CONNECTICUT STATE DEPARTMENT OF EDUCATION

Division of Teaching and Learning Programs and Services

Bureau of Special Education

IEP MANUAL AND FORMS

January 2006

Revised December 2021

IEP Manual and Forms

State of Connecticut IEP Forms

Effective January 2006

Revised December 2021

Introduction

The United States Department of Education, Office of Special Education Programs (OSEP), has advised states that all IEPs written on or after July 1, 2005, must comply with the requirements of the 2004 Reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA). The position of the Connecticut State Department of Education, Bureau of Special Education, is that the January 2006 IEP form (and the subsequent revisions) serves a number of purposes. The first purpose is to help insure compliance with the statutory requirements of IDEA and State law. In addition, these forms assist as a data collection and student educational program-planning tool. Therefore, the State Department of Education has directed that all IEPs written for students in the State of Connecticut be completed on these forms.

The following commentary (January 2006 and revised: December 2006, February 2009, March 2013, December 2013, May 2014, January 2015, December 2015, April 2017, and July 2018) is provided to school districts in Connecticut to assist in utilizing the IEP forms.

The October 2010 Revision involves ONLY the inclusion of a revised page 12 in the forms section with no update to the commentary section of the IEP Manual.

Changes were made to pages 1, 2, 10, and 12 of the IEP form (ED620) in March 2013. Please carefully review the commentary related to those IEP pages as well as minor clarifications included in the commentary for IEP page 6 (pg. 10) and IEP page 11 (pg. 28). The sections of the Manual that relate to data collection for children ages 3-5 (i.e., IEP pages 2, 12 and the Manual Addendum) have been updated to align with the instructions in the most recent SEDAC Manual.

Guidance regarding Prior Written Notice timelines (pg. 3) was added in December 2013 to clarify revised state regulation Section 10-76d-8(a)(5); related change on page 3 of ED620.

Revisions on IEP page 9 and subsequent IEP Manual guidance regarding the change in the statewide assessment to the Smarter Balanced Assessments and the Connecticut Alternate Assessment (CTAA) were added in May 2014.

January 2015 revisions include the addition of “SLD/Dyslexia” under “Primary Disability” on page 1 of the IEP, a simplification of the data collection on page 12 and updated commentary for each section.

In December 2015 page 1 IEP Manual guidance was revised to include the inclusion of paraprofessionals in PPT meetings; page 9 of the IEP and subsequent IEP Manual guidance was revised to replace the SBAC assessment with the Connecticut SAT for juniors; and page 10

of the IEP and subsequent IEP Manual guidance was revised to include the required dissemination of secondary transition information and the *Parent's Transition Bill of Rights* to parents, surrogate parents and students age 18 and older at PPT meetings in grades 6 -12.

In April 2017 changes were made to page 9 of the IEP (Testing and Designated Supports/ Accommodations) and subsequent IEP Manual guidance include testing Science using a Standard Science Assessment or an Alternate Science Assessment, providing Science testing in Grade 11 instead of Grade 10, the addition of the English Language Proficiency Assessment for students with an IEP who are English Learners, and using the Learner Characteristic Inventory (LCI) to qualify a student to take an alternate assessment.

In July 2018 a change was made to page 2 of the IEP form (ED620). Please carefully review the commentary related to IEP page 2 (IEP Manual pg. 5). Also, CSDE Web site links have been updated on the following pages of the manual: ii, 3, 4, 5, 7, 11, 20, 21, and 26. See revised IEP pages 2 and 3 in the forms section of the manual.

In July 2019 changes were made to page 9 of the IEP form (ED620). Please carefully review the commentary related to IEP page 9 (IEP Manual pages 20-22). See revised IEP page 9 in the forms section of the manual.

In July 2021 changes were made to pages 6 and 7 of the IEP form (ED620). Please carefully review the commentary related to IEP page 6 (IEP Manual pages 10-12) and IEP page 7 (IEP Manual pages 15-16). See revised IEP pages 6 and 7 in the forms section of the manual.

In December 2021, the ED623 form was updated to reflect the change in age for secondary transition planning.

Finally, please note that not every field in the IEP has a corresponding description. Written comments or questions regarding IEP forms may be sent to the Bureau of Special Education, 450 Columbus Blvd. – Suite 604, Hartford, CT 06103, phone: 860-713-6910 (e-mail: michael.tavernier@ct.gov). See the Bureau Web site at https://portal.ct.gov/SDE/Special-Education/Planning-and-Placement-Team-PPT-Process-and-Individualized-Education-Program-IEP-Forms/Documents for the IEP and other forms.

1 PPT COVER PAGE

General Information

The intent of this page is to indicate:

- demographic information about the student and parents;
- the purpose of the Planning and Placement Team (PPT) meeting;
- a list of the PPT members present;
- eligibility determination; and
- amendment to an IEP.

Pages 1, 2 and 3, are designed to stand alone if the purpose of the PPT meeting is other than to develop or revise an IEP. These pages can serve as the record of the meeting and can be used to provide parents with "Prior Written Notice" of the outcome of the meeting. Conversely, if an IEP is being developed or revised, these pages can be attached to the IEP to provide all required information relative to the development of the document.

If, by mutual consent of the parents and district, an IEP is being amended, pages 1, 2, 3 and supportive documentation will serve as a record of the agreed upon changes.

Meeting Date

On this page, and on all subsequent pages, the date of the meeting at which the information for the form was generated should be entered in the space provided in the top right hand corner of the page, and the student's name, date of birth and school district in the space provided in the header of each page. If this is an amendment to an IEP, see **Amendment to an IEP** page 3 of this manual.

Current Enrolled School

Current Enrolled School is the school of attendance, where services are being provided to the student at the time the meeting is being held. It is the school where the student sits and is educated.

Current Grade and Grade Next Year

Current Grade is the grade the student is in on the day of the meeting.

Grade Next Year is the grade the student will be in the next school year.

Current Home School

Current Home School is the school in the district the student would attend if not disabled. Additionally, if the student attends a School of Choice, the School of Choice is her/his home school (e.g., Charter, Vo-Ag and Magnet Schools).

School Next Year and Home School Next Year

School Next Year is the school where services will be provided to the student during the next school year.
Home School Next Year is the school in the district the student would have attended next school year if not disabled. Additionally, if the student attends a School of Choice, the School of Choice is his/her home school (e.g., Charter, Vo-Ag and Magnet Schools).

SASID #

Districts should use the State Assigned Student Identification Number (SASID). All data at the state level will be submitted and retrieved using the SASID number.

School District without a High School

If the school district is one of the following, complete this prompt; otherwise please check NA.

Bozrah	Brooklyn	Canterbury	Columbia	Eastford	Franklin
Hartland	Lisbon	Norwich	Pomfret	Preston	Salem
Sherman	Sprague	Sterling	Voluntown	Winchester	Woodstock

Student Instructional Language

Student Instructional Language is an instructional decision of the school based on district criteria. In SEDAC, this item is called *English Proficiency* and is addressed by *yes* or *no*.

Parent/ Guardian Name & Address and Surrogate Parent Name & Address

Provision has been made for the student's address. It is intended that the address of the student's primary residence, (i.e., where s/he spends most of her/his time), be entered on the *Student Address*[1] line and the name and address of the parent/guardian with whom the child lives for the majority of the time be entered on the *Parent/Guardian* lines below. If the parent/ guardian's address is the same as the student's, check "same." This convention was adopted to help district staff identify where the student is to be transported if special transportation is required. If the student is in an out-of-home placement, enter the address of the parent whose address generates your district's jurisdiction (nexus) on this *Parent/Guardian Address* line. It is recognized that there are various forms of living arrangements and guardianships for students. Districts should feel free to fill in these fields with the most appropriate information for their use. Additionally, spaces have been provided for phone numbers and districts should, likewise, use them for their convenience. If the student is represented by a Surrogate Parent, please indicate the name and address of the Surrogate Parent in addition.

Most Recent Evaluation Date and Next Reevaluation Date

In the *Most Recent Evaluation Date* and *Next Reevaluation Date* fields, respectively, record the date of the most recent evaluation which served to determine eligibility for special education services and the date that the next reevaluation is due. As used here, the *Most Recent Evaluation Date* and *Next Reevaluation Date* fields do not refer to the date that a student was tested but rather, to the date that a PPT reviewed evaluation results and made a decision regarding eligibility for special education services. For example, if a child has recently been identified as eligible for special education services for the first time, her/his initial evaluation date would be the date of the PPT meeting that reviewed the results of an initial evaluation and determined that the student was eligible for special education services. For this student, the next reevaluation date would be no more than three years from the exact date of this PPT meeting. This next reevaluation date would be the latest date that a PPT could meet to review the results of a reevaluation, consider the appropriateness of the student's program, and determine continuing eligibility for special education services.

Most Recent Annual Review Date

In the *Most Recent Annual Review Date* field, record the date of the most recent Annual Review PPT meeting where the student's progress for the previous year was reviewed and the IEP was revised. OR Record the date of the Annual Review PPT meeting where the first IEP was developed for a student who was initially determined to be eligible for special education services.

Next Annual Review Date

In the *Next Annual Review Date* field, record the date of the next Annual Review PPT meeting where the student's progress for the previous year will be reviewed and the IEP will be revised. This PPT meeting date may be no more than one year (365 days) from the exact date of the Most Recent Annual Review PPT meeting identified above.

Reason for Meeting

Under *Reason for Meeting*[2] indicate the purpose of the meeting by checking the appropriate response. Recognize that it is possible for a PPT meeting to be convened for several different reasons so make certain to check all responses that apply. The reasons checked should match the *Purpose of Meeting* on the **Parent Notice of PPT Meeting (form ED623)**. NOTE: "determine continuing eligibility" was added to the IEP as of 3/2013.

Primary Disability

Although it is possible that a student may have more than one disability, enter the disability which is most indicative of the student's primary disability. Disabilities eligible for special education services under IDEA or Connecticut statutes are as listed below.

(01) Intellectual Disability (ID)
(02) Hearing Impairment (Deaf or Hard of Hearing)
(03) Speech Or Language Impairment
(04) Visual Impairment
(05) Emotional Disturbance
(06) Orthopedic Impairment
(07) Other Health Impairment (OHI)
(7A) ADD/ADHD
(08) Specific Learning Disabilities (SLD)
(8A) SLD/Dyslexia
(09) Deaf-Blindness
(10) Multiple Disabilities
(11) Autism
(12) Traumatic Brain Injury
(15) Developmental Delay (Ages 3 to 5 only)
To Be Determined (TBD) - no code

Other Health Impaired (OHI)

Other Health Impairment (OHI) means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that –

(i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia: and

(ii) adversely affects a child's educational performance.

The federal definition for OHI can be found 34 C.F.R. Section 300.8(c)(9).

ADD/ADHD

ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactive Disorder) is a sub-category of OHI and has been added so that the Department can distinguish OHI students with ADD/ADHD from students with other health related problems that are reported in this disability category. For a child to be identified as ADD/ADHD, the child must first meet the overall eligibility requirements for OHI and then, meet the more specific requirements for ADD/ADHD.

Multiple Disabilities

It should be noted that the category of Multiple Disabilities is not simply that two or more disabling conditions are present but that the combination meets the conditions defined below. The federal law defines Multiple Disabilities as:

> "…concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness." (34 C.F.R. Section 300.8(c)(8))

Specific Learning Disabilities (SLD)

Under IDEA, "Specific Learning Disability (SLD) means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage." (34 C.F.R. Section 300.8(c)(10))

SLD/Dyslexia

Dyslexia is a sub-category of Specific Learning Disability (SLD) and has been added so that the Department can distinguish students with Dyslexia from other students with SLD who are reported in this disability category. For a child to be identified as "SLD/Dyslexia," the child must first meet the overall eligibility requirements for SLD and then meet the more specific requirements for Dyslexia as follows:

> Dyslexia is included in the Individuals with Disabilities Education Act (IDEA, 2004) as a specific learning disability (SLD). Dyslexia impacts reading, specifically decoding and accurate and/or fluent word recognition and spelling. Dyslexia is neurobiological in origin and is unexpected and/or inconsistent with a student's other abilities despite the provision of appropriate instruction. Dyslexia results from a significant deficit in phonological processing (i.e., a persistent difficulty in the awareness of and ability to manipulate the individual sounds of spoken language).
>
> Typically, students with dyslexia have strengths and cognitive abilities in areas such as reasoning, critical thinking, concept formation, problem solving, vocabulary, listening comprehension, and social communication (e.g., conversation). Early identification and appropriate instruction targeting the underlying phonological processing deficits that characterize dyslexia may minimize its educational impact. (*CSDE Working Definition of Dyslexia, 2014)*, see *Specific Learning Disability/Dyslexia Frequently Asked Questions* for a complete definition - https://portal.ct.gov/SDE/Special-Education/Specific-Learning-Disabilities-and-Dyslexia-Resources).

Eligibility

The PPT must determine, based on all available relevant information, whether or not the child is eligible as a student with a disability and as a result requires special education and related services. If the answer is "yes", the specific disability should be checked in *the Primary Disability* checklist also on **Page 1**. The State Department of Education has developed

guidelines to assist school districts and families in determining eligibility for special education and related services. The following guidelines are available on the SDE Web site (https://portal.ct.gov/SDE/Special-Education/Special-Education-Eligibility-Documents): ADD/ADHD, Autism, Emotional Disturbance, Intellectual Disability, Specific Learning Disabilities, and Speech or Language Impairment.

Amendment to an IEP

If this is an amendment to a current IEP, check **YES** and identify the date of the IEP being amended. The consent form (ED634) is **only** used when the district and family agree to amend an existing IEP without going to a PPT meeting. If the PPT is meeting to review and revise the IEP, **NO** should be checked for this prompt. See the October 13, 2006, SDE Blog for guidance regarding obtaining a signed agreement.

If this is an amendment, complete pages 1, 2 and 3 of the PPT packet and attach the supporting documents for the amendments. The meeting date that should be used on the top of pages 1, 2 and 3 should be the date that the parent and school district discussed and agreed upon the amendments(s) to the IEP. In making changes to an IEP without a meeting, the parents and the school must agree that convening a PPT is not necessary in order to amend the current IEP and ED634 must be signed by the parent. Federal Statute states “the parent of a child with a disability and the local educational agency may agree not to convene an IEP meeting for the purposes of making such changes [after the annual review], and instead may develop a written document to amend or modify the current child’s IEP.” (H.R. 1350 Section 614(d)(3)(D)) The signed *Agreement to Change an IEP without Convening a PPT Meeting* must be attached to pages 1, 2 and 3 of the PPT packet.

Team Members Present

It is not required that Planning and Placement Team members sign page 1 under *Team Members Present*. The names of the people attending the meeting are to be indicated. Signatures are not required. If a person is listed next to “other,” identify the person’s role/position related to her/his purpose for being at the meeting.

Parents and guardians have the right to have the school paraprofessional assigned to their child, if any, be present at and participate in all portions of any planning and placement team meeting at which their child’s educational program is being developed, reviewed or revised. The assignment of the paraprofessional must be in the child’s IEP and may be found on pages 2, 8 and/or 11. It is expected that parents will provide reasonable notice to the District if they wish to have their child’s paraprofessional attend a PPT meeting. In most cases, 5 school days would constitute reasonable notice. Add the name and role of the paraprofessional next to "other" when in attendance at a PPT.

2 LIST OF PLANNING AND PLACEMENT TEAM (PPT) RECOMMENDATIONS AND MEETING SUMMARY

Recommendations

In the PPT Recommendations section, space is provided for an itemized list of the PPT recommendations that were made by a student's PPT. For example: (1) Student is identified as having a specific learning disability and is eligible for special education services; (2) Provide three hours per week of special education resource time; (3) Review student progress in three months; (4) The special education teacher and classroom teacher will meet to collaborate for 15 minutes weekly during the next three months regarding appropriate modifications to the classroom curriculum, instruction and assignments; and (5) An evaluation will be conducted to determine eligibility, etc. It is important that this section be sufficiently specific so that both parents and school district staff know what is being recommended by the student's PPT. It is good practice to review these recommendations at the conclusion of each meeting. You may use multiple copies of **Page 2** if necessary.

Meeting Summary

A meeting summary is only required for children ages 3 through 5 with an IEP (see below and Addendum) or 2-year-old children with an IEP. This section is optional for all other students. For older students, the use of the Meeting Summary section is a decision to be made by the student's PPT. There is no statutory requirement that parents sign the Meeting Summary to indicate their agreement with the content. It should also be noted that the Meeting Summary is not a verbatim transcription of a student's PPT meeting. Most often the Meeting Summary is used to encapsulate the discussion that occurs at a PPT meeting, to clarify any issues that may arise, and to elaborate on the elements of *prior written notice*. If necessary, more than one **Page 2** can be used.

Children 3 through 5

Use Page 2 to capture the following for 3-, 4- and 5-year-old children receiving special education and related services, including 2-year-old children with an IEP who will turn age 3 in a school year:

1. **The Early Childhood Program a Child Attends:**

   Identify the early childhood program that a child participates in beyond his/her IEP services identified on **Page 11** (e.g., Head Start, School Readiness, nursery school, preschool, or any other early childhood program that is designed for children without disabilities). Example: "Maria attends Alice in Wonderland Preschool Program."

2. **The Total Early Childhood Program Hours Per Week:**

   Identify the total hours per week that the child participates in an early childhood program. For example, George attends Mother Goose Nursery School 5 days a week, 2 hours per day, totaling 10 hours per week.* The total hours per week should NOT include the special education and related services that a child receives as a result of his/her IEP which are documented on **Page 11.**

   **NOTE: The 10 hours per week that a child participates in an early childhood program will also be recorded on Page 12, the IEP data collection page.*

Restraint and Seclusion

As of October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* https://portal.ct.gov/SDE/Special-Education/Special-Education-Legal-and-Due-Process at the first PPT meeting following a child's initial referral for special education. Specify the date on which the parents/ guardians were provided with a copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools.* This document must be provided to parents/guardians at the first PPT meeting following a child's initial referral for special education. Every parent must be advised of these rights at the initial PPT meeting held for their child even if the emergency use of physical restraint or seclusion is not likely to occur with their child.

3 PRIOR WRITTEN NOTICE

General Information

The purpose of Prior Written Notice is to provide written communication to parents of the *Action(s)* that has been proposed or refused by a Planning and Placement Team. (Although the federal law requires notice to parents for *Refused Actions*, teams more often meet to initiate an *Action* not refuse one). The process for completing **Page 3** flows from left to right across the page.

Actions Proposed

The Team identifies the Action(s) proposed. The Team then needs to indicate the *Reasons for the Action(s)*, and the *Evaluation Procedures, Assessment, Records, or Reports Used as a Basis for the Action Proposed*. Finally, the Team completes the *Date the Proposed Action(s)* will be implemented.

Prior Written Notice Timelines:

Section 10-76d-8(a)(5) of the special education regulations that went into effect on July 1, 2013, states as follows:

"Written notice required by this subsection may be provided to the parents at the PPT meeting where such PPT proposes to, or refuses to, initiate or change the child's identification, evaluation, or educational placement of the child with a disability or the provision of a free appropriate public education to the child with a disability. If such notice is not provided at the PPT meeting, it shall be provided to the parents of the child with a disability, or to the parents of a child who may be eligible for special education and related services, not later than ten days before the PPT proposes to, or refuses to, initiate or change the child's identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child."

The Bureau of Special Education guidance is as follows:

Districts have only two options for providing Prior Written Notice (PWN):

1. The first (and preferred) option is to give the parents the completed PWN at the PPT meeting. This allows the implementation of the IEP to take place within a reasonable timeframe; this would include implementation the next school day *if* both the parents and district agree. Document parents' receipt of the PWN and agreed upon implementation date on page 2 of the IEP. If the parents are provided with the PWN at the meeting, but do not agree with the proposed or refused actions, then the reasonable timeframe for implementation of the IEP is ten school days from receipt of the PWN. The complete IEP, if not provided at the PPT meeting along with the completed PWN, must, in all cases, be sent to the parents within five school days.
2. If the PWN is not given to the parents at the PPT meeting, the second option is to send the IEP, with the PWN, to the parents within five school days. For example, if the PPT takes place on a Monday, then the IEP, with the PWN, must be sent by the following Monday (five school days). Parents must receive the PWN at least ten school days prior to the implementation of the IEP *unless* the parents and district agreed to an earlier IEP implementation date at the PPT meeting. As above, document the agreed upon implementation date on page 2 of the IEP.

Adherence to these timelines is mandatory.

Actions Refused

The Team identifies the Action(s) refused. The Team then needs to indicate the *Reasons for the Refused Action(s)*, and the *Evaluation Procedures, Assessment, Records, or Reports Used as a Basis for the Action Refused*.

The team also needs to indicate *Other Options That Were Considered and Rejected In Favor Of the* Proposed Actions, and *Rationale For Rejecting These Other Options* and finally*, Other Factors that are Relevant To This Action.*

Actions typically proposed or refused by the PPT include: conduct an initial evaluation, conduct

a reevaluation, determine the student is or is not eligible for special education and related services, implement an IEP, continue an IEP, revise an IEP, change placement, discontinue specific services, and exit from special education.

An IEP is *Implemented* as a result of an initial eligibility determination or an Annual Review.

An IEP is *Continued* when there is no change to the IEP. This option cannot be used for an Annual Review.

An IEP is *Revised* or amended between Annual Reviews.

A change of placement occurs when a student is placed into an interim alternative educational setting or the IEP is revised that approves placement into a RESC or an approved private special education program.

This item is used when specific services (Language, Speech, Hearing, Occupational Therapy, or Physical Therapy) are being discontinued, but the student continues to be eligible for other special education and/or related services.

The District is conducting an initial evaluation or a reevaluation.

The student is exiting from special education services.

If more than one Action or Refusal is listed in the first column, but they cluster together for the purposes of columns 2 and 3, only one **Page 3** is required (e.g., *Determine that student is eligible for Special Education / Related Services* and *Implement IEP Dated*). Multiple **Page 3's** may be needed if the PPT endorses more than one Action or Refusal which cannot be clustered and cannot be described together in columns 2 and 3.

Exit Information

If the PPT exits a student from special education eligibility, check the box; provide the date and the reason for the student exiting special education. If the student is returning to general education check the box.

Procedural Safeguards

In the field at the bottom of the page that begins with *Parents please note:* the recorder must indicate, by checking one of the two boxes provided, that the Procedural Safeguards in Special Education document was either given to the parents previously in the current school year, or is enclosed with the current IEP. Parents must be given a hardcopy of the Procedural Safeguards in Special Education, therefore just providing them on a web site address, does not meet this requirement.

> *A copy of the procedural safeguards available to the parents of a child with a disability shall be given to the parents, 1 time per year, except that a copy also shall be given to the parents--*
>
> *(A) upon initial referral or parental request for evaluation;*
> *(B) upon the first occurrence of the filing of a complaint under subsection (b)(6);*
> *(C) upon request by a parent.* (H.R. 1350 Section 615(d)(1)(A))**;** *and*
> *(D) upon a change in placement resulting from a disciplinary action.*

Parent Resources

If parents need assistance in understanding the provisions of IDEA, they may contact their child's principal, the district's special education director or CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in Connecticut" (in Spanish and English) and other resources contact SERC at (800-842-8678) or go to: http:/www.ctserc.org or https://portal.ct.gov/SDE/Special-Education/Special-Education-Resources-for-Families.

4 & 5 PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

General Information

This page is the initial page of the actual IEP and should be completed for every child eligible for special education and related services. *Present Levels of Academic Achievement and Functional Performance* should be used to provide a holistic view of the student through a variety of means, including current classroom-based assessments, district and/or state assessments, and classroom-based observations, which includes parent, student and general education teacher input in all relevant areas. The determination of the student's present level of performance should use a variety of technically sound assessment tools and strategies to gather academic and functional information. The evaluation must not discriminate on a racial or cultural basis. The evaluation must include the assessment of a student in his/her native language.

The analysis of the data and information presented regarding the student's present level of performance must directly assist the PPT in determining the educational needs of a student in relationship to the student's involvement and progress in the general curriculum or appropriate preschool activities. The assessment data used, may vary depending on whether this is an initial evaluation, annual review, or a reevaluation. Standardized assessments may not necessarily provide the adequate information needed to determine the educational needs of a student in relationship to the general curriculum. A comprehensive evaluation should include other assessments to capture academic achievement and related developmental needs. Therefore, curriculum-based assessments, portfolios, running record, student work, etc. may be appropriate information sources for identifying present levels of academic and functional performance in relation to general education curriculum.

If this is a reevaluation, an annual review, or a revision of a current IEP, the student's current level of performance should include a description of the student's progress toward meeting the annual goals of the current/previous IEP.

It is particularly important that this page include student strengths, as well as areas of concern that were identified during the assessment, including parent, student and general education teacher input on strengths and concerns. When completing this page, the PPT should focus on how the student's strengths and concerns/needs affect the student's involvement and progress in the general curriculum. As part of the process of defining the student's current level of performance, the PPT should identify what the student currently knows and can do.

This page is important to the development of the IEP as it defines the need for specialized instruction and determines how that specialized instruction should look in terms of goals, supports, and services. The remaining pages of the IEP should be directly aligned with the information on this page. **Pages 4** and **5** are intended to provide a place for the PPT to include a general summary of performance levels rather than to provide a detailed report of all evaluation results. Detailed evaluation information should be found in separate evaluation reports. For any data that is recorded on **Pages 4** and **5** the PPT must document the source of the data (classroom-based assessments, district and/or state assessments, and classroom-based observations, parent, student and general education teacher input, etc.).

Parent and Student Input and Concerns

The input and concerns from parents and students must be considered in the development of the IEP. The PPT should specifically record input from parents and student. For example, 1) the parent is concerned that their child needs a hands-on approach in science class rather than a lecture style and 2) the parent shares that their child has made good progress in both reading and math this school year.

Academic and Functional Performance Areas

The focus of this column should be how the student is currently performing. The statements written in this column should clearly articulate what the student currently knows and can do in relationship to his/her involvement and progress in general curriculum or appropriate preschool activities. If the student is performing at the appropriate age/grade level, the PPT can record that information as such. Not every Area of Academic and Functional Performance listed on pages 4 and 5 of the IEP needs to be completed across the entire row. Complete "only those areas that meet the child's needs that result from the child's disability to enable the child to be involved in or make progress in the general education curriculum; and meet each of the other needs that result from their child's disability." (§614(d)(1)(A)(i)(ii)) If the student's present levels of performance represent a discrepancy between the age/grade level expectation and performance, the PPT should provide details in this column. If the student's present level of performance includes the use of supplemental aids and services, the PPT can record that information. Generalized psychological data (e.g., WISC, etc.) that does not neatly fit into a specific area can be reported under "other" on **Page 5**.

Strengths

Strengths may include a relatively strong area for the student; a strength when compared to peers, or particular motivational or interest area. Statements about the student's strengths can support instructional decisions related to motivation, learning styles, and learning preferences. If the student's strength is supported by the used of supplemental aids and services including assistive technology, the PPT can record that information. For example, "when using a slant board, the student can write legibly."

Concerns/ Needs (requiring specialized Instruction)

The PPT uses the information provided by the parents and student and the information provided in the first two columns of "Present Levels of Academic Achievement and Functional Performance" as the basis for making decisions related to *Concerns/Needs* to be addressed in the current IEP. Issues that are identified as a concern/need should result in corresponding goals and objectives. According to H.R. 1350 Section 614(d)(1)(A)(i)(II), goals and objectives are designed to meet the child's needs that result from the child's disability. Therefore, the concerns/needs detailed in this column which have a marked impact on the child's educational performance and requires specialized instruction should result in a corresponding annual goal. If there are concerns raised that do not rise to the level of needing specialized instruction, then the PPT may note these under options discussed and considered by the PPT but rejected in favor of the proposed actions and should be recorded on **Page 3**: *Prior Written Notice.*

Impact of the Student's Disability on Involvement in the General Curriculum or Participation in Appropriate Preschool Activities

Care should be taken to describe how the student's disability specifically impacts her/his involvement and progress in the general curriculum <u>or</u> participation in appropriate preschool activities. In completing the *Concerns/Needs* and *Impact of the Student's Disability on Involvement and Progress in the General Curriculum or Appropriate Preschool* Activities columns, it may help to think in terms of "if-then" statements. (i.e., if there is a concern, then what is the impact on the student's participation and progress in that area?) To illustrate, for a high school student with a learning disability, one might indicate "that the student's level of decoding skills and reading rate make it difficult for her to complete independent reading assignments in the content areas and require accommodations to such assignments". For a student with significant language and motor delays, one might indicate that "the severity of language and motor delays limits the student's understanding of oral and written language and limits written expression to such an extent that he cannot participate in written and oral activities in the classroom without accommodations and modifications."

For students who are placed in an out-of-district placement (e.g., RESC or Approved Private Special Education Programs) the impact statement continues to refer to the student's involvement and progress in the general education curriculum or appropriate preschool activities referenced back to the placing District. The impact of the disability may be so great to require curricular modifications and behavioral accommodations that cannot be met in the public school setting.

The goals and objectives are directly related to the concerns and build on strengths. The level, intensity, and type of special education supports and services are determined by the goals and objectives. The *Program Accommodations and Modifications* **(Page 8)** are developed to address the impact the student's disability has on participation and progress in general education curriculum or participation in preschool activities.

6 TRANSITION PLANNING

General Information

Transition planning and related goals and objectives are an integral part of the IEP beginning at the annual review following a student's 13th birthday, or earlier if determined appropriate by the PPT, and annually thereafter. If the student has not reached the age of 13 and transition planning is not required or appropriate at this time, check the box for not applicable. If this is either the first IEP to be in effect when the student turns 14 (or younger if transition planning is needed) or the student is 14 or older and transition planning is required, check the second box.

Student Preferences/ Interests

Item 2 is included to ensure that students are **actively** involved in planning for their secondary program as it relates to postsecondary education or training, employment and independent living (which incorporates community participation). Personal interviews, informal/formal assessment, comments at PPT meetings and functional vocational assessments are necessary to identify student interests/preferences as they relate to IEP transition planning. In the space following Item 2a, please indicate whether the student was invited to attend her/his PPT meeting. After Item 2b, please indicate if the student DID attend her/his PPT meeting. These two items will be collected as transition data points in SEDAC. In the space following "Other" in Item 2c, the team should document the activities undertaken including, but not limited to, career exploration activities, job shadowing, situational assessments, and parent interviews, that were used to identify preferences/interests as they relate to transition planning. After Item 2d a brief summary of the student's interests and preferences should be provided.

Age-Appropriate Transition Assessment

Item 3 is included to ensure that a student's interests, preferences, strengths and needs are assessed on an on-going basis and the results are used to develop and identify appropriate, measurable annual IEP goals with short-tem objectives and transition services. After Item 3, please indicate the name(s) and date(s) of any age-appropriate transition assessments administered since the last PPT meeting. Results from these assessments may be recorded as present levels of performance on pages 4 and 5 of the current IEP and should be used to develop Post-School Outcome Goal Statements and annual IEP goals and objectives.

Agency Participation

Item 4 is included to provide evidence that the PPT has considered whether a representative of an outside agency/service is appropriate to be invited to participate in the transition planning and development of transition goals and services in a student's IEP (e.g., *postsecondary education, vocational education, integrated employment [including supported employment], adult services, independent living, community participation*). This ensures that the transition planning is comprehensive and well coordinated.

After Item 4a, please check "YES" if any representatives from outside agencies were invited to attend the PPT meeting and written consent was obtained from the parent/guardian or student (if over 18). Please note that an outside agency representative may NOT attend a PPT meeting without written permission. If the response is "NO," specify the reason for not inviting any outside agency representative. You MUST choose from the following choices for a "NO" response:

1.) **No, not appropriate** to invite a representative from an outside agency;

2.) **No, written consent to invite a representative was not provided** - (inviting an outside agency may be appropriate but written consent was not granted); or

3.) **No, no outside agency was invited**. (This was not done by the district.)

Item 4c provides a place for the PPT to describe any services or linkages that participating agencies have agreed to provide.

Post-School Outcome Goal Statement(s) and Transition Services

Item 5 provides the team with key transition information related to a student's projected postsecondary goals as required by the IDEA (i.e., postsecondary education *or* training, employment and if determined appropriate by the PPT, independent living (which incorporates community participation). In Connecticut's IEP, the "postsecondary goals" required by the IDEA are called Post-School Outcome Goal Statements.

Beginning not later than the first IEP to be in effect when the student turns 14 or younger if determined appropriate by the PPT, EVERY student who has an IEP must have at least **two** Post-School Outcome Goal Statements and annual goals with short-term objectives: One Post-School Outcome Goal Statement and annual goal with short-term objectives must be related to postsecondary education *or* training and a second Post-School Outcome Goal Statement and annual goal with short-term objectives must be related to employment. If independent living is determined by the PPT to be an appropriate postsecondary goal area for a student, he/she must also have a Post-School Outcome Goal Statement and annual goal with short-term objectives related to independent living.

Post-School Outcome Goal Statements (PSOGS) must be written as measurable statements that are generally understood to refer to those goals that a student hopes to achieve after leaving secondary school (IDEA 2004 Part B Regulations, 34 C.F.R. §300.320(b)). Each PSOGS must include a phrase such as "After graduation," or "Upon exiting high school". A Post-School Outcome Goal Statement does NOT include the *process* of pursuing or moving toward a desired outcome. For example, "After high school John will explore attending a four-year college" is NOT an appropriate PSOGS because "exploring" is a process and cannot be measured as completed or not completed. John will attend a competitive four-year college after graduating from high school" is a good example of a PSOGS that deals with postsecondary education or training. Additional examples of postsecondary goals/PSOGS may be found on the National Technical Assistance Center on Transition: The Collaborative (NTACT:C) website.

For each PSOGS that is written in Items 5a, 5b, and 5c, there must be at least one annual goal with short-term objectives written on a goal page (page 7) of the student's IEP. The checkbox underneath that Item (5a, 5b, and 5c) must also be checked. Beginning with the October 1st Child Count data (2022), all students whose IEP will be in effect when they turn 14 (or younger if determined appropriate by the PPT) must have at least two annual goals and related objectives in the area of transition: one annual goal related to the PSOGS about postsecondary education *or* training AND a second annual goal related to the PSOGS about employment. The student might also have at least one annual goal with short-term objectives related to the PSOGS about independent living if determined appropriate by the PPT.

All items on page 6 of the IEP must be completed at the Annual Review when the student is 13-years-old so that it is in place on his/her 14th birthday (or younger if the PPT determined that transition services are needed prior to age 14).

Course of Study

All items on page 6 address the requirements that for **all** students receiving special education and related services, the IEP developed at the annual review following their 13th birthday and all subsequent IEPs MUST reflect consideration of the need for transition services. The IEP must include appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to postsecondary education or training, employment, and, if appropriate, independent living skills. For some students, specific skills training may not be needed in the area of *Independent Living* (which incorporates community participation). When appropriate, a student's program should include both instruction (school-based activities) and community experiences (community-based activities).

Item 6 provides information regarding how a student's course of study is related to her/his postsecondary goals and Post-School Outcome Goal Statements. Check the first box in Item 6 if a student is currently in a course of study (including general education activities) that is needed to assist the student in reaching his/her transition goals and includes classes that are contributing credits necessary for the student to obtain a regular high school diploma. **Elaborate on the specifics of the course of study as it relates to the student's Post-School Outcome Goal Statements, annual goals and related transition services.** If a student has completed academic requirements and has amassed sufficient credits to obtain a high school diploma, has no academic course of study and is only working on IEP annual goals with short-term objectives related to secondary transition, check the second box in Item 6.

NOTE: Such students may also have functional academic goals as part of their transition planning.

Transfer of Rights

IDEA requires that at least one year prior to reaching age 18, the student be informed of her/his rights under IDEA that will transfer to her/him at age 18.

Summary of Performance

The *Summary of Performance* must be completed for a student whose eligibility under special education will terminate the following year due to graduation with a regular high school diploma or due to exceeding the age of eligibility, whichever occurs first. The team must identify and record the date by which the *Summary of Performance* will be completed in the following year. The *Summary of Performance* must be reviewed with the student and parent/guardian, but does not need to be addressed in a formal PPT meeting.

7 MEASURABLE ANNUAL GOALS AND SHORT TERM OBJECTIVES

General Information

Measurable annual goals and short term objectives should align with the present levels of academic achievement and functional performance. Annual goals and short term objectives should relate directly to the information recorded on **Page 4** or **5** under concerns/needs (requiring specialized instruction). Specified annual goals and objectives should align with the grade level general education curriculum standards, functional performance requirements and the Connecticut Frameworks: Curricular Goals K-12 and the Connecticut Preschool Frameworks.

The IEP includes measurable annual goals and short-term objectives or benchmarks that describe each student's expected learning outcomes. Annual goals are used to estimate what outcomes you can expect a child to achieve in an academic year based on the student's present levels of performance. Short-term objectives and benchmarks describe meaningful intermediate and measurable outcomes between the student's current performance level and the annual goal.

This is a generic goal and objectives page. By checking one or more of the boxes at the top of the page, one can use this page for nine specific goal areas. If none of the options provided applies; check *Other* and write in a different goal area. Multiple measurable Annual Goals and Short Term Objective pages may be necessary.

☐ Academic/Cognitive ☐ Social/Behavioral ☐ Communication ☐ Gross/Fine Motor ☐ Post secondary Education/Training
☐ Self Help ☐ Employment ☐ Independent Living ☐ Health ☐ Other: (specify) _____

Goals and Objectives

It is important that goals and objectives be specific, be measurable and, to the extent appropriate, relate to the student's achievement in the general education curriculum or appropriate preschool activities. The following is an example of such a goal and related objectives.

> Goal #1: Given the district's 4th grade math curriculum scope and sequence, [student's name] will demonstrate mastery of the 4th grade goals for math applications, as measured by completion of the objectives.
>
> Objective #1: When given a word problem involving fractions, [student's name] will solve the problem correctly by reading a word problem (or having it read to her/him) and choosing the correct operation.

For Objective #1 of Goal #1, one might select "4" [Quizzes/Tests] from the *Evaluation Procedures* table and enter it on the *Eval. Procedures* line; select "E" [Frequency/Trials] from the *Performance Criteria* table and enter it on the *Perf. Criteria* line; and then enter "75%" on the (%, Trials, etc.) line. This would indicate that this objective will be successfully met when multiple quizzes and tests reviewed by the teacher demonstrate that the student can read a written problem containing fraction concepts (or have it read to her/him), choose the correct operation, and solve the problem correctly, for 3 out every 4 problems given over time.

Eval. Procedure: 4

Perf. Criteria: E

(%, Trials, etc.) +75%

Objective #2 Given a fraction word problem, [student's name] will read the problem (or have the problem read to her/him) and give a written description of all the steps that must be taken to correctly solve the problem.

For Objective #2 of Goal #1, one might select "9" [Work Samples, Job Performance or Products] from the *Evaluation Procedures* table and enter it on the *Eval. Procedures* line; select "I" [CMT Scoring Criteria] from the *Performance Criteria* table and enter it on the *Perf. Criteria* line; and then enter "Score of 1 or higher" on the (%, Trials, etc.) line. This would indicate that this objective will be successfully met when work samples reviewed by the teacher demonstrate that the student can read a written problem (or have the problem read to her/him) and write a description of all of the steps that must be taken to correctly solve the problem scoring a 1 or better according to the CMT Scoring Criteria for math.

Goal #2 Given his/her interest and skills, [Student name] will investigate two jobs and determine what kind of post secondary training or education is required for each job.

Objective #1 Given a copy of the local newspaper, [student name] will select two job descriptions that meet his/her interest from the want ads and underline the words that describe the skills or requirements for each job.

For Objective #2 of Goal #2, one might select "6" [Project/Experiment/Portfolio] from the *Evaluation Procedures* table and enter it on the *Eval. Procedures* line; select "G" [Successful Completion of Task/Activity] from the *Performance Criteria* table and enter it on the *Perf. Criteria* line; and then enter "100%" on the (%, Trials, etc.) line, indicating that the task has been successfully completed when the project reflects that the student has selected two job descriptions that meet his/her interest from the want ads and has underlined the words that describe the skills or requirements for each job.

Evaluation Procedures and Performance Criteria

The sections entitled *Evaluation Procedures* and *Performance Criteria* are designed so that one can select an evaluation procedure for both the goal statement and also for each of the objectives. Currently, Connecticut regulations require short term objectives derived from the annual educational goals for all students that have an IEP and that evaluation procedures and performance criteria be specified for all short term objectives. The annual goal may be measured in terms of the achievement of the short term objectives that are written to address the goal or separate evaluation procedures may be utilized for the goal. Evaluation procedures and performance criteria should be individually determined based on the student's present levels of academic and functional performance and the task demands of general education or appropriate preschool activities.

To the right of each *Goal* and *Objective* field, space is provided to indicate the Evaluation Procedure (*Eval. Procedure*) and Performance Criterion (*Perf. Criteria*) to be utilized with the *Goal* or *Objective*. If it is necessary to specify a percent change, number of trials, standard score increase, months growth, etc., space is provided in the field labeled *(%, Trials*, etc.). When taken as a whole, the evaluation procedures, performance criteria and goals/objectives should be compatible, aligned, and clear.

Reporting Progress

The area at the bottom of the page entitled *Progress Reporting Key* lists letters and corresponding terms to be used to indicate whether or not progress is sufficient to achieve the goal by the end of the IEP, e.g., M = Mastered, S = Satisfactory Progress - Likely to Achieve Goal, U = Unsatisfactory Progress - Unlikely to Achieve goal, etc. (Note: This reporting key is utilized for both goals and objectives.) When selecting *Other* to report progress, the district must specify what "other" means.

In the four columns on the right side of the page, space is provided to report on progress toward both the goal and objectives (see example below). In the shaded boxes immediately under the heading *Enter Dates For Evaluating and Reporting Progress in Boxes Below*, space is provided to enter up to eight dates for progress reporting. The boxes provided next to the measurable annual goal and next to each of the three objectives can then be used to record evaluation

results for each of the dates entered in the set of shaded boxes at the top of the page. (Note: It is important that these reporting dates be entered when the IEP is written so that parents will know when to expect reports on their child's progress. The dates entered should be consistent with **Page 10** of the IEP.)

The sample that follows has been completed to illustrate how this section might look at the end of a school year, assuming progress is being reported consistent with quarterly report cards. In the lower set of boxes, the *NI*, *S* and *M* stand for *Not Introduced, Satisfactory Progress - Likely to Achieve Goal*, and *Mastered*, respectively. Again, the position of these progress indicators in the lower boxes corresponds to the dates for the reporting periods entered in the top set of boxes. To illustrate, for the 4/30 Progress Report, the student was making satisfactory progress, as indicated by the "S" in the box that corresponds to that date (box #3).

Enter Dates for Evaluating and Reporting Progress in Boxes Below			
1 *11/28*	2 *2/2*	3 *4/30*	4 *6/15 RC*
5	6	7	8
Report Progress Below (Use Reporting Key)			
1 *NI*	2 *S*	3 *S*	4 *M*
5	6	7	8

Transition Goals and Objectives

For students who have transition goals and objectives (mandatory for any student whose IEP will be in effect when she/he turns 14, or younger students if determined appropriate by a PPT), there must be a minimum of two (2) annual goal pages (page 7) related to transition in every IEP (effective as of the October 1, 2009 data collection): One annual goal page for postsecondary education *or* training and one annual goal page for employment. (The student might also have at least one annual goal with short-term objectives related to the PSOGS about independent living if determined appropriate by the PPT.) In addition, for all students age 13 or older (so that the IEP will be in place on the student's 14th birthday), all items on **Page 6**, **Transition Planning**, must be completed and the box located above the *Measurable Annual Goal* heading (on Page 7) must be checked as noted below.

☒ *Check here if the student is 13 or older. (Note: **Page 6**, Transition Planning must be completed if this box is checked*)

For every Post-School Outcome Goal Statement written in Items 5a, 5b, and 5c on Page 6 of the IEP ("Transition Planning"), the appropriate box for annual goals and related objectives under that PSOGS must be checked and the checkbox for the same goal area must also be checked on the top of Page 7. Since every student must have a PSOGS for postsecondary education *or* training on Page 6, the postsecondary education/training box must be checked at the top of page 7 and at least one annual goal with short-term objectives must be written for that goal area. As there must also be a second PSOGS in the area of employment, at least one annual goal with short-term objectives must be written on another page 7 for that goal area with the appropriate box checked. (There must also be an annual goal with short-term objectives written in the area of independent living [and the independent living box checked at the top of Page 7] *if* the PPT has determined that a PSOGS in the area of independent living is appropriate for the student.)

To appropriately incorporate annual goals related to a student's PSOGS, the checkboxes at the top of page 7 of the IEP related to secondary transition are now as follows: Postsecondary education/training; employment; and independent living (which incorporates community participation).

NOTE: For students aged 14 – 21 who are working on transition goals (i.e., postsecondary education/training, employment and if appropriate, independent living), MORE than one box may be checked for **each** annual goal as some goals may relate to transition as well as to one or more of the other categories noted at the top of page 7, however only one transition box may be checked per annual goal. In addition, since transition areas are not directly correlated with state curriculum standards and many students receive the majority of their instruction in general education classrooms, some transition goals and objectives may be addressed within general education. For example, a student may be working on an annual goal in the area of self-

advocacy. The checkboxes for Academic/Cognitive or Communication as well as Postsecondary Education/Training may be appropriately checked since a student who is planning to attend college or receive further training will have to know how to advocate for him/herself in order to receive disability-related accommodations and/or services. Similarly, a student may be working on an annual goal related to functional math skills; this goal may relate to the Academic/Cognitive and Independent Living categories.

8 PROGRAM ACCOMMODATIONS AND MODIFICATIONS- INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES - AND COLLABORATION/SUPPORTS FOR SCHOOL PERSONNEL

General Information

IDEA 2004 places an emphasis on involving children with disabilities in the general curriculum, including appropriate preschool activities. H.R. 1350 Section 614(d)(IV) requires the IEP to include a statement of the program modifications or supports for school personnel that will be provided to enable the child to:

- advance appropriately toward attaining his/her annual goals;
- be involved in and make progress in the general education curriculum;
- participate in extracurricular and other non-academic activities; and
- be educated and participate with other children with and without disabilities.

Program accommodations and modifications must be specific and appropriate to meet the needs of the child as defined in the IEP. The purpose of accommodations and modifications is to enable the child to advance appropriately toward attaining his/her annual goals; to be involved in and make progress in the general education curriculum; to participate in extracurricular and other non-academic activities; and to be educated and participate with other children with and without disabilities. Accommodations are changes to instruction (such as materials, content enhancements, and tasks) that change *how* a student learns. Accommodations may include assistive technology devices and services. An assistive technology device is any piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device [H.R. 1350 Section 602(1)]. An assistive technology service is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device [H.R. 1350 Section 602(2)]. Modifications are changes to the content, which affect *what* the student learns. Modifications include curricular changes in the content standards or the performance expectations. For example, the content standard may be that students will learn multiplication facts and the performance standard is that the students will achieve mastery of the multiplication facts 0-9. A continuum of accommodations should be used and evaluated for their effectiveness before moving to modifications.

This page must be completed for all general as well as special education instruction as appropriate. When the PPT determines the special education and related services a student will receive, it must also (1) consider the accommodations and modifications, including those for nonacademic and extracurricular activities, that the student requires, and (2) the supports required for school personnel to implement the IEP.

Accommodations, Modifications, and Assistive Technology Devices and Services

This section is broken down into specific areas for accommodation and modification considerations. The PPT should list the specific accommodations, assistive technology devices and services, and modifications as they relate to the individual needs of the student listed on **Pages 4** and **5**, as well as the goals and objectives written on **Page 7**.

Many accommodations are effective instructional practices and are used for all students by effective teachers; however, it should be noted that the distinction between accommodations and effective instructional strategies is what an individual child needs as a result of his/her disability and must have in order to be involved and progress in general education curriculum. For example, highlighting key vocabulary words is an effective instructional strategy that most teachers employ as part of their practice; however, this specific student with a learning disability must have key words highlighted. So, although highlighting key words is something that is already done in the seventh grade classroom, the PPT should record that this student must have key words highlighted in order to ensure that this accommodation is provided. Conversely, not all effective instructional strategies, although they enhance the instruction of the student with a disability, are necessary to address the student's needs. For example, in the case of a student with an emotional disturbance, having a study guide for tests is a good practice for learning,

however, based on the PPTs assessment of the student's progress and present level of performance, it is not required in order to address the student's specific learning needs as they relate to the student's disability. PPTs should be judicious in the decisions regarding accommodations, assistive technology, and modifications in order to ensure that the selection specifically addresses the learning needs of an individual student as they relate to the disability and the participation and progress in general education curriculum, appropriate preschool activities, extra-curricular and non-academic activities, and participation with students without disabilities.

Sites/Activities where Required

When completing **Page 8**, make certain to utilize the column entitled *Sites/Activities Where Required and Duration* to indicate the *site or activity* where the selected accommodations/ modifications are required and the duration of these accommodations/modifications. For example, for Behavioral Interventions and Support, the PPT might recommend a behavior intervention plan for "all classes for the entire year", while for accommodations *to Tests/Quizzes/Assessments*, the PPT might recommend reading the test and quizzing aloud to the student for "language arts classes for the first semester". When completing this section, the most common error is a failure to indicate the duration of recommended accommodations/ modifications. Simply writing "All classes" in this space is not sufficient. The correct entry would be, in its simplest form, "All classes, all year." Similarly, for support in an extracurricular activity, the PPT might select a peer support in the *Other* section and then specify that this adaptation is required for "drama club for the entire year". For a student whose behavior is disruptive in unstructured settings, the PPT might recommend cueing the expected behavior and proximity touch control in the Behavioral Interventions and Support section, and then specify that these accommodations are required for the settings under which they are necessary. The PPT should consider how the accommodations/modifications or assistive technology devices and services will appropriately serve the specific needs of the student in the various types of settings and activities that student will encounter throughout the school day and year. Not all the items need to be implemented all day long for every school setting or activity. As in the selection of accommodations/modifications and assistive technology devices and services, assuming that every item should be implemented all the time in every setting may result in poor, rather than effective implementation of an IEP, and create an unnecessary dependence on the accommodation/modification/assistive technology device or service.

Required Supports for Personnel

Federal law requires the IEP to include supports that staff might need in order to implement this IEP. With respect to *Frequency and Duration of Supports Required for School Personnel to Implement this IEP,* the following are examples of supports that might be specified in this section: (1) "All staff who will work with [student's name] should receive ten hours of disability-specific training in the area of Autism. This training should be provided during the first two weeks of school by [title, role, or competency area of person providing training]"; (2) "An instructional assistant (paraprofessional) to be provided to assist the teacher of each general education class which the student attends between now and the next PPT scheduled for January 15, 2007"; (3) "The school psychologist will collaborate with [child's name] teacher for 20 minutes per week for the first six weeks of school to cooperatively plan activities which will encourage [child's name] to establish and maintain friendships with classmates"; or (4) "All staff who require [student's name] to complete written assignments or provide [student's name] with support during the completion of written assignments will receive at least 4 hours of training in the use of text to speech and work prediction software. Follow-up support will be provided throughout the school year."

Typically, these supports are in the form of teacher training, paraprofessional support in the classroom or consultation by a special education teacher or related services provider. See page 21 *Responsible Staff and Service Implementer* for a discussion of paraprofessional support.

Frequently Used Accommodations and Modifications

Materials/Books/Equipment:			
Access to Computer	Calculator	Manipulatives	Supplementary Visuals
Alternative Text	Consumable Workbook	Speech to Text Devices	Highlighted or Color Coded Texts
Alternative Worksheets	Large Print Text	Spell Check	Word prediction or Voice Recognition Software
Tests/Quizzes/Assessments:			
Alternative Tests	Oral Testing	Simplify Test Wording	
Extra Credit Options	Pace Long Term Projects	Student Write on Test	
Hands-on Projects	Preview Test Procedures	Test Study Guide	
Limited Multiple Choice	Prior Notice of Tests	Extra Time–Tests/Projects/Written Work	
Objective Tests	Reduced Reading	Rephrase Test Questions/Directions	
Orally Read Tests/Directions	Shortened Tasks		
Grading:			
Audit Course	No Handwriting Penalty	Modified Grades Based on IEP	
Grade Improvement	Pass/Fail		
Organization:			
Assignment Pad	Desktop List of Tasks	List Sequential Steps	Provide Study Outlines
Assign Partner	Electronic Organizers	Pencil Box for Tools	Templates for Written Work
Daily Assignment List	Extra Space for Work	Post Assignments	Give One Paper or Section at a Time
Daily Homework List	Folders to Hold Work	Post Routines	
Environment:			
Adaptive Work Space	Preferential Seating	Minimizing or Structure transitions	
Clear Work Area	Study Carrel	Reduction of auditory or visual stimulation	
Behavior Intervention/Support:			
Behavior Contracts	De-escalation Strategies	Set/Post Class Rules	
Break Between Tasks	Emergency Plan	Chart Progress and Maintain Data	
Contingency Plan	Peer Supports/Mentoring	Modeling Expected Behavior by Adults	
Cue Expected Behavior	Positive Reinforcement	Parent/Guardian Sign Homework	
Daily Feedback to Student	Proximity/Touch Control	Parent/Guardian Sign Behavioral Chart	
Instructional Strategies:			
Assign Study Partner	Immediate Feedback	Provide Models	Have Student Restate Information
Check Work in Progress	Mimed Clues/Gestures	Review Directions	Provide Notes/Outline to Student
Concrete Examples	Multi-Sensory Approach	Review Sessions	Provide Student With Vocabulary Word Bank
Cueing/Prompts	Number Line	Use Manipulatives	Support Auditory Presentations with Visuals
Extra Drill/Practice	Personalized Examples	Use Mnemonics	Visuals to Support Instruction
Highlight Key Words	Pre-teach Content	Computer Supported Instruction	

9 TESTING AND DESIGNATED SUPPORTS/ACCOMMODATIONS

(Revised July 2019)

Completion

Page 9 must be completed for all students.

Enrolled Grade When Assessed

All Connecticut (CT) public school students in **Grades 3-8 and 11** must be assessed on one of three statewide tests in English Language Arts (ELA) and Mathematics (MATH): the Smarter Balanced Assessments for Grades 3-8, the Connecticut SAT for Grade 11 or the Connecticut Alternate Assessment (CTAA) for Grades 3-8 and 11. Students in Grades 5, 8 and 11 are also assessed on the Standard Science Assessment or the Alternate Science Assessment. For students who are also English Learners (EL), the English Language Proficiency Assessment is required annually in Grades K-12 until they are exited from EL status. **Participation in state testing includes students in the Public School Information System (PSIS) who are enrolled in out-of-state facilities or are enrolled in state non-approved schools.**

STATEWIDE ASSESSMENTS

Check the grade the student will be in when the test is given.

☐ Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	☐ **Grade 3**
☐ **Grade 4**	☐ **Grade 5**	☐ **Grade 6**	☐ **Grade 7**	☐ **Grade 8**
☐ Grade 9	☐ Grade 10	☐ **Grade 11**	☐ Grade 12	

Check **one** box to indicate the grade in which the student will be enrolled at the beginning of the applicable testing window. Note that the testing window will vary among tests.

Statewide Assessment Participation

Assessment Options: (Select ONE Option)

☐ 1. **Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8)**

☐ 2. **CTAA*– (Includes Alternate Science Assessment for Grades 5, 8, and 11)** ★

☐ 3. **Connecticut SAT and Standard Science Assessment (Grade 11)**

1. Student will participate in the Smarter Balanced Assessments in Grade 3-8, and if the student is in Grade 5 or 8 he/she will also participate in the Standard Science Assessment.

2. Student will participate in the CTAA in Grade 3-8 & 11, and if the student is in Grade 5, 8 or 11 he/she will also participate in the Alternate Science Assessment.

3. Student will participate in the Connecticut SAT and Standard Science Assessment. Only for Grade 11.

*****Alternate Assessment Eligibility Form*** must be discussed, submitted and approved for the student to participate in the Alternate Assessment System. See Alternate Assessment System Requirements Section.

English Language Proficiency Assessment

English Language Proficiency Assessment

☐ **English Language Proficiency Assessment** required for all English Learners Grades K-12

☐ Student requires designated supports/accommodations on the ELP assessment

All English Learners (EL) are required to take the *English Language Proficiency Assessment* in grades K-12 annually until they are exited from EL status. Indicate if the student requires supports/accommodations as documented on page 8 of the IEP (Program Accommodations and Modifications). Districts are encouraged to use the Alternate Assessment Eligibility Form for English Learners in Grades K-2, 9, 10, or 12 to guide decisions regarding English Learner Proficiency Testing.

Statewide Administration Options

Administration Options – Accommodations will be provided. (Select One Option):

- ☐ The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations*
- ☐ The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations**

Students who require designated supports/accommodations will be indicated here for either Smarter Balanced Assessments/Standard Science Assessment or for the Connecticut SAT/ Standard Science Assessment. **Do NOT complete this section if student is participating in the CTAA/Alternate Science Assessment.**

*If the first option is selected, include the *Test Designated Supports/Accommodations Form* with the IEP and enter in TIDE Test Settings in the Air Web Portal.

If the second option is selected, CT SAT accommodations may be requested through the **College Board (CB) process. If all accommodations are approved through the CB process, test scores can be used for college admission and state accountability. **Discuss CT SAT accommodation options at the PPT meeting before completing this page of the IEP.**

All accommodations for the Connecticut SAT, Smarter Balanced Assessments, Standard Science Assessment or the Connecticut Alternate Assessments should be recorded on page 8 of the IEP (Program Accommodations and Modifications).

Specifying Designated Supports/ Accommodations

The *Testing Designated Supports/Accommodations Form* is required for each student who requires designated supports and/or accommodations on the Smarter Balanced Assessments and/or Standard Science Assessment. The form is **NOT** completed for students who do not require testing supports/accommodations or **who are taking the CT SAT**, **CTAA** or **Alternate Science Assessment**. The *Testing Designated Supports/Accommodations Form* must be completed by all public school organizations such as Approved Private Special Education Programs and Regional Education Service Centers that the student attends. The *Testing Designated Supports/Accommodations Form* and directions for completing it can be found on the Student Assessment section of the State Department of Education Web site. The selected supports and accommodations from the completed form should be included with the IEP. These designated supports/accommodations must also be entered on the AIR web portal. For more information or for any questions, please call 860-713-6859 or 860-713-6837.

The complete list of designated supports/accommodations and the parameters for their use can be found in the State Department of Education publication titled *Assessment Guidelines for Administering Connecticut's Statewide Assessments*. All requested accommodations should be recorded on page 8 of the IEP (Program Accommodations and Modifications).

Electronic Submission to CSDE

The CSDE must be notified regarding the statewide assessments in which a student will be participating and if designated supports/accommodations will be required. Notification is accomplished through electronic submission in several ways depending on what state assessment(s) a student will be taking.

Smarter Balanced Assessments (Includes Standard Science Assessment for Grades 5, 8 & 11): Submit the designated support and accommodations selected on the ***Test Supports/Accommodations Form*** on the AIR web portal.

CTAA - CT Alternate Science Assessment for Grades 5, 8 & 11: Submit the ***Alternate Assessment Eligibility Form*** on the AIR web portal.

Connecticut SAT: Submit requests for accommodations through College Board SSD Online. The Connecticut SAT allows students with an IEP to apply for various accommodations. This process includes the submission of information and documentation directly to College Board on the College Board SSD Online Web site. More information on the use of accommodations is available on the College Board's Services for Students with Disabilities Web site.

Alternate Assessment System Requirements

The *Alternate Assessment Eligibility Form* is used to identify students who qualify to take the statewide CTAA and Alternate Science Assessment. **The *Alternate Assessment Eligibility Form* must be discussed at a PPT meeting, submitted and approved in order for the student to participate in the Alternate Assessment System.** PPT teams must provide evidence that justifies a student's inability to participate in the standard assessments even with test supports and/or accommodations. The decision to assess a student with the CTAA and the CTAS must be recorded on page 3 of the IEP, Prior Written Notice.

	☐ **The *Alternate Assessment Eligibility Form* must be submitted and approved for Statewide Assessments.** The form is recommended for use in determining the need for alternate Districtwide Assessments.
★	Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child. _____ _____
	NOTE: A PPT decision to assess the student using the CTAA and Alternate Science Assessment must be recorded on page 3 of the IEP, Prior Written Notice.

Districtwide Assessment Participation

DISTRICTWIDE ASSESSMENTS

Check the grade(s) the student will be in when the tests are given.

☐ Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	☐ Grade 3
☐ Grade 4	☐ Grade 5	☐ Grade 6	☐ Grade 7	☐ Grade 8
☐ Grade 9	☐ Grade 10	☐ Grade 11	☐ Grade 12	

Check the box or boxes indicating the grade(s) in which the student will be enrolled for Districtwide Assessments administered during the term of the IEP (e.g., Grade 4 [spring assessment] and Grade 5 [fall and winter assessments]).

Districts are encouraged to use the *Alternate Assessment Eligibility Form* for reference for Districtwide testing. Submission is not required for Districtwide testing; however, justification of the need for alternate assessment(s) and the name(s) of the Districtwide alternate assessments must be specified.

☐ **N/A** - No districtwide assessments are scheduled during the term of this IEP.

☐ **Alternate Assessment(s)** ★

If districtwide assessments are not scheduled for all students of the same age/grade during the term of the IEP, check the box labeled "N/A."

Select one of the following options:

☐ **No accommodations will be provided, *OR***

☐ **Accommodations will be provided as specified on Page 8, *OR***

☐ **Accommodations will be provided as specified below.**

National Assessment of Educational Progress (NAEP)

Each year some Connecticut schools are selected to participate in the National Assessment of Educational Progress (NAEP). The NAEP is administered by the United States Department of Education as a means of monitoring educational attainment on a national basis. Representative samples of fourth, eighth and twelfth graders in cooperating states and territories of the United States are tested in selected content areas. In odd-numbered years (e.g., 2017, 2019), the number of participating schools increases and the results are used to assess achievement for the state as a whole. Since it is critical that participants accurately represent Connecticut's public school population, some students with disabilities and English learners will be selected and should participate in the testing.

NAEP does not offer an alternate assessment for students with disabilities or English learners (EL), but the standard assessment allows a variety of accommodations that students use in other assessments and in their classrooms. It is important to recognize that the NAEP is not administered in every grade and that not every student in a tested grade will participate. Due to this limited participation, and the range of allowable accommodations, it is not necessary for PPTs to specify accommodations for the NAEP separately.

As standard practice, a student selected for NAEP should participate in the assessment with, to the extent possible, similar accommodations that the student would be provided during other assessments or during daily instruction. When selecting NAEP accommodations for a student, educators are reminded that NAEP does not produce results for individual students or schools, unlike Connecticut state assessments. All results are summarized only at the **state** or **national level**. In other words, the NAEP assessments do not impose consequences for the student or the school and are instead, intended purely to provide a picture of educational performance and progress.

Please contact Renée Savoie, NAEP State Coordinator at: 860-713-6858 with specific questions regarding NAEP.

10 SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

General Information Related to Special Factors

Items 1-4 provide a place for the district to document that the PPT has complied with IDEA 04, that the team:

"…(i) in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior;

(ii) in the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;

(iii) in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;

(iv) consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and (v) consider whether the child needs assistive technology devices and services." (H.R. 1350 Section. 614 (c) (B))

Effective July 1, 2012, Public Act 12-173 requires that the Individualized Education Program for any child identified as deaf or hard of hearing shall include a language and communication plan developed by the PPT for such child. The *Language and Communication Plan* is the required documentation reflecting that the PPT has deliberated regarding the individualized special communication considerations and informs the development or revision of the student's current levels of performance as well as other areas outlined in the student's IEP, including modifications and accommodates and specially designed instruction identified in the goals and objectives. The Language and Communication Plan is included in the IEP using form ED638. All students with an identified hearing loss, regardless of the primary disability indicated on the IEP for the purposes of special education eligibility, must have a LCP.

Progress Reporting

IDEA 04 requires the PPT to describe when periodic reports on the progress the child is making toward meeting the annual goals will be provided. (H.R. 1350 Section 614(d)(1)(A)(i)(III))

Exit Criteria

Exit Criteria applies to every special education student, not just students now being exited. This field indicates the anticipated criteria to be used in the future which will determine that the student no longer requires special education services.

Information Regarding IEPs and Secondary Transition

The following items provide a place for the district to document that the PPT has complied with Public Act 15-209 of the Connecticut General Statutes.

Effective July 1, 2015, Public Act 15-209 requires that immediately upon the formal identification of any child as a child requiring special education and at each PPT meeting thereafter, the responsible local or regional board of education shall inform the parent or guardian of such child or surrogate parent or, in the case of a pupil who is an emancipated minor or eighteen years of age or older, the pupil of (i) the laws relating to special education, (ii) the rights of such parent, guardian, surrogate parent or pupil under such laws and the regulations adopted by the State Board of Education relating to special education, and (iii) any relevant information and resources relating to IEPs created by the CSDE, **including, but not limited to, information relating to secondary transition resources and services for high school students.**

Effective July 1, 2015 and each school year thereafter, the CSDE shall annually distribute to local and regional boards of education the ***Transition Bill of Rights*** which shall be provided to the parent, guardian or surrogate parent of a child receiving special education services in grades six to twelve, inclusive, or to a pupil who is an emancipated minor or eighteen years of age or older, to ensure that the PPT discusses transition services.

If such parent, guardian, surrogate parent or pupil does not attend a PPT meeting, the responsible local or regional board of education shall mail such information.

11 SUMMARY: SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

General Information

The intent of **Page 11** is to give the reader a "snapshot" view of the service provisions of the student's IEP. It includes a description of:

- Special Education Services;
- Related Services;
- Participation in the regular education curriculum;
- Service time requirements; and
- Least Restrictive Environment information.

Special Education Service

Special Education Service, sometimes referred to as "specially designed instruction", is an instructional service (e.g., *language arts instruction* or *math instruction)* delivered by a certified teacher or someone under the direction of a certified teacher (e.g., an instructional aide or paraprofessional). If a "resource room" teacher provides instruction in a regular education classroom, this is still considered special education hours, but the *Instructional Site* would be "*1"*.

Related Services

Although a Related Service need not have its own **Page 7** Goal, each Related Service needs to support one of the **Page 7** Goals. H.R. 1350 Section 602 (26)(A) and (B) defines *related services* as:

"The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children."(A) "The term does not include a medical device that is surgically implanted, or the replacement of such device." (B)

Frequency

Frequency may be indicated in a way that most accurately reflects the service implementation (i.e., 3 hours/week, 2, 45 minute periods/week, 1 hour/month). Examples of non-acceptable entries are "once per week" or 3 times per month.

Responsible Staff and Service Implementer

Although *Responsible Staff* and *Service Implementer* are two separate fields, they may or may not be the same person. Only provider roles or titles (e.g. special education teacher, Speech and Language Pathologist, etc.) are necessary, not the persons' names. The use of the generic phrase "special education staff" is not acceptable. For example, if the service implementer is a paraprofessional, that needs to be clearly identified. Responsible staff is the professional(s) responsible for designing specially designed instruction, monitoring the implementation of the IEP and reporting progress towards achievement of the annual goals. Service Implementers are the school staff responsible for direct instruction and implementation of the IEP goals and objectives.

If an Instructional Assistant/Paraprofessional is utilized to provide support to a classroom of students (e.g., a "classroom paraprofessional"), the Planning and Placement Team should record this on **Page 8** under *Frequency and Duration of Supports Required for School Personnel to Implement this IEP.* If, on the other hand, an Instructional Assistant/ Paraprofessional is being utilized to provide specially designed instruction or a related

service to a child under the supervision of a certified or licensed service provider (i.e., a "one-to-one paraprofessional"), this service should be recorded under the *Special Education Service* or *Related Services* heading, as appropriate, in the grid at the top of **Page 11**. If the Instructional Assistant/Paraprofessional time is reported here, the title of the certified or licensed staff member who is supervising the provision of these services must be included in the *Staff Responsible* field. The *Service Implementer* field would be the Instructional Assistant/Paraprofessional and the certified staff person. The amount of time each implementer will work directly with the child should be specified under *Description of Instructional Service Delivery*. See the examples that follow.

Start and End Date

The start date is the date that the services related to a specific goal and objective in the IEP will begin. Specific special education and related services may begin at different times. The end date is the date that specific services related to a specific IEP goal will end. Generally, but not always, services start and end consistent with the school calendar.

Instructional Site

The *Instructional Site* is not the program or the placement and should not be confused with *Program Location* (e.g. out-of state placement, magnet school, etc.). It is the setting at which the services will take place. The *Instructional Site* categories should be used for students ages 3-21. Report only one instructional site in the instructional site column. If a student receives some specialized instruction (e.g. math, goals 1 and 2) in the regular classroom and some specialized instruction (e.g. math, goals 1 and 2) in the resource room, report the services for both settings using two rows in the service delivery grid under Special Education Services. See the third example for clarification.

Description of Instructional Service Delivery

This section should be used as needed to describe delivery of instructional services that require further clarification. For example, if this is a co-taught class and the student is receiving services from both a general and an additional teacher, such as a special education teacher or related services professional, it may be helpful to designate "co-taught class". In the case of a rotating schedule, the student may receive 5 periods during week 1 and then 4 periods during week 2. It may be helpful to designate "rotating schedule" in this column. It may also be helpful to use this column to record specific information about grouping arrangements, particularly with reference to related services, such as 1:1 or small group instruction.

Participation in General Education

Description of Participation in General Education is a brief statement of the extent of the student's involvement in the general education curriculum (i.e., science, social studies, specials, lunch, etc.) for example: "The student will participate in fifth grade classes in math, language arts, P.E., music, art, science and social studies."

S/L as a Special Education Service

Connecticut policy allows Speech/Language services to be a special education service or a related service. If Speech/Language is the primary service to the student, then it should be listed in the upper portion of the grid as a *Special Education Service*. If the Speech/Language service is assisting the student in benefiting from another special education service, then it should be listed in the lower portion of the grid as a *Related Service*. If the child's disability is Speech or Language Impaired and the student has additional needs for specialized instruction, both speech and language services and specialized instruction are listed in the upper portion of the service delivery grid as special education services.

Note: Consultation Services

Goals are written for instructional/educational outcomes for students, not for services per se. Theoretically, a number of services could satisfy any particular instructional goal. Consultation services cannot stand alone as a sole service. There must be some direct student contact for instruction accompanying consultation. Consultation time (which is actually a support for the teacher) is listed on **Page 8** under *Frequency and Duration* of *Supports Required for School Personnel to Implement this IEP.*

Items 1 - 13

Items 1 to 13 must include a response.

Assistive Technology

If *Assistive Technology* is required, check the *Required* box in #1 and provide the detail on **Page 8: Accommodations/Modifications.**

Total School Hours per Week

This is defined as the total number of hours per week the student is required to be in attendance (i.e., the time during which, if the student is not present, s/he would be marked tardy or absent). *Total School Hours/Week* includes homeroom, hallway passing time, lunch and recess, etc. This is a weekly number, not a yearly number and therefore should not be confused with the "nine hundred hours of actual school work", which are required by Connecticut General Statutes Section 10-16. If a student's IEP includes a requirement for an extended day program, the time spent in that program should be included in *Total School Hours*. If a student's IEP provides for a shortened school day, then the *Total School Hours* should accurately reflect the shortened day.

Special Education Hours per Week

Special Education Hours/Week on **Page 11** should coincide with the total of the *Special Education Services* in the top portion of the grid, regardless of where that special education instruction takes place (e.g., in the classroom, the resource room, the community, etc.). This number of hours does not include related services hours. It will be necessary to convert *periods/day*, or *hours/month* to an *hours/week* format for Item #9.

Time with Non-disabled Peers

Item 10 is used to report the time the student will spend with nondisabled students. Sometimes, the special education and related services come to the child in the general education classroom.

The simplest way to calculate *Time with Non-disabled Peers* is:

Total School Hours **-** Service time outside of the regular class = *Time with Non-disabled Peers*

A student with 30 total school hours and zero (0) hours of service time outside of the general education class = 30 hours of *Time with Non-disabled Peers* (TWNDP). In a second example, a child with 30 total school hours and five (5) hours of service time outside of the regular class = 25 hours of *Time with Non-disabled Peers*. School staff is directed to the Bureau of Special Education memo *Determination of Time with Non-Disabled Peers for Students with Disabilities* sent to Directors of Special Education and Pupil Services on September 9, 2015.

The Department calculates the percentage of TWNDP, by dividing the TWNDP by the Total Hours. Thus, if a student spends 25 hours per week with non-disabled peers, out of 30 total school hours, the percent of TWNDP is 83%. If a student spends 5 hours per week with non-disabled peers, out of 30 total school hours, the percent of TWNDP is 17%.

The following three examples are provided to help you understand and report hours accurately, especially TWNDP. In the first example, hours and minutes are used; in the second, periods and rotating schedules are used; and in the third, the same math goals are delivered in two different sites to demonstrate using one site in the Instructional Site column.

Information in these three fields is reported in the Department's special education data collection, currently known as SEDAC. Please note that when information about hours is reported to the Department, minutes are reported as decimals and rounded up; thus 15 minutes is .25 but rounded up to .3; similarly 30 minutes is reported as .50; 45 minutes is reported as .75 but rounded to 8.

Example One – Hours and Minutes Reported

Special Education Service	Goal #	Frequency	**Responsible Staff**	**Service Implementer**	**Start Date**	**End Date**	**Site**	**If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)**
Math Instruction	5,6	2.5 hrs/wk	Special Education Teacher/General Education Teacher	Special Education Teacher/General Education Teacher	9-4-05	6-15-06	1	Co-taught class
Reading	7,8	2.5 hrs/wk	Special Education Teacher	Special Education Teacher	9-4-05	6-15-06	2	
Reading and Math Instruction	5, 7	1 hr/day	Special Education Teacher	Special Education Teacher	6-20-06	8-10-06	5	Summer Instruction* Not reported for TWNDP
Related Services								
Speech/Language Services	1,2,3	1 hr/wk	Speech/Language Pathologist	Speech/Language Pathologist	9-27-05	6-15-06	2	Small group
Occupational Therapy Services	4	1 hr/month	Occupational Therapist	Certified Occupational Therapist/OT Assistant	9-4-05	6-15-06	2	1:1 (OT sees the student 1 hr every other month)
Physical Therapy Services	9	30 min/wk	Physical Therapist	Physical Therapist	9-4-05	6-15-06	1	During co-taught math class
Description of Participation in General Education	All curricula areas and school activities, except for 3 periods/week of unified arts							

8. Total School Hours/Week: (Specify)	9 Special Education Hours/Week: (Specify)	10 Hours per week the student <u>will spend</u> with children/students who do not have disabilities (TWNDP):
30 hours/week	**5 hours/week**	**26 hours 15 min** *2 hrs 30 min + 60 min + 15 min = 225 min = 3 hrs 45 min* *30 hrs – 3 hrs 45 min= 26 hrs 15 min*

* Summer hours do not count for items 8, 9 and 10.

In this example the PPT has recommended the following services:

- Two and half hours per week of specially designed instruction in the area of math (to address goals #5 and 6), which will be provided in the student's regular classroom (Site 1) by the general education and special education teachers in a co-taught model;
- Two and half hours per week of specially designed instruction in the area of reading (to address goals #7 and 8), which will be provided in a resource room (Site 2) by a special education teacher;
- One hour per day of specially designed instruction during the summer (from June 20, 2003 through August 10, 2003) in the areas of reading and math (to address goals #5 and 7) which will be provided in the student's home (In this example Site 5 is "Other" and the PPT would have entered "home" in the space provided in Item 5 in the Instructional Site section to the right of the grid, i.e., 5. *Other* <u>home</u>;
- One hour per week of Speech/Language Services (to address goals #1, 2 and 3), which will be provided in the related services room (Site 2) by a Speech /Language Pathologist;

- One hour per month of Occupational Therapy Services (to address goal #4), which will be provided in the Resource/Related Service Room (Site 2) by a Certified Occupational Therapist and a Certified Occupational Therapy Assistant (COTA) working under the supervision of a licensed Occupational Therapist;
- 30 minutes per week of Physical Therapy Services (to address goal #9), which will be provided in the general education classroom (Site 1) by a Physical Therapist; and

  Note: (In some instances, a special education teacher and a related services provider are implementing a co-teaching model (i.e., both are providing services to the student simultaneously). In order to record this model on the grid on **Page 11** the amount of service the special education teacher is providing is indicated on the top portion of the grid, and the amount of service the related services person is providing is indicated on the bottom portion of the grid. Please note that, if added together, these two numbers will be more time than the actual seat time of the student. The grid indicates service delivery time, not student seat time.)

- Although this student is receiving accommodations and modifications for reading and math, she participates in all other school activities. In place of 3 unified arts periods/week, she receives Resource/SLP/OT/PT services instead.

Example Two – Periods and Rotating Schedule Reported

Special Education Service	Goal #	Frequency	**Responsible Staff**	**Service Implementer**	**Start Date**	**End Date**	**Site**	**If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)**
Math Instruction	5,6	9 per/10 days	Special Education Teacher	General Education Teacher	9-4-05	6-15-06	1	Rotating schedule
Reading	7,8	5 per/wk	Special Education Teacher	Special Education Teacher/Instructional Assistant	9-4-05	6-15-06	1	Special education teacher will see the student 2 out of 5 per/wk
Study Skills	2,3	2 per/wk	Special Education Teacher	Special Education Teacher	9-04-05	6-15-06	2	
Related Services								
Counseling	1	3 per/month	Social Worker	Social Worker	9-4-05	6-15-06	2	Flexible schedule depending on student need
Description of Participation in Regular Education	Fully participating in all academic and all other school activities except 2 periods per week from an elective							

8. Total School Hours/Week: (Specify)	9. Special Education Hours/Week: (Specify)	10. Hours per week the student <u>will spend</u> with children/students who do not have disabilities (TWNDP):
30 hours/week	**8 hours 40 min/week** *202 min + 225 min + 90 min = 517 min/60 min = 8.616 hours (using a 45 minute period)*	**28 hours** *33 min + 90 min = 123 min = 2 hr 3 min = 2 hr (rounded)* *30 hrs - 2hrs = 28 hrs*

Example Three – Same Goal Reported in Two Different Instructional Sites

Special Education Service	Goal #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site	If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)
Math Instruction	5,6	2.5 hrs/wk	Special Education Teacher/General Education Teacher	Special Education Teacher/General Education Teacher	9-4-05	6-15-06	1	Co-taught class
Math Instruction	5,6	1.5 hrs/wk	Special Education Teacher	Special Education Teacher/Paraprofessional	9-4-05	6-15-06	2	Small group/individual instruction
Reading	7,8	2.5 hrs/wk	Special Education Teacher	Special Education Teacher	9-4-05	6-15-06	2	

Extracurricular Activities

This particular item is somewhat unique in that it asks for one year's worth of past information, not future, or proposed services like most items on the IEP. The specific question to be answered for this item is: "Has the student participated in school sponsored extracurricular activities with non-disabled peers since the last annual review?"

Use the following to guide you for a "Yes" response:

- The extracurricular activity was school sponsored and has a stated purpose. This would not include, for example, an after school activity run by a community organization, but would include an interscholastic or intramural sport or homework club;
- There was a minimum of 50% non-disabled peers in this extracurricular activity;
- There was an adult supervisor or advisor, usually associated with the school;
- The extracurricular activity met on a regular basis (at least 5 times per year). This would exclude activities such as assemblies, field trips, or food drives;
- The student attended at least 50% of the sessions;
- Student participation was totally voluntary;
- The extracurricular activity was not offered for academic credit; and
- The extracurricular activity is likely listed as an activity in the high school or middle school student handbook.

Extended School Year

When completing *Item 12*, the need for *Extended School Year (ESY)* services must be considered for each student. This does not mean that these services must be provided for every student, only that the need for ESY services must be considered for each special education student. If required, the specific services, the starting and ending dates of these services, the site where services will be provided, and, if needed, the description of instructional service delivery should be recorded in the grid on **Page 11** of the IEP. If there is insufficient space on the grid on one **Page 11**, districts may use a **Page 11** for school year services and another **Page 11** for extended school year services.

Item 13 is a requirement of IDEA 04. For *Item 13a* one must specify the extent to which a student will not participate in general education classes and in extracurricular and other nonacademic activities. For example, if a student is to receive three hours of instruction per week in a special education resource room, a correct response to *Item 13a*, would be: "[Student name] will be out of his classroom for three hours per week to receive instruction in a special education resource room."

Justification for Removal

Item 13b requires a justification for the removal from regular education as described in *Item 13a*. Enter a response(s) which best describes why the PPT recommended that the student be removed from regular classes. When a PPT considers removal of a student from the regular education program it is important for the team members to be aware that IDEA requires placement of special education students in regular classrooms "to the maximum extent appropriate" with the use of

supplementary aids and services provided in the general education classroom. Thus, the decision as to whether any particular student should be educated in a regular classroom setting, all of the time, part of the time, or none of the time, is dependent on the needs and abilities of the particular child, and should not be based upon the student's particular disability category.

LRE Checklist

NOTE: The LRE Checklist (ED632) must be completed and attached to the IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.

12 REQUIRED DATA COLLECTION

General Information

Page 12, the Required Data Collection page is not part of the IEP. The data collected on Page 12 are required to meet state and/or federal data requirements. The data captured on this page should be collected at the PPT for an Initial Eligibility Determination if the student is found eligible for special education and related services or yearly at the student's PPT that represents the Annual Review. The data collected and reported on Page 12 should be accurate. The data reported should not effect decisions reached by the student's PPT as part of the IEP. For example, data reported under *Graduation* are used to calculate a school district's graduation rates. Such data are not intended to impact decisions made by the PPT regarding a student's exit criteria on Page 10 of the IEP.

Page 12 is the *Required Data Collection* page that is used to assist school districts in reporting data in SEDAC. As such, it is an administrative task. Although Page 12 is not part of the official IEP, we recommend that Page 12 should be reviewed by the PPT and a copy given to the parents and retained as part of the PPT packet.

Note that Page 12 data ARE REQUIRED for all students with service plans. For further information regarding students with services plans, please refer to the SEDAC Handbook.

For Children Age 3

FAPE By Age Three: If a Free Appropriate Public Education (FAPE) has not been offered by the child's third birthday, the school district must identify and report the reason why a FAPE was not provided.

- ☐ **Late Referral** (referred to LEA less than 90 days before 3rd birthday; **OR** referred after 3rd birthday)
- ☐ **Child initially found not eligible by age 3** (re-referred to district at a later date)
- ☐ **Moved into district late** (after child's third birthday)
- ☐ **Parent Choice** (parent requested delay in implementation of IEP)
- ☐ **Other*** (must specify reason; note here PPTs rescheduled due to weather/ emergency)
- ☐ **FAPE met via earlier PPT** (must provide the date of initial PPT where eligibility was determined and an IEP offered)

Early Childhood (EC) Program Hours

The number of hours per week the child participates in an early childhood program which is <u>not</u> provided as a part of the IEP. For a child who is 5 years old or younger OR grade is preschool, report the hours the child participates in an early childhood program. This information should come from the Meeting Summary on page 2 of the IEP.

The Meeting Summary must be used to record any early childhood program in which the child participates that represents a ratio where 50% or more of the class composition includes children without disabilities. The recorded information on **Page 2** represents the child's participation in an early childhood program that does <u>not</u> represent the child's IEP services. The definition of an "*early childhood program"* does not include custodial care programs such as home day care.

Placement/Settings for children 5 or younger or grade is preschool

Early Childhood Placement/Setting: When recording the Placement/Setting for children who are 5 years of age or younger or grade is preschool, the child's PPT should select one of six (6) early childhood placement/setting choices that describe a child's educational setting. The six early childhood placement/settings reflect the environments where children spend their day, rather than solely reflecting the environment in which children receive their special education and related services.

Before starting, it is helpful to know what the definitions of each placement/setting are and what factors to use in selecting a correct code. Please note that the order of the placement/setting choices for children with disabilities ages 3 through 5 does not reflect a continuum from least to most restrictive.

The Age 3-5 Placement/Settings categories include:

1. Regular Early Childhood Preschool or Kindergarten Program – this placement/setting represents a composition that includes 50% or more of children who are typically developing
2. Early Childhood Special Education Program in a **Separate Class** – this placement/setting represents a composition that includes less than 50% of children who are typically developing
3. Early Childhood Special Education Program in a **Separate School** - this placement/setting represents a composition that includes less than 50% of children who are typically developing and who receive their special education and related services in a separate school
4. Early Childhood Special Education Program in a **Residential Facility** - this placement/setting represents a composition that includes less than 50% of children who are typically developing and who receive their special education and related services in a Residential Facility
5. Home – this placement/setting represents a child that does not participate in any early childhood program and receives special education and related services at home
6. Service Provider Location (Itinerant Services) – this placement/setting represents a child that does not participate in any early childhood program and receives special education and related services at a designated location

Determining the Appropriate Early Childhood Placement/Setting

The selection of the appropriate early childhood placement/setting is determined by a decision tree. The following Decision Rules should be used to select the most appropriate placement/ setting for children, ages 3 through 5.

- Start by considering **Decision Rule #1** – Does the child spend any time in a program or service where 50% or more of the population consists of students without disabilities? To answer this question districts must consider whether a child participates in an early childhood program outside of his/her IEP and the child's IEP services.
- **If the response is yes**, select Early Childhood Preschool or Kindergarten Program;
- **If the response is no**, consider **Decision Rule #2** - Does the child spend any time in a program or service where less than 50% of the population consists of students without disabilities?;
- **If the response is yes**, select Early Childhood Special Education in a Separate Class;
- **If the response is no**, consider the next Decision Rule – and so forth until the appropriate placement/setting for a child, ages 3 through 5, has been identified.

Use this method to help select the most appropriate setting. More details are provided below.

Early Childhood Preschool or Kindergarten Program – This describes a program/classroom **where a minimum of 50 percent or more** of the classroom composition consists of *children without disabilities*. This category includes a child's participation in *any early childhood program*. The selection of this placement/setting is not limited to the program/classroom in which a child receives his/her special education and related services. Early childhood programs can include but are not limited to the following:

- Head Start Classroom
- School Readiness Classroom
- Integrated Classroom (e.g., reverse mainstreaming)
- Charter or Magnet School Classroom
- Private Preschool Program/Classroom
-

- General Education Preschool Classroom offered to 3- and/or 4-year-old children by the Public School
- Group/Center-based Child-Care
- Kindergarten Classroom
- 1st grade Classroom

Select the placement/setting code, **Early Childhood Preschool or Kindergarten Program**, even if the child receives his/her special education and related services in another type of setting. The key to ensuring valid and accurate data is represented by answering yes to whether the child participates in *any early childhood program* with children without disabilities. The determination of whether a child participates in an Early Childhood Preschool or Kindergarten Program is not based upon whether the school district provides and/or purchases an early childhood placement/setting as a part of a child's IEP. Programs or services that provide custodial care, such as home day care, should not be included in determining whether the child participates in an early childhood program.

The Early Childhood Preschool or Kindergarten Setting is to be used when a child participates in <u>any</u> type of early childhood setting, program or scheduled activity that includes 50 percent or more of children <u>without disabilities</u>. For example, if a child receives only speech services at the district's elementary school, but also participates in a nursery school during the week, the school district would select "Early Childhood Preschool or Kindergarten" as the child's setting. Other examples of early childhood settings in which a child may participate include playgroups such as those operated through Family Resource Centers (FRCs), a library playgroup, a Y program, etc.

If, at the time of the SEDAC October Data Collection, the school district operates a classroom that meets the definition that at least 50 percent or more of the children attending are children <u>without disabilities</u>, the school district would select category "Early Childhood Preschool or Kindergarten Program." If the classroom composition changes during the course of the school year, the school district would need to select the category that applies at the time of the child's IEP. For example, if later in the school year, the composition changes to reflect that 60% of the children are those with disabilities, and 40% of the children are typically developing, the school district could not report the placement/setting Early Childhood Preschool or Kindergarten Program. Note that if a child also attends a regular early childhood program in addition to the program provided to the child through an IEP, the school district would report in the category "Early Childhood Preschool or Kindergarten Program."

In selecting an Early Childhood Preschool and/or Kindergarten Program, there are two additional pieces of information that must be considered. Each piece of information is related to the amount of time that a child participates in a program where 50% or more of the composition is comprised of children without disabilities. This information will be found in two (2) places on the student's IEP. Information about whether or not a child participates in an early childhood program OUTSIDE of the public school can be found on Page 2 of the IEP which identifies the hours per week that a child participates in an early childhood program. The other place where information can be found is on Page 11 of the IEP, which identifies the child's participation with non-disabled peers during a school week. If either Page 2 or Page 11 of the IEP indicates that a child participates in a program where 50% or more of the class composition consists of typical peers, the placement/setting will be an Early Childhood Preschool and/or Kindergarten Program.

<u>Early Childhood Special Education Program in a Separate Class</u> – This placement/setting represents a program/classroom that includes less than 50% children who do not have disabilities. This placement/setting includes a classroom with less than 50% of children without disabilities in regular school buildings, trailers or portables outside regular school. If the child <u>does not</u> attend any Early Childhood or Kindergarten Program (as defined above) and attends a program that meets this definition, report the child as attending an Early Childhood Special Education Program in a Separate Class.

<u>Early Childhood Special Education Program in a Separate School</u> – This placement/setting represents a program/classroom that includes less than 50% children who do not have disabilities in a Separate School. This placement/setting includes a classroom with less than 50% of children without disabilities in a RESC program, an approved private special education program or other like Separate School. If the child <u>does not</u> attend any Early Childhood or

Kindergarten Program or an Early Childhood Special Education Program in a Separate Class, report this child as attending an Early Childhood Special Education Program in a Separate School.

Early Childhood Special Education Program Residential Facility – This placement/setting represents a program/classroom that includes less than 50% children who do not have disabilities in a Residential Facility. This placement/setting includes a classroom with less than 50% of children without disabilities in facilities such as the American School for the Deaf, Perkins School for the Blind, etc. If the child does not attend any Early Childhood or Kindergarten Program or an Early Childhood Special Education Program in a Separate Class, or an Early Childhood Special Education Program in a Separate School then report this child as attending an Early Childhood Special Education Class in a Residential Facility.

Home – If the child does not attend any of the above settings but receives some or all of his/her special education and related services at Home, report the child's setting as Home. Select this code even if the child also receives special education in a Service Provider Location.

Service Provider Location (Itinerant Services) – If the child does not attend any of the above settings report that child's setting as in a Service Provider Location. The child's services may be provided individually or in a small group of children. Services may be provided in a school, hospital, or other setting.

For Children 3-21 years of age

Does the student live at any of the following locations?

Values

- ☐ None of these locations (Default - 00)
- ☐ Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
  (Housing that is subsidized by DCF, DDS, DMHAS or other state agency)
- ☐ Hospital (03)
- ☐ Private Residential Facility (09)

Addendum

Additional Information regarding IEPs for Children Ages 3 through 5

Page 2 Meeting Summary

The Meeting Summary is NOT optional for children age 2 through 5 with an IEP. The Meeting Summary must be used to record any early childhood program in which the child participates that represents a ratio where 50% or more of the class composition includes children without disabilities. The recorded information on **Page 2** represents the child's participation in an early childhood program that does not represent the child's IEP services. The definition of an "*early childhood program"* does not include custodial care programs such as home day care.

Page 11 General Education, Special Education, and Time with Non-Disabled Peers

Page 11 of the IEP should only include the general education and special education services provided by the school district and time with non-disabled peers should be calculated accordingly. Therefore, the total school hours per week should only include the hours that the child participates in a district program as a part of his/her public education. The special education hours per week should equal the total hours per week of special education services listed on the top portion of the grid regardless of the location of where the special education instruction takes place. Note that the hours spent by the child in an *early childhood program* that is NOT provided by the school district or is NOT in the child's IEP should not be included (e.g., Head Start, School Readiness, nursery school, or other such program). Accordingly, the time with non-disabled peers recorded on **Page 11** should not include the hours per week that the child participates in an early childhood program that is recorded on **Page 2** of the IEP.

SEDAC Reporting

The identification of the early childhood setting/placement that is reported for a child who is between the ages of 2 through 5 INCLUDE the hours that a child participates in an early childhood program and/or the child's services of the IEP.

**For additional guidance for SEDAC reporting, please review the SEDAC Handbook*.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Division of Teaching and Learning Programs and Services

Bureau of Special Education

SDE FORMS

CONTENTS

SDE FORMS

Form Number	Title	Number of Pages
ED620	Planning and Placement Team Packet: Includes IEP **(Pages 6 and 7 Revised 7/2021)**	12
ED621	Referral to Determine Eligibility for Special Education and Related Services	2
ED622	Parent Notice of Referral to Determine Eligibility for Special Education and Related Services	1
ED623	Notice of Planning and Placement Team Meeting **Revised 12/2021**	1
ED624	Documentation of Attempts to Seek Parent/Guardian Participation	1
ED625	Notice and Consent to Conduct an Initial Evaluation	1
ED626	Consent for the Initial Provision of Special Education	1
ED627	Notice of Consent to Conduct a Reevaluation	1
ED628	Confidential File Access Record	1
ED629L	Multidisciplinary Evaluation Report (landscape)	2
ED629P	Multidisciplinary Evaluation Report (portrait)	3
ED630	Reading Worksheet	2
ED631	Math Worksheet	2
ED633	Planning and Placement Team Attendance	1
ED634	Agreement to Change an Individualized Education Program Without Convening a Planning and Placement Team Meeting	1
ED635	Summary of Performance	5
ED636	Writing Worksheet	2
ED637	Mutual Agreement to Extend Evaluation Timeline-SLD	1
ED638	Language and Communication Plan	2

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____
Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: Age: Current Grade: H.S. Credits: Grade Next Yr: Gender: ☐ Female ☐ Male

Current Home School: _____ School Next Year: _____ Home School Next Year: _____

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ ☐ Yes ☐ No ☐ NA

Student Address[1]: _____ Student Instructional Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Name): _____ Home Dominant Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Address): ☐ Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ (mm/dd/yyyy) Next Reevaluation Date: _____ (mm/dd/yyyy)

Most Recent Annual Review Date: _____ (mm/dd/yyyy) Next Annual Review Date: _____ (mm/dd/yyyy)

Reason for Meeting[2]: ☐ Review Referral ☐ Plan Eval/Reeval ☐ Review Eval/Reeval ☐ Determine Eligibility ☐ Determine Continuing Eligibility ☐ Develop IEP
☐ Review or Revise IEP ☐ Conduct Annual Review ☐ Transition Planning ☐ Manifestation Determination ☐ Other (specify) _____

Primary Disability:
☐ Autism ☐ Emotional Disturbance ☐ Multiple Disabilities ☐ Orthopedic Impairment ☐ Speech or Language Impaired ☐ Other Health Impairment
☐ Deaf – Blindness ☐ Hearing Impairment (Deaf or Hard of Hearing) ☐ Specific Learning Disabilities ☐ Traumatic Brain Injury ☐ OHI – ADD/ADHD
☐ Developmental Delay (ages 3-5 only) ☐ Intellectual Disability ☐ Specific Learning Disabilities/Dyslexia ☐ Visual Impairment ☐ To be determined

---

The next projected PPT meeting date is: _____ (mm/dd/yyyy)

- Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) ☐ Yes ☐ No
- Is this an amendment to a current IEP using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) ☐ No

  If YES, what is the date of the IEP being amended? _____ (mm/dd/yyyy)

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____

Parent/Guardian: _____ School Psych: _____ PT: _____

Parent/Guardian: _____ Social Work: _____ Agency: _____

Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____

Student: _____ Guidance: _____ Other: (specify) _____

Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

[1] Address of student's primary residence. [2] May choose more than one

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* (https://portal.ct.gov/SDE/Special-Education/Special-Education-Legal-and-Due-Process) at the first PPT meeting following a child's initial referral for special education.

☐ A copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* has been provided to the parents on _____ (date).

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)	Date these actions will be implemented
	☐ Educational performance supports proposed actions ☐ Evaluation results support proposed actions ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Motor _____ ☐ Adaptive _____ ☐ Report Cards _____ ☐ Classroom Observation _____ ☐ Review of Records _____ ☐ Cognitive _____ ☐ Social Emotional Behavior _____ ☐ Communication _____ ☐ Teacher Reports _____ ☐ Developmental _____ ☐ Other (specify and dated) _____ ☐ Health/Medical _____	

Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)
	☐ Educational performance supports refusal ☐ Evaluation results support refusal ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Motor _____ ☐ Adaptive _____ ☐ Report Cards _____ ☐ Classroom Observation _____ ☐ Review of Records _____ ☐ Cognitive _____ ☐ Social emotional Behavior _____ ☐ Communication _____ ☐ Teacher Reports _____ ☐ Developmental _____ ☐ Other (specify and dated) _____ ☐ Health/Medical _____

Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information
☐ Full-time placement in general education with supplementary aids and services. ☐ No other options were considered and rejected. ☐ Other options considered and rejected in favor of this action: _____	☐ Options would not provide student with an appropriate program in the least restrictive environment ☐ Other: (specify) _____	☐ There are no other factors that are relevant to the PPT decision ☐ Information/concerns shared by the parents ☐ Information/preferences shared by the student ☐ Other: (specify) _____	☐ Date of exit from Special Education _____ ☐ Returning to general education ☐ Reason for exiting Special Education: _____

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections ☐ **was made available previously this school year (date)**_____ ☐ **is enclosed with this document** A copy of Procedural Safeguards in Special Education is available on school district website: http://www **[Delete if not available on line]**. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: https://portal.ct.gov/SDE/Special-Education/Special-Education-Resources-for-Families.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(The following information was derived from: report data, documentation from classroom performance, observations, parent/student reports, and curriculum based and standardized assessments, including Smarter Balanced and CT Alternate Assessments results and student samples).

Parent and Student input and concerns	

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive Language Arts: _____			
☐ Age Appropriate			
Academic/Cognitive: Math: _____			
☐ Age Appropriate			
Other Academic/ Nonacademic Areas: _____			
☐ Age Appropriate			

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: _____ ☐ Age Appropriate			
Communication: _____ ☐ Age Appropriate			
Vocational/Transition: _____ ☐ Age Appropriate			
Health and Development including Vision And Hearing: _____ ☐ Age Appropriate			
Fine and Gross Motor: _____ ☐ Age Appropriate			
Activities of Daily Living: _____ ☐ Age Appropriate			
Other: _____ ☐ Age Appropriate			

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____
Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

TRANSITION PLANNING

1. ☐ **Not Applicable: Transition planning is not required or appropriate at this time.**

   ☐ **This is either the first IEP to be in effect when the student turns 14 (or younger if appropriate and transition planning is needed) or the student is 14 or older and transition planning is required.**

2. **Student Preferences/Interests – document the following:**
   a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? ☐ Yes ☐ No
   b) Did the student attend? ☐ Yes ☐ No
   c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
   ☐ Personal Interviews ☐ Comments at Meeting ☐ Functional Vocational Evaluations ☐ Age appropriate transition assessments ☐ Other _____
   d) Summarize student preferences/interests as they relate to planning for transition services: _____

3. **Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered)** _____

4. **Agency Participation:**
   a) Were any outside agencies invited to attend the PPT meeting? ☐ Yes with written consent ☐ No (If No, MUST specify reason as listed in the IEP Manual)_____
   b) If yes, did the agency's representative attend? ☐ Yes ☐ No
   c) Has any participating agency agreed to provide or pay for services/linkages? ☐ Yes ☐ No (If Yes, specify) _____

5. **Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP**
   a) **Post-School Outcome Goal Statement - Postsecondary Education or Training**: _____
   ☐ Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP
   b) **Post-School Outcome Goal Statement – Employment:** _____
   ☐ Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP
   c) **Post-School Outcome Goal Statement - Independent Living Skills (if appropriate):** _____
   ☐ Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)

6. **<u>Please select ONLY one</u>:**
   ☐ **The course of study** needed to assist the child in reaching the transition goals and related objectives **will include** (including general education activities):

   ☐ **Student has completed academic requirements**; no academic course of study is required – student's IEP includes **<u>only</u>** transition goals and services.

7. **At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**
   ☐ NA (Student will not be 17 within one year) ☐ The student has been informed of her/his rights under IDEA which will transfer at age 18 ☐ No IDEA rights will transfer

8. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular high school diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)** _____

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

☐ Academic/Cognitive ☐ Social/Behavioral ☐ Communication ☐ Gross/Fine Motor ☐ Postsecondary Education/Training
☐ Self Help ☐ Employment ☐ Independent Living ☐ Health ☐ Other: (specify)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	2	3	4
5	6	7	8

☐ **Check here if the student is 13 years of age.** (Note: Page 6, Transition Planning must be completed if this box is checked)

Measurable Annual Goal* (Linked to Present Levels of Performance) # _____

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective #1 _____

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #2 _____

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #3 _____

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures		**Performance Criteria**	
1. Criterion-Referenced/Curriculum Based Assessments	7. Behavior/Performance Rating Scale	A. Percent of Change	F. Duration
2. Pre and Post Standardized Assessment	8. Smarter Balanced and CT Alternate Assessments	B. Months Growth	G. Successful Completion of Task/Activity
3. Pre and Post Base Line Data	9. Work Samples, Job Performance or Products	C. Standard Score Increase	H. Mastery
4. Quizzes/Tests	10. Achievement of Objectives *(Note: use with goal only)*	D. Passing Grades/Score	I. Other: (specify) _____
5. Student Self-assessment/Rubric	11. Other (specify) _____	E. Frequency/Trials	J. Other: (specify) _____
6. Project/Experiment/Portfolio	12. Other (specify)		

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year) **M** = Mastered **S** = Satisfactory Progress – Likely to achieve goal **U**=Unsatisfactory Progress – Unlikely to achieve goal **N** = No Progress – Will not achieve goal **NI** = Not Introduced **O** = Other: (specify)

*Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.

Page ____ of ____ Goal Pages

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

Accommodations and Modifications to be provided to enable the child: – To advance appropriately toward attaining his/her annual goals; – To be involved in and make progress in the general education curriculum; – To participate in extracurricular and other non-academic activities, and – To be educated and participate with other children with and without disabilities. **Accommodations may include Assistive Technology Devices and Services**	**Sites/Activities Where Required and Duration**
Materials/Books/Equipment: _____	
Tests/Quizzes/Assessments: _____	
Grading: _____	
Organization: _____	
Environment: _____	
Behavioral Interventions and Support: _____	
Instructional Strategies: _____	
Other: _____	

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: _____

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

STATE AND DISTRICT TESTING AND ACCOMMODATIONS

STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS

Check the grade the student will be in when the test is given.

☐ Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	☐ **Grade 3**
☐ **Grade 4**	☐ **Grade 5**	☐ **Grade 6**	☐ **Grade 7**	☐ **Grade 8**
☐ Grade 9	☐ Grade 10	☐ **Grade 11**	☐ Grade 12	

DISTRICTWIDE ASSESSMENTS

Check the grade(s) the student will be in when the tests are given.

☐ Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	☐ Grade 3
☐ Grade 4	☐ Grade 5	☐ Grade 6	☐ Grade 7	☐ Grade 8
☐ Grade 9	☐ Grade 10	☐ Grade 11	☐ Grade 12	

Standard Assessments and Alternate Assessments

Smarter Balanced Assessments (**Grades 3-8**), Connecticut SAT (**Grade 11**) and the Connecticut Alternate Assessments (CTAA), include English Language Arts and Mathematics (**Grades 3-8 & 11**). Standard Science Assessment or Alternate Science Assessment required in **Grades 5, 8 and 11**.

Assessment Options: (Select ONE Option)

☐ **1. Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8)**

☐ **2. CTAA– (Includes Alternate Science Assessment for Grades 5, 8, and 11)** ★

☐ **3. Connecticut SAT and Standard Science Assessment (Grade 11)**

English Language Proficiency Assessment

☐ **English Language Proficiency Assessment** required for all English Learners Grades K-12

☐ Student requires designated supports/accommodations on the ELP assessment

Administration Options – Accommodations will be provided. (Select One Option):

☐ The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations*

☐ The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations**

Districtwide Assessments

(Select all appropriate options.)

☐ **N/A** - No districtwide assessments are scheduled during the term of this IEP.

☐ **Alternate Assessment(s)** ★

Select one of the following options:

☐ **No accommodations will be provided, *OR***

☐ **Accommodations will be provided as specified on Page 8, *OR***

☐ **Accommodations will be provided as specified below:**

_____

_____

_____

* If supports/accommodations are given, attach a copy of the *Test Designated Supports/Accommodations Form* for the IEP and provide a copy to the district test coordinator for required registration.

** Please note: There are two options for requesting accommodations for the Connecticut SAT. One option is through the **College Board (CB) process**: If all accommodations are approved through the CB process, test scores can be used for college admission and state accountability. The other option is through the **State Allowed Accommodations (SAA) process**: If accommodations are approved through the SAA process, test scores can ONLY be used for state accountability and NOT for college admission. **Please make sure to discuss these options at a PPT meeting before completing this page of the IEP.**

★

☐ **The *Alternate Assessment Eligibility Form* must be submitted and approved for Statewide Assessments.**
The form is recommended for use in determining the need for alternate Districtwide Assessments.

Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

_____

_____

NOTE: A PPT decision to assess the student using the CTAA and Alternate Science Assessment must be recorded on page 3 of the IEP, Prior Written Notice.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____
Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and :
   ☐ NA ☐ A behavioral intervention plan has been developed. ☐ IEP Goals and Objectives have been developed to address the behavior. ☐ Other (specify): _____

2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
   ☐ NA ☐ Recommendation: (specify) _____

3. For students who are blind/visually impaired (VI): ☐ NA ☐Instruction in braille or use of braille is being provided, as required. ☐ The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

4. For students with print-related disabilities (such as SLD/Dyslexia, blind/VI, physical limitations or organic dysfunction): ☐ NA ☐ The PPT has considered accessible instructional/educational material (AEM) and/or accommodations noted on *page 8 of the IEP*– if so which format/accommodation utilized: ☐ Large Print ☐ Digital Text ☐ Audio ☐ Other (specify):_____.

5. For students who are deaf or hard of hearing: ☐ NA ☐ See attached **required** *Language and Communication Plan* (Form ED638) – The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
   ☐ Quarterly ☐ Consistent with grade level report cards ☐ Other (specify): _____

EXIT CRITERIA

1. Exit Criteria: Student will be exited from Special Education upon: (Check One) ☐ Ability to succeed in Regular Education without Special Education support ☐ Graduation ☐ Age 21 ☐ Other: (specify) _____

INFORMATION ON IEPs and SECONDARY TRANSITION

1. Parents, including Surrogate Parents and the student if 18 or older have been provided (☐ electronically or ☐ in hard copy) with relevant information and resources relating to IEPs created by the CSDE (including, but not limited to, information relating to transition resources and services for high school students) immediately upon the formal identification of <u>any</u> child as a child requiring special education and at <u>each</u> PPT meeting thereafter: ☐ *Building a Bridge* ☐ *Parent's Guide to Special Education* ☐ *IEP Manual* ☐ OTHER: _____

2. The *Parent's Transition Bill of Rights* has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services: <u>*Parent's Transition Bill of Rights*</u>: ☐ is available on the school district website; ☐ is enclosed with this document; ☐ was already provided, reviewed and discussed this school year (date) _____.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name **mm/dd/yyyy** **mm/dd/yyyy**

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services								

*Instructional Site:	**1. Regular Classroom**	**2. Resource/Related Service Room**	**3. Self-Contained Classroom**	**4. Community-Based**	**5. Other:**
Description of participation in General Education					

Note: **Each Item #1-13 must include a response**

1. Assistive Technology: ☐ **Not Required** ☐ **Required: See Pg. 8**

2. Applied (Voc.) Ed: ☐ **Regular** ☐ **Special (specify)** _____ ☐ **N/A**

3. Physical Education: ☐ **Regular** ☐ **Special (specify)** _____ ☐ **N/A**

4. Transportation: ☐ **Regular** ☐ **Special (specify)** _____ ☐ **N/A**

5. Length of School Day: **(Specify)** _____

6. Number of Days/Week: **(Specify)** _____

7. Length of School Year: **(Specify)** _____

8. Total School Hours/Week: (Specify)	**9. Special Education Hours/Week: (Specify)**	**10. Hours per week the student <u>will spend</u> with children/students who do not have disabilities (time with non-disabled peers):**

11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? ☐ **Yes** ☐ **No**

12. Extended School Year Services: ☐ **Not Required** ☐ **Required: See service delivery grid above or an additional page 11 for services to be provided** ☐ **Required: Continue to implement current IEP**

13. a) The extent, if any, to which the student <u>will not</u> participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: _____

☐ Not Applicable: Student will participate fully

b) If the IEP requires <u>any</u> removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend if not disabled, the PPT must justify this removal from the regular education environment. ☐ Not applicable: Student will participate fully

☐ The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)

Note: The LRE Checklist (ED632) <u>must be completed and attached</u> to this IEP if the student is to be removed from the regular education environment for <u>60% or more</u> of the time. It is <u>recommended</u> that the LRE Checklist be utilized when making <u>any</u> placement decision to ensure conformity with the LRE provisions of the individuals with Disabilities Education Act.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____
Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. ☐ Yes ☐ No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

- ☐ Late referral (less than 90 days before 3rd birthday)
- ☐ Moved into district late
- ☐ Other (Specify) _____
- ☐ Child initially found not eligible at age 3 (re-referred to district at a later date)
- ☐ Parent Choice
- ☐ FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):

1. **Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP** (hours from pg 2): _____

2. **Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:**
   - ☐ Regular E.C. Preschool or Kindergarten Program
   - ☐ E.C. Special Education Program in **Separate Class**
   - ☐ E.C. Special Education Program in **Separate School**
   - ☐ E.C. Special Education Program in **Residential Facility**
   - ☐ Home
   - ☐ Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. **Does the student live at any of the following locations?**
   - ☐ None of these locations (Default - 00)
   - ☐ Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
     (Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)
   - ☐ Hospital (03)
   - ☐ Private Residential Facility (09)

School	Signature of School Administrator	Date Received

[DISTRICT NAME] PUBLIC SCHOOLS
REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Student: _____ DOB: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Primary Lang: ☐English ☐Other: _____

Address: _____ Referred by: _____

_____ Referral Date: _____

Telephone: _____ Relationship to Child: _____

1. AREA(S) OF CONCERN:

Check major area(s) of concern, and briefly describe the child's behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

☐ Academic ☐ Social/Emotional ☐ Gross/Fine Motor ☐ Activities of Daily Living

☐ Health Related ☐ Behavior ☐ Communication ☐ Other: (specify) _____

A. Describe Specific Concerns:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

B. Describe Alternative Strategies Attempted and Outcome: (Use additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student: _____ DOB: _____

2. Special Services History:

Are you aware of any special services provided for this child now or in the past? ☐ Yes ☐ No

If Yes, describe the type, location, and provider of the service.

_____

_____

_____

_____

_____

_____

_____

3. Other Relevant Information:

_____

_____

_____

_____

_____

_____

4. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student? ☐ Yes ☐ No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also "starts the clock" with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that *"(1) The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent. (2) In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent.*" If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.

[DISTRICT NAME] PUBLIC SCHOOLS
PARENT NOTICE OF REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Date: _____

_____
(Name of Parent/Guardian or Student)

_____
(Street Address)

_____
(City/Town) (State) (Zip Code)

Dear _____

The purpose of this letter is to advise you that your child, _____ ,_____
(Student's Name) (DOB)

has been referred for consideration of eligibility for special education services. The referral was made by:

_____ , on _____
(Name of person or team making referral) (Date)

The next step in the referral process is to schedule a Planning and Placement Team meeting (PPT). At this meeting the available information regarding your child's current school performance will be reviewed and evaluation procedures for determining eligibility for special education services will be considered. Parent participation in this process is very important. We ask that you make every effort to attend this meeting.

Enclosed with this letter are the following materials:

☐ A copy of the referral which outlines specific concerns and the information used as the basis for this referral, including alternative strategies employed prior to the referral.

☐ A copy of the Procedural Safeguards in Special Education. If you would like a further explanation of these procedures please contact:
_____ , at _____ ,

☐ A Planning and Placement Team meeting notice. (If a notice is not included with this letter you will receive one in a separate mailing.)

☐ Other: (specify) _____

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact, _____ _____
(Name) (Title)

at _____

Sincerely,

_____
(Name and Title)

ED622
January 2006

[DISTRICT NAME] PUBLIC SCHOOLS
NOTICE OF PLANNING AND PLACEMENT TEAM MEETING

Date: _____

_____
(Name of Parent/Guardian or Student)

_____
(Street Address)

_____
(City/Town) (State) (Zip Code)

Dear _____

Please be advised that a Planning and Placement Team (PPT) meeting will be convened on behalf of:
_____ , _____ . The meeting is scheduled as follows:
(Student's Name) (DOB)

Date: _____ **Time:** _____ **Location:** _____

The purpose of this meeting is to: (check all that apply)

☐ review a referral to special education and consider/plan an evaluation
☐ review evaluation results and determine eligibility for special education
☐ develop, review or revise the IEP
☐ conduct an Annual Review
☐ consider transition needs/services – **transition planning**:

1. ☐ student MUST be invited to attend the PPT meeting
2. ☐ transition goals and objectives in the IEP will be developed/reviewed/revised (required at the annual review following a student's 13th birthday or sooner, if appropriate)
3. **Check only ONE item:**
   ☐ agency representative(s) listed below invited to attend to assist in transition planning, OR
   ☐ agency representative(s) not appropriate to be invited to attend to assist in transition planning, OR
   ☐ written permission not provided to invite agency representative(s) to attend to assist in transition planning

☐ plan a reevaluation to determine continuing eligibility for special education and related services
☐ review reevaluation results to determine continuing eligibility for special education and related services
☐ conduct a Manifestation Determination
☐ other: (specify) _____

The following individuals have been invited to attend:

Administrator	Name and Title
Student's Reg. Ed. Teacher	Name and Title
Special Education Teacher	Name and Title
Student	Name and Title
Name and Title	Name and Title

Parent participation in this process is very important. Please make every effort to attend this meeting. You may bring any other individuals to the meeting, including those who have knowledge or special expertise regarding your child. Parents and guardians have the right to have the school paraprofessional assigned to their child, if any, present at the meeting. It is expected that parents will provide reasonable notice to the District if they wish to have their child's paraprofessional attend the meeting. The meeting may be rescheduled at a mutually agreed upon time and place.

If you have any questions or wish to reschedule the meeting please contact me at _____
(Telephone No.)

Sincerely,

_____
(Name and Title)

☐ A copy of the Procedural Safeguards in Special Education is enclosed.
☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact _____
(Name)
☐ A copy of this notice has been sent to the parent(s). (This is required if rights under IDEA have been transferred to the student at age 18. When rights transfer, meeting notices must be sent to the student with a copy to the parents.)

[DISTRICT NAME] PUBLIC SCHOOLS
DOCUMENTATION OF ATTEMPTS TO SEEK PARENT/GUARDIAN PARTICIPATION

Student: _____ Date of Birth: _____

Parent/Guardian: _____ Telephone No.: _____

Address: _____

_____

Responses:

1. Parent was contacted
2. Unable to contact parent(s)
3. Received reply requested
4. Did not receive reply requested
5. Attended meeting/conference
6. Did not attend meeting
7. Second written notice sent
8. Other (specify)

Date	Type of Communication	Purpose	Response Number	Professional Initiating Contact

Instructions:

1. Enter the date of each contact or attempt to contact the student's parent/guardian in the first column.
2. Describe the type of communication. For example: letter, telephone, conference, etc. in column two.
3. Briefly describe the purpose for contacting the student's parent or guardian in column three. (Example: *review evaluation results, PPT meeting, discuss IEP*, etc.)
4. **Indicate the outcome by entering a response number in the fourth column.**
5. Enter your name in column five.

ED624
January 2006

[DISTRICT NAME] PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT AN INITIAL EVALUATION

Date: _____

Dear _____

Your child, _____ , _____ has been referred for an evaluation to determine
(Student's Name) (DOB)

eligibility for special education services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

☐ A copy of the Procedural Safeguards in Special Education is enclosed.

☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards, an explanation of these procedures, or if you have any questions, please contact:

_____ _____ at _____
(Name) (Title) (Telephone Number)

This document includes the following rights:

A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
C. Parents have the right to review and obtain copies of all records used as a basis for a referral.
D. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).
E. Parents have the right to obtain an independent evaluation as part of the evaluation process.
F. Parents have the right to utilize due process procedures.

☐ The tests/evaluation procedures listed below were recommended

☐ The PPT has decided that the available evaluation information listed below is sufficient to determine eligibility:
Reason: (specify) _____

TEST/EVALUATION PROCEDURE	AREA OF ASSESSMENT	EVALUATOR

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

☐ No adaptations/accommodations required

☐ Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

☐ **I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

☐ **I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

_____ _____
Parent/Guardian Signature Date

*Failure of the parent to respond to a request from the Board for consent to conduct an initial evaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

[DISTRICT NAME] PUBLIC SCHOOLS
CONSENT FOR THE INITIAL PROVISION OF SPECIAL EDUCATION

Date: _____

I. Identification Information:

Student: _____ DOB: _____

School: _____ Grade: _____

Parent/Guardian: _____

II. Consent Requirements:

Federal regulations mandate that parents (guardians) give written consent for the initial provision of special education services. The consent must be in writing and given prior to the provision of special education services. (NOTE: An Individualized Education Program [IEP] must be developed prior to the initial provision of special education services.)

☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

_____ at _____

(Name and Title) (Telephone Number)

Included in this document are the following rights:

A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
B. Parental failure to respond within 10 school days from the date of this notice shall be construed as refusal of consent.
C. Parents have the right to utilize due process proceedings if they disagree with the identification, evaluation or educational placement of or the provision of a free appropriate public education (FAPE) to their child.

III. Written Consent

☐ **I consent to** the initial provision of special education services.

_____ _____

Parent/Guardian Signature Date

☐ **I do not consent to** the initial provision of special education services. I understand that by refusing consent for the initial provision of special education services, I waive all rights to special education services and protections at the time consent is refused.

_____ _____

Parent/Guardian Signature Date

[DISTRICT NAME] PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT A REEVALUATION*

Date: _____

Dear _____

A Planning and Placement Team (PPT) meeting regarding your child, _____ , _____
(Student's Name) (DOB)

was held on _____ . The team determined that an evaluation should be conducted for the following reason:
(meeting date)

☐ To comply with Federal and State regulations which require that each child receiving special education and related services must be reevaluated at least every three years to determine eligibility for special education services.

☐ To assess your child's current level of functioning

☐ Other: (specify) _____

☐ A copy of the Procedural Safeguards in Special Education is enclosed.

☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

_____ at _____
(Name) (Telephone Number)

This document includes the following rights:

A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
C. Parents have the right to be fully informed of all evaluation results and must be provided with a copy of the evaluation report(s).
D. Parents have the right to obtain an independent evaluation as part of the evaluation process.
E. Parents have the right to utilize due process procedures.

Evaluation Procedures:

☐ The tests/evaluation procedures listed below were recommended

☐ The PPT has determined that no additional tests/evaluations are needed to determine continuing eligibility for special education services (and no parent consent is required) because: (specify) _____

Parents, please be aware that you have the right to request an assessment to determine continuing eligibility for special education services and that the school district is not required to conduct such an assessment unless requested by parents.

TEST/EVALUATION PROCEDURE	AREA OF ASSESSMENT	EVALUATOR

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are: ☐No adaptations/accommodations required

☐ Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

☐ **I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

☐ **I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

_____ _____
Parent/Guardian Signature Date

* Failure of the parent to respond to a request from the Board for consent to conduct a reevaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

[DISTRICT NAME] PUBLIC SCHOOLS
CONFIDENTIAL FILE
ACCESS RECORD

Student Name: _____ DOB: _____

Name of Individual Accessing Record (include name of agency)	Purpose for Accessing Record	Date of Access to Record

ED628
January 2006

[District Name] Public Schools Multidisciplinary Evaluation Report for Students Suspected of Having a Specific Learning Disability

Student: _____ Date of Birth: _____ Grade: _____

School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

I. Required Evaluation Components

A. Parental Input:

B. Interventions and Instructional Strategies Used Prior to Referral:

[All student-centered intervention and progress monitoring data is attached, including information from math, reading, and/or writing worksheets, as appropriate. Data should include implementers and dates of progress monitoring.]

C. Educationally Relevant Medical Findings, if any: ☐ N/A

D. Regular Classroom Observation: Area of Difficulty -

Academic setting: _____ Date(s): _____

Observer(s) : _____

Behavior observed and the relationship to academic functioning: _____

E. Assessment Information:

Assessment (e.g., curriculum-based, standardized, criterion-referenced)	Evaluator (Name and Title)

II. Criteria Respond to each criteria used to determine eligibility for students suspected of having a specific learning disability.		**Criteria Met**	
		YES	**NO**
A.	Is student achieving adequately for the student's age or meeting State-approved grade-level standards in one or more of the following areas when provided with learning experiences appropriate for the student's age or State-approved grade level standards? If NO, indicate in which area(s) student is NOT achieving adequately below: ***[Note: At least one area must be identified.]*** ☐ mathematics calculation ☐ mathematics problem solving ☐ oral expression ☐ written expression ☐ listening comprehension ☐ reading comprehension ☐ fluency ☐ basic reading skills		*
B.	Is student making sufficient progress **in the area identified above** to meet age or State-approved grade-level standards, even with scientific research-based interventions?		*
C.	The student has been provided with explicit and systematic instruction in the essential components of scientific, research-based reading instruction or math from a qualified teacher, including regular assessments of achievement to document the student's response to scientific research-based intervention as a part of the evaluation procedures.	*	

		YES	NO	
D.	Learning difficulty is *primarily* due to:			**Note: If all of the (✓)'s are in the NO column, then the student meets the criteria for II D (i.e., "learning difficulty is NOT the result of" these other factors).**
	1. Lack of instruction in math, reading or writing° *(Based on Math, Reading or Writing Worksheets)*			
	2. A visual, hearing or motor disability			
	3. Intellectual Disability			
	4. Emotional Disturbance			
	5. Cultural factors			
	6. Environmental or economic disadvantage			
	7. Limited English proficiency			
E.	Has **NO** been (✓)'d for **all** items in D above (#1-7)?			
F.	Does information gathered through the **required evaluation components** (including consideration of a dual discrepancy**) indicate that a specific learning disability exists in the **area identified above** (in A)? – If a specific learning disability exists in **one of the eight areas above** (in II A), **attach** a summary statement of all formal and informal assessment data used to document the existence of such a disability.			
G.	Are special education and related services required to address the specific learning disability identified in F?			

***Criteria A-C:** The student has been provided with scientific, research-based interventions in area of concern and repeated measures of progress were utilized to determine the student's response to the intervention(s).

°Criteria D-1: Math, Reading and/or Writing Worksheets are attached (unless math, reading and/or writing are not an area of weakness)

****Dual Discrepancy:** Dual discrepancy means that a student has BOTH low performance relative to age or grade level standards AND insufficient progress even when provided with scientific, research-based interventions.

Statements of Assurances:

H. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction (i.e., progress monitoring) has been provided to parents.
Date(s) information provided: _____ _____ _____

I. Student's parents were notified about state policies for performance, strategies for increasing the student's rate of learning and parent's right to request an evaluation.
Date(s) information provided: _____ _____ _____

J. The IQ/discrepancy (ability/achievement) model was not used to determine eligibility.

K. A disorder in one of the basic psychological processes in understanding or in using spoken or written language was not **required** as part of the eligibility decision.

The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a specific learning disability and requires special education services: ☐ **YES** [All criteria (A-G) have been met.] ☐ **NO**

Each team member certifies by his/her signature that this report reflects her/his conclusion. (**Bold** means required.)

Signature	Title
_____	**General education teacher** _____
_____	**Examiner/special education instruction** _____
_____	**Examiner/pupil personnel services** _____
_____	**Administrator** _____
_____	Other _____
_____	Other _____

If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.

Name: _____ Title: _____ Signature: _____

Reason(s) and conclusion:

[District Name] Public Schools
Multidisciplinary Evaluation Report for
Students Suspected of Having a Specific Learning Disability

Student: _____ Date of Birth: _____ Grade: _____

School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

I. Required Evaluation Components

A. Parental Input: _____

_____

_____

_____

_____

B. Interventions and Instructional Strategies Used Prior to Referral:

[All student-centered intervention and progress monitoring data is attached, including information from math, reading, and/or writing worksheets, as appropriate. Data should include implementers and dates of progress monitoring.]

C. Educationally Relevant Medical Findings, if any: ☐ N/A

_____

_____

_____

_____

D. Regular Classroom Observation: Area of Difficulty: _____

Academic setting: _____ Date(s): _____

Observer(s) : _____

Behavior observed and the relationship to academic functioning: _____

_____

_____

_____

_____

E. Assessment Information:

Assessment (e.g., curriculum-based, standardized, criterion-referenced)	**Evaluator** (Name and Title)

II. Criteria Respond to each criteria used to determine eligibility for students suspected of having a specific learning disability.	**Criteria Met**	
	YES	**NO**
A. Is student achieving adequately for the student's age or meeting State-approved grade-level standards in one or more of the following areas when provided with learning experiences appropriate for the student's age or State-approved grade level standards? If NO, indicate in which area(s) student is NOT achieving adequately below: ***[Note: At least <u>one</u> area must be identified.]*** ☐ mathematics calculation ☐ mathematics problem solving ☐ oral expression ☐ written expression ☐ listening comprehension ☐ reading comprehension ☐ fluency ☐ basic reading skills		*
B. Is student making sufficient progress **in the area identified above** to meet age or State-approved grade-level standards, even with scientific research-based interventions?		*
C. The student has been provided with explicit and systematic instruction in the essential components of scientific, research-based reading instruction or math from a qualified teacher, including regular assessments of achievement to document the student's response to scientific, research-based intervention as a part of the evaluation procedures.	*	

D. Learning difficulty is *primarily* due to:	**YES**	**NO**	**Note: If all of the (✓)'s are in the NO column, then the student meets the criteria for II D (i.e., "learning difficulty is NOT the result of" these other factors).**
8. Lack of instruction in math, reading or writing° *(Based on Math, Reading or Writing Worksheets)*			
9. A visual, hearing or motor disability			
10. Intellectual Disability			
11. Emotional Disturbance			
12. Cultural factors			
13. Environmental or economic disadvantage			
14. Limited English proficiency			

E. Has **NO** been (✓)'d for **all** items in D above (#1-7)?		
F. Does information gathered through the **required evaluation components** (including consideration of a dual discrepancy**) indicate that a specific learning disability exists in the **area identified above** (in A)? - If a specific learning disability exists in **one of the eight areas above** (in II A), **<u>attach</u>** a summary statement of all formal and informal assessment data used to document the existence of such a disability.		
G. Are special education and related services required to address the specific learning disability identified in II F?		

***Criteria A-C:** The student has been provided with scientific, research-based interventions in area of concern and repeated measures of progress were utilized to determine the student's response to the intervention(s).

°Criteria D-1: Math, Reading and/or Writing Worksheets are attached (unless math, reading and/or writing are not an area of weakness).

****Dual Discrepancy:** Dual discrepancy means that a student has BOTH low performance relative to age or grade level standards AND insufficient progress even when provided with scientific, research-based interventions.

Statements of Assurances:

H. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction (i.e., progress monitoring) has been provided to parents.

Date(s) information provided: _____ _____ _____

I. Student's parents were notified about state policies for performance, strategies for increasing the student's rate of learning and parent's right to request an evaluation.

Date(s) information provided: _____ _____ _____

J. The IQ/discrepancy (ability/achievement) model was not used to determine eligibility.

K. A disorder in one of the basic psychological processes in understanding or in using spoken or written language was not **required** as part of the eligibility decision.

The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a specific learning disability and requires special education services:

☐ **YES** [All criteria (A-G) have been met.] ☐ **NO**

Each team member certifies by his/her signature that this report reflects her/his conclusion. (**Bold** means required.)

Signature	**Title**
_____	**General education teacher** _____
_____	**Examiner/special education instruction** _____
_____	**Examiner/pupil personnel services** _____
_____	**Administrator** _____
_____	Other _____
_____	Other _____

If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.

Name: _____ **Title:** _____ **Signature:** _____

Reason(s) and conclusion:

_____

_____

_____

[*District Name*] Public Schools

Reading Worksheet

(To document that a student has received appropriate instruction and intervention in reading)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Language Arts Instruction (Tier I)

☐ Student has participated in daily general education reading/language arts instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide reading curriculum that addresses state standards and the five areas of reading (e.g., through read-alouds; systematic phonics instruction; word study and structural analysis; fluency-building activities; explicit vocabulary instruction; literature think-alouds; comprehension strategy instruction):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

☐ Student has participated in small group, differentiated reading instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student's instructional level (90-95% word accuracy and at least 75-80% comprehension) have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

☐ Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student's response to instruction.

Description/Source of Evidence of Progress Monitoring: ☐ **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	**Skills/Competencies Targeted** (e.g., phonemic awareness, phonics, fluency, vocabulary, comprehension)	**Dates**

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

☐ Interventions have been implemented based on specific student needs in one or more of the five areas of reading: phonemic awareness, phonics, fluency, vocabulary, and/or comprehension.

☐ Appropriately qualified and trained staff has provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If decoding skills have been identified as an area of weakness:

- ☐ Student's phonemic awareness has been evaluated and if warranted, targeted interventions have been provided.
- ☐ Student has been provided with systematic, explicit phonics instruction.
- ☐ Student has been provided with regular opportunities to practice learned decoding skills in texts.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

b. If a student's oral reading fluency has been identified as an area of weakness:

- ☐ Student's phonics skills have been evaluated and if warranted, targeted interventions have been provided.
- ☐ Student has been provided with regular opportunities to practice reading a variety of text at his/her independent level (at least 96% word accuracy and 90% comprehension).
- ☐ Student has been provided with teacher-directed fluency interventions focused specifically on improving oral reading fluency with connected text.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

c. If a student's reading comprehension skills have been identified as an area of weakness beyond what can be accounted for by identified decoding and/or reading fluency deficits:

- ☐ Student's vocabulary skills have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- ☐ Student's broad oral language skills (e.g., listening comprehension) have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- ☐ Student has been provided with explicit comprehension interventions (e.g., additional instruction in research-based comprehension strategies such as summarization and use of graphic organizers; additional building of background knowledge and/or knowledge of text structure) to address his/her specific comprehension needs.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

☐ The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	**Student's response to interventions** Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	**Dates** of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

_____ **(Teacher signature)** _____ **(Date)**

_____ **(Signature of person(s) responsible for item #5)** _____ **(Date)**

[*District Name*] Public Schools

Mathematics Worksheet

(To document that a student has received appropriate instruction and intervention in mathematics)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects mathematics. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Mathematics Instruction (Tier I)

☐ Student has participated in daily general education mathematics instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide math curriculum that addresses state standards and all important areas of math, (e.g., through the explicit teaching of strategies that promote conceptual understanding, problem-solving, calculation skills, and procedural accuracy and fluency):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

☐ Student has participated in small group, differentiated math instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student's instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

☐ Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student's response to instruction.

Description/Source of Evidence of Progress Monitoring: ☐ **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	**Skills/Competencies Targeted** (e.g., math concepts, problem solving, calculation skills, procedural accuracy and fluency)	**Dates**

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

☐ **Interventions have been implemented** based on specific student needs in important areas of math such as math concepts, problem solving, calculation skills or procedural accuracy and fluency.

☐ Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If calculation skills have been identified as an area of weakness:

- ☐ Student's conceptual understanding of numbers has been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit instruction with use of visual representations such as pictures or manipulatives).
- ☐ Student's automatic recall of facts has been evaluated and if warranted, targeted interventions have been provided.
- ☐ Student has been provided with explicit teaching of algorithms for calculation linking procedures to a conceptual understanding (e.g., written procedures for 2-digit subtraction with regrouping, long division).
- ☐ Student has been provided with regular opportunities to practice learned calculation skills in appropriate contexts, including cumulative review of previously learned skills.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

b. If problem-solving skills have been identified as an area of weakness beyond what can be accounted for by identified calculation deficits and/or poor reading:

- ☐ Student's math-related vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to math problem solving.
- ☐ Student's specific problem-solving skills (e.g., ability to determine which operation to use to solve a problem, identifying relevant vs. irrelevant information) have been evaluated and if warranted, targeted interventions have been provided.
- ☐ Student has been provided with regular opportunities to practice learned problem-solving skills, including cumulative review of previously learned skills.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

☐ The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	**Student's response to interventions** Baseline plus at least four additional progress monitoring measurements for each intervention (Curriculum Based Measurement -CBM or other appropriate measure)	**Dates** of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

_____ **(Teacher signature)** _____ **(Date)**

_____ **(Signature of person(s) responsible for item #5)** _____ **(Date)**

[DISTRICT NAME] PUBLIC SCHOOLS
LEAST RESTRICTIVE ENVIRONMENT (LRE) PROCEDURAL CHECKLIST

STUDENT: _____ DOB: _____

SCHOOL: _____ DATE OF PPT: _____

Note: This form is to be completed by the PPT only after all other IEP components have been fully addressed.

I. Section A: LRE Screen ***(This section must be completed.)***	**YES**	**NO**
1. All of the child's classes are in the regular educational environment.	☐	☐
2. The child has the opportunity to participate in nonacademic and extracurricular services and activities (including meals, recess periods, and services and activities such as counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the child's LEA, and employment of students, including both employment by the LEA and assistance in making employment available) to the same extent as peers who do not have disabilities.	☐	☐
3. The child is educated in the school that he or she would attend if nondisabled.	☐	☐

II. Section B: LRE Factors and Considerations ***(Complete only if "NO" has been checked for one or more of the items in Section A. Respond to all items unless otherwise indicated.)***	**YES**	**NO**
1. The PPT based the educational placement of the child upon the child's IEP.	☐	☐
2. The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled.	☐	☐
3. The PPT ensured that the child participates in nonacademic and extracurricular services and activities with nondisabled children to the maximum extent appropriate to the needs of the child.	☐	☐
4. The PPT considered the use of supplementary aids and services (such as resource room, itinerant instruction, assistive technology devices or assistive technology services) in conjunction with regular class placement.	☐	☐
5. The PPT determined that the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.	☐	☐
6. The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP.	☐	☐
7. The PPT considered any potential harmful effect of the placement on the child.	☐	☐
8. The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs.	☐	☐
9. The PPT considered any potential harmful effect of the placement on the education of other children.	☐	☐

	YES	NO
10. *Complete if the child is not being educated in the school that he or she would attend if nondisabled.* The child's education program is provided as close as possible to the child's home.	☐	☐
11. *Complete if the child's education program has been modified as the result of procedures related to discipline.* The child is receiving education services in an alternative educational setting.	☐	☐
12. *Complete if the child has been hospitalized.* For medical reasons the child must remain within the hospital during the school day.	☐	☐
13. *Complete if the child has been placed in a residential facility for other than educational reasons.* It has been determined, in accordance with the March 15, 1993 SDE-DCF Memorandum of Agreement, that for clinical reasons the child must remain within the facility during part or all of the school day.	☐	☐
14. *Complete if the child is confined to a detention or correctional facility.* The child must remain within the facility during the school day.	☐	☐
15. *Complete if the child's parent has placed the child in a privately-operated facility.* The child receives education services within the privately-operated facility.	☐	☐

Comments/Additional Information:

_____ (Signature of PPT Chairperson)

_____ (Date)

[DISTRICT NAME] PUBLIC SCHOOLS
PLANNING and PLACEMENT TEAM (PPT) ATTENDANCE

Student: _____ DOB: _____ Grade: _____

School: _____ Date of PPT: _____

Parent/Guardian: _____

NOTE: THIS AGREEMENT IS OPTIONAL. *Waiver of the attendance of a teacher or related service provider at a PPT meeting is optional. The district or parent/guardian may refuse to excuse such attendance.*

We agree to excuse the attendance of _____ **at the PPT**
Teacher or related service provider

meeting scheduled for _____ **because (check one):**
Date

_____ This staff member's area of the curriculum *or* related services is not being modified or discussed in this meeting.

OR

_____ Although the meeting involves a modification to or discussion of this staff member's area of the curriculum ***or*** related services, he/she has submitted in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

_____
Parent/Guardian Signature Date

_____
School District Representative Date

This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

Section 614(d)(1)(C) of H.R. 1350, the revised Individuals with Disabilities with Education Act, the "IDEA," provides as follows:

ATTENDANCE NOT NECESSARY: A member of the IEP Team is not required to attend a meeting, in whole or in part, if the parent of a child with a disability and the public agency (school district) agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. (Section 614 (d)(1)(C)(i) and (iii))

EXCUSAL: A member of the IEP team may be excused from attending a meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the public agency (school district) consent, in writing, to the excusal, and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. (Section 614(d)(1)(C)(ii) and (iii))

[DISTRICT NAME] PUBLIC SCHOOLS
AGREEMENT TO CHANGE AN INDIVIDUALIZED EDUCATION PROGRAM WITHOUT CONVENING A PLANNING AND PLACEMENT TEAM MEETING

Student: _____ DOB: _____ Grade:

School: _____ IEP being changed: _____
Date the IEP was developed

Parent/Guardian: _____

We agree to make the changes to the student's IEP as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a PPT meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that the parent can request a PPT meeting at any time to review the IEP. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student's program.

_____ _____
Parent/Guardian Signature Date

_____ _____
School District Representative Date

This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

The following documents are attached to this agreement:

____ Revised Pages 1 and 2 of the IEP dated: _____ _____ Prior Written Notice

____ Amendments (please specify) _____

It is expected that, at minimum, a Prior Written Notice, the revised pages 1 and 2 of the IEP being changed and any other pages of the IEP that will be different as a result of the changes made (e.g. goal and objectives pages, service delivery grid, etc.) will be attached to this agreement as verification of the changes made to the IEP.

Section 614(d)(3)(D) of H.R. 1350, the revised Individuals with Disabilities Education Act, the "IDEA," provides as follows:

AGREEMENT NOT TO CONVENE: In making changes to a child's IEP *after* the annual IEP meeting for a school year, the parent of a child with a disability and the public agency (school district) may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP. Such changes may be made by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments incorporated.

SUMMARY OF PERFORMANCE (SOP)
Instructions for Completing ED635

Purpose: The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA 2004). The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age of eligibility, the local education agency **shall** provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

The SOP, with accompanying documentation, is also critical as a student transitions from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to establish a student's eligibility for reasonable accommodations and supports in *postsecondary* settings. It is also important for determining eligibility and programming for the Bureau of Rehabilitation Services (BRS), the Department of Mental Retardation (DMR) or any agency that requires documentation to provide services and/or reasonable accommodations for a student.

The SOP **must** be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's post secondary goals. If a student is transitioning to higher education, the SOP, with accompanying documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from BRS or DMR. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student.

Part 1: **Student Demographics** – Complete this section as specified. Please note this section also requests that you provide copies of the **most recent** formal and informal assessment reports that document the student's disability and provides information to assist in post-high school planning.

Part 2: **Student's Postsecondary Goal(s)** – These goals should identify the post-school environment the student intends to transition to upon completion of their high school education.

Part 3: **Summary of Performance –** This section includes three critical areas of student performance: academic, cognitive, and functional levels of performance. Next to each specified area, please complete the student's present level of performance and the accommodations, modifications and assistive technology that were **essential** in high school to assist the student in making progress. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.)

An **Accommodation** is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note taker or given permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught.

A **Modification** is defined as a change to the general education curriculum or other material being taught. Teaching strategies, for example, can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.

Assistive Technology is defined as any device that helps a student with a disability function in a given environment, but does not limit the device to "high-tech or costly" options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, velcro and other "low-tech" devices.

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended that one individual be responsible for collecting the information required on the SOP.

Part 4: **Recommendations to assist student in meeting post secondary goals –** This section should describe any **essential** accommodations, modifications, assistive technology or general areas of need that students will require to be successful in a **post-high school** environment, including higher education, training, employment, independent living and/or community participation. If not applicable, please specify the reason (e.g., age-appropriate, skills mastered).

Part 5: **Student Input (Optional).** It is highly recommended that the student provide information related to this Summary of Performance. The student's contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, and (c) postsecondary personnel to more clearly understand the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview.

Part 6: **Additional Contact Information –** This section has been added to assist in the collection of contact information that may improve the response rate for the annual Post-School Outcomes Survey that is sent to all special education students one year after exiting high school by the Connecticut State Department of Education. It is critical that this information be updated immediately prior to the student exiting. It is the responsibility of the school district to archive this information for at least 18 months following the conclusion of the school year during which the student exited, after which it may be appropriately disposed of.

Should the contact information entered into the SEDAC system for the October 1st data collection prove to be outdated at the time the student is scheduled to receive the Post-School Outcome Survey, the district may be called upon to provide more recent contact information based on Part 6 of the Summary of Performance and/or assist in contacting the student.

Part 6 of the Summary of Performance is designed as an independent page so that districts may detach it to facilitate easy archiving. This information has also been formatted to fit on a 5x8 index card or card stock for printing should a district choose to place it into a manual filing system.

A copy of this Summary of Performance can be found on the Department of Education's website at: http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322680 under IEP Forms.

[DISTRICT NAME] PUBLIC SCHOOLS
SUMMARY OF PERFORMANCE

Part 1: Student Information

Student Name: _____ **Date of Birth:** _____ **Year of Graduation/Exit:** _____

Address: _____
(street) (town, state) (zip code)

Telephone Number: _____ **Primary Language:** _____

Current School: _____ **Name of person completing this form:** _____

Telephone number of person completing this form: _____ **Date Summary was completed:** _____

Date of most recent IEP: _____

Student's primary disability: _____ **Student's secondary disability, if applicable:** _____

When was the student's disability (or disabilities) formally diagnosed? _____

Please attach copies of the most recent assessment reports that address academic, cognitive and functional performance and were instrumental in making a determination of the student's disability or diagnosis, and/or that will assist in postsecondary planning.

Part 2 – Student's Postsecondary Goal(s)

_____

_____

Part 3 – Summary of Performance

ACADEMIC CONTENT AREA	Present Level of Performance (grade level, standard scores, strengths, weaknesses)	Essential accommodations/ modification and/or assistive technology utilized in high school
Reading (Basic reading/decoding; reading comprehension; reading speed)		
Math (Calculation skills, math problem solving)		

Language (Written composition, written and oral expression, spelling)		
Learning Skills (class participation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		
COGNITIVE AREAS	**Present Level of Performance**	**Essential accommodations/modification and/or assistive technology utilized in high school**
General Ability and Problem Solving (reasoning/processing)		
Attention and Executive Functioning (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)		
Communication (speech/language, augmentative communication)		
Additional Relevant Factors (other cognitive strengths/weaknesses, conducive learning environments, effective learning strategies, etc.)		
FUNCTIONAL AREAS	**Present Level of Performance**	**Essential accommodations/modification and/or assistive technology utilized in high school**
Career/Vocational/Transition (Career interests, career exploration opportunities, job training opportunities)		

Social Skills and Behavior (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)		
Independent Living Skills (Self-care, leisure skills, personal safety, mobility, transportation, banking, budgeting)		
Self-Determination/Self-Advocacy Skills (Ability to identify and articulate learning strengths and weaknesses, ability to ask for assistance with independence)		
Additional important considerations that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance, etc.)		

Part 4 – Recommendations to assist student in meeting post secondary goals

What are the **essential** accommodations, modifications, assistive technology or general areas of support that students will need to be successful in the following **post-high school** environments:

Higher Education or Vocational Training: **Employment:** **Independent Living:** **Community participation:**

Part 5 – Student Input (Optional)

SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

A. **How does your disability affect your school work and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?**

B. **In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?**

C. **Which of these accommodations and supports has worked best for you?**

D. **Which of these accommodations and supports has not worked?**

E. **What strengths and needs should professionals know about you as you enter the college or work environment?**

F. **Are you independent in advocating for your needs?**

Student Signature: _____ Date: _____

Part 6 – Additional Contact Information - This section has been added to assist in the collection of contact information that may improve the response rate for the annual Post-School Outcomes Survey. Best practice recommends that the final Summary of Performance (SOP) be reviewed in person with the student and family; it does not have to be reviewed in a formal PPT meeting. Please update the data at this review. If completing this section of the SOP significantly before the student exits, **please update data immediately prior to the student exiting**. **The district should archive this information for at least 18 months** for future student surveys. This form may be modified to meet district data collection requirements.

Student: _____
Mailing Address: _____
E-Mail: _____ Cell Phone: _____

Parent: _____
Mailing Address: _____
E-Mail: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Parent: _____
Mailing Address: _____
E-Mail: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Additional family contact close to student:
Name: _____
Relationship: _____
Mailing Address: _____
E-Mail: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Once you have completed the Student section above, there is no need to duplicate data.
For Parent or Family information that is the same as the student's, write *'same'* in that data field.

This information has been formatted to fit on a 5x8 index card or card stock for printing should a district choose to place it into a manual filing system.

[*District Name*] Public Schools

Written Expression Worksheet

(To document that a student has received appropriate instruction and intervention in written expression)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects written expression. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Written Expression Instruction (Tier I)

☐ Student has participated in daily general education written expression instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide writing curriculum that addresses state standards and all important areas of writing (e.g., through explicit teaching of basic writing skills, planning and organizational strategies, and writing knowledge; use of a writing process, with strategies for editing and revision; opportunities for practice; appropriate use of technology in writing; reading-writing connections):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

☐ Student has participated in small group, differentiated written expression instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials appropriate to the student's instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

☐ Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student's response to instruction.

Description/Source of Evidence of Progress Monitoring: ☐ **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	**Skills/Competencies Targeted** (e.g., basic writing skills, planning, text generation/content development, revision)	**Dates**

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

☐ Interventions have been implemented based on specific student needs in important areas of writing, such as basic writing skills, text generation, or revision/editing processes.

☐ Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If basic writing skills have been identified as an area of weakness:

- ☐ Student's basic writing skills (e.g., handwriting/keyboarding, spelling, capitalization, punctuation, sentence structure) have been evaluated and targeted interventions have been provided in specific areas of need.
- ☐ Student has been provided with appropriate access to and teaching about the use of technology in writing to improve basic writing skills (e.g., use of spell-checkers).
- ☐ Student has been taught strategies for reviewing and editing written work to improve basic writing skills.
- ☐ Student has been provided with regular opportunities to practice basic writing skills.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

b. If text generation (i.e., content aspects of writing that involve translating ideas into language) has been identified as an area of weakness, beyond what can be accounted for by identified weaknesses in basic writing skills:

- ☐ Student's vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to writing.
- ☐ Student's ability to plan and organize writing have been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit teaching of strategies for brainstorming or researching ideas).
- ☐ Student's knowledge about writing (e.g., writing for an intended audience, use of formal vs. informal language in writing, schemas for different writing tasks such as reports vs. narratives) has been evaluated and if warranted, targeted interventions have been provided.
- ☐ Student has been provided with appropriate access to and teaching about the use of technology in writing to improve text generation (e.g., use of online thesaurus to improve word choice/avoid repetition of the same word).
- ☐ Student has been taught strategies for reviewing and revising written work to improve content/text generation.
- ☐ Student has been provided with regular opportunities to practice text generation.
  - ☐ **Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student's response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

☐ The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize, and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	**Student's response to interventions** Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	**Dates** of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

_____ **(Teacher signature)** _____ **(Date)**

_____ **(Signature of person(s) responsible for item #5)** _____ **(Date)**

Mutual Agreement to Extend Evaluation Timeline for Determining Special Education Eligibility for a Student with a Specific Learning Disability

PURPOSE: Unless the parent and the district mutually agree to extend the timeline as indicated in IDEA, (34 C.F.R. Section 300.309(c)), the initial evaluation must be conducted within 60 calendar days of receiving parental consent for the evaluation. If the district and parent agree to extend the timeline, the extension must be documented by the school district according to the criteria below.

Please Note: This agreement may affect the State timeline for IEP implementation within 45 school days of the referral (Section 10-76d-13 of the CT State Regulations). In these cases, this agreement permits an extension to this requirement as well.

Date: _____

To: _____ Re: _____

Parent(s)/guardian(s)/adult student (≥ 18) Student name

Due to the reason(s) specified below, your child's evaluation for special education services will not be completed within the evaluation timeline.

Reason(s):

☐ Insufficient information to document that student's learning difficulties are not the result of a lack of appropriate instruction.

☐ Other: _____

_____

The evaluation will be completed and the PPT meeting to determine the child's eligibility for special education services will be held on or before: _____

Date

The evaluation timeline may be extended only if **both** the district and parent agree to the extension. Please sign, date, and return one copy of this form to the school district.

☐ **I agree** to the extension and the proposed completion date indicated above.

☐ **I do not agree** to the extension. Reason (optional): _____

_____

_____

_____ _____

Parent/guardian/adult student signature Date

_____ _____

School district representative signature Date

_____
Name of Student

_____
Date

Language and Communication Plan

A tool designed to assist the planning and placement team (PPT) in meeting the individualized education program (IEP) requirement to address the special language and communication considerations for students who are deaf or hard of hearing

Regardless of the amount of the student's residual hearing, the ability of the parent(s) to communicate, or the student's experience with other communication modes, the Planning and Placement Team (PPT) has provided educational opportunity and considered the following:

1.) A. The language and communication needs of the student through:

☐ **Assessment** ☐ **Discussion** ☐ **Observation**

B. The student's primary language/communication mode is one or more of the following:

☐ **Spoken Language** ☐ **American Sign Language** ☐ **English-Based Manual or Sign System**

☐ **Other**_____

2.) The availability of deaf/hard of hearing adult role models and a peer group of the student's communication mode or language.

Determination/Action Plan

_____

_____

_____

3.) All educational options available for the student, the explanation of which has been provided by the PPT.

Options Discussed

_____

_____

_____

4.) The certification and qualifications of teachers, interpreters* and other personnel, required to deliver the language and communication plan, as well as the proficiency in and the ability to accommodate for the student's primary communication mode or language.

*Includes American Sign Language interpreter; English transliteration; oral interpreting; cued language transliteration; deaf-blind interpreting

Determination/Action Plan

_____

_____

_____

_____
Name of Student

_____
Date

5.) The accessibility (related to communication) of academic instruction, school services, and extracurricular activities the student will receive.

Determination/Action Plan

_____

_____

_____

6.) The necessity and use of appropriate accommodations/modifications, including assistive devices/services, communication accommodations and physical environment accommodations:

Assistive Devices/Services

- ☐ **Captioned / Signed Media**
- ☐ **FM System**
- ☐ **Note Taking**
- ☐ **Videophone / Captioned Telephone (Cap Tel)**
- ☐ **Speech to Text**
- ☐ **Captioned Services (e.g., CART, C-Print, Typewell)**
- ☐ **Hearing Aid / Cochlear Implant Monitoring**
- ☐ **Sound Field System**
- ☐ **Augmentative Communication Device**
- ☐ **Other:** _____

Communication Accommodations

- ☐ **Specialized seating arrangements:** _____
- ☐ **Obtain student's attention prior to communicating through speech, sign, and/or visual**
- ☐ **FM System**
- ☐ **Reduce auditory/visual distractions (e.g., background noise)**
- ☐ **Enhance speech reading conditions (e.g., avoid hands in front of face and gum chewing; well-trimmed mustaches)**
- ☐ **Clearly enunciate speech/signs**
- ☐ **Allow time for processing information**
- ☐ **Repeat or rephrase information when necessary and check for understanding**

Physical Environment Accommodations

- ☐ **Noise reduction (carpet and other sound absorption materials)**
- ☐ **Special use of lighting and seating**
- ☐ **Room design modifications**
- ☐ **Alerting devices (visual and auditory)**
- ☐ **Access to announcements via visual and auditory means (general information and emergency)**