

SAN FRANCISCO UNIFIED SELPA

Assessment Plan

Name: Kai Ladue

Birthdate: 10/20/2011

Date: 8/26/2026

☒ Initial ☐ Plan Review ☐ Eligibility Evaluation ☐ Transition ☐ Interim ☐ Other:

To the Parent/Guardian of: Kai Ladue

Assessment Plan Date: 8/26/2026

LEA/District: San Francisco Unified School District

School: Asawa (Ruth) SOTA HS

Grade: Ninth Grade (9)

Native Language: English

English Proficiency Level: English Only

Evaluation Area	Examiner Title
☒ Academic Achievement - These assessments measure reading, arithmetic, oral and written language skills, and/or general knowledge.	SPED Teacher
☐ Health - Health information and testing is gathered to determine how your child's health affects school performance.	
☒ Intellectual Development - These assessments measure how well your child thinks, remembers, and solves problems.	School Psychologist
☐ Language/Speech Communication Development - These assessments measure your child's ability to understand and use language and speak clearly and appropriately.	
☐ Motor Development - These assessments measure how well your child coordinates body movements in small and large muscle activities. Perceptual motor skills may also be measured.	
☒ Social Emotional/Behavior - These assessments measure your child's behavioral, social, and emotional strengths and needs. These instruments may include measures of attention, executive functioning, resiliency, relationships, and mood.	School Psychologist
☐ Adaptive Behavior - These assessments indicate how your child takes care of personal needs at home, school and in the community.	
☐ Post-Secondary Transition - These assessments related to training, education, employment and where appropriate independent living skills.	
☐ Other:	
☐ Alternative Means of Assessment - (Describe alternative methods of assessing the child, if applicable):	

Parents / Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and / or referral please contact:

Name of Contact	Position	Phone	Email Address
Kathleen Chagoya	School Psychologist	(415)695-5700	chagoyak@sfusd.edu

- ☐ I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent and that no individualized education program will result from the assessment without my consent, as required by EC Section 56321(b)(4).
- ☐ I do not consent to the proposed assessment described above.
- ☐ I would like the following assessment information to be considered by the IEP team:

Signature _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

Date _____

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/District to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

☐ Yes ☐ No

Signature _____

Date _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

☐ Parent/Guardian/Student has received written notification of protections available to parents when LEA requests to access Medi-cal benefits

Address: _____ **Phone Number:** _____

Comments:

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

Date Received by District/LEA: