



ELK GROVE UNIFIED
Assessment Plan

Name: Xiong, Kaleb

Birthdate: 3/13/2020

Date: 6/18/2024

Initial Plan Review Reevaluation Transition Interim Other Parent requested assessment

To parent/guardian of: Kaleb Xiong

Assessment Plan Date: 6/18/2024

LEA/District: Elk Grove Unified

School: Foulks Ranch Elementary

Grade: Preschool

Native language: eng English

English Proficiency Level:

The local educational agency (LEA)/district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed.* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the LEA/district. *Tests and procedures conducted pursuant to these assessments may include, but are not limited to, classroom observations, rating scales, interviews, record review, one-on-one testing, or some other types or combination of tests.

Evaluation Area

Examiner Title

Academic Achievement - These assessments measure reading, arithmetic, oral and written language skills, and/or general knowledge.

Health - Health information and testing is gathered to determine how your child's health affects school performance

Intellectual Development - These assessments measure how well your child thinks, remembers, and solves problems.

Language/Speech Communication Development - These assessments measure your child's ability to understand and use language and speak clearly and appropriately.

Motor Development - These assessments measure how well your child coordinates body movements in small and large muscle activities. Perceptual motor skills may also be measured.

Social Emotional/Behavior - These assessments measure your child's behavioral, social, and emotional strengths and needs. These instruments may include measures of attention, executive functioning, resiliency, relationships, and emotional status.

Adaptive Behavior - These assessments indicate how your child takes care of personal needs at home, school and in the community.

Post-Secondary Transition - These assessments related to training, education, employment and where appropriate independent living skills.

Other

Alternative Means of Assessment - (Describe alternative methods of assessing the child, if applicable)

*School Psychologist in collaboration with
Teacher of the Visually Impaired*

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Parents / Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and / or referral please contact:

Print Name of Contact

Jennifer Lipsky

Position

Program Specialist

Phone

916-686-7780

E-mail Address

jlipsky@egusd.net

I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent and that no individualized education program will result from the assessment without my consent, as required by EC Section 56321(b)(4).

I do not consent to the proposed assessment described above.

I would like the following assessment information to be considered by the IEP team:

Signature _____

Date 06/24/2024

Parent Guardian Surrogate Adult Student

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.

Yes No

Signature _____

Date 06/24/2024

Parent Guardian Surrogate Adult Student

Parent/Guardian/Student has received written notification of protections available to parents when LEA/district requests to access Medi-cal benefits

Address _____

Phone number _____

Comments:

NOTE: Notice of Action/Prior Written Notice attached if this is an initial evaluation.

Date Received by LEA/District: