furthermore, he evidences very little spontaneous speech as the majority of his verbalizations are echolalic in nature. His phrases are almost exclusively stereotyped utterances. Kaleb often confuses his pronouns such as “you” and “I”.

#### Restricted, Repetitive, and Stereotyped Patterns of Behavior

C: Restricted, Repetitive, and Stereotyped Patterns of Behavior ( <i>Diagnostic cutoff=3</i> )	10
C1: Encompassing preoccupation or circumscribed pattern of interest	2
C2: Apparently compulsive adherence to nonfunctional routines or rituals	4
C3: Stereotyped and repetitive motor mannerisms	2
C4: Preoccupation with parts of objects or nonfunctional elements of material	2

Mr. and Mrs. Xiong reported that Kaleb displays definite preoccupations that intrude into family life (e.g., opening and closing doors). Kaleb has to say one or more things in a special way. He also evidences multiple activities that must be performed in a specific way. He displays significant distress if his routines are not followed or completed (e.g., being fed by his mother while she plays with his feet and holds him a specific way. Kaleb displays definite and frequent hand mannerisms (e.g., flicking his fingers to his lips). Kaleb has been observed to engage in stereotyped body movements (e.g., repetitive jumping/spinning). Kaleb’s play is linked to highly stereotypic use of objects (e.g., tapping/flicking). Kaleb evidences constant sensory interest in objects (e.g., mouthing).

Mr. and Mrs. Xiong’s responses indicated that Kaleb exceeds cutoff scores for symptoms related to Autism Spectrum Disorder in 3 of 3 areas (Reciprocal Social Interaction, Communication, and Restricted, Repetitive, and Stereotyped Patterns of Behavior). His behaviors have been present since his early developmental periods and are consistent across settings.

#### CARS 2-ST, Standard Version

The Childhood Autism Rating Scale–Second Edition (CARS2) is a 15-item rating scale used to identify children with Autism Spectrum Disorder and distinguishing them from those with developmental disabilities.

Category Ratings	Raw Score	Comments
1. Relating to People	4	Kaleb was consistently aloof or unaware of what adults were doing in the room. He almost never responded to or initiated contact with adults. Only the most persistent attempts to get his attention had any effect.
2. Imitation	4	Kaleb does not imitate the behaviors of others. However, he frequently imitates others’ verbalizations in an

		echolalic manner with no sense of social communication evident.
3. Emotional Response	3	Kaleb evidences definite signs of inappropriate type and/or degree of emotional response.
4. Body Use	3	Kaleb engages in repetitive jumping and spinning. He also postures his fingers and flicks them on his lips.
5. Object Use	3	Kaleb was preoccupied with using an object or toy in some strange way. He focused on insignificant part of a toy. Kaleb played with cause-and-effect toys in a repetitive manner. He also repetitively taps items in a nonfunctional manner.
6. Adaptation to Change	3	Kaleb displays significant behavioral rigidities. For example, he will only take a bottle with his mother and she must play with his feet a specific way as he feeds. He will become stuck on specific things (e.g., toys) and is unable to be redirected.
7. Visual Response	4	Kaleb is blind and generally unresponsive to visual stimuli.
8. Listening Response	3	Kaleb overreacts and underreact to sounds to an extremely marked degree, regardless of the type of sound. He will cover his ears for some noises, but can tolerate other noises of similar frequency and volume.
9. Taste, Smell, and Touch Response and Use	4	Kaleb engages in frequent object mouthing with nearly everything in his environment. He is sensitive to the texture of his clothing and foods.
10. Fear or Nervousness	4	Kaleb frequently fails to show appropriate regard for hazards that other children typically avoid.
11. Verbal Communication	3.5	His verbal communication was a mixture of minimal meaningful speech and peculiar speech such as jargon, echolalia, or pronoun reversal.
12. Nonverbal Communication	4	Kaleb does not use and is completely unresponsive to the nonverbal communication of others. This is evident even when considering his blindness as he is unresponsive to changes in tone and sounds denoting danger.
13. Activity Level	1	He exhibited normal activity level for age and circumstances.

14. Level and Consistency of Intellectual Response	3.5	Based on observed deficits in language and/or attention, Kaleb has severely low intelligence.		
15. General Impressions	3	A number of symptoms or moderate degrees of a symptom was observed.		
	<b>Total Raw Score</b>	<b>Percentile</b>	<b>T-Score</b>	<b>Description</b>
<b>Autism Index</b>	50	97	60	Severe Symptoms of Autism Spectrum Disorder

Kaleb’s level of ASD symptoms is in the Minimal-to-No Symptoms of Autism Spectrum Disorder range (Autism Index T-Score = 60).

**Developmental Profile 4 (DP-4 Cognitive)**

The Developmental Profile 4 (DP-4) is designed to assess the development and functioning of individuals from birth through age 21 years, 11 months. The DP-4 is administered as a direct interview of a parent or caregiver, as a checklist completed by a parent/caregiver or teacher, or as a rating form completed by the clinician. This allows for evaluation of a child’s development across both home and school settings, and from the perspectives of different respondents. The cognitive scale measures the respondent’s perceptions of the child’s development of skills necessary for successful academic and intellectual functioning. At younger ages, this scale assesses skills that are prerequisite to scholastic functioning in academic areas such as reading, writing, arithmetic, computer use, and logic. At the preschool and older ages, the skills measured are more directly tied to actual school curriculum.

This measure was used as Kaleb is unable to respond to visual stimuli of other cognitive measures as he is blind. Kaleb obtained a standard score of 40 (<0.1 Percentile). His parents reported that he gives or takes one more of something when asked to do so. However, he does not use pencils or crayons to make marks on writing surfaces.

**ABAS-3, Parent/Primary Caregiver Form**

The Adaptive Behavior Assessment System, Third Edition, evaluates behaviors one displays in the home, school, and community environments. Items yield composite scores that are divided into three composite scores: Conceptual Composite, Social Composite, and Practical Composite. The Conceptual Composite examines an individual’s skills in Communication, Functional Academics, and Self-direction. The Social Composite examines an individual’s Leisure and Social skills. The Practical Composite examines an individual’s skills in Community Use, Home Living, Health and Safety, and Self-Care Skills. The General Adaptive Composite is an overall Composite combining the Conceptual, Social, and Practical Composites.

Adaptive Functioning	Standard Score	95% Confidence Interval	Percentile	Interpretation
General Adaptive Composite (GAC)	48	43-53	<0.1	Extremely Low
Conceptual Composite	50	43-57	<0.1	Extremely Low
Social Composite	51	41-61	0.1	Extremely Low
Practical Composite	51	44-58	0.1	Extremely Low

Adaptive Skill	Scaled Score	Percentile	Interpretation
Communication	1	0.1	Extremely Low
Community Use	1	0.1	Extremely Low
Functional Academics	1	0.1	Extremely Low
Home Living	1	0.1	Extremely Low
Health and Safety	1	0.1	Extremely Low
Leisure	1	0.1	Extremely Low
Self-Care	1	0.1	Extremely Low
Self-Direction	1	0.1	Extremely Low
Social	1	0.1	Extremely Low
Motor	1	0.1	Extremely Low

According to his parents, Kaleb's adaptive functioning, or sets of behaviors associated with independent functioning, is in the Extremely Low range (GAC Standard Score = 48). Such a profile suggests that his skills in these areas are performed less frequently and/or proficiently as his same-age peers. Then of his Adaptive Skills are in the Extremely Low range: Communication (Scaled Score = 1), Community Use (Scaled Score = 1), Functional Academics (Scaled Score = 1), Home Living (Scaled Score = 1), Health and Safety (Scaled Score = 1), Leisure (Scaled Score = 1), Self-Care (Scaled Score = 1), Self-Direction (Scaled Score = 1), Social (Scaled Score = 1), and Motor (Scaled Score = 1).

Kaleb sometimes names 20 or more familiar objects. He does not stay with parents or other family members in a store. Kaleb sometimes points to at least one body part when asked. He sometimes removes cookies, chips, or other food from a box or bag. Kaleb sometimes sits still in highchair, booster seat, or chair, without climbing or sliding off. He sometimes plays with a single toy or game for more than 5 minutes. Kaleb sometimes lifts arms as needed when another person is dressing or undressing him. He sometimes explores an unfamiliar room or other new situation, even if a parent must encourage it. Kaleb sometimes relaxes body when held. He sometimes stands up from a sitting position.

## IMPRESSION

<b>F84.0 Autism Spectrum Disorder</b>		
DSM-5TR Diagnostic Criteria		
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):		
Met	Not Met	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>(A1) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.</p> <p>Comments: Kaleb does not engage in reciprocal social interactions. He does not direct affect towards others, nor does he share his emotional state with others. He does not initiate or respond to the overtures of others. Rather, he prefers to play by himself in his own manner.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>(A2) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.</p> <p>Comments: Kaleb does not utilize or respond to the nonverbal communication of others. He does not respond to changes in tone of voice nor urgency. His range of emotional expression is limited.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>(A3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</p> <p>Comments: Kaleb shows minimal-to-no interest in peer interaction. He generally ignores the overtures of others, and he does not initiate interactions with others outside of instances where he needs assistance. He does not engage in imaginative play skills, nor does he display enjoyment in social interaction. Kaleb displays poor stranger awareness and is unable to adjust his behaviors to meet the social context of a given situation.</p>

Severity of current social communication impairments:

<input checked="" type="checkbox"/>	<p>Level 3: “Requiring very substantial support”</p>	<p>Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions,</p>
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		and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.
<input type="checkbox"/>	Level 2: “Requiring substantial support”	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal response to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.
<input type="checkbox"/>	Level 1: “Requiring support”	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.
<input type="checkbox"/>	Not applicable	

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):		
<b>Met</b>	<b>Not Met</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(B1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).  Comments: Kaleb engages in frequent echolalia (immediate and delayed). He has been observed to engage in repetitive jumping and spinning as well as hand posturing. Kaleb also flicks his fingers on his lips while engaging in verbal self-stimulatory behaviors. Kaleb’s play behaviors are highly repetitive and nonfunctional. For example, he primarily plays with toys in a cause-and-effect manner.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(B2) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

		<p>Comments: Kaleb is highly routine oriented and will engage in tantrum behaviors if specific routines are not followed. For example, he must take his bottle with his mother only and she must play with his feet while he feeds. Kaleb also repeats himself over and over in a self-directed manner with no attempts at social interaction. Kaleb is highly particular about how his food is presented to him. He will push away cups and refuse to have them in his area during mealtimes. He also is a highly selective eater in that he has an extremely limited variety of accepted foods. He will also push foods away so that they do not touch.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(B3) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).</p> <p>Comments: None reported or observed during this evaluation.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>(B4) Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).</p> <p>Comments: Kaleb engages in frequent object mouthing. He displays significant sound sensitivities and will cover his ears or engage in tantrum behaviors when overstimulated. Kaleb is sensitive to the texture of his clothing and will refuse to wear specific articles based on how they feel. He is sensitive to textures other than hard and will engage in tantrum behaviors if he touches slimy textures.</p>

Current level of severity for restricted, repetitive patterns of behavior:

<input type="checkbox"/>	Level 3: “Requiring very substantial support”	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
<input checked="" type="checkbox"/>	Level 2: “Requiring substantial support”	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
<input type="checkbox"/>	Level 1: “Requiring support”	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

<input type="checkbox"/>	Not applicable
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Met	Not Met	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Symptoms cause clinically significant impairment in social, occupation, or other important areas of current functioning.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and ASD frequently co-occur; to make comorbid diagnoses of ASD and intellectual disability, social communication should be below that expected for general developmental level.

**DSM-5TR Diagnoses**

- F84.0 Autism Spectrum Disorder (L3, L2) with Accompanying Language and Intellectual Impairment
- F80.2 Language Disorder
- F88 Global Developmental Delay

Kaleb Xiong is a 3-year, 9-month, male who was referred to the Alta California Regional Center to assess for Lanterman eligibility under Autism Spectrum Disorder (ASD) and Intellectual Developmental Disorder (formerly referred to as Intellectual Disability in DSM 5). Reported concerns are blindness, delayed cognitive/intellectual skills, physical self-stimulatory behaviors, echolalia, frequent object mouthing, and a lack of response to his name being called. Kaleb was administered a battery of tests to observe behaviors and traits associated with Autism Spectrum Disorder (ASD) as well as to assess his cognitive functioning and adaptive behaviors. His profile indicates Moderate-to-Severe symptoms related to ASD with deficits in social affective functioning or stereotyped and repetitive behaviors. Furthermore, his performance on the ADI-R exceeds diagnostic cutoff for an ASD. Based on parent report, direct clinical observation, and performance on standardized measures, it is in this examiner’s opinion that Kaleb meets diagnostic criteria for ASD.

Regarding his cognitive skills, Kaleb is unable to participate in cognitive testing due to his blindness and lack of response to verbal instruction. As such, the Developmental Profile, Fourth Edition (DP-4 Cognitive) was used to provide an estimate of his overall cognitive functioning. His parents indicated that Kaleb’s cognitive skills are in the Extremely Low range (DP-4 Cognitive Standard Score = 40) which is within the delayed range. His parents reported that Kaleb’s adaptive skills are in the Low range (GAC = 48) which is within above the Delayed range. It is in this examiner’s opinion that Kaleb’s delays are above and beyond influence of his blindness. Furthermore, it is in this examiner’s opinion that he meets diagnostic criteria for Global Developmental Delay.

## RECOMMENDATIONS

1. Kaleb meets diagnostic criteria for Autism Spectrum Disorder and Global Developmental Delay.
2. Kaleb's parents are encouraged to seek ABA services to develop academic skills, increase attention and imitation for learning, develop social and play skills, reduce behavioral challenges, increase self-care skills, and to provide parent education.
3. Kaleb's parents are encouraged to seek speech therapy services to increase his comprehension, use and understanding of gestures, functional communication, and parent education.
4. I encourage Kaleb's parents to apply for social security benefits due to the diagnosis of Autism Spectrum Disorder. More on this possibility could be researched at the following website: <http://www.disability-benefits-help.org/disabling-conditions/autism-and-social-security-disability>.
5. I encourage Kaleb to participate in feeding therapy to assist his family in expanding his variety of accepted foods.
6. As Kaleb evidences significant deficits in danger/safety awareness and requires constant supervision, he may benefit from services such as IHSS and/or Respite care.

It has been a pleasure to work with Kaleb. I sincerely hope that you find this evaluation report informative and helpful.

Sincerely,



Morgen Aita, Ph.D.  
Licensed Clinical Psychologist  
PSY31493  
AB Psych Consulting

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

Release of Information Attached

Form with fields for Attending Physician (Irma Muminovic, MD), Patient's Name (Kaleb C. Xiong), Patient's DOB (3/13/2020), Medical ID#, County ID#, IHSS Social Worker's Name, County Contact Telephone #, and 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)

Form with fields for 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), and Prognosis (Permanent).

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

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

Explanation:

ORIENTATION

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

Explanation: CHILD IS BLIND

JUDGMENT

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

Explanation: APPROPRIATE FOR TODDLER / YOUNG CHILD

- 1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? Yes (checked)
If Yes, please specify: CONGENITAL ANOMALY OF EYES S/P SURGERY
2. 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 (checked)
3. 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.

Form with fields for Signature of Physician or Medical Professional (Irma Muminovic, MD), Medical Specialty (OPHTHALMOLOGY), License No. (A138600), Date (9/20/23), and Telephone (916) 784-4185.

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

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

Release of Information Attached

Attending Chris Peterson		PATIENT'S NAME: Kaleb Xiong	PATIENT'S DOB: 03 / 13 / 2020
Eddy Middle School Visual Impairment Program		MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:
9329 Soaring Oaks Dr. Medical Professional's		IHSS SOCIAL WORKER'S NAME:	
Elk Grove, CA 95758 mailing address		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: October 3, 2023	LENGTH OF TIME YOU HAVE TREATED PATIENT: Since August 14, 2023
DIAGNOSIS/MENTAL CONDITION: Blind	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: Unable to address because memory is outside of my area of expertise.

**ORIENTATION**

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

Explanation: See attached statement.

**JUDGMENT**

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

Explanation: See attached statement.

- 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: I have not personally witnessed any injury or accident with this individual.
- 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? \_\_\_\_\_

**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: <i>Chris Peterson</i>	MEDICAL SPECIALTY: Orientation & Mobility	DATE: 10/3/2023
ADDRESS: 9329 Soaring Oaks Dr., Elk Grove, CA 95758	LICENSE NO.: See attached page.	TELEPHONE: (916) 892-2753

**RETURN THIS FORM TO:** COUNTY'S MAILING ADDRESS, CITY, CA.; ATTN: SW-NAME

Dear IHSS Staff:

October 3, 2023

It is my professional opinion that Kaleb exhibits a lack of judgement or a clear understanding of his immediate environment due to his blindness, which makes him unsafe without consistent supervision during his waking hours.

I had mentioned in my Orientation & Mobility report dated May 5, 2023, that Kaleb "...will independently travel between rooms where he knows the arrangement of furniture and doors." This is only safely possible if the environment remains unchanged, with no unexpected obstacles or hazards or unexpected change to the arrangement of furniture or other things in his home. Unexpected changes can and do occur in any environment and such changes can pose a danger such as a wet floor causing a slipping hazard, or the corner of a table that has been moved which he could walk into.

Also, a lack of environmental knowledge makes him potentially susceptible to hazards in the area he occupies or travels in. He may be familiar with the layout of his home but lacks the judgement or maturity to avoid hazardous situations or deal with unexpected changes in his environment. This lack of judgement means he cannot correctly determine if something puts him in danger of harm.

I also mention that "...Kaleb is very curious boy and readily explores things around his immediate environment with his hands" and that in the pre-school environment "When encountering objects along the wall such as on shelves, he would explore what the item was with his hands..." This can create hazardous situation in the home if he explores or touches things which could cause harm, such as a hot stove or pushing heavy computer monitor he could accidentally knock onto himself.

In addition, I state that "Outside, Kaleb freely walks on different surfaces including pavement and grass. He will follow voices when walking with his cane..." This can pose a potential danger of him following potential strangers if he is not supervised.

Because he has not reached the developmental where he can be on his own without potentially putting himself into danger, I believe that protective supervision should be provided for his personal safety and well being.



Chris Peterson,  
Orientation & Mobility Specialist,  
Teacher of the Visually Impaired,  
Elk Grove Unified School District

Current Certifications:

Education Specialist Credential in Visual Impairments from the California Commission of Teacher Credentialing, Clinical Rehabilitative Services Credential in Orientation & Mobility from the California Commission of Teacher Credentialing, Masters Degree in Orientation & Mobility from San Francisco State University, Certified as an Orientation & Mobility Specialists by the Academy for Certification of Vision Rehabilitation & Education Professionals

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM (Kaleb)

Release of Information Attached

Form with fields: Attending Physician (STEPHANIE A YEE-GUARDINO, DO), Patient's Name (Kaleb Xiong), Patient's DOB (3/13/2020), Medical ID#, 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)

Form with fields: Date Patient Last Seen by You (9/15/2023), Length of Time You Have Treated Patient (Since Birth), Diagnosis/Mental Condition (Blindness, Developmental Delay), Prognosis (Permanent).

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

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

Explanation: Pt can retain some information but not in a meaningful way for safety. He has no sense of danger, and every situation including repeat safety issues, recur. He doesn't recall usual safety norms appropriate for 3 year olds, and because of this ORIENTATION is under evaluation for Autism Spectrum.

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

Explanation: Pt has difficulty with orienting to person + safety. This environment poses safety threats, without constant supervision. Unexpected changes (wet floor, things get moved, etc) are examples. He will go with strangers without realizing JUDGMENT he shouldn't.

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

Explanation: Due to his blindness + moves for his developmental delays, pt lacks appropriate judgement for age. As mentioned above, the inability to retain age appropriate information + his disorientation clouds his judgement. If not

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? (Yes/No) - Yes, risk for escapes + safety.

If Yes, please specify: Minor injuries (bumping head) due to blindness + orientation. self soothes with hitting which has also caused minor injuries.

2. 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) - Mobile with cane.

3. Do you have any additional information or comments? Due to Kaleb's developmental delays + blindness, he requires constant supervision. We await evaluation for Autism Spectrum. Coupled, this child has multiple needs beyond that of a typical 3 year old.

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

Form with fields: Signature of Physician or Medical Professional, Medical Specialty (Pediatrics), License No (20A9950), Date (10/3/23), Telephone.

RETURN THIS FORM TO: STEPHANIE A YEE-GUARDINO, DO ATTN: SW-NAME, The Permanente Medical Group, Inc., 9201 Big Horn Blvd, Elk Grove, CA 95758, (916) 478-5200



9510 Elk Grove-Florin Road  
Elk Grove, CA 95624  
Phone (916) 686-7780  
Fax (916) 686-7749

**CONFIDENTIAL**  
**Interdisciplinary Assessment Report**  
**Pre-K Special Education Services**

<b>Note:</b> The information contained in this report is private, privileged, and confidential. It cannot be released outside the school system except by authorized personnel upon receipt of written consent by the parent or guardian. This report is otherwise not to be duplicated or transmitted.			
<b>Name:</b>	<b>Kaleb Xiong</b>	<b>Assessment Date(s):</b>	<b>04/17-04/20/2023</b>
<b>Chronological Age:</b>	<b>3:1 (at the time of assessment)</b>	<b>DOB:</b>	<b>03/13/2020</b>
<b>School of Residence:</b>	<b>Elitha Donner Elementary</b>	<b>Grade:</b>	<b>PreK</b>
<b>School of Attendance:</b>	<b>Not enrolled</b>		
<b>Primary Language:</b>	<b>English</b>	<b>IEP Report sent:</b>	<b>May 08, 2023</b>
		<b>IEP Meeting Date:</b>	<b>May 09, 2023</b>
<b>Referral by:</b>	<b>Mrs. Mary and Mr. Yang Xiong (parents) and Sacramento County Office of Education (SCOE)</b>	<b>Examiner(s):</b>	<b>Yvette Paredes, MS, School Psychologist</b> <b>Jena Freeman, MA, Special Education Teacher</b> <b>Megan Sills, Early Childhood Special Education Teacher</b> <b>Marianne Richardson, MS, CCC-SLP</b> <b>Cynthia Ludwig B.S., R.N.-C, School Nurse</b>

*The following report was developed to assist the IEP Team in determining eligibility and need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. A student shall qualify as an individual with exceptional needs if the results of the assessment demonstrate that the degree of impairment requires special education. The decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education 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. No single score or product of scores shall be used as the sole criterion to determine Kaleb's special education eligibility.*

**REFERRAL INFORMATION**

Kaleb was referred for an interdisciplinary educational assessment by parent request and Sacramento County Office of Education (SCOE). Kaleb was referred due to visual impairment (blindness). The assessment team reviewed records and determined that assessment was needed in the following areas: Cognitive skills, academics,

health review, speech-language, vision, adaptive, social-emotional/behavior, and motor skills. Based on the reported concerns, the educational team and Kaleb's parent are interested in learning more about his learning profile and to determine whether or not he presents with Vision Impairment and Speech or Language Impairment. In addition, this assessment is designed to help determine if Kaleb requires special education services, and to document present levels of functioning and educational needs.

Kaleb participated in a four-day assessment model where he attended an integrated preschool classroom to facilitate observations with typical peers and evaluations with examiners. He was accompanied to the assessment by his parents. Parents consented to the assessment on April 17, 2023.

### **RELEVANT HISTORY and CURRENT CONCERNS**

The following information was obtained through review of records and interview(s) with parents.

### **FAMILY BACKGROUND (ENVIRONMENTAL, CULTURAL AND ECONOMIC FACTORS)**

Information regarding environmental, cultural and economic factors was obtained through an interview and record review from the developmental health questionnaire, completed by parent.

Kaleb is 3year, 1 months old, preschool grade level child. He resides with his parents and seven siblings. Kaleb has six older siblings and a younger sibling. English is the primary language spoken in the home and Kaleb's primary language. There is a family history of developmental delays and Autism with extended family members.

### **EDUCATIONAL HISTORY**

Kaleb has not had the opportunity to take part in a school setting.

### **INTERVENTION HISTORY**

Kaleb has received the following services from Sacramento County Office of Education (SCOE):

- Vision services

### **HEALTH AND DEVELOPMENTAL HISTORY**

*The following information was obtained through the health and developmental questionnaire completed by parents and a review of records on file.*

Mother received prenatal care during pregnancy and as early as seven weeks of gestation. Mother suffered from pre-eclampsia and high blood pressure. At 20 weeks of gestation, mother had X-rays done. In addition, mother did take prescription medication (i.e. Labetalol) during pregnancy.

Kaleb was born full term, weighing 6 pounds, 12 ounces. He was delivered by emergency cesarean due to placenta eruption. Kaleb was born with Persistent Hyperplastic Primary Vitreous, a congenital condition that occurs when blood vessels within the developing eye fail to regress as they normally would resulting in irreversible blindness in both eyes. A most current ophthalmology (January 2023) report, from Dr. Irma of Kaiser Permanente, reports that Kaleb has no light perception in either eye. He exhibits mild and stable band keratopathy (corneal degeneration).

### *Developmental Milestones*

Kaleb met his motor milestones within normal limits.

- Rolled over at 5 months
- Sat alone: 5-6 months
- Crawled: 7-8 months
- Walked: 11 months

No concerns regarding gross motor skills. There are concerns regarding fine motor skills and sensory Please refer to the section of Motor/Sensory Processing skills for further information addressing parent concerns.

Communication milestones:

Kaleb's language milestones were delayed and continue to be an area of concern:

- Used single words: one year
- Spoke two-word phrases: 1 1/2 years old
- Spoke in sentences: inconsistent

Kaleb will often hand lead, use two-three-word phrases to communicate his needs/wants. He is not yet able to tell you about something he saw or did. He does not often use gestures. Kaleb can answer yes/no questions and "wh" questions.

### **VARIABLES THAT MAY AFFECT SCHOOL FUNCTIONING AND LEARNING:**

*Information regarding environmental, cultural and economic factors was obtained through an interview and record review.*

*Variables that may affect school functioning and learning includes, but not limited to school experience, poor attendance, and environmental, cultural or economic disadvantage. There are no reports of environmental, cultural, or economic variables affecting or that may be affecting Kaleb's learning at this time or may interfere with his educational performance.*

### **ASSESSMENT METHODS**

Review of EGUSD file

Review of medical/other records provided by family

Behavioral Observations during assessment and in-classroom

Parent Interview

Cognitive functioning Skills:

Developmental Profile, Fourth Edition (DP4): Parent/Caregiver Checklist Form-Cognition

Speech/Language Functioning:

Parent Interview/Background Information

Expressive Language Sample

Observational Pragmatic/Social Language Checklist

Oral-Motor, Articulation, Voice, Fluency, and Feeding Screening

Vision Assessment:

Refer to the vision assessment report

Academic/Learning

Review of records and parent report

Motor/Sensory Processing

Peabody Developmental Motor Scales-2<sup>nd</sup> Edition (PDMS-2)

Behavior/Social-Emotional functioning:

Developmental Profile, Fourth Edition (DP4): Parent/Caregiver Checklist Form-Social-Emotional

Adaptive Skills:

Developmental Profile, Fourth Edition (DP4): Parent/Caregiver Checklist Form-Adaptive Behavior

### **REVIEW OF RECORDS**

No previous clinical assessments on file.

### **ASSESSMENT RESULTS AND INTERPRETATIONS:**

*For this interdisciplinary report, each examiner is solely responsible for the assessments they administered and interpretation of the specific results within their scope of practice.*

All standardized testing measures contain some degree of error. In examining each score for a subtest or scale, it is important to recognize that this degree of error is always present. In other words, if a student were to retake the same test at a different time, it is likely that his/her score would contain some small degree of variance. The score could vary as a result of many different factors such as: distractibility, effort level, testing environment and mental or physical health. This measurement error is addressed through the use of confidence intervals bands around the score that provide a range where the student's score is likely to fall. Scores are presented with a 95% confidence interval, which means that one can assume with 95% confidence that the student's score lies within the reported range of scores.

Many standardized tools have unique qualitative descriptors outlined in their test manual. For the sake of consistency, please refer to the following chart:

Standard Score	Scaled Score	T-score	Qualitative Descriptor
130+	16+	70+	Very Superior
120-129	14-15	63-69	Superior
110-119	12-13	57-62	High Average
90-109	8-11	43-56	Average
80-89	6-7	37-42	Low Average
70-79	4-5	30-36	Borderline
0-69	1-3	0-29	Low

*In this assessment:*

- *The student was assessed in all areas of suspected disability.*
- *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.*

## **PARENT INTERVIEW**

Mr. and Mrs. Xiong were interviewed by the School Psychologist during the assessment week. They reported the following interests and strengths for Kaleb; Kaleb has a good memory, likes to listen to music and sing. He likes spending time with family and seeks out his siblings.

Parents are concerned about Kaleb being able to separate from family and having limited opportunities with same age peers. They are concerned about these social skills and safety in new settings.

Kaleb will verbalize and often repeats words/phrases. If he cannot say what he wants, he can get frustrated. He will say "no" when not wanting something. He does not say "yes". He will let others know he does want to do something or likes something by smiling and laughing. Kaleb responds to no/stop and understands routine. He responds when asked, "where's Kaleb"? He does not ask for help. He will say, "it don't work" when a toy is not

working, or “I wash” when wanting a diaper change. Kaleb can follow one step directions as long as he knows where it is at. Kaleb is able to maneuver at home independently. The furniture is kept the same.

Socially, Kaleb does not like to share toys with his baby brother. He does like spending time with his older siblings and will share interests with them. When playing with toys, he has the tendency to bang them against his teeth, as means of exploration. Other noted behaviors are that when Kaleb is anxious or nervous, he often makes a gulping noise that lead him to intake too much air and may lead him to throw up. This has been observed to occur in unfamiliar settings or new people.

## BEHAVIORAL OBSERVATIONS

*The reader should note that this portion of the assessment was completed in-person at the preschool assessment center. The following Personal Protective Equipment (PPE) may have been used during the in-person sessions (e.g., face masks, latex gloves). Mr. and Mrs. Xiong agreed that this was a true representation of Kaleb's daily behavior. Therefore, the obtained observations do appear to be valid at this time.*

**Assessment Classroom Observations during the assessment week** (administered by M. Sills, Early Childhood Special Education Teacher)

### Classroom Readiness/Functional Skills

- **Sitting/Attending Large Group Instruction:** During circle time, he was observed sitting or standing with his parent. When a song was playing, he was observed either quietly singing along or humming along to the music.
- **Sitting/Attending Small Group Instruction:** Kaleb was observed switching between sitting in a cube chair, regular preschool chair, or in parent's lap.
- **Transitions:** Kaleb was observed exploring his environment by feeling what was around him. His parent was observed trying to use the sound of their voice or tapping of their foot to guide him as he navigated around the classroom setting. His parent reports at home, he is able navigate himself independently around the house since he has become familiar with the setting and placement of furniture. Parent reports he is learning to use his cane outside to navigate. Parent's report he is ok with transitioning between activities.
- **Ability to Focus and Attend to Tasks and Instructions:** During instructional tables, he was observed exploring the materials that were presented to him. During an art project, he was observed allowing adults to support (i.e., hand over hand) him as they communicated with him about what they were doing and what he was touching.

### Adaptive/Daily Living Skills

- **Toileting:** Kaleb is not yet toilet trained and communicates that his diaper is soiled by saying “need wash”.
- **Feeding:** Kaleb uses his fingers to feed himself dry finger foods and parents feed him when utensils are needed. Parent reports he is able hold a spoon. Kaleb is able to drink from a sippy cup and a plastic water bottle with support.
- **Dressing/Undressing:** Kaleb can cooperate in the dressing and undressing routine.

**Play and Social Skills**

- **Play with Objects:** Kaleb was observed exploring the play materials in the classroom during the assessment week. He was observed banging on pots and pans, interacting with sensory balls, manipulating musical instruments, and pushing buttons on an interactive sound toy. His parents report he likes to play with toys that make sounds, pop its, fidget toys, drums, and the wheels on his large monster truck toy. His parent reports that when he is playing with his toys, he is playing with them functionally.
- **Social Play:** During the assessment week, he was not observed interacting with peers but was observed allowing peers to be near him as he played. Parent reports he will usually play on his own but will explore the nursery setting at Church but not interact with peers. Parents report he is ok with peers sitting close by and are working with him on interacting with peers.

**Social Emotional/Behavioral**

- **Behavior Specific Concerns:** Kaleb did not exhibit any excessive behaviors in the classroom throughout the week. His parent reports that they do not have any behavioral concerns currently.
- **Area of Strength:** Kaleb showed some emerging classroom readiness skills throughout the assessment week.

Please refer to the report provided by the Teacher of the Visually Impaired for further observations noted in the classroom and within Kaleb's home.

***Validity** This assessment is felt to be a reasonable estimate of Kaleb's current developmental status. The child did not appear to be affected by the Personal Protective Equipment (PPE) that was used during the in-person assessment. Parent reported that observations completed during the assessment week reflected Kaleb's typical presentation.*

**COGNITIVE FUNCTIONING SKILLS: Administered by Ms. Paredes, M.S., School Psychologist*****Developmental Profile, Fourth Edition (DP4): Parent/Checklist Form-Cognitive***

The DP-4 is a Standardized developmental screening test that evaluates children's functioning in five key areas: Physical (Large- and small-muscle coordination), Adaptive Behavior (Ability to cope independently with the environment) Social-Emotional (Interpersonal abilities, social and emotional understanding, functional performance in social situations), Cognitive and Communication (Expressive and receptive communication skills). Enables clinicians to identify developmental strengths and weaknesses early in a child's life, the DP-4 consists of 180 items. A parent or caregiver simply indicates whether or not the child has mastered the skill in question.

**>130 Well Above Average**  
**116-130 Above Average**  
**85-115 Average**  
**70-84 Below Average**  
**<70 Delayed**

**Respondent: Mr. and Mrs. Xiong**  
**Electronically received: 05/04/2023**

The cognition domain on the DP-4 examines the skills necessary for successful academic and conceptual development functioning.

<b>Developmental Profile-4 (DP-4)</b>		
<i>Average Standard Scores on this instrument are 85-115. Ranges in parentheses indicate the 95% confidence interval;</i>		
<b>Scale/Index</b>	<b>Standard Score</b>	<b>Descriptive Category</b>
<b>Cognitive</b>	<b>62(52-72), 1<sup>st</sup> %ile</b>	<b>delayed</b>

Based on parent responses, Kaleb's parents perceive his development in this area to be significantly below age appropriate and within the delayed range (SS=62, 1<sup>st</sup> percentile) when compared to same age peers. Reported scores are cautioned due to many of the questions asked refer to the use of language and vision. Therefore, this may not be a true representation of Kaleb's skills.

**SPEECH AND LANGUAGE FUNCTIONING:**                      **Administered by Marianne Richardson, M.S.**  
**CCC-SLP**

### **Review of Records**

#### *Developmental History Questionnaire*

Kaleb's parents, Yang and Mary Xiong completed the Developmental History Questionnaire (DHQ) on 2/7/2023. They indicated that Kaleb's strengths include his good memory and love for music. He enjoys playing with toys that have buttons or with cars. When Kaleb was three months old, parents discovered that he is blind. Parents reported concerns about Kaleb adapting to new environments and making friends.

The DHQ states that Kaleb's primarily language is English, and he is also exposed to Hmong. Parents speak to each other using Hmong but use English to speak with Kaleb. He began using single words at 1 year old, 2-word phrases at 1.5 years old, and sentences at 2 years old. He has an expressive vocabulary of over 100 words. Most often he communicates using 2–3-word phrases. He's able to follow one-step directions but is not yet following 2-step directions. He answers yes/no questions and simple WH (what, where, or who) questions, but he is not yet communicating to talk about something he did. Parents reported that he is easy to understand.

### **Current Testing**

#### *Parent Interview*

Kaleb's parents were interviewed as part of the assessment process. They reported concerns that Kaleb may have difficulty making friends and that he might be treated differently. From this assessment, they hope to gain a better sense of how he's doing overall and his strengths and weaknesses. Currently, Kaleb communicates using phrases and sentences most often. Sometimes parents are unsure what he wants because he repeats the final word of a question rather than answering. For example, if parents say, "do you want me to stand" Kaleb will say, "stand", but will actually want them to sit.

Parents reported that Kaleb loves music and sings all day. He often asks his siblings to play his favorite music and he seems to enjoy sitting with them and listening. He not yet engaging in turn-taking games or routines other than sometimes rolling a ball back-and-forth.

### **Validity**

Standardized testing normed using special populations (such as blindness or visual impairment) are not available. In accordance with the Individuals with Disabilities Education Act (IDEA) use of standard scores for Kaleb would be inaccurate or misleading. Information presented in this report includes parent interviews, observational data, and evidence-based research.



### **Receptive and Expressive Language**

Children with any sensory loss (vision, hearing, etc.) develop, in nearly all areas of language, differently when compared to peers. Children with visual impairments often use more self-oriented and echolalic speech

(repeating what was heard). Gaps in receptive and expressive vocabulary are often noted, including limited use and understanding of descriptive words and basic concepts (i.e., same/different, prepositions, size, shapes, and textures). Most often, children with visual impairments learn new words by touching or exploring items which leads to reduced understanding of words and concepts.

#### *Assessment*

Both receptive language and expressive language were tested informally because standardized test are not available for children with visual impairments. Information should be viewed as a general baseline for current speech and language skills. Receptive language is also known as language comprehension, which includes the ability to understand instructions or listen to stories and answer related questions. Expressive language is how language is used to express an idea, such as naming vocabulary, describing a picture, or explaining something in one's own words.

	Receptive Language		Expressive Language
	<ul style="list-style-type: none"> <li>- Ability to understand</li> <li>- Listening and reading</li> <li>- Answering WH questions</li> <li>- Following directions</li> <li>- Understands the words, sentences, and meaning of what others say</li> </ul>		<ul style="list-style-type: none"> <li>- Ability to communicate</li> <li>- Speaking, gesturing, facial expressions, vocalizations, and writing</li> <li>- Labeling items</li> <li>- Retelling a story</li> </ul>

The **Receptive Language** questions evaluate a child's receptive language skills in the areas of attention, semantics, vocabulary, concepts, grammar, word order, and integrative thinking skills.

Kaleb was reported to be able to:

-Identify body parts (nose, eyes, head, ears, mouth, lips, teeth, tongue, chin, elbows, arms, feet, knees, and belly) – typically acquired between 24-28 months

-Follow one-step directions – typically acquired between 9-14 months

-Respond to “no” – typically acquired between 9-12 months

-Understand familiar words/phrases (i.e., “let's go take a bath”) – typically acquired between 9-14 months

-Listen to books (using first/then strategy) – typically acquired between 27-30 months

-Understand some action words – typically acquired between 27-30 months

-Understand some adjectives (dirty and wet) – typically acquired between 30-33 months

Kaleb was not able to:

-Follow two-step directions – typically acquired between 24-29 months

-Identify clothing items – typically acquired between 18-20 months

-Demonstrate understanding of preschool-level concepts (spatial, use of objects, pronouns) – typically - acquired between 2 years, 6 months through 3 years, 5 months

The **Expressive Language** questions evaluate a child’s expressive language skills in the areas of vocal development, social communication, vocabulary, concepts, grammar, word order and integrative thinking skills.

Kaleb was reported to be able to:

- Shout for attention – typically acquired between 6.5-8 months
- Gives toy upon request – typically acquired between 12-15 months
- Use “no” meaningfully – typically used between 13-15 months
- Name familiar objects – typically used between 13-18 months
- Imitate two-word phrases – typically acquired between 18-24 months
- Use two-word phrases – typically acquired between 18-21 months
- Use size words (“big ball/small ball) – typically used between 25-30 months
- Use some self-centered pronouns (such as I, me, mine) – typically used between 24-30 months

Kaleb was not able to:

- Respond to his name without physical gestures – typically acquired between 5-7 months
- Show items of interest – typically acquired between 9-12 months
- Use exclamatory expressions – typically used between 12.5-14.5 months
- Use name to refer to himself – typically used between 18-24 months
- Answer questions – typically acquired between 24-36 months
- Relate experiences using short sentences – typically acquired between 24-34 months
- Ask questions beginning with *what*, *where*, and *when* – typically acquired between 34.5+
- Use past tense forms – typically acquired between 24-30 months
- Use plurals – typically used between 27-36 months
- Participate in storytelling – typically acquired between 30-36 months

A Language Sample was collected to analyze Kaleb’s expressive language skills. His utterances ranged from 3-4 words in length, with most utterances 2-word phrases. A mean length of utterance (MLU) was calculated to be 1.88. At the age of 3 years, MLU is expected to be between 3.0-3.75. Kaleb’s MLU falls below the average range. At times his speech was repetitive (most often when he wanted a new toy or new activity). He required some

prompting from parents in order to use multi-word utterances (i.e., parents said, “what do you say,” in which Kaleb responded, “I want shake it [toy]”).

Kaleb was not observed to communicate for all pragmatic functions; instead, he primarily communicated to label or request. He was not observed to use verbal language to ask for help, gain attention, share/show items or interest, or request repetition. Below is an excerpt of the sample:

- Gonna fall down [worried that he was going to fall down]
- Fire truck [labeled]
- I need to stand [parents believe he wanted to sit]
- Go mommy [requesting mom]
- Go house [requesting to leave]
- Go church [requesting to leave]
- Go outside [requesting to leave]
- Cow [labeled]
- Chicken [labeled]
- Fish [labeled]
- Hold me [request]
- Hurry back [request]
- Take my jacket [request]

Parent reported that sometimes Kaleb repeats words/phrases when parents ask him a question, rather than giving a direct response. This leads to confusion at times, in which parents have to interpret his behaviors to meet his needs.

When he didn't want to do something, or wanted to move on, he said, “no” and/or “go outside.” He imitated some phrases such as, “Daddy I'll be good” or “yes, please stand up.” Kaleb refused by throwing his head back, using verbal language, or whining. He also turned his head away to indicate that he didn't want something. When his requests weren't met, he got louder and louder. Parents reported that this is typical behavior, and they have to interpret his actions in order to meet his needs. When asked if he wanted more water, Kaleb laughed to indicate “yes”; parents reported that this is typical behavior.

Overall, based on parent report, observations, and questionnaires, it appears that Kaleb is demonstrating deficits in both receptive and expressive language. He's not yet demonstrating understanding of preschool-level concepts, demonstrating understanding or use of descriptive words, answering simple questions, or combining words to relay information as would be expected for his age.

### **Pragmatic Language**

Pragmatic language refers to the social language skills we use in daily interactions, including what we say, how we say it, and following social rules such as taking conversational turns and staying on topic. Pragmatics also includes understanding and use of nonverbal forms of communication such as facing the speaker, using gestures, eye contact, facial expressions, and body language. Children with typical vision learn these skills naturally through observation and incidental learning; however, children with visual impairments miss out on these nonverbal cues that provide communication partners with social clues. For this reason, research has shown that many children with visual impairments have difficulty understanding how to integrate with peers and require direct instruction to learn these skills.

Joint attention (when two people focus on the same object/item/event for the purpose of interacting) is a foundational social communication skill that typically developing child exhibit in early development. Studies have

shown that children with visual impairments also develop joint attention, but it often looks different. In contrast to using gestures, looking towards others (visually attending), pointing, or smiling, children with visual impairments tend to use touch and vocalizations to maintain quality communicative interactions and establish joint attention.

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*“Restricted symbolic play, difficulties in social interaction with peers and imitation, echolalic speech, and increased stereotyped behavior have all been frequently reported in blind children.” – Molinaro, et. al., 2020*

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The Pragmatics Profile of Everyday Communication Skills in Pre-School Children was completed on 04/18/2023, through interview with Kaleb’s parents to gain information regarding her pragmatics and social communication skills. The following is a summary of Kaleb’s parent’s responses:

### Communicative Functions

#### *Attention directing*

- Kaleb gains attention by calling out “mom”
- When he doesn’t know where someone is, he says, “where are you?”
- He’s not yet communicating to direct attention

#### *Requesting*

- Kaleb asks for items by using the name
- He asks to be picked up by lifting his hands up
- When he needs help, he tells parents what he needs; for example, if he soils his diaper, he says “I need wash”; if a toy doesn’t work, he says, “not work”
- Kaleb says “again” when he wants to continue an activity
- He says, “I want to jump” when he wants a game with his dad
- Kaleb requests attention by saying, “cuddle time” and he gives hugs/kisses/touches

#### *Rejecting*

- When he doesn’t want something, he says “put it away”
- He pushes away unwanted items and picks out what he does want
- Says “all done” when finished

#### *Greeting*

- When a familiar person comes home, he approaches them
- He’s not yet using greeting words
- Sometimes calls familiar people by name when they come home
- He cries when mom leaves and sister helps redirect him to calm him down; sometimes he imitates “bye”

#### *Self-Expression and Self-Assertion*

- He smiles and sings when he’s enjoying something
- He cries when he gets hurt and will show his hurt to parent
- He’s not able to describe what hurt him

#### *Naming*

- When he identifies something that he recognizes, he names it

#### *Commenting*

- Kaleb is not yet making comments

#### *Giving Information*

- Kaleb is not yet able to tell parents about something that happened when they weren’t around

### Response to Communication

#### *Gaining his attention*

- It's easiest to gain his attention by tapping him
- If asked, "where's Kaleb," he'll say "here" and raise his hand

#### *Interest in Interaction*

- Kaleb shows interest in interactions by getting close to others; sometimes he'll say "cuddle time"

#### *Understanding speaker's intentions*

- Kaleb follows one-step directions most of the time (sometimes needs repetition)
- Understands familiar words/phrases (like, "time for bath")
- He's not yet responding to questions to gain information such as "what have you been doing?"

#### *Anticipation*

- Kaleb sings along with familiar songs or rhymes

#### *Response to "no" or negation*

- Kaleb understands "no"
- When told "in a minute," he either waits or yells

### Interaction and Conversation

#### *Participating in Interaction*

- Kaleb pulls parents to what he wants and will allow parents to take turns during a game

### Contextual Variation

#### *Person*

- Kaleb seems to enjoy talking with his sister Grace most; she gets him to sing and dance

#### *Situation*

- Kaleb is most communicative at home where he's more comfortable

#### *Topic*

- He mostly likes talking about music

The results indicate that Kaleb currently communicates to express some but not all pragmatic purposes/functions expected for children of his age. He's using 2-3 word sentences to ask for things he needs, reject/protest, seek attention, and show affection. He's not yet using greeting words, sharing, directing attention, answering yes/no questions (laughs for "yes" but reliably uses "no"), asking questions (outside of "where are you"), making comments, or showing items of interest. Kaleb is not yet participating in storytelling, relating his own experiences, or using grammatical markers. He doesn't directly ask for help, instead he tells parents what he needs.

Kaleb is not yet initiating play with peers but listens and imitates them. Parent reported that he likes entertaining others and tries to show off. He's not yet demonstrating understanding of how to communicate or play with peers. Overall, the results indicate that Kaleb is not yet communicating for all expected social/pragmatic purposes.

An Observational Pragmatic/Social Language Checklist was used to informally observe key pragmatics/social communication skills expected in preschool-aged children, in different settings and with different people.

#### *Observations*

Kaleb transitioned easily into the assessment room with both his parents. He engaged in play with noise maker toys, cars, and puzzles. He primarily communicated using 2-3-word phrases and vocalizations. Kaleb was observed to turn when he heard a familiar voice, count along with his mom, and label toys. Kaleb touched body parts that were named and smiled. He requested new toys or to leave using short phrases. Initiation of social interactions were limited to fulfilling personal demands/interests. He primarily engaged with toys independently

and did not make attempts to include others in his play; he did not share enjoyment or interest with others. He responded to some, but not all questions that were directed toward him.

Kaleb primarily played repetitively with cause-and-effect toys and toys that made noises/music. While playing, he wasn't reliably responsive to others and did not respond when dad asked him to move on to other toys. Kaleb was not observed or reported to engage in explorative, symbolic, or pretend play.

Typical Pragmatic Language Skills at the age of 3 years old:

- Initiate and respond to bids for Joint Attention
- Respond to his/her name consistently
- Acknowledge speech of another by giving eye contact or vocally responding
- Pair gestures with words
- Keep an interaction going by taking turns and demonstrating engagement
- Plays interactive game
- Show items
- Communicates to share interest and enjoyment
- Direct attention with a gesture or using words
- Use language to make requests, gain attention, protest, label objects in front of others, and answer "WH" questions
- Relate his/her own experiences using simple language
- Express simple emotion with words
- Clarify messages/request clarification when he/she doesn't understand what was said

*Interpretation*

Exploration, symbolic, and pretend play are typically learned by watching others and imitating (for example, watching parents cook, take care of babies, etc.). Children with visual impairments often exhibit more repetitive play and spend less time exploring, which has negative impacts on social development. As children get older and play becomes more complicated, children with visual impairments may get left behind and miss out on peer interactions. Play skills are a critical part in development of language, social interactions, and concepts.

Likewise, social skills are primarily learned through observation of environment and people. Many children with visual impairments require explicit instruction in order to understand and navigate social situations. Pragmatic language is an area to support.

**Speech**

<b>Oral Motor</b>	Kaleb's facial features and oral area appeared normal in terms of general symmetry and lack of scar tissue. His dentition, lips, tongue, and palate appeared functional for the production of speech. Parent reports that Kaleb does not have difficulty with chewing or swallowing. No drooling was observed.
<b>Articulation</b>	Kaleb was observed to produce all consonants expected for his age, including /p, b, t, d, k, g, m, n, w, h, s, f, v/ and "y", and a variety of vowels. Speech sound production should continue to be monitored while his expressive language increases.
<b>Voice</b>	There are no noted concerns regarding Kaleb's voice quality.
<b>Fluency</b>	There are no noted concerns regarding fluency (stuttering).

**PRE-ACADEMIC/LEARNING SKILLS: Administered by Jena Freeman, M.A. *Special Education Teacher***

A review of records was completed for Kaleb in order to determine a baseline of academic skills and progress. Based on parent interview and records review, the following skills are reported:

- Will play with noisy toys at home
- Manipulates puzzle pieces and can place them in right/left direction
- Enjoys activities paired with song
- Points to body parts
- Enjoys loud noises (vacuum) at home
- Names familiar objects, names familiar toys
- Turns pages in a book, handles tactile books
- Explores cupboards at home, can pull out items
- Can count to one hundred with prompts
- Recites the alphabet

When compared to same age peers, Kaleb demonstrates emerging academic skills.

**MOTOR AND SENSORY PROCESSING SKILLS: Administered by Francis Fernandez, OTR/L**

*Validity of Assessment Findings:*

*Testing and assessment materials and procedures used for the purposes of assessment and placement of students with disabilities are selected and administered so as not to be racially, culturally, or sexually discriminatory. Tests have been validated for the specific purpose for which they are used and administered by trained personnel in accordance with the instruction of the producer [34 C.F.R. 300.532(e)]. The school occupational therapist evaluates the child within the educational setting assessing strengths as well as what may be interfering with learning and participation in the context of his or her curricular activities, routines, and environments. The school occupational therapist considers of the effect of existing special education supports and services (including strategies already utilized to improve performance). (Guidelines for Occupational Therapy & Physical Therapy in California Public Schools, 2<sup>nd</sup> edition, California Department of Education, 2012)*

**Gross Motor Skills:**

Please refer to physical therapy assessment for details regarding gross motor skills.

**Fine Motor Skills:**

- Kaleb demonstrates appropriate fine motor skills for his age.

**Fine Motor Skills:**

Kaleb was unable to participate in The Peabody Developmental Motor Scales-2<sup>nd</sup> Edition (PDMS-2) in a standardized manner due to visual impairment. Fine motor information was obtained through a combination of observation, record review, and family report.

**Per interview with parents, Kaleb demonstrates the following posture/fine motor/visual motor skills:**

Kaleb demonstrates the following grasping skills:

- Kaleb will pick up goldfish snacks using a pincer grasp.
- Kaleb turns pages of a thick cover and thick page book.
- Kaleb is starting to associate shapes through touch. Kaleb was observed to correctly name a “square”.

- Kaleb will reach forward with both hands when told there is an item in front of him.
- Kaleb will feel walls to familiarize himself with his environment. Kaleb is very independent and is familiar with each room in their home.
- Kaleb has not shown an interest in picking up a crayon.
- Kaleb loves toys with music. He has a gong toy at home that he will hold with one hand and play with the other.
- Kaleb knows left vs right. He has been participating in activities with songs that differentiate left from right.
- Kaleb can use a utensil (spoon) with assistance to guide where food is.
- Kaleb enjoys bouncing on a ball with assistance from parent

Observations:

- Hand dominance: No clear hand dominance noted.
- Isolation of index finger: Able to isolate index finger with left hand.
- Crossing midline: Able to cross midline.
- Bilateral Coordination: Stabilizes objects with helper hand (e.g., pulling string on toy, attempting to remove a bottle cap), transfers items between hands

Sensory Processing:

Observations:

- Throughout the assessment week, there were no behaviors that appear to be sensory based.

Observations during assessment:

- Sitting on dad's lap in the beginning
- Became more comfortable and started feeling the walls and cabinets to familiarize himself with the classroom environment

**ADAPTIVE FUNCTIONING SKILLS: Administered by Yvette Paredes, M.S., School Psychologist**

***Developmental Profile-4<sup>th</sup> Ed. (DP-4): Parent Checklist: Adaptive Behavior***

**Respondent: Mr. and Mrs. Xiong**

**Electronically received: 05/04/2023**

Kaleb's parents completed the DP4 Adaptive Behavior scale. The adaptive scale will provide an indication of his functional independence and behavioral skills at home. This measures competence, skills and maturity for coping with the environment, including tasks such as eating, dressing, functioning independently and utilizing modern technology.

Results on the adaptive behavior scale places Kaleb's development within the delayed range (SS=52, .1 percentile) when compared to same age peers.

<u>Scales/Index</u>	<u>Standard Score</u>	<u>Description</u>
Adaptive Behavior	52(43-61), .1 %ile	Delayed

**BEHAVIORAL/SOCIAL-EMOTIONAL FUNCTIONING: Administered by Yvette Paredes, M.S., School Psychologist**

**Developmental Profile-4<sup>th</sup> Ed. (DP-4): Parent/Checklist Form**

**Respondent: Mr. and Mrs. Xiong**  
**Electronically received: 05/04/2023**

The Social-emotional area of development includes interpersonal relationship abilities, social and emotional understanding, and functional performance in social situations. Based on parent responses, Kaleb's social-emotional development is significantly below age appropriate and within the delayed range (SS=50, .1 percentile) when compared to same age peers. Kaleb's visual impairments and delays in language are believed to be impacting his social-emotional development. These factors should be considered since this can impact an individual's ability to appropriately engage with others, establish interpersonal relationships, and perform in social situations.

<b>Developmental Profile-4 (DP-4)</b>		
<i>Average Standard Scores on this instrument are 85 to 115. Ranges in parentheses indicate the 95% confidence interval;</i>		
<b>Scale/Index</b>	<b>Standard Score</b>	<b>Descriptive Category</b>
<b>Social-Emotional</b>	<b>50(41-59), .1 %ile</b>	<b>Delayed</b>

**SUMMARY**

Kaleb is a 3year, 1-month old preschool level child that was referred for a full psychoeducational assessment from parent and SCOE. Kaleb has a diagnosis of Persistent Hyperplastic Primary Vitreous, a congenital condition that occurs when blood vessels within the developing eye fail to regress as they normally would resulting in irreversible blindness in both eyes. He received vision services through SCOE. Based on the presenting concerns and extensive history of early intervention services, Kaleb received a cognitive, speech and language, academic, health review, vision, social-emotional/behavior, adaptive, and motor assessment to determine eligibility for special education services. The following assessment results were obtained through parent interview, record review, observations, and direct assessment.

Kaleb's cognitive functioning skills could not be directly measured using the DAS-2 due Kaleb's vision impairment. An alternative measure was used based on parent report which is based on what Kaleb has been noted to be able to do at home. However, reported scores are still cautioned due to his limitations related to his vision needs and speech/language delays. Results from the DP4 Parent Checklist, placed Kaleb's skills within the delayed range, when compared to same age peers.

Results from the DP4 placed Kaleb's adaptive functioning skills within the delayed range when compared to same age peers. Results from the adaptive measure indicate the presence of significant functional skill limitations due to his visual impairment and speech/language delays.

In the area of speech and language development, Kaleb demonstrates delays in receptive language and expressive communication in comparison with what is expected for his age. He's not yet following multi-step directions or demonstrating understanding of preschool-level concepts. Kaleb is not yet engaging in explorative, symbolic, or pretend play. Expressively, he communicates using body language, gestures, and verbal language that is often repetitive. He's not yet relying on verbal language for a variety of pragmatic purposes, responding to questions, or telling simple stories.

Kaleb demonstrates some foundational skills related to social communication, while other expected skills are less reliable and/or reduced in frequency, range, or quality. This includes responding to his name consistently,

communicating to share in an experience/interest, or engaging in turn taking activities or conversations with others. He's not yet communicating for purposes other than to get his needs/wants met or engaging in interactive games with others. In the area of articulation/phonology, Kaleb was observed to produce some age-appropriate sounds. His overall intelligibility was rated to fall within the average range.

Academic skills are emerging when compared to same age peers.

Please refer to physical therapy assessment for details regarding Orientation & Mobility. Kaleb demonstrates appropriate fine motor skills for his age. Throughout the assessment week, Kaleb did not demonstrate behaviors that appear to be sensory seeking nor avoiding.

In reviewing Kaleb's social-emotional/behavior functioning, his development is suggested to be in the delayed range, when compared to same age peers. However, his difficulties with establishing interpersonal relationships and engaging in social interaction may be due to his delays with speech/language and visual impairment.

### **ELIGIBILITY**

According to 5 CCR § 3030 (a) A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361. The decision as to whether or not the assessment results demonstrate that the degree of the child's impairment requires special education shall be made by the IEP team, including personnel in accordance with Education Code section 56341(b). The IEP team shall take into account all the relevant material, which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education.

#### **Visual Impairment:**

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Please refer to the assessment report provided by the Teacher of the Visually Impaired to review eligibility.

#### **Speech or Language Impairment**

A Speech or Language Impairment means a communication disorder in the areas of articulation, voice, fluency, or language, which adversely affects a student's educational performance and cannot be corrected without special education and related services. According to California Code of Regulations, Title 5-3030, a pupil has a speech or language disorder when he or she meets the following criteria:

#### ***Articulation:***

Yes  No The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.

#### ***Voice:***

Yes  No A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

***Fluency:***

Yes  No A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

***Expressive /Receptive Language:***

Yes  No (A) The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. **Or**

(B) The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances.

Kaleb **does meet the eligibility** criteria for a Speech or Language Impairment.

**RECOMMENDATIONS**

- It is recommended that the IEP team consider placement for Kaleb in a classroom with a low student-teacher ratio and structured incremental teaching with the following supports:
  - Speech and language supports are recommended to promote Kaleb’s understanding of language and spontaneous expressive/functional communication during learning/play activities and social interactions, so that he may have his needs met and preferences honored. He will also benefit from supports and interventions to explicitly teach key social communication and interaction skills, and frequent and varied opportunities for practice across school environments and throughout his day.
  - Family is encouraged to continue modeling language. During play times, use the “+1 routine”— Repeat what your child says and add just one word. This will help your child by exposing him to language just above his current level. Do not expect him to repeat the phrase. Use different types of words (nouns/verbs/adjectives) throughout the day and throughout play. Build a 3:1 in your daily routines – for every question you ask, make three comments; asking too many questions, limits spontaneous language use.
  - Communication with Kaleb’s family to assist in carrying over learning skills into the home and community will be beneficial.
  - It is recommended that Kaleb be exposed to developmental activities that encourage use of his fine motor skills. Due to the fact that results of the OT assessment reveal functional skills in the areas of fine motor development and response to sensory input – Kaleb does not require any additional school-based OT intervention. Kaleb’s visual motor skills will be best supported by the visual impairment specialist.
  - Please refer to the assessment report of the Teacher of the Visually Impaired for further recommendations.

The Individualized Education Program team will meet to discuss present levels of performance based on the current evaluations. This information will assist the team in determining an appropriate educational program in the least restrictive environment.

**Other non-educational recommendations Kaleb’s family may wish to pursue on a private basis include:**

Medical: Kaleb's family is encouraged to share this report with Kaleb's pediatrician in an effort to facilitate clear communication of his needs and to help manage his care.

Developing Social Skills in Children Who Are Blind or Visually Impaired -

<https://www.perkins.org/resource/developing-social-skills-children-who-are-blind-or-visually-impaired/#transcript>

It was a pleasure working with Kaleb and his family. Please contact us if any questions arise regarding results of this assessment 916-684-9560.

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Jena Freeman, MA  
Special Education Teacher  
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**Elk Grove Unified School District  
Initial Functional Vision Assessment**

Page 1 of 3

Kaleb Xiong  
D.O.B. 03-13-20  
Age: 3 years, 2 months

TVI/Examiner: Chris Peterson  
Dates of Assessment: 03/01/23, 04/17/23

*To be eligible for special education, (under the disability of blind or visually impaired) a pupil must have a visual impairment that, even with correction, adversely affects a pupil's learning of curriculum. For educational purposes, the term visually impaired includes: 1) functionally blind students who, because of the severity of their visual impairment, rely basically on senses other than vision as their major channels for learning; and 2) low vision students who use vision as a major channel for learning. A visual impairment does not include visual perceptual or visual motor dysfunction resulting solely from a learning disability.*

C.F.R. 404.1581

**Background**

Kaleb is a very cute three-year-old boy who was born with Persistent Hyperplastic Primary Vitreous, a congenital condition that occurs when blood vessels within the developing eye fail to regress as they normally would resulting in irreversible blindness in both eyes. According to an ophthalmology report from Dr. Irma of Kaiser Permanente dated January 19, 2023, Kaleb has no light perception in either eye. He also exhibits mild and stable band keratopathy (corneal degeneration). Kaleb is eligible for services from a teacher for the Visually Impaired based upon his diagnosis of blindness.

**Assessment Information:**

Kaleb's functional vision was assessed on March 1<sup>st</sup> and April 17<sup>th</sup> by a teacher of the visually impaired (TVI) as part of his initial placement with EGUSD. The assessment was conducted at Kaleb's home as well as at the Donner Preschool Assessment Center and involved observations of his visual abilities as well as an interview with his parents and the Sacramento County Office of Education (SCOE) TVI. The Oregon Project for Preschool Children Who are Blind or Visually Impaired (OREGON) was also used during the assessment.

**Observations:**

Part of the assessment took place in the home during a teaching session Mrs. Cherry, the SCOE TVI was doing. During this part of the assessment, Kaleb enjoyed singing songs that involved hand movements with the teacher. He also enjoyed being twirled in a metal saucer shaped chair that could be turned and rocked. Mrs. Cherry paired movement with songs and tactile input as she placed braille blocks in the chair and tapped them against the side of it as she did. Kaleb has a very good memory and remembered songs that she had done with him many weeks before.

Kaleb has had braille exposure and can turn pages in books. He will turn 2 to 3 pages when looking at braille books with an adult. During the observation, the SCOE teacher was having him play with blocks that each had a braille letter on them, which he would feel.

**Elk Grove Unified School District  
Initial Functional Vision Assessment**

Page 2 of 3

Kaleb has a regular sized Perkins Braille at home. He can't load the paper into the braille, but knows how to use the return bar once the paper is inserted. He scribbles with the braille, pushing various keys with adequate force to make braille impressions.

Parent Input:

According to Kaleb's parents, he eats with his hands and mainly eats finger foods. He likes harder or crunchy foods as opposed to soft foods. He needs help when using a spoon.

Kaleb is not tactually defensive, but does prefer hard, firm textures. According to parents, he likes things he can manipulate or get response from such as toys with buttons, music, wheels, or things that make sounds such as a piano, rattles, spinner, etc. He can identify all of his toys by touch. He understands one to one correspondence up to 10 and can count to 20.

On Kaleb's first day coming to the Assessment Center Preschool, he was very attached to his parents and held onto his dad saying "home?", "home?" After a little while though he did start exploring the preschool environment independently.

OREGON Project Assessment:

The Oregon Project for Preschool Children Who are Blind or Visually Impaired Skills Inventory, Sixth Edition was used to assess Kaleb's current skill set. This inventory is not a standardized test. A visual impairment may affect a child's development in all domains. This is taken into account in the inventory as the skills are broken down into eight developmental domains, as well as by age. For the purpose of this evaluation, the only domain Kaleb was assessed in for the purpose of determining his skill set for pre-braille reading and writing was the "Compensatory Skills" domain. Kaleb was previously receiving Early Intervention services through SCOE. I believe the results of this assessment to be valid based upon the fact that Kaleb was cooperative with the assessment and my observations of his behaviors was confirmed by his parents. Some responses to the skills inventory were given by parent report rather than direct testing.

Kaleb displays age-appropriate skills in the Compensatory Skills domain, with strengths centered in his ability to name familiar toys and objects; manipulation of new toys to discover their properties; ability to name household objects by their sounds; interest in braille and tactile books as well as books with textures or moveable parts; ability to name 3 familiar shapes and ability to identify activities by sound and smell.

The areas that Kaleb needs improvement in are pre-braille reading and writing skills. He has not had the educational experience to gain these skills. Since he has yet to attend a preschool program, he also lacks the "school" skills of staying seated at a table or on a carpet with peers. Sighted children can glance around the room and see what their peers are doing. Kaleb is unable to do that, so it will be important for him to understand the routine of a school day and what that means in terms of the physical behaviors expected of him.

**Elk Grove Unified School District  
Initial Functional Vision Assessment**

**Proposed Goals**

These goals are proposed in the context of Kaleb experiencing braille labels, calendars, and books throughout his preschool day, as well as having structured pre-braille reading & writing lessons.

- \*Locate front/back, top/bottom of braille pages.
- \*"Tickle the dots" while pretending to read braille stories, tracking from left to right.
- \*Identify a different raised tactile shape on a braille page.
- \*"Scribble" on a braille writer to make braille dots.

**Conclusion & Recommendations**

Kaleb is a very cute three-year-old boy who is totally blind due to Persistent Hyperplastic Primary Vitreous. Despite his diagnosis, Kaleb is a high-functioning child, with many age appropriate skills, but also with deficits associated with his blindness. In order to develop typical language and play skills, this examiner recommends a preschool class composed at least partially of typically-developing peers. It was a pleasure meeting Kaleb and his parents and I look forward to working with him in preschool.

Recommendations for the classroom teacher include:

- \*Access to materials shown to the class in a group seating or a separate set of materials to look at.
- \*Increased processing time since blind children "see" things part by part.
- \*A tactually marked square on the carpet for him.
- \*Braille labels placed around the room to encourage Kaleb's curiosity and support pre-reading skills.

Respectfully submitted,

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Chris Peterson,  
Teacher of the Visually Impaired  
Elk Grove Unified School District

**Elk Grove Unified School District**  
**O&M Teacher Report**

Name: Kaleb Xiong  
O&M Specialist: Chris Peterson

Date of Report: 5/9/23  
DOB: 3/13/20

**Background Information:**

Kaleb is a 3 year 2 month old child whose family resides in Elk Grove. He was assessed for Orientation & Mobility services between March 1<sup>st</sup> and April 17<sup>th</sup> at the Donner Elementary Preschool Assessment Center as well as at his family's home. Information was obtained through observation and parent interview as well as records review. Kaleb was very willing and able to participate in this assessment, therefore the test results appear to be a valid representation of his O&M abilities.

According to an ophthalmology report from Dr. Irma of Kaiser Permanente dated January 19, 2023, Kaleb has no light perception in either eye. He also exhibits mild and stable band keratopathy (corneal degeneration). See the visual assessment report for future details on his visual impairment.

Kaleb received weekly Orientation and Mobility services from the SCOIE infant development program. He has a 34 inch cane with a metal tip.

**Present Levels:**

Home Observation:

Part of the assessment took place in Kaleb's home during one of his VI lessons with the SCOIE TVI, Mrs. Cherry. During the observation it was noted that when walking in indoor environments Kaleb will follow the wall and trail with his hands or will walk in free space, holding his hands out in front of himself to contact what he is walking towards. He is very comfortable and familiar moving independently in his home and will independently travel between rooms where he knows the arrangement of furniture and doors. He walked at an age appropriate time according to his parents. Kaleb can be clingy in new situations. He can do stairs, but tends to crawl up and down them. He uses his feet to feel texture changes such as hard floor to carpet. Kaleb is not tactually defensive, although he prefers hard and firm textured items.

Kaleb is very curious boy and readily explores things around his immediate environment with his hands and asking questions about things he happens to be touching. At one point he sensed the assessing O&M specialist's presence on the family's couch and came over to investigate who it was. He can identify circle, square and triangle. Kaleb can point to various body parts including his nose, mouth, eyes, ears, head, toes, knees, feet, elbow, teeth, tongue and neck. He can also touch body parts when their function is described. Kaleb is able to identify activities by sound such as closing of a door or washing dishes, as well as by smell.

Outside, Kaleb freely walks on different surfaces including pavement and grass. He will follow voices when walking with his cane and is good with using voice directionality. He has had exposure to using a cane and knows how to sweep with it. During part of the home observation, he used his cane to explore in front of his house, tapping it against different surfaces to hear how they sound. He used the cane to trail along to wall and taped it against the garage door when walking along that area.

Preschool Environment:

When he first was exposed to the preschool assessment center classroom, Kaleb at first just wanted to be held by his dad, but as he became used to the sounds in the classroom, he initiated more independent exploration. During the preschool evaluation Kaleb freely explored the room in a systematic manner, going around the perimeter and walking slowly forward with his hands held out or trailing along the wall. He showed no timidity during this time, even protesting when he was not allowed to explore certain areas. When encountering objects along the wall such as on shelves, he would explore what the item was with his hands and ask questions about what he was feeling. He also used his hearing to direct himself to things of that sounded interesting.

Kaleb maintained his head in an upright position and body in an erect posture when walking, with his shoulder and arms in a relaxed position. He positioned his feet in the direction of travel. He also maintained adequate speed when walking.

**Summary & Recommendations:**

Kaleb was a very enjoyable boy to assess, being curious about the environment around him. He exhibits some fundamental cane skills and will initiate exploration with a familiar adult. He demonstrates age appropriate knowledge of body image concepts and some positional concepts.

It is recommended that Kaleb receive direct O&M services on a weekly basis. The focus should center on indoor travel abilities and protective techniques including trailing, as well as outdoor travel and cane skills. Positional and spatial concepts should also be taught.

It has been a pleasure assessing Kaleb and I look forward to instructing him in the future.

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Chris Peterson,  
Orientation & Mobility Specialist

Xiong, Kaleb - HSN-104946193



**ELK GROVE UNIFIED  
INDIVIDUALIZED EDUCATION PROGRAM (IEP) - INFORMATION / ELIGIBILITY**

Student Legal Name: Xiong, Kaleb                      Legal Suffix:                      Date of Birth: 3/13/2020                      IEP Date: 5/9/2023  
Original SpEd Entry Date: 5/9/2023                      Next Annual Plan Review: 5/9/2024  
Last Eligibility Evaluation: 5/9/2023                      Next Eligibility Evaluation: 5/9/2026

MEETING TYPE:  Initial  Plan Review  Eligibility Evaluation  
Additional Purpose of Meeting (if needed):  Transition  Pre-Expulsion  Interim  Other

Age: 3 year(s) 1 monthsGrade: 17 PreschoolNative Language: 00 EnglishEL:  Yes  NoRedesignated:  Yes  NoInterpreter  Yes  No

Student ID:

SSID:

Parent/Guardian: Yang Xiong

Home Phone:

Home Address: 9582 Village Tree Drive

Work Phone:

City: Elk GroveCell Phone: 916-647-7815State/Zip: CA, 95758Email: yang@workwithyang.comParent/Guardian: Mary Xiong

Home Phone:

Home Address:

Work Phone:

City:

Cell Phone: 916-897-7267

State/Zip: ,

Email: maryxiong19@gmail.comDistrict of Special Education Accountability: Elk Grove UnifiedResidence School: Elitha Donner ElementaryHispanic Ethnicity:  Yes  No  Ethnicity Intentionally Left BlankRace (regardless of Ethnicity): Race 1. 208 Hmong Race 2. \_\_\_\_\_Race 3. \_\_\_\_\_ Race 4. \_\_\_\_\_ Race 5. \_\_\_\_\_  Race Intentionally Left Blank

**INDICATE DISABILITY/IES** Note: For initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility. \* Low Incidence Disability

Primary: Visual Impairment (VI) \*Secondary: Speech or Language Impairment (SLI)

Not Eligible for Special Education  Exiting from Special Education (returned to reg. ed/no longer eligible)

**Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities)** Kaleb's eligibility under Visual Impairment manifests itself with vision impairment that impacts his access to the curriculum and classroom transitions. His delays in speech and language impact access to general education and typical peers and can affect his ability to learn new skills through play.

**FOR INITIAL PLACEMENTS ONLY**

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

 Yes  NoDate of Initial Referral for Special Education Services: 4/17/2023

ATTACHMENT 9

Person Initiating Request for Special Education Service: Xiong, Kaleb HSN: 104046193  
Date District Received Parent Consent: 4/17/2023  
Date of Initial Meeting to Determine Eligibility: 5/9/2023

ELK Xiong, Kaleb - HSN-104946193



**ELK GROVE UNIFIED  
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL  
PERFORMANCE**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023**Strengths/Preferences/Interests**

*Kaleb has a good memory and likes music. He loves to sing. He likes toys with buttons and big wheels.*

**Parent input and concerns relevant to educational progress**

*Parents are concerned about Kaleb adapting to a new environment and separating from Mom, as well as making friends and getting along with friends.*

**Smarter Balanced Assessment Consortium (SBAC)****English/Language Arts** Not Applicable**English/Language Arts Overall** Standard Exceeded  Standard Met  Standard Nearly Met  Standard Not MetReading  Above Standard  Near Standard  Below StandardWriting  Above Standard  Near Standard  Below StandardSpeaking and Listening  Above Standard  Near Standard  Below StandardResearch/Inquiry  Above Standard  Near Standard  Below Standard**Math** Not Applicable**Math Overall** Standard Exceeded  Standard Met  Standard Nearly Met  Standard Not MetConcepts and Procedures  Above Standard  Near Standard  Below StandardProblem Solving and Data Analysis  Above Standard  Near Standard  Below StandardCommunication Reasoning  Above Standard  Near Standard  Below Standard**California Alternate Assessments (CAA)** Not ApplicableEnglish Language Arts  Understanding  Foundational Understanding  Limited UnderstandingMath  Understanding  Foundational Understanding  Limited UnderstandingScience  Understanding  Foundational Understanding  Limited Understanding**English Language Development Test (English Learners Only)** Not Applicable**English Language Proficiency Assessments of California (ELPAC)** Initial ELPAC Summative ELPAC

Overall Score: Overall Performance Level: Oral Language Score/Level:

Written Language Score/Level:

Xiong, Kaleb - HSN-104946193

ATTACHMENT 9

**Scores by domain**

<b>Listening:</b>	<b>Speaking:</b>	<b>Reading:</b>	<b>Writing:</b>
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**Performance by domain**

<b>Listening:</b>	<b>Speaking:</b>	<b>Reading:</b>	<b>Writing:</b>
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**Alternate English Language Proficiency Assessments for California (Alternate ELPAC):**

- Initial Alternate ELPAC  
 Summative Alternate ELPAC

Overall Score: Overall Performance Level:

**Physical Education Testing** (grades 5, 7 & 9):**Other Assessment Data** (e.g., curriculum assessment, other district assessment, etc.)

**Hearing Date:** 4/17/2023  Pass  Fail  Other Unable to test due to student refusal. Parents report Kaleb passed the newborn hearing screening in both ears and parents have no hearing concerns.

**Near Vision Date:** 4/17/2023  Pass  Fail  Other Under care of eye specialist. Kaleb is considered legally blind and has a history persistent hyperplastic primary vitreous (PHPV) and bilateral retinal detachment with no light perception in either eye

**Distance Vision Date:** 4/17/2023  Pass  Fail  Other Under care of eye specialist. Kaleb is considered legally blind and has a history persistent hyperplastic primary vitreous (PHPV) and bilateral retinal detachment with no light perception in either eye

**Preacademic/Academic/Functional Skills**

*Kaleb demonstrates emerging academic skills when compared to same age peers.*

*Classroom Readiness/Functional Skills*

- *Sitting/Attending Large Group Instruction: During circle time, he was observed sitting or standing with his parent. When a song was playing, he was observed either quietly singing along or humming along to the music.*
- *Sitting/Attending Small Group Instruction: Kaleb was observed switching between sitting in a cube chair, regular preschool chair, or in parent's lap.*
- *Transitions: Kaleb was observed exploring his environment by feeling what was around him. His parent was observed trying to use the sound of their voice or tapping of their foot to guide him as he navigated around the classroom setting. His parent reports at home, he is able navigate himself independently around the house since he has become familiar with the setting and placement of furniture. Parent reports he is learning to use his cane outside to navigate. Parent's report he is ok with transitioning between activities.*
- *Ability to Focus and Attend to Tasks and Instructions: During instructional tables, he was observed exploring the materials that were presented to him. During an art project, he was observed allowing adults to support (i.e., hand over hand) him as they communicated with him about what they were doing and what he was touching.*

*Compensatory Vision Skills:*

*Please refer to Functional Vision Report from the Teacher of the Visually Impaired for information on Kaleb's skills as a blind child.*

**Communication Development***Receptive/Expressive Language*

*Kaleb demonstrates delays in receptive language and expressive communication in comparison with what is expected for his age. He's not yet following multi-step directions or demonstrating understanding of preschool-level concepts. Kaleb is not yet engaging in explorative, symbolic, or pretend play. Expressively, he communicates using body language, gestures, and verbal language that is often repetitive. He's not yet relying on verbal language for a variety of pragmatic purposes, responding to questions, or telling simple stories.*

*With deficits in receptive language, it would be expected that Kaleb will have a difficult time following classroom directions and discussions. Expressively, Kaleb will likely have difficulty expressing his needs/wants, thoughts, and participating in back-and-forth interactions with others.*

Social Language/Kaleb - HSN-104946193

## ATTACHMENT 9

Kaleb demonstrates some foundational skills related to social communication, while other expected skills are less reliable and/or reduced in frequency, range, or quality. This includes responding to his name consistently, communicating to share in an experience/interest, or engaging in turn taking activities or conversations with others. He's not yet communicating for purposes other than to get his needs/wants met or engaging in interactive games with others.

With his reduced and inconsistent pragmatics skills, Kaleb would be expected to have difficulty engaging in interactions with peers and adults across school settings.

### Articulation/Phonology

In the area of articulation/phonology, Kaleb was observed to produce some age-appropriate sounds. His overall intelligibility was rated to fall within the average range.

### Gross/Fine Motor Development

#### Gross Motor Skills:

Please refer to physical therapy assessment for details regarding gross motor skills.

#### Fine Motor Skills:

- Kaleb demonstrates appropriate fine motor skills for his age.

#### Fine Motor Skills:

Kaleb was unable to participate in *The Peabody Developmental Motor Scales-2nd Edition (PDMS-2)* in a standardized manner due to visual impairment. Fine motor information was obtained through a combination of observation, record review, and family report.

Per interview with parents, Kaleb demonstrates the following posture/fine motor/visual motor skills:

Kaleb demonstrates the following grasping skills:

- Kaleb will pick up goldfish snacks using a pincer grasp.
- Kaleb turns pages of a thick cover and thick page book.
- Kaleb is starting to associate shapes through touch. Kaleb was observed to correctly name a "square".
- Kaleb will reach forward with both hands when told there is an item in front of him.
- Kaleb will feel walls to familiarize himself with his environment. Kaleb is very independent and is familiar with each room in their home.
- Kaleb has not shown an interest in picking up a crayon.
- Kaleb loves toys with music. He has a gong toy at home that he will hold with one hand and play with the other.
- Kaleb knows left vs right. He has been participating in activities with songs that differentiate left from right.
- Kaleb can use a utensil (spoon) with assistance to guide where food is.
- Kaleb enjoys bouncing on a ball with assistance from parent

#### Observations:

- Hand dominance: No clear hand dominance noted.
- Isolation of index finger: Able to isolate index finger with left hand.
- Crossing midline: Able to cross midline.
- Bilateral Coordination: Stabilizes objects with helper hand (e.g., pulling string on toy, attempting to remove a bottle cap), transfers items between hands

Sensory Processing: Throughout the assessment week, there were no behaviors that appear to be sensory based.

### Social Emotional/Behavioral

#### Play and Social Skills

• *Play with Objects:* Kaleb was observed exploring the play materials in the classroom during the assessment week. He was observed banging on pots and pans, interacting with sensory balls, manipulating musical instruments, and pushing buttons on an interactive sound toy. His parents report he likes to play with toys that make sounds, pop its, fidget toys, drums, and the wheels on his large monster truck toy. His parent reports that when he is playing with his toys, he is playing with them functionally.

• *Social Play:* During the assessment week, he was not observed interacting with peers but was observed allowing peers to be near him as he played. Parent reports he will usually play on his own but will explore the nursery setting at Church but not interact with peers. Parents report

he is ok with Xiong, Kaleb HSN 104946193 with him on interacting with peers.

### Social Emotional/Behavioral

- *Behavior Specific Concerns: Kaleb did not exhibit any excessive behaviors in the classroom throughout the week. His parent reports that they do not have any behavioral concerns currently.*
- *Area of Strength: Kaleb showed some emerging classroom readiness skills throughout the assessment week.*

### Vocational

*Kaleb is not of vocational age.*

### Adaptive/Daily Living Skills

- *Toileting: Kaleb is not yet toilet trained and communicates that his diaper is soiled by saying "need wash".*
- *Feeding: Kaleb uses his fingers to feed himself dry finger foods and parents feed him when utensils are needed. Parent reports he is able hold a spoon. Kaleb is able to drink from a sippy cup and a plastic water bottle with support.*
- *Dressing/Undressing: Kaleb can cooperate in the dressing and undressing routine.*

*Parents reported that Kaleb may gulp air which leaves him feeling as if he is going to vomit. He is getting better at releasing the air on his own by burping.*

### Orientation & Mobility Skills:

*Please refer to the Orientation & Mobility (O&M) report for information on Kaleb's O&M skills.*

### Health

*The health review for Kaleb Xiong was completed with a review of records, in-person interview with parents on 04/17/23, and in-person health screenings.*

*Hearing: Unable to test due to refusal. Parents have no concerns for Kaleb's hearing and report Kaleb passed the newborn hearing screening in both ears. No history of ear infections reported.*

*Vision: Kaleb is under the care of an eye specialist and is considered legally blind. Kaleb follows-up with the vision specialist through Kaiser every 6 months-1 year.*

*Physician: Dr. Stephanie Yee-Guardino at Kaiser Last appointment: 09/06/22*

*Dental appointment: Parents report Kaleb has not had his first dental appointment. Recommend for parents to schedule Kaleb's first dental appointment and local pediatric dentist list provided to parents*

*Immunizations: Up to date. DTaP, Polio, MMR, Varicella boosters due prior to TK/Kindergarten*

*Allergies: None reported*

*Medications: Topical cream as needed for eczema*

### Developmental Milestones

*Motor: Rolled over: 5 months; Sat alone: 5-6 months; Crawled: 7-8 months; Walked: 11 months*

*Speech and communication: Single words: 1 year old; 2-word phrases: 1 ½ years old; Sentences: 2 years old*

*Developmental concerns: Social skills, adapting to new environments*

*Health Review: Parents report Kaleb is in excellent overall health. Parents state Kaleb's medical history includes vision impairment (legally blind in both eyes) and eczema. At 6-7 weeks of age, parents noted Kaleb had eye discoloration, pupil abnormalities, tearing to left eye, light sensitivity, and eye tracking concerns. Kaleb was referred to UCSF eye specialists and was diagnosed with congenital retinal detachment with persistent hyperplastic primary vitreous. PHPV is a congenital developmental disorder that occurs when the blood supplying structures present during the development of the eye fail to regress as they should. The resulting structural abnormalities can lead to impairment of vision. Kaleb has undergone four eye surgeries with the first one at 3 months of age. Kaleb has a history of eczema and uses a topical cream as needed for exacerbations. Parents report Kaleb is a selective eater and will feed himself dry foods such as cereal, rice, cookies, apples, and chips. Kaleb does not like to touch moist foods and needs assistance with eating soft/moist foods.*

Parents reported concerns about Kaleb's pregnancy with Kaleb: high blood pressure, pre-eclampsia, blood clots prescribed to treat high blood pressure, and x-rays at 20 weeks. Kaleb was delivered full-term via cesarean weighing 6 lb 12 oz. Placental abruption occurred during delivery (placental abruption is a serious condition in which the placenta separates from the wall of the uterus before birth). Kaleb was discharged home after a 3-day hospital stay.

*Kaleb is up to date on immunizations and physical exams.*

*Recommendations from the School Nurse:*

*Continue routine physical/eye examinations and schedule first dental appointment*

*Inform school if any updates or changes in health*

*School staff working with Kaleb to be aware of his condition and provide assistance as needed*

*School staff to provide close supervision*

*School staff to follow recommendations per district vision specialists*

*C. Ludwig, MSN, RN, PHN Credentialed School Nurse*

**For student to receive educational benefit, goals will be written to address the following areas of need:**

*Pre-Braille Skills (Concepts of Braille, Braille "Scribbling", Identifying Different Tactile Shapes), Braille Pre-Reading (Tracking Left to Right), Braille Skills (Name Parts of the Braille Writer), Orientation & Mobility (Cane Care & Use, Stair Navigation), Communication Development (Pragmatic, Receptive, and Expressive Language)*

ELK Xiong, Kaleb - HSN-104946193



ELK GROVE UNIFIED  
SPECIAL FACTORS

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023Does the student require assistive technology devices and/or services?  Yes  No**Rationale:** Team does not believe Kaleb needs assistive technology or services related to assistive technology at this time.

**Does the student require low incidence services, equipment and/or materials to meet educational goals?**  Yes  No  
**(If yes, specify)** Kaleb requires services from a teacher of the Visually Impaired and an Orientation & Mobility specialist as well as one on one support. He also requires braille materials and a braille writer as well as products from the American Printing House for the Blind (APH).

**Considerations if the student is blind or visually impaired:** Services from the Visual Impairment program staff during his hours in preschool. He should be provided with access to materials shown to the class in a group setting or a separate set of materials to look at. It is also recommended that he be given increased processing time to allow time to "see" things part by part. He would benefit from a tactually marked carpet square. Braille labels should be placed around the room to encourage Kaleb's curiosity and support his pre-reading skills.

**Considerations if the student is deaf or hard of hearing:** Kaleb is not considered to be deaf or hard of hearing.

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**If the student is an English Learner, complete the following section:**

1. **All students who are English Learners must receive Comprehensive English Language Development (ELD) (designated and integrated ELD instruction) as part of their core instructional program, based on assessed English language proficiency.**

a. **Does the student need primary language supports during integrated ELD (across content areas)?**  Yes  No

**If yes, please select:**

- Oral clarification of directions in the primary language
- Illustrated glossaries in primary language
- Graphic organizer with key concepts translated to primary language
- Pair key text/words translated to primary language with visuals
- Pair key text/words translated to primary language
- Provide definitions in primary language in context of lesson
- Frontloading using primary language, to bridge new learning to previous knowledge
- Teach relationships between concepts in primary language
- Conduct frequent comprehension checks, allow for student response in primary language
- Bilingual dictionary
- Glossaries in primary language
- Other:

b. **Where will the student receive Designated ELD?**  General Education  Special Education

2. **The student who is an English Learner is currently participating in:**

Structured English Immersion (SEI) or  Other, parent selected multilingual/language acquisition program

**Comments:**

**Does student's behavior impede learning of self or others?**  Yes  No (describe)

**If yes, specify positive behavior interventions, strategies, and supports:**

Behavior Goal is part of this IEP  Behavior Intervention Plan (BIP) Attached

ELK Xiong, Kaleb - HSN-104946193


**ELK GROVE UNIFIED**  
**Statewide Assessments**
**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

Indicate student's participation in the California Assessment of Student Performance and Progress (CAASPP) below:

**English Language Arts (Grades 3-8, & 11)**90 Not to Participate (Outside Testing Group or Plan Type 200)**Math (Grades 3-8, & 11)**90 Not to Participate (Outside Testing Group or Plan Type 200)**Science (Grades 5, 8 & High School)**90 Not to Participate (Outside Testing Group or Plan Type 200) **If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments.****Physical Fitness Test (Grades 5, 7 & 9)**

- Out of testing range  
 Without Accommodations  
 With Accommodations  
 With Modifications (Check with PFT Office prior to use)

 **Other State-Wide/ District-Wide Assessment(s) Alternate Assessment(s)** **Desired Results Developmental Profile (DRDP) – (Preschoolers Ages 3, 4 and 5 years)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adaptations Not Applicable            | <input checked="" type="checkbox"/> Sensory support                       | <input type="checkbox"/> Functional positioning    |
| <input type="checkbox"/> Alternative response mode             | <input type="checkbox"/> Assistive equipment or device                    | <input checked="" type="checkbox"/> Visual support |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Augmentative or alternative communication system |  |

**English Language Proficiency Assessments of California (ELPAC; for English Learners Only).**

Please Note: Computer-based is for all domains grades 3-12. The writing domain is paper-based only for grades K-2. All other domains for grades K-2 are computer-based.

 **Initial ELPAC**

- Without Designated Supports (All domains)  
 Designated Supports (All domains)  
 Without Accommodations (All domains)  
 Accommodations (All domains)

 **Summative ELPAC Computer-based**

- Without Designated Supports (All domains)  
 Embedded Designated Supports  
 Non-embedded Designated Supports

- Without Accommodations (All domains)
- Embedded Accommodations
- Non-embedded Accommodations

**Domain Exemption:**

**Alternate ELPAC**

**Initial Alternate ELPAC**

**Summative Alternate ELPAC**

- Alternate ELPAC Embedded Designated Supports
- Alternate ELPAC Non-embedded Designated Supports
- Alternate ELPAC Non-embedded Accommodations

**Standards based Tests in Spanish STS**

- Math without Designated Supports or Accommodations
- Math with Designated Supports
- Math with Accommodations
- Reading, Language, Spelling without Designated Supports or Accommodations
- Reading, Language, Spelling with Designated Supports
- Reading, Language, Spelling with Accommodations

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Concepts of Braille	<b>Measurable Annual Goal #:</b> <u>1</u>
<b>Baseline:</b> Kaleb currently explores Braille & tactile books.	<p><b>Goal:</b> By 5/2024, Kaleb will be able to locate the front/back, top/bottom of braille books and pages when asked in 5 of 5 trials as noted in VI log.</p> <p><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</p> <p><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</p> <p><input checked="" type="checkbox"/> Linguistically appropriate</p> <p><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p><b>Person(s) Responsible:</b> Visual Impairment Program Staff</p>

**Short-Term Objective:** By 11/2023, Kaleb will be able to locate the front/back, top/bottom of braille books and pages when asked in 2 of 5 trials as noted in VI log.

**Short-Term Objective:** By 3/2024, Kaleb will be able to locate the front/back, top/bottom of braille books and pages when asked in 4 of 5 trials as noted in VI log.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Braille "scribbling"	<b>Measurable Annual Goal #:</b> <u>4</u>
<b>Baseline:</b> Kaleb has limited experience with the braille writer.	<b>Goal:</b> By 5/2024, Kaleb will "scribble" on the Braille Writer, using the alphabet keys, space bar, back space and line advance keys, in 8/10 trials as measured by observation and noted in VI log. <ul style="list-style-type: none"> <li><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</li> <li><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</li> <li><input checked="" type="checkbox"/> Linguistically appropriate</li> <li><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</li> </ul> <b>Person(s) Responsible:</b> Visual Impairment Staff

**Short-Term Objective:** By 11/2023, Kaleb will use any keys to scribble on the Braille Writer (pressing hard enough to emboss paper) in 8/10 trials as noted in teacher log.

**Short-Term Objective:** By 3/2024, Kaleb will use the alphabet keys to scribble on the Braille Writer using the line advance key after the bell rings in 8/10 trials as noted in teacher log.

**Short-Term Objective:****Progress Report 1:****Summary of Progress:****Comment:****Progress Report 2:****Summary of Progress:****Comment:****Progress Report 3:****Summary of Progress:****Comment:****Annual Review Date:**Goal met  Yes  No**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Cane Care & Use	<b>Measurable Annual Goal #:</b> <u>7</u>
<b>Baseline:</b> Kaleb will benefit from becoming familiar with basic care and use of the cane when in familiar environments.	<b>Goal:</b> By 5/2024 Kaleb will demonstrate the basic care and use of his cane in 8 of 10 trials as noted by teacher log. <ul style="list-style-type: none"> <li><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</li> <li><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</li> <li><input checked="" type="checkbox"/> Linguistically appropriate</li> <li><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</li> </ul> <b>Person(s) Responsible:</b> Orientation & Mobility Specialist

**Short-Term Objective:** By 10/2023 Kaleb will be able to independently hang up or place his cane in an appropriate place when coming in from the classroom and retrieve his cane from that place when leaving the classroom in 8 of 10 trials as noted by teacher log.

**Short-Term Objective:** By 1/2024 Kaleb will demonstrate the proper grip and position when using the cane outdoors in 4 of 5 trials as noted by teacher log.

**Short-Term Objective:** By 5/2024 Kaleb will be able to use the proper arc and trailing technique with occasional hand over hand modeling when using a cane in 4 out of 5 trials as noted by teacher log.

**Progress Report 1:****Summary of Progress:****Comment:****Progress Report 2:****Summary of Progress:****Comment:****Progress Report 3:****Summary of Progress:****Comment:****Annual Review Date:**Goal met  Yes  No**Comments:**

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<b>Area of Need:</b> Stair Navigation	<b>Measurable Annual Goal #:</b> <u>8</u>
<b>Baseline:</b> Kaleb crawls when going up and down stairs.	<p><b>Goal:</b> By 05/2024 Kaleb will demonstrate the ability to go up and down 4 stairs independently with one hand on the rail to increase independent school mobility 4 out of 5 trials as noted by teacher log.</p> <p><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</p> <p><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</p> <p><input checked="" type="checkbox"/> Linguistically appropriate</p> <p><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p><b>Person(s) Responsible:</b> O&amp;M Specialist and Classroom Staff</p>

**Short-Term Objective:** By 11/2023 Kaleb will demonstrate the ability to go up and down 4 stairs using tactile and verbal cues from staff to slow down with one hand on the rail to increase independent school mobility 4 out of 5 trials as noted by teacher log.

**Short-Term Objective:** By 3/2024 student will demonstrate the ability to go up and down 4 stairs using verbal cues from staff to slow down with one hand on the rail to increase independent school mobility 4 out of 5 trials as noted by teacher log.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

ELK Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<p><b>Area of Need:</b> Communication Development/Pragmatic Language</p>	<p><b>Measurable Annual Goal #:</b> <u>9</u></p> <p><b>Goal:</b> By May 2024, Kaleb will participate in structured group activities with peers and/or adults by directing communicative attempts towards others [body facing, verbally gaining attention, etc.], taking his turn, and/or requesting to continue or discontinue the activity, given minimal support (1-2 prompts/cues), in 4/5 communication exchanges, as measured by data and observations.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard LS 1.1 Use language to communicate with others in familiar social situations for a variety of basic purposes, including describing, requesting, commenting, acknowledging, greeting, and rejecting</p> <p><input type="checkbox"/> Addresses other educational needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p><b>Person(s) Responsible:</b> Classroom staff/SLP</p>
<p><b>Baseline:</b> Kaleb is not yet seeking others out for fun/enjoyment, taking conversational or social turns, responding to his name or bids for his attention consistently, or showing or sharing things he finds interesting. Overall, his engagement with others is reduced for what would be expected at his age. He will benefit from increasing awareness of those around him and learning to take conversational turns.</p>	

**Short-Term Objective:** By November 2023, Kaleb will participate in structured group activities with peers and/or adults by directing communicative attempts towards others [body facing, verbally gaining attention, etc.], taking his turn, and/or requesting to continue or discontinue the activity, given maximum support (4+ prompts/cues), in 4/5 communication exchanges, as measured by data and observations.

**Short-Term Objective:** By March 2024, Kaleb will participate in structured group activities with peers and/or adults by directing communicative attempts towards others [body facing, verbally gaining attention, etc.], taking his turn, and/or requesting to continue or discontinue the activity, given moderate support (3-4 prompts/cues), in 4/5 communication exchanges, as measured by data and observations.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Indoor Orientation & Mobility	<b>Measurable Annual Goal #:</b> <u>6</u>
<b>Baseline:</b> Kaleb will benefit from learning various indoor travel skills including human guide, trailing and protective techniques when traveling in indoor environments.	<b>Goal:</b> By 5/2024, Kaleb will successfully navigate major areas of his classroom using human guide, trailing and protective techniques in 4 of 5 trials as measured by teacher log.
	<input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability <input checked="" type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living
	<b>Person(s) Responsible:</b> O&M Specialist/Classroom Staff

**Short-Term Objective:** By 11/2023, Kaleb will demonstrate the use of trailing techniques when traveling in the classroom in 4 out of 5 trials as noted by teacher log.

**Short-Term Objective:** By 3/2024, Kaleb will demonstrate the use of a modified human guide with adults when traveling in the classroom in 4 out of 5 trials as noted by teacher log.

**Short-Term Objective:** By 5/2024, Kaleb will demonstrate the use of protective techniques when traveling in the classroom in 4 out of 5 trials as noted by teacher log.

**Progress Report 1:****Summary of Progress:****Comment:****Progress Report 2:****Summary of Progress:****Comment:****Progress Report 3:****Summary of Progress:****Comment:****Annual Review Date:**Goal met  Yes  No**Comments:**

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<b>Area of Need:</b> Identify different tactile shapes	<b>Measurable Annual Goal #:</b> <u>5</u>
<b>Baseline:</b> Kalewb currently names a few familair shapes.	<b>Goal:</b> By 5/2024, Kaleb will be able to find one raised line or tactile shape that is different given a page with up to 5 shapes with 95% accuracy as measured by TVI test and noted in VI log.  <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability <input checked="" type="checkbox"/> Linguistically appropriate  <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living <b>Person(s) Responsible:</b> Visual Impairment Program Staff

**Short-Term Objective:** By 11/2023, Kaleb will find the shape that is different given a page with 3 raised line/tactile shapes with 80% accuracy as noted by teacher log.

**Short-Term Objective:** By 3/2024, Kaleb will find the shape that is different given a page with 4 raised line/tactile shapes with 80% accuracy as noted by teacher log.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Name parts of the braille writer	<b>Measurable Annual Goal #:</b> <u>3</u>
<b>Baseline:</b> Kaleb has limited experience with braille writers.	<b>Goal:</b> By 5/2024, Kaleb will name at least 12/20 of the parts of the Braille Writer in 4 of 5 trials as measured by teacher log. <ul style="list-style-type: none"> <li><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</li> <li><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</li> <li><input checked="" type="checkbox"/> Linguistically appropriate</li> <li><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</li> </ul>
<b>Person(s) Responsible:</b> Visually Impairment Program Staff	

**Short-Term Objective:** By 11/2023, Kaleb will name 4/20 parts of the Braille Writer in 4 of 5 trials as measured by teacher log.**Short-Term Objective:** By 3/2024, Kaleb will name 8/20 parts of the Braille Writer in 4 of 5 trials as measured by teacher log.**Short-Term Objective:****Progress Report 1:****Summary of Progress:****Comment:****Progress Report 2:****Summary of Progress:****Comment:****Progress Report 3:****Summary of Progress:****Comment:****Annual Review Date:**Goal met  Yes  No**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<b>Area of Need:</b> Tracking left to right	<b>Measurable Annual Goal #:</b> <u>2</u>
<b>Baseline:</b> Kaleb currently explores Braille books and has no experience with Braille labels.	<b>Goal:</b> By 5/2024, Kaleb will use a light touch to "tickle the dots" while tracking from left to right on a braille page/calendar/label, in 8/10 opportunities as measured by observation and noted in VI log. <ul style="list-style-type: none"> <li><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard</li> <li><input checked="" type="checkbox"/> Addresses other educational needs resulting from the disability</li> <li><input checked="" type="checkbox"/> Linguistically appropriate</li> <li><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</li> </ul> <b>Person(s) Responsible:</b> Visual Impairment Program Staff

**Short-Term Objective:** By 11/2023 Kaleb will use a light touch to track braille from left to right in 4/10 opportunities as noted by teacher log.

**Short-Term Objective:** By 3/2024, Kaleb will use a light touch to track braille from left to right in 6/10 opportunities as noted by teacher log.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<b>Area of Need:</b> Communication Development - Expressive Language	<b>Measurable Annual Goal #:</b> <u>12</u>  <b>Goal:</b> By May 2024, Kaleb will use 2-3 words to make requests, comment, take a turn, and/or protest/reject objects or activities, with use of common vocabulary (i.e., pronouns, concepts, etc.), taught during structured language tasks, independently, for 4 of 5 trials as measured by SLP charting and observation.  <input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard LS 1.1 Use language to communicate with others in familiar social situations for a variety of basic purposes, including describing, requesting, commenting, acknowledging, greeting, and rejecting  <input type="checkbox"/> Addresses other educational needs resulting from the disability  <input type="checkbox"/> Linguistically appropriate  <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living <b>Person(s) Responsible:</b> Classroom staff/SLP
<b>Baseline:</b> Kaleb currently communicates using body language, gestures, and verbal language to communicate for some, but not all, pragmatic purposes.	

**Short-Term Objective:** By November 2023, Kaleb will use 2-3 words to make requests, comment, take a turn, and/or protest/reject objects or activities, with use of common vocabulary (i.e., pronouns, concepts, etc.), taught during structured language tasks, moderate support (3-4 prompts/cues), for 4 of 5 trials as measured by SLP charting and observation.

**Short-Term Objective:** By March 2024, Kaleb will use 2-3 words to make requests, comment, take a turn, and/or protest/reject objects or activities, with use of common vocabulary (i.e., pronouns, concepts, etc.), taught during structured language tasks, given minimal support (1-2 prompts/cues), for 4 of 5 trials as measured by SLP charting and observation.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

ELK Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

<b>Area of Need:</b> Communication Development/Receptive Language	<b>Measurable Annual Goal #:</b> <u>11</u>
<b>Baseline:</b> Kaleb is not yet demonstrating understanding of preschool level concepts, such as same/different, prepositions, or descriptive word [size, texture, shape, etc.].	<p><b>Goal:</b> By May 2024, when given a two objects to compare, Kaleb will determine if the objects are the same or different, independently, in 4 out of 5 opportunities, as measured by data and observation.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard LS 2.1 Understand and use accepted words for objects, actions, and attributes encountered frequently in both real and symbolic contexts</p> <p><input type="checkbox"/> Addresses other educational needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p><b>Person(s) Responsible:</b> Classroom staff/SLP</p>

**Short-Term Objective:** By November 2023, when given a two objects to compare, Kaleb will determine if the objects are the same or different, given moderate support (3-4 prompts/cues), in 4 out of 5 opportunities, as measured by data and observation.

**Short-Term Objective:** By March 2024, when given a two objects to compare, Kaleb will determine if the objects are the same or different, given minimal support (1-2 prompts/cues), in 4 out of 5 opportunities, as measured by data and observation.

**Short-Term Objective:****Progress Report 1:****Summary of Progress:****Comment:****Progress Report 2:****Summary of Progress:****Comment:****Progress Report 3:****Summary of Progress:****Comment:****Annual Review Date:**Goal met  Yes  No**Comments:**

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

<p><b>Area of Need:</b> Communication Development/Receptive Language</p>	<p><b>Measurable Annual Goal #:</b> <u>10</u></p> <p><b>Goal:</b> By May 2024, Kaleb will demonstrate use of toys/materials that contain multiple parts (e.g. stack rings, blocks, puzzles, baby dolls/figures [dressing/feeding/etc.], etc.), given minimal support (1-2 prompts/cues), in 4/5 trials, as measured by data and observation.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard LS 1.1 Use language to communicate with others in familiar social situations for a variety of basic purposes, including describing, requesting, commenting, acknowledging, greeting, and rejecting</p> <p><input type="checkbox"/> Addresses other educational needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p><b>Person(s) Responsible:</b> Classroom staff/SLP</p>
<p><b>Baseline:</b> Kaleb primarily plays with cause and effect toys and those that make noises or have buttons. He's not yet engaging in functional, symbolic, or pretend play. Play skills are a critical part in development of language, social interactions, and concepts.</p>	

**Short-Term Objective:** By November 2023, Kaleb will demonstrate use of toys/materials that contain multiple parts (e.g. stack rings, blocks, puzzles, baby dolls/figures [dressing/feeding/etc.], etc.), given maximum support (4+ prompts/cues), in 4/5 trials, as measured by data and observation.

**Short-Term Objective:** By March 2024, Kaleb will demonstrate use of toys/materials that contain multiple parts (e.g. stack rings, blocks, puzzles, baby dolls/figures [dressing/feeding/etc.], etc.), given moderate support (3-4 prompts/cues), in 4/5 trials, as measured by data and observation.

**Short-Term Objective:**

**Progress Report 1:**

**Summary of Progress:**

**Comment:**

**Progress Report 2:**

**Summary of Progress:**

**Comment:**

**Progress Report 3:**

**Summary of Progress:**

**Comment:**

**Annual Review Date:**

Goal met  Yes  No

**Comments:**

ELK Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED**  
**Offer of FAPE - SERVICE**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

**The service options that were considered by the IEP team (List all):** Team discussed individual and small group instruction in a specialized preschool program, access to braille, tactile graphics, a braille writer, Occupational Therapy supports, Speech/Language supports, supports from the teacher of the visually impaired (vision services and orientation and mobility services), specialized equipment, additional adult support, access to typical peers, direct instruction on social skills, Extended School Year services, and transportation services.

**In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:** Team agrees that Kaleb requires a specialized preschool placement to address his unique needs. District recommends the Level 2 Preschool. IEP Team reviewed/considered the potential harmful effects of the recommended LRE and determined that the student would have reduced interactions with typical peers and may not be attending their school of residence. However, benefits of this placement (taught by a credentialed special education teacher, low staff to student ratio, specialized curriculum, individualized goals, and pacing) far outweigh any potential harmful effects.

**SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT**

The IEP team discussed and determined program accommodations are not needed in general education classes or other education-related settings.

The IEP team discussed and determined the following program accommodations are needed in general education classes or other education-related settings.

Program Accommodations	Start Date	End Date	Location
Braille	5/9/2023	5/9/2024	School Site
Tactile graphics	5/9/2023	5/9/2024	School site
Braille Writer	5/9/2023	5/9/2024	School site

The IEP team discussed and determined program modifications are not needed in general education classes or other education-related settings.

The IEP team discussed and determined the following program modifications are needed in general education classes or other education-related settings.

Program Modifications	Start Date	End Date	Frequency	Duration	Location
Shorten assignments to focus on mastery of key concepts	5/9/2023	5/9/2024	Daily	20 minutes	Classroom

The IEP team discussed and determined other supports for school personnel, or for student, or on behalf of the student are not needed.

The IEP team discussed and determined the following other supports for school personnel, or for student, or on behalf of the student are needed.

Other Supports for School Personnel, or for Student, or on Behalf of Student	To Support	Start Date	End Date	Frequency	Duration	Location
Special equipment or teaching materials Braille writer, tactile manipulatives and braille books, materials. Access to a white cane for mobility purposes.	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	5/9/2023	5/9/2024	Daily	180 minutes	School site
One on one classroom support from a school district staff who is knowledgeable in working with students who are legally blind.	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	5/9/2023	5/9/2024	Daily	180 minutes	Classroom/School Campus

Consultation with teacher for the Visually Impaired and Classroom Teacher to gather materials to be adapted and transcribed into braille and share best practices for teaching blind students.	Xiong, Kaleb HSN-104946193 <input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	5/9/2023	5/9/2024	Once weekly	ATTACHMENT 9 45 minutes	Classroom
Integrated Speech/Language services to include consultation, collaboration, coaching, and direct instruction with the student for coaching purposes to address deficits in speech and language skills.	<input type="checkbox"/> Student <input checked="" type="checkbox"/> Personnel	5/9/2023	5/9/2024	30 sessions	45 minutes	Classroom/School Site
Kaleb will have access to typical peers during reverse mainstreaming activities for a total of 12 hours per week, in which typical peers will join the self-contained classroom during structured indoor and/or outdoor play activities across 4 days per week when class is in session.	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	5/9/2023	5/9/2024	Weekly	12 hours	School site
Social Skills Training: Kaleb will have access to small group social skills training to address the areas of social communication and social interaction. This will take place in the classroom a total of 45 minutes per day while he attends the specialized preschool program.	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel	5/9/2023	5/9/2024	Daily	45 minutes	School site

### SPECIAL EDUCATION and RELATED SERVICES

<b>Service:</b> <i>Specialized vision services</i>	<b>Start Date:</b> <u>5/9/2023</u>	<b>End Date:</b> <u>5/9/2024</u>
<b>Provider:</b> <u>SELPA</u>	<input checked="" type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> <u>30</u> min x <u>4</u> Totaling: <u>120</u> min served <u>Weekly</u>	<b>Location:</b> <u>Separate classroom in public integrated facility</u>	
<b>Comments:</b> <u>Teacher of the visually impaired (or VI staff) will provide diagnostic services through consultation, observation, and direct intervention.</u>		
<b>Service:</b> <i>Orientation and mobility</i>	<b>Start Date:</b> <u>5/9/2023</u>	<b>End Date:</b> <u>5/9/2024</u>
<b>Provider:</b> <u>SELPA</u>	<input type="checkbox"/> Ind <input type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> <u>20</u> min x <u>2</u> Totaling: <u>40</u> min served <u>Weekly</u>	<b>Location:</b> <u>Public preschool</u>	
<b>Comments:</b>		
<b>Service:</b> <i>Individual and small group instruction</i>	<b>Start Date:</b> <u>5/9/2023</u>	<b>End Date:</b> <u>5/9/2024</u>
<b>Provider:</b> <u>SELPA</u>	<input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition	
<b>Duration/Freq:</b> <u>180</u> min x <u>4</u> Totaling: <u>720</u> min served <u>Weekly</u>	<b>Location:</b> <u>Separate classroom in public integrated facility</u>	
<b>Comments:</b> <u>Services provided across academic calendar.</u>		

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

**Special Education Transportation**  Yes  No Kaleb requires transportation services due to age and level of need .

### EXTENDED SCHOOL YEAR (ESY)

Yes  No

**Rationale:** Team discussed Extended School Year and agreed that student is eligible for ESY services during the summer of 2023. Based on his need, Kaleb is at a critical point of skill acquisition or readiness, and his ability to acquire skills may be lost or greatly reduced as a result of an interruption of services.

<b>Service:</b> <u>Xiong, Kaleh HSN 104946193</u> <i>Individual and small group instruction</i>	<b>Start Date:</b> <u>6/19/2023</u> <b>End Date:</b> <u>7/21/2023</u>
<b>Provider:</b> <u>SELPA</u>	<input type="checkbox"/> Ind <input checked="" type="checkbox"/> Grp <input type="checkbox"/> Sec Transition
<b>Duration/Freq:</b> <u>120 min x 20</u> Totaling: <u>2400</u> min served <u>Monthly</u>	<b>Location:</b> <u>Separate classroom in public integrated facility</u>
<b>Comments:</b> <u>District offers 20 days of instruction in the Level 2 classroom as ESY services. Services to be provided during the summer of 2023. Specific location and times of services will be provided to Parents prior to the end of the 2022/2023 school year.</u>	

Programs and services will be provided according to where student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.



**ELK GROVE UNIFIED  
EMERGENCY CIRCUMSTANCES PROGRAM**

Student Name: Xiong, KalebBirthdate: 3/13/2020Meeting Date: 5/9/2023

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below in light of the emergency circumstances and District policy.

**Specialized Academic Instruction and Related Services**

**Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):**

<input checked="" type="checkbox"/> Teacher-posted lessons, asynchronous (online or other media)	<input checked="" type="checkbox"/> Virtual class meetings, synchronous	<input checked="" type="checkbox"/> Personalized learning tools (virtual or paper packets, as available)	<input checked="" type="checkbox"/> Scheduled teacher appointments (virtual or in-person, as available)	<input checked="" type="checkbox"/> Scheduled email check-ins (parent or student)	<input checked="" type="checkbox"/> Virtual office hours (drop-in; parent or student)
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Other:

Comments:

**Transition Services**

 NOT APPLICABLE SAME AS ABOVE

**Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):**

<input type="checkbox"/> Teacher-posted lessons, asynchronous (online or other media)	<input type="checkbox"/> Virtual class meetings, synchronous	<input type="checkbox"/> Personalized learning tools (virtual or paper packets, as available)	<input type="checkbox"/> Scheduled teacher appointments (virtual or in-person, as available)	<input type="checkbox"/> Scheduled email check-ins (parent or student)	<input type="checkbox"/> Virtual office hours (drop-in; parent or student)
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Other:

Comments:

**Extended School Year Services**

 NOT APPLICABLE SAME AS ABOVE

**Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):**

<input type="checkbox"/> Teacher-posted lessons, asynchronous (online or other media)	<input type="checkbox"/> Virtual class meetings, synchronous	<input type="checkbox"/> Personalized learning tools (virtual or paper packets, as available)	<input type="checkbox"/> Scheduled teacher appointments (virtual or in-person, as available)	<input type="checkbox"/> Scheduled email check-ins (parent or student)	<input type="checkbox"/> Virtual office hours (drop-in; parent or student)
---	--	---	--	--	--

Other:

Comments:

**Supplementary Aids and Services (provided in general education classes and other general ed environments)**

**Means of Delivery, to greatest extent possible (mark all that could apply for student, depending on emergency circumstances):**

<input checked="" type="checkbox"/> Teacher-led lessons, asynchronous (online or other media)	<input checked="" type="checkbox"/> Virtual class meetings, synchronous	<input checked="" type="checkbox"/> Personalized learning tools (virtual or paper packets, as available)	<input checked="" type="checkbox"/> Scheduled teacher appointments (virtual or in-person, as available)	<input checked="" type="checkbox"/> Scheduled email check-ins (parent or student)	<input checked="" type="checkbox"/> Virtual office hours (drop-in; parent or student)
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Other:

## Comments:

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. Public health orders shall be taken into account in implementing the emergency conditions provision. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

***Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances. The emergency service options will not be implemented if they are inconsistent with a public health order or directive, are inconsistent with the school's emergency preparedness procedures, and/or would interfere with the health and safety of students or staff during emergency conditions.***

Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
OFFER OF FAPE - EDUCATIONAL SETTING**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023

Physical Education:     General     Specially Designed     Other Preschool teacher to provide PE activities.

District of Service: Elk Grove UnifiedSchool of Attendance: Foulks Ranch Elementary

All special education services provided at student's school of residence?  Yes  No (rationale) *Program not offered at school of residence.*

**Preschool Program Setting** (3-5 year-old Preschool and 4 year-old TK/Kgn): Regular Early Childhood Program

(Note: Answer items below for students ages 3-5 in Regular Early Childhood Program and 4 year-olds in TK/Kgn)

The location where the student receives the majority of their special education services the same as above:

Same as above     Different from above

Is the Regular Early Childhood Program ten hours per week or greater?  Yes     No

**Program Setting** (TK/Kgn or greater, ages 5-22):

(Note: Percentage of time is required for those that will be 5 and in Transitional Kindergarten/Kindergarten or greater within the duration of this IEP)

\_\_\_\_\_ % of time student is outside the regular class & extracurricular & non academic activities

\_\_\_\_\_ % of time student is in the regular class & extracurricular & non academic activities

Plan Effective Date: 5/9/2023

Student will not participate in the regular class and/or extracurricular and/or non academic activities: *for 0 hours per week* because

**Other Agency Services**

- County Mental Health  
 California Children's Services (CCS)  
 Regional Center  
 Probation  
 Department of Rehabilitation  
 Department of Social Services (DSS)  
 Other

Promotion Criteria:     District     Progress on Goals     Other

Parents will be informed of progress:     Quarterly     Trimester     Semester     Other

How?     Progress Summary Report     Other

**ACTIVITIES TO SUPPORT TRANSITION** (e.g. preschool to kindergarten, special education and/or NPS to general education class, 8th-9th grade, etc)

*Parents are offered an opportunity to participate in a Meet and Greet event with the receiving teacher prior to Kaleb's first day of attendance. District will help coordinate initial conversation with Parent and receiving Teacher so a Meet and Greet event can be scheduled at a mutually agreeable time and date.*

Xiong, Kaleb - HSN-104946193



**ELK GROVE UNIFIED  
IEP TEAM MEETING NOTES**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023**Date Saved:** 5/9/2023

**Notes:** *This is an initial IEP meeting to discuss eligibility for special education and to discuss the results of the recent assessments. The Team agreed to meet virtually via Zoom. Team members present include: Yang and Mary Xiong (Parents), Jennifer Lipsky (Program Specialist), Yvette Paredes (School Psychologist), Jena Freeman (Special Education Teacher), Megan Sils (General Education Teacher), Francis Fernandez (Occupational Therapist), Chris Peterson (Teacher of the Visually Impaired), Marianne Richardson (Speech/Language Pathologist), and Cindy Cherry (SCOE).*

*The Procedural Safeguards and EGUSD Parent Special Education Handbook were presented at the meeting and provided via email prior to the meeting. Parents had no questions regarding the Safeguards.*

*An excusal form was provided for Cindy Ludwig (school nurse) who was unable to attend the meeting. Written input was given prior to the meeting and is included in the reports. Parent was in agreement to hold the meeting without her in attendance.*

*A draft copy of the Interdisciplinary Assessment report and the Vision report were provided to Parent prior to the meeting for review. Parent indicated they had an opportunity to review the reports and had a few questions about the interdisciplinary assessment report. Parents noted that the IEP date was not correct. Parents also indicated that Kaleb has three cousins who are on the Autism spectrum. Both of these errors will be corrected and Parents will be provided with a final copy. In addition, Parents noted that Kaleb will gulp air and tries to burp it out.*

*Team discussed Kaleb's strengths/preferences/interests and Parent concerns, which include separating from Parents and making friends at school. Present levels were briefly reviewed, and it was explained that the information included in each section had been lifted from the initial assessment reports.*

*Proposed goals in the areas of Pre-Reading, Pre-Braille, Indoor Orientation and Mobility, Care Cane and Use, Stair Navigation, and Communication Development (Pragmatic Language, Receptive Language, and Expressive Language) were shared with the Team. District explained that the goals will be in effect for one year and also reviewed different elements of the Goals page, such as the baseline, annual goal, and short term objectives. Parents and SCOE agree that the goals are appropriate to meet Kaleb's needs.*

*Accommodations, additional supports, and special education services were considered and reviewed. It was recommended that Kaleb have access to Braille within the classroom setting, not only for reading stories but for items posted on the walls. A braille writer will also be available in the classroom. Parent asked if a braille writer would also be provided at home, and Teacher of the Visually Impaired confirmed that the Braille writer and Braille paper would be provided to the family.*

*Team discussed services and placement. General education was considered. Preschool placement continuum was reviewed with the Team. The District recommends that Kaleb participate in the Level 2 inclusive preschool program. This setting focuses on fine motor and pre-academics, social and pretend play, turn taking and sharing, conversational speech, and increasing independence with daily living skills and classroom transitions, all in an inclusive preschool classroom that provides access to typical peers for the entire educational week.*

*Additional supports include the integrated model for speech/language therapy, which involves providing supports through a push in model where the therapist supports Kaleb in progressing towards his goals and also allows for support to be provided to classroom staff to support Kaleb even when the speech/language therapist is not in the classroom.*

*The specific school site, teacher, and bell times were shared with Parents. Parents were also notified that there are other students on site who have visual impairments. A Meet and Greet event was offered to the Parents before Kaleb begins attending school.*

Xiong, Kaleb - HSN-104946193

ATTACHMENT 9

*Parents asked about the Level 3 classroom and also asked about additional classroom support for Kaleb. The Teacher of the Visually Impaired indicated that Kaleb will have access to a full time additional para educator who can assist with classroom mobility, transitions, work activities, and following the preschool curriculum. Program Specialist shared the differences between the Level 2 and Level 3 classrooms, and Parent is in agreement that the Level 2 classroom is appropriate to meet Kaleb's needs.*

*The District's offer of Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) consists of individual and small group instruction provided in the Level 2 inclusive preschool classroom with accommodations, modifications, services, and supports as listed on the Services page of the IEP. Parents were fully informed of the District's offer of FAPE.*

*All pages of the IEP were reviewed with Parent. Team reviewed Medi-Cal form and Emergency Conditions form which will both be sent home with the IEP. The District Assessment team will provide an electronic copy of the IEP via email for Parent review and signature. District fully explained the electronic signature procedure to Parent.*

*There were no additional questions. Meeting adjourned.*



**ELK GROVE UNIFIED  
SIGNATURE AND PARENT CONSENT**

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP Date: 5/9/2023**IEP Meeting Participants**

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

**CONSENT**

- I agree to all parts of the IEP.  
 I agree with the IEP, with the exception of  
 I decline the offer of initiation of special education services.  
 I understand that my child is not eligible for special education.  
 I understand that my child is no longer eligible for special education.

**Signature below is to authorize and approve the IEP.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student

**PARENT INVOLVEMENT**

As a means of improving services and results for your child did the school facilitate parent involvement?

- Yes  No  No Response

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student

- Parent/Adult Student has received a copy of the Procedural Safeguards.  
 Parent/Adult Student has received a copy of assessment report (if applicable).  
 Parent/Adult Student has received a copy of the Individualized Education Plan (IEP).  
 Parent/Adult Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits.  
 Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.

ELK Xiong, Kaleb - HSN-104946193

**ELK GROVE UNIFIED  
IEP TEAM MEMBER EXCUSAL**

**Student Name:** Xiong, Kaleb**Birthdate:** 3/13/2020**IEP Date:** 5/9/2023

By mutual agreement between the parent/adult student, and designated representative of the local education agency, the presence and participation of the Individual Education Program team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting scheduled on 5/9/2023 because (1) the member's area of the curriculum or related services is not being modified or discussed in the meeting or (2) the meeting involves a modification to or discussion of the member's area of curriculum or related services and the member submitted, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

**Individual Education Program Team Member(s)**

Individual Education Program Team Member(s)	Area Of Curriculum Or Related Services	Area Of Curriculum Or Related Services is Not Being Discussed Or Modified	Written input has been submitted to the parent and the IEP team prior to the meeting regarding Area Of Curriculum Or Related Services	The IEP team member is being mutually excused from the IEP meeting
<u>School Nurse</u>	<u>Health</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> whole <input type="checkbox"/> in part

By mutual agreement the IEP team members identified above, have been excused from being present and participating in my child's IEP meeting.

**Check** the relationship to student, sign, and date below.

Signature of  Parent  Guardian  Surrogate

\_\_\_\_\_

**Date:** \_\_\_\_\_Signature of  Parent  Guardian  Surrogate

\_\_\_\_\_

**Date:** \_\_\_\_\_**Signature of Adult Student (ages 18-21):**

\_\_\_\_\_

**Date:** \_\_\_\_\_**Signature of Designated District Representative:**

\_\_\_\_\_

**Date:** \_\_\_\_\_**Title/Position:** \_\_\_\_\_

"IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE- '(i) ATTENDANCE NOT NECESSARY – A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting, '(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if—(I) the parent and the local educational agency consent to the excusal; and '(II) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. '(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent's agreement under clause (i) and consent under clause (ii) shall be in writing."

kp.org/messagecenter

**Developmental Screening Follow Up**



**JUDIT BLAKE MFT**

To: Kaleb Ceebtsheej Xiong , Mary T Xiong (Viewed)

Oct 13, 2023 at 08:51:00 AM

Dear Parent/Guardian of Kaleb,

Thank you for returning the developmental questionnaire for Kaleb. It was a pleasure speaking on the phone with you today. Please refer to the letter below for the screening results, referral(s), and recommendations.

If you have any questions, please feel free to contact me at the phone number below.

Thank you,

Judit Blake, LMFT, (707) 624-4281  
Developmental Screening Specialist  
Early Developmental Screening Program

=====

Kaiser Permanente  
Early Developmental Screening Program  
1 Quality Drive, Pediatrics 1  
Vacaville, CA 95688-9494

10/13/2023

Parents/Guardian(s) of Kaleb Ceebtsheej Xiong  
9582 Village Tree Dr  
Elk Grove CA 95758

Dear Parents/Guardian,

Thank you for completing your child's 42 month developmental questionnaire.

**These are your child's screening results:**

**Ages and Stages Questionnaire (ASQ-3):** Your child's results were below age expectations in the

communication, gross motor, fine motor, problem solving, and personal-social area(s).

**Modified Checklist for Autism in Toddlers - Revised (MCHAT-R):** Based on your responses to the questions 1, 3, 6, 7, 8, 9, 11, 12, 14, 15, 16, 17, and 19 on the MCHAT-R screener, we've referred Kaleb to the Kaiser Permanente Autism Spectrum Disorder (ASD) Center in Rancho Cordova (916-631-2550). You'll be contacted for follow-up. In the meantime, please see below for additional recommendations to support your child's development.

**Dr. John Salvato, MD FAAP, Developmental Pediatrician, reviewed your child's medical record and the developmental questionnaires you completed. Dr. Salvato recommends the following:**

We've referred you to the Speech Therapy Department at Kaiser Permanente in South Sacramento (916-688-2096). You'll be contacted for follow-up.

You may want to check out '<https://autismnavigator.com/>' for information and resources related to Autism Spectrum Disorder.

You can learn more about autism and resources for parents at the Center for Disease Control: <https://www.cdc.gov/ncbddd/autism/index.html>

Please continue with services through your local school district as established.

The Family Resource Center, Warmline FRC, offers resources you may find helpful. You may contact them at (916) 455-9500 or [www.warmlinefrc.org](http://www.warmlinefrc.org).

Please plan to review his progress at your next Well Child visit with Dr. STEPHANIE ANNE YEE-GUARDINO DO. If you have any questions, please contact me at the phone number below.

Sincerely,

Judit Blake, LMFT, (707) 624-4281  
Developmental Screening Specialist  
John Salvato MD FAAP  
Developmental/Behavioral Pediatrician, TPMG  
Medical Director, Early Developmental Screening Program

**ALTA CALIFORNIA REGIONAL CENTER  
SOCIAL ASSESSMENT**

**APPLICANT NAME: Kaleb Xiong**

**AGE: 3 years, 8 months**

**DOB: 3/13/2020**

**UCI #: 8328040**

**INTERVIEW DATE: 11/21/2023**

**INTAKE SPECIALIST: Jessica Fox, M.S.**

**Suspected Area(s) of Disability:**

Intellectual Disability/"Fifth Category"    Cerebral Palsy    Epilepsy    Autism

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**REASON FOR REFERRAL**

Kaleb Xiong was referred to Alta California Regional Center (ACRC) by his biological father, Yang Xiong. Kaleb is not previously known to the regional center system and is to be assessed due to concerns related to learning and cognitive skills as well as social communication concerns and behavioral difficulties. If it is found that Kaleb is eligible to receive services from ACRC, him and his family would be interested in general case management, respite, and independent living skills.

**OBSERVATIONS AND IMPRESSIONS**

This worker met with Kaleb Xiong and his biological parents, Yang and Mary Xiong, in-person at the Sacramento office to conduct the social assessment. The meeting was held on 11/21/2023 at 1:00pm. Kaleb and his family's primary language is English, and the social assessment interview was conducted in English with no interpreter needed. Information included in this report was gathered from the interview with Kaleb and his parents, observations of Kaleb during the social assessment, and a review of documents that were submitted to the regional center.

Kaleb is a 3-year, 8-month-old male of Hmong descent that is approximately 48 inches tall and weighs 28lbs, 9oz. Kaleb appeared to have brown eyes and short black hair. He appeared to be his stated age and he was clean, well-groomed, and dressed appropriately for his age and the weather. At the time of the interview, Kaleb was wearing a gray long-sleeved shirt, black sweatpants, and blue Nike shoes on his feet. Initially, when this writer went out to the lobby of the Sacramento office to greet Kaleb and his parents, he was playing with the toys. Kaleb was observed to not say anything to this writer in the beginning, and he appeared to use his hands on the walls to "track" where he was going throughout the office while walking. Once in the interview room, Kaleb appeared to be alert and curious as to what was around him in this new setting and he had a flat affect. Kaleb was observed to spend his time in the interview room playing with the toys on the ground, sitting on his mother's lap as if he was tired and going to fall asleep, and playing at the kid's table with the puzzles. This writer observed Kaleb to engage in many body movements, such as spinning around in a circle, jumping up and down, placing toys into his mouth/against his face, fidgeting with his hands, and plugging his ears. Kaleb also appeared to explore around the room by feeling the walls with his hands to help direct himself. When Kaleb spoke, it appeared to be in a low tone of voice, and he was observed to only speak in single-words or short 1-2-word phrases. He was observed to say the words "big" and "small"

**ACRC Social Assessment****Applicant Name: Kaleb Xiong****UCI #: 8328040****Page 2 of 6**

while holding onto toys in his hands, “circle,” “I’m three,” “Kaleb,” “no,” “cars,” and “puzzles.” He also appeared to hold onto *The Very Hungry Caterpillar* book while saying “caterpillar” in a quiet tone of voice, and “turn the page” as he was reciting the words. At the end of the social assessment when this writer said “bye” to Kaleb, he did not appear to verbally say anything in return as he was leaving.

**FAMILY INFORMATION**

Kaleb was born in Sacramento, CA and he currently resides in Elk Grove, CA with his biological father, biological mother, five sisters (22, 21, 19, 18, 11) and two brothers (14, 1). It was reported that Kaleb’s primary language is English, but he is also exposed to Hmong while in the home by his parents and he can say his name in Hmong with prompting. Kaleb’s father, Yang Xiong (50), currently works as an Administrative Services Officer. Father reportedly does not receive any SSI/Disability Benefits. Kaleb’s mother, Mary Xiong (43), is currently a stay-at-home mother. Mother reported that she does not receive any SSI/Disability Benefits. It was indicated that Kaleb has received Social Security Benefits since 9/25/2020, and he currently has 6 hours per month of transfer for In-Home Support Services (IHSS). No record of any major family events/changes, losses, or involvement with Child Protective Services (CPS) was mentioned during the interview.

**BEHAVIOR CONCERNS**

Kaleb’s parents described him as being a “routine kid” and shared that if there is a change in his routine then he will not want to transition to the next task. Kaleb reportedly will show a “big reaction” towards pain when he gets hurt. Parents explained that if they do not happen to see what occurred when Kaleb got hurt, then he will say “ow” but will not share with them what happened. It was indicated that Kaleb tends to be overactive while in the home and appears to have a lot of energy. Parents mentioned that Kaleb will show the daily repetitive behaviors of twirling, jumping, making finger motions (such as flicking and tapping his fingers), always having a toy in his hands, and placing objects into his mouth. Per parents, Kaleb does not understand social cues due to his vision impairment, and they shared that he mostly would use his hands and his hearing when interacting with others. Mother stated that Kaleb seems to become overly interested and attached to certain toys, and that he will take them everywhere with him. She explained that Kaleb is obsessed with squishy toys, and that it “gives confidence when he’s nervous” and seems to make him feel “calm” when he is holding them. It was reported that Kaleb can be affectionate towards certain people that he is comfortable with, such as his mother, but that he normally does not want to be around others. According to parents, Kaleb does not appear to bolt/wander while his is out in public. Parents expressed that Kaleb would drag them around and cling onto them, especially in new environments, because he may get “scared” of the sounds surrounding him. Per parents, Kaleb will engage in “meltdowns,” and he shows challenges with expressing himself. For example, parents shared that if Kaleb loses a toy and cannot find it, then he will become frustrated and begin to hit himself and headbang. Parents shared that this is a daily behavior that occurs when Kaleb is upset while at home. It was also reported that Kaleb will engage in “vocal stemming,” and he makes “swallowing noises” when he appears to be nervous.

**ACRC Social Assessment****Applicant Name: Kaleb Xiong****UCI #: 8328040****Page 3 of 6**

*Sensory:* It was reported that Kaleb will show auditory sensitivity, and he will plug his ears when he is in a noisy environment. Kaleb reportedly has oral texture issues when eating, and he does not enjoy mushy or slimy food textures. Parents explained that Kaleb seems to prefer dry or crunchy food items such as cookies and chips. It was indicated that Kaleb is used to wearing shorts and tends to roll up his pants and shirts when wearing them. Kaleb is reported to show vestibular (movement) issues and enjoys the feeling of swinging and spinning around in a circle. Parents mentioned that Kaleb will show proprioceptive (pressure) issues and said that he likes to cuddle with his mother while she holds onto his feet.

**SOCIAL FUNCTIONING**

It was reported by Kaleb's parents that he mostly plays by himself, and that he has no interest in socializing or playing with others. Kaleb's teacher reported to his parents that he has not been able to learn how to make friends while he is in the classroom. Parents indicated that while Kaleb is at home, he does not like to play with his brothers, and he does not go on any playdates. Kaleb reportedly does not participate in any group activities or sports outside of the home. Per Kaleb's parents, they mentioned that while he is at home his hobbies/interests include playing with "little" toys/figures and playing with any object that makes noise (such as the V-Tech toys).

**EARLY DEVELOPMENT**

Kaleb's mother reported that she was 40 years old when he was born. She stated that she did receive prenatal care from the beginning of her pregnancy, and that there was no exposure to illicit or toxic substances while she was pregnant. Mother shared that she did not experience any infections or injuries during her pregnancy, and that she was not prescribed to take medication. She recalled that during her labor, her placenta ruptured, causing her to have an emergency c-section. Kaleb was reportedly born full-term at 38 weeks, and he weighed 6lbs, 12oz. Mother expressed that there were no significant postnatal complications after having Kaleb, or when they went home from the hospital.

*Developmental Milestones:* Mother recalled that Kaleb was 5 to 6 months old when he started sitting up without support, began crawling at 7 to 8 months old, and that he walked at around 11 months old. It was at around 1 year old when Kaleb began to speak his first words, and parents stated that he started to speak in 2-word phrases by 1 ½ years old. Per parents, Kaleb is not currently toilet trained. Regarding periods of significant regression or loss of skills, parents mentioned that they noticed a change in Kaleb's communication and learning abilities. Kaleb's parents explained how they believed that Kaleb was doing well with his speech at first, but then noticed that he would only speak in echolalia and that he did not understand the meaning to the words he was saying. His parents also mentioned that in the initial stages, Kaleb was learning and "absorbing" information, but as time went on, he appeared to not understand concepts or respond to what was being asked. For example, they shared that when they would ask Kaleb his name, he would sometimes respond correctly and at other times he would mix up his answer. According to parents, Kaleb also used to be interested in the piano, and he memorized the tone to the *Baby Shark* song but has now stopped playing the piano within the past year. Parents believe

**ACRC Social Assessment****Applicant Name: Kaleb Xiong****UCI #: 8328040****Page 4 of 6**

that Kaleb is not progressing and is not in the same age group as his peer with some of his learning skills. They also indicated that Kaleb's younger brother (1), has seemed to notice more information and skills in his developmental milestones than Kaleb has. It was reported that Kaleb struggles with some of his fine motor skills (such as holding a pencil), and parents said that there appears to be a "delay" in his gross motor skills as well.

**MEDICAL HISTORY****Health Insurance:** Kaiser Permanente (Medi-Cal)**Current Medications:** None**Primary Care Physician:** Dr. Stephanie Yee-Guardino, M.D. at Kaiser Permanente

Kaleb is reported to be a healthy child, although his parents did share their concerns for his eating habits. According to parents, Kaleb has never had any significant illnesses or injuries, hospitalizations, signs of seizures, chronic ear infections, allergies, or asthma difficulties. It was reported that Kaleb has had numerous surgeries for his eyes, starting at 3 months old, and that he currently visits an ophthalmologist in Roseville, CA every six months. Noted in Kaleb's IEP from 4/17/2023, it stated that he had a hearing test initiated but they were unable to evaluate him "due to student refusal". Parents mentioned during the social assessment that they do not have any concerns for Kaleb regarding his hearing. Per records, Kaleb has a congenital eye defect in both eyes and is "legally blind." Records mentioned that Kaleb is currently under the care of an eye specialist, and that he has "history persistent hyperplastic primary vitreous (PHPV) and bilateral retinal detachment with no light perception in either eye." Regarding Kaleb's eating patterns, parents reported that his favorite foods to eat are rice, meat, broth, and grapes. Kaleb reportedly struggles with sleeping, and his parents shared that he is "always" up every night and will sometimes wake up crying due to having a "night terror." Parents indicated that Kaleb would go to sleep at around 2:00am to 3:00am and wake up in the morning at 7:00am on school days. It was reported that Kaleb does not show concerns for PICA, but he will often try to put items and toys into his mouth. Per parents, Kaleb has not had any genetic testing completed and he has not gone to the dentist. Kaleb reportedly goes to the doctor's office annually for a check-up. Parents stated that there is a family history of developmental disabilities. They shared that there are maternal and paternal family members that are diagnosed with autism spectrum disorder, and that Kaleb's oldest sister had an IEP in school due to auditory processing disorder.

**PSYCHIATRIC HISTORY**

None reported.

**EDUCATIONAL HISTORY****Current Grade:** Preschool**Current IEP Classification(s):** Visual Impairment (VI) and Speech or Language Impairment (SLI)**Current IEP Date:** 5/9/2023

**ACRC Social Assessment****Applicant Name: Kaleb Xiong****UCI #: 8328040****Page 5 of 6**

Kaleb is currently enrolled at Foulks Ranch Elementary School in Elk Grove Unified School District (EGUSD), and he is in preschool. Father stated that Kaleb did not receive any Early Intervention (EI) services, but that he attended an Infant Development Program through the Sacramento County Office of Education (SCOE) prior to entering EGUSD. It was reported that Kaleb began special education services when he was in preschool, and that through his Individualized Education Program (IEP) he receives specialized vision services (120 min/weekly), orientation and mobility services (40 min/weekly), and individual and small group instruction. Per parents, Kaleb receives speech therapy through his school, and he is also currently in the Intake process through Kaiser Permanente for speech services. Kaleb reportedly has not received any occupational therapy (OT) or applied behavior analysis (ABA) services.

**LEGAL ISSUES**

None reported.

**ADAPTIVE SKILL DOMAINS****Self-Care**

Kaleb's parents reported that he is unable to dress himself, manipulate fasteners, or choose his own clothing to wear independently and that he needs assistance when completing these tasks. It was indicated that Kaleb does not use utensils to eat, and that he prefers to eat with his hands instead. Per parents, Kaleb needs assistance with the grooming/hygiene tasks of washing hands, brushing teeth, and taking a bath/shower. Kaleb reportedly is not currently toilet trained.

**Receptive and Expressive Language**

It was reported and observed that Kaleb can speak in single-words and short phrases (1-2-words). Parents mentioned that Kaleb engages in echolalia, and that it is sometimes difficult for others to understand him when he is speaking. They also reported that self-expression is challenging for Kaleb, and that he does not know how to use "yes" and "no" in certain situations. Per parents, Kaleb struggles with participating in conversations with others, and he often does not ask questions or respond appropriately. They noted that he will show the atypical speech patterns of mumbling and babbling. It was indicated that Kaleb does need information to be rephrased to a simpler level to enhance his understanding, and that he can follow 1-step directions with prompting. Kaleb reportedly does not make gestures when interacting with others, and he will sometimes make facial expressions (such as smiling instead of saying "yes").

**Learning**

It was observed during the interview that Kaleb can correctly point to body parts, and he knows his age. Parents reported that Kaleb only knows shapes and colors by name. When this writer asked Kaleb to recite the alphabet, he said "no" and then plugged his ears. According to Kaleb's parents, they said that he used to know how to recite the alphabet when he was around 1 year old and would do "well" with it. Now, his parents mentioned that the alphabet is "hit and miss" for Kaleb and that he will sometimes skip letters or need to "mimic" toys to help him recite it. During the interview, Kaleb was observed to quietly count numbers 1-20, but he would

**ACRC Social Assessment****Applicant Name: Kaleb Xiong****UCI #: 8328040****Page 6 of 6**

skip numbers as he was reciting it. When this writer asked Kaleb if he could spell his name, he said "Kaleb." Parents then reported that Kaleb cannot spell out his name independently. It was reported by parents that Kaleb can count to one hundred, but he needs assistance with clues and patterns from them. Kaleb's parents stated that tasks do need to be broken down into simple steps to aide in his learning of a new task/subject.

**Mobility**

Due to Kaleb's vision impairment, parents reported that when he is at school, he uses a cane to help with mobility and has a one-on-one paraeducator. Parents also mentioned that Kaleb will "trail" the walls whenever he is in a new space or environment.

**Self-Direction**

According to parents, Kaleb will self-initiate some tasks such as requesting food items (chips and cookies) when he is hungry. Parents mentioned that Kaleb does not choose his own clothing to wear, and that he does appear to have trouble with adapting to change easily. Regarding safety concerns while in the home, parents mentioned that Kaleb tends to feel all around the counters for objects. They stated that if Kaleb does not like something, then he will toss it over, and that he has spilt hot tea over onto the table. Parents recalled that Kaleb has ran towards the hot stove, that he enjoys touching toilet water, has tried to climb into the bathtub with his clothes on, and will place any object into his mouth. Kaleb's parents shared their concerns for his safety and mentioned that he is "not able to orient himself or know if he is in danger." Per parents, Kaleb has no sense of fear or danger, and they believe that he does not have any safety awareness with strangers. Mother stated that if someone were to try to give Kaleb something, then he would try to go off with others that he does not know. It was reported that Kaleb will engage in self-injurious behaviors (such as hitting himself and headbanging) when he is upset. Parents mentioned that Kaleb does not show difficulty coping with fears, anxieties, and frustrations but said that it tends to take a while for him to "setting himself" in new environments.

**Capacity for Independent Living**

Not applicable due to age.

**Economic Self-Sufficiency**

Not applicable due to age.

A determination of eligibility for Regional Center services will be decided after a comprehensive case review by the ACRC multidisciplinary Eligibility Review Team.

*Jessica Fox*

Jessica Fox, M.S.

Intake Specialist

**The Permanente Medical Group, Inc.**

PEDIATRICS  
9201 BIG HORN BLVD  
ELK GROVE CA 95758-1240  
Dept: 916-478-5200  
Main: 478-5000X0000

January 5, 2024

Re: Kaleb Ceebtsheej Xiong

To whom it may concern,

I am writing this letter on behalf of Kaleb Xiong, a patient who I have followed since birth. I know his medical history very well and feel I can help address some of his medical concerns.

Kaleb was born with a condition called persistent hyperplastic primary vitreous, which occurs when the vascular structures during eye development fail to regress, or go away. This persistence of fetal vasculature leads to abnormal eye development, and thus the loss of vision. While Kaleb's blindness has posed many challenges to him and his parents, they have made accommodations to support his independence despite this medical condition. Focus on this medical condition may have distracted from another condition that emerged, which is his global developmental delay. As Kaleb grew, the difficulties of managing him became greater as he became more ambulatory. It became apparent that Kaleb's difficulties were not just due to his visual defect, but rather from Autism.

The Xiong family is a large one, and they have raised many children successfully and are aware of normal childhood development. They noted that he wasn't developing like the other children. He had difficulties with learning and communicating, and this made his care difficult as he became more confident in walking and climbing. The family shared examples of eloping, wandering into the street, touching stoves, playing with toilet water, climbing to dangerous heights, and eating inedible objects – all repeatedly. What distinguishes these behaviors from a typical preschooler is that the child can learn to not do these things upon being told. Children are also able to reciprocate with communication by this age, which Kaleb is not able to do. We discussed these observations at the three-year-old physical, and I agreed with the parents' concerns that Kaleb may have Autism. Kaleb was then referred for developmental evaluation, and he was recently diagnosed with Autism through the Alta Regional Center.

Kaleb will be 4 in March, but he is not functioning like a neurotypical preschooler. If Kaleb were not blind, this family would still have a very challenging time caring for Kaleb, as he was categorized in the moderate to severe range of Autism. While the visual impairment adds a different dimension to Kaleb's care and safety, it is not the cause of Kaleb's global delays. Children with blindness still retain the ability to develop normal social communication skills as well as comprehension, and thus the ability to learn. Kaleb currently speaks in single- or 2-word phrases, which is the expected range for a 1-2 year old. It is the significant developmental

delays associated with Autism that place him at risk for safety concerns, resulting in his need for constant supervision.

I support this family's request for any services to enable them to continue caring and raising Kaleb in their home. With his Autism, coupled with his blindness, full time care by anyone outside immediate family is difficult and, in my opinion, not likely attainable. I feel the Xiong family has provided a safe, nurturing home for a child with very high needs.

I am available to discuss further if there are any additional questions for me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephanie Yee-Guardino', with a period at the end.

Dr. Stephanie Yee-Guardino

Assistant Chief of Pediatrics, Elk Grove Big Horn Office

South Sacramento Pediatrics

916-478-5200

Sincerely,

Electronically signed by STEPHANIE ANNE YEE-GUARDINO DO on 1/5/2024

### ATTEMPTS TO RESOLVE THE CASE AT COUNTY LEVEL

- October 5, 2023 – Asked Norman Choy to Reconsider
- November 6, 2023 – Pre-hearing Conference
- November 16, 2023 – Hearing Specialist Informed me that County will not reconsider the denial
- January 3, 2024 – Ask County consider the denial as we have more supporting documentations: Dr. Morgen Aita's Psychological Evaluation, Jim Thao's Teacher Questionnaire, Notification of Eligibility for Regional Center, and another copy of 9-page document titled "Additional Clarifications on Why Kaleb Xiong Should Be Approved For Protective Supervision"; Hearing Specialist responded via email that County is not reconsidering the denial and want the ALJ to decide.
- January 5, 2024 – Provided additional supporting documentations: ACRC Social Assessment and Dr. Yee-Guardino's Letter of Support; Asked Hearing Specialist to reconsider denial

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.

**NEEDS ASSESSMENT FORM**

Social Worker Number  
X882

Assessment Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Change <input type="checkbox"/> ICT		Application Date 08/01/2023	Home Visit Date 09/15/2023
Recipient Number 1951916	CIN 99705616G	SSN [REDACTED]	
Name (Last, First, M.I.) XIONG, KALEB		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB [REDACTED]
Age 3			
Residence Address - Street City 9582 Village Tree DR , Elk Grove, CA 95758-1198		State	Zip Code
Mailing Address - Street City 9582 Village Tree DR , Elk Grove, CA 95758-1198		State	Zip Code
Home Phone	Cell Phone 916-647-7815	Other Phone	
Medi-Cal Aid Code 60	Funding Source Aid Code 2M - PCSP	IHSS Aid Code 60 Disabled, SSI/SSP	Federal Funding Participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Does the Recipient Speak and Understand English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the Recipient Request a Translator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ethnic Origin (Enter Code) Asian or Pacific Islander	Primary Spoken Language English
Primary Written Language English	

<u>Ethnic Codes</u>	<u>Spoken Language</u>	<u>Written Languages</u>
1 - White	0 - American Sign Language	1 - Spanish
2 - Hispanic	1 - Spanish	2 - Cantonese
3 - Black	2 - Cantonese	3 - Japanese
4 - Asian or Pacific Islander	3 - Japanese	4 - Korean
5 - Alaskan Native	4 - Korean	5 - Tagalog
or American Indian	5 - Tagalog	6 - Other Non-English
7 - Filipino	6 - Other Non-English	7 - English
8 - No Valid Data Reported	7 - English	8 - No Valid Response Reported
9 - No Response, Client Declined to State	8 - No Valid Response Reported	9 - No Response, Client Declined to State
A - Amerasian	9 - No Response, Client Declined to State	B - Mandarin
C - Chinese	A - Other Sign Language	C - Other Chinese Languages
H - Cambodian	B - Mandarin	D - Cambodian
J - Japanese	C - Other Chinese Languages	E - Armenian
K - Korean	D - Cambodian	F - Ilocano
M - Samoan	E - Armenian	G - Mien
N - Asian Indian	F - Ilocano	H - Hmong
P - Hawaiian	G - Mien	I - Lao
R - Guamanian	H - Hmong	J - Turkish
T - Laotian	I - Lao	K - Hebrew
V - Vietnamese	J - Turkish	L - French
Z - Other	K - Hebrew	M - Polish
	L - French	N - Russian
	M - Polish	P - Portuguese
	N - Russian	Q - Italian
	P - Portuguese	R - Arabic
	Q - Italian	S - Samoan
	R - Arabic	T - Thai
	S - Samoan	U - Farsi
	T - Thai	V - Vietnamese
	U - Farsi	
	V - Vietnamese	

Is the Recipient Blind?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Alternative Format Preference:

<b>For Notices of Action (NOAs):</b>	<input checked="" type="checkbox"/> No accommodation is needed
<input type="checkbox"/> Braille	<input type="checkbox"/> Audio CD
<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support

If County Support, describe requested support:

<b>For IHSS Required Forms:</b>	<input checked="" type="checkbox"/> No accommodation is needed
<input type="checkbox"/> Braille	<input type="checkbox"/> Audio CD
<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support

If County Support, describe requested support:

<b>For Timesheets:</b>	<input type="checkbox"/> No accommodation is needed
<input type="checkbox"/> Telephonic System (4-digit RAN: )	<input type="checkbox"/> County Support

If County Support, describe requested support:

Is the Recipient Visually Impaired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Alternative Format Preference:

<b>For Notices of Action (NOAs):</b>	<input type="checkbox"/> No accommodation is needed
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> Audio CD
<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support

If County Support, describe requested support:

<b>For IHSS Required Forms:</b>	<input type="checkbox"/> No accommodation is needed
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> Audio CD
<input type="checkbox"/> Data CD	<input type="checkbox"/> County Support

If County Support, describe requested support:

<b>For Timesheets:</b>	<input type="checkbox"/> No accommodation is needed
<input type="checkbox"/> 18 Point Font	<input type="checkbox"/> County Support

If County Support, describe requested support, including blind-only services:

HOUSEHOLD MEMBERS									
Last Name	First Name	Relationship to Recipient (Parent, Spouse, Child, Other)	Birth Date	Age	Companion Case Number	Social Worker Number	Social Worker Phone Number	Status - Protective Supervision Yes/No	Recipient Number 1951916
XIONG	YANG	Parent	08/08/1973	50				NO	
XIONG	MARY	Parent	12/19/1980	42				NO	
XIONG	FAITH	Other	12/12/2000	22				NO	
XIONG	HOPE	Other	01/22/2002	21				NO	
XIONG	GRACE	Other	12/15/2003	19				NO	
XIONG	CHARITY	Other	11/10/2005	17				NO	
XIONG	DAVID	Child	05/20/2009	14				NO	
XIONG	ANNABEL	Other	07/26/2012	11				NO	
XIONG	NOAH	Child	10/21/2022					NO	

**CONTACT LIST**

Type	Name	Address	Primary Phone	Message Phone	Language
Message	YANG XIONG		916-647-7815		English
Emergency	MARY XIONG		916-896-7267		English
Conservator					
Guardian					
Timesheet Signatory					
Primary Authorized Representative					
Secondary Authorized Representative					
Power of Attorney					

ATTACHMENT # 3C

Recipient Number  
1951916

RESIDENCE INFORMATION			LIVING ARRANGEMENT	
Stove	<input checked="" type="checkbox"/> Yes	No	Living Alone	
Refrigerator	<input checked="" type="checkbox"/> Yes	No	Living With Spouse	
Washer	<input checked="" type="checkbox"/> Yes	No	<input checked="" type="checkbox"/> Shared	
Dryer	<input checked="" type="checkbox"/> Yes	No	Live-In Provider	
Yard	<input checked="" type="checkbox"/> Yes	No	Tenant	
			Landlord	
			Board and Room	
RESIDENCE TYPE				
<input checked="" type="checkbox"/> House Apartment Mobile Home Hotel Other			Number of Recipient Only Rooms 0 Number of Shared Rooms 4 Number of Rooms Not In Use By Recipient 3	

DISASTER PREPAREDNESS	
<u>Degree of Contact</u> Critical Urgent Moderate Critical but Consumer Declines <input checked="" type="checkbox"/> Urgent but Consumer Declines Moderate but Consumer Declines Not Needed	<u>Events</u> Extreme Cold Extreme Heat Power Outage Disaster <input checked="" type="checkbox"/> No Contact Required
<u>Electricity and Life Support Supply Needed</u> Electricity Dependent Oxygen Life Support Medications Dialysis Insulin Ventilator <input checked="" type="checkbox"/> No Supplies Needed	<u>Special Impairments</u> Bed-bound Heavy Medication <input checked="" type="checkbox"/> Blind Deaf Non-Ambulatory/Transfer Dependent Mental/Cognitive Disability Requires Assistance Use of Mobility Equipment None
<u>Other Emergency Services Considerations</u> Lacks Transportation Lives in Isolated Area Home Difficult to Access <input checked="" type="checkbox"/> None	<u>Comments</u> 3-year old minor child who lives with both parents

Parent / Spouse
<input checked="" type="checkbox"/> Parent – Provides All Services <input type="checkbox"/> Parent – Provides Some Services <input type="checkbox"/> Parent – Provides No Services <input type="checkbox"/> Parent – IHSS Recipient <input type="checkbox"/> Spouse – Able And Available <input type="checkbox"/> Spouse – Able/Partially Available <input type="checkbox"/> Spouse – Able /Not Available <input type="checkbox"/> Spouse – Available/Not Able <input type="checkbox"/> Spouse – IHSS Recipient

Functional Ranks	
Housework	1
Laundry	1
Shopping and Errands	1
Meal Prep & Clean-up	1
Ambulation	1
Bathing & Grooming	1
Dressing	1
Bowel, Bladder & Menstrual Transfer	3
Feeding	1
Respiration	1
Memory	2
Orientation	1
Judgment	2

Service Evidence		Recipient Number 1951916							Total Assessed Need
Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need	
1	<b>Domestic</b> Lives Alone Wheelchair Maintenance A&A Spouse Roommate Relative Home Landlord/Tenant Minor Children Live-In Provider								
1	<b>Meal Preparation</b> Separate From Household Home Delivered Meals/Dining Site Special Diet (describe) Paramedical on File Reheat								
1	<b>Meal Cleanup</b> Separate From Household								
1	<b>Laundry</b> 1.0 hr/wk-With Facilities 1.5 hr/wk-W/o Facilities Separate From Household Incontinence/ Extra Soiled Laundry								

ATTACHMENT # 3e

Service Evidence		Recipient Number 1951916							Total Assessed Need
Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments		
1	<b>Shopping for Food</b> Separate From Household Remote Location								
1	<b>Other Shopping &amp; Errands</b> Separate From Household Remote Location								
1	<b>Respiration</b> Oxygen Nebulizer								
1	<b>Bowel &amp; Bladder Care</b> Assistance on/off Toilet Pads/Diapers Empty Bed Pan/Urine bag Bedside Commode								
1	<b>Feeding</b> Needs Full/Partial Assistance								
1	<b>Bed Baths</b>								
1	<b>Dressing</b> Zipper, Buttons, Shoes, etc. Full Human Assistance								

ATTACHMENT # 3f

Service Evidence		Recipient Number 1951916									
Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need			
1	Menstrual Care										
1	Ambulation Some Human Assistance Total Human Assistance Walker/Cane Wheelchair Needs Some Help w/ Stairs										
3	Transfers Some Human Assistance Total Human Assistance Assistance Getting on/off Seats and Wheelchairs	Weekly	1	01:24		00:00		01:24			
1	Bathing, Grooming, Oral Hygiene Bathing Hair Care/Shampoo Foot/Hand/Nail Care Shaving Oral Hygiene										
3	Rubbing Skin, Repositioning Rubbing of Skin Repositioning Range of Motion Apply Lotion										

Service Evidence		Recipient Number 1951916		Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	<b>Care &amp; Assistance with Prosthesis (Meds)</b> Care/Assistance w/ Prosthesis Medication (set up reminders) Crushing Meds/Pills											
	<b>Accompaniment to Medical Appointments</b>											
	<b>Accompaniment to Alternative Resource</b>											
	<b>Protective Supervision</b> 24-hour Care Plan											
	<b>Paramedical</b> G-tube Feeding Finger Prick / Blood Sugar Check Injection of Insulin Enema Suctioning											

Service Evidence		Recipient Number 1951916					Total Assessed Need
Rank	Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments
	Heavy Cleaning IHSS not Provided in Last 12 Months						
	Yard Hazard Abatement						
	Remove Ice, Snow						
	Teaching and Demonstration						

Light Grey – Will Be Populated by System

Dark Grey – Not Applicable

ATTACHMENT # 3i

Recipient Number 1951916
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Authorization Begin Date 08/01/2023	Authorization End Date 07/31/2024	Reassessment Due Date 09/15/2024
Total Auth to Purchase 06:04	Presumptive Eligibility Yes <input checked="" type="checkbox"/> No	
Mode of Service <input checked="" type="checkbox"/> Individual Provider County Contractor Homemaker	Does the Recipient Need Assistance Finding a Provider? Yes No	
Advance Pay Yes <input checked="" type="checkbox"/> No	Restaurant Meals Allowance Yes <input checked="" type="checkbox"/> No	

Social Worker Name NORMAN CHOY	Social Worker Number X882	Social Worker Phone Number 916-874-9471
County Sacramento	District Office 34 03 District Office	

Notes See following page(s) for the Assessment Narrative.

IHSS Needs Assessment Narrative V04.15.21

SECTION 1: SPECIAL DIRECTIONS TO HOME, GATE CODE, ENVIRONMENTAL ISSUES, ETC: None

SECTION 2: GENERAL INFORMATION

APPLICANT'S NAME: Kaleb Xiong AGE: 3 GENDER IDENTITY: Male SEXUAL ORIENTATION: Straight or Heterosexual

COMPANION CASE: none

DATE OF INTAKE: 9/15/23

LOCATION OF AND PRESENT AT INTERVIEW: In-person Intake completed this date, s/w (Norman Choy, X882) also met Yang (father), Mary (mother & potential CP) and Noah (younger brother). Interview took place in the living room, where clt was seen playing and twirling around. Clt is able to mimic sounds and sometimes repeated what s/w said.

IDENTIFICATION: Verified

APPEARANCE OF APPLICANT: applicant was appropriately dressed, t-shirt and shorts

OBSERVATIONS/INTERACTIONS: applicant is blind, he did not engage with s/w, his parents were friendly and cooperative. s/w explained the IHSS program in relation to the elderly and children. s/w explained parental responsibilities. s/w gave them a copy of of the Functional Index Ranking for Minor Children in IHSS Age Appropriate Guidelines Tool. s/w said that for children at age 3 - only Transfer time is allowed. Mom and Dad mentioned clt requires Protection Supervision due to his actions. s/w told Dad to download the SOC 821 and have his Dr complete, they will do so. During the visit, Kaleb had to be redirected several times as he was playing next to something that was dangerous (the edge of a table) or told to get down from the sofa chair (he enjoyed standing in it and rocking it back and forward).

SECTION 3: LIVING ARRANGEMENT/SAFETY/REFERRALS

HOUSEHOLD COMPOSITION: 3-year old male who lives with his parents & 7 siblings in an Elk Grove area home.

APPEARANCE/SAFETY CONCERNS/HAZARDS: the applicant was appropriately dressed, the home was neat and clean, no hazards were noted,

DME: none

REFERRALS: None

PARENT'S RELATIONSHIP TO APPLICANT AND WORK SCHEDULES: Father works full-time with the County of Sacramento. Mom is not able to work outside the home due to the needs of Kaleb. He always wants his mother nearby, if his mom is not nearby, he becomes upset.

SECTION 4: HEALTH CONDITIONS/JUSTIFICATION OF CAPABILITIES & LIMITATIONS FOR ALL SERVICES CATEGORIES

HEALTH CONDITIONS: Applicant main issue is blindness. Although not assessed with yet, Kaleb is probably on the Autism spectrum. Prior to working for Sacramento County, Yang used to work for Alta Regional & they also have relatives who have Autism, so he is familiar with Autism - Kaleb exhibits Autistic traits. He likes to twirl, repeats things he has heard & flap his arms. Yang provided s/w with 8 documents electronically. 1) Their personal summary 2) EGUSD teacher report 3) EGUSD vision assessment 4) EGUSD IEP report 5) EGUSD Interdisciplinary Assessment Report 6) SSI award letter 7) UCDCM health summary 8) UCDCM health summary

SOC 873: Rec'd several. a) Patient is legally blind. Needs assistance with eating, bathing, dressing and other instrumental activities (play time, learning) for age. b) Blindness, developmental delay,

CAPABILITIES & LIMITATIONS

DOMESTIC SERVICES: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

MEAL PREP/CLEAN-UP: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

LAUNDRY: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

SHOPPING & ERRANDS: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

RESPIRATION: Rank 1: Applicant has ability to independently perform all tasks in this category without risk to health and safety.

BOWEL AND BLADDER CARE: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

EATING/FEEDING: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

ROUTINE BED BATHS: No assessed need.

DRESSING: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

MENSTRUAL CARE: Not applicable.

AMBULATION: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

TRANSFER: Rank 3

Capabilities & Limitations: Kaleb was observed walking around the living room, he was also observed getting on top of the sofa and sofa chair. He enjoyed getting on the sofa chair and making it move back and forth. Due to blindness, time will be allowed to get him in and out of chairs, sofas and car seats. Most children at age 3 can transfer on his own, which he can at times, but he is also limited by his blindness, he cannot see how or where to get up and down from.

BATHING, ORAL HYGIENE, & GROOMING: Rank 1: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

RUBBING OF SKIN/ROM/REPOSITIONING: No assessed need.

CARE & ASSISTANCE WITH MEDICATIONS AND/OR PROSTHESIS: Due to Age Appropriate Guidelines, parental responsibilities and lack of extraordinary need, no time is authorized.

PARAMEDICAL: Not applicable.

ACCOMPANIMENT TO MEDICAL APPOINTMENT: No assessed need. SW explained time is not authorized for routine child checkups. At this time the applicant does not have any specialist appointments and/or does not require any compensable IHSS task while going to/from or at medical appointments.

ACCOMPANIMENT TO ALTERNATIVE RESOURCES: No assessed need.

HEAVY CLEANING: No assessed need.

YARD HAZARD ABATEMENT: No assessed need.

TEACHING AND DEMONSTRATION: No assessed need.

MEMORY: Rank 2: applicant is 3 years old & is totally blind, he is verbal & can repeat what he hears. He may be on the Autism spectrum.

ORIENTATION: Rank 2: applicant is 3 years old & is totally blind. He appears to know where is his inside the home & knows the layout. He is not aware of where he is when outside the home due to blindness and his young age.

JUDGMENT: Rank 2: applicant is 3 years old & is totally blind. He may be on the Autism spectrum. He may go places he should not, unlike many 3-year-olds but he is blind.

PROTECTIVE SUPERVISION:

1. Does the child have a mental impairment/mental illness? Yes. It is likely Kaleb is on the Autism spectrum.
2. Is the minor non-self-directing due to the mental impairment/mental illness? No. Kaleb is totally blind. He is very curious; he wants to explore everything everywhere. Since he can't see, he puts things in his mouth. He will unplug plugs and put the plugs in his mouth. He has wandered over to a neighbor's house when his father turned away from for a few moments. He likes to sweep his hands across tables to see what is there, without regard for what is there. He has turned the knobs on the stove & has attempted to touch the stove. When upset or not getting his way, he will throw a tantrum and has hit his head. if he loses a toy, he can get upset and have a tantrum. He moves quickly and will bump into things. He doesn't sleep well, therefore he can be up late or up early and therefore needs supervision. He jumped into the bathtub where he younger brother was bathing. He co-sleeps with his parents, he does not like to be away from his mother. At this time, due to his age, he cannot be left alone (as most 3 years old) however if he was sighted, it does not appear he would get himself into so much trouble.
3. If the minor is mentally impaired/mentally ill and non-self-directing, is he/she likely to engage in potentially dangerous activities? While Kaleb is blind & may be on the Autism spectrum, his blindness appears to be the limiting factor, if he could see something, he would not have to put in his mouth to 'see' what it is or run his hand across a table to 'see' what is there.
4. Does he/she also need more supervision than a minor of comparable age who is not mentally impaired/mentally ill pursuant to the Garrett v. Anderson court order? It appears Kaleb needs more supervision due to his blindness vs he mental condition. All 3-year-old must be monitored.
5. When it is found that "more supervision" is needed, is 24 hour-a-day supervision needed in order for the minor to remain at home safely pursuant to MPP § 30- 757.173? No

SOC 821: 3 SOC 821's were received from 3 different medical professionals. #1) mentioned blindness, severe disorientation, unimpaired judgement. It did mention an injury but due to blindness (not memory, orientation or judgement). #2) memory was unchecked due to the area is outside of the writer's expertise, severe disorientation & moderate judgement, he did not mention an accident or injury. #3) memory, orientation & judgement were all marked severe, with minor injuries due to blindness and orientation. It does mention Kaleb's developmental delays and blindness.

SOC 825: not needed at this time.

Additional Information: Kaleb is blind and has developmental delays & is probably on the Autism spectrum. Kaleb has actions which are concerning, however the need for Protective Supervision appears to be mainly due to blindness. If he could see, he could avoid doing things that places him in danger. At the age of 3, all children need to be supervised closely to avoid danger.

EGUSD reports suggest he can walk on his own with a cane or his hands to guide him, he can follow the wall as he walks, use his feet to tell the texture difference from hard floor from carpet. He can identify parts of his body, he can identify sounds and smells. He has a good memory and recalls songs.

The IEP suggests Kaleb has a good memory and likes music. He can walk independently around his house, as he is familiar with it. He is learning to use his cane to navigate. His goals are to locate and orient to braille books & to use a Braille writer, learn to take turns with his peers, learn to use words to get his

feelings across.

An interdisciplinary assessment report lists Kaleb as delayed.

SECTION 5: RECOMMENDATIONS AND/OR CHANGES

Based on SW's observations, applicant requires support from IHSS to remain safely in the home. Due to his age (3) the only area allowed on the Functional Index Ranking for Minor Children In IHSS Age Appropriate Guidelines Tool is: Transfers. As Kaleb gets older, he may qualify in other areas. Hours will be granted for Transfers but Protective Supervision will be denied. Kaleb is totally blind and has developmental delays, it appears his needs for Protective Supervision is more for his vision vs. memory, orientation & judgement.

Dr Stephanie Yee-Gaurdino (SOC 821 dated 10/3/23) mentioned she has concerns re: Kaleb's Memory, Orientation & Judgement re: safety & no sense of danger. However, clt is 3-years old, all 3-years need supervision. It was also mentioned the concerns are not just memory, orientation & judgement but also of blindness. If clt was not blind, he could avoid some dangers. Protective Supervision is not based on vision.

SECTION 6: ALTERNATIVE RESOURCES:

ALTERNATIVE RESOURCES:

SERVICE AGENCY: Alta Regional, Elk Grove Unified School District has completed an IEP.

UNMET NEED: no unmet need

SECTION 7: ADDITIONAL INFORMATION

PUBLICATION 13: Pub 13 provided in English. SW explained PUB 13 by discussing the State Hearing process, explaining that Language Services are available and how to file a discrimination complaint.

INTERPRETIVE SERVICES: SAS 590 not needed as applicant's primary language is English.

FRAUD: SW provided Fraud pamphlet and discussed possibilities of Fraud.

PREFERRED METHOD OF COMMUNICATION: The applicant's preferred method of communication is e-mail.

EMERGENCY BACKUP PLAN: SW covered emergency backup plan and discussed the possibilities and prevention in case of an emergency.

BVI: Applicant is blind but BVI accommodations were not requested.

AUXILIARY AIDS AND ADDITIONAL ACCOMODATIONS: None.

EXEMPTION 2: Exemption 2 information provided, eligibility indeterminable.

ELECTRONIC SERVICES PORTAL: SW informed about the need to register for ESP/ETS. TTS code obtained.

CARE PROVIDER(S): Mom will be CP if case is granted

SAS 500: SAS 500 was explained, signed, and completed with parent.

ADDITIONAL FORM(S)/INFORMATION: DocuSign completed while in the home and a copy was sent to his father's email address

ATTACHMENT # 3n



December 27, 2023

Yang Xiong  
9582 Village Tree Dr  
Elk Grove CA 95758

RE: Kaleb Xiong

Dear Yang,

An Interdisciplinary Team of Regional Center specialists has worked with me in reviewing all of the material which has been made available to us. Kaleb was determined eligible for Regional Center services under the qualifying areas of autism and a condition similar to intellectual disability or requiring treatment similar to that required by individuals with intellectual disability on 12/27/2023.

Due to Kaleb's young age and anticipated progress, the team recommends a review of the diagnosis and/or level of impairment on or around 3/23/2030. The team recommends a review of school triennial testing reports to rule out intellectual disability and/or clarify the level of intellectual disability severity.

This case will now be transferred to a service unit at the Sacramento office for assignment to a service coordinator and development of an Individual Program Plan (IPP). Your service coordinator will be working with the planning team and with you in order to write the IPP and to arrange for continuing services that will meet Kaleb's needs. Your service coordinator will be scheduling this IPP meeting within 60 days of eligibility determination. Your service coordinator will contact you to schedule an appointment to begin this process. If you have any questions about this process, you can reach the service coordinator's manager, Camille Fiori, MSW, at 916-978-6551.

It was a pleasure meeting with you, and we look forward to serving you further.

Sincerely,

*Jessica Fox, MA*  
Jessica Fox, MA

Intake Specialist

JF/cs



ASD Center  
Department of Psychiatry  
Kaiser Permanente Rancho Cordova  
Serving Kaiser Permanente families

10725 International Dr. • Rancho Cordova, CA 95670 • Ph (916)631-2550 • Fax (916)631-2553

CAREGIVER/TEACHER QUESTIONNAIRE

**Report Sources:**

Form Complete by: Jim Thao Date Completed: 11/28/23

Occupational Classification: Education Specialist-Early Childhood

Name of Daycare or School and School District: Forks Ranch Elementary EGUSD

**Identifying Information:**

Student's Name: Kaleb Xiong

Student's grade and classroom setting: Preschool - Special Day Class

**Please describe and comment on the following:**

Strength

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**CAREGIVER/TEACHER QUESTIONNAIRE****Report Sources:****Form Complete by:** Jim Thao**Date Completed:** 11/28/23**Occupation Classification:** Education Specialist-Early Childhood**Name of Daycare or School and School District:** Foulks Ranch Elementary - EGUSD**Identifying Information:****Student's Name:** Kaleb Xiong**Student's grade and classroom setting:** Preschool-Special Day Class**Please describe and comment on the following:****STRENGTHS**

Imitating sounds, words, follows instructions (daily routine): cleans up, push in chair, washing hands. Will count if asking him to count. Kaleb is also able to imitate motions that are taught to him. Example: If we help him how to play with and make an airplane fly, he can pretend to fly by having it on top his head after just learning it. Will count if asking him to count to 10.

**CONCERNS/WEAKNESS**

Does not respond to simple what questions. Example: "What is your name?" "What are you doing?" Kaleb often communicate by requesting and rejecting objects/activities. He greets other people with adult prompt. Does not often respond to greetings or to his name. When answering questions, he is often prompted from an adult to answer. He will often repeat a word or phrase that is being taught or just hearing from another person. A form of echolalia. *As a result, some learning occurs, but Kaleb does not always understand what a word or phrase means* for communication in a functional manner.

He also frequently uses one hand to participate in activities (putting objects in a container, beading, fine motor activities, etc.) and requires prompts to use both hands.

**PEER RELATIONSHIP/SOCIAL SKILLS**

Does not seek interaction with peers, but knows they are there. Communicates very little with his peers. May say a peer's names, but not in a way to gain their attention to communicate with.

**UNUSUAL BEHAVIOR (e.g., sensory, motor, vocal, intense interests, etc.)**

Closes ears for some musical sounds. Intense interest in some objects (pepperoni from board game). Often hold and put objects in mouth. Does not tolerate different textures that are sticky,

slimy, water beads for very long. Kaleb often hold small items that have bumps in his hands for comfort and not to interact w/ other students. Starting to explore different toys, but just touches and takes out from container. Imitates sounds from inanimate objects (toilet flushing, sink making squeaky sounds)