

Capistrano Unified School District  
San Juan Capistrano, California  
Pre-Expulsion IEP

Date of this IEP \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Student Residence  Home  Foster  LCI  Other \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Parent/Guardian Names \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_  
District/ School of Residence \_\_\_\_\_ District/ School of Attendance \_\_\_\_\_  
Current Placement \_\_\_\_\_ Teacher \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
Student's Language \_\_\_\_\_ Home Language \_\_\_\_\_ English Proficiency Level Interpreter Required:  Yes  No

Special education eligible condition: \_\_\_\_\_

Date of last full assessment: \_\_\_\_\_ Date of last IEP: \_\_\_\_\_

Functional behavioral assessment conducted?  Yes  No Date: \_\_\_\_\_

Positive behavioral management plan in place?  Yes  No Date implemented: \_\_\_\_\_

Hughes behavior intervention plan in place?  Yes  No Date implemented: \_\_\_\_\_

Description of behavior/actions of student  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary action taken/proposed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date on which decision to take disciplinary action was made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In determining whether the student's behavior was a manifestation of his/her disability, the IEP Team considered the following in relation to the behavior subject to discipline (check applicable items):

Assessment results:  
List  
\_\_\_\_\_  
\_\_\_\_\_

Observations and interviews with student:  
List  
\_\_\_\_\_  
\_\_\_\_\_

Student's IEP, services and placement:  
Describe:  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant information:  
List  
\_\_\_\_\_  
\_\_\_\_\_

**The IEP team determined that (check appropriate findings):**

Yes  No  In relationship to the behavior subject to disciplinary action, the child's IEP and placement were appropriate and the special education services, supplementary aids and services, and behavior intervention strategies were provided consistent with the child's IEP and placement;  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_