



**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**CT-SEDS  
IEP Preview Series  
April 4, 2022**

*Session recorded*



CONNECTICUT STATE DEPARTMENT OF EDUCATION

# **SESSION 5: Diagnostic Placement and IEP Special Considerations**

# 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 the new Diagnostic Placement Process within CT-SEDS and Generated Documents
- Understand the new format for Special Considerations within the new IEP.
- Answer your questions



## Ask Questions

Throughout the presentation  
add questions to the Q&A  
Panel



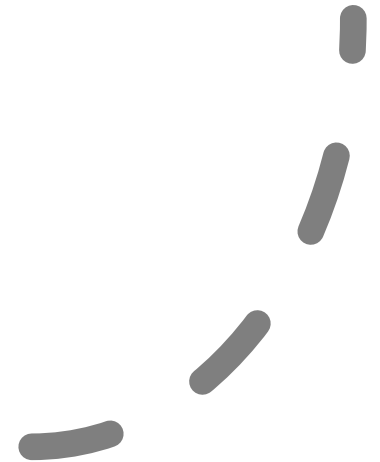
# WHY

- 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 Diagnostic Placement and IEP Special Considerations.**



## What is a Trial Placement for Diagnostic Purposes?

- Initial or Reevaluation
- Structured program
- 40 school days or less
- Previous evaluation results are inconclusive



## Requirements for Trial Placement for Diagnostic Purposes

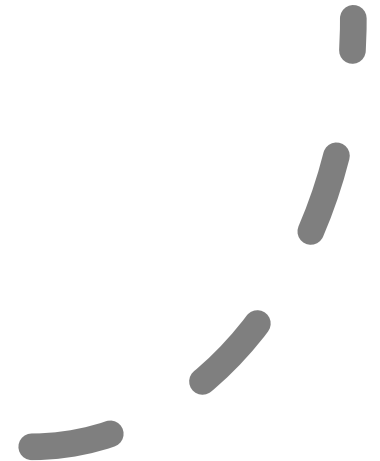
- Diagnostic goals/objectives
- Types and amount of services
- Meet every 10 school days (not PPT meeting)
- Convene PPT 5 days prior to conclusion of the trial placement.





## Additional Notes for Trial Placement for Diagnostic Purposes

- Not current educational placement for student's status during due process proceedings.
- Allowable extension of evaluation timeline.



# CT-SEDS INTERFACE: Diagnostic Placement

## Referral and Evaluations

Select action

- Referral and Initial Evaluations
- Targeted Assessments (Non-Three-Year Reevaluation)
- Three-Year Reevaluation

**i** This process is used to complete a referral and initial evaluation for the student. This process should also be used if changes to the initial evaluations are needed or additional assessments will be added for the initial eligibility determination.

|   |                           |  |                                     |                  |                                   |
|---|---------------------------|--|-------------------------------------|------------------|-----------------------------------|
| Referral<br><b>Complete</b> ✓             | PPT1<br><b>Complete</b> ✓ | Evaluation Design and Consent<br><b>Complete</b> ✓ | Additional Evaluation Planning<br>▶ | Evaluations<br>▶ | Determination of Eligibility<br>▶ |
| View and Create Additional Documents<br>▶ |                           |  |                                     |                  |                                   |



# CT-SEDS INTERFACE: Diagnostic Placement- Program Design

## Additional Evaluation Options

- PPT is considering Specific Learning Disability (SLD)
- PPT has determined that a diagnostic placement will be initiated in order to determine initial or continued eligibility or to develop or revise the student's IEP.

SAVE

## Trial Placement Consent Document



Fill in the details regarding the student's Trial Placement. Click "Create Consent Form" to generate the document for parent consent.

Rationale for Trial Placement

Describe

(Required)

Instructional Site(s) of Trial Placement

- General Education Setting 50% or more non-disabled peers
- General Education Setting Less than 50% non-disabled peers
- Resource Setting
- Separate Setting/Program
- Related Service Setting
- Community-Based Setting 50% or more non-disabled peers
- Community-Based Setting Less than 50% non-disabled peers

Other

(Required)

Location

- The location is fully or partially outside of the student's enrolled school

# CT-SEDS INTERFACE: Diagnostic Placement- Program Design

## ▼ Diagnostic Goal(s) and Objectives

[ADD DIAGNOSTIC GOALS](#)



Goals should be based on the PPT's outstanding evaluation questions. Progress on objectives should be measured with the information/data that will be collected and reviewed every two weeks.



Goal

Objectives

Edit

Delete

## Add Diagnostic Goals and Objectives



Add goals and objectives for the student's trial placement.

Goal

(Required)

Objective(s)

(Required)

CLOSE

SAVE

ADD ANOTHER GOAL



# CT-SEDS INTERFACE: Diagnostic Placement- Program Design

## ▼ Diagnostic Goal(s) and Objectives

[ADD DIAGNOSTIC GOALS](#)



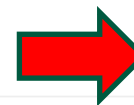
Goals should be based on the PPT's outstanding evaluation questions. Progress on objectives should be measured with the information/data that will be collected and reviewed every two weeks.




| Goal   | Objectives   | Edit | Delete |
|--|--|------|--------|
| The Student will increase their ability to access coping strategies to manage anxiety within the academic environment. | The student will decrease time out of academic classroom settings by accessing coping strategies.. |      |        |
| Goal 2   | Objective 2.1  |      |        |
|  | Objective 2.2  |      |        |
|  | Objective 2.3  |      |        |

# CT-SEDS INTERFACE: Diagnostic Placement- Program Design

## Trial Placement Services



[ADD TRIAL PLACEMENT SERVICES](#)

 Enter the types and amounts of any services needed to conduct the Trial Placement.

| Service | Description | Edit | Delete |
|---------|-------------|------|--------|
|---------|-------------|------|--------|

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.

(Required)

CREATE CONSENT DOCUMENT

SAVE

# CT-SEDS INTERFACE: Diagnostic Placement- Program Design

## Add Trial Placement Service



Add a service for the student's trial placement.

Custom Trial Placement Service

Service



(Required)

Description

Describe

(Required)

CLOSE

SAVE

ADD ANOTHER SERVICE

# CT-SEDS INTERFACE: Diagnostic Placement – Program Design

## Trial Placement Services

[ADD TRIAL PLACEMENT SERVICES](#)



Enter the types and amounts of any services needed to conduct the Trial Placement.

| Service               | Description  | Edit | Delete |
|-----------------------|--|------|--------|
| Counseling Individual | The student will receive 30min of counseling per week to address anxiety. The student will check in with the school psychologist/social worker on a daily basis during homeroom. |      |        |

Select relevant option for parent signature

- The parent is in the meeting and will sign the document digitally.
- The document will be sent electronically to the parent portal for signature.
- The parent will sign a hard copy of the document.



CREATE CONSENT DOCUMENT

SAVE





# CT-SEDS INTERFACE: Diagnostic Placement - Consent

## Create Consent for Diagnostic Placement



Note: This option should only be selected when you've obtained the parent's Consent or Denial during the meeting using CT-SEDS Signature. Finalization of this document captures if Consent was received or denied.

### Parent or Adult Student Approval

- I give my consent for the CT Training District to conduct the evaluations described above. I understand that this consent may be revoked at any time.
- I do not give my consent for the CT Training District to conduct the evaluations described above.

(Required)

CLEAR SIGNATURE

CANCEL

CREATE DRAFT

CREATE FINAL

# CT-SEDS Diagnostic Placement – Consent

## ▼ Trial Placement Consent Date

[ENTER PARENT REVOCATION OF CONSENT](#)



The section reflects the student's Consent for Trial Placement Dates. This is where the Consent Date can be entered outside of form creation.

Parent agrees.

Consent Date for Diagnostic Placement

04/02/2022



SAVE

# Diagnostic Placement Document and Consent Page 1



## Trial Placement for Diagnostic Purposes Planning and Parental Consent

**Student Name:** Student Three

**Date:** 04/02/2022

**SASID:**

**PURPOSE:** Section 10-76d-14 of the Regulations of Connecticut State Agencies (RSCA) states that a board of education may use trial placement for diagnostic purposes as part of the initial evaluation or reevaluation of a child. The trial placement for diagnostic purposes is limited to no more than 40 school days in duration and the purpose is to assess the needs of a child who is or who may be a child with a disability, but for whom the evaluation or reevaluation is either inconclusive or the data insufficient to determine the child's eligibility for special education and related services or to develop or revise the child's individualized education program (IEP). If the trial placement is part of a referral for special education and related services, the 45-school day initial evaluation timeline may be extended by the planning and placement team (PPT) for the time necessary to complete the trial placement for diagnostic purposes.

### **Rationale for Trial Placement**

Test

### **Instructional Site(s) of Trial Placement**

General Education Setting 50% or more non-disabled peers

### Description of the Trial Placement

#### **Diagnostic Goal(s) and Objectives**

##### **Goal 1**

The Student will increase their ability to access coping strategies to manage anxiety within the academic environment.

##### **Objectives**

The student will decrease time out of academic classroom settings by accessing coping strategies..

##### **Goal 2**

Goal 2

##### **Objectives**

Objective 2.1

Objective 2.2

Objective 2.3

#### **Trial Placement Services**

| <b>Service</b> | <b>Description</b> |
|----------------|--------------------|
|----------------|--------------------|

|                       |  |
|-----------------------|--|
| Counseling Individual | The student will receive 30min of counseling per week to address anxiety. The student will check in with the school psychologist/social worker on a daily basis during homeroom. |
|-----------------------|--|

# Diagnostic Placement Document and Consent Page 2



## Parent Consent

- I give my consent for the Columbus Public Schools Public Schools to conduct the evaluations described above. I understand that this consent may be revoked at any time.
- I do not give my consent for the Columbus Public Schools Public Schools to conduct the evaluations described above.

BK

04/02/2022

Parent/Guardian or Adult Student Signature

Date

Date received by school district:

04/02/2022

# CT-SEDS Diagnostic Placement - Progress



## ▼ Trial Placement Student Progress

[ADD STUDENT PROGRESS MEETING](#)



A trial placement for diagnostic purposes will be terminated as soon as the student's needs have been determined but in any event no later than 40 school days from the start of the trial placement. The PPT or members of the PPT designated through parent and district agreement will meet at least once every 10 school days to discuss the student's progress and revise where necessary the supports and services.

[CREATE STUDENT PROGRESS DOCUMENT](#)

# CT-SEDS Diagnostic Placement - Progress

## Add Student Progress Meeting



Add details from the meeting to discuss the student's progress.

Meeting Date

mm/dd/yyyy



(Required)

Meeting Time

hh:mm am/pm



(Required)



Meeting Location

(Required)

Meeting Summary

(Required)



CLOSE

SAVE

# CT-SEDS Diagnostic Placement - Progress

## ▼ Trial Placement Student Progress

[ADD STUDENT PROGRESS MEETING](#)



A trial placement for diagnostic purposes will be terminated as soon as the student's needs have been determined but in any event no later than 40 school days from the start of the trial placement. The PPT or members of the PPT designated through parent and district agreement will meet at least once every 10 school days to discuss the student's progress and revise where necessary the supports and services.

### ▼ Meeting 1

Meeting Date  
09/07/2021

Meeting Time  
10:15 AM

Meeting location  
ABC Elementary School



#### Meeting Summary

The student is accessing his counseling sessions as well as daily check-ins. The student is reviewing and rehearsing coping strategies. The student was absent 2 days during the past two week period. The student has left class 2 times during the past two weeks. The team determined that no revisions are required at this time. Continue diagnostic placement plan as designed.

### ▼ Meeting 2

Meeting Date  
09/21/2021

Meeting Time  
10:15 AM

Meeting location  
ABC Elementary School



#### Meeting Summary

The student is progressing. The school psychologist shared data related to the students current coping skills. The student has had perfect attendance during the previous two weeks and has left the classroom on one occasion due to anxiety related reasons.



[CREATE STUDENT PROGRESS DOCUMENT](#)

# Trial Placement for Diagnostic Purposes Student Progress Document

## Trial Placement for Diagnostic Purposes Student Progress

**Student Name:** Student Three

**Date:** 04/02/2022

**SASID:**

A trial placement for diagnostic purposes will be terminated as soon as the student's needs have been determined but in any event no later than 40 school days from the start of the trial placement. The PPT or members of the PPT designated through parent and district agreement will meet at least once every 10 school days to discuss the student's progress and revise where necessary the supports and services.

Meeting 1

---

**Meeting Date**  
09/21/2021

**Meeting Time**  
10:15 AM

**Meeting Location**  
ABC Elementary School

**Meeting Summary**

The student is progressing. The school psychologist shared data related to the students current coping skills. The student has had perfect attendance during the previous two weeks and has left the classroom on one occasion due to anxiety related reasons.

Meeting 2

---

**Meeting Date**  
09/07/2021

**Meeting Time**  
10:15 AM

**Meeting Location**  
ABC Elementary School

**Meeting Summary**

The student is accessing his counseling sessions as well as daily check-ins. The student is reviewing and rehearsing coping strategies. The student was absent 2 days during the past two week period. The student has left class 2 times during the past two weeks. The team determined that no revisions are required at this time. Continue diagnostic placement plan as designed.





# Referral and Eligibility Determination

## IEP Process

Select action

Create/Revise 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

▶



# Special Considerations – Current IEP Document

## 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.



# Special Considerations – New IEP Document

## Special Considerations

Does the student exhibit behaviors that impede learning for self or others?

No  Yes

---

Is the student deaf or hard of hearing?

No  Yes

---

Is the student blind or visually impaired?

No  Yes

---

Does the student have limited English proficiency (Student qualifies as an EL)?

No  Yes

---

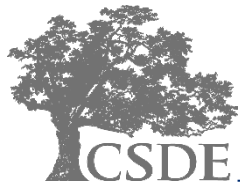
Does the student require accessible educational materials (AEM)?

No  Yes

---

Does the student require an alternative mode of communication?

No  Yes



# CT-SEDS INTERFACE

∨ Does the student exhibit behaviors that impede learning for self or others?

---

Yes

No

Check all that apply:

IEP goal(s) and objectives will be developed to address the behavior.

A behavioral intervention plan based on a functional behavior assessment has been developed.

Other

(Required)

**EXAMPLE:** Check all that apply:

IEP goal(s) and objectives will be developed to address the behavior.

A behavioral intervention plan based on a functional behavior assessment has been developed.

Other

∨ Goal Areas

---



Select the area(s) for which goals are needed for the student.



Warning! At least one functional goal should be developed to address the student's behavior.

## EXAMPLE #2

▼ Does the student exhibit behaviors that impede learning for self or others?

Yes

No

Check all that apply:

IEP goal(s) and objectives will be developed to address the behavior.

A behavioral intervention plan based on a functional behavior assessment has been developed.

Other



Behavioral Intervention Plan Documentation

[ATTACH DOCUMENTATION](#)



Attach the current behavioral intervention plan. Attachments can be viewed at the bottom of the page.



Relevant documentation must be uploaded.

▼ Is the student deaf or hard of hearing?

---

Yes

No

Language and Communication Plan is **required.**



Complete a Language and Communication Plan below.

# CT-SEDS INTERFACE

▼ Is the student blind or visually impaired?

---



Yes



No

Select an option:

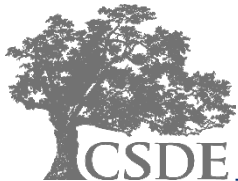


Instruction in braille or use of braille is being provided, as required.



The PPT 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

(Required)



# CT-SEDS INTERFACE

▼ Does the student have limited English proficiency? (Student qualifies as an EL)



Yes

No



Student's native language

Portuguese

The PPT considered the language needs of the student as they relate to the student's IEP and recommends the following

Describe

(Required)





# CT-SEDS INTERFACE

## ∨ Does the student require accessible educational materials (AEM)?

Yes  No

The PPT determined that the student has a print-related disability (e.g., SLD/Dyslexia, blind/VI, physical limitations). See annual goals/objectives and/or supplementary aids and services for details.

## ∨ Does the student require an alternative mode of communication?

Yes  No

The PPT reviewed the communication needs of the student. See annual goals/objectives and/or supplementary aids and services for details.

## EXAMPLE:

### ∨ Supplementary Aids and Services: Academic/Cognitive Achievement

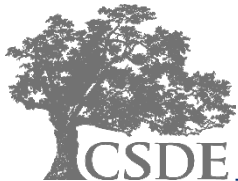
[ADD SUPPLEMENTARY AIDS/SERVICES](#)



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.



# CT-SEDS INTERFACE – Language and Communication Plan (LCP)

## ▼ Is the student deaf or hard of hearing?



Yes



No

Language and Communication Plan is **required**.



Complete a Language and Communication Plan below.

## ▼ Language and Communication Plan



A Language and Communication Plan is required for the student. Complete the fields here. The Language and Communication Plan document will be generated when the IEP document is generated at the end of the process.

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 PPT team has provided educational opportunity and considered the following.

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



Assessment



Discussion



Observation

(Required)

1b. 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

(Required)

# CT-SEDS INTERFACE - LCP

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

Describe

(Required)

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

Options Discussed

Describe

(Required)

4. The required certification and qualifications of teachers, \*interpreters and other personnel to deliver the LCP, 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 and deaf-blind interpreting.

Determination/Action Plan

Describe

(Required)

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

Determination/Action Plan

Describe

(Required)

# CT-SEDS INTERFACE - LCP

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

## Assistive Devices/Services

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Captioned::Captioned/Signed Media               | <input type="checkbox"/> CaptionedServices::Captioned Services (e.g., CART, C-Print, Typewell) | <input type="checkbox"/> FMSystem::FM System                                 |
| <input type="checkbox"/> NoteTaking::Note Taking                         | <input type="checkbox"/> SoundField::Sound Field System  | <input type="checkbox"/> HearingAid::Hearing Aid/Cochlear Implant Monitoring |
| <input type="checkbox"/> Augmentative::Augmentative Communication Device | <input type="checkbox"/> PPTdiscussed::PPT discussed, none are needed.                         | <input type="checkbox"/> Videophone::Videophone/Cap Tel                      |

(Required)

## Communication Accommodations

- |  |   |
|--|---|
| <input type="checkbox"/> studentattention::Obtain student's attention prior to communication through speech, sign and/or visual                      | <input type="checkbox"/> FMSystem::FM System  |
| <input type="checkbox"/> Enhancespeech::Enhance speech reading conditions (avoid hands in front of face, mustaches well-trimmed, and no gum chewing) | <input type="checkbox"/> Reduceauditory::Reduce auditory/visual distractions (i.e., background noise) |
| <input type="checkbox"/> Repeatorrephrase::Repeat or rephrase information when necessary and check for understanding                                 | <input type="checkbox"/> Clearlyenunciate::Clearly enunciate speech/signs                             |
|  | <input type="checkbox"/> Allowtime::Allow time for processing information                             |
|  | <input type="checkbox"/> PPTdiscussed::PPT discussed, none are needed.                                |

(Required)

## Physical Environment Accommodations

- |   |  |
|---|--|
| <input type="checkbox"/> Noisereduction::Noise reduction (carpet and other sound-absorption materials)                                    | <input type="checkbox"/> Specialuse::Special use of lighting and seating         |
| <input type="checkbox"/> Roomdesign::Room-design modifications  | <input type="checkbox"/> Alertingdevices::Alerting devices (visual and auditory) |
| <input type="checkbox"/> Accesstoannouncements::Access to announcements via visual and auditory means (general information and emergency) | <input type="checkbox"/> PPTdiscussed::PPT discussed, none are needed.           |

(Required)

# CT-SEDS INTERFACE - LCP

7. Procedures for alerting the student to an emergency situation and a process to inform all relevant parties who may be responsible for implementation of an emergency communication plan.

Procedures/Action for Alerting Student

Describe

(Required)

Procedure for Notifying all Relevant Personnel

Describe

(Required)

8. Other specific needs of the student during the course of the emergency.

Other Student Specific Needs

Describe

(Required)

# New IEP Document

## Special Considerations

**Does the student exhibit behaviors that impede learning for self or others?**

No  Yes

IEP goal(s) and objectives will be developed to address the behavior.

A behavioral intervention plan based on a functional behavior assessment has been developed.

---

**Is the student deaf or hard of hearing?**

No  Yes

Language and Communication Plan is required.

---

**Is the student blind or visually impaired?**

No  Yes

---

**Does the student have limited English proficiency (Student qualifies as an EL)?**

No  Yes

---

**Does the student require accessible educational materials (AEM)?**

No  Yes

---

**Does the student require an alternative mode of communication?**

No  Yes

# Questions



# Thank You!



## CONNECTICUT STATE DEPARTMENT OF EDUCATION

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