



Because I Love You™

Parent and Youth Support Groups

L.A. UNIFIED SCHOOL (I.E.P. PROGRAM)

FACT SHEET RE: SPECIAL EDUCATION & AB3632 SERVICE I.E.P.

School districts in California are required to provide each student with a disability with a free appropriate public education. Free appropriate public education means special education and related services, including mental health services.

HOW DO I REQUEST SPECIAL EDUCATION SERVICES?

To refer your child for special education services, write a letter to the principal of your child's school or the school district administrative office. Tell the school district that you are concerned about your child's educational progress and that you are requesting a [SPECIAL EDUCATION ASSESSMENT](#). A form, which you can use, is attached.

WHAT ARE THE TIMELINES FOR THE ASSESSMENT AND IEP PROCESS?

After you have requested a special education assessment, the school district has 15 days (not counting days between regular school sessions or days of school vacation in excess of five school days) to provide parents with a written proposed assessment plan. The assessment plan will identify the types of tests the school district will give to the child. You have 15 days to decide if you will consent to the proposed assessment. The assessment cannot begin without your consent. Starting from the date the school district receives your written consent to assessment, the assessment must be completed and Individualized Education Program (IEP) developed at an IEP meeting within 50 days (not counting days between regular school sessions or days of school vacation in excess of five school days). All services written in the IEP must begin as soon as possible.

WHAT IS AN IEP AND HOW IS IT DEVELOPED?

An IEP is an Individual Education Program, which sets forth in writing the educational program for the student. The IEP is developed by a team of people, which must include a



We want to thank you for visiting our site.

We trust you will find the information you received from our Reference Library to be helpful.

We offer a Parenting Skills book explaining our philosophies called "The Program". The cost of the book is \$12.00 (English and Spanish) and your payment is 100% tax deductible. (Please specify language in your order)

For book orders, you may either pay online using PayPal (see our Donations page) or you may send your book orders to: BILY P.O. BOX 2062 WINNETKA, CA 91396-2062. Be sure to include your tax deductible check or money order payable to: BECAUSE I LOVE YOU or BILY.

*Once again, thanks for stopping by the **Because I Love You: Parent and Youth Support Groups** site.*

This message is in full compliance with U.S. Federal requirements for commercial email under bill S.1618 Title III, Section 301, Paragraph (a) (2) (C) passed by the 105th U.S. Congress and cannot be considered SPAM



Because I Love You™

Parent and Youth Support Groups

teacher, a school administrator and a parent. If the IEP meeting is being held following an assessment, a member of the assessment team must also participate. The IEP must include: (1) the student's present levels of functioning: (2) a statement of annual goals and measurable objectives designed to achieve those goals: (3) the specific special education services to be provided: (4) the specific related services to be provided including mental health services, and the amount of time for each service: (5) the extent to which the student will be able to participate in the regular education program: and (6) a description of the type of placement needed to implement the IEP.

HOW DO I OBTAIN MENTAL HEALTH SERVICES?

Under California Law, commonly called AB 3632, the County Department of Mental Health is responsible for providing mental health services and residential placement for seriously emotionally disturbed students. If you believe that your child needs mental health services you should request the school district to refer your child to the Department of Mental Health for an assessment. The Department of Mental Health must follow the assessment timeliness described above. Following this assessment the IEP team will meet to consider the need for mental health services or residential placement.

WHAT CAN I DO IF I DISAGREE WITH ANY OF THE SCHOOL DISTRICT'S ACTIONS?

If you disagree with the school district's assessment, any part of the IEP or any of the services offered by the district you can request a hearing. To request a hearing write a letter to the address below and send a copy to your school district.

Special Education Hearing Unit
McGeorge School of Law
3200 Fifth Avenue
Sacramento, CA 95817



We want to thank you for visiting our site.

We trust you will find the information you received from our Reference Library to be helpful.

We offer a Parenting Skills book explaining our philosophies called "The Program". The cost of the book is \$12.00 (English and Spanish) and your payment is 100% tax deductible. (Please specify language in your order)

For book orders, you may either pay online using PayPal (see our Donations page) or you may send your book orders to: BILY P.O. BOX 2062 WINNETKA, CA 91396-2062. Be sure to include your tax deductible check or money order payable to: BECAUSE I LOVE YOU or BILY.

*Once again, thanks for stopping by the **Because I Love You: Parent and Youth Support Groups** site.*

This message is in full compliance with U.S. Federal requirements for commercial email under bill S.1618 Title III, Section 301, Paragraph (a) (2) (C) passed by the 105th U.S. Congress and cannot be considered SPAM



Because I Love You™

Parent and Youth Support Groups

If the district fails to assess your child or develop an IEP within timelines above, you may file a complaint with the State Department of Education. To file a complaint, write to the following address and send a copy to your school district.

Special Education Compliance Unit
State Department of Education
P.O. Box 944272
Sacramento, CA 94244-2720

WHO CAN I CONTACT IF I NEED HELP?

Protection and Advocacy
221 East Glenoaks, Suite 220
Glendale, CA 91207
(800) 776-5746

Mental Health Advocacy Services
1336 Wilshire Blvd, Suite 102
Los Angeles, CA 90017
(213) 484-1628

Date _____
Name _____
School Principal _____
Name of School _____
Address _____
City / State / Zip _____

Dear _____,



*We want to thank you for visiting our site.
We trust you will find the information you received from our Reference Library to be helpful.*

We offer a Parenting Skills book explaining our philosophies called "The Program". The cost of the book is \$12.00 (English and Spanish) and your payment is 100% tax deductible. (Please specify language in your order)

For book orders, you may either pay online using PayPal (see our Donations page) or you may send your book orders to: BILY P.O. BOX 2062 WINNETKA, CA 91396-2062. Be sure to include your tax deductible check or money order payable to: BECAUSE I LOVE YOU or BILY.

*Once again, thanks for stopping by the **Because I Love You: Parent and Youth Support Groups** site.*

This message is in full compliance with U.S. Federal requirements for commercial email under bill S.1618 Title III, Section 301, Paragraph (a) (2) (C) passed by the 105th U.S. Congress and cannot be considered SPAM



Because I Love You™

Parent and Youth Support Groups

I am the parent of _____, who currently is enrolled at your school. My child has not been doing well in school and I am concerned about his education progress. I am writing to make a referral for assessment for special education services for my child. I am requesting that he/she be given a comprehensive assessment by the school district and that an IEP meeting be scheduled for him/her. I believe my child needs mental health services as part of his/her educational program.

Therefore, as part of this assessment, I am requesting that you refer my child under the provisions of AB 3632 to the County Department of Mental Health. As part of the assessment process, I also request that my child be assessed under Section 604 of the Rehabilitation Act of 1973 to determine whether he/she should be identified as "handicapped" pursuant to that law and to determine what accommodations might be required in his /her educational program. I look forward to receiving an assessment plan within 15 days.

If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

Your Name _____
Address _____
City/State/Zip _____
Phone Number _____



We want to thank you for visiting our site.

We trust you will find the information you received from our Reference Library to be helpful.

We offer a Parenting Skills book explaining our philosophies called "The Program". The cost of the book is \$12.00 (English and Spanish) and your payment is 100% tax deductible. (Please specify language in your order)

For book orders, you may either pay online using PayPal (see our Donations page) or you may send your book orders to: BILY P.O. BOX 2062 WINNETKA, CA 91396-2062. Be sure to include your tax deductible check or money order payable to: BECAUSE I LOVE YOU or BILY.

*Once again, thanks for stopping by the **Because I Love You: Parent and Youth Support Groups** site.*

This message is in full compliance with U.S. Federal requirements for commercial email under bill S.1618 Title III, Section 301, Paragraph (a) (2) (C) passed by the 105th U.S. Congress and cannot be considered SPAM