

## **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.

**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: \_\_\_\_\_ 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?  
 Yes  No  NA

Case Manager: \_\_\_\_\_ 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: \_\_\_\_\_ Next Reevaluation Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Most Recent Annual Review Date: \_\_\_\_\_ Next Annual Review Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

**Reason for Meeting<sup>2</sup>:**  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  Speech or Language Impaired  Other Health Impairment  
 Deaf – Blindness  Hearing Impairment (Deaf or Hard of Hearing)  Orthopedic Impairment  Traumatic Brain Injury  OHI – ADD/ADHD  
 Developmental Delay (ages 3-5 only)  Intellectual Disability  Specific Learning Disabilities  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 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? \_\_\_\_\_

**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) \_\_\_\_\_

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



**Student:** \_\_\_\_\_  
Last Name, First Name

**DOB:** \_\_\_\_\_  
mm/dd/yyyy

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

**Meeting Date:** \_\_\_\_\_  
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
	<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"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	_____   _____
Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)		
	<input type="checkbox"/> Educational performance supports refusal <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"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	_____   _____
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	
<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 the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences 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 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: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730>.

Student: \_\_\_\_\_  
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DOB: \_\_\_\_\_  
mm/dd/yyyy

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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 CMT and CAPT 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.
<b>Academic/Cognitive Language Arts:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
<b>Academic/Cognitive Math:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
<b>Other Academic/Nonacademic Areas:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

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mm/dd/yyyy

District: \_\_\_\_\_

Meeting Date: \_\_\_\_\_  
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.
<b>Behavioral/Social/Emotional:</b> <input type="checkbox"/> Age Appropriate			
<b>Communication:</b> <input type="checkbox"/> Age Appropriate			
<b>Vocational/Transition:</b> <input type="checkbox"/> Age Appropriate			
<b>Health and Development including Vision And Hearing:</b> <input type="checkbox"/> Age Appropriate			
<b>Fine and Gross Motor:</b> <input type="checkbox"/> Age Appropriate			
<b>Activities of Daily Living:</b> <input type="checkbox"/> Age Appropriate			
<b>Other:</b> <input type="checkbox"/> Age Appropriate			

Student: \_\_\_\_\_  
Last Name, First Name

DOB: \_\_\_\_\_  
mm/dd/yyyy

District: \_\_\_\_\_

Meeting Date: \_\_\_\_\_  
mm/dd/yyyy

### TRANSITION PLANNING

1.  Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
- This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 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. Please select ONLY one:**

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 only 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 education 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: \_\_\_\_\_ Last Name, First Name      DOB: \_\_\_\_\_ mm/dd/yyyy      District: \_\_\_\_\_      Meeting Date: \_\_\_\_\_ 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**

Check here if the student is 15 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked)

1	2	3	4
5	6	7	8

**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**

- 1. Criterion-Referenced/Curriculum Based Assessment
- 2. Pre and Post Standardized Assessment
- 3. Pre and Post Base Line Data
- 4. Quizzes/Tests
- 5. Student Self-assessment/Rubric
- 6. Project/Experiment/Portfolio
- 7. Behavior/Performance Rating Scale
- 8. CMT/CAPT
- 9. Work Samples, Job Performance or Products
- 10. Achievement of Objectives (Note: use with goal only)
- 11. Other (specify) \_\_\_\_\_
- 12. Other (specify) \_\_\_\_\_

**Performance Criteria**

- A. Percent of Change
- B. Months Growth
- C. Standard Score Increase
- D. Passing Grades/Score
- E. Frequency/Trials
- F. Duration
- G. Successful Completion of Task/Activity
- H. Mastery
- I. Other: (specify) \_\_\_\_\_
- J. Other: (specify) \_\_\_\_\_

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

Student: \_\_\_\_\_ Last Name, First Name  
 DOB: \_\_\_\_\_ mm/dd/yyyy  
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 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Student: \_\_\_\_\_  
Last Name, First Name

DOB: \_\_\_\_\_  
mm/dd/yyyy

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mm/dd/yyyy

**SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA**

**CONSIDERATION OF SPECIAL FACTORS:**

- 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) \_\_\_\_\_
- 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) \_\_\_\_\_
- 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), that instruction in braille or the use of braille is not appropriate for this student.
- 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 devices and services) that the services/modifications identified in the attached *Language and Communication Plan* are required.

**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**

- 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: \_\_\_\_\_ Last Name, First Name      DOB: \_\_\_\_\_ mm/dd/yyyy      District: \_\_\_\_\_      Meeting Date: \_\_\_\_\_ 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 1<sup>st</sup> reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3<sup>rd</sup> birthday, why?  
 Late referral (less than 90 days before 3<sup>rd</sup> 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 \_\_\_\_\_

**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 – includes 50% or more non-disabled children       Early Childhood Special Education Program in Separate Class – includes less than 50% non-disabled children  
 Early Childhood Special Education Program in Separate School – includes less than 50% non-disabled children       Early Childhood Special Education Program in Residential Facility – includes less than 50% non-disabled children  
 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. Primary Reason for Educational Location
- PPT       Open Choice (Parent Placement)       Interim Alternative Education Setting-IAES       Court Order Following Due Process       District transition/vocational program or age appropriate community based program       Homeless  
 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)       Service plan only (Parent Placement in Private School)       Parent/BOE Settlement Agreement       Resolution Agreement (reached through a resolution session held in relation to a parent's due process hearing request)  
 Inter-district Magnet (Parental Choice)       Medical (Hospital or Homebound)       Due Process Hearing       Non-Educational Restriction / Treatment Boundary (must answer 3a - who initiated non-educational restriction/treatment boundary)

2. If student doesn't live at home, where does he/she live?
- Correctional Facility (District 336 only)       Municipal Detention Center (Bridgeport, Hartford, New Haven)       Foster Home       Safe Home       Private Residential Treatment Center  
 DCF Facility (District 347 only)       Private Detention Center e.g. SAGE, Washington Street Juvenile Detention Center       Permanent Family Residence [http://www.dir.ct.gov/dcf/Licensed\\_Facilities/listing\\_PFR.asp](http://www.dir.ct.gov/dcf/Licensed_Facilities/listing_PFR.asp)       Supported housing (housing subsidized by DCF, DDS, DMHAS or other state agency.)       Private Residential Educational School  
 DMHAS Facility (District 337 only)       Hospital       Group Home       Temporary Shelter (includes Permanency Diagnostic 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       Judicial Department       Indian Nation  
 LEA Excess Cost Grant may apply when placement is made by:       PPT       Physician       Resolution Agreement       Settlement Agreement       Mediation Agreement       Hearing Decision

**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 9<sup>th</sup> grade year.)

-      
 Y      Y      Y      Y      Y      Y      Y      Y