

**STATE HEARING  
STATEMENT OF POSITION**

**IN-HOME SUPPORTIVE SERVICES (IHSS)  
Personal Care Services Program (PCSP)**

*Case Name: Kaleb Xiong*

**Claimant: Yang Xiong**

9582 Village Tree Dr.

Elk Grove, CA 95758

Case Number: 1951916

State Rehearing: R- 105019726

07/29/2024@1:00PM

APP: No

Filing: 10/11/2023

**COUNTY ACTION:**

Sacramento County notified the claimant via a Notice of Action (NOA) dated 10/06/2023 that the 08/01/2023 application for In Home Supportive Services (IHSS) hours has been approved. The recipient was authorized for a total of 06 hours 04 minutes monthly effective 8/01/2023.

**(Attachment #1)**

**ISSUE:**

Whether Sacramento County correctly assessed and authorized the appropriate amount of IHSS monthly hours to be 06:04 including denying Protective Supervision Services.

**PRE-HEARINGS CONTACT:**

County Appeals reviewed IHSS Services on 11/06/2023 with claimant and recipient's mother. After reviewing all services, the claimant reports that he is only disputing Protective Supervision Services.

**PERTINENT FACTS AND HISTORY:**

IHSS is a program intended to provide supportive services to aged, blind and disabled persons who, because of a functional limitation, are unable to perform those services themselves and cannot safely remain in their homes or abodes of their own choosing unless IHSS is provided.

When viewed in their entirety and read in conjunction with each other, IHSS regulations establish that the program is intended to provide a minimal amount of assistance to an IHSS recipient in order to prevent that recipient's out of home placement. No IHSS can be authorized where a recipient is able to perform a task, even if performing that task results in physical or

emotional stress, provided that the amount of stress is not unreasonable. The county is required to determine a recipient's need for IHSS consistent with the regulations.

The recipient is 3-year-old male (DOB: 03/13/2023), who resides with both parents and siblings in a home located in the Sacramento County area. On 08/01/2023, an application was taken by In-Home Supportive Services on child's behalf by his father/claimant, Yang Xiong. The health care certification was completed and submitted to Sacramento County IHSS on 08/16/2023. This document indicates the recipient is legally blind (Bilateral blindness since birth). As a result, PCP recommends IHSS services. **(Attachment #2)**

On 09/15/2023, a home visit assessment was conducted by an IHSS Social Worker (SW) Norman Choy to complete the 08/01/2023 application for services. A routine assessment was conducted with the discussion focusing on each area of service allowed payment under the IHSS program. **(Attachment #3)**

The Age-Appropriate Guidelines published by the CDSS are a tool provided at state-wide training on assessing the IHSS needs of children. The Age-Appropriate Guidelines generally presume that all 3-year-old children need assistance with domestic services housekeeping. Domestic services, as specified in Section 30-757.11, may not be authorized for the child regardless of any disability-related needs he might have. As a result, the SW gave a functional ranking of 1.

Other related services (meal preparation and clean up, laundry, shopping for food and running errands) are also generally presumed that all 3- year- old children require assistance in such areas. IHSS may be authorized in these circumstances only where extraordinary disability-based conditions or behaviors of the child create needs for help that exceed parental responsibilities. There was no evidence of any special needs the 3-year-old recipient has which would warrant authorizing IHSS in any of the above areas. As a result, the SW gave a functional ranking of 1 in the above-mentioned areas. **(Attachment #4)**

The Age-Appropriate Guidelines recognize a 3-year-old may have an assessed need for IHSS in the following areas: Transfers, Respiration and Protective Supervision services.

The recipient was observed to complete transfers on/off couch however, 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. SW gave rank of 3.

**Protective Supervision:**

In addition to the information provided above, the social worker also assessed whether the recipient needed protective supervision. Per Garrett v. Anderson and the Lam v. Anderson settlement court cases, county social workers must assess all IHSS eligible minors for a mental impairment/mental illness and evaluate the minor in the functions of memory, orientation, and judgment on an individual basis, regardless of age.

To evaluate this need, an assessment of the current living situation, functional abilities of the recipient, and a review of the documentation provided by the parent was completed.

**MEMORY:** Rank 2: Child is 3 years old and is totally blind, he is verbal and can repeat what he hears and appears to have age-appropriate memory.

**ORIENTATION:** Rank 2: Child 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.

**JUDGMENT:** Rank 2: Child is 3 years old and is totally blind. He may go places he should not, like many 3-year-olds but he is blind. Judgement is age appropriate.

Three (3) Assessment of need for Protective Supervision (SOC821) forms were completed and submitted to the County of Sacramento. The initial SOC 821 dated 9/20/2023 reported that diagnosis is blindness in which there was no impairment in Memory and Judgement. The Doctor indicated that child has disorientation due to blindness and needs constant supervision.  
**(Attachment 5)**

The 2<sup>nd</sup> SOC 821 dated 10/03/2023 also reported that diagnosis is blindness in which the specialist gave no ranking for memory, severe impairment in Orientation, and mild impairment in Judgement. There is an additional letter written by the specialist explaining the need for supervision due disorientation due to blindness.  
**(Attachment 6)**

The 3<sup>rd</sup> SOC 821 dated 10/03/2023 reported that diagnosis is blindness and developmental delay in which there is severe impairment in Memory, Orientation, and Judgement due to blindness and developmental delays the child needs constant supervision.  
**(Attachment 7)**

The claimant submitted an Individual Education Plan (IEP) dated 05/09/23 which included information regarding the child's behavior. This report reported "with deficits in receptive language, it would be expected that Kalab would have a difficult time following classroom directions and discussions". When it comes to social and behavioral concerns, the report

indicates “Kaleb did not exhibit any excessive behaviors during the week. His parents report that they do not have behavioral concerns currently”.

**(Attachments #8)**

State Regulations specify that protective supervision consists of observing the recipient’s behavior and intervening as appropriate to safeguard the recipient against injury, hazard, or accident when a need exists for twenty-four-hours-a-day supervision, based on a mental impairment, for the recipient to remain at home safely.

While it has been reported that this child has some delays, and may exhibit some “Autistic behaviors”, there is no official diagnosis of mental impairment, Autism. Parent reported to SW that he will be going for testing for Autism in the near future.

The SW concluded that the supervision that the child needs is for a medical condition. Protective Supervision cannot be authorized when the need is caused by a medical condition. Protective Supervision cannot be authorized for medical supervision.

A notice of action was generated on 10/06/2023, informing the claimant that the recipient was not eligible for protective supervision services.

**REGULATIONS:**

**MPP 22-062.4**

The decision shall determine only those circumstances and issues existing at the time of the county action in dispute or otherwise agreed to by the parties.

**30-700.1**

IHSS shall be authorized only in cases where the recipient would not be able to remain safely in his/her home without authorized In-Home Supportive Services.

**30-757**

Provides for the services authorized through IHSS/PCSP.

**30-757.1**

Introduces that there are time guidelines for some service categories which should apply if there is no reason for an exception based on the guidelines.

**30-757.173(a)(1)(A)**

(1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form

SOC 821 (3/06), "Assessment of Need for Protective Supervision for In Home Supportive Services Program," which is incorporated by reference, be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

(A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.

**30-761.25**

Provides that no services shall be determined to be needed which the recipient is able to perform in a safe manner without an unreasonable amount of physical or emotional stress.

**30-761.26**

Provides that social service staff shall determine the need for service based on the recipient's statement of need, the recipient's physical/mental condition and living situation, the available medical information and other information social service staff consider necessary including conversations with the social worker.

**30-763**

Provides for the authorization process.

**30-757.171**

Provides that protective supervision is available for monitoring the behavior of non-self directing, confused, mentally impaired, or mentally ill persons, with the following exceptions:

- (a) Protective supervision does not include friendly visitation or other social activities.
- (b) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.
- (c) Supervision is not available in anticipation of a medical emergency.
- (d) Supervision is not available to prevent or control anti-social or aggressive recipient behavior.

**30-757.172**

Provides that protective supervision is available under the following conditions:

- (a) Social service staff have determined that a twenty-four-hour need exists for protective supervision and that the recipient can remain at home safely if

protective supervision is provided.

- (b) Services staff determine that the entire twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:

- (1) IHSS
- (2) Alternative resources.
- (3) A reassurance phone service when feasible and appropriate.

**30-757.173**

Provides that protective supervision is only available under the following conditions as determined by social service staff:

- (a) At the time of the initial assessment or reassessment, a need exists for twenty four-hours-a-day of supervision in order for the recipient to remain at home safely.

(1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form SOC 821 (3/06), "Assessment of Need for Protective Supervision for In-Home Supportive Services Program," which is incorporated by reference, be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

- (A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.

(2) The form SOC 821 (3/06) shall be used in conjunction with other pertinent information, such as an interview or report by the social service staff or a Public Health Nurse, to assess the person's need for Protective Supervision.

(3) The completed form SOC 821 (3/06) shall not be determinative, but considered as one indicator of the need for Protective Supervision.

(4) In the event that the form SOC 821 (3/06) is not returned to the county, or is returned incomplete, the county social services staff shall make its determination of need based upon other available information.

**Law**

All the regulations cited refer to the Manual of Policies and Procedures (MPP), unless otherwise noted.

Under state law, the purpose of the IHSS Program is to provide those supportive services to Aged, Blind and Disabled (ABD) persons who are unable to perform the services themselves and "who cannot safely remain in their homes or abodes of their own choosing unless these services are provided." (W&IC §12300(a))

The IHSS Program content includes protective supervision. Protective supervision consists of

monitoring the behavior of nonself-directing, confused, mentally impaired or mentally ill recipients in order to safeguard the recipient against injury, hazard or accident. Protective supervision is not available when the need is due to a medical condition and the form of supervision required is medical. It is not available in anticipation of a medical emergency. It is not available to prevent or control antisocial or aggressive recipient behavior. (§30-757.171)

Protective supervision is available when social services staff determines that a 24-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided. Services staff shall determine that the entire 24-hour need for protective supervision can be met through any of the following, or combination of the following: IHSS; alternative resources; or a reassurance phone service when reasonable and appropriate. (§30-757.172)

The California Court of Appeals ruled that protective supervision for IHSS recipients could be limited to those recipients who were nonself-directing or mentally infirm. (*Marshall v. McMahon* (1993) 22 Cal.Rptr. 2d 220)

Protective supervision involves not only the observation of behavior to safeguard the individual against harm, but also the intervention to prevent harm when the individual engages in potentially dangerous conduct. Protective supervision is available to those IHSS beneficiaries who are "nonself-directing" and who would most likely engage in potentially dangerous activities. (*Calderon v. Anderson* (1996) 45 Cal. App. 4th 607, 52 Cal. Rptr. 2d 846)

### **CONCLUSION:**

Sacramento County contends that it correctly assessed the child's eligibility for In-Home Services to be 6 hours 4 minutes per month.

It was further determined that the recipient did not meet the criteria for protective supervision. Sacramento County concludes that the recipient is age-appropriate self-directable.

**ATTACHMENTS:**

1. Notice of Action dated 10/06/2023 (4 pages)
2. Health Care Certification form (SOC 873) 8/15/2023
3. IHSS Needs Assessment dated 9/15/2023.
4. The Age-Appropriate Guidelines
5. Assessment of need for Protective Supervision dated 09/20/2023 (SOC821)
6. Assessment of need for Protective Supervision dated 10/03/2023 (SOC821)
7. Assessment of need for Protective Supervision dated 10/03/2023 (SOC821)
8. Individual Education Plan (IEP) dated 05/09/2023.

Yolanda Lewis

Yolanda Lewis, Program Specialist

7/19/2024

**NOTICE OF ACTION**

COUNTY OF Sacramento

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**IN-HOME SUPPORTIVE SERVICES (IHSS)  
APPROVAL**

Notice Date : 10/06/2023

Case Name : KALEB XIONG

Case Number : 1951916

Social Worker Name : NORMAN CHOY

Social Worker Number : X882

Social Worker Telephone : 916-874-9471

Social Worker Address :

**NOTE:** This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

(ADDRESSEE)

KALEB XIONG  
9582 Village Tree DR  
Elk Grove, CA 95758-1198

P.O. Box 269131  
Sacramento, CA 95826

**Total Hours:Minutes of IHSS you can get each month:** 06:04

Based on an assessment done on 09/15/2023, you can get the services shown below for the amount of time shown in the column "Authorized Amount of Service You Can Get."  
MMDYYYY

- 1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
- 2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
- 3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

SERVICES  <small>Note: See the back of the next page for a short description of each service.</small>	TOTAL AMOUNT OF SERVICE NEEDED	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME	AMOUNT OF SERVICE YOU NEED	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET
	HOURS: MINUTES	(PRORATION)	HOURS: MINUTES		HOURS: MINUTES
<b>DOMESTIC SERVICES (per MONTH):</b>	00:00	00:00	00:00	00:00	00:00
<b>RELATED SERVICES (per WEEK):</b>					
Prepare Meals	00:00	00:00	00:00	00:00	00:00
Meal Clean-up	00:00	00:00	00:00	00:00	00:00
Routine Laundry	00:00	00:00	00:00	00:00	00:00
Shopping for Food	00:00	00:00	00:00	00:00	00:00
Other Shopping/Errands	00:00	00:00	00:00	00:00	00:00
<b>NON-MEDICAL PERSONAL SERVICES (per WEEK):</b>					
Respiration Assistance (Help with Breathing)	00:00		00:00	00:00	00:00
Bowel, Bladder Care	00:00		00:00	00:00	00:00
Feeding	00:00		00:00	00:00	00:00
Routine Bed Bath	00:00		00:00	00:00	00:00
Dressing	00:00		00:00	00:00	00:00
Menstrual Care	00:00		00:00	00:00	00:00
Ambulation (Help with Walking, including Getting In/Out of Vehicles)	00:00		00:00	00:00	00:00
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)	01:24		01:24	00:00	01:24
Bathing, Oral Hygiene, Grooming	00:00		00:00	00:00	00:00
Rubbing Skin, Repositioning	00:00		00:00	00:00	00:00
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications	00:00		00:00	00:00	00:00
<b>ACCOMPANIMENT (per WEEK):</b>					
To/From Medical Appointments	00:00		00:00	00:00	00:00
To/From Places You Get Services in Place of IHSS	00:00		00:00	00:00	00:00
<b>PROTECTIVE SUPERVISION (per WEEK):</b>	00:00		00:00	00:00	00:00
<b>PARAMEDICAL SERVICES (per WEEK):</b>	00:00		00:00	00:00	00:00
TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:					01:24
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:					x 4.33 =
SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:					06:04
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):					00:00
<b>TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:</b>					<b>06:04</b>
<b>TIME LIMITED SERVICES (per MONTH):</b>					
Heavy Cleaning:	00:00	00:00	00:00	00:00	00:00
Yard Hazard Abatement	00:00	00:00	00:00	00:00	00:00
Remove Ice, Snow	00:00	00:00	00:00	00:00	00:00
Teaching and Demonstration	00:00	00:00	00:00	00:00	00:00
<b>TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</b>					<b>00:00</b>

**Questions?:** Please contact your IHSS social worker. See top of page for phone number.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

**YOUR HEARING RIGHTS**

1. You have the right to ask for a conference with the county to talk about this action. At the conference you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. If you want a conference, contact the county.
2. Whether or not you ask for a conference, you also have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.
3. If you ask for a hearing before an action on your In-Home Supportive Services (IHSS) takes place, your services will continue until the hearing. If you make your request in good faith, you will not have to repay any money you receive for services you get pending the hearing, even if the hearing decision says the county's action was right.
4. You can ask for a hearing in person or in writing. You have to say that you want a hearing and tell the reason(s) you want one.
5. You can ask for a hearing on your own or you can ask the county for assistance. Either way, you should tell your worker as soon as possible.
6. At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. You can get free legal help at your local legal aid or welfare rights office. For a legal aid referral, call the toll-free number listed on this page.
7. If you do not want to go to the hearing alone, you can bring a relative, friend, or other person with you.
8. You can review the regulations about hearings at your local IHSS office.
9. Information Practices: The information you give to ask for a hearing is required to process your request according to state law. A case file will be made up for the hearing and you have the right to look at the information in the file. Any information you give may be shared with the county or the United States Department of Health and Human Services.

**TO ASK FOR A HEARING:**

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send this page to:

California Department of Social Services  
 State Hearings Division  
 P.O. Box 944243  
 Mail Station 8-16-50  
 Sacramento, CA 94244-2430

OR Call toll free:  
 11-800-952-5253 or for hearing or speech impair  
 who use TDD, 1-800-952-8349.

**REQUEST FOR HEARING:**

I want a hearing because I disagree with the action of the county regarding my social services. Here's why:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- If you need more space, check box and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.) My language or dialect is:

\_\_\_\_\_

**PERSON WHOSE SOCIAL SERVICES WERE DENIED, CHANGED OR STOPPED**

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME OF PERSON COMPLETING THIS FORM**

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records and/or go to the hearing for me. (This person can be a friend or relative but this person cannot interpret for you.)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ATTACHMENT # 1 b

**NOTICE OF ACTION**  
**IN-HOME SUPPORTIVE SERVICES (IHSS)**  
**APPROVAL (CONTINUED)**

COUNTY OF Sacramento

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date: 10/06/2023  
Case Name: KALEB XIONG  
Case Number: 1951916

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As of 08/01/2023, you are approved for In-Home Supportive Services through the following program:  
Personal Care Services Program (PCSP) (MPP 30-780)

All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)

You cannot get Protective Supervision Service. Here's why:  
An assessment of your needs done on 09/15/2023, found that you do not need 24-hour supervision to ensure your safety.(MPP 30-757.17)

You cannot get Protective Supervision Service. Here's why:  
Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172 Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172 Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172 Protective Supervision Service cannot be authorized to prevent or control a recipient's anti-social or aggressive behavior. MPP 30-757.172 Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172

You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for medical supervision. Your case information shows that the supervision you need is medical or for a medical condition. [MPP Section 30- 757.172(b)]

You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay.  
If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets are processed telling you how much you need to pay your provider.

Free legal assistance for your IHSS case may be available from:  
Legal Services of Northern California - Sacramento (916) 551-2150  
Or  
Coalition of California Welfare Rights Organizations (CCWRO) (916) 736-0616

**You must immediately tell the county about any changes that might affect your eligibility or need for IHSS, including changes in income, property, living arrangements, medical conditions or the ability to work. If you have any questions or think more facts should be considered, call your social worker.**

**Rules:** The applicable Manual of Policies and Procedure (MPP) sections are shown above and on the previous page in parentheses. You may review the MPP at your local IHSS office.

**Questions?:** Please contact your IHSS social worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of the first page of this notice tells how.

**DESCRIPTION OF SERVICES**

**DOMESTIC SERVICES:** General household chores to maintain the cleanliness of the home. MPP 30-757.11

**RELATED SERVICES:**

- **Meal Preparation:** Planning menus, preparing foods, cooking and serving meals. MPP 30-757.131
- **Meal Clean-up:** Cleaning up the cooking area and washing, drying and putting away cookware, dishes and utensils. MPP 30-757.132
- **Routine Laundry:** Washing, drying, folding and putting away clothes and household linens. MPP 30-757.134
- **Shopping for Food:** Making a grocery list, traveling to/from the store, shopping, loading, unloading, and storing food purchased. MPP 30-757.135(b)
- **Other Shopping/Errands/Reading Services:** Includes: 1) Shopping for other necessary supplies; 2) Performing small and necessary errands, e.g., picking up a prescription, and 3) Reading important documents such as, medication instructions, food labels, utility bills, or rental agreements. MPP 30-757.135(c)

**NON-MEDICAL PERSONAL SERVICES:**

- **Respiration Assistance:** Assisting recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. MPP 30-757.14(b)
- **Bowel and/or Bladder Care:** Assisting the recipient with using the toilet (including getting on/off), bedpan/bedside commode or urinal; emptying and cleaning ostomy bag, enema and/or catheter receptacles; applying diapers, disposable undergarments and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's hands. MPP 30-757.14(a)
- **Feeding:** Assisting the recipient to eat meals, including cleaning his/her face and hands before and after meals. MPP 30-757.14(c)
- **Routine Bed Bath:** Giving a recipient who is confined to bed a routine sponge bath. MPP 30-757.14(d)
- **Dressing:** Assisting the recipient to put on and take off his/her clothes as necessary throughout the day. MPP 30-757.14(f)
- **Menstrual Care:** Assistance with the external placement of sanitary napkins and barrier pads. MPP 30-757.14(j)
- **Ambulation and Getting In/Out of Vehicles:** Assisting the recipient with walking or moving about the home, including to/ from the bathroom, and to/from and into/out of the car for transporting to medical appointments and/or alternative resources. MPP 30-757.14(k)
- **Transfer (Moving In/Out of Bed and/or On/Off Seats):** Assisting recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another. MPP 30-757.14(h)
- **Bathing, Oral Hygiene and/or Grooming:** Assisting the recipient with: bathing or showering; brushing teeth, flossing, and cleaning dentures; shampooing, drying, and combing/brushing hair; shaving; and applying lotion, powder, deodorant. MPP 30-757.14(e)
- **Rubbing Skin and Repositioning:** Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. MPP 30-757.14(g)
- **Care of/Assistance with Prosthesis and Help Setting Up Medications:** Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up Medi-sets. MPP 30-757.14(i)

**TRANSPORTATION SERVICES:** Transporting recipient to and from: 1) Appointments with physicians, dentists and other health practitioners; or 2) Sites necessary for fitting health related appliances/devices and special clothing, when transportation for these purposes is not provided under Medi-Cal. This also includes transporting the recipient to sites where alternative resources provide in-home supportive services to recipient in place of IHSS. MPP 30-757.15

**HEAVY CLEANING:** Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances. MPP30-757.12

**YARD HAZARD ABATEMENT:** Light work in the yard to: 1) Remove high grass or weeds, and rubbish when these materials pose a fire hazard (authorized one time only); or 2) Remove ice, snow or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. MPP 30-757.16

**PROTECTIVE SUPERVISION:** Protective Supervision is when an IHSS provider watches a person who is mentally impaired or mentally ill on a continual basis to prevent them from doing things which will cause them to get hurt. MPP 30-757.17

**TEACHING AND DEMONSTRATION SERVICES:** Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS providers by himself/herself. Certain limitations apply. MPP 30-757.18

**PARAMEDICAL SERVICES:** Services meeting the following conditions: 1) Activities which recipients would normally perform themselves if they did not have functional limitations; 2) Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health; and 3) Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring a judgment based on training given by a licensed health care professional. Special limitations apply. MPP 30-757.19

**FOR A MORE DETAILED DESCRIPTION OF SERVICES, YOU MAY VIEW THE MANUAL OF POLICY AND PROCEDURES (MPP) SECTIONS REFERENCED ABOVE AT YOUR LOCAL COUNTY IHSS OFFICE.**

ATTACHMENT # 1d

# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM

## HEALTH CARE CERTIFICATION FORM

SW# X8A1

### A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name: KALEB XIONG		Date of Birth: 03/13/2020
Address: 9582 Village Tree Dr, Elk Grove, CA 95758-1198		
County of Residence: Sacramento	IHSS Case #: 1951916	
IHSS Worker Name: GLENDA BLAND ihss email: dcfas-sas-ihss-elig@saccounty.gov		
IHSS Worker Phone #: 916-874-9471	IHSS Worker Fax #: 916-854-8828	

### B. AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (To be completed by the applicant/recipient)

I, KALEB XIONG (PRINT NAME), authorize the release of health care information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

Signature:  Date: 08 / 08 / 2023  
APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Witness (if the individual signs with an "X"): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### TO: LICENSED HEALTH CARE PROFESSIONAL\* -

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This health care certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

\*Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.

# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

Applicant/Recipient Name: KALEB XIONG IHSS Case #: 1951916

## C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

**NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.**

1. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)?  YES  NO

2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)?  YES  NO

*If you answered "NO" to either Question #1 OR #2, skip Questions #3 and #4 below, and complete the rest of the form including the certification in PART D at the bottom of the form.*

*If you answered "YES" to both Question #1 AND #2, respond to Questions #3 and #4 below, and complete the certification in PART D at the bottom of the form.*

3. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:  
  
Patient is legally blind. Needs assistance with eating, bathing, dressing, and other instrumental activities (play time, learning) for age.

4. Is the individual's condition(s) or functional limitation(s) expected to last at least 12 consecutive months OR expected to result in death within 12 months?  YES  NO

**Please complete items # 5 - 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.**

5. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.): MEDICAL TREATMENT

6. How long have you provided service(s) to this individual? since 2/10/2021

7. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.): every 6 to 12 months

8. Indicate the date you last provided services to this individual: 1 / 2023

**NOTE: THE IHSS WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.**

## D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and all information provided above is correct.

Name: IRMA MUMINOVIC, MD Title: MD

Address: 1600 FOREKA ROAD, BUILDING C, MOD 2

Phone #: (916) 784-4185 Fax #: (916) 474-2714

Signature: [Signature], MD Date: 8/15/2023

Professional License Number: A 158 138600 Licensing Authority: THE MEDICAL BOARD OF CALIFORNIA

PLEASE RETURN THIS FORM TO THE IHSS WORKER LISTED ON PAGE 1.

**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]
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
-------------------------------------	------------------------------	--

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:

Recipient Number  
1951916

**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
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			Number of Recipient Only Rooms	0
Apartment			Number of Shared Rooms	4
Mobile Home			Number of Rooms	
Hotel			Not In Use By Recipient	3
Other				

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 Parent – Provides Some Services Parent – Provides No Services Parent – IHSS Recipient Spouse – Able And Available Spouse – Able/Partially Available Spouse – Able /Not Available Spouse – Available/Not Able 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									
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								

Recipient Number  
1951916

ATTACHMENT # 3e

Recipient Number  
1951916

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 # 3 f

Recipient Number  
1951916

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	<b>Ambulation</b> Some Human Assistance Total Human Assistance Walker/Cane Wheelchair Needs Some Help w/ Stairs							
3	<b>Transfers</b> Some Human Assistance Total Human Assistance Assistance Getting on/off Seats and Wheelchairs	Weekly	1	01:24		00:00		01:24
1	<b>Bathing, Grooming, Oral Hygiene</b> Bathing Hair Care/Shampoo Foot/Hand/Nail Care Shaving Oral Hygiene							
3	<b>Rubbing Skin, Repositioning</b> Rubbing of Skin Repositioning Range of Motion Apply Lotion							

ATTACHMENT # 39

Recipient Number  
1951916

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

ATTACHMENT # 3h

Recipient Number  
1951916

Rank	Service Evidence Activities of Daily Living	Frequency (Daily, Weekly, Monthly)	Quantity	Duration	Proration	Alternative Resources	Comments	Total Assessed Need
	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

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 <input type="checkbox"/> County Contractor <input type="checkbox"/> 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 &amp; 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 &amp; 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 &amp; 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.

ATTACHMENT # 3K

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.

ATTACHMENT # 3L

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

**FUNCTIONAL INDEX RANKING FOR MINOR CHILDREN IN IHSS  
AGE APPROPRIATE GUIDELINE TOOL**

Age	Housework	Laundry	Shopping and Errands	Meal Prep and Cleanup	Ambulation	Bathing/Oral Hygiene/Grooming	Dressing	Bowel and Bladder	Feeding	Transfer	Respiration
0-1	1	1	1	1	1	1	1	1	1	1	1 or 5
2	1	1	1	1	1	1	1	1	1	1-5	1 or 5
3	1	1	1	1	1	1	1	1	1	1-5	1 or 5
4	1	1	1	1	1	1	1	1-5	1	1-5	1 or 5
5	1	1	1	1	1-5	1	1-5	1-5	1	1-5	1 or 5
6	1	1	1	1	1-5	1	1-5	1-5	1	1-5	1 or 5
7	1	1	1	1	1-5	1	1-5	1-5	1	1-5	1 or 5
8	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
9	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
10	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
11	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
12	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
13	1	1	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
14	1	1, 4 or 5	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
15	1	1, 4 or 5	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
16	1	1, 4 or 5	1	1	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5
17	1	1, 4 or 5	1, 3 or 5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1 or 5

**Notes:**

- All minors should be assessed a Functional Level of 1 when identified above.
- For areas with ranges, the social worker should utilize the Annotated Assessment Criteria and Developmental Guide to determine the appropriate Functional Level.
- Memory, Orientation and Judgment - FI Ranks of 1, 2 or 5 should be assessed. The county staff must review a minor's mental functioning on an individualized basis and must not presume a minor of any age has a mental functioning score of "1". (ACL 98-87, MPP 30-756.372; WIC 12301(a), 12301.1.)
- The FI ranks listed above reflect the age at which a minor may be expected to complete all tasks within a service category independently and are based on the Vineland Social Maturity Scale (copy attached). These rankings are provided as a guideline only. Each child must be assessed individually. Domestic applies only when minor is living with parent.

Kaleb Xiong  
1951916

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

Release of Information Attached

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

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

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

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

DATE PATIENT LAST SEEN BY YOU: <b>11/12/23</b>	LENGTH OF TIME YOU HAVE TREATED PATIENT: <b>SINCE 03/11/2021</b>
DIAGNOSIS/MENTAL CONDITION: <b>BILAT BLINDNESS</b>	PROGNOSIS: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary - Timeframe:

**PLEASE CHECK THE APPROPRIATE BOXES**

**MEMORY**

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

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

**ORIENTATION**

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

Explanation: **CHILD IS BLIND**

**JUDGMENT**

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

Explanation: **APPROPRIATE FOR TODDLER / YOUNG CHILD**

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

**CERTIFICATION**

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

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

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

*Kaleb Xiong*  
*1951916*

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

Release of Information Attached

Attending Chris Peterson	PATIENT'S NAME: <b>Kaleb Xiong</b>	PATIENT'S DOB: <b>03 / 13 / 2020</b>
Physician's / 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: <b>October 3, 2023</b>	LENGTH OF TIME YOU HAVE TREATED PATIENT: <b>Since August 14, 2023</b>
DIAGNOSIS/MENTAL CONDITION: <b>Blind</b>	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.

1. 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.
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
3. 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: <b>Orientation &amp; Mobility</b>	DATE: <b>10/3/2023</b>
ADDRESS: <b>9329 Soaring Oaks Dr., Elk Grove, CA 95758</b>	LICENSE NO.: <b>See attached page.</b>	TELEPHONE: <b>(916) 892-2753</b>

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

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

Release of Information Attached

Attending Physician's Name: <b>STEPHANIE A YEE-GUARDINO, DO</b> The Permanente Medical Group, Inc. 9201 Big Horn Blvd Elk Grove, CA 95758 (916) 478-5200 mailing address	PATIENT'S NAME: <b>Caleb Xiang</b>	PATIENT'S DOB: <b>3 / 13 / 2020</b>
	MEDICAL ID# (IF AVAILABLE)	COUNTY ID#
	IHSS SOCIAL WORKER'S NAME:	
	COUNTY CONTACT TELEPHONE #	COUNTY FAX #

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

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

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

DATE PATIENT LAST SEEN BY YOU: <b>9/15/2023</b>	LENGTH OF TIME YOU HAVE TREATED PATIENT: <b>Since Birth</b>
DIAGNOSIS/MENTAL CONDITION: <b>Blindness, Developmental Delay</b>	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: **Pat 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 warnings 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: **It was difficult 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 strays without realizing JUDGMENT he shouldn't.**

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

Explanation: **Due to his blindness + morose for his developmental delays, it lacks appropriate judgement for age. As mentioned above, the inability to retain any appropriate information + his disorientation clouds his judgement. If not warned at the time he is not safe for clothes + safety.**

1. 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: **Minor injuries (bumping head) due to blindness + orientation. Self soother with hitting objects. They 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 Caleb's developmental delays + blindness, he requires constant supervision. We await evaluation for Autism Spectrum. Combined, 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

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL: <i>[Signature]</i>	MEDICAL SPECIALTY: <b>Psychiatry</b>	DATE: <b>10/3/23</b>
ADDRESS: <b>20A 9950</b>	LICENSE NO.:	TELEPHONE:

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

ATTACHMENT # 7a

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

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

ATTACHMENT #

76

Kaleb Xiong  
1951916  
LTR



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 months

Grade: 17 Preschool

Native Language: OO English

EL:  Yes  No

Redesignated:  Yes  No

Interpreter  Yes  No

Student ID: \_\_\_\_\_

SSID: \_\_\_\_\_

Parent/Guardian: Yang Xiong

Home Phone: \_\_\_\_\_

Home Address: 9582 Village Tree Drive

Work Phone: \_\_\_\_\_

City: Elk Grove

Cell Phone: 916-647-7815

State/Zip: CA, 95758

Email: yang@workwithyang.com

Parent/Guardian: Mary Xiong

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: 916-897-7267

State/Zip: \_\_\_\_\_

Email: maryxiong19@gmail.com

District of Special Education Accountability: Elk Grove Unified

Residence School: Elitha Donner Elementary

Hispanic Ethnicity:  Yes  No  Ethnicity Intentionally Left Blank

Race (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  No

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

Person Initiating the Referral for Special Education service: 10 Parent  
Date District Received Parent Consent: 4/17/2023  
Date of Initial Meeting to Determine Eligibility: 5/9/2023



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

Student Name: Xiong, KalebBirthdate: 3/13/2020IEP 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 Met  
 Reading  Above Standard  Near Standard  Below Standard  
 Writing  Above Standard  Near Standard  Below Standard  
 Speaking and Listening  Above Standard  Near Standard  Below Standard  
 Research/Inquiry  Above Standard  Near Standard  Below Standard

**Math** Not Applicable**Math Overall**

Standard Exceeded  Standard Met  Standard Nearly Met  Standard Not Met  
 Concepts and Procedures  Above Standard  Near Standard  Below Standard  
 Problem Solving and Data Analysis  Above Standard  Near Standard  Below Standard  
 Communication Reasoning  Above Standard  Near Standard  Below Standard

**California Alternate Assessments (CAA)** Not Applicable

English Language Arts  Understanding  Foundational Understanding  Limited Understanding  
 Math  Understanding  Foundational Understanding  Limited Understanding  
 Science  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:

ATTACHMENT # 8C

**Scores by domain**

Listening:

Speaking:

Reading:

Writing:

**Performance by domain**

Listening:

Speaking:

Reading:

Writing:

**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.*

ATTACHMENT # 8d

**Social Language/Pragmatics**

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 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.

#### 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 report the following complications during the pregnancy with Kaleb: high blood pressure, pre-eclampsia, labetalol 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 GROVE UNIFIED  
SPECIAL FACTORS**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

**Does 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.

**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

ATTACHMENT # 8h



**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

ATTACHMENT # 8i

- 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



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Concepts of Braille</p>	<p><b>Measurable Annual Goal #:</b> <u>1</u></p> <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>
<p><b>Baseline:</b> Kaleb currently explores Braille &amp; tactile books.</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:**



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Braille "scribbling"</p>	<p><b>Measurable Annual Goal #:</b> <u>4</u></p>
<p><b>Baseline:</b> Kaleb has limited experience with the braille writer.</p>	<p><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.</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 Staff</p>

**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:**



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Cane Care &amp; Use</p>	<p><b>Measurable Annual Goal #:</b> <u>Z</u></p>
<p><b>Baseline:</b> Kaleb will benefit from becoming familiar with basic care and use of the cane when in familiar environments.</p>	<p><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.</p> <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> <p><b>Person(s) Responsible:</b> Orientation &amp; Mobility Specialist</p>

**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:**

ATTACHMENT # 8m



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Stair Navigation</p>	<p><b>Measurable Annual Goal #:</b> <u>8</u></p> <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>
<p><b>Baseline:</b> Kaleb crawls when going up and down stairs.</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 GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP 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:**



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Indoor Orientation &amp; Mobility</p>	<p><b>Measurable Annual Goal #:</b> <u>6</u></p> <p><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.</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/Classroom Staff</p>
<p><b>Baseline:</b> Kaleb will benefit from learning various indoor travel skills including human guide, trailing and protective techniques when traveling in indoor environments.</p>	

**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, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Identify different tactile shapes</p>	<p><b>Measurable Annual Goal #:</b> <u>5</u></p> <p><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.</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>
<p><b>Baseline:</b> Kaleb currently names a few familiar shapes.</p>	

**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:**



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Name parts of the braille writer</p>	<p><b>Measurable Annual Goal #:</b> <u>3</u></p> <p><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.</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> Visually Impairment Program Staff</p>
<p><b>Baseline:</b> Kaleb has limited experience with braille writers.</p>	

**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:**



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Tracking left to right</p>	<p><b>Measurable Annual Goal #: 2</b></p> <p><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.</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>
<p><b>Baseline:</b> Kaleb currently explores Braille books and has no experience with Braille labels.</p>	

**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, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Communication Development - Expressive Language</p>	<p><b>Measurable Annual Goal #:</b> <u>12</u></p> <p><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.</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 currently communicates using body language, gestures, and verbal language to communicate for some, but not all, pragmatic purposes.</p>	

**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 GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP Date:** 5/9/2023

<p><b>Area of Need:</b> Communication Development/Receptive Language</p>	<p><b>Measurable Annual Goal #:</b> <u>11</u></p> <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>
<p><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>	

**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:**

ATTACHMENT # 84



**ELK GROVE UNIFIED  
ANNUAL GOALS AND OBJECTIVES**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

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

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**IEP 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 between Teacher of the Visually Impaired and Classroom Teacher to gather materials to be adapted and transcribed into braille and share best practices for teaching blind students.	<input type="checkbox"/> Student <input checked="" type="checkbox"/> Personnel	5/9/2023	5/9/2024	Once weekly	15 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> <u>Specialized vision services</u>	<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 min x 4</u> Totaling: <u>120 min</u> 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> <u>Orientation and mobility</u>	<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 min x 2</u> Totaling: <u>40 min</u> served <u>Weekly</u>	<b>Location:</b> <u>Public preschool</u>	
<b>Comments:</b>		
<b>Service:</b> <u>Individual and small group instruction</u>	<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 min x 4</u> Totaling: <u>720 min</u> 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>Individual and small group instruction</u>	<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.

ATTACHMENT # 84



**ELK GROVE UNIFIED  
EMERGENCY CIRCUMSTANCES PROGRAM**

**Student Name:** Xiong, Kaleb

**Birthdate:** 3/13/2020

**Meeting 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)
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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):**

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<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:

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.***