



CONNECTICUT STATE DEPARTMENT OF EDUCATION

**CT-SEDS
IEP Preview Series
March 14, 2022**

Session recorded



CONNECTICUT STATE DEPARTMENT OF EDUCATION

SESSION 2: Record of Meeting & Summary of Meeting

**Welcome and
Introductions**

**Bryan Klimkiewicz, Special
Education Division Director**

[New IEP/CT-SEDS](#) (posted
sessions)

**Michael Tavernier, Bureau of
Special Education
Educational Consultant**



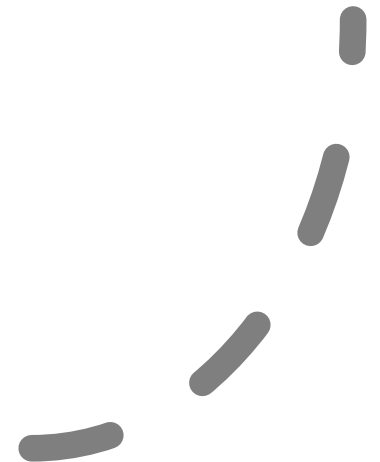
Learning Targets

- Understand the scenarios that require a Planning and Placement Team Record of Meeting.
- Understand the new Summary of Planning and Placement Team Meeting
- Preview of how CT-SEDS supports the creation of the Record of Meeting and PPT Meeting Summary
- Answer your questions.



Ask Questions

Throughout the presentation
add questions to the Q&A
Panel



WHY

- 1. To support and assist educators in the transition from their current IEP system/process.**
- 2. To Support and assist educators for the Go-Live launch of CT-SEDS on July 1, 2022.**
- 3. To provide an opportunity for you to share your questions related to the Record of Meeting and Summary of Meeting.**



Current IEP (Page 1, 2, and 3)

Student: _____ Last Name, First Name _____ DOB: _____ District: _____ Meeting Date: _____

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: _____

SASD # _____ If your school district does not have its own high school, is the student attending teacher designated high school?
 Yes No N/A

Case Manager: _____ Student Instructional Lang: English Other (specify) _____
 Student Address: _____ Student Home Phone: _____
 Parent/Guardian (Name): _____ Home Dominant Lang: English Other (specify) _____
 Parent/Guardian (Address): Same _____ Student Home Phone: _____
 Surrogate Name: _____ Parent Work Phone: _____
 Surrogate Address: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____

Most Recent Annual Review Date: _____ Next Annual Review Date: _____

Reasons for Meeting? Review Referral Plan Evaluation Review Evaluation Determine Eligibility Determine Continuing Eligibility Develop IEP
 Review or Revise IEP Conduct Annual Review Transition Planning Marketization 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/Outline Visual Impairment To be determined

The next projected PPT meeting date is: _____

- 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 ED034? YES, attached is the ED034 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) Yes No

If YES, what is the date of the IEP being amended? _____

Team Member Present (required)

Admin Designer: _____ Spec. Educ. Teacher: _____ CT: _____
 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): _____
Address of student's primary residence. *May choose mark their own.

SEN03, Revised October 2018

Student: _____ Last Name, First Name _____ DOB: _____ District: _____ Meeting Date: _____

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 ([http://www.cde.state.ct.gov/speec/Education/Special-Education-Legal-and-Cue-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).

SEN03, Revised July 2018

Student: _____ Last Name, First Name _____ DOB: _____ District: _____ Meeting Date: _____

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (attach)	Date these actions will be implemented
<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Interview _____ <input type="checkbox"/> Interview _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom _____ <input type="checkbox"/> Report of Records _____ <input type="checkbox"/> Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and detail) _____ <input type="checkbox"/> Health/Medical _____	_____ _____ _____ _____ _____
<input type="checkbox"/> Educational performance supports refused <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Educational performance supports refused <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Interview _____ <input type="checkbox"/> Interview _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom _____ <input type="checkbox"/> Report of Records _____ <input type="checkbox"/> Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and detail) _____ <input type="checkbox"/> Health/Medical _____	_____ _____ _____ _____ _____
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to this action <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/concerns shared by the student <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education _____ <input type="checkbox"/> Reason for exiting Special Education _____

Parents please note: Under the procedural safeguards of IDEA, a copy of the Consent Agreement to Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy shall be given to the parents if upon initial referral or parental request for evaluation. To view the first occurrence of the form of a consent under Section 67B(8)(b), it can be requested by a parent, and it can be changed or placement resulting from a disciplinary action. A copy of Consent Agreement to Special Education, which explains these protections, was made available previously this school year (date) _____, or is enclosed with this document. A copy of Consent Agreement to Special Education is available on either district website [http://www.cde.state.ct.gov/speec](#) or on the [www.ct.gov/cde](#) website. 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 (CTPAC at 860-402-3722). For a copy of N.Paper's Guide to Special Education in CT and other resources contact SENP (860-642-6676) or go to: [http://www.ct.gov/cde/Special-Education/Parent-Training-and-Information-Center-\(CTPAC\)-at-860-402-3722](#)

SEN03, Revised July 2018



What

- 1. A PPT Record of Meeting must be used to document a Planning and Placement Team meeting:**
 - 1. When a student does not yet have an IEP. (Example PPT1 or PPT2 and found not eligible).**
 - 2. When a PPT convenes and reviews the IEP but does not revise the IEP.**

Other examples:

 - 1. During a Manifestation Determination**
 - 2. During a Restraint/Seclusion Review**
- 2. A PPT Record of Meeting document must be shared with a Prior Written Notice.**



CT-SEDS INTERFACE

Record of Meeting

[CREATE RECORD OF MEETING](#)



Create the Record of Meeting document from this panel.



A record of Meeting Document is required.

SAVE



CT-SEDS INTERFACE

Create Record of PPT Meeting

▼ Select Associated PPT Meeting Notice

Select ↑	Date Created ↑↓	Meeting Date ↑↓	Meeting Purpose(s) ↑↓	Document ID ↑↓
<input type="checkbox"/>	03/01/2022	01/13/2022		1838

SHOW ALL

Include Spanish Translated Document

CLOSE

SAVE

CREATE DRAFT

CREATE FINAL



CT-SEDS INTERFACE

Select one of the following

- The student does not have an individualized education program (IEP) at this time
- Restraint/Seclusion Review
- Manifestation Determination
- The student's currently valid IEP was reviewed and is not being revised.

Meeting Date
01/13/2022

Meeting Attendees

Title	Name	Attended Meeting	Included on Meeting Notice
Student	Muriel Lane	<input type="checkbox"/>	Yes
Father	Dad Lane	<input type="checkbox"/>	Yes
Mother	Mom Lane	<input type="checkbox"/>	Yes
Administrator	CM Three	<input type="checkbox"/>	Yes
Student's General Education Teacher	Loren Dennis	<input type="checkbox"/>	Yes
Special Education Teacher	Brandon Franklin	<input type="checkbox"/>	Yes
Related Services Personnel	Mrs. Jones	<input type="checkbox"/>	Yes



Reminder: If a required member of the PPT is not present at the meeting, a PPT Attendance document must be created.

CT-SEDS INTERFACE

Summary



(Required)

Recommendations



(Required)

ADD MORE

The following documents were provided to the parent(s) at this meeting on MeetingDate or sent electronically with parental permission

- Procedural Safeguards in Special Education
- Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools
- A Parent's Guide to Special Education
- IEP Manual
- Building a Bridge
- Transition Bill of Rights
- Other

CT-SEDS INTERFACE

Other

Include Spanish Translated Document

CLOSE

SAVE

CREATE DRAFT

CREATE FINAL

OSEP District 1 Planning and Placement Team (PPT) Record of Meeting

Meeting Date: 01/13/2022

Reason for Meeting:

Parent/Guardian: Mom Lane, Dad Lane

Student Name: Muriel Lane

SASID:2169071045

Student Address: 1234 Joy Lane,
ABC, CT, 00000

1234 Joy Lane,
ABC, CT, 00000

Case Manager: CM Three

PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

Name	Role
Muriel Lane	Student
Dad Lane	Father
Mom Lane	Mother
CM Three	Administrator
Loren Dennis	Student's General Education Teacher
Brandon Franklin	Special Education Teacher
Mrs. Jones	Related Services Personnel

(Note: If a required member of the PPT is not present, the PPT Attendance document is required to conduct the PPT meeting.)

Summary

The PPT Convened to review the student's initial referral for special education eligibility.

Recommendations

The PPT determined that an initial special education evaluation is warranted.

Resources

Procedural Safeguards in Special Education

Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools

For assistance with understanding the provisions of the IDEA, please contact the district's special education director or the Connecticut Parent Advocacy Center (CPAC) at 1-800-445-2711.

New
Document



PPT Meeting Summary Current Form:

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).



CT-SEDS INTERFACE – Create/View Documents

● Summary of Planning and Placement Team (PPT) Meeting

CREATE DRAFT (WILL BE SAVED FOR 30 DAYS)

CREATE FINAL DOCUMENT (WILL BE SAVED)

UPLOAD EXTERNAL DOCUMENT(S)

The following information is required before you can create this Final Document

Summary of Planning and Placement Team (PPT) Meeting

Create Summary of PPT Meeting

Select Associated PPT Meeting Notice

Select	Date Created	Meeting Date	Meeting Purpose(s)	Document ID
<input type="checkbox"/>	12/29/2021	12/29/2021		1438

SAVE

Summary of Planning and Placement Team (PPT) Meeting

Create Summary of PPT Meeting

Select Associated PPT Meeting Notice

Select	Date Created	Meeting Date	Meeting Purpose(s)	Document ID
<input checked="" type="checkbox"/>	12/29/2021	12/29/2021		1438

Meeting Date:

12/29/2021

Meeting Purpose(s)

Summary



CT-SEDS INTERFACE

Summary



SAVE

Include a Spanish version of the document

CREATE FINAL DOCUMENT

Summary of Planning and Placement Team (PPT) Meeting: [view](#)

New Document



OSEP District 1 Summary of Planning and Placement Team (PPT) Meeting

Meeting Date: 12/29/2021

Student Name:

Reason for Meeting:

SASID:

Parent/Guardian: [REDACTED]

Student Address: 999 What St,
Rocky Hill, CT,

999 What St,
Whatville, CT, 06037

Case Manager: DA Two

PLANNING AND PLACEMENT TEAM SUMMARY

The PPT convened for the student's annual review. We have included a brief summary of the activities that have taken place.



Summary

- Current Practice shift (Page 1,2,3 to PPT Record of Meeting)
- Optional PPT Summary will be available in the system.
- If a school district uses a summary of meeting and maintains it, it is considered a student record.



Questions



Thank You!



CONNECTICUT STATE DEPARTMENT OF EDUCATION

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