

Elk Grove Unified

Student Legal Name: Kaleb Xiong

Date of Birth: 3/13/2020

Electronic Signatures

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 would like the following assessment information to be considered by the IEP team: As the meeting gets closer, if we would be inviting someone, we will inform the school.

A handwritten signature in black ink, appearing to be 'Y Xiong', written in a cursive style.

Yang Xiong (Dad)

Signed on 10/29/2025 3:17 PM



ELK GROVE UNIFIED
Assessment Plan

Name: Xiong, Kaleb

Birthdate: 3/13/2020

Date: 10/29/2025

- Initial [checked] Plan Review [checked] Reevaluation [] Transition [] Interim [] Other []

To parent/guardian of: Kaleb Xiong

Assessment Plan Date: 10/29/2025

LEA/District: Elk Grove Unified

School: John Ehrhardt Elementary

Grade: Kindergarten

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

- 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 mood.
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

Examiner Title

- Special Education Teacher
School Nurse
School Psychologist
Speech and Language Pathologist
Occupational Therapist; Occupational and Mobility Specialist; Adaptive PE Teacher
School Psychologist
School Psychologist
Functional Vision Assessment

Teacher for the Visually Impaired

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

All Team Members

Due to Kaleb's total blindness, all assessments will be conducted using non-visual formats and accessible materials.

Assessments may include:

Tactile materials (e.g., raised-line drawings, tactile graphics, real objects, manipulatives) in place of visual stimuli.

Auditory presentation of all instructions, questions, and test items (via examiner read-aloud or audio format).

Braille or tactile response methods, verbal responses, or use of assistive technology (e.g., braillewriter, screen reader, voice output device) for test completion.

Observation-based and play-based assessments to evaluate communication, social interaction, and functional skills in familiar environments.

Input from parents, teachers, and specialists (e.g., Teacher of the Visually Impaired, Orientation & Mobility specialist, Speech-Language Pathologist) to support comprehensive understanding of skills across settings.

Modified standardized assessments or criterion-referenced tools when visual components cannot be adapted without invalidating results.

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	Position	Phone	E-mail Address
<u>Christa King</u>	<u>Teacher</u>	<u>916-684-7259</u>	<u>cnking@egusd.net</u>

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

Parent Guardian Surrogate Adult Student

Comments:

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

Date Received by LEA/District: