

Appendix 2A: Sample Assessment Portfolio Data Sheets

_____'S
First Year Portfolio
 Planning Document

Trimester 1

Observations

____/____ Normalization Check

Parent-Teacher Conference

____/____ Goals Conference Form

____/____ Work Display

(Complete Checklist below)

____ Handwriting/Writing Book

____ Sample Writing/Research Assignment
w/Rubric

Math

____ STAR Math Test Results

____ Sample Math Work (Journal)

____ Geometry Journal

Literature

____ STAR Reading Test Results

____ Reading Folder

Cultural w/Rubrics

____ Science Folder

____ Botany Folder

____ Zoology Folder

____ Geography Journal

Art/P.E.

____ Art Sample

Spelling

____ Scores/Journal

Trimester 1

Show What You Know Night

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

Trimester 3

____/____ Science Fair Project _____

____/____ Practiced Job

Other

____/____ RTI

____/____ SPED

____/____ High achieving

_____ 'S

Fourth Year Portfolio

Planning Document

Trimester 1

Observations

____/____ Normalization Check

Parent-Teacher Conference

____/____ Goals Conference Form

____/____ Work Display

(Complete Checklist below)

Handwriting/Writing

____ Cursive Folder

____ Sample Writing/Research Assignment
w/Rubric

Math

____ STAR Math Test Results

____ Sample Math Work (Journal)

____ Geometry Journal

Literature

____ STAR Reading Test Results

____ Book/Literature Journal

Cultural w/Rubrics

____ Science Folder

____ Botany Folder

____ Zoology Folder

____ Geography Journal

Art/P.E.

____ Art Sample

Spelling

____ Scores/Journal

Trimester 1

Show What You Know Night

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

Trimester 3

____/____ Science Fair Project _____

____/____ Practiced Job

Other

____/____ RTI

____/____ SPED

____/____ High achieving

_____'S

Fifth Year Portfolio

Planning Document

Trimester 1

Observations

____/____ Normalization Check

Parent-Teacher Conference

____/____ Goals Conference Form

____/____ Work Display

(Complete Checklist below)

Handwriting/Writing

____ Cursive Folder

____ Sample Writing/Research Assignment
w/Rubric

Math

____ STAR Math Test Results

____ Sample Math Work (Journal)

____ Geometry Journal

Literature

____ STAR Reading Test Results

____ Book/Literature Journal

Cultural w/Rubrics

____ Science Folder

____ Botany Folder

____ Zoology Folder

____ Geography Journal

Art/P.E.

____ Art Sample

Spelling

____ Scores/Journal

Trimester 1

Show What You Know Night

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

Trimester 3

____/____ Science Fair Project _____

____/____ Practiced Job

Other

____/____ RTI

____/____ SPED

____/____ High achieving

_____'S
Middle School Portfolio
Planning Document

Trimester 1

Observations

____/____ Normalization Check

Parent-Teacher Conference

____/____ Goals Conference Form

____/____ Work Display

(Complete Checklist below)

Math

____ STAR Math Test Results

____ Math Work Notebook

____ Geometry Journal

Literature/Language Arts

____ STAR Reading Test Results

____ Book/Literature Journal

____ Sample Writing/Research Assignment

w/Rubric

Natural World/Social World

____ Project NW

____ Project SW

Art/P.E.

____ Art Sample

Vocab

____ Scores/Journal

Trimester 1

Show What You Know Night

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

____/____ Job _____

____/____ Practiced Job

____/____ Modeled Job

Trimester 3

____/____ Science Fair Project _____

____/____ Practiced Job

Other

____/____ RTI

____/____ SPED

____/____ High achieving

FIRST NAME	GRADE														
	80 ABC	80 DE	82-110	84-120	85-111	86-106	87-98	89-104	100-107	112-118	113	102-119	105	114	117
	IRREGULAR NOUNS	GRAMMAR GENDER	WORD STUDY	PUNCTUATION	SYLLABICATION	CAPITALIZATION	COMPOSITION	WORD STUDY	GRAMMAR ANALYSIS	CONTRACTIONS	SUBJECT PREDICATE	CORRECT EXPRESSION	ALPHABETIZING	SENTENCE BUILDING	
1	4	30.00%	60.00%	40.00%	80.00%	50.00%	20.00%		100.00%	20.00%	70.00%	70.00%	30.00%	0.00%	80.00%
2	4	20.00%	90.00%	100.00%	90.00%	40.00%	0.00%	0.00%	0.00%	0.00%	70.00%	10.00%	70.00%	10.00%	0.00%
3	4	60.00%	90.00%	70.00%	90.00%	80.00%	50.00%	0.00%	10.00%	60.00%	0.00%	0.00%	50.00%	0.00%	90.00%
4	4	40.00%	60.00%	90.00%	90.00%	100.00%	100.00%	100.00%	100.00%	50.00%	90.00%	0.00%	100.00%	80.00%	100.00%
5	4	100.00%	100.00%	80.00%	90.00%	100.00%	100.00%	100.00%	100.00%	40.00%	100.00%	0.00%	80.00%	100.00%	100.00%
6	4	100.00%	100.00%	100.00%	70.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	80.00%	100.00%	100.00%
7	4	40.00%	80.00%	50.00%	80.00%	80.00%	60.00%	100.00%	20.00%	70.00%	0.00%	0.00%	60.00%	80.00%	80.00%
8	4	100.00%	100.00%	100.00%	90.00%	70.00%	80.00%	100.00%	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	80.00%
9	4	100.00%	100.00%	90.00%	90.00%	90.00%	100.00%	100.00%	100.00%	100.00%	70.00%	100.00%	100.00%	100.00%	100.00%
10	4	60.00%	100.00%	50.00%	40.00%	90.00%	0.00%	100.00%	10.00%	0.00%	0.00%	0.00%	10.00%	0.00%	60.00%
11	4	90.00%	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	90.00%	100.00%	100.00%	0.00%	90.00%	100.00%	80.00%
12	4	100.00%	80.00%	70.00%	80.00%	90.00%	50.00%	30.00%	20.00%	70.00%	0.00%	0.00%	80.00%	0.00%	90.00%
14	4	70.00%	60.00%	90.00%	80.00%	100.00%	40.00%	100.00%	10.00%	60.00%	40.00%	80.00%	100.00%	100.00%	80.00%
15	4	30.00%	100.00%	80.00%	90.00%	70.00%	60.00%	100.00%	40.00%	100.00%	0.00%	0.00%	80.00%	100.00%	90.00%

Appendix 2B:

Sample

Six-Week

Lesson plans

(K-8)

Lesson Planning Template

Grade Level: TK/K			Room:					
Day	Sub 1	Sub 2	1. Aug 15 th – Aug 19 th	2. Aug 22 nd – Aug 26 th	3. Aug 29 th – Sept 2 nd	4. Sept 5 th – Sept 9 th	5. Sept 12 th Sept 16 th	6. Sept 19 th Sept 23 rd
Monday	Sensorial	PE	Lesson 1: Color Tablet Box 2 Lesson 2: Team Building Activities	Lesson 1: Triangle Box Lesson 2: Team Building Activities	Lesson 1: Small Hexagon Box Lesson 2: "Square Tag"	NO SCHOOL	Lesson 1: Large Hexagon Box Lesson 2: "Crab Attack"	Lesson 1: Rectangle Box Lesson 2: Fitness Stations
Tuesday	Language Arts	Writing	Lesson 1: Sandpaper Letters Lesson 2: Printing name	Lesson 1: Consonant Sounds Lesson 2: Printing lower letters	Lesson 1: Short Vowel Sounds Lesson 2: Printing lower letters	Lesson 1: Metal Insets Lesson 2: Printing lower letters	Lesson 1: Tracing and Design Lesson 2: Basket of Pictures	Lesson 1: Moveable Alphabet Lesson 2: Introduction to Journal
Wednesday	Mathematics	Art	Lesson 1: Sandpaper Numerals Lesson 2: MINI DAY	Lesson 1: Table Top Number Rods Lesson 2: Primary Colors	Lesson 1: Number Rods to Numerals Lesson 2: Secondary Colors	Lesson 1: Cards and Counters Lesson 2: MINI DAY	Lesson 1: Short Bead Stair Lesson 2: Cutting Straight Lines	Lesson 1: Bead Bars and Cards Lesson 2: MINI DAY
Thursday	Cultural	Music	Lesson 1: Study of Time Lesson 2: Singing	Lesson 1: Calendar Lesson 2: Rhyming	Lesson 1: Clock Lesson 2: Rhythm	Lesson 1: Living Lesson 2: Clapping to Rhythm	Lesson 1: Non-Living Lesson 2: Musical Games	Lesson 1: Plants/Animals Lesson 2: Bells
Friday	Practical Life	CHOICES	Lesson 1: Laying out a Mat Lesson 2: Communication	Lesson 1: Cycle of an Activity Lesson 2: Verbal/Non-Verbal	Lesson 1: Sorting by Size Lesson 2: Responsibility at School	Lesson 1: Sorting by Color Lesson 2: Cooperation	Lesson 1: Dressing Frame: Snapping Lesson 2: Need for Rules	Lesson 1: Handwashing Lesson 2: Self-Control

WEEK	GRADE	GEOMETRY	PE	LANGUAGE	WRITING	MATHEMATICS	ART	GEO/HISTORY	PE	SCIENCE	HEALTH
1 8/12/24	1	ASSESS SHAPES	MINI DAY	PLEDGE & SONGS ASSESS LETTER SOUNDS - METAL INSETS	MINI DAY	1ST GRADE MATH ASSESSMENT	MINI DAY	NOTATION OF TIME & YESTERDAY, TODAY, TOMORROW	MINI DAY	1. MEASUREMENT OF LENGTH 2. DISTANCE GREAT LESSON 1. Cold & Freezing 2. The Formation of the Star	MINI DAY
	2	ASSESS SHAPES HANDWRITING ASSESSMENT		READING STAR ASSESSMENT OR DIBELS		STAR ASSESSMENT		GREAT LESSON		GREAT LESSON JOBS	
	3	GEOMETRY ASSESSMENT WRITING ASSESSMENT		READING STAR ASSESSMENT		STAR ASSESSMENT		GREAT LESSON		GREAT LESSON: CREATION STORIES	
2 8/19/24	1	WHAT IS GEOMETRY?	STORY OF WRITING	NAME WRITING	METAL INSETS - COMBINE SHAPES	INTRO BEAD STAIR & HISTORY OF NUMBERS	Intro to Art Techniques	1. PARTS OF A FLAG 2. SANDPAPER GLOBES	1. SOLAR SYSTEM: (Naming the Planets), 2. PLACE IN SPACE (Nesting Boxes), 3. DAY & NIGHT	BIRTHDAY W/AD CHAIN	SCHOOL RULES
	2	WHAT IS GEOMETRY?	STORY OF WRITING	PRINTING PRACTICE	INTRO TO HANDWRITING	ODD/EVEN TO 20	Intro to Art Techniques	SOLAR SYSTEM: PLANET RESEARCH BOOKLET	VOLCANOES	3 TYPES OF ROCKS	SCHOOL RULES
	3	GEOMETRY OVERVIEW	STORY OF WRITING	CAPITALIZATION - Journal (Follow-up)	INTRO TO JOURNAL WRITING	TWO DIGIT ADD WORKBOOK - Set/Dyn Stamp/Dot	Intro to Art Techniques	SOLAR SYSTEM: RESEARCH (REVIEW SUN & EARTH MOVEMENT)	VOLCANOES	3 TYPES OF ROCKS	SCHOOL RULES
3 8/26/24	1	DRAWER 1- Circles	STORY OF READING	LOWER CASE / UPPER CASE	PRINT LOWER	OBJECT ADDITION (1-10)	Primary & Secondary	INTRO CALENDAR MAKING JOB PARTS OF A GLOBE	LAND / AIR / WATER	SOLID / LIQUID / GAS	CITIZENSHIP: Class Rules
	2	INTRO TO BLUE TRIANGLE BOX	STORY OF READING	CAPITALIZE HOLIDAYS, PLACE, PRODUCTS M3-MID	UPPER / LOWER CASE	SKIP COUNTING (chains)	Primary & Secondary	1. PARTS OF A GLOBE 2. LAYERS OF THE EARTH	LAYERS OF THE ATMOSPHERE (EXP: Warm Air Rises, What Blows? Evaporation & Condensation)	OCEANS: Water (EXP: How much Ocean water?, What is Evaporation & Condensation)	CITIZENSHIP: Class Rules
	3	STUDY OF QUADRILATERALS (no lesson available / pocket only)	STORY OF READING	CAPITALIZE TITLES	INTRO TO CURSIVE WORKBOOK	FACTORS OF A PRODUCT	Primary & Secondary	MY PLACE IN SPACE	MOON PHASES: Orbits	CLOCK OF ERAS	CITIZENSHIP: Class Rules
4 9/2/24	1	NO SCHOOL		CAPITAL LETTERS IN NAMES AND DATES	PRINT UPPER	INTRO TO TEEN BOARD	MINI DAY	LAYERS OF THE EARTH	PRESENTATION OF LAND / WATER & FOSSILS / STRAIT LAKE / ISLAND	CAPE / PENINSULA ISTHMUS / STRAIT	GOLDEN RULE
	2			COMMAS IN LETTER WRITING FORM & USE	PENMANSHIP QUALITY	SUBTRACTION REVIEW- SUB WORKBOOK		REV. LAND & WATER FORMS (MAKE POSTER)	SOLID / LIQUID / GAS	PLANT LIFE CYCLE	COMMUNICATION
	3			POSSESSIVES P	CURSIVE LESSONS	DIVISION BEAD BOARD		TIMELINE OF LIFE	TIMELINE OF LIFE	TIMELINE OF LIFE	COMMUNICATION
5 9/9/24 SPELLING BEGINS	1	DRAWER 2- Rectangles	STORY OF NUMBERS	END PUNCTUATION	SECRET MESSAGES	ADDITION STRIP / INTRO TO TEN BOARDS	SQUARE 1 ART	SYSTEM OF LAKES / ARCHIPELAGO	PLANET DISTANCE GAME	LIVING & NON-LIVING	SYSTEMS IN CLASS, SCHOOL, COMMUNITY
	2	LARGE HEXAGON BOX - label	STORY OF NUMBERS	APOSTROPHE USE IN CONTRACTIONS AND POSSESSIVES O-P	BASKET OF PICTURES	MEASURE INCHES - RANDOM OBJECTS	SQUARE 1 ART	CONTINENTS & OCEANS	PLANET DISTANCE GAME	WATER CYCLE	PROMOTING A HEALTHY SCHOOL ENVIRONMENT
	3	STUDY OF QUADS (pocket #2)	STORY OF NUMBERS	PUNCTUATION STORIES	EXCITING WORDS	ROUNDING 10/100	SQUARE 1 ART	FOSSILS	PLANET DISTANCE GAME	1. WATER CYCLE 2. CLIMATE FROM DIFFERENT REGIONS 3. START TEMPERATURE GRAPH	PROMOTING A HEALTHY SCHOOL ENVIRONMENT
6 9/16/24	1	DRAWER 3- Polygons	INVENTION OF LANGUAGE GAME	COMMAS - DATES IN A SERIES	FARM ANIMALS	ADD CHART BOARD / INTRO TO DECIMAL TRAY	MINI DAY	PUZZLE MAP: Continents & Oceans	NEBULA TAG	PLANT / ANIMAL	COMMUNICATION
	2	LARGE RECTANGLE - label	INVENTION OF LANGUAGE GAME	DICTIONARY USE FOR SPELLING	PREPARED PICTURES	SNAKE GAME II		NORTH AMERICAN MAP SKILLS & LOCATION	NEBULA TAG	1. PLANT LIFE CYCLE 2. PLANT NOMENCLATURE/ MENU OF THE PLANT (Chart 2)	DECISIONS
	3	REGULAR / IRREGULAR POLYGONS (no lesson available / pocket #2)	INVENTION OF LANGUAGE GAME	REG/IRREG PLURAL NOUNS; Grammar Box	EXPOSITORY: Classroom Rules	EXPANDED NOTATION 1000'S		TRACE AND LABEL MAP OF NORTH AMERICA: NOTE ANY MAJOR LANDMARKS & FEATURES	NEBULA TAG	5 KINGDOMS OF LIFE	DECISIONS

WEEK	GRADE	WRITING	GEOMETRY	MATHEMATICS	PE	LANGUAGE	ART	MATHEMATICS	GEO/HISTORY	HEALTH/SCIENCE	PE
1 8/12/24	4	ASSESSMENT: & Compliment Puzzles Lesson #2	MINI DAY	Hierarchy of Numbers Place value: models & Names	MINI DAY	Albanesi Assessment	MINI DAY	Place Value of a digit: Expanded Form & Word Form	MINI DAY	Great Lesson Review	
	5	ASSESSMENT Draw & Write Lesson #1		Place Value Understanding for Whole Numbers		Albanesi Assessment		Estimate Sums & Differences		Great Lesson Review	
	6	Writing Assessment & Idioms Lesson #1		Multiply with whole numbers & numbers ending in zero		Albanesi Assessment		Multiply with whole numbers with estimation		Great Lesson Review	
2 8/19/24	4	Punctuation Marks	Geometry Pre test Study of Geometry	Place value: models & Names	Montessori Physical Education Sportsmanship and Losing with Grace	Concrete & Abstract Nouns	Intro to Art Concepts	Addition & Subtraction, multi digit	Review: N & S Poles; the equator and the prime meridian; the tropics; and the hemispheres, using coordinates to plot locations. Working with Physical Maps & Topography	Measurement	Coordinate Plane Capture the Flag (pg.220)
	5	Proofreading Marks: Lesson #5	Geometry Pre test Study of Geometry	Add & Subtract Whole Numbers up to Billions		Nouns Review		Add & Subtract Word Problems	Investigating Time Zones	Measurement and the Metric System	
	6	Review Writing Expectations from Assessment	Studying Equivalent Figures	Divisibility rules		Language Card		Division patterns w/ zeroes: word problems		Taurus Lesson	
3 8/26/24	4	Common use for Commas	Relationship Between 2 Lines	Rounding of Whole Numbers	Life Cycle of a Star Montessori Physical Education Pg. 180 Game 1	Collective Nouns	Artist of the Week	MATH STAR - Check math journals for work completion	Latitude & Longitude Grid System Use the coordinate grid system of latitude and longitude to determine the absolute locations of places in California and on Earth.	Data and Graphing	Game 2
	5	Expanded Use for Commas	Relationship Between 2 Lines	Powers of Ten & Exponents		Appositives		MATH STAR - Check math journals for work completion	Review Latitude & Longitude and coordinates	Crosscutting Concepts	
	6	Editing Workshop Lesson #12	Review: Lines & Angles & Shapes, Solids & Symmetry	Divide w/ 2 digits		Transitions & Varying Sentences		MATH STAR - Check math journals for work completion	Measuring the Distance Between 2 points on the Earth, Exploring Magnetic Declination, Using a Compass & Map together	Taurus Lesson	
4 9/2/24	4	NO SCHOOL		Estimate sums & Difference	Matter and Antimatter (pg.188) Montessori Physical Education	Language Card Intro	MINI DAY	Multiplication facts to 12	Review Clock of Eras	Engineering Design Process	Adaption Obstacle Course (pg.193) Montessori Physical Education
	5			Multiplication Patterns & Numbers ending in Zero		Pronouns Review		Multiplication of Whole Numbers 1-3 digits	Review Clock of Eras	Engineering Design Process	
	6			Divide w/ 3 Digits		Maintaining Consistency		Mixed Operations	Paleolithic Era	Taurus Lesson	
5 9/9/24	4	How to use Email & Writing & Punctuation in Emails Check work for completion	Naming 5 Angles	Checkerboard Multiplication Phase 1	Circuits	Language Card	Artist of the Week	Checkerboard Multiplication Phase 1	Timeline of Life	Crosscutting Concepts	Soccer Overview & Lesson 2
	5	How to use Email & Writing & Punctuation in Emails Check work for completion	Naming 5 Angles	Properties of Multiplication		Language Card		Division of Whole Numbers	Timeline of People	Structure & Properties of Matter	
	6	How to use Email & Writing & Punctuation in Emails Check work for completion	Geometric Solids	Multi-Step Word Problems		Content		Prime & Composite	Hunter Gatherer Societies	Taurus Lesson	
6 9/16/24	4	Communicating Emotions, Thoughts, & Ideas	Measuring & Drawing Angles with a Protractor	Multiply 1 digit X 2 digit	Soccer Lesson 1 & 2	Countable & Non-Countable Nouns	MINI DAY	Read a Table	Timeline of Life	Mindsets	Soccer Lesson Overview & Lesson 4
	5	Pen Pals Lesson #8	Measuring & Drawing Angles with a Protractor	Estimating Quotients		Pronouns Reciprocal		Division 1 digit, remainders, word problems, & 2 digit using models	Timeline of People	What is Matter?	
	6	Letter to the Editor Lesson #7	Factors	GCF		Capitalization		LCM	Human Adaptation	Taurus Lesson	

WEEK	GRADE	WRITING	ELECTIVES	MATHEMATICS	PE 3x5 PER WEEK	LANGUAGE	ART	MATHEMATICS	SOCIAL WORLD	NATURAL WORLD
1	6	Intro. Letter	MINI DAY	Multiply Whole #'s	MINI DAY	Writer's Notebook	MINI DAY	Multiply Whole #'s	MINI DAY	Lab Safety
	7			Unit Rate				Operations w/Decimals		
	8			Properties/Order of Operation				Expressions		
2	6	Personal Narrative	Mixed Grades: Photography		Obstacle Course & Mile	Vocabulary Unit 1 and Assessments	Intro	Long Division	Informational Timeline	measurement & metric system
	7			Decimals				GCF, LCM, Fractions		
	8			Expressions				Expressions Word Problem		
3	6	* Finish Up Creative Writing Stories *Vocab. Writing in Action	Mixed Grades: Photography	Mixed Operations	Variety of basketball and soccer skills and mile	Vocabulary Unit 1	1st Assignment	Assessments	Map Review and 5 Themes of Geography	Scientific Method
	7			# line and Plane						
	8			Absolute Value, Dist. Property						
4	6	NO SCHOOL		Estimating Addition and Subtraction/Word Problems	Variety of basketball and soccer skills and mile	Vocabulary Unit 2	MINI DAY	Bar and Line Graph Review	Map Review and 5 Themes of Geography	Shaping Earth's Surface Loyres of the Earth Formation of the Universe and life
	7			Fractions/Word Problems						
	8			Expressions						
5	6	* Figurative Language - Rewrite Story *Vocab. Writing in Action, Journal - Tues./Thurs.	Mixed Grades: Photography	Review Addition & Subtraction	Variety of basketball and soccer skills and mile	Start Tuck Everlasting Novel Study - Ch. 1	Literature	Review Subtraction	Investigating the Past	Natural Disasters
	7			Integer Operations		Start Harry Potter Novel Study - Ch. 1	Color Harry Potter cover	Classifying Rational Numbers	Ancient Rome Map	Plate Tectonics
	8			Fraction/Decimals/Percents/Rounding		Start The Hobbit Novel Study - Ch. 1	Create Poster for presentation on tribe selected	Estimating Square Root	Native Am. Tribes - Guided Notes - Start Research Project/Presentation	Oceanic Plates & Rock cycle
6	6	Vocabulary Writing in Action, Journal - Tues./Thurs.	Mixed Grades: Photography	Subtraction Review	Dodge ball/ kick ball and mile	Tuck - Review Ch. 1-2, Characterization chart, Read Ch. 3-5	MINI DAY	Continued Addition and Subtraction Review	Early Mon	Weather vs. Climate
	7			Adding Decimals		HP - Sorting Hat Character Traits, Review Ch. 1, Read Ch. 2		Subtracting Decimals	Ancient Rome Map/Guided Notes	Rock cycle
	8			Rational vs. Irrational		Hobbit - Vocab., Review Ch. 1, Assign. Illustration and Quote, Read Ch. 2		Classifying Real Numbers	Native Am. Eastern Tribes	Fossils & Radioactive dates
WEEK	GRADE	WRITING	ELECTIVES	MATHEMATICS	PE	LANGUAGE	ART	MATHEMATICS	GEO/HISTORY	HEALTH/SCIENCE

Appendix 2C:

School

Calendar

RSMS ACADEMIC CALENDAR 2024-2025

JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6								1	2	3	4	5	6	7		1	2	3	4	5	6	7		1	2	3	4	5							
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	10	11	12	13	14		
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S							
			1	2	3	4							1							1																					
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8									
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15									
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22									
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30			25	26	27	28	29	30									
														30	31																										

■ = Trimester End Dates (Mini Days) □ = First and Last Day of School (Both minimum days)

■ = Minimum Day

Trimester 1: August 12 – November 1 (12 weeks) November 1 is a minimum day

Trimester 2: November 4 – February 14 (12 weeks) February 14 is a minimum day

Trimester 3: February 18 – May 23 (13 weeks) May 21-23 are minimum days

Parent-Teacher Conferences: August 13-August 16 (all mini days)

October 28 – November 1 (all minimum days)

SEAC Testing Window: April 1 – May 16 (6 weeks)

Community Events:

■ = School Closed (no extended day at RSMS site)

■ = New Parent Orientation: August 8

■ = Back to School Night: August 22

■ = Maria Montessori Spaghetti Night: September 18

■ = Harvest Festival: October 18 (minimum day)

■ = Show What You Know: February 6

■ = Move Up Night: March 6 (L/E/UE/MS only)

■ = School Fair: April 2

■ = Kindergarten and 8th grade Promotion: May 28

■ Emergency School Closure Makeup days (if needed)

Appendix 2D:

504 Policies

Rising Sun Montessori School Section 504 Policies and Procedures:

OVERVIEW

There are two main functions to Section 504.

1. To protect qualified individuals from discrimination based on their disability.
2. To provide students with disabilities a free appropriate public education (FAPE).

There is no additional state or federal funding provided to assist in complying with Section 504. All costs are the obligation of the school.

The Office for Civil Rights (OCR) is the federal agency that monitors Section 504 compliance. In addition, it is also the responsibility of Rising Sun Montessori School to ensure Section 504 compliance and monitoring.

Under Section 504 of the Rehabilitation Act, no student shall, on the basis of race, religion, creed, color, marital status, sex, sexual orientation, national or ethnic origin, or disability, be excluded from participation in, or be denied the benefits of, any district educational program or activity.

GENERAL PROVISIONS

Rising Sun Montessori School has specific responsibilities under the Rehabilitation Act of 1973 that include identifying, evaluating, and if the child is determined to be eligible under Section 504, providing access to and participation in curriculum, buildings, programs and activities.

1. Curriculum: The 504 Plan makes changes as appropriate to the general delivery of instruction so that students with disabilities have equal access to the classroom curriculum. Section 504 requires that student plans be uniquely designed to meet his or her individualized disability-related needs.

2. Buildings and Facilities: The degree to which a facility must be made accessible depends on when the facility was constructed or altered. Facilities constructed or altered after June 3, 1977 must meet the applicable accessibility standards such as the Americans with Disabilities Act (ADA) Accessibility Guidelines or the Uniform Federal Accessibility Standards. Facilities constructed or altered before that date need only ensure that programs and activities located in those facilities are accessible. An alternative method in a school would be the relocation of classes, activities or services to an accessible location. Facility alteration is required to achieve program accessibility only if sufficient relocation of classes, activities or services

cannot be housed in an existing facility. In meeting the objective of program accessibility, the school must take precautions not to isolate or track students with disabilities in settings away from students without disabilities.

3. Programs and Activities: Section 504 concentrates on the notion that students with disabilities should not be denied equal opportunity to access and benefit from programs and activities receiving federal financial assistance. 45 Programs and activities includes school sponsored non-academic and extracurricular activities, such as, but not limited to:

- Counseling services
- Athletics
- Transportation
- Health services
- Recreational activities
- After school programs
- Special interest groups and clubs
- Referrals to agencies that provide assistance to individuals with disabilities

CHILD FIND

Child find is a process that requires districts to locate and identify students with disabilities. Under Section 504, RSMS shall annually “undertake to identify and locate every qualified individual with a disability residing in their jurisdiction who is not receiving a public education.” (34 CFR § 104.32.) Schools must conduct an evaluation of any student “who, because of handicap, needs or is believed to need special education and related services.” (34 CFR § 104.35(a).) Homeless children are also to be included within the school’s child find processes.

A student can be referred to the 504 team for consideration of a 504 plan by anyone. This includes, but is not limited, to a parent, guardian, teacher, or school personnel that suspects that a student has a disability and may need specialized supports in order to access and benefit from their education.

Should the team believe it is necessary, they may conduct an evaluation under IDEA and consider special education eligibility prior to evaluating student need under section 504. However, under child find a district is obligated to identify students with disabilities and determine the most appropriate supports and/or services.

ELIGIBILITY

Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance. Generally, Section 504 requires that districts provide a Free Appropriate Public Education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

QUALIFICATION FOR SECTION 504

1. physical or mental impairment Substantially limits one or more major life activities a record of such an impairment regarded as having such an impairment OR AND Student has... Student has... Student is...
2. 504 defines a person with a disability as one of the following:
 - Has a physical or mental impairment that substantially limits one or more major life activities
 - Has a record of such an impairment
 - Be regarded as having such an impairment Physical Impairment The law does not limit a physical impairment to specific diseases or medical conditions. Therefore a physical impairment may include, but is not limited to: Any physiological disorder or condition, cosmetic disfigurement, anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic skin, and endocrine.
 - Mental Impairment. Any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness and specific learning disabilities. The regulations do not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list. A Record of an Impairment or is Regarded of Having an Impairment Under Section 504, unless a student actually has an impairment that substantially limits a major life activity, the mere fact that a student has a "record of" or is "regarded as" disabled is insufficient, in itself, to trigger Section 504 protections that require the provision of a Free and Appropriate Public Education (FAPE). The phrases "has a record of disability" and "is regarded as disabled" are meant to reach the situation in which a student either does not currently have or never had a disability but is treated by others as such. Substantial Limitation: A substantial limitation that affects a person's ability to perform an activity in relation to the average person in the general population. A Major Life Activity.

Major life activities are basic activities that the average person in the general population can perform with little or no difficulty. This may include, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, standing, lifting, concentrating, thinking, interacting with others, sleeping, bending, communicating, reading and writing.

For a 504 Team to determine that an impairment substantially limits a major life activity, the impairment need not prevent, or significantly/severely restrict an individual from performing a major life activity. In determining whether an impairment substantially limits a major life activity, the focus of the inquiry is on how the impairment limits the major life activity not on the outcomes the individual achieved. Compare a student to his or her non-disabled age/grade peers to determine whether an impairment substantially limits a major life activity. Mitigating measures used by a student with a disability to manage his or her impairment or lessen the impact of his/her impairment (medications, medical devices, cochlear implants, related aids and services, assistive technology, behavioral modifications, etc.) should be disregarded when determining whether a student's impairment constitutes a disability under Section 504. 67

ENSURING NON-DISCRIMINATION:

The two primary requirements of Section 504 that impact school-aged students who have been determined eligible for protections under the statute are:

1. Non-discrimination: Equal opportunities for students with disabilities (nondiscrimination)
2. Provision of a Free and Appropriate Public Education (FAPE) through a 504 plan In addition to these two major requirements, schools must provide procedural safeguards to children and their families while providing services and protections. Examples of nondiscrimination include:

- Participation in all activities that are available for students without disabilities
- Participation in the same academic curriculum as non-disabled students
- Participation in non-academic and extra-curricular activities
- Equal access to recreational activities
- Equal opportunities to participate in athletics
- Participation in clubs
- Access to specific courses (Seminar, GATE Cluster classes, Advanced Placement)

- Opportunity to participate in field trips FAPE under Section 504 is an education designed to meet the individual educational needs of a student with a disability and is based on an outcome of procedures that satisfy Section 504's identification, evaluation, placement, and due process requirements.

For supporting documents, refer to the Section 504 Forms in Appendix 2E of this petition. There are considerations that fall under ADA laws that need to be made by the school when making decisions for students under section 504.

RSMS has processes in place to address claims for equal access/equal opportunity under both Section 504 and the ADA.

For example, if a student with a disability (under IDEA or 504) makes a request for an accommodation or service, the request and response should be documented. In almost all cases where the student is eligible for an IEP or 504 plan, the IEP/504 process can at least be used as an initial forum in which to address the concern.

SECTION 504 TEAM

Rising Sun assigns a 504 team leader/coordinator, as well as additional team members, to carry out the obligations under Section 504. Section 504 team members will, to the best of their ability:

- Be knowledgeable about the student being considered for placement, and
 - Understand the meaning of the evaluation data and the placement options available.
- 504 Team Members

- Parent(s)
- Student when appropriate
- General Education Teacher
- Special Education Teacher For additional expert input, when necessary:
- School psychologist
- Social Worker/ Counselor
- Other Educational Specialists, as appropriate

DEVELOPING A 504 PLAN REFERRAL

ELIGIBILITY PLAN REVIEW

When a student is exhibiting academic, social, emotional, participation, attendance, and/or behavioral problems, the student may need to be referred to the intervention/student study team. This referral may lead to a referral to assess under Section 504 and/or a referral to assess under IDEA. A referral to either of the above-mentioned teams, can be initiated by, but is not limited to, the following: parent, administrator, teacher, or school personnel. Once a referral is made to assess under Section 504, the team will begin planning for conducting evaluations and a meeting to determine eligibility. Rising Sun Montessori School must obtain prior parental consent for initial evaluations, OCR has concluded such consent is necessary.

Referral for Consideration of Section 504 Eligibility

Once notification and parent/guardian consent for evaluation or re-evaluation has been approved by the parent/legal guardian the 504 team shall determine eligibility. The type of information necessary to determine eligibility under Section 504 will be determined on a case-by-case basis. However, the data must include assessment results that will provide information on whether the student has a mental or physical impairment that substantially limits one or more major life activities. Assessments shall include multiple forms of measurement and may be a combination of both formal and informal measurements. The 504 Team determines whether a student has a disability that requires services under Section 504.

The 504 Team must:

1. Collect and review formal and informal data (i.e., previous 504 documents, work samples, observational data, test results, progress monitoring data, available medical records, and previous special education data, if appropriate).
2. Written parent/guardian consent is required when accessing information from an outside organization, such as a medical provider or counselor, Rising Sun will complete an exchange of information authorization form.
3. Identify and, if necessary, administer assessment instruments that will provide valid information on whether the student has a disability and the impact of the disability on the student's education. If additional assessments are necessary, the 504 Team must include a person with knowledge of assessment instruments, such as the school psychologist. Refer to the following documents:
 - Parent/Guardian Consent for Evaluation
 - Authorization for Use and/or Disclosure of Information

- Section 504 Team Eligibility Determination Worksheet
- Section 504 Eligibility Rubric

Once the evaluation process for a 504 plan has been initiated, the 504 team shall:

- Notify and invite the parents/legal guardians to the 504 meeting.
- Hold the 504 Eligibility Team Meeting
- Provide parent/legal guardians with a copy of their procedural safeguards
- Review the evaluation data and decide as to whether or not the student is eligible for a 504.
- If the student is eligible, complete the 504 Plan. A 504 plan, developed by the Section 504 team, specifies the plan of services (accommodations and or modifications) the student requires for an equal opportunity to succeed in the general education classroom and participate in school programs.

Section 504 Plan Will Address the Following Five Components:

1. Nature of the student's disability and major life activity it limits (34 CFR. 104.3(j));
2. Basis for the disability determination, often accomplished through evaluations (34 CFR. 104.35(b));
3. Educational impact;
4. Accommodations/services (34 CFR. 104.33(b)(1)(i)); and
5. FAPE placement in the least restrictive environment ("LRE"). (34 CFR. 104.34)

Written Consent

The Section 504 regulations do not specify the degree of parent/guardian participation. Best practice is to involve parents at every step along the way in their child's education. It is required that parents receive notice when their child is recommended for evaluation, eligibility or service delivery. Consent shall be obtained before evaluation and/or services begin. Rising Sun will invite parents to participate in all Section 504 team meetings regarding their child. If a parent/guardian disagrees with the outcome of 504 meeting, s/he may follow the school's grievance or due process procedures.

Implementation of a 504 Plan

General education teachers must implement the provisions of Section 504 plans when those plans govern the teachers' instruction and provision of accommodations of students for whom

they are responsible. Failure to implement the plan can cause the school to be in non-compliance with Section 504.

General Review

The 504 team shall review the plan annually or sooner as needed, and whenever there is a significant change in placement or student need. When a student with a 504 Plan transfers into a new district/school, the receiving district/ school shall review the plan within the first 30 calendar days and make revisions if necessary. This includes the beginning of the school year and students transitioning between elementary to middle/junior high to high school. It is important that parents are informed of and invited to the 504-team meeting wherein these revisions are made. Periodic reevaluation is required. This may be conducted in accordance with IDEA regulations, which require reevaluation at three-year intervals or more frequently if conditions warrant, or if the child's parent/guardian or teacher requests a reevaluation.

COMPLIANCE

The U.S. Department of Education, Office for Civil Rights (OCR) has been given administrative authority to enforce Section 504. Section 504 is a federal statute that may be enforced through the OCR's administrative process or through the Federal court system. If a school refuses to meet its Section 504 obligations, parents are afforded the right to file a local grievance with the school, request a due process hearing, or file a complaint with the U.S. Department of Education, Office for Civil Rights (OCR). Section 504 Compliance Complaints It is always best when a complaint is resolved at the local level. Rising Sun Montessori has a complaint process in place. Every attempt will be made to resolve the complaint at the school level. Should a parent/guardian not be satisfied with the school's proposed resolution, the parent/guardian may file a complaint with the Office of Civil Rights. An OCR complaint must be filed, in writing, within 180 days following the alleged violation. Should a parent/guardian not agree with the school's identification, evaluation, or placement of student, they have the right to an impartial hearing.

PROCEDURAL SAFEGUARDS UNDER SECTION 504 OF THE REHABILITATION ACT

- Parental notice of due process rights
- An opportunity for parents to review relevant records
- An impartial hearing with the opportunity for participation by the student's parents or guardians
- Representation by counsel and a review procedure
- The right of the child to have access to equal academic and non-academic school activities

- The right to free, appropriate public education (FAPE) in the least restrictive environment (LRE), including accommodations, modifications and related services
- The right to notice regarding referral, evaluation and placement
- The right to an appeal process Refer to the following document listed in Appendix J
- Parent/Guardian and Student Rights and Procedural Safeguards

DISCIPLINE

Students with a 504 Plan may be suspended or placed in an alternative interim setting to the same extent these options would be used for children without disabilities. School personnel may also consider any unique circumstances on a case by-case basis when determining whether a change in placement (in this context a disciplinary removal) is appropriate for a child with a disability who violates a code of student conduct. This change of placement may be to an appropriate interim alternative education setting, another setting, or suspension.

MANIFESTATION DETERMINATION

After a child with a disability has been suspended from his or her current placement for ten (10) school days in the same school year, during any subsequent days of suspension, child is entitled to a manifestation determination meeting within ten (10) school days of Rising Sun's decision to suspend further. The child's parent/guardian must be invited to participate as a member of this manifestation determination meeting. At this meeting, the team will determine (based upon a review of all relevant information in the student's cumulative files, the student's Section 504 Plan any teacher observations, and any relevant information provided by the parent/guardian) whether the student's alleged behavior was a manifestation of his/her disability.

Manifestation Determination questions to be addressed:

- Was the conduct in question caused by, or had a direct and substantial relationship to the student's disability?
- Was the conduct in question the direct result of the school's failure to implement the student's current Section 504 Plan?

If the team answers yes to either question, the alleged misconduct shall be determined to be a manifestation of the student's disability. However, if the team answers no to both questions, the alleged misconduct shall be determined not to be a manifestation of the student's disability and the school may take disciplinary action against the student, such as expulsion, in the same manner as it would with a child without disabilities. If the student's behavior is determined to be a manifestation of his or her disability, the school must ensure that the student has a behavior intervention plan in place for the student. In this situation, if a behavioral intervention

plan has already been developed, the school will review the plan and modify it as necessary to address the behavior in question. However, regardless of whether a student's behavior was a manifestation of the student's disability, the school may determine, following assessment, that a change of placement is appropriate for the student. The school may proceed with this change of placement following notice to the parents; it is always preferable to obtain parent consent, when possible. In addition, an assessment shall occur under Section 504 prior to any significant change of placement.

Appendix 2E:

504 Forms

Rising Sun Montessori School

REQUEST FOR SECTION 504 EVALUATION

Date of Request

Student				Date of Birth	
School			Grade		
Student's Primary Language			English Language Level		

Parent(s)/Guardians(s)			
Home Address			
Home Phone		Work Phone	

STUDENT NEED(S)/AREA(S) OF CONCERN:

What is the student's suspected disability?

What major life activity is substantially limited? (Check below all that apply.)

- | | | | |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Breathing | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working |
| <input type="checkbox"/> Other (explain) | | | |

Additional Comments:

Are there any current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? Please list (and attach, if available).

Has the student ever been evaluated for special education services? ☐ Yes ☐ No

If yes, indicate when

Person making the request (please indicate relationship to student; e.g., parent, teacher)

Name		Relationship	
------	--	--------------	--

Parent Acknowledgement to have the above-named student evaluated for possible eligibility under Section 504 of the Rehabilitation Act of 1973 in order to provide an accommodation plan designed to meet his/her educational needs in the general education program.

Signature of Parent Acknowledgement		
Check one of the following:	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent

Return this form to the School Section 504 Designee. Attach any supportive documentation.

Received by		Date	
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Rising Sun Montessori School

RESPONSE TO REQUEST FOR SECTION 504 EVALUATION

Date	
------	--

Dear	
	Parent(s)/Guardian(s)

RE: Requested Section 504 Evaluation for:

Student		Date of Birth	
School		Grade	

This is to inform you that your request for a Section 504 Evaluation was received and considered, and, based upon a review of existing information, it was determined that a Section 504 Evaluation is not appropriate at this time. The following documents and records were reviewed in making this decision:

- | | | |
|---|---|---|
| <input type="checkbox"/> Student Records | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> State/District Assessments |
| <input type="checkbox"/> Student Success Team Decisions | <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Independent/Agency Reports |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Grades | <input type="checkbox"/> Psycho-Educational Reports |
| <input type="checkbox"/> Observation Report Forms | <input type="checkbox"/> Portfolios | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disciplinary Records | <input type="checkbox"/> Attendance Records | |

The request for a Section 504 Evaluation is denied because:

--

Parents/guardians have the right to appeal the local school site's decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]

For additional information or assistance, parents/guardians may call to speak to the 504 Coordinator.

916-936-2333

If you have questions or would like to schedule a meeting to discuss this matter, please do not hesitate to contact:

Karl Zierhut	(916) 936-2333 ext 103
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Attachment: "Parent/Guardian Procedural Safeguards under Section 504
of the Rehabilitation Act of 1973" (Form C)

Rising Sun Montessori School

**PARENT/GUARDIAN PROCEDURAL SAFEGUARDS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973**

Under Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive a free appropriate public education, which includes the right to be educated with students without disabilities to the maximum extent appropriate. Furthermore, students with disabilities have the right to take part in, and receive benefits from, public education programs without discrimination or harassment based on those disabilities.

The purpose of this notice is to describe the procedural safeguards provided to the parents/guardians of students with disabilities under Section 504 of the Rehabilitation Act of 1973. The intent of the law is to keep parents fully informed concerning the District's decisions to identify, evaluate, and/or make accommodations for their children. Parents/guardians of a student with disabilities, have the right to:

- Receive written notice of the District's intent to identify, evaluate, and/or to provide a Section 504 Plan for their child.
- Review all relevant records regarding their child and obtain copies of those records at reasonable cost.
- Appeal/disagree with the District's decision(s) with regard to the identification, evaluation, or Section 504 Plan accommodations of students under Section 504 or file a complaint concerning allegations of a violation of Section 504 policy/procedures or disability-based discrimination/harassment.
- Request an impartial hearing if they disagree with their child's identification, evaluation, or Section 504 Plan, with opportunity for participation in the hearing and representation by an attorney at the parents'/guardians' expense.
- Review the decision of the impartial hearing officer.

If you have any questions concerning Section 504, need assistance in filing an appeal of the District's decision(s), or in filing a complaint regarding your child, or to request an impartial hearing, please contact:

**Karl Zierhut, Head of School
Rising Sun Montessori School
4940 Robert J Mathews Parkway
El Dorado Hills CA 95762
(916) 936-2333 Extension 103**

Rising Sun Montessori School

NOTICE OF SECTION 504 EVALUATION

Date	
------	--

Dear	
	Parent(s)/Guardian(s)

RE: Requested Section 504 Evaluation for:

Student		Date of Birth	
School		Grade	

As part of our on-going effort to assist your child to be a better learner, members of our Section 504 team would like to complete an evaluation. The results of the evaluation will be used to determine the best ways to meet your child's educational needs in his or her classroom/classes. School staff will be involved in observations, interviews, a review of cumulative records, work samples, and other data collection. If you have any current medical, psychological, or outside tutoring records and you wish the team to consider them, please provide copies of these records to the School Section 504 Designee prior to the scheduled meeting.

This letter is to provide you with written notice that a Section 504 Evaluation meeting will be held:

Date	Time	Place
------	------	-------

Although your participation in this evaluation meeting is not required by law, your attendance at the meeting would be greatly appreciated. You may also provide any of the informational records (mentioned above) that you feel might assist the Section 504 team members in making decisions about your child's instructional program.

Please check one of the choices below:

- ☐ I will attend the meeting.
☐ I will be unable to attend the meeting.

Please check the following, sign below, and return the signed copy of this form to the school as soon as possible before the date of the planned meeting:

- ☐ I understand that a copy of the results of the meeting will be provided to me whether I am present or not.
☐ I have received a copy of the "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Parent/Guardian Signature:		Date	
----------------------------	--	------	--

If you have any questions or need additional information, you may address your questions to:

School Section 504 Designee:	
Telephone Number:	

See "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)
--

Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Rising Sun Montessori School

SECTION 504 TEACHER OBSERVATION FORM

Teacher		Date	
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Student		Date of Birth	
School		Grade	

Please complete the following teacher observation information and return this form to the School Section 504 Designee within two (2) days to enable the Section 504 team to conduct a Section 504 evaluation for the above-named student.

TEACHER OBSERVATIONS

Based on your knowledge and observation, please rate this student's performance.

OBSERVATIONS	UNSATISFACTORY					EXCELLENT				
Classroom Work	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Homework	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Tests	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Reading Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Math Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Written Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Spelling	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Following Oral Directions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attendance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attention Span	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Organization Skills	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

ACTIONS TAKEN (Check only those that apply)

RESULTS

<input type="checkbox"/>	Sent Reports Home	
<input type="checkbox"/>	Talked with Counselor	
<input type="checkbox"/>	Rearranged Seating	
<input type="checkbox"/>	Positive Behavior Support	
<input type="checkbox"/>	Ignored Behavior	
<input type="checkbox"/>	Referred to Administrator	

Teacher			Date	
Student			Date of Birth	
School			Grade	

	Contracts	
	Assigned Sheets	
	Repetition	
	Tutoring	
	Alternative Assignments	
	Additional Time for Assignments	
	Small Group Instructions	
	Cooperative Learning	
	Peer Tutoring	
	Parent Conferences	
	Other	

BEHAVIORAL CHARACTERISTICS

Check behavioral characteristics which might adversely affect this student's learning.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Moody | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Withdrawn |

EMOTIONAL/BEHAVIORAL/SOCIAL CHARACTERISTICS

Indicate (+) for strengths; (-) for areas of concern.

	Generally cooperates/is compliant with teacher requests		Adapts to new situations without getting upset
	Accepts responsibility for own actions		Makes and keeps friends at school
	Works cooperatively with others his/her own age		Has an even, usually happy disposition
	Is pleased with good work		Independently initiates activities
	Responds appropriately to praise and correction		Resists becoming discouraged by difficulties or minor setbacks
	Consistently demonstrates behavior appropriate for his/her age		

OTHER OBSERVATIONS

Student meets standards of personal independence expected of chronological age/culture group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, give an estimate of student's level of personal independence:		
Student meets standards of social responsibility expected of the chronological age/culture group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, give an estimate of student's level of social responsibility:		

DISCIPLINE

Is discipline an area of concern?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Rising Sun Montessori School

SECTION 504 EVALUATION DOCUMENTATION

Student		Date of Birth		Meeting Date	
School		Grade			

SECTION 504 EVALUATION MEETING

Reason for Section 504 Meeting:

☐ Initial Section 504 Evaluation
 ☐ Re-evaluation
 ☐ Section 504 Link Determination

 Parent/guardian responded to Section 504 Meeting notice:
 ☐ Will attend
 ☐ Will not attend

A Section 504 Evaluation Meeting occurred on		
	(Day/Date)	(Time)

The following items have been provided to the parent/guardian:

	Date Sent	Sent By
"Notice of Section 504 Evaluation" (Form D)		
"Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)		

REVIEW OF AVAILABLE INFORMATIONTEACHER OBSERVATION (See attached Section 504 Teacher Observation Form.)ACHIEVEMENT DATA1. List Most Recent Achievement Test Scores

Subject	Grade Tested	Current Grade	Stanines	Percentiles	Performance Level
Reading Vocabulary					
Reading Comprehension					
Mathematics					
Language Arts					
Social Studies					
Science					
Star Mathematics					
Star Language Arts					

This student's test scores:

- ☐
- have become higher each year
-
- ☐
- have stayed about the same each year
-
- ☐
- have become worse each year
-
- ☐
- dropped suddenly in grade
-
- ☐
- data not available

Compared to the mean of the District, this student's test scores:

- ☐
- have become better each year
-
- ☐
- have stayed about the same each year
-
- ☐
- have become worse each year
-
- ☐
- District mean not available

Student		Date of Birth		Meeting Date	
---------	--	---------------	--	--------------	--

REVIEW OF AVAILABLE INFORMATION Continued . . .**2. Current Grades**

Subject	Grade

This student's grades:

- ☐ have become better each year
☐ have stayed about the same each year
☐ have become lower each year
☐ dropped suddenly in grade
☐ data not available

Compared with most of the other students in this school, this student's grades:

- ☐ are better
☐ are about the same
☐ are worse
☐ data not available

3. Has this student been retained?

	If yes, indicate at which grade level (s)	
--	---	--

HOME LANGUAGE SURVEY

Student's language is		Home language is	
-----------------------	--	------------------	--

English Language Learner: Yes ☐ No ☐

If yes, is the student's language contributing to the student's lack of achievement in school? Please explain:

HEALTH

Student Performance	Vision	Hearing
Screening Date		
Screening Results		

Health ConditionYES ☐ NO ☐

Does the student have a health condition(s)? If YES, explain:

☐ ☐ Is the student currently on medication at home or at school? If YES, explain:
☐ ☐ Does the student require an accessible facility? If yes, explain:

Student		Date of Birth		Meeting Date	
---------	--	---------------	--	--------------	--

REVIEW OF AVAILABLE INFORMATION Continued . . .4. Other Health Information:

--

Health information reviewed by		Date	
--------------------------------	--	------	--

ATTENDANCE

Days Present		Days Absent		Number of School Changes	
--------------	--	-------------	--	--------------------------	--

SECTION 504 CRITERIA

Based on the evaluation data drawn upon information from a variety of sources, the Section 504 Team must answer the following questions to determine whether the student meets the criteria for an educational placement under Section 504. *If all four questions are answered "Yes," the student meets the criteria for an educational placement under Section 504 and a Section 504 Plan should be developed. If any of the answers is "No," the student does not meet the criteria and the student is not eligible for an educational placement under Section 504 and a Section 504 Plan should not be developed.*

1. Does the student have a potentially limiting mental or physical disability?

☐ YES ☐ NO

If YES, describe the nature of the condition.

--

2. Does the student's disability impair a major life activity?

☐ YES ☐ NO

If YES, describe which major life activity/activities is/are affected.

--

3. Does the physical or mental impairment substantially limit a major life activity? (That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student the same age/grade level in the general population can perform that same major life activity?)

☐ YES ☐ NO

If YES, what documentation is there to support the claim of a substantial limitation?

--

4. Does the student require a Section 504 Plan in order for his/her educational needs to be met as adequately as those of non-disabled peers?

☐ YES ☐ NO

If NO, explain.

--

(Note: If the student's needs are so extreme as to require special education, a referral for special education assessment should be considered.)

Student		Date of Birth		Meeting Date	
---------	--	---------------	--	--------------	--

SECTION 504 ELIGIBILITY

The Section 504 Team reviewed and carefully considered the following data which was drawn from a variety of sources. (Please check any that apply from the following list.)

- | | |
|--|---|
| <input type="checkbox"/> Grade reports | <input type="checkbox"/> Teacher/Administrator input |
| <input type="checkbox"/> Disciplinary records/referrals | <input type="checkbox"/> Student work portfolio |
| <input type="checkbox"/> Standardized tests/Other tests | <input type="checkbox"/> Student Success Team suggestions |
| <input type="checkbox"/> School health information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical evaluations/diagnoses supplied by parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent input | <input type="checkbox"/> Other _____ |

The Section 504 Team's analysis of the eligibility criteria as applied to the evaluation data indicates that:

- ☐ The student does not meet the criteria under Section 504 and will continue to receive general education and any available general education resources and programs.
- ☐ The student meets the criteria under Section 504 and will receive a Section 504 Plan.
- ☐ The student continues to meet the criteria under Section 504 and will receive a revised Section 504 Plan. (This applies to Section 504 re-evaluations only.)
- ☐ The student no longer meets the criteria under Section 504 and no longer requires a Section 504 Plan. The student will now receive general education and available general education programs.
- ☐ The student no longer meets the criteria under Section 504 because the student is currently eligible for special education services.

DISCIPLINE

For a student who meets the criteria under Section 504, consider the student's disability and whether it would or would not have an effect on behavior:

- ☐ The student's disability **would not** cause him or her to violate school rules; therefore, the student will be accountable for following school rules.
- ☐ The student's disability **would require** that an accommodation be made to ensure compliance with school rules. Any such accommodation will be specified in the Section 504 Plan and/or in a Section 504 Behavior Support Plan.

TESTING

For a student who meets the criteria under Section 504, consider whether the student's disability will have an effect on the student's participation in state and district-wide assessments:

- ☐ The student should be able to participate in state and district-wide assessments **without any accommodations** provided.
- ☐ The student requires accommodations to participate in state and district wide assessments, **with accommodations to be specified in the Section 504 Plan.**

Student		Date of Birth		Meeting Date	
---------	--	---------------	--	--------------	--

By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student.

SECTION 504 TEAM MEMBERS

<u>NAME (Please print)</u>	<u>SIGNATURE</u>	<u>KNOWLEDGE OF</u>
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement

APPEAL RIGHTS

Parents/guardians have the right to appeal the local school site's decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C) for other appeal options.

Karl Zierhut, Head of School 4940 Robert J Mathews Parkway El Dorado Hills, CA 95762 916-936-2333

For additional information or assistance, parents/guardians may call and speak to the Coordinator of Child Welfare and Attendance.

(916) 936-2333 Ext. 103

Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Rising Sun Montessori School

SECTION 504 PLAN

Student				Date of Birth		
School			Grade			
Date of Plan			Projected Re-Evaluation Date:			

Indicate here the student's mental/physical impairment:

--

and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)

SECTION 504 BEHAVIOR SUPPORT PLAN

Student		Date of Birth	
School	Grade		

The behavior interventions outlined below will begin for the above-named student as of (date):

Behavior(s) of the student targeted for intervention (include frequency, intensity, duration, predictors /antecedents, purpose and consequence of behaviors):

Type(s) of appropriate behavioral interventions for the student:

- | | | |
|---|--|---|
| <input type="checkbox"/> Set clearly defined limits | <input type="checkbox"/> Reduce distracting stimuli | <input type="checkbox"/> Give frequent reminders of rules |
| <input type="checkbox"/> Seat student near teacher | <input type="checkbox"/> Use praise to reinforce appropriate behaviors | <input type="checkbox"/> Use of journal of daily or weekly behaviors |
| <input type="checkbox"/> Use predetermined signaling device to cue student that a specified behavior is desired | <input type="checkbox"/> Assign to cooperative learning group(s) | <input type="checkbox"/> Prompt student to go to a quiet area in class where noise and activity are not allowed |
| <input type="checkbox"/> Supervision during unstructured time | <input type="checkbox"/> Teach functionally equivalent replacement behaviors | <input type="checkbox"/> Provide student with a consistent routine (daily or weekly schedule of events) |
| <input type="checkbox"/> Environmental changes (time, space, materials, interactions). Specify: | <input type="checkbox"/> Curricular changes. Specify: | <input type="checkbox"/> Other intervention(s). Specify: |

Specify below the replacement behavior to be taught, type of behavior desired and the type of reinforcements and consequences to be used:

Set up a behavioral contract with the student which includes the following system of rewards/affirmations for desired behaviors exhibited and the types of consequences that will be affected if undesired behaviors are exhibited:

Desired/Replacement Behavior	Rewards/Affirmations for Desired Behavior	Consequences for Undesirable Behavior	Personnel Responsible

Specify the form of communication to be used to advise parent(s)/guardian(s) of progress made:

- ☐ Daily Tracking Form
 ☐ Weekly Tracking Form
 ☐ Notes Home
 ☐ Phone Calls
 ☐ Parent Conferences

Rising Sun Montessori School

SECTION 504 TEAM DECISION

School Name	
Date	
Dear	Parent(s)/Guardian(s)
RE:	The Section 504 Team Meeting held on (Date)
For your child	(Student's Name)

The Section 504 team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity. The attached "Section 504 Evaluation Documentation" (Form F) summarizes the results of the evaluation meeting.

- ☐ Your child meets the criteria as disabled under Section 504 and a plan was developed to assist her/him in the general education program. Attached is a copy of the plan.
- ☐ Your child did not meet the criteria as disabled under Section 504 and will continue to receive general education and any available general education resources and programs.
- ☐ Your child did not meet the criteria as disabled under Section 504 because he/she is currently eligible for special education services.

Parents/guardians have the right to appeal the local school site's decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C) for other appeal options.

Karl Zierhut, Head of School Rising Sun Montessori School

For additional information or assistance, parents/guardians may call the Head of School at 916-936-2333 Extension 103

Sincerely,

School Section 504 Designee
Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Rising Sun Montessori School

To be used before a student who has a Section 504 Plan is subjected to a disciplinary action which changes placement (disciplinary transfer/recommendation for expulsion) or when the total number of days of suspension in a school year totals 10 or more days.]

SECTION 504 LINK DETERMINATION MEETING

Date of Section 504 Link Determination Meeting:

Student				Date of Birth		
School		Grade				

Describe the specific misconduct/actions of the student that are the basis for considering a change in placement for disciplinary reasons

--

Student's mental/physical disability as indicated on the "Section 504 Evaluation Documentation" form (Form F)

--

Was the student's misconduct directly linked to the student's mental/physical disability?

1. Yes ☐ No ☐ Was the misconduct caused by, or directly and substantially related to, the student's disability?

2. Yes ☐ No ☐ Was the misconduct a direct result of the District's failure to implement the Section 504 Plan?

☐ The Section 504 Team has determined that the behavior being considered for disciplinary action *is not directly linked* to the student's mental/physical disability and the student may be disciplined in the same manner as other non-disabled students.

☐ The Section 504 Team has determined that the behavior being considered for disciplinary action *is directly linked* to the student's mental/physical disability and, as a result, the student's behavior will be addressed in the following manner:

--

Student		Date of Birth		Meeting Date	
---------	--	---------------	--	--------------	--

By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student.

SECTION 504 TEAM MEMBERS

<u>NAME (Please print)</u>	<u>SIGNATURE</u>	<u>KNOWLEDGE OF</u>
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement

APPEAL RIGHTS

Parents/guardians have the right to appeal the local school site's decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C) for other appeal options.

Karl Zierhut 4940 Robert J Mathews Parkway El Dorado Hills CA 95762 (916) 936-2333 Ext. 103

For additional information or assistance, parents/guardians may call and speak to the Coordinator of Child Welfare and Attendance.

(916) 936-2333

Attachment: "Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973" (Form C)

Rising Sun Montessori School

SECTION 504 PLAN DISTRIBUTION NOTICE

DATE:

TO:	Names/Titles of staff designated to receive copies of the student's Section 504 Plan

FROM:

Administrator/School Section 504 Designee

REGARDING THE FOLLOWING STUDENT:

Name				Grade	
Date of Birth		School			

Attached is a copy of the Section 504 Plan (developed by the Section 504 team) for the above named student that must be implemented by the person(s) responsible as indicated in the Section 504 Plan. It is imperative that the accommodations as written in the Section 504 Plan be fully implemented to be in compliance with District policy and Section 504, a federal law that establishes protections for students with disabilities.

Please be advised that failure to comply with District policy regarding the implementation of a Section 504 plan or the disregard of the protected rights of a student with disabilities may result in disciplinary action. Be aware that, under federal law, personal civil rights suits may be filed on behalf of students against individual District employees who fail to comply with the law and mandates set forth under Section 504. In addition, failure to comply with Section 504 law regarding the implementation of a Section 504 Plan or the disregard of the protected rights of a student with disabilities may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR). Such a ruling could result in the loss of District federal funds.

If you have any questions or need assistance, please feel free to contact me.

RISING SUN MONTESSORI SCHOOL
Child Welfare and Safety

SECTION 504 COMPLAINT FORM

Last Name		First Name/MI	
Street Address/Apt. #			
City	State	Zip Code	
Home Phone	Message/Work Phone		
Concerning:			
	(Name of Student)	(Name of School)	

Please check below--This complaint concerns allegations of:

- ☐ a violation of Section 504 policy/procedures.
- ☐ a disagreement with the District's Section 504 decisions to identify, evaluate, and/or to make accommodations for a student (within 15 days of receiving the decision notice)
- ☐ disability-based discrimination/harassment, including failure to implement the student's Section 504 Plan. (The complaint must be filed within 6 months of the last occurrence of the alleged discrimination.)

1. Please give facts about the complaint. Provide details such as names of those involved, dates, whether witnesses were present, etc., that might be helpful to the complaint investigator.

Please supply copies of any written documents that may be relevant to/supportive of your complaint. I have attached supporting documents: ☐ Yes ☐ No

2. Please state the specific relief you are seeking.

3. Have you discussed with or brought your complaint to any Pasadena Unified School District personnel? If you have, to whom did you take your complaint, and what was the result?

I certify that the foregoing is true and correct:

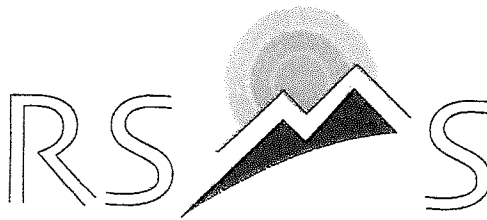
Signature:		Date:	
------------	--	-------	--

Attach additional sheets for details if needed. Mail complaint/documents to:
Head of School/504 Coordinator Rising Sun Montessori School
4940 Robert J Mathews Parkway El Dorado Hills CA 95762

For assistance in completing this form, please contact the Head of School 916-936-2333

For office use only:	Date received:	Initial:	
----------------------	----------------	----------	--

Appendix 2F: MTSS Notices and Tracking Sheets



Date: _____

Dear Parent(s)/Guardian(s):

Our goal at Rising Sun Montessori School is to help every child succeed and grow as a learner. We recognize that students learn at different rates and/or in different ways. All students have unique patterns of strengths and weaknesses. At the same time, there are school targets for student learning that ensure we are consistent in our expectations for students and that we are striving to help all students meet or exceed these overall learning goals.

To this end, all students are assessed in a variety of ways throughout the school year to measure their academic and behavioral progress. Student data are reviewed regularly in Grade Level Teams in order to plan core classroom instruction, as well as to plan supplemental instruction or interventions for students who need extra help. Progress is measured more frequently for students receiving intervention to help with decision-making regarding their instruction at all levels (core instruction and intervention) and changes are made as needed. You may hear this process referred to as Multi Tiered System of Supports (MTSS).

Assessment information and classroom performance data indicate that your child, _____, seems to be experiencing some difficulty in the following area(s):

___ Reading ___ Math ___ Behavior ___ Other _____

In accordance with district MTSS procedures, the Grade Level Team has suggested implementation of the following intervention(s):

You will receive periodic updates as to your child's response to the intervention(s) listed above. You should expect the first progress update in approximately 9 weeks. Your input and support is very valuable to the success of this process. Your child's classroom teacher would be glad to contact you to answer any questions you might have regarding the above-listed interventions. You are an essential member of the team in helping your child reach his/her goals.

Please return the half sheet below to let us know your preference regarding method of contact.

Thank you for your cooperation and interest in your child's progress. Please feel free to contact the school 916-936-2333 or through email with any questions or concerns. We are looking forward to working with you!

Thank you,

Student Name _____

Teacher/ Classroom _____

Parent Name _____

Check one:

- *I would like my child's teacher to contact me by phone so that I can provide input and ask questions.*

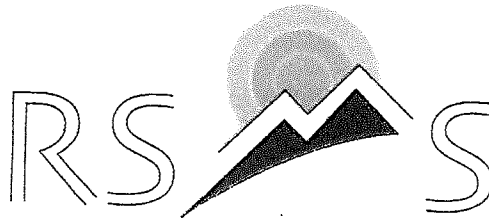
Best Phone Number: _____

Best Time (check one or more): ___ before school
 ___ after school
 ___ during teacher's plan time (____)

- *I would like my child's teacher to contact me by email, and I will respond if needed with input and questions.*

Parent email: _____

- *I would like my child's teacher to contact me to schedule a parent/teacher conference. (Provide number and time above for phone contact or address for email contact).*
- *I do not have any questions at this time but look forward to receiving future notifications of my child's progress.*



Dear Parent(s)/Guardian(s):

Date: _____

Your child, _____ has been receiving additional instruction in the following area(s):

___ Reading ___ Math ___ Behavior ___ Other _____

Attached you will find your child's most recent intervention tracking sheet(s). They list specific areas of concern, the intervention(s) being received, and indicate your child's performance on weekly progress monitoring measures. A review of this information within Grade Level and Building Level Teams suggests the following (complete all applicable boxes):

1. Your child has met his/her intervention goal(s) and is performing satisfactorily within the core curriculum in the area(s) of _____. As a result, he/she will graduate from his/her intervention(s) at this time.
2. Your child is making adequate progress toward meeting his/her intervention and classroom goal(s) in the area(s) of _____. As a result, he/she will continue with his/her present intervention(s), and his/her progress will continue to be monitored. Updates regarding your child's progress will continue to be sent home for your information.
3. Your child is making some progress toward meeting his/her intervention and classroom goal(s) in the area(s) of _____, but not at the rate or consistency that would be expected. As a result, we will convene a Student Level Team meeting to identify any barriers to your child's progress that we may be able to address and/or any changes or additions to his/her current interventions.
4. Your child's progress toward meeting his/her intervention and classroom goals is a significant concern in the area(s) of _____. We will convene a Student Level Team meeting to identify any barriers to your child's progress that we may be able to address and make changes or additions to his/her current interventions.

If box 3 or 4 above is checked, we would very much like your participation in the Student Level Team meeting. We will be meeting on _____ at _____. Please return the bottom portion of the following page to indicate your participation preference. Applicable screenings in the areas of vision, hearing, motor skills, and speech language will be conducted (or the status of existing screenings will be verified) prior to the Student Level Team meeting.

Thank you for your cooperation and continued interest in your child's progress. Please feel free to contact the school 916-936-2333 or through email with any questions or concerns.

Thank you,

Please return the bottom portion for scheduled meetings.

For Student Level Team planning only (Boxes 3 and/or 4 checked on pg. 1)

Student Name _____

Teacher/Grade _____

Parent Name _____

A Student Level Team Meeting is scheduled for _____ at _____.

Check one:

- *I will be attending the meeting.*
- *I cannot attend the meeting but would like to participate by phone. Please call me at the following number at the scheduled meeting time.*

Phone Number: _____

- *I would like to attend the meeting but need to schedule a different meeting day/time.*
- *I do not wish to participate in the meeting at this time but would like for notes from the meeting to be sent home. I understand that I will also receive future notifications of my child's progress.*

Parent Signature



Dear Parent(s)/Guardian(s):

Date: _____

Our goal at Rising Sun Montessori School is to help every child succeed and grow to their greatest potential. Foundational to Montessori methodology is the recognition that each student is unique and learns at different rates and/or in different ways, as all students have unique patterns of strengths and weaknesses. At the same time, RSMS has school targets for student learning that ensure we are consistent in our expectations for students and that we are striving to help all students meet or exceed these overall learning goals.

To this end, all students are assessed in a variety of ways throughout the school year to measure their academic and behavioral progress and student data are reviewed regularly in Grade Level Teams in order to plan core classroom instruction. RSMS provides additional support and challenges for high achieving students, with individually designed lessons to ensure high order thinking skills and productive collaborative learning. High achieving students have the opportunity to sit in on lessons and retrieve materials in higher grade level classrooms as needed. The Montessori curriculum is enriched with many different activities, keeping higher achieving students active and engaged.

Your child has been identified as a highly capable student and has advanced beyond the classroom level curriculum in the following areas:

___ Reading ___ Math ___ Other _____

A highly capable student regularly exhibits the following characteristics:

- a capacity to learn with unusual depth of understanding, retains, what has been learned, and transfers learning to new situations;
- a capacity and willingness to deal with increasing levels of abstraction and complexity earlier than their chronological peers;
- an ability to learn quickly in their area(s) of intellectual strength and;
- a capacity for intense concentration and/or focus

In accordance with RSMS' plan for high achieving students, the Grade Level Team is recommending implementation of the following advanced academic services:

Modified curriculum schedule to allow for additional time on more advanced assignments

Additional lessons which may or may not occur in your child's classroom or with their teacher

Participation in advanced services may require additional school work and/ or responsibilities, such as homework over the weekend.

You will receive periodic updates as to your child's participation in the advanced curriculum. You should expect the first progress update in approximately 9 weeks. Your input and support is very valuable to the success of this process. Your child's classroom teacher would be glad to contact you

to answer any questions you might have regarding the above-listed recommendations. You are an essential member of the team in helping your child reach his/her goals. If you are interested in moving forward with the offer for advanced lessons and services for your child, please return the half sheet below to let us know your preference regarding method of contact and to give permission to participate.

Thank you for your time and interest in your child's progress. Please feel free to contact the school 916-936-2333 or through email with any questions or concerns. We are looking forward to working with you!

Thank you,

Student Name _____ Teacher/Classroom _____

Parent Name _____

I give permission for my child to receive advanced academic services.

Parent's Signature: _____ Date: _____

Check one:

- ☐ *I would like my child's teacher to contact me by phone so that I can provide input and ask questions.*

Best Phone Number: _____

Best Time (check one or more):
_____ before school
_____ after school
_____ during teacher's plan time (_____)

- ☐ *I would like my child's teacher to contact me by email, and I will respond if needed with input and questions.*

Parent email: _____

- ☐ *I would like my child's teacher to contact me to schedule a parent/teacher conference. (Provide number and time above for phone contact or address for email contact).*

- ☐ *I do not have any questions at this time but look forward to receiving future notifications of my child's progress.*

**Rising Sun Montessori School
Student Study Team Request Form**

K - 2nd Grade

I. Basic Information

Student Demographic Information	
Name:	Grade:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Referring person: <input checked="" type="checkbox"/> Staff referral: <input type="checkbox"/> Parent/Guardian referral	Name of teacher/parent/guardian:
Is the student currently identified as: <input type="checkbox"/> Foster Youth <input type="checkbox"/> Homeless	
Home Language:	

English Learners Only	
Please select EL Typology:	
<input type="checkbox"/> Native U.S.-born ELs <input type="checkbox"/> Foreign-born ELs <input type="checkbox"/> Newcomer ELs <input type="checkbox"/> Highly-schooled Newcomer ELs	ELs who are U.S. born citizens ELs who were born outside of the U.S. ELs who have been in the U.S. for 1 or 2 years ELs who have been in the U.S. for 1 to 2 years, but who attained a high-quality education in their primary language
Proficiency in English (ELPAC)	Date:

II. Student Strengths

III. Describe target area of concern: (Be objective and descriptive)

IV. Attendance and Behavior

Attendance	
Days Enrolled	Days Present
Excused Absences	Unexcused Absences
Tardies	SARB case <input type="checkbox"/> Yes <input type="checkbox"/> No

Behavior Regularly Displayed (select all that apply):☐ Aggression☐ Crying☐ Fearfulness☐ Insecurity☐

Stealing

☐ Anxiety☐ Defiance☐ Foul Language☐ Lying☐

Tries Hard

☐ Apathy☐ Dependability☐ Frustration☐ Moodiness☐

Withdrawal

☐ Cheerfulness☐ Explosiveness☐ Hyperactivity☐ Nail Biting☐

Other:

☐ Cooperation☐ Facial Tics☐ Indifference☐ Showing Off☐

Other:

V. Academic Data

Assessment Data	Data Point	Date	Data Point	Date
Math				
Reading				
ELA Benchmark				
Math Benchmark				
Fine Motor				
Behavior or Work Contract				
Other				

VI. Current/Past Interventions

Environment		Teaching Techniques	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Clarify Rules <input type="checkbox"/> Change Seating <input type="checkbox"/> Reduce Distractions <input type="checkbox"/> Change Class Activities <input type="checkbox"/> Change Groups <input type="checkbox"/> Increased physical space <input type="checkbox"/> Special quiet/time-out area <input type="checkbox"/> Modify schedule <input type="checkbox"/> Add structure		<input type="checkbox"/> Adjust preverbal (tone, volume, cadence) <input type="checkbox"/> Use of physical prompts/ <input type="checkbox"/> Reduce stimulation <input type="checkbox"/> Teacher circulates around the room <input type="checkbox"/> Repeat instructions <input type="checkbox"/> Designative activities <input type="checkbox"/> Use of visual aides <input type="checkbox"/> Use of non-verbal cues <input type="checkbox"/> Contingency management program (contracts/rewards/consequences)	

Instruction Program		Materials	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Cooperative learning <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Teacher Conferring model (1:1) <input type="checkbox"/> Small Group <input type="checkbox"/> Before/after school tutoring		<input type="checkbox"/> Use of varied materials <input type="checkbox"/> Computer/tablets <input type="checkbox"/> Music/Tapes <input type="checkbox"/> Books/stories <input type="checkbox"/> Manipulatives	

Activities		Miscellaneous	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Simplify <input type="checkbox"/> Shorten <input type="checkbox"/> Individual Contracts <input type="checkbox"/> Peer support system <input type="checkbox"/> Notebooks for assignments <input type="checkbox"/> Alternative assignments <input type="checkbox"/> Use of recording device <input type="checkbox"/> Use of recording device		<input type="checkbox"/> Review cum folders <input type="checkbox"/> Collaborated with colleagues <input type="checkbox"/> Collaborated with former teachers <input type="checkbox"/> Parent conference <input type="checkbox"/> Referral to counselor <input type="checkbox"/> Referral to office <input type="checkbox"/> Behavior contract <input type="checkbox"/> Other:	

VII. Communication

Complete Parent/Guardian Contact Information before Referral to SST

Name of Parent/Guardian Contacted:

Date of contact:

Parent/Guardian Response/Ideas Generated with Parent:

Teacher Signature

Date:

**Rising Sun Montessori School
Student Study Team Request Form**

4th - 8th Grade

I. Basic Information

Student Demographic Information	
Name:	Grade:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Referring person: <input checked="" type="checkbox"/> Staff referral: <input type="checkbox"/> Parent/Guardian referral	Name of teacher/parent/guardian:
Is the student currently identified as: <input type="checkbox"/> Foster Youth <input type="checkbox"/> Homeless	
Home Language:	

English Learners Only	
Please select EL Typology:	
<input type="checkbox"/> Native U.S.-born ELs	ELs who are U.S. born citizens
<input type="checkbox"/> Foreign-born ELs	ELs who were born outside of the U.S.
<input type="checkbox"/> Newcomer ELs	ELs who have been in the U.S. for 1 or 2 years
<input type="checkbox"/> Highly-schooled Newcomer ELs	ELs who have been in the U.S. for 1 to 2 years, but who attained a high-quality education in their primary language
Proficiency in English (ELPAC)	Date:

II. Student Strengths

III. Describe target area of concern: (Be objective and descriptive)

IV. Attendance and Behavior

Attendance	
Days Enrolled	Days Present
Excused Absences	Unexcused Absences
Tardies	SARB case <input type="checkbox"/> Yes <input type="checkbox"/> No

Behavior Regularly Displayed (select all that apply):

- | | | | | |
|---------------------------------------|--|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Crying | <input type="checkbox"/> Fearfulness | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Defiance | <input type="checkbox"/> Foul Language | <input type="checkbox"/> Lying | <input type="checkbox"/> Tries Hard |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Dependability | <input type="checkbox"/> Frustration | <input type="checkbox"/> Moodiness | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Cheerfulness | <input type="checkbox"/> Explosiveness | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Nail Biting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cooperation | <input type="checkbox"/> Facial Tics | <input type="checkbox"/> Indifference | <input type="checkbox"/> Showing Off | <input type="checkbox"/> Other: |

V. Academic Data

Assessment Data	Data Point	Date	Data Point	Date
Math				
Reading				
ELA Benchmark				
Math Benchmark				
Science Benchmark				
Social Studies Benchmark				
CAASPP ELA				
CAASPP Math				
Behavior or Work Contract				
Other				

VI. Current/Past Interventions

Environment		Teaching Techniques	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Clarify Rules <input type="checkbox"/> Change Seating <input type="checkbox"/> Reduce Distractions <input type="checkbox"/> Change Class Activities <input type="checkbox"/> Change Groups <input type="checkbox"/> Increased physical space <input type="checkbox"/> Special quiet/time-out area <input type="checkbox"/> Modify schedule <input type="checkbox"/> Add structure		<input type="checkbox"/> Adjust preverbal (tone, volume, cadence) <input type="checkbox"/> Use of physical prompts/ <input type="checkbox"/> Reduce stimulation <input type="checkbox"/> Teacher circulates around the room <input type="checkbox"/> Repeat instructions <input type="checkbox"/> Designative activities <input type="checkbox"/> Use of visual aides <input type="checkbox"/> Use of non-verbal cues <input type="checkbox"/> Contingency management program (contracts/rewards/consequences)	

Instruction Program		Materials	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Cooperative learning <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Teacher Conferring model (1:1) <input type="checkbox"/> Small Group <input type="checkbox"/> Before/after school tutoring		<input type="checkbox"/> Use of varied materials <input type="checkbox"/> Computer/tablets <input type="checkbox"/> Music/Tapes <input type="checkbox"/> Books/stories <input type="checkbox"/> Manipulatives	

Activities		Miscellaneous	
Intervention	Outcome	Intervention	Outcome
<input type="checkbox"/> Simplify <input type="checkbox"/> Shorten <input type="checkbox"/> Individual Contracts <input type="checkbox"/> Peer support system <input type="checkbox"/> Notebooks for assignments <input type="checkbox"/> Alternative assignments <input type="checkbox"/> Use of recording device <input type="checkbox"/> Use of recording device		<input type="checkbox"/> Review cum folders <input type="checkbox"/> Collaborated with colleagues <input type="checkbox"/> Collaborated with former teachers <input type="checkbox"/> Parent conference <input type="checkbox"/> Referral to counselor <input type="checkbox"/> Referral to office <input type="checkbox"/> Behavior contract <input type="checkbox"/> Other:	

VII. Communication

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Teacher Signature

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Intervention Tracking Sheet For Teachers

Month/Year: _____

Student: _____ Teacher/Grade: _____

Targeted Area(s) of Concern: 1) _____ 2) _____
3) _____ 4) _____

Frequency: Intervention 1 - M T W Th F Intervention 2 - M T W Th F (≥3 days/week)

Duration (Minutes/Day)***: Intervention 1 _____ Intervention 2 _____

****(Should reflect minutes of instruction provided, not time the teacher spends filling out behavior sheets/recording data or time the student spends receiving a reward.)*

Group Size (Teacher:Student): _____

Intervention 1	Level	Week	Days Implemented	Data Tool	Data Tool	Data Tool
_____				Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention 2	Level	Week	Days Implemented	Data Tool	Data Tool	Data Tool
_____				Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention:	Dates not Received:	Reason:
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		

***Record dates and reasons for any days a scheduled intervention was not implemented**

Behavior Intervention Tracking Sheet For Teachers

Month/Year: _____

Student: _____ Teacher/Grade: _____

Inventory of Behavioral Skills completed: _____ (date)

Targeted Area(s) of Concern: 1) _____ 2) _____
3) _____ 4) _____

Frequency: Intervention 1 - M T W Th F

Intervention 2 - M T W Th F (≥3 days/week)

Duration (Minutes/Day)***: Intervention 1 _____ Intervention 2 _____

****(Should reflect minutes of instruction provided, not time the teacher spends filling out behavior sheets/recording data or time the student spends receiving a reward.)*

Group Size (Teacher:Student): _____

Intervention 1	Level	Week	Days Implemented	Data Tool	Data Tool	Data Tool
_____				Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention 2	Level	Week	Days Implemented	Data Tool	Data Tool	Data Tool
_____				Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention:	Dates not Received:	Reason:
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		

***Record dates and reasons for any days a scheduled intervention was not implemented.**

Math Intervention Tracking Sheet

For Teachers

Month/Year: _____

Student: _____ Teacher/Grade: _____

Targeted Area(s) of Concern: ___ Counting/Number Recognition ___ Number Sense ___ Computation
___ Measurement ___ Problem Solving ___ Geometry ___ Algebra ___ Other: _____

Most Recent Benchmark Score(s): _____
(list all relevant benchmark scores)

Intervention Frequency (Days/Week)*: Intervention 1 _____ Intervention 2 _____ *(>=3 days per week)

Intervention Duration (Minutes/Day)*: Intervention 1 _____ Intervention 2 _____ *(>=30 minutes per day
or as prescribed by the intervention)

Group Size (Teacher:Student): _____

Intervention 1				Data Tool	Data Tool	Data Tool
	Level	Week	Days Implemented	Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention 1				Data Tool	Data Tool	Data Tool
	Level	Week	Days Implemented	Score	Score	Score
Intervention Provider	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			
	2 3		M T W Th F			

Intervention:	Dates not Received:	Reason:
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		

*Record dates and reasons for any days a scheduled intervention was not implemented.

Reading Intervention Tracking Sheet

For Teachers

Month/Year: _____

Student: _____

Teacher/Grade: _____

Targeted Area(s) of Concern: _____ Letter Recognition _____ Letter-Sound Correspondence
 _____ Phonemic Awareness _____ Phonics/Word Recognition
 _____ Comprehension _____ Vocabulary
 _____ Fluency

Most Recent Benchmark Score(s): _____
 (list all relevant benchmark scores)

Intervention Frequency (Days/Week)*: Intervention 1 _____ Intervention 2 _____ *(≥3 days per week)

Intervention Duration (Minutes/Day)*: Intervention 1 _____ Intervention 2 _____ *(≥30 minutes per day or as prescribed by the intervention)

Group Size (Teacher:Student): _____

Intervention 1				Data Tool	Data Tool	Data Tool
	Level	Week	Days Implemented	Score	Score	Score
Intervention Provider	2 3		M T W Th F			
			M T W Th F			
			M T W Th F			
			M T W Th F			

Intervention 2				Data Tool	Data Tool	Data Tool
	Level	Week	Days Implemented	Score	Score	Score
Intervention Provider	2 3		M T W Th F			
			M T W Th F			
			M T W Th F			
			M T W Th F			

Intervention:	Dates not Received:	Reason:
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		
1 2		

*Record dates and reasons for any days a scheduled intervention was not implemented.

Appendix 3:

Employee

Handbook