



**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**CT-SEDS  
IEP Preview Series  
May 9, 2022**

**Session recorded**



CONNECTICUT STATE DEPARTMENT OF EDUCATION

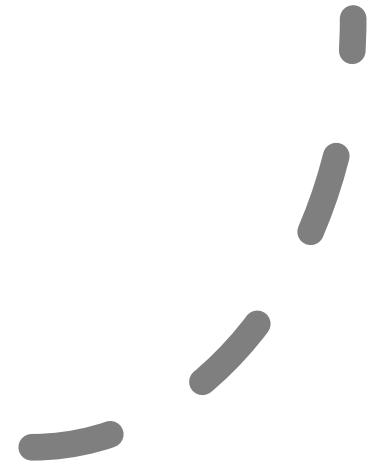
# **SESSION 9: Supplementary Aids and Services**

# Welcome and Introductions

**Bryan Klimkiewicz, Special Education  
Division Director**

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

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



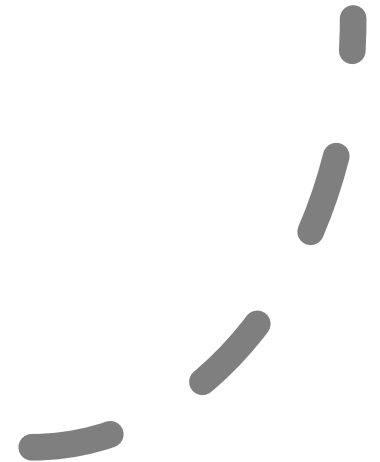
## Learning Targets

- Understand what Supplementary Aids and Services encompasses.
- Understand the new category: Adult Support.
- Preview of how CT-SEDS supports the documentation of Supplementary Aids and Services.



## Ask Questions

Throughout the presentation add questions to the Q&A Panel



## WHY?

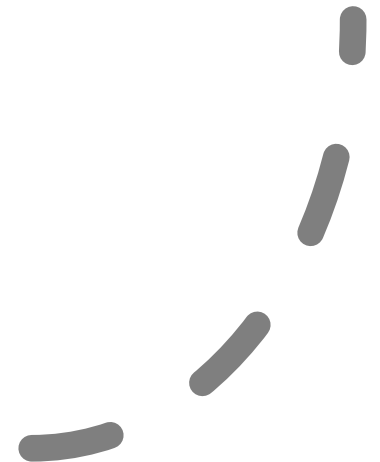
1. To support and assist educators in the transition from their current IEP system/process.
2. To support and assist educators for the Go-Live launch of CT-SEDS on July 1, 2022.
3. To provide an opportunity for you to share your questions related to documenting supplementary aids and services in the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



# WHAT?

Supplementary Aids and Services includes:

- Accommodations
- Modifications
- Assistive Technology
- Adult Support



# Accommodations/Modifications/A.T.– Current IEP Page 8

Student: \_\_\_\_\_ Last Name, First Name  
 DOB: \_\_\_\_\_ mm/dd/yyyy  
 District: \_\_\_\_\_ Meeting Date: \_\_\_\_\_ mm/dd/yyyy

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

<b>Accommodations and Modifications to be provided to enable the child:</b> <ul style="list-style-type: none"> <li>- To advance appropriately toward attaining his/her annual goals;</li> <li>- To be involved in and make progress in the general education curriculum;</li> <li>- To participate in extracurricular and other non-academic activities, and</li> <li>- To be educated and participate with other children with and without disabilities.</li> </ul> <b>Accommodations may include Assistive Technology Devices and Services</b>	<b>Sites/Activities Where Required and Duration</b>
<b>Materials/Books/Equipment:</b> _____ _____	
<b>Tests/Quizzes/Assessments:</b> _____ _____	
<b>Grading:</b> _____ _____	
<b>Organization:</b> _____ _____	
<b>Environment:</b> _____ _____	
<b>Behavioral Interventions and Support:</b> _____ _____	
<b>Instructional Strategies:</b> _____ _____	
<b>Other:</b> _____ _____	

*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: \_\_\_\_\_  
 \_\_\_\_\_





# Supplementary Aids and Services – New IEP

## Supplementary Aids and Services

Supplementary aids and services will be provided for the duration of the IEP unless otherwise noted.

### ACCOMMODATION

### Area(s)/Locations

Repeat Directions

All Classes

Graphic Organizer

English/Language Arts, Social Studies

Practice read alouds

English/Language Arts, Reading

### ASSISTIVE TECHNOLOGY

### Area(s)/Locations

Speech to Text

All Classes



# CT-SEDS INTERFACE: Supplementary Aids/Services











## IEP Process

Select action

Create/Revise IEP

Amend IEP



 IEP Meeting Information	 IEP Overview	 Special Considerations	 Present Levels, Annual Goals, Supplementary Aids/Services	 Secondary Transition	 Special Education and Related Services
 Removal from General Ed	 District and State Testing	 PPT Recommendations	 Create Prior Written Notice and IEP		





# CT-SEDS INTERFACE: Supplementary Aids/Services

## Supplementary Aids and Services: Academic/Cognitive Achievement

[ADD SUPPLEMENTARY AIDS/SERVICES](#) 

 Add accommodations, modifications, assistive technology, and/or adult support from this panel.

 It was indicated that this student requires [accessible educational materials, alternative mode of communication]. Consider whether a supplementary aid and/or service is required here to address those needs.

 No supplementary aids or services have been added for Academic/Cognitive Achievement.

### Accommodations

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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### Modifications

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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### Assistive Technology

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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### Adult Support


Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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SAVE

## Supplementary Aids and Services: Functional Performance

[ADD SUPPLEMENTARY AIDS/SERVICES](#)

 Add accommodations, modifications, assistive technology, and/or adult support from this panel.

 It was indicated that this student requires [accessible educational materials, alternative mode of communication]. Consider whether a supplementary aid and/or service is required here to address those needs.

 No supplementary aids or services have been added for Functional Performance.

### Accommodations

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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### Modifications

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

### Assistive Technology

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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### Adult Support

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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SAVE



# CT-SEDS INTERFACE: Supplementary Aids/Services

▼ Supplementary Aids and Services: Transition [ADD SUPPLEMENTARY AIDS/SERVICES](#)

**i** Add accommodations, modifications, assistive technology, and/or adult support from this panel.

**i** No supplementary aids or services have been added for Transition.

▼ Accommodations

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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▼ Modifications

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

▼ Assistive Technology

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

▼ Adult Support

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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**SAVE**



# CT-SEDS INTERFACE: Supplementary Aids and Services

## Supplementary Aids and Services: Academic/Cognitive Achievement

[ADD SUPPLEMENTARY AIDS/SERVICES](#)



Add accommodations, modifications, assistive technology, and/or adult support from this panel.



It was indicated that this student requires [accessible educational materials, alternative mode of communication]. Consider whether a supplementary aid and/or service is required here to address those needs.



No supplementary aids or services have been added for Academic/Cognitive Achievement.

### Accommodations

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

### Modifications

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

### Assistive Technology

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
----------	---------------------------	---------------------	---------	-----

### Adult Support

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
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SAVE



# CT-SEDS INTERFACE: Add Supplementary Aid/Service



## Add Supplementary Aid/Service



Select the type of supplementary aid or service and complete the relevant details.



Reminder: Supplementary aids and services should be considered for use in statewide assessments.



[Supplementary Aids and Services Examples](#) are available for reference.

Type



(Required)

Area(s)/Location(s)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English/Language Arts          | <input type="checkbox"/> Social Studies                         | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Vocational Activities          | <input type="checkbox"/> All Classes                            | <input type="checkbox"/> Reading             |
| <input type="checkbox"/> Science                        | <input type="checkbox"/> Art                                    | <input type="checkbox"/> Lunch               |
| <input type="checkbox"/> PE                             | <input type="checkbox"/> Nonacademic/Extracurricular Activities | <input type="checkbox"/> All Areas           |
| <input type="checkbox"/> Library                        | <input type="checkbox"/> Study Hall/Study Skills                | <input type="checkbox"/> Writing             |
| <input type="checkbox"/> Resource/Related Services Room | <input type="checkbox"/> Technology Education                   | <input type="checkbox"/> Math                |
| <input type="checkbox"/> Separate Classroom/Program     | <input type="checkbox"/> Computer Science                       | <input type="checkbox"/> Guidance/Counseling |
| <input type="checkbox"/> Other                          |   | <input type="checkbox"/> Health              |

CLOSE

SAVE

SAVE AND ADD ANOTHER AID/SERVICE



# CT-SEDS INTERFACE: Add Supplementary Aid/Service

## Add Supplementary Aid/Service

**i** Select the type of supplementary aid or service and complete the relevant details.

**i** Reminder: Supplementary aids and services should be considered for use in statewide assessments.

**i** [Supplementary Aids and Services Examples](#) are available for reference.

Type ▼

- Accommodations
- Modifications
- Assistive Technology
- Adult Support

<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Music
<input type="checkbox"/> PE	<input type="checkbox"/> All Classes	<input type="checkbox"/> Reading
<input type="checkbox"/> Library	<input type="checkbox"/> Art	<input type="checkbox"/> Lunch
<input type="checkbox"/> Resource/Related Services Room	<input type="checkbox"/> Nonacademic/Extracurricular Activities	<input type="checkbox"/> All Areas
<input type="checkbox"/> Separate Classroom/Program	<input type="checkbox"/> Study Hall/Study Skills	<input type="checkbox"/> Writing
<input type="checkbox"/> Other	<input type="checkbox"/> Technology Education	<input type="checkbox"/> Math
	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Guidance/Counseling
		<input type="checkbox"/> Health

**CLOSE** **SAVE** **SAVE AND ADD ANOTHER AID/SERVICE**



# CT-SEDS INTERFACE: Add Accommodation

## Add Supplementary Aid/Service



 Select the type of supplementary aid or service and complete the relevant details.

 Reminder: Supplementary aids and services should be considered for use in statewide assessments.

 [Supplementary Aids and Services Examples](#) are available for reference.

Type  
Accommodations ▼

### Category

- Presentation       Student Response       Environment       Timing/Scheduling  
 Organization       Behavioral Interventions and Support       Instructional Strategies

(Required)

### Supplementary Aid/Service

(Required)

Area(s)/Location(s)

- English/Language Arts       Social Studies       Music  
 Vocational Activities       All Classes       Reading  
 Science       Art       Lunch

CLOSE

SAVE

SAVE AND ADD ANOTHER AID/SERVICE





# CT-SEDS INTERFACE: Add Accommodation

## Add Supplementary Aid/Service ✕

Category

Presentation       Student Response       Environment       Timing/Scheduling

Organization       Behavioral Interventions and Support       Instructional Strategies

Supplementary Aid/Service  
Extra Time to complete assignment

Area(s)/Location(s)

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Music
<input type="checkbox"/> Vocational Activities	<input type="checkbox"/> All Classes	<input checked="" type="checkbox"/> Reading
<input checked="" type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Lunch
<input type="checkbox"/> PE	<input type="checkbox"/> Nonacademic/Extracurricular Activities	<input type="checkbox"/> All Areas
<input type="checkbox"/> Library	<input type="checkbox"/> Study Hall/Study Skills	<input checked="" type="checkbox"/> Math
<input type="checkbox"/> Resource/Related Services Room	<input type="checkbox"/> Technology Education	<input type="checkbox"/> Guidance/Counseling
<input type="checkbox"/> Separate Classroom/Program	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Health
<input type="checkbox"/> Other		

∨ Supplementary Aids/Services Already Added

**CLOSE**      **SAVE**      **SAVE AND ADD ANOTHER AID/SERVICE**



# CT-SEDS INTERFACE: Add Supplementary Aid/Service

## Add Supplementary Aid/Service ✕

**i** Supplementary Aids and Services Examples are available for reference.

**Type** ▼  
*(Required)*

Area(s)/Location(s)

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Music
<input type="checkbox"/> Vocational Activities	<input type="checkbox"/> All Classes	<input type="checkbox"/> Reading
<input type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Lunch
<input type="checkbox"/> PE	<input type="checkbox"/> Nonacademic/Extracurricular Activities	<input type="checkbox"/> All Areas
<input type="checkbox"/> Library	<input type="checkbox"/> Study Hall/Study Skills	<input type="checkbox"/> Writing
<input type="checkbox"/> Resource/Related Services Room	<input type="checkbox"/> Technology Education	<input type="checkbox"/> Math
<input type="checkbox"/> Separate Classroom/Program	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Guidance/Counseling
<input type="checkbox"/> Other		<input type="checkbox"/> Health

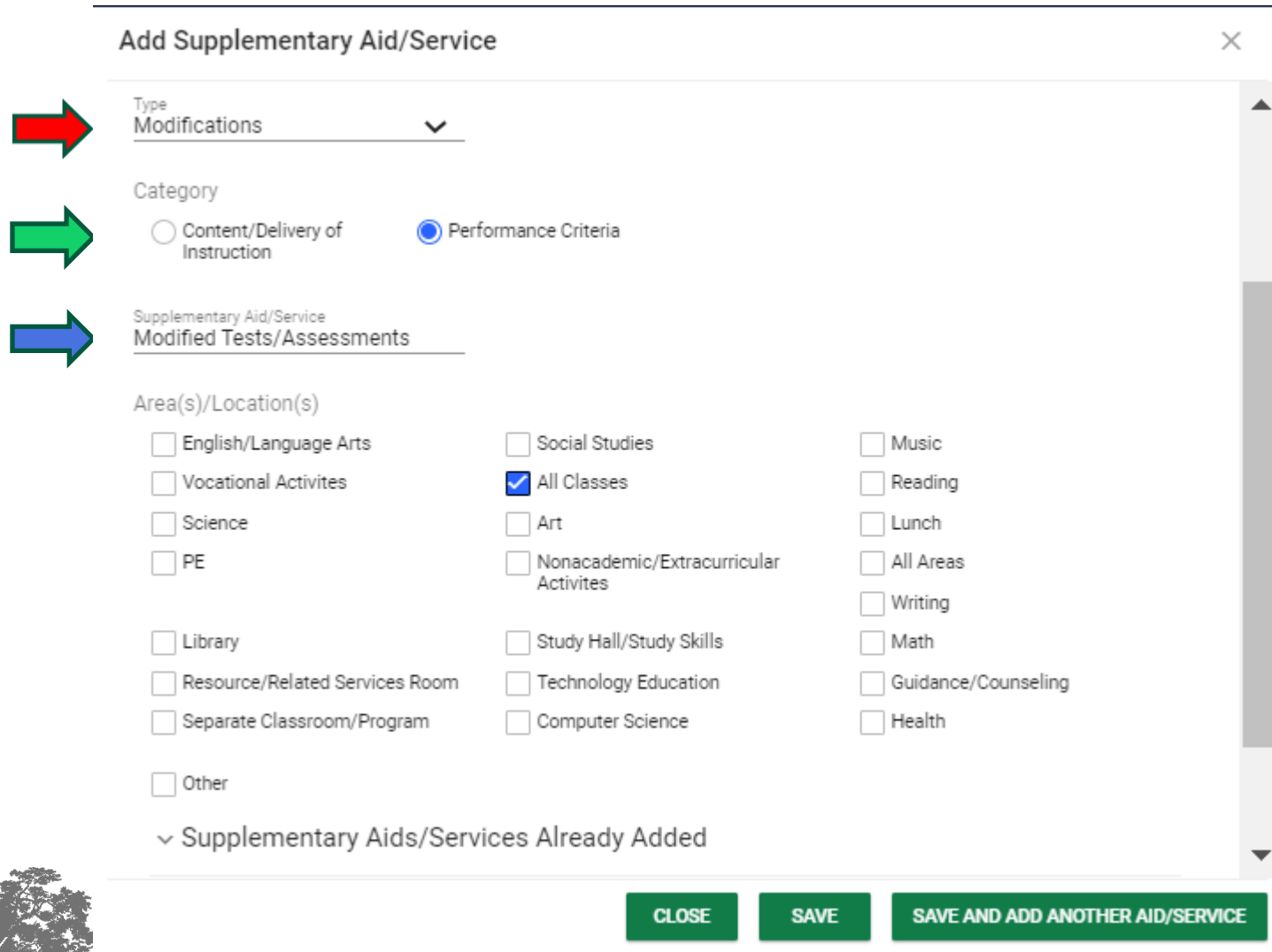
▼ Supplementary Aids/Services Already Added

Type	Category	Supplementary Aid/Service	Area(s)/Location(s)
Accommodations	Timing/Scheduling	Extra Time to complete assignments.	Reading Science Math

**CLOSE** **SAVE** **SAVE AND ADD ANOTHER AID/SERVICE**



# CT-SEDS INTERFACE: Add Modification



**Add Supplementary Aid/Service** [X]

Type  
Modifications [v]

Category  
 Content/Delivery of Instruction  Performance Criteria

Supplementary Aid/Service  
Modified Tests/Assessments

Area(s)/Location(s)

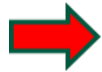
<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Music
<input type="checkbox"/> Vocational Activities	<input checked="" type="checkbox"/> All Classes	<input type="checkbox"/> Reading
<input type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Lunch
<input type="checkbox"/> PE	<input type="checkbox"/> Nonacademic/Extracurricular Activities	<input type="checkbox"/> All Areas
<input type="checkbox"/> Library	<input type="checkbox"/> Study Hall/Study Skills	<input type="checkbox"/> Writing
<input type="checkbox"/> Resource/Related Services Room	<input type="checkbox"/> Technology Education	<input type="checkbox"/> Math
<input type="checkbox"/> Separate Classroom/Program	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Guidance/Counseling
<input type="checkbox"/> Other		<input type="checkbox"/> Health

[v] Supplementary Aids/Services Already Added

**CLOSE** **SAVE** **SAVE AND ADD ANOTHER AID/SERVICE**



# CT-SEDS INTERFACE: Add Assistive Technology



## Add Supplementary Aid/Service



Type  
Assistive Technology

### Category

- Presentation       Student Response       Environment       Timing/Scheduling  
 Organization       Behavioral Interventions and Support       Instructional Strategies       Accessible Educational Materials (AEM)

Supplementary Aid/Service  
Speech to Text

### Area(s)/Location(s)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English/Language Arts          | <input type="checkbox"/> Social Studies                         | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Vocational Activities          | <input checked="" type="checkbox"/> All Classes                 | <input type="checkbox"/> Reading             |
| <input type="checkbox"/> Science                        | <input type="checkbox"/> Art                                    | <input type="checkbox"/> Lunch               |
| <input type="checkbox"/> PE                             | <input type="checkbox"/> Nonacademic/Extracurricular Activities | <input type="checkbox"/> All Areas           |
| <input type="checkbox"/> Library                        | <input type="checkbox"/> Study Hall/Study Skills                | <input type="checkbox"/> Writing             |
| <input type="checkbox"/> Resource/Related Services Room | <input type="checkbox"/> Technology Education                   | <input type="checkbox"/> Math                |
| <input type="checkbox"/> Separate Classroom/Program     | <input type="checkbox"/> Computer Science                       | <input type="checkbox"/> Guidance/Counseling |
| <input type="checkbox"/> Other                          |   | <input type="checkbox"/> Health              |

Supplementary Aids/Services Already Added

- 



# CT-SEDS INTERFACE: Add Adult Support



**Add Supplementary Aid/Service** ✕

Type  
Adult Support ▼

Category  
 Adult Support

Supplementary Aid/Service ▼

- 1:1 Aide - Behavioral Support
- 1:1 Aide - Instructional Support
- 1:1 Aide - Instructional/Behavioral Support
- 1:1 Aide - Personal Care
- 1:1 Paraprofessional - Behavioral Supports
- 1:1 Paraprofessional - Instructional Support
- 1:1 Paraprofessional - Instructional/Behavioral Support
- 1:1 Tutor - Instructional Support
- BCaBA - Behavioral Support
- BCBA - Behavioral Support
- Human Reader
- Human Signer
- Instructional Paraprofessional Scribe
- RBT - Behavioral Support
- RN/LPN - Personal Care Support
- Tutor - Instructional Support
- 2:1 Aide - Behavioral Support
- 2:1 Aide - Instructional Support
- 2:1 Aide Instructional/Behavioral Support

Music  
 Reading  
 Lunch  
 All Areas  
 Writing  
 Math  
 Guidance/Counseling  
 Health


CLOSESAVESAVE AND ADD ANOTHER AID/SERVICE




# CT-SEDS INTERFACE: Add Adult Support



## Supplementary Aids and Services: Academic/Cognitive Achievement

ADD SUPPLEMENTARY AIDS/SERVICES 



 Add accommodations, modifications, assistive technology, and/or adult support from this panel.

 It was indicated that this student requires [accessible educational materials, alternative mode of communication]. Consider whether a supplementary aid and/or service is required here to address those needs.

### Accommodations

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
Timing/Scheduling	Extra Time to complete assignments.	Reading, Science, Math		



### Modifications

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
Performance Criteria	Modified Tests/Assessments	All Classes		

### Assistive Technology

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
Student Response	Speech to Text	All Classes		

### Adult Support

Category	Supplementary Aid/Service	Area(s)/Location(s)	Details	Del
Adult Support	1:1 Paraprofessional - Instructional/Behavioral Support	All Classes		

SAVE



## Summary

- Supplementary aids and services include accommodations, modifications, assistive technology, and adult support.
- One of the goals in designing the new system was to encourage the thoughtful selection of essential supplementary aids and services for use in specific settings.
- There is a panel to record supplementary aids and services in both annual goal domain areas: 1) academic/cognitive achievement, and 2) functional performance as well as the Secondary Transition section.
- Adult support is used to document more intensive support to a student (e.g., 1:1 aide).









CONNECTICUT STATE DEPARTMENT OF EDUCATION

**Bryan Klimkiewicz**

**Special Education Div. Dir.**

**[Bryan.Klimkiewicz@ct.gov](mailto:Bryan.Klimkiewicz@ct.gov)**

**Robb Geier**

**Senior Consultant PCG**

**[CT-SEDS@pcgus.com](mailto:CT-SEDS@pcgus.com)**

**Michael Tavernier**

**BSE Education Consultant**

**[Michael.Tavernier@ct.gov](mailto:Michael.Tavernier@ct.gov)**