## Technical Edits and the Individualized Education Program ("IEP") Document

## PLEASE NOTE:

This copy of Connecticut's IEP document has highlighted sections that correspond to the guidance in the Connecticut State Department of Education memorandum titled *Technical Edits and the Individualized Education Program ("IEP") Document.* 

The highlighted sections indicate the areas of the IEP document that can only be changed by a planning and placement team ("PPT") or through the IEP amendment process.

In other words, the highlights show the components of the IDEA-required IEP for which the technical edit guidance DOES NOT apply.

udent: Last Name, First Name	DOB: mm/dd/yyy	Distr 'y	rict:		N	leeting Date:	mm	/dd/yyyy
	PLANNING AND PLA	ACEMENT TE	EAM (PPT) C	OVER PAGE				
				ade:Grad	e Next Yr:	Gender:	☐ Female	☐ Mal
urrent Home School:	School Next Yea	r:		Home	School Next Y	ear:		
ASID #:ase Manager:		If your school	district does not ha	ave its own high sch	nool, is the stud	ent attending his/h	er designated h	igh schoo
tudent Address1:		Student In	structional Lang:	☐ English	Other:	(specify)		
arent/Guardian (Name):		Home Don	minant Lang:	☐ English	Other:	(specify)		
			ome Phone:		Parent Ho	me Phone:		
umanata Manas		Donout Wo			Misc. Pho			
urrogato Addross:		Most Poss	ent Eval. Date:		Next Reevalu	uation Data:		
urrogate Address:		WOST Rece	ili Eval. Dale.	mm/dd/yyyy	Next Reevail	ialion Date.	mm/dd/y	ууу
ost Recent Annual Review Date:		Next Ann	ual Review Date:					
	mm/dd/yyyy			m	m/dd/yyyy			
eason for Meeting <sup>2:</sup> Review Referral Review or Revise IE	☐ Plan Eval/Reeval ☐ Revie  P ☐ Conduct Annual Review ☐ Trans		Determine Eligibil Manifestation Def	_	etermine Contin Other (specify) _	unig Engionity	☐ Develop IE	
Primary Autism	☐ Emotional Disturbance	Multiple Disab		Speech or Lang		Other Health	•	
·	aring Impairment (Deaf or Hard of Hearing)	Orthopedic Im		☐ Traumatic Brain		☐ OHI – ADD//		
	3-5 only) Intellectual Disability	Specific Learn	ing Disabilities	☐ Visual Impairme	nt	☐ To be determ	nined	
	al Education (The child is evaluated as housing Form ED634? YES, attack		·			,	☐ No EP documents)	□N
	Team Mo	ember Present	(required)					
dmin/Designee:	Spec. Educ	c. Teacher:			OT:			
Parent/Guardian:	School	l Psych:			PT:			
Parent/Guardian:	Socia	al Work:			Age	ncy:		
Surrogate Parent:	Spee	ch/Lang:			Othe	er: (specify)		
Student:	Guid	ance:			Othe	er: (specify)		
Student's Reg. Ed. Teacher:	Nurse	e:			Othe	er: (specify)		

<sup>&</sup>lt;sup>1</sup> Address of student's primary residence. <sup>2</sup> May choose more than one

udent:	DOB:	District:	Meeting Date:	
Last Name, First Name	mm/dd/yy	<mark>ryy</mark>		<mark>dd/yyyy</mark>
	LIST OF	PPT RECOMMENDATIONS		
	PI ANNING AND PI ACEM	IENT TEAM MEETING SUMMARY (OPTIONA		
			<del></del>	
Describe also as a star Effective Oct 1 at 20	00	and the state developed Demontal N. C.	and the Leave Deletion to Division Device 10	1
rarents please note: Effective October 1, 20 in the Public Schools (http://www.sde.et.gov/s	us, parents must be provided with a collection of the collection as not be provided with a collection of the collection	opy or the state developed <i>Parental Notification</i>	n of the Laws Relating to Physical Restraint and Se Id's initial referral for special education. In addition,	∂CIUSIOI the
notice must also be provided to parents at the	first PPT meeting where the use of se	eclusion as a hehavior intervention is included i	in a child's IEP.	, uı <del>c</del> ation ot
he Laws Relating to Physical Restraint and S	eclusion in the Public Schools has bee	en provided to the parents on	(date).	

Student:		DOB:		District:		Meeting Date:	
Last Name, First Name mm/dd/yyyy  PRIOR WRITTEN NOTICE							mm/dd/yyyy
			PRIOR W	KITTEN NOTICE			Date these
Ac	tions Proposed	Reasons for pro		Evaluation proce	edure, assessment, recor for the actions propos	ds, or reports used as a basis ed (dated)	actions will be implemented
		Educational performal proposed actions	nce supports	Achievement	☐ Motor		
		Evaluation results sup	port proposed actions	Adaptive	Report C	ards	
		Previous IEP goals ar been satisfactorily act		Classroom Observation	Review o	of Records	
		Student has met Exit	Criteria	Cognitive	Social Er	motional Behavior	
		Other	_	Communication	Teacher	Reports	
				Developmental	Other (specify a	and dated)	
				Health/Medical			
A	ctions Refused	Reasons for ref	used actions	Evaluation pro		ords, or reports used as a basis sed (dated)	for the actions
		Educational performa	nce supports refusal	Achievement		■ Motor	
		Evaluation results sup	port refusal	Adaptive		Report Cards	
		Previous IEP goals ar been satisfactorily ach	nd objectives have nieved	Classroom Observation		Review of Records	
		☐ Student has met Exit	<mark>Criteria</mark>	Cognitive		Social emotional Behavior	
		Other		Communication		☐ Teacher Reports	
				Developmental		Other (specify and dated)	
				☐ Health/Medical			
	considered and rejected in the proposed actions	Rationale for rejecti		Other factors that	t are relevant to this action	en Exit Informa	tion
Full-time placem supplementary a	ent in general education with ids and services.	Options would not pro appropriate program i environment		PPT decision	er factors that are relevant to the reserved by the parents	Date of exit from Special Education	
■ No other options	were considered and rejected.	Other: (specify)		☐ Information/prefer	ences shared by the student	Returning to general edu	cation
Other options co		(зреспу)		Other: (specify)		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) senciosed 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: http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730.							

tudent:	DOB:	District:	Meeting Date:
Last Name, First Name	mm/dd/yyyy		mm/dd/yyyy
(The following information was	SENT LEVELS OF ACADEMIC ACHIE derived from: report data, documentati based and standardized assessments, i	<mark>on from classroom performance, obser</mark>	vations, parent/student reports, and
Parent and Student pput and concerns		<b>3</b>	
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 activiti
cademic/Cognitive			
anguage Arts: ☐ Age Appropriate			-   -
- 1 губ түртөрний			·   <del>-  </del>
			·   -
	<del>                                   </del>		·   <del> </del>
			-   <del></del>
cademic/Cognitive:			-   <del>-                                 </del>
<mark>ath:</mark>			
☐ Age Appropriate			
ther Academic/ onacademic Areas:			
☐ Age Appropriate			
			·   <del> </del>
			-   -

Student:	DOB: Distri	ict:	Meeting Date:
Last Name, First Name	mm/dd/yyyy		mm/dd/yyyy
PRE	SENT LEVELS OF ACADEMIC ACHIEVEMEN	NT AND FUNCTIONAL PERFORMANCE	
			Impact of student's disability on involvement
Area	<u>Strengths</u>	Concerns/Needs	and progress in the general education
(briefly describe current performance)	(include data as appropriate)	(requiring specialized instruction)	curriculum or appropriate preschool activities.
Behavioral/Social/Emotional:		,	
☐ Age Appropriate			
Communication:			
☐ Age Appropriate			
			_ <del></del>
_ <del></del>			_ <del></del>
Vocational/Transition:			
☐ Age Appropriate			
Health and Development			
including Vision And Hearing:			
☐ Age Appropriate			_ <del></del>
		- <del></del>	
Fine and Gross Motor:			<del>                                   </del>
☐ Age Appropriate		- <del></del>	
- Age Appropriate		- <del> </del>	- <del></del>
<del></del>			_ <del></del>
Activities of Daily Living:		- <del> </del>	
☐ Age Appropriate	- <del></del>	_ <del></del>	
	- <del></del>	- <del></del>	
Other:			
☐ Age Appropriate			
		- <del></del>	

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tudent:			DOB:	District:		Meeting Date:	
		Last Name, First Name	mm/dd/yyyy				mm/dd/yyyy
			TRANSITIO	N PLANNING			
. 🗆	Not Apı	olicable: Student has not reached the age			riate at this time.		
		either the first IEP to be in effect when the				nt is 16 or older and tra	neition planning
	is requ		student turns 10 (or younger if appr	opriate and transit	on planning is needed, or the stude	iit is 10 of older and tra	mention planning
		eferences/Interests – document the following					
		tudent invited to attend her/his Planning and Fudent attend?	Placement Team (PPT) meeting?	∐Yes □Yes	□No □No		
		the student's preferences/interests, as they re	elate to planning for transition services	_			
	] Perso	nal Interviews	Functional Vocational Evaluation	ıs 🔲 Age ap	propriate transition assessments	Other	
d) Su	ımmariz	e student preferences/interests as they relate	to planning for transition services:				
. Age A	ppropr	iate Transition Assessment(s) performed:	(Specify assessment(s) and dates a	dministered)			
-	-	icipation:				<b>5.4</b> 0	
•	•	outside agencies invited to attend the PPT me	•	t 🔛 No (If No, N	IUST specify reason as listed in the IE	P Manual)	
,		the agency's representative attend?	☐ Yes ☐ No				
,		articipating agency agreed to provide or pay f	_				
. Post-	<u>School</u>	Outcome Goal Statement(s) and Transition	n Services recommended in this IEF	<mark>)</mark>			
a) Po	st-Scho	ool Outcome Goal Statement - Postsecond	ary Education or Training:				
_	_	Annual real/a) and related chiestives respect	na Dosto socialem. Education on Traini		and and are included in this IFD		
L\ D		Annual goal(s) and related objectives regardi	•	ng nave been develo	pped and are included in this IEP		
b) <b>Po</b>	st-Scho	ool Outcome Goal Statement – Employmen	t:				
		Annual goal(s) and related objectives regardir	ng Employment have been developed	and are included in t	his IEP		
c) Po		ol Outcome Goal Statement - Independent					
		Annual goals and related objectives regarding	Independent Living have been develop	oped and are include	d in this IEP (may include Community	Participation)	
. <u>Pleas</u>	e selec	ONLY one:					
	<mark>Γhe coι</mark>	irse of study needed to assist the child in rea	ching the transition goals and related	objectives <b>will inclu</b>	de (including general education activit	es):	
		t has completed academic requirements; n				<mark>es.</mark>	
		year prior to reaching the age of 18, the st					
	`	• , , —	tudent has been informed of her/his ri	<u> </u>		No IDEA rights will transf	
		hose eligibility under special education wi y of Performance will be completed on or b		o graduation with a	a regular education diploma or due	to exceeding the age of	eligibility,
arents	nlease	oote: Rights afforded to parents under the Ir	ndividuals with Disabilities Education	Act (IDFA) transfer	to students at the age of 18 unless le	gal guardianshin has be	en obtained

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Student:	DOB: Dist	rict:	Meeting Date:	
Last Name, First Name	mm/dd/yyyy		mm/dd/yyyy	
Academic/Cognitive Social/Behavioral	☐Communication ☐Gross/Fine Motor	Postsecondary Education/Training	g Enter Dates for Evaluating and	
Self Help Employment	☐Independent Living ☐Health	Other: (specify)	Reporting Progress in Boxes Below	<mark>W</mark>
Check here if the student is 15 years of age.	(Note: Page 6, Transition Planning must be complete	ed if this box is checked)	1 2 3 4	
			5         6         7         8	
Measurable Annual Goal* (Linked to Pres	ent Levels of Performance) #			
		Eval. Procedure:	Report Progress Below (Use Reporting Key)	
		Perf. Criteria:	1 2 3 4	
		(%, Trials, etc.)	5 6 7 8	
Short Term Objectives/Benchmarks (Linked to ach	ieving progress towards Annual Goal)	·		
Objective #1				
		Eval. Procedure:	Report Progress Below (Use Reporting Key)	
		Perf. Criteria:	1 2 3 4	
		(%, Trials, etc.)	5 6 7 8	
Objective #2	•			
		Eval. Procedure:	Report Progress Below (Use Reporting Key)	
		Perf. Criteria:	1 2 3 4	
		(%, Trials, etc.)	5 6 7 8	
				_
Objective #3				
		Eval. Procedure:	Depart Progress Relay (Hee Penarting Key)	
		Perf. Criteria:	Report Progress Below (Use Reporting Key)	
		(%, Trials, etc.)	5 6 7 8	
	_	(70, 111010, 0101)		
Evaluation Procedures		Performance Criteria		
Criterion-Referenced/Curriculum Based Assessment	7. Behavior/Performance Rating Scale	A. Percent of Change	F. Duration	
Pre and Post Standardized Assessment	8. CMT/CAPT	B. Months Growth	G. Successful Completion of Task/Activity	
3. Pre and Post Base Line Data	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	ch progress is sufficient to achieve goal by the end of the		<b>S</b> = Satisfactory Progress – Likely to achieve goal	
<b>U</b> =Unsatisfactory Progr	ess – Unlikely to achieve goal <b>N</b> = No Progress – Wi	ill not achieve goal <b>NI</b> = 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:	Last Name, First Name	DOB:	District:	Meeting Date:	mm/dd/yyyy
<u> </u>	Program Accommodations and Modifications	S - INCLUDING NONACADEMIC A	ND EXTRACURRICULAR ACTIVITIES	COLLABORATION/SUPPORT FOR S	SCHOOL PERSONNEL
Accom	modations and Modifications to be pr	rovided to enable the child:		5	Sites/Activities Where
	<ul> <li>To be involved in a</li> </ul>	oriately toward attaining his/her annu and make progress in the general edi	ucation curriculum;	R	lequired and Duration
		tracurricular and other non-academi d participate with other children with			
Accom	modations may include Assistive Tec				
	als/Books/Equipment:	<b>g,</b>			
Tartal	0				
Tests/	Quizzes/Assessments:				
Gradin					
Gradir	<u> </u>				
Organ	ization:				
Enviro	onment:			<mark>-</mark>	
	ioral Interventions upport:				
Instru	ctional Strategies:				
Other:					
No	te: When specifying required supports for person	nnel to implement this IFP include th	specific supports required how often	they are to be provided (frequency) and	for how long (duration)
Freque	ency and Duration of Supports Required for	School Personnel to Implement to	his IEP include:	andy are to be provided (frequency) and f	or now long (duration)
			<del>-</del>		

Student:		DOB:	District:	<b>Meeting Date:</b>	
	Last Name, First Name	mm/dd/yyyy			mm/dd/yyyy

## STATE AND DISTRICT TESTING AND ACCOMMODATIONS

The CMT/CAPT section and DISTRICTWIDE ASSESSMENTS section must be completed.

CMT/CAPT Check the grade the student will be in when the test is given.	DISTRICTWIDE ASSESSMENTS Check the grade(s) the student will be in when the tests are given.				
□ Grade 3 □ Grade 4 □ Grade 5 □ Grade 6   □ Grade 7 □ Grade 8 □ Grade 10 □ Grade 10 (Retest)   □ Grade 11 □ Grade 12 □ Grades PK-2, 9 or 11-12; testing not required	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				
CMT/CAPT  (You must select ONE of Assessment Options 1, 2, and 3 unless the student is in grades PK-2, 9 or 11-12 and testing is not required. Select any appropriate Administration Options.)	DISTRICTWIDE ASSESSMENTS (Select all appropriate options.)				
Assessment Options:  1. Standard CMT/CAPT for all tests	N/A - No districtwide assessments are scheduled during the term of this IEP.				
<ul> <li>CMT/CAPT Modified Assessment System (MAS)* for:         <ul> <li>math tests only</li> <li>reading tests only</li> <li>math and reading tests</li> </ul> </li> <li>(This option includes the Standard CMT/CAPT for all tests not specified above.)</li> <li>3. CMT/CAPT Skills Checklist</li> </ul>	Standard Assessment(s)  Alternate Assessment(s)  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				
Administration Options: (Check N/A for both options if student is assessed with Skills Checklist.)	assessment selected is appropriate for the child.				
Yes No N/A Accommodations will be provided.**  The completed CMT or CAPT Test Accommodations Form is attached.					
Yes No N/A ELL exemption from reading and writing tests will be given.  NOTE: This exemption applies only to a student who has attended school in the U.S. for less than 12 months AND has limited English proficiency. The student must have					
taken an English language assessment (the LAS Links). This exemption is available for only ONE administration of the CMT or CAPT; the student may not be exempted from testing in subsequent years. Exempted students are not required to take the reading and writing tests, but must take all other CMT or CAPT tests. For further information, see the guidelines at http://www.sde.ct.gov/sde/cwp/view.asp?A=2618&Q=320820.	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.				
* The CMT/CAPT (MAS) Eligibility Worksheet and FAQs document should be used for guidance on eligibility. Provide a completed copy of the worksheet to the district test coordinator for required registration of students assessed with the CMT/CAPT (MAS) on the CSDE CMT/CAPT Accommodations Data Collection website. A PPT decision to assess the student using the CMT (MAS) or CAPT (MAS) must be recorded on IEP page 3, Prior Written Notice.	Accommodations will be provided as specified scient.				
** If accommodations are given, complete the CMT or CAPT Test Accommodations Form and attach to this IEP. Provide a copy of the form to the district test coordinator for required registration on the CSDE CMT/CAPT Accommodations Data Collection website.					

Student:  Last Name, First Name	DOB:mm/dd/yyyy	District:	Meeting Date: mm/dd/yyyy					
	SPECIAL FACTORS, PROGRE	SS REPORTING, EXIT CRITE	RIA					
CONSIDERATION OF SPECIAL FACTORS:								
1. For students whose behavior impedes her	his learning or that of others, the PPT has considered	strategies, including positive beh	avioral interventions and supports to address that behavior, and:					
☐ NA ☐ A behavioral intervention plan has	been developed	n 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)								
student's reading and writing skills, needs,	3. For students who are blind or visually impaired: NA Instruction in braille or the 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 is not appropriate for this student.							
and full range of needs, including opportur	eds, opportunities for direct communications with pee	rs and professional personnel in the decommunication mode, and cons	m ED638) - The PPT has determined (after considering the ne child's language and communication mode, academic level, sidering whether the student requires assistive technology					
PROGRESS REPORTING								
1. A report of progress toward meeting the Me	easurable Annual Goals and Short Term Objectives in	cluded in this IEP will be sent to p	arents periodically, according to the following schedule:					
Quarterly	Consistent with grade level report cards	Other: (Specify)						
EXIT CRITERIA								
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)

Student:			DOB:		District:			Meeting Date:
	Last Name, Fi	rst Name		mm/dd/yyyy	:D\#050 AND DEGU	4.D. EDUIGATION		mm/dd/yyyy
0 1151 11 0		( ) E			RVICES, AND REGUL		0:4 *	
Special Education Se	rvices 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								
Teluted Oct Vioco								
*Instructional Site:	1. Re	gular Classroom	2. Resource/Rela Room	ted Service	3. Self-Contained Classroom	4. Com Based	munity-	5. Other:
Description of participation General Education	tion in							
Note: Each 1. Assis Item #1-13 Technol		☐ Not Required	Required: Se	e Pg. 8	5.	Length of School I	Оау:	(Specify)
must include a 2. Applie	ed (Voc.) Ed:	Regular	Special (spec	cify)		Number of Days/W	leek:	(Specify)
	cal Education:	: Regular	Special (spec	cify)	□ N/A 7.	Length of School	∕ear:	(Specify)
4. Trans	portation:	Regular	Special (spec	eify)	N/A			
8. Total School Hours	s/Week: (Speci	fy) 9. Spe	cial Education Hou	rs/Week: (Specify)				will spend with children/students who do on-disabled peers):
11. Since the last Anr	nual Review, h	as the student pa	rticipated in school	sponsored extrac	curricular activities wit	th non-disabled pe	ers?	☐ Yes ☐ No
12. Extended School	Year Services	: Not Requ			delivery grid above or services to be provid		Re	quired: Continue to implement current IEP
13. a) The extent, if an	y, to which the	student will not pa	articipate in regular	classes and in extra	acurricular and other no	onacademic activiti	<mark>es, includ</mark>	ling lunch, recess, transportation, etc., with
students who do	not have disab	ilities:						
							No	t Applicable: Student will participate fully
			the school, classroo e regular education		or nonacademic activitie	es, (e.g., lunch, rece		ortation, etc.) that s/he would attend if not applicable: Student will participate fully
The IEP requires re	moval of the st	udent from the regi	ular education enviro	<mark>nment because: (p</mark> i	ovide a detailed explan	ation – use addition	al pages	if necessary)
								t for <u>60% or more</u> of the time. It is with Disabilities Education Act.

Student:	DOB:	District:	Me	eting Date:
Last Name, First Name	mm/dd/			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	d child's DOB indicate the	nat the child did not receive FAPE b	y their 3 <sup>rd</sup> birthday, why?	
Late referral (less than 90 days before 3 <sup>rd</sup> birthday)			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
Placement/Settings for students 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 placement/setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:				
Early Childhood Preschool or Kindergarten Program – inclunon-disabled children	ides 50% or more	Early Childhood Special Educa	ation Program in Separate Class – inclu	des less than 50% non-disabled children
Early Childhood Special Education Program in Separate Soless than 50% non-disabled children	chool – includes	Early Childhood Special Educa	ation Program in Residential Facility – ir	ncludes less than 50% non-disabled children
Home		Service Provider Location (Itin with non-disabled peers	erant Services) – applies only when a c	hild does not spend time in any environment
Education Placement 3 to 21 years of age				
1. Primary Reason for Educational Location				
☐ PPT ☐ Open Choice (Parent Placement)	Interim Alternative Education Setting		District transition/vocations appropriate community ba	
Charter School (Parental Choice)  Vo-Ag School (Parental Choice)	Expulsion	Mediation Agreement	reached with participation of an SDE	mediator) None (Awaiting Placement)
CTHSS (Parental Choice)  CTHSS (Parental Placement in Private School)	Parent/BOE Settle	ement Resolution Agreement hearing request)	(reached through a resolution session l	neld in relation to a parent's due process
Inter-district Magnet (Parental Choice) Medical (Hospital or Homebound)	☐ Due Process Hea	ring Non-Educational Restr	riction / Treatment Boundary (must ans undary)	swer 3a - who initiated non-educational
2. If student doesn't live at home, where does he/she live	?			_
Correctional Facility Municipal Detention Center (District 336 only) (Bridgeport, Hartford, New Haver	Foster Home	Safe	Home	Private Residential Treatment Center
(District 336 only) (Bridgeport, Hartford, New Haver DCF Facility Private Detention Center	•	mily Residence Suppo	orted housing (housing subsidized by	Private Residential Educational School
(District 347 only)  e.g. SAGE, Washington Street Juvenile Detention Center		.ct.gov/dcf/Licensed DCF	DDS, DMHAS or other state agency.)	_
DMHAS Facility Hospital (District 337 only)	Group Home	☐ Temp	orary Shelter (includes Permanency ostic Center (PDC) and STAR shelters)	Other (Specify)
3. If student's placement is not in a district program, who/what entity initiated the placement?				
State Agency Placement Grant applies if placement initiated by:   DCF DDS DMHAS Dudicial Department Indian Nation				
LEA Excess Cost Grant <u>may</u> apply when placement is made by: PPT Physician Resolution Agreement Settlement Agreement Mediation Agreement Hearing Decision  GRADUATION				
GRADUATION				
The student is projected to graduate in what year? (Enter the school year formatted as YYYY-YYYY that is determined at the annual review during the student's 9th grade year.)				

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