

Iowa Special Education Processes and Documentation

2007 – 2008

Developed through the Cooperative Efforts of
Iowa's Area Education Agencies
and the Iowa Department of Education

Provided to you by:



August 2007

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Inquiries regarding compliance with this nondiscrimination policy and the related grievance procedure, including but not limited to complaints of discrimination, shall be directed to:

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2007 - 2008 Guidance for Iowa Special Education Processes and Documentation

Developed by Iowa's Area Education Agencies in Collaboration with the Iowa Department of Education

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1. **ID number or file number.** Area education agencies or school districts that use a student identification number or file number will record this number here.

2. **Type of IEP meeting:**

Initial: An initial full and individual evaluation has been completed; eligibility has been determined. The first IEP for this eligible individual is being developed.

Review: All parts of a previously written IEP are being reviewed. This new IEP must be reviewed within one year of the date of this IEP meeting.

Reevaluation: The AEA’s full and individual reevaluation process has been completed. A previously written IEP is being rewritten. A reevaluation IEP *must* include responses to six specific questions. See Pages 52-53. This new IEP must be reviewed within one year of the date of this IEP meeting. The reevaluation process must be completed within three years of the date of this IEP meeting.

Amendment: A previously written IEP is being amended — the IEP *is not* being completely rewritten. For example, a goal area and services might be dropped or a behavioral intervention plan might be added to the IEP.

For paper IEPs, complete:

IEP Section A (this documents all necessary information about the meeting), other sections of the IEP relevant to the changes, and

In addition to making the amendments, complete a *Prior Written Notice*.

For the state web-based IEP:

Selecting “Amendment” for meeting type unlocks the IEP being amended and allows that IEP to be changed. In addition to making the amendments, complete a *Prior Written Notice*.

NOTE: Amending an IEP does not change the due date for annual review. For example, if an IEP was written in October and amended the following April, an annual review is due in October.

Interim: A previously written IEP is being replaced on a short-term basis by an interim IEP. This may occur when:

An eligible individual moves to a new AEA and the current IEP is unavailable, or

The IEP team determines it is necessary to temporarily provide special education as a part of the evaluation process in order to identify appropriate services. **NOTE:** See 41.70(4).

3. **Teacher/Service Provider.** Identify the teacher or support service provider with primary responsibility for the IEP.

4. **Parent/Student Address.** Complete name, address and telephone number information for the identified (iX) parties. The person(s) with whom the student resides must also have “Student” marked next to their address. Some examples:

Eligible individual lives at home with both parents or a single parent
<input checked="" type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input checked="" type="checkbox"/> Student
<input type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input type="checkbox"/> Student

Primary custody with one parent; second divorced parent
<input checked="" type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input checked="" type="checkbox"/> Student
<input checked="" type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input type="checkbox"/> Student

Eligible individual placed in a foster home
<input checked="" type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input type="checkbox"/> Student
<input type="checkbox"/> Parent
<input checked="" type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input checked="" type="checkbox"/> Student

Eligible individual placed in a residential facility
<input checked="" type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input type="checkbox"/> Student
<input type="checkbox"/> Parent
<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Guardian
<input type="checkbox"/> Surrogate
<input checked="" type="checkbox"/> Student



Individualized Education Program

1

DATE: ___/___/___ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ (Last (legal)) 2 _____ (no nicknames) 3 .i. M F

Birthdate: ___/___/___ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ 4 Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Duration of this IEP: From ___/___/___ to ___/___/___ Reevaluation is due: ___/___/___

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ___/___/___ Notification: Student ___/___/___ Parent: ___/___/___

Persons Present at Meeting/Position or Relationship to Student

_____ Parent _____ Student
 _____ Parent _____
 _____ LEA Rep/Designee _____
 _____ Gen Ed Tchr _____
 _____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ___/___/___

Required System Data	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Shortened school day	Goal (descrip)	Code	SDO(s)
Ethnicity:	<input type="checkbox"/> Behavior assessment/plan	<input type="checkbox"/> Special transportation			
Disability(ies):	<input type="checkbox"/> Braille instruction	<input type="checkbox"/> Specially designed PE			
Early Childhood Setting:	<input type="checkbox"/> Communication plan (Deaf/HH)	Basis for enrollment:			
Time: <input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Extended school year services	Served status:			
<input type="checkbox"/> Alternate assessment <input type="checkbox"/>	<input type="checkbox"/> Health plan	WEF:	<input type="checkbox"/> I-Plan ___/___/___		
Domicile district/building:	Roster change(s):		Final exit:		
Copies to:					

5. **Duration of this IEP.** Specify the date the IEP will go into effect and the date it is anticipated to end. The duration may be less than one year, but never more. Reasons for a duration of less than one year may include: graduation of the student, anticipated change in program, a 45-day trial placement in general education, a 45-day alternative placement related to student discipline, short-term hospital or home instruction for health reasons, and so forth. Specifying the beginning date of each service, activity and support is now also required on Page F.
6. **Reevaluation is due.** Specify the date by which the reevaluation must occur. The reevaluation process must be completed within three years of the initial IEP date or the last reevaluation IEP date.
7. **Procedural rights were reviewed by.** Parents must be provided with a copy of their procedural safeguards at least once a year. A copy could be provided with the IEP meeting notice or at the IEP meeting. Complete this item with the name of the individual who has reviewed rights and has assured that the parents have a copy of Parental Rights in Special Education. Indicate the **Method** used (e.g., verbal, explained through interpreter, etc.).
8. **Rights will transfer at age 18.** The requirements satisfied by this item are 1) “Beginning no later than one year before the child reaches the age of majority under State law [in Iowa: 18th birthday, date of marriage, or date a prison term begins if convicted as an adult], the IEP must include a statement that the child has been informed of the child’s rights under Part B of the Act, if any, that will transfer to the child on reaching the age of majority; and 2) The public agency must provide any notice required by this part to both the child and the parents;

The notification requirement *applies to the IEP written while the student is 16 years old*. Include dates for *both* student and parent notification. **DO NOT** change this date on subsequent IEPs. Changing the date gives the appearance that notice was not given at least one year prior to the transfer of rights. Mark this item “Not Applicable” for younger students.

9. **Persons Present at Meeting/Position or Relationship to Student.** This item communicates *only* that these persons attended the meeting and does not indicate agreement or disagreement with the IEP. This item may be completed by the person acting as recorder for the meeting.

Transition Note: We must invite a child with a disability to attend the child’s IEP team meeting if a purpose of the meeting will be the consideration of the post-secondary goals for the child and the transition services needed to assist the child in reaching those goals.

Educational personnel who do not agree with the team's conclusions or with the recommended special education and related services for an individual may:

- a) Document their disagreement on an Additional Information page, or
- b) Submit a dissenting opinion to the Director of Special Education. The dissenting opinion describes the disagreement and the recommendations of the dissenter(s). The dissenting opinion must be submitted directly to the Director of Special Education in a timely manner. A response from the Director will be made within ten (10) days of receipt of the dissenting opinion and conveyed to all IEP team members.

10. **Outside written input.** “Outside” sources do not include school or AEA personnel. Identify any source of written information that is being considered in the development of this IEP.



Individualized Education Program

DATE: ____ / ____ / ____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____ / ____ / ____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: **5** _____ Work/Cell Ph: **6** _____
 Guardian **7** _____ E-mail: _____
 Surrogate _____
 Student _____

Duration of this IEP: From ____ / ____ / ____ to ____ / ____ / ____ Reevaluation is due: ____ / ____ / ____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____ / ____ / ____ Notification: Student ____ / ____ / ____ Parent: ____ / ____ / ____

Persons Present at Meeting/Position or Relationship to Student

8 _____ Parent _____ Student
9 _____ Parent _____
 _____ LEA Rep/Designee _____
10 _____ Gen Ed Tchr _____
 _____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____ / ____ / ____

Required System Data	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Shortened school day	Goal (descrip)	Code	SDO(s)
Ethnicity:	<input type="checkbox"/> Behavior assessment/plan	<input type="checkbox"/> Special transportation			
Disability(ies):	<input type="checkbox"/> Braille instruction	<input type="checkbox"/> Specially designed PE			
Early childhood code:	<input type="checkbox"/> Communication plan (Deaf/HH)	Basis for enrollment:			
Time: <input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Extended school year services	Served status:			
<input type="checkbox"/> Alternate assessment <input type="checkbox"/>	<input type="checkbox"/> Health plan	WEF:	<input type="checkbox"/> I-Plan / /		
Domicile district/building:	Roster change(s):		Final exit:		
Copies to:					

11. Required system data. This section is completed after decisions have been made through the process of developing the IEP. IEP teams are to complete the following items (**Note:** In the Web-IEP, you will see a box similar to this, but the information entered is printed out on a separate page, entitled IMS Data Summary).

Ethnicity. Enter the appropriate code for the ethnicity indicated by the parents:

A: Asian or Pacific Islander

B: Black, not of Hispanic Origin

H: Hispanic

I: Native American or Alaskan Native

W: White, not of Hispanic Origin

Disability(ies). Indicate the disability designation(s) determined through a full and individual evaluation or reevaluation. Most students with disabilities will be identified as “EI.” See Codes, pages 48-49.

Early childhood code. For children 3 through 5, enter the appropriate code. See Codes, pages 48-49.

Time: *For children 3 through 5*, indicate if the child will be served on a full- or part-time basis.

Alternate assessment. Indicate the team’s determination. (Electronic – automatic fill-in)

Domicile district/building. The district and building the student would attend based on the student’s place of residence.

Assistive technology. Indicate the team’s determination. (Electronic – automatic fill-in)

Behavior assessment/plan. Indicate the team’s determination. (Electronic – automatic fill-in)

Braille instruction. Indicate the team’s determination. (Electronic – automatic fill-in)

Communication plan. Indicate the team’s determination.

Extended school year services. Indicate the team’s determination. (Electronic – automatic fill-in)

Health plan. Indicate the team’s determination.

Shortened school day. Indicate the team’s determination.

Special transportation. Indicate the team’s determination. (Electronic – automatic fill-in)

Specially designed PE. Indicate the team’s determination. (Electronic – automatic fill-in)

Basis for enrollment; Served status; Roster Changes; Final exit. See Codes, pages 48-49.

Copy to. Indicate the name of any person or agency *other than the school, AEA and parents* that will receive a copy of the IEP (e.g., Vocational Rehabilitation).



Individualized Education Program

DATE: ____ / ____ / ____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____ / ____ / ____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Duration of this IEP: From ____ / ____ / ____ to ____ / ____ / ____ Reevaluation is due: ____ / ____ / ____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____ / ____ / ____ Notification: Student ____ / ____ / ____ Parent: ____ / ____ / ____

Persons Present at Meeting/Position or Relationship to Student

_____ Parent _____ Student
 _____ Parent _____
 _____ LEA Rep/Designee _____
 _____ Gen Ed Tchr _____
 _____ Sp Ed Tchr _____

11 Presence or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____ / ____ / ____

Required System Data	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Shortened school day	Goal (descrip)	Code	SDO(s)
Ethnicity:	<input type="checkbox"/> Behavior assessment/plan	<input type="checkbox"/> Special transportation			
Disability(ies):	<input type="checkbox"/> Braille instruction	<input type="checkbox"/> Specially designed PE			
Early childhood code:	<input type="checkbox"/> Communication plan (Deaf/HH)	Basis for enrollment:			
Time: <input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Extended school year services	Served status:			
<input type="checkbox"/> Alternate assessment	<input type="checkbox"/> Health plan	WEF:	<input type="checkbox"/> I-Plan	/	/
Domicile district/building:	Roster change(s):		Final exit:		
Copies to:					

12-14. Ages 3 to 13 IEPs. These items are intended to engage parents and students in the IEP process, establish a context for discussion by the IEP team, and establish a foundation for decision making (e.g., priorities for goals, activities which reinforce interests and lead to the desired outcomes). Gathering as much information as possible prior to the meeting will facilitate the discussion. *Complete these items as a team before proceeding to discussion of the rest of the IEP.*

12. Strengths, interests and preferences of this individual.

The IEP team is required to consider the strengths of the eligible individual. Also document interests and preferences to assist in planning for the individual’s needs.

Strengths are general things the student is good at (basketball, singing, telling jokes, etc.).

Interests are things, events, or people that evoke the student’s curiosity (sports, rocks, etc.)

Preferences are things, events, or people that the student chooses over others (e.g., a student may be interested in two activities that occur at the same time of year [e.g., track and soccer], but demonstrates a preference by participating in one over the other).

13. Parents’ concerns for enhancing their child’s education.

The IEP team is required to consider the concerns of the parents for enhancing the education of their child. Typically, these are general statements (“We would like more help in the area of math”, “We don’t think her reading is coming along as well as it could”), but may be quite specific (“We would like another hour of associate help for Susan”, “Jeremy needs access to a computer at all times”). At this point in the IEP process, it is not time to set goals or define services, activities and supports. First, assure the parents that their concerns will be addressed as the IEP is developed and record their concerns in their own words. Second, make sure that the parents’ concerns are addressed as the IEP is developed.

If the parents have no concerns, state “The parents have no concerns.”

Consideration of the parents’ concerns for enhancing their child’s education is a *required* component of the IEP process. An effort needs to be made to obtain parent input any time it is known that the parents will be unable to attend the IEP meeting.

14. Special considerations to be addressed in developing this IEP. Respond “Y” or “N” to *each* item.

At this point in the IEP process, the team is identifying specific areas that bear *consideration* as the rest of the IEP is developed. Indicating that “behavior” is a special consideration, for example, does not necessarily mean that a behavioral goal will be developed or that a behavior plan will be written and implemented. For one individual, it could be the case that classroom positive behavior supports are having a beneficial effect and that individualized supports are unnecessary. For another individual, behavior goals, a behavior plan and intensive supports and services may be needed.

The discussion of a special consideration could result in information being documented under Other information, Effect of disability, Course of study, Goals, Services and supports or other sections of the IEP.

Item	When “Yes” Should be Marked
Behavior	Student’s behavior interferes with her or his learning or the learning of others.
Communication and Language	1) Communication needs are a known concern, or 2) The student is deaf or hard of hearing and the impairment adversely affects his/her learning.
Braille	Student’s vision is impaired to the extent that even with correction, the vision limits educational performance.
Limited English Proficiency	Student’s first language is not English and the student has not acquired academic proficiency in English.
Assistive Technology	Student cannot complete or participate in daily educational tasks or activities because of the disability

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual

12

Parents' concerns for enhancing their child's education

14

13

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

Y N Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior)	Y N Communication and language, particularly if the student is deaf or hard of hearing	Y N Limited English proficiency (Consider the language needs related to the IEP)
	Y N Braille instruction needs if this student has a visual impairment	Y N Assistive technology

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills. For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.

15. Other information essential for the development of this IEP.

Document information that establishes the need for activities and supports that *are not* directly related to a goal of the IEP.

Example: Other information: “Juan is ambulatory, but walks and goes up and down stairs very slowly”
This information establishes the need for an accommodation. **Service, activity or support** (Page F) “Juan is allowed six minutes to make class changes without being considered tardy.”

Document information that the IEP team believes is useful to an understanding of the eligible individual’s current status and needs, or may require future action through the IEP.

Example: “Tina has been diagnosed as having attention deficit disorder. Past IEPs have included behavioral goals and services. She currently receives medication which effectively controls problems of attention and work completion.”

A child’s attendance at a regular preschool at the choice of the parents *is not* a part of the child’s publicly-provided educational program and *should not* be documented in the Services sections of the IEP (Page F). However, a child’s attendance at a regular preschool at the choice of the parents is used in determining an appropriate early childhood setting code. This information *may be* documented in the IEP. If you choose to document the parentally-determined attendance of a three- to five-year-old at a regular preschool document that information *here*.

Example: “Tim attends Playland Preschool Tuesdays and Thursdays from 10:00 AM to Noon.”

16. Describe the effect of this individual’s disability on involvement and progress in the general education curriculum and the functional implications of the student’s skills.

Make a general statement regarding the impact of the individual’s disability on curriculum involvement, and, for preschool individuals, involvement in appropriate activities. *You must include* information that describes the functional implications of the effect of the student’s disability. Include both in school and out of school implications.

Examples: Simon is progressing through the general curriculum at a level expected for his grade in math, science and social studies, but significantly below his peers in language arts. He does not independently acquire content through reading and requires assistance in creating written products in subject areas. Accommodations will be required on job placements where reading and writing skills are necessary.

Maria’s physical limitations do not interfere with acquiring the content of the general curriculum. However, she is not always able to fully participate in all learning tasks and activities (e.g., she can use a microscope to observe the cellular structure of a leaf but requires assistance to prepare a slide) and does not always participate in the same manner as peers (e.g., she creates written products with a voice-activated computer system). Maria is very mobile in her wheelchair, but at times physical barriers interfere with access to places and activities.

Torrance’s behavior does not interfere with his ability to be involved and make progress in the general curriculum. Interpersonal relationships with school peers and with adults, both in and out of school, have been affected. Job placements while in school and employment after graduation could be affected.

Tana’s progress in the general curriculum is significantly below peers in all areas. She does not always recognize potential danger in the community (traffic, strangers, etc.) In order to live independently, she will require self-help skills and assistance in accessing the community.

Gerald (age four) is developing at an age-expected rate and is able to participate in all age-appropriate activities but cannot always be understood by age peers and unfamiliar adults.

17-20. Ages 13 to school completion IEPs. These items are intended to engage parents and students in the IEP process, establish a context for discussion by the IEP team, and establish a foundation for decision making (e.g., priorities for goals, activities which reinforce interests and lead to the desired outcomes). Gathering as much information as possible prior to the meeting will facilitate the discussion. *Complete these items as a team before proceeding to discussion of the rest of the IEP.*

17. Strengths, interests and preferences of this individual.

The IEP team is required to consider the strengths of the eligible individual. Also document interests and preferences to assist in planning for the individual’s needs.

Strengths are general things the student is good at (basketball, singing, telling jokes, etc.).

Interests are things, events, or people that evoke the student’s curiosity (sports, rocks, etc.)

Preferences are things, events, or people that the student chooses over others (e.g., a student may be interested in two activities that occur at the same time of year [e.g., track and soccer], but demonstrates a preference by participating in one over the other).

18. Parents’ concerns for enhancing their child’s education.

The IEP team is required to consider the concerns of the parents for enhancing the education of their child. Typically, these are general statements (“We would like more help in the area of math”, “We don’t think her reading is coming along as well as it could”), but may be quite specific (“We would like another hour of associate help for Susan”, “Jeremy needs access to a computer at all times”). At this point in the IEP process, it is not time to set goals or define services, activities and supports. First, assure the parents that their concerns will be addressed as the IEP is developed and record their concerns in their own words. Second, make sure that the parents’ concerns are addressed as the IEP is developed.

If the parents have no concerns, state “The parents have no concerns.”

Consideration of the parents’ concerns for enhancing their child’s education is a *required* component of the IEP process. An effort needs to be made to obtain parent input any time it is known that the parents will be unable to attend the IEP meeting.

19. Special considerations to be addressed in developing this IEP. Respond “Y” or “N” to *each* item.

At this point in the IEP process, the team is identifying specific areas that bear *consideration* as the rest of the IEP is developed. Indicating that “behavior” is a special consideration, for example, does not necessarily mean that a behavioral goal will be developed or that a behavior plan will be written and implemented. For one individual, it could be the case that classroom positive behavior supports are having a beneficial effect and that individualized supports are unnecessary. For another individual, behavior goals, a behavior plan and intensive supports and services may be needed.

The discussion of a special consideration could result in information being documented under Other information, Effect of disability, Course of study, Goals, services and supports or other sections of the IEP.

Item	When “Yes” Should be Marked
Behavior	Student’s behavior interferes with her or his learning or the learning of others.
Communication and Language	1) Communication needs are a known concern, or 2) The student is deaf or hard of hearing and the impairment adversely affects his/her learning.
Braille	Student’s vision is impaired to the extent that even with correction, the vision limits educational performance.
Limited English Proficiency	Student’s first language is not English and the student has not acquired academic proficiency in English.
Assistive Technology	Student cannot complete or participate in daily educational tasks or activities because of the disability

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual

17

Parents' concerns for enhancing their child's education

18

19

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

- | | | | | | | | | |
|----------|----------|--|----------|----------|--|----------|----------|--|
| Y | N | Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior) | Y | N | Communication and language, particularly if the student is deaf or hard of hearing | Y | N | Limited English proficiency (Consider the language needs related to the IEP) |
| | | | Y | N | Braille instruction needs if this student has a visual impairment | Y | N | Assistive technology |

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

20. Transition assessments. For each post-secondary area of living, learning and working document information sources and results of transition assessments. The results must include data or skills information that are sufficient to demonstrate that the area has been assessed and to determine if there is a need for services, supports or activities. Transition assessments are broadly defined and may include review of school records and classroom data; interviews of the student, caregivers, parents or employers; observations; questionnaires, informal assessments or published assessments. The following table provides a set of prompts to assist in considering potential information needs.

Transition Planning Assessment Areas	Application to Each Post-Secondary Expectation		
	Living	Learning	Working
Interests/Preferences for Post-Secondary Expectations	Community Living Preferences	Formal education with licensure, certification or degree Non-formal education	Work Style Options Career Options
Basic Skills for Post-Secondary Expectations	Home and Community Living Skills	Literacy (math, reading, writing) skills Technology Communication skills	Core workplace skills (general employability) Organizational/ time management
Attitudes-Habits-Self Awareness for Post-Secondary Expectations	Personal Organization Interpersonal Personal (hygiene, sexuality, etc.)	Study/ Test taking skills Personal learning characteristics/learning style	Work Ethics/Values Ability to work on one's own and with others
Critical Thinking-Application Skills for Post-Secondary Expectations	Decision-making Skills Personal Life Choices	Application of knowledge to real life, known situations Application of knowledge to real life, unpredictable situations	Ability to adapt to new tasks/jobs Ability to problem solve on the job. Job specific/technical skills

Examples:

Living information sources: Parent and student interviews, school and community-based observations.

Living results: Jared is able to function independently to meet his needs for post-secondary living. He has a driver's license and can access community resources, cook, clean, do laundry, take care of personal hygiene and manage his checking and savings accounts.

Living information sources: School records, including adaptive skills inventories, parent and caregiver interviews, school and community-based observations.

Living results: Suzy can chew and swallow solid food when it is presented to her. She can assist in transferring her weight from a sitting position and can sit without support for five minutes. She can use her electric wheelchair to get around indoors in familiar settings but needs assistance in crowded or unfamiliar settings. She also needs assistance to complete all daily living tasks. Suzy adapts easily to new people and new routines.

Learning information sources: Teacher and student interviews, school records, Iowa Tests of Educational Development.

Learning results: Jared's ITED scores all exceed the 75th percentile. His classroom work is of excellent quality and math, reading, and writing skills are comparable to that of his peers. However, Jared does not keep track of assignments nor allocate time outside of class to complete homework or study for tests. As a result, homework is turned in accurately 69% of the time which affects his grades (1.74 GPA). A higher grade point will be necessary for Jared to pursue his post-secondary expectation of a four year degree.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns for enhancing their child's education _____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

Y N Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior)	Y N Communication and language, particularly if the student is deaf or hard of hearing	Y N Limited English proficiency (Consider the language needs related to the IEP)
	Y N Braille instruction needs if this student has a visual impairment	Y N Assistive technology

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

20

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

20. Transition assessments, continued.

Examples:

Learning information sources: School records, teacher interviews, classroom data.

Learning results: Suzy uses a communication system to express basic needs. She demonstrates an understanding of common signs and symbols in the community and 250 selected sight words but does not read connected text. She understands basic concepts of quantity (e.g., more-less), follows a picture schedule and understands time signals (e.g., school bells) and can match amounts to a model but she does not count, perform calculations or tell time or read a calendar. Suzy enjoys learning new tasks and changes in routine.

Working information sources: School records, parent, student and community experience supervisor interviews.

Working results: Jared has a job through the school work experience at the hospital where he helps transport patients and deliver lab results. At work, he is friendly and completes his assignments on time. At times, however, he does not accept changes in assignments well and is occasionally late or absent without calling in. At home, Jared has a number of chores for which he receives an allowance. He needs reminders to complete those tasks and can be explosive when asked to redo tasks. He expresses a keen interest in continuing to work and receive further education in the area of health care. He cannot complete a resume or job application nor does he know how to contact employers for potential work.

Working information sources: School records, parent and teacher interviews.

Working results: Suzy can attend to tasks for up to ten minutes and can remain in the same physical position for up to 45 minutes. She has difficulty with extremely fine motor tasks, but can follow a three step picture routine (match-to-sample). She works well with others and prefers socially active environments with bright, active physical attributes.

21. Other information essential for the development of this IEP. Document information that establishes the need for activities and supports that *are not* directly related to a goal of the IEP. For example, a student with a physical limitation may need the accommodation of additional time to complete certain tasks in the school setting. **Also**, document information that the IEP team believes is useful to an understanding of the eligible individual's current status and needs, or may require future action through the IEP.

Example: Other information: "Juan is ambulatory, but walks and goes up and down stairs very slowly." This information establishes the need for an accommodation. **Service, activity or support** (Page F) "Juan is allowed six minutes to make class changes without being considered tardy."

Example: Other information: "Tina has been diagnosed as having attention deficit disorder. Past IEPs have included behavioral goals and services. She currently receives medication which effectively controls problems of attention and work completion."

NOTE: When completing this section for a Reevaluation IEP during high school, the IEP team may wish to include information needed by adult service providers to document the severity and persistence of the student's disability over time. This information should provide a succinct summary that leads up to the next item in the IEP (effect of this individual's disability). Include any accommodations that have proven effective for the student.

Example: File review indicates that developmental delays were recognized before age two. Jeremy has received special education support from age two to the present. He has displayed significantly slow progress in all domains and his educational needs have included academic and functional life skills components.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns for enhancing their child's education _____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

- | | | |
|---|---|---|
| Y N Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior) | Y N Communication and language, particularly if the student is deaf or hard of hearing | Y N Limited English proficiency (Consider the language needs related to the IEP) |
| | Y N Braille instruction needs if this student has a visual impairment | Y N Assistive technology |

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____ **20, continued** _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____ **21** _____

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

22. Describe the effect of this individual’s disability on involvement and progress in the general education curriculum and the functional implications of the student’s skills.

Make a general statement regarding the impact of the individual’s disability on curriculum involvement, pursuit of the post-secondary expectations. *You must include* information that describes the functional implications of the effect of the student’s disability. Include both in school and out of school implications.

Examples: Simon is progressing through the general curriculum at a level expected for his grade in math, science and social studies, but significantly below his peers in language arts. He does not independently acquire content through reading and requires assistance in creating written products in subject areas. Accommodations will be required on job placements where reading and writing skills are necessary.

Maria’s physical limitations do not interfere with acquiring the content of the general curriculum. However, she is not always able to fully participate in all learning tasks and activities (e.g., she can use a microscope to observe the cellular structure of a leaf but requires assistance to prepare a slide) and does not always participate in the same manner as peers (e.g., she creates written products with a voice-activated computer system). Maria is very mobile in her wheelchair, but at times physical barriers interfere with access to places and activities.

Torrance’s behavior does not interfere with his ability to be involved and make progress in the general curriculum. Interpersonal relationships with school peers and with adults, both in and out of school, have been affected. Job placements while in school and employment after graduation could be affected.

Tana’s progress in the general curriculum is significantly below peers in all areas. She does not always recognize potential danger in the community (traffic, strangers, etc.) In order to live independently, she will require self-help skills and assistance in accessing the community.

IMPORTANT NOTE: It is not necessary to repeat information that has been provided in the Transition Assessments sections. Note “See Learning Results”, “See Living, Learning, and Working Results,” and so forth as appropriate. Then add any *additional* effects of the disability such as effects on the impact on involvement in nonacademic and extracurricular activities.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns for enhancing their child's education _____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

Y	N	Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior)	Y	N	Communication and language, particularly if the student is deaf or hard of hearing	Y	N	Limited English proficiency (Consider the language needs related to the IEP)
			Y	N	Braille instruction needs if this student has a visual impairment	Y	N	Assistive technology

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

Other information essential for the development of this IEP _____

22

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

23. Post-secondary expectations. Statements about post-secondary expectations describe what the student will pursue after graduating from high school. The areas of living, learning and working are considered. These statements should be based on assessment information (including student and family preferences) and represent what the IEP team, including the student and parents, will use to plan goals, services, activities and supports. Post-secondary expectations should project into the future after high school. They should also be written in terms that are observable and state the actual result not the process of doing it. For example “will work at ...” rather than “will apply for jobs”.

Post-secondary expectations must:

- Project beyond high school,
- Include an anticipated result in *each* of the areas of living, learning and work,
- Be written as observable behaviors,
- Become more specific as a student approaches his or her post-secondary transition, and
- Be the foundation for the course of study, goals, and the services, activities and supports documented in the IEP.

Examples. Living: Josh will live in an apartment with roommates.

Learning: Josh will complete an associate degree in landscaping.

Working: Josh will work as a greenhouse/landscaping business.

24. Area of need. Use this box to indicate if the needs identified during the transition assessment will be addressed through the provision of services, supports or supplementary aids to complete goals or activities for the duration of the IEP under development. **Keep in mind** that transition is a multi-year process. It is possible that some needs identified through the transition assessment will not result in services, supports and supplementary aids in the coming year. Some may not ever rise to a level of priority to need services, supports or supplementary aids.

If the IEP indicates that no supports or services are needed in a post-secondary area (living, learning or working) for the coming year, then one of two things must also be present. Either the assessment information in the PLAAFP must be sufficient to determine that no needs exist in that post-secondary area, or the course of study should indicate that the need will be addressed in a future year. An area of need might be addressed in the course of study by specifying courses or activities that will occur at some point in the future but those needs might not be addressed through goals, services and activities in the IEP being written through goals, services and activities.

Example. “Sierra is a freshman. Her post-secondary expectation is to work as a veterinarian’s assistant. Her course of study includes junior and senior year activities specific to this occupation. If there are no freshman or sophomore year activities specific to the post-secondary expectation for work, the IEP team would document “No” to the question: “Is working an area of need that will be addressed with goals, services or activities in this IEP?”

25. Course of study. By age 14, include:

- **Graduation requirements.** This may be stated in any way that makes the intent **very** clear. Use the most specific language possible. For example, “48 credits are required for graduation” or “Thomas’s performance must meet the Self-Determination goal stated in the IEP and he must complete all vocational experiences in his course of study.”
- **Current status.** State clearly and specifically the student’s current status in relationship to the stated graduation requirements. For example, “Janine had 18.5 credits at the completion of the Fall semester” or “Thomas is projected to complete his Self-Determination goal by the end of the next semester. He has completed 50% of the vocational experiences in his course of study.”
- **Target graduation date.** Document the anticipated month and date of graduation. This date represents the IEP team’s best guess at the time the IEP is being written. This date may be changed, if necessary, in future IEPs.

25. Course of study, continued.

- **Courses and activities needed to pursue the post-secondary expectations and graduate by the projected date.**

Example. Sheri will complete 4 years of English, 3 years of math, 3 years of social studies and 3 years of science. She will use one semester of consumer math and one of business math for a math credit. Sheri will also take Child Care and Career Child Care to investigate the possibility of this as a career field. She will also work with the guidance department on career awareness activities to identify a career field. Sheri will have to option to participate in an internship her senior year. Sheri will participate in Second Chance reading class to continue to improve her reading skills.

Example. Victoria will participate in the general education curriculum with modified expectations. She will participate in elective classes, such as child care, foods, music and PE with accommodations/modifications. Victoria will have community-based experiences for work, mobility and leisure to assist the transfer of functional performance of academic, work and living skills to real-world situations.

NOTE

IEP Results. Beginning July 1, 2007, IEP Results **DO NOT** need to be completed. The IEP Results page may continue to appear in the Web IEP until programming changes can be made.

IEP Results **Results of the previous IEP dated** _____ / _____ / _____

Goal #:	Goal code:	Goal:	
<p>Progress: Did the child make the progress expected by the IEP team in the last year? (check one)</p> <input type="checkbox"/> M Yes, goal met <input type="checkbox"/> I Goal not met; performance improved <input type="checkbox"/> W No change or poorer performance <input type="checkbox"/> X Insufficient data for decision making	<p>Comparison to peers or standards: How does the child's performance compare with general education peers or standards? (check one)</p> <input type="checkbox"/> L Less discrepancy from peers or standards <input type="checkbox"/> U Same discrepancy <input type="checkbox"/> M More discrepancy <input type="checkbox"/> N Comparison to age or grade level peers or standards not appropriate <input type="checkbox"/> X Insufficient data for decision making	<p>Independence: Is the child more independent in the goal area? (check one)</p> <input type="checkbox"/> G Greater independence <input type="checkbox"/> U Unchanged independence <input type="checkbox"/> L Less independence <input type="checkbox"/> X Insufficient data for decision making	<p>Goal status: Will work in the goal area be continued? (check one)</p> <p>Discontinue goal area</p> <input type="checkbox"/> S Success, no further special education needs in goal area <input type="checkbox"/> X Goal area is not a priority for the next year <input type="checkbox"/> N Limited progress, plateau <input type="checkbox"/> M Moved <input type="checkbox"/> D Dropped out <input type="checkbox"/> G Graduated <p>Continue goal area</p> <input type="checkbox"/> C More advanced work in goal area <input type="checkbox"/> O Continue as written

Goal #:	Goal code:	Goal:	
<p>Progress: Did the child make the progress expected by the IEP team in the last year? (check one)</p> <input type="checkbox"/> M Yes, goal met <input type="checkbox"/> I Goal not met; performance improved <input type="checkbox"/> W No change or poorer performance <input type="checkbox"/> X Insufficient data for decision making	<p>Comparison to peers or standards: How does the child's performance compare with general education peers or standards? (check one)</p> <input type="checkbox"/> L Less discrepancy from peers or standards <input type="checkbox"/> U Same discrepancy <input type="checkbox"/> M More discrepancy <input type="checkbox"/> N Comparison to age or grade level peers or standards not appropriate <input type="checkbox"/> X Insufficient data for decision making	<p>Independence: Is the child more independent in the goal area? (check one)</p> <input type="checkbox"/> G Greater independence <input type="checkbox"/> U Unchanged independence <input type="checkbox"/> L Less independence <input type="checkbox"/> X Insufficient data for decision making	<p>Goal status: Will work in the goal area be continued? (check one)</p> <p>Discontinue goal area</p> <input type="checkbox"/> S Success, no further special education needs in goal area <input type="checkbox"/> X Goal area is not a priority for the next year <input type="checkbox"/> N Limited progress, plateau <input type="checkbox"/> M Moved <input type="checkbox"/> D Dropped out <input type="checkbox"/> G Graduated <p>Continue goal area</p> <input type="checkbox"/> C More advanced work in goal area <input type="checkbox"/> O Continue as written

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Goal #:	Goal code:	Goal:	
<p>Progress: Did the child make the progress expected by the IEP team in the last year? (check one)</p> <input type="checkbox"/> M Yes, goal met <input type="checkbox"/> I Goal not met; performance improved <input type="checkbox"/> W No change or poorer performance <input type="checkbox"/> X Insufficient data for decision making	<p>Comparison to peers or standards: How does the child's performance compare with general education peers or standards? (check one)</p> <input type="checkbox"/> L Less discrepancy from peers or standards <input type="checkbox"/> U Same discrepancy <input type="checkbox"/> M More discrepancy <input type="checkbox"/> N Comparison to age or grade level peers or standards not appropriate <input type="checkbox"/> X Insufficient data for decision making	<p>Independence: Is the child more independent in the goal area? (check one)</p> <input type="checkbox"/> G Greater independence <input type="checkbox"/> U Unchanged independence <input type="checkbox"/> L Less independence <input type="checkbox"/> X Insufficient data for decision making	<p>Goal status: Will work in the goal area be continued? (check one)</p> <p>Discontinue goal area</p> <input type="checkbox"/> S Success, no further special education needs in goal area <input type="checkbox"/> X Goal area is not a priority for the next year <input type="checkbox"/> N Limited progress, plateau <input type="checkbox"/> M Moved <input type="checkbox"/> D Dropped out <input type="checkbox"/> G Graduated <p>Continue goal area</p> <input type="checkbox"/> C More advanced work in goal area <input type="checkbox"/> O Continue as written

26. Goal number, code and area. Number each goal (1, 2, 3, etc.).

Goal code: Indicate the appropriate Goal Code:

- C. Physical Health – Extent to which the individual demonstrates health behavior, attitudes and knowledge toward physical well-being.
 - C2. Applies safety concepts
 - C3. Other
 - C4. Applies self-help and health care concepts
- D. Responsibility and Independence – Extent to which the individual's behavior reflects the ability to function independently and assume responsibility for one's self.
 - D1. Gets about in the environment
 - D2. Is responsible for self
 - D3. Community Experience
 - D4. Daily Living Skills
 - D5. Employment
 - D6. Other
 - D7. Self advocacy
- E. Contribution and Citizenship – Ways in which or extent to which an individual gives something back to society or participates as a citizen in society.
 - E1. Complies with school and community rules.
 - E2. Participates in community activities as an active group member
 - E4. Other
- F. Academic and Functional Literacy – Use information to function in society, to achieve goals, and to develop knowledge.
 - F1. Demonstrates competence in problem-solving strategies and critical thinking skills.
- F2. Demonstrates competence in basic reading skills
 - F2P. Print concepts
 - F2D. Decoding/phonological awareness
 - F2F. Fluency
 - F2C. Comprehension
- F3. Demonstrates competence in basic math skills
 - F3N. Numeric concepts
 - F3C. Computation
 - F3A. Applied math
- F4. Demonstrates competence in basic written language skills
 - F4L. Letter formation, fine motor movement
 - F4M. Mechanics of writing: punctuation, grammar, spelling
 - F4C. Composition
- F5. Demonstrates competence in other academics
- F6. Demonstrates competence in nonacademic areas
- F7. Demonstrates competence in communication
 - F7A. Articulation
 - F7F. Fluency
 - F7L. Language
 - F7V. Voice
- F8. Other
- G. Personal and Social Adjustment – Extent to which individual demonstrates socially acceptable behavior
 - G1. Copes effectively with personal challenges, frustrations and stressors
 - G4. Gets along with other people
 - G5. Other

Goal area. Provide a *brief* description of the goal or goal area (e.g., reading, work completion, etc.).

27. Current Academic Achievement and Functional Performance. Include *relevant* evaluation information from the initial or most recent evaluation, district-wide assessments, and current performance in comparison to general education peers and standards and the functional expectations of the environments where the individual's skills will be performed. Relevant information is directly related to the goal area and recent enough to merit consideration in developing this particular goal.

Example: Maribelle reads words with short vowels correctly, but does not consistently decode vowel teams accurately. Her comprehension of fourth grade materials is poor and she does not independently acquire content from subject matter reading. Her reading composite score on the ITBS was the 9th percentile. She has mastered second grade district benchmarks in reading. *Her peers average 140 words read per minute with 98% decoding accuracy in fourth grade materials.*

Note: Ending this item with the data that will be compared to the baseline will make it easier for the reader of the IEP to follow the progression of items.

Additional examples: See page 50.

28. Baseline. State the student's current performance on the indicator that will be used to measure progress towards the goal. The baseline, just like the goal, must be observable, measurable and specific. ***The baseline must include a number!***

Example: Maribelle reads 74 words per minute with 83% decoding accuracy in fourth grade materials.

Additional examples: See page 50.

26

Goal #: Goal code: Goal area:

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

27

28

Baseline (describe individual's current performance in measurable terms)

Measurable Annual Goal: conditions (when and how the individual will perform); behavior (what the individual will do); and criterion (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Evaluation procedures (state how progress toward meeting this goal will be measured and how often progress will be measured)

State the district standard and benchmark related to this goal

Position(s) responsible for services

See attached graph

Table with 2 columns: Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards) and Comments/Progress Notes/Dates Achieved

Progress Report

- 1 = This goal has been met.
2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.
4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

Table with 3 columns and 3 rows of progress report grids, each containing a date field and a 1-5 rating scale.

29. Measurable annual goal. Enter one annual goal on each page. The goal represents an ambitious and realistic one-year accomplishment. The goal must address needs identified in the Present Levels of Academic Achievement and Functional Performance (PLAAFP). A well-written goal should be meaningful, measurable, able to be monitored, and useful in making decisions. The goal must include:

Time frame: In 36 weeks

Conditions: given a fourth grade level passage

Behavior: Maribelle will read

Criterion: 100 words per minute with 95% decoding accuracy

For students 14 and older, indicate the post-secondary expectations that the goal addresses. A single goal may relate to more than one post-secondary expectation. A reading goal might assist a student in meeting living, learning and working expectations. A community mobility goal may assist in meeting living and work expectations.

Additional examples: See pages 50-51.

30. Evaluation procedures. Indicate how progress toward this goal will be measured and how often progress will be measured. Describe *frequent and repeated measures*.

How		How often		Procedures may include
Tally	Probes	Weekly	Bi-monthly	Weekly reading probes
Observation	Test scores	End of unit	Quarterly	Daily behavior logs
Record Books	Sampling	Daily		Analysis of writing samples every two weeks
Interview				Weekly oral language samples

Examples: See page 51.

NOTE: The baseline and goal criterion *must* have the *same* numeric measurement and the evaluation procedures *must* correspond to that measurement. **Good alignment:** Baseline: Suzy is on-task 62% of the time. Goal criterion: Suzy will be on-task 90% of the time. Evaluation: Weekly, structured classroom observations. **Bad alignment:** Suzy is on-task 62% of the time. Goal criterion: Suzy will complete 95% of her assignments on time. Evaluation: Quarterly grades.

31. District standard and benchmark related to this goal. State the standard and benchmark related to achievement of the goal — that is, where the goal projects functioning to be *a year in the future*. State the standard and benchmark *in full*, not just its number or coding.

Examples: Standard: Read and interpret a variety of materials from a cross section of society; Benchmark: Draw conclusions from reading a short passage

Standard: Apply properties of real numbers; Benchmark: Define/compare decimal, fraction and percent relationships

Standard: Write a quality product which communicates ideas to different audiences for a variety of purposes; Benchmark: Write two complete paragraphs with correct punctuation, capitalization and spelling

NOTE: In some cases, a relevant standard and benchmark may not be available. Use a district learning goal or essential learning if one is relevant.

Examples: Learning goal: Skills, habits and traits of character for leading healthy lives as contributing members of society.

Learning goal: Effectively generate and communicate thoughts, ideas and information to a variety of audiences.

If there is no relevant standard, benchmark, district learning goal or essential learning, state that (e.g., “None relevant to this goal”).

Goal #: **Goal code:** **Goal area:**

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

29

Baseline (describe individual's current performance in measurable terms) _____

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

30

31

Evaluation procedures (state how progress toward meeting this goal will be measured and how often progress will be measured) _____

State the district standard and benchmark related to this goal _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards)	Comments/Progress Notes/Dates Achieved

Progress Report

- 1 = This goal has been met.
- 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
- 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.
- 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
- 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5

32. Position(s) responsible for services. Responsible person(s) may include special education teacher, social worker, school psychologist, parent, work experience coordinator, etc. (use **titles**, not names as specific staff could change while the IEP is in effect).

33. See attached graph. This prompt has been added to the Web IEP. While not required, graphs do provide a valuable tool for communication and decision making.

34. Short-term objectives or major milestones. EFFECTIVE JULY 1, 2005: Short-term objectives or major milestones are required *only* for students who will be assessed using alternate achievement standards (i.e., student who will have the alternate assessment).

Short-term objectives or major milestones *may* be written for other students. **Keep in mind**, that even if short-term objectives or major milestones are written, the goal itself must be measurable. It is *not permissible* to write “Joey’s reading skills will improve” in combination with measurable objectives or measurable milestones.

Short-term objectives. Short-term objectives are the skills the student needs to acquire or be able to perform in order to reach his/her goal. For the goal “In 36 weeks, James will purchase ten grocery store items from a written list with 100% accuracy”, short-term objectives might be:

By November 1, James will read orally the names of 50 items in the grocery store where his family shops from a written list with 100% accuracy

By December 15, James will locate 50 items in the grocery store where his family shops from a written list with 100% accuracy

By February 15, James will select ten items from a grocery list, place them in the cart and take them to the checkout lane

By April 15, James will give the grocery store clerk sufficient money to make a ten item purchase.

Additional examples: See page 51.

Major milestones. Major milestones are sequentially written, logical, task-analyzed components of the annual goal. For the annual goal “In 36 weeks, given a fourth grade level passage Maribelle will read 100 words per minute with 95% decoding accuracy” major milestones might be:

By November 1, Maribelle will read 80 words per minute with 90% decoding accuracy

By January 1, Maribelle will read 80 words per minute with 95% decoding accuracy

By March 1, Maribelle will read 90 words per minute with 95% decoding accuracy

By May 1, Maribelle will read 100 words per minute with 95% decoding accuracy

Dates expected. Include the dates of expected accomplishment in the statement of each milestone or objective.

35. Comments, progress notes, dates achieved. Update this information at least as often as you would prepare a progress report for the parents.

Goal #: **Goal code:** **Goal area:**

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

Baseline (describe individual's current performance in measurable terms) _____

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of (check all that apply to this goal): living learning working

Evaluation procedures (state how progress toward meeting this goal will be measured and how often progress will be measured) _____

State the district standard and benchmark related to this goal _____

32

33

Position(s) responsible for services _____

See attached graph

<p>Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards)</p> <p style="text-align: right;">34</p>	<p>Comments/Progress Notes/Dates Achieved</p> <p style="text-align: right;">35</p>
--	---

Progress Report

- 1 = This goal has been met.
- 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
- 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.
- 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
- 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5

36. Progress report. An eligible individual's parents must be regularly informed (through such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress, of

1. Their child's progress toward the annual goals; and
2. The extent to which that progress is sufficient to enable the eligible individual to achieve the goals by the end of the year.

NOTE: If the method chosen to fulfill this requirement is updated goal pages, complete this section and provide to the parents.

NOTE: If the method chosen to fulfill this requirement is a "report card," include a copy of the report card in the student's school records.

Goal #:	Goal code:	Goal area:
----------------	-------------------	-------------------

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

Baseline (describe individual's current performance in measurable terms) _____

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Evaluation procedures (state how progress toward meeting this goal will be measured and how often progress will be measured) _____

State the district standard and benchmark related to this goal _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected <small>(Required for students assessed against alternate achievement standards)</small>	Comments/Progress Notes/Dates Achieved
	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">36</div>

Progress Report																	
1 = This goal has been met. 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed. 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed. 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed. 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).																	
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5

37. Special education services. Indicate “Y” or “N” for each service, activity or support:

Service, activity or support	Definition
Accommodations	Supports or services provided to help a student access the general curriculum and validly demonstrate learning Examples: Teacher prepared notes, peer readers, extended testing time
Assistive technology	Any item, piece of equipment or product that is used to increase, maintain, or improve the functional capabilities of a child with a disability Examples: computerized text reader, special pencil grip, classroom amplification
Community experiences	Educationally supported activities in the community necessary for FAPE Examples: community based activities providing instruction in the use of community resources (stores, post office, recreational facilities)
Development of work and other post-high school living objectives	Services that lead to a job or career and important adult activities that are done occasionally such a registering to vote, doing taxes or renting a home Examples: work experience placements, instruction in household accounting
Linkages/interagency responsibilities	A statement of interagency responsibility or linkages required for a student to receive FAPE during transition to post-secondary life Examples: activities that secure commitments from work experience sites, DVRS responsibilities, application processes for post-high school living, working, education, training
Program modification	Changes made to the context and performance standards for students with disabilities Examples: extensions of district standards and benchmarks, modifications in performance expectations in general education classes, modified requirements for earning credits
Specially designed instruction	Instruction, adapted in content, methodology or delivery, provided by or under the direction of a licensed/certified special education teacher. Examples: reading instruction, special education teacher directed paraeducator support of general education instruction
Supplementary aids and services	Supports or services provided to help a student access general education settings to enable education with nondisabled peers to the maximum extent appropriate Examples: educational interpreter, physical assistance needed to access school programs
Supports for school personnel	Supports or services provided to school personnel to provide them with the necessary skills and assistance needed to support the implementation of the IEP Examples: professional development, paraeducator assistance for the educator or classroom
Support or related service	Support services are typically provided by area education agency staff and are the specially designed instruction and activities that augment, supplement and support the educational program of eligible individuals Examples: speech therapy, counseling provided by a school social worker Related services are developmental, corrective and other services that are required to assist an individual with a disability to benefit from special education Examples: special transportation, training required to allow parents to support the implementation of the IEP

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

- | | | |
|--|---|-------------------------------------|
| Y N Accommodations | Y N Linkages/interagency responsibilities | Y N Supplementary aids and services |
| Y N Assistive technology | Y N Program modifications | Y N Supports for school personnel |
| Y N Community experiences | Y N Specially designed instruction | Y N Support or related services |
| Y N Development of work and other post-high school living objectives | Y N Other _____ | |

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Support Services:	Total minutes per month removed from general education: LRE: Removal from GE % plus Time in GE % = 100%	

38. Describe each service, activity and support indicated. Describe each service, activity or support in sufficient detail that if the individual moved to a new school, the IEP could be readily understood and implemented as intended.

Examples: Maribelle will receive specially designed instruction in reading. Instruction will focus on increasing her phonological awareness skills and decoding fluency.

A sign language interpreter will be available for all classes, nonacademic activities (e.g., recess, lunch, assemblies) and extracurricular activities in which Jason participates.

Mason will be allowed one-third more testing time than peers (e.g., 20 minutes for a 15 minute quiz).

All of Cara's teachers will receive one hour of instruction in XYZ de-escalation techniques.

Terms such as *consultative, as needed, or intermittent* may be used only if the description makes clear the commitment of services to the individual.

Examples: Consultative occupational therapy services will be provided to Sheree's special education teacher and to her parents. Weekly contacts (approximately 20 minutes each) will be made with both parents and teacher for the first two months of the IEP with monthly contacts after that.

Counseling, as needed. Robert will be provided with short-term counseling (two to three contacts, 30 minutes each) following any office referrals for disruptive classroom behavior. The counselor will reinforce/re-teach self-control approaches Robert has learned in the past.

Labels for services such as *skill building or integrative*, without description, are inadequate.

Example: Skill building by the speech-language pathologist. Julianne will receive direct instruction (explanation, demonstration, feedback on correct responding) in correct sound production.

Behavioral Intervention Plans (BIP). BIPs, even successful ones, often require modification more frequently than the IEP is required to be reviewed. If a child requires a BIP for FAPE, the IEP needs to communicate this and identify by position the individuals who will be responsible to develop and monitor the BIP and who may modify the BIP. Always include the parent(s) in this group.

Example: A behavioral intervention plan will be developed for J.J. by his classroom teacher, parents and the school psychologist. The plan may be modified, as needed, without reconvening the IEP team.

Health plans. Health plans also may require modification more frequently than the IEP is required to be reviewed. If a child requires a health plan for FAPE, the IEP needs to communicate this and identify by position the individuals who will be responsible to develop and monitor the health plan and who may modify the health plan. Always include the parent(s) in this group.

Example: A health plan will be developed for Simone by the school nurse, her classroom teacher, parents and the school psychologist. The plan may be modified, as needed, without reconvening the IEP team.

When services will change from one school year to the next or one semester to the next, describe each separately with its beginning date and setting information (see items 39 and 40 below). For example:

Service: John will receive specially designed instruction in job acquisition skills. Instruction will focus on the written application process and interviewing skills.

Beginning Date: 1/19/08

Service: John will receive job coaching at a work site in the community.

Beginning Date: 8/23/09

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Other _____	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">38</div>	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Support Services:	Total minutes per month removed from general education: _____ LRE: Removal from GE % plus Time in GE % = 100%	

39. Provider(s) & when the service, activity or support will occur.

Beginning Date. Many beginning service dates will be the same as the *Duration of this IEP*: “From” date indicated on Page A. However, there are many possible exceptions. Many IEPs bridge one school year to the next and this may include a change in levels (e.g., early childhood to kindergarten, elementary to middle school). For middle and high school students, first and second semesters may vary.

Electronic applications will prompt the user to indicate if the service will begin immediately or in the future and will print out an F page for immediate services and an F2 page for future services. If working with a paper document, please do the same (i.e., create separate pages) for present and future services.

Provider(s). List providers by position(s), not name (e.g., general education teachers, special education teacher, sign interpreter).

When the service, activity or support will occur. The amount of services to be provided or the conditions under which services will be provided must be stated in the IEP. The amount of time or service to be provided and/or the conditions under which services or supports will be provided must be (1) appropriate to that specific service, and (2) stated in the IEP in a manner that is clear to all who are involved in both the development and implementation of the IEP. For the accommodation “extended testing time”, the description “tests with short answer and essay responses” would suffice. For “specially designed reading instruction”, a description such as “45 minutes per day” is needed. For a support for school personnel (e.g., training in de-escalation techniques), the IEP might specify “within three weeks”.

40. Minutes in setting. Report the total time that an individual ages 3-21 will be educated in each environment.

General education. Time in environments that include nondisabled peers. This includes team taught classrooms and instruction involving mixed groups of students with disabilities and nondisabled students. Education with peers with disabilities that includes *minimal* education with nondisabled peers (e.g., at-risk students occasionally participating in special education services through intervention plans) *is not* general education.

Special education. Time in environments that do not include nondisabled peers. Time spent in individual services in a therapy room, instruction in a special education classroom or in a special school with only disabled peers would count as removal time. If all the special education students in a class receive physical education at the same time and are the only students being instructed, the gymnasium or playing field is a special education environment and the PE class time is removal time. Education in a workshop or training facility in the community which serves **only** clients with disabilities is considered to be special education.

Community. Time in community experiences such as work placements and instruction in community use. Community time is not “special education” for purposes of calculating removal from education with nondisabled peers.

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y <input type="checkbox"/> N <input type="checkbox"/> Accommodations	Y <input type="checkbox"/> N <input type="checkbox"/> Linkages/interagency responsibilities	Y <input type="checkbox"/> N <input type="checkbox"/> Supplementary aids and services
Y <input type="checkbox"/> N <input type="checkbox"/> Assistive technology	Y <input type="checkbox"/> N <input type="checkbox"/> Program modifications	40 <input type="checkbox"/> N <input type="checkbox"/> Supports for school personnel
Y <input type="checkbox"/> N <input type="checkbox"/> Community experiences	Y <input type="checkbox"/> N <input type="checkbox"/> Specially designed instruction	<input type="checkbox"/> N <input type="checkbox"/> Support or related services
Y <input type="checkbox"/> N <input type="checkbox"/> Development of work and other post-high school living objectives		Y <input type="checkbox"/> N <input type="checkbox"/> Other _____

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
39	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): _____ Time & frequency/when provided: _____	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Support Services:	Total minutes per month removed from general education: _____ LRE: Removal from GE % plus Time in GE % = 100%	

41. Minutes in setting, continued. Indicate the amount of time in minutes in each setting. Some examples:

Reading is team-taught by a general and special educator. Robert receives a review of past instruction and advance preparation for upcoming instruction in the resource room.
<u>45</u> General education <u>15</u> Special education _____ Community per <input checked="" type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month

Learning strategies are taught one period a day in the resource room. The special education teacher oversees a community-based vocational placement two periods per day.
_____ General education <u>55</u> Special education <u>120</u> Community per <input checked="" type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month

Erica will receive copies of the teacher's notes and overheads in science and social studies classes. ("Time" does not need to be listed)
_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month

Speech services consist of: direct instruction in the therapy room, and teacher consultation (problem solving discussions, observation, teacher feedback).
<u>120</u> General education <u>60</u> Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input checked="" type="checkbox"/> Month

Two hours of specially designed instruction provided daily in a special education classroom & two hours of training provided daily in a work activity center.
_____ General education <u>240</u> Special education _____ Community per <input checked="" type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month

Phillip receives social skills instruction in anger management in a group that includes both students with disabilities and nondisabled students.
<u>60</u> General education _____ Special education _____ Community per <input type="checkbox"/> Day <input checked="" type="checkbox"/> Week <input type="checkbox"/> Month

42. Total minutes per month removed from general education. When services will vary from school year to school year or semester to semester while the IEP being written is in effect, LRE calculations are to be based on the services to be provided at the time when the IEP is first implemented.

43. Removal from general education plus time in general education. Web-based applications will calculate these amounts. The two percentages must total 100%.

44. Support services. If a student will receive support or related services, list the service codes here. See Codes, pages 48-49.

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Other	

41, continued

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin-bottom: 10px;">44</div>	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin-bottom: 10px;">42</div>	Beginning Date: ____ / ____ / ____ Provider(s): Time & frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin-bottom: 10px;">43</div>	Total minutes per month removed from general education:	
Support Services:	LRE: Removal from GE % plus Time in GE % = 100%	

45. Are extended school year (ESY) services required?

- Document the decision of the IEP team (yes or no);
- Identify the goals to be addressed through ESY services by number or goal area (e.g., Goals 1 and 4; Self-help and Community use); and
- Describe ESY services: (e.g., Occupational therapy 60 minutes per month; Instruction in community use, 3 hours per week, etc.)

NOTE: If the IEP team is unable to make an ESY determination at the time of the meeting (e.g., additional progress monitoring data is needed), a) indicate “No,” b) describe the time of or circumstances of a meeting to discuss ESY.

Examples: The team will meet in the spring to discuss ESY if Jen has not reached 80% of the annual goal by April 15.

The team will convene in March to discuss ESY.

46. Are specialized transportation services required that are related to the disability?

- Document the decision of the IEP team (yes or no).
- Check or describe the specialized transportation. More than one item may be checked.
 - Special route: A student is transported to an attendance center different from the student’s domicile building, or a student is transported to school for a reason related to the disability even though a nondisabled student living the same distance from school would not receive transportation services.
 - Attendant services: An assistant or aide is required to provide physical assistance, ensure student safety, or to manage the student’s behavior.
 - Specially equipped vehicle: A van or bus with a wheelchair lift or other special equipment is required to transport the student.

47. Physical Education.

- Document the decision of the IEP team (general, modified, or specially designed);
- If “modified,” describe modifications; and
- If “specially designed,” PLAAFP information must support the need, a goal is required and a description of services should appear on Page F.

48. Indicate how this individual will participate in district-wide assessments. All students are expected to participate in district-wide assessments. Students with disabilities may participate without accommodations, with accommodations, or through the state alternate assessment. Indicate the IEP team’s determination. Describe accommodations if “With accommodations” was chosen.

Examples: “All items except reading test items will be read to Jorge”

“Joshua may read items aloud”

“Mara will state her selection (a, b, c, or d) and it will be recorded by an adult”

“Petra will be allowed 10 extra minutes for the math calculation test”

NOTE: Testing accommodations for district-wide assessments should correspond to accommodations given for classroom tests. For example, if extended testing time is not given for classroom tests, it is probably not reasonable to give extended time for district-wide assessments.

45

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

46

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.

Special route (outside normal attendance area or transportation not typically provided based on distance from school)

Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified — describe below Specially designed — requires goal(s)

47

Indicate how this individual will participate in district-wide assessments

Without accommodations

With accommodations

Describe accommodations necessary to measure academic achievement and functional performance _____

Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

Why is this alternate assessment appropriate for this student? _____

48

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?

If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports

Updated copies of the IEP goal pages

48. Indicate how this individual will participate in district-wide assessments, continued.

If the IEP team chooses “Through the state alternate assessment”, state 1) why the student cannot participate in the general assessment, and 2) why the alternate assessment is appropriate for the student.

Examples: “Barbara is being educated according to the extended curriculum of the district. The general, district-wide assessments do not assess the skills that Barbara is being taught.”

“The state alternative assessment process that Barbara will be involved in assesses the specific skills that Barbara is being taught.”

49. Additional Considerations. Consider the following LRE requirements:

- To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled;
- Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily;
- School districts ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services (including, instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions);
- The child's placement is as close as possible to the child's home;
- Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school that he or she would attend if nondisabled;
- In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs; and
- A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

Will this individual receive all special education services in general education environments? IDEA's LRE principle is intended to ensure that a child with a disability is served in a setting where the child can be educated *successfully*. Consider supplementary aids and services that, if provided, could facilitate the student's placement in the regular classroom setting. Following that consideration, if a determination is made that a student cannot be educated satisfactorily in the regular educational environment, even with aids and services, that student could be placed in a setting other than the regular classroom. If the answer to this item is “No”, provide the team's rationale. Keys:

- 1) Aids and services that would overcome obstacles to education in the general education environment must be considered.
- 2) Decisions are made by IEP teams for a student based on the student's unique needs and circumstances.
- 3) A valid rationale will focus on the need for education in a different educational environment to ensure *success* for the individual.
- 4) A growing body of research suggests that students with disabilities educated in the general education settings acquire skills at a rate equal to or greater than students with disabilities educated in special education settings.
- 5) If the child's behavior in the regular classroom, even with the provision of appropriate behavioral supports, strategies or interventions, *would significantly impair the learning of others*, the IEP team may consider other placement options.
- 6) Just as a student's behavior could be disruptive to instruction, the provision of a service (e.g., individualized speech or occupational therapy services) in the general education setting could impair the learning of other students.
- 7) Potential harmful effects on the student might include consideration of the student's sensitivity to being singled out or the student's willingness to participate in special education services provided in the general education setting.
- 8) A service may carry an expectation of privacy and confidentiality (e.g., counseling, health procedures).

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified — describe below Specially designed — requires goal(s)

Indicate how this individual will participate in district-wide assessments

- Without accommodations
- With accommodations

Describe accommodations necessary to measure academic achievement and functional performance _____

48, continued

Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

Why is this alternate assessment appropriate for this student? _____

Additional Considerations

49

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?

If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

- An IEP report with report cards and progress reports
- Updated copies of the IEP goal pages

49. Additional Considerations, continued.

Examples: The adaptations of content and delivery of instruction that CeCe needs require direct instruction by a special educator in order for her to progress in the general curriculum. Efforts to adapt content and delivery of instruction in the general education setting (e.g., adapted materials and assignments, extra teacher assistance) have been unsuccessful.

John's behavior and social interactions (shouting at teachers, throwing objects at other students) have interfered with the learning of others in the classroom. Interventions, including positive behavioral supports and peer mediation have been unsuccessful in the general education setting. John's counseling sessions require privacy.

Dina requires direct instruction by a speech-language pathologist. She is extremely sensitive to being singled out and no other students in her general education class need the same type of assistance (i.e., a small group session would not be possible).

Will this individual participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers? Nonacademic activities include recess, lunch, and school assemblies. It is assumed that all students, regardless of disability, will be able to access nonacademic and extracurricular activities so long as they meet the school's requirements for participation. If the answer to this question is "No", provide the team's rationale.

Will this individual attend the school he or she would attend if nondisabled? If the answer is "No", provide the team's rationale. IDEA presumes that the first placement option considered for each disabled student by the student's placement team, which must include the parent, is the school the child would attend if not disabled. A valid rationale will focus on the need for education in a different school location to ensure success for the individual.

NOTE: Answer "Yes" to this item if the student is open-enrolled.

NOTE: Answer "Yes" to this item if a preschool student receives special education services in a setting he or she might attend if nondisabled (e.g., a Head Start, preschool, home) or if the student receives special education services in the elementary school he or she would attend if school-aged. Answer "No" and provide an explanation for all other preschool circumstances.

Will this individual attend a special school? If "Yes", complete the *Justification for Special School Placement*. See pages 68-69.

50. Progress reports. Indicate the frequency of progress reports and how that progress will be reported.

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified — describe below Specially designed — requires goal(s)

Indicate how this individual will participate in district-wide assessments

Without accommodations
 With accommodations
Describe accommodations necessary to measure academic achievement and functional performance _____

Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

Why is this alternate assessment appropriate for this student? _____

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?
If no, explain: _____

49, continued

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?
If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?
If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

50

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports Updated copies of the IEP goal pages

Codes

Early Childhood Setting Codes: Ages 3 through 5

Code	Definition
A1	The child attends a regular early childhood program for at least 80% of the time .*
A2	The child attends a regular early childhood program for 40% to 79% of the time .*
A3	The child attends a regular early childhood program for less than 40% of the time .*
B1	The child DOES NOT attend a regular early childhood program. Special education services are provided within a <i>special education class with less than 50% non-disabled children</i> .
B2	The child DOES NOT attend a regular early childhood program. Special education services are provided within a <i>separate school</i> (e.g., an Iowa School for the Deaf Day Program).
B3	The child DOES NOT attend a regular early childhood program. Special education services are provided within a <i>residential facility</i> (e.g., Iowa Braille School residential placement, all educational services provided on the IBS campus with no non-disabled peers)
B4	The child DOES NOT attend a regular early childhood program. Special education services are provided within the child's <i>home/residence</i> .
B5	The child DOES NOT attend a regular early childhood program. Special education services are provided within a <i>service provider location</i> (therapy room in a school building, clinic, etc.)

* "Time" means the total time the child spends in educational settings (preschool; therapy room; home, if educational services are provided there; etc.)

Disability	
Code	Description
AT	Autism
BD	Behaviorally disordered
CM	Communication disability
DB	Deaf-blindness
DF	Deafness
EI	Entitled/eligible individual
HI	Hearing impaired
HJ	Head injury
LD	Learning disability
MD	Mental disability
OH	Other health impaired
OI	Orthopedic impairment
PD	Physical disability
SL	Speech language
SP	Severely disabled
VI	Visual impairment including blindness

Basis for Enrollment	
Code	Description
DE	Dual enrollment
FC	Living in foster home
GR	Group home
IP	Directed by IEP
JS	Junior/senior rule
LR	Lives with relative
OE	Open enrollment
PC	Placed by court
PI	Private competent instruction
PO	In district parent option
RD	District resident
RI	Resides in Regent's institution
RP	Residential placement
ST	Shared time
WG	Whole grade sharing

Served Status	
Code	Description
B	Both State and Federal Count Eligible
F	Federal count eligible
N	Not applicable
S	State count eligible

Roster Changes	
Code	Description
CAD	Change in attending district
CPI	Competent private instruction with an IEP
CRD	Change in resident district

Roster Changes, continued	
EXS	Expelled, still served
ICR	Incarcerated
MGS	Met goal, still served in special education
MOK	Moved out of state or AEA and known to be continuing
MON	Moved out of state or AEA and not known to be continuing
PDS	Service is continued at parent request, still active other service
SID	State of Iowa determination

Final Exit	
Code	Description
CPN	Competent private instruction, no IEP
DEC	Deceased
DRO	Dropped out
GCP	Graduated, completed IEP
GRD	Graduated, regular diploma
RMA	Reached maximum age
RRC	Return to regular education, IEP completed
RRT	Return to regular education – termination of services
UNK	Unknown

Support Services	
AP	Adapted physical education consultation
AR	Autism resources
AS	Audiometry
AT	Assistive technology or devices
CO	Consultation
DI	Deaf/hard of hearing instruction
GC	Counseling
HH	Hospital or homebound instruction
HL	Health
IN	Interpreter
OM	Orientation/mobility
OT	Occupational therapy
PT	Physical therapy
PY	Psychological
SD	Specially designed instruction
SS	Speech language
ST	Specialty resources
SW	Social work
TA	Teacher associate services
TR	Specialized transportation
TS	Transition
VN	Vision instruction
WE	Work experience services

Additional Examples

27. Current Academic Achievement and Functional Performance.

Mariah comprehends better when reading aloud than reading silently. Her word identification needs to improve. Her peers read at an average of 115 words/minute with greater accuracy in word identification and comprehension.

Milo does not play with toys. When given a toy he will interact with it briefly. Peers his age play with toys six different ways according to the toy's function.

John continues to need help controlling his anger. When John loses control, it often results in physical and verbal aggression. This behavior has caused John to miss more classroom instructional time than his general education peers. General education peers on the average would miss no more than 15 minutes per week according to the referral records.

Tyrone is working on following teacher directions. His difficulty to follow directions has resulted in disciplinary referrals and lack of assignment completion. Tyrone's academic and behavioral success is lower, on average, than that of his general education peers. According to Guidance Counselor information, general education peers follow directions 80% of the time.

Mike independently reads material at the 5th grade level. He comprehends material best when he reads silently and verbalizes a summary. He tested off level for the ITED and earned a 65th percentile on the off grade level in ITBS. His peer group tested at a grade level on the ITED.

28. Baseline.

When asked to orally read a 200-word passage from her world history textbook, Mariah reads at an average rate of 82 words per minute with 96% accuracy in word identification and 70% comprehension on a 10 question probe.

When given toys/objects, Milo performs five schemes with them (shake, roll, bang, throw, push). He does not combine schemes into a functional play sequence with the toys/objects.

Mei Li can write a five-sentence paragraph using both simple and compound sentences. She scores an average of 25/50 on the district's writing rubric.

Currently John, on average, is missing 90 minutes a week of classroom instructional time due to physical and verbal aggression.

Currently, Tyrone is following teacher directions with one verbal redirection/reminder 20% of the time.

Mike completes 8 out of 10 comprehension probes at the 7th grade level. Mike will successfully answer 8 of 10 probes.

29. Measurable Annual Goal.

In 36 weeks, given a 200-word passage from her world history textbook, Mariah will read at an average rate of 125 words per minute with 99% accuracy in word identification and 90% comprehension on a 10 question probe.

In 36 weeks, given the opportunity to play with 6-8 different toys/objects, Milo will spontaneously link four discrete schemes according to the toys/objects intended functions three times per observation period across five consecutive play times.

In 36 weeks, when met with a frustrating situation which causes John to feel angry, he will engage in school appropriate behaviors which will result in him missing no more than 30 minutes a week instruction time.

By October 31, 2006, when given a direction with no more than one additional verbal reminder given as needed, Tyrone will follow the direction 80% of the time.

By September 27, 2006, when given comprehension probes at the 7th grade level, Mike will successfully answer 8 of 10 probes.

30. Evaluation Procedures.

Once a week, Mariah will orally read a 200-word passage from her world history textbook into a tape recorder and complete a ten-question probe. The teacher will calculate words per minute and percent of word identification from the tape and score the probe.

During two randomly selected playtimes per week, Milo's play with toys/objects will be observed by the classroom aide. The aide will record the number of schemes Milo performs and note any spontaneous links of discrete schemes.

One of Mei Li's weekly writing samples will be scored using the district's writing rubric.

John's progress will be monitored through daily behavioral observations and records.

Tyrone's progress will be monitored through teach observation and tally records.

Weekly, at least one comprehension probe will be assessed.

34. Short-term Objectives.

In nine weeks, given the opportunity to play with four to five different toys/objects, Milo will spontaneously link two discrete schemes according to the toys/objects intended function three times per observation period across five consecutive play times.

In 18 weeks, given the opportunity to play with four to six different toys/objects, Milo will spontaneously link three discrete schemes according to the toys/objects intended function three times per observation across five consecutive play times.

In 27 weeks, given the opportunity to play with five to seven different toys/objects, Milo will spontaneously link three discrete schemes according to the toys/objects intended function three times per observation period across five consecutive play times.

Additional Information: Reevaluation IEPs

Reevaluations of eligible individuals are required:

- Every three years, or sooner –
 - If the IEP team determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or
 - If the child's parent or teacher requests a reevaluation; or
 - If the IEP team will be considering whether a child is no longer an eligible individual; or
 - If AEA procedures require the reevaluation of a transfer student from out-of-state.

Reevaluations *are not* to occur more than once a year, unless the parent and the LEA and/or AEA agree otherwise. Also, a reevaluation *is not* required to exit a student from services due to graduation with a regular diploma.

For all reevaluations, the IEP team must document answers to the following questions on an Additional Information page:

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?
2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?
3. What evidence is there that the student continues to need special education and related services in order to be successful?
4. What additions or modifications to the special education and related services are needed to enable the student to meet the IEP goals and to participate, as appropriate, in the general education curriculum?
5. Does the student continue to be eligible for special education services, based on the information contained in Questions 1-4?
6. Under what conditions will the IEP team consider exiting the student from special education services?

If answering these questions requires the collection of new information, parental consent is required (see Pages 54-57).

Additional Information

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?

2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?

3. What evidence is there that the student continues to need special education and related services in order to be successful?

4. What additions or modifications to the special education and related services are needed to enable the student to meet the IEP goals and to participate, as appropriate, in the general education curriculum?

5. Does the student continue to be eligible for special education services, based on the information contained in Questions 1 - 4?

Yes No Explain (if further information is needed). _____

6. Under what conditions will the IEP team consider exiting the student from special education services?

Consent for/Notice of Evaluation, Page 1

1. **Complete all identifying information.**
2. **Language:** Identify the language spoken in the home. Indicate interpreter needs (for the child/student for the evaluation and/or for the parent(s) at meetings)
3. **Complete district and building information.**
4. **Parent/Student Address.** Complete name, address and telephone number information for the identified () parties. The person(s) with whom the student resides must also have “Student” marked next to their address. Some examples:

Eligible individual lives at home with both parents or a single parent	Primary custody with one parent; second divorced parent	Eligible individual placed in a foster home	Eligible individual placed in a residential facility
<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student

5. **Explanation of why the school or AEA proposes to initiate an evaluation:**

One: Provide the foundation in the Iowa Administrative Rules of Special Education for the evaluation:

General education interventions have not been effective in solving problems your child is experiencing and special education services may be needed

General education interventions have been effective but require continued and substantial efforts that may include special education services

Your child’s injury has created an immediate need for specialized services

A team including you, the parent(s), has determined that general education interventions are not appropriate for your child’s needs and special education services need to be considered

It has been three years since your child’s last evaluation: Date due: ____/____/____

Your child has moved to Iowa from another state and AEA procedures require a reevaluation

You have requested an evaluation

The IEP team including you, the parent(s), believes that your child’s services needs warrant a reevaluation

Two: State –

This evaluation will assist us in understanding your child’s needs in the areas of instruction, curriculum, the learning environment and other areas.

6. **Description of other options the school or AEA considered and the reasons why those options were rejected.**

For example:

Continuation of general education interventions was rejected due to lack of success

No other options were considered [**Note:** This is always the correct response for *required* reevaluations — i.e., three-years, parent or teacher request, consideration of exit from all services, etc.]



Consent for/Notice of Full and Individual Initial Evaluation

Date: ___ / ___ / ___

Reevaluation

Other _____

1

STUDENT: _____
Last (legal) First (not nickname) M.I.

Birthdate: ___ / ___ / ___

Gender: Male Female Grade: ___ Ethnicity: ___ Teacher/Service Provider: _____

Language in home: English Spanish Sign Other: _____

2

Interpreter needed for the child Interpreter needed for the parents

Resident District/Building: _____

3

Attending District/Building: _____

Open Enrollment: Yes No

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent	Address: _____	Work/Cell Phone: _____
<input type="checkbox"/> Guardian		E-mail address: _____
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		

4

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent	Address: _____	Work/Cell Phone: _____
<input type="checkbox"/> Guardian		E-mail address: _____
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		

Description of the action proposed:

This form is intended to provide notice of an upcoming evaluation of your child and to obtain your consent for this evaluation. The purpose of an educational evaluation is to determine interventions needed to resolve presenting problem(s) or behavior(s) of concern and to determine whether or not those interventions require special education. The Individualized Education Program (IEP) team, including you, and, as appropriate, other qualified professionals will address the following questions:

- Does your child have a disability or, in case of a reevaluation, does your child continue to have a disability?
- In comparison to peers or standards, what are your child's present levels of performance, rate of progress and educational needs?
- Does your child need special education and related services or, in the case of reevaluation, does your child continue to need special education and related services?
- Are any additions or modifications to the special education and related services needed to enable your child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum or, in the case of preschool children, to participate in appropriate activities?

Explanation of why the school or AEA proposes to initiate an evaluation:

5

Description of other options the school or AEA considered and the reasons why those options were rejected.

6

Consent for/Notice of Evaluation, Page 2

7. Type of Assessment Needed: For example:

Review of relevant educational records	Communication (all areas) <i>or list individually:</i>	Transition (all areas) <i>or list individually:</i>
Academic skills (all areas) <i>or list individually:</i>	Articulation	Preferences and interests
Reading	Language	Community use/Daily living
Writing	Fluency	Career/vocational
Math	Voice	Cognitive/intelligence
Study skills	Health	Assistive technology
Social skills/emotional status	Hearing	Motor functioning
Attention span	Vision	Development (social, emotional, physical, cognitive, adaptive, communication, pre-academic)
Behavior	Orientation & mobility	
	Adaptive skills	

8. Person(s)/Position(s) Responsible. Identify the individuals involved in the evaluation both by name and by position.

9. For reevaluations. In the case of a reevaluation, indicate the decision of the team regarding additional assessments.

10. Procedural Safeguards were reviewed by. Identify the individual who provided the parents with their procedural safeguards and the method used.

11. Signature. Both parents may sign, but only one parent* signature is needed.

*** “Parent” means:**

- a. A biological or adoptive parent of a child;
- b. A foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent;
- c. A guardian generally authorized to act as the child’s parent, or authorized to make educational decisions for the child, but not the state if the child is a ward of the state;
- d. An individual acting in the place of a biological or adoptive parent including a grandparent, stepparent, or other relative with whom the child lives or an individual who is legally responsible for the child’s welfare; or
- e. A surrogate parent who has been appointed in accordance with rule 41.519(256B,34CFR300) or 20 U.S.C. 1439(a)(5).

Important Notes:

- When more than one party is qualified to act as a parent, the biological or adoptive parent must be presumed to be the parent unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
- If a judicial decree or order identifies a specific person or persons under paragraphs to act as the parent of a child or to make educational decisions on behalf of a child, then such person or persons shall be determined to be the parent.
- “Parent” does not include a public or private agency involved in the education or care of a child or an employee or contractor with any public or private agency involved in the education or care of the child in that employee’s or contractor’s official capacity.

Description of the evaluation procedures, tests, records, or reports that were used as a basis for the proposed evaluation:

- Results of previous interventions (e.g. general education intervention, current IEP, etc.)
- Reviews of relevant information (school records, work samples, previous evaluations, etc.)
- Interviews of individuals with knowledge of your child (teachers, parents, your child, etc.)
- Observations completed by team members
- Tests (classroom-based, district-wide, and individually administered)

Assessment areas may include: health, vision, hearing, social and emotional status, general intelligence, reading, mathematics, written language, communicative status, adaptive behavior, motor ability, transition, and other areas, as needed.

Type of Assessment Needed	Person(s)/Position(s) Responsible
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

For reevaluations: 9

- The IEP team has not recommended additional assessment.** You (as the parent) do not need to sign this form. However, you have the right to request additional assessment to determine whether your child has or continues to have a disability and a need for special education and related services. If you want additional assessment, please contact your child's teacher or service provider.
- The IEP team has recommended additional assessment.** Please carefully read the information below and, if you consent to the evaluation, sign and date your signature.

PARENT/GUARDIAN CONSENT TO EVALUATE

I understand that this evaluation may provide useful information for educational planning for my child. I have received a copy of the *Procedural Safeguards Manual for Parents*. I understand that I have certain protections under the procedural safeguards of the Individuals with Disabilities Education Act and that these rights are detailed in the *Procedural Safeguards Manual for Parents*. I understand that this manual contains information about whom to contact to obtain assistance in understanding my rights. I understand that I may also contact my child's school administrator or AEA Director of Special Education if I have any questions or wish to obtain an additional copy of *Procedural Safeguards Manual for Parents*.

Procedural Safeguards were reviewed by: _____ / ____ / ____ In person Via Phone
Name 10 Date

**I understand my rights related to this evaluation and
I give my permission for the evaluation to begin as soon as possible.**

(Signature of Parent/Guardian) Date: ____ / ____ / ____

11

Consent for Initial Special Education and/or Related Services

Directions

The Consent for Initial Special Education and/or Related Services form must be used in conjunction with the Prior Written Notice form. The Prior Written Notice form should be completed and reviewed with the parent* to ensure the parent understands the options considered. Parent signature on the Consent for Initial Special Education and/or Related Services form documents that parents have been provided appropriate notice and have given written consent for these services, as documented in the IEP, to begin. Be sure to complete item 6 on the Prior Written Notice (pages 60-61).

The date consent for service was given is entered on Page A of the initial IEP in the “from” field of “Duration of this IEP.” Therefore, this date entered on an initial IEP specifies both the effective date of consent and the date this initial IEP is in effect.

*** “Parent” means:**

- a. A biological or adoptive parent of a child;
- b. A foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent;
- c. A guardian generally authorized to act as the child’s parent, or authorized to make educational decisions for the child, but not the state if the child is a ward of the state;
- d. An individual acting in the place of a biological or adoptive parent including a grandparent, stepparent, or other relative with whom the child lives or an individual who is legally responsible for the child’s welfare; or
- e. A surrogate parent who has been appointed in accordance with rule 41.519(256B,34CFR300) or 20 U.S.C. 1439(a)(5).

Important Notes:

- When more than one party is qualified to act as a parent, the biological or adoptive parent must be presumed to be the parent unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
- If a judicial decree or order identifies a specific person or persons under paragraphs to act as the parent of a child or to make educational decisions on behalf of a child, then such person or persons shall be determined to be the parent.
- “Parent” does not include a public or private agency involved in the education or care of a child or an employee or contractor with any public or private agency involved in the education or care of the child in that employee’s or contractor’s official capacity.



Consent for Initial Special Education and/or Related Services

Student: _____ Birthdate: ____ / ____ / ____
(Last) (First) (MI)

Meeting Date: ____ / ____ / ____ District/Building Student Attends: _____

Parent(s) and Guardian(s): You have a right to receive written notice when your school district or area education agency proposes to initiate special education and/or related services for your child. Services may not begin without your written consent. Your child has been determined to be a student with a disability and to be in need of special education and/or related services. As the parent of a child entitled to special education, you have certain protections under the procedural safeguards of the Individuals with Disabilities Education Act. These protections are explained in the *Procedural Safeguards Manual for Parents*. This manual contains information about whom to contact to receive assistance in understanding your protections as well as a description of the state complaint process and preappeal procedures.

- a) I understand that after a full and individual evaluation of my child's educational needs that my child has been determined to be a child with a disability in need of special education and/or related services.
- b) The results of the full and individual evaluation have been explained to me. The service(s) for my child has been reviewed in detail and described on his/her Individualized Education Program (IEP). I understand the service(s).

I understand and agree with the above statements. I give my consent for the special education and/or related service(s) to be provided as described in the IEP.

Signature of Parent or Guardian

____ / ____ / ____
Date

Prior Written Notice of a Proposed or Refused Action

Prior Written Notice must be given to the parents of a child with a disability a reasonable time before the public agency –

- Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child; or
- Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

Before the action is implemented, the parent or agency has the right to request an impartial due process hearing on any issue in the **Prior Written Notice**. Thus, the prior written notice that constitutes the basis for a parent's hearing request must include the agency's final action, or decision, on the proposal or refusal. The **Prior Written Notice** forms the basis for the parents to request a hearing.

Examples of Actions/Refusals Requiring Prior Written Notice

- Decision not to conduct initial evaluation.
- Change of disability designation.
- Change in services or placement, including consent for initial special education services (pages 58-59).
- Addition or termination of service (including graduation)
- Change in delivery of services: mode such as direct to indirect, pull-out to general class, change in service.
- Addition, deletion or change of ESY services
- Addition or deletion of goal.
- Change in related service: transportation, behavior plan, special health plan, assistive technology or equipment.
- Amendment to an existing IEP.

Examples of Actions/Refusals NOT Requiring Prior Written Notice

- Change qualified service provider.
- Changes or updates of goals and objectives that do not change services.
- Change in location of service not controlled by school agency: foster care, hospitalization, parent relocation.
- Change in location of service which does not change service: different classroom, age/grade-appropriate movement (peer promotion to middle/junior/senior high).

NOTE: The determination of the significance of the change must be determined on a case by case basis. Each IEP team must use professional judgment in this decision. The inclusion of decisions in a **Prior Written Notice** in instances of questioned significance would be the best practice. If there is a question whether the change meets the standard, the agency is encouraged to provide notice.

1. Describe the action proposed or refused by the agency (AEA, school district or both);
2. State why the agency proposes or refuses to take the action;
3. Describe any other options that the agency considered and the reasons why those options were rejected;
4. Describe any evaluation procedures, tests, records, or reports the agency used as a basis for the proposed or refused action
5. Describe any other factors that are relevant to the agency's proposal or refusal;
6. If the Prior Written Notice describes a change in identification, evaluation or placement, state when this change will become effective. Notice must be provided a reasonable amount of time before a change, and that "reasonableness" is determined by the IEP team. A date reflecting an immediate change may be reasonable if action is urgent and the team agrees. A date in three weeks may be reasonable, if a parent requests the opportunity to discuss the proposed change with their spouse who is traveling and unavailable for several weeks. A date indicating the start of school in the fall may be reasonable when only a few days remain in the current school year. IEP teams will need to consider the particular circumstances when making this decision.
7. Provide information for a contact person who can answer parent questions regarding this notice.

Authorization For Exchange Of Information, Page 1

Directions

Use this form for most purposes

- 1. Complete identifying information.**
- 2. Purpose of the exchange of information.** State why information is needed.
- 3. Information to be shared.** Identify the information that will be shared if permission is given.

NOTE: The exchange of information related to mental health, substance abuse/chemical dependence, sexually transmitted disease, or HIV/AIDS requires special permission. If permission is being sought to exchange information in any of these areas, each area must be specifically identified.

- 4. Method(s) of exchange.** Indicate the method(s) that will be used to exchange information. [**Note:** Permission to exchange *records* does **not** confer permission to exchange information in other ways.]
- 5. Authorization “good until” date.** Indicate the period of time for which this permission to exchange information will be in force. Do not exceed one year.
- 6. Contact.** Identify a contact person.

Authorization For Exchange Of Information, Page 2

Directions

7. **Indicate the number of individuals and organizations identified and obtained a signature.** An individual over 18 who is his or her own guardian must sign, not a parent.
8. **Complete information for each individual or agency.** [Note: Written consent authorizes the *exchange* of information. While the AEA may need information from multiple sources, it isn't necessarily the case that the sources need to exchange information with each other. For example, the IEP team may wish information from a physician for reasons related to an individual's physical health and a counseling service for reasons related to the individual's behavior. There may be no need for the physician and counselor to exchange information. It is also possible that the parent or guardian may not wish for the physician and counselor to exchange information. In these cases, multiple authorizations may be needed.]

Name: Individual to whom records are to be delivered and/or has permission to discuss the specified information

Agency/Relationship: For example, Foothills Health Clinic (agency); Psychiatrist (relationship)

Address/Phone/Fax: Complete information needed for the information exchange

Student Name: _____

Birthdate: ____ / ____ / ____

I understand my rights related to this exchange of information. As per the conditions described on Page 1 of this *Authorization for Exchange of Information*, I consent to the exchange of information with the _____ (enter number) individuals, programs, organizations, and entities listed below.

7

Signature of Parent, Guardian or Eligible Student

____ / ____ / ____
Date

8

1. Name:	2. Name:
Agency/Relationship:	Agency/Relationship:
Address: _____ _____	Address: _____ _____
Phone:	Phone:
Fax:	Fax:

3. Name:	4. Name:
Agency/Relationship:	Agency/Relationship:
Address: _____ _____	Address: _____ _____
Phone:	Phone:
Fax:	Fax:

5. Name:	6. Name:
Agency/Relationship:	Agency/Relationship:
Address: _____ _____	Address: _____ _____
Phone:	Phone:
Fax:	Fax:

Authorization for the Release of Health and/or Educational Information

Directions

Use this form to obtain records from the University of Iowa Hospitals and Clinics, including Child Health Specialty Clinics.

- 1. Timeframe.** Indicate the period of time from which records are sought. The source may have years and years of records. Make sure you are getting the records you want without overburdening the source or filling the individual's educational file with out-of-date and potentially irrelevant information.
- 2. Information to be shared.** Identify the information that will be shared if permission is given.

NOTE: The exchange of information related to mental health, substance abuse/chemical dependence, sexually transmitted disease, or HIV/AIDS requires special permission. If permission is being sought to exchange information in any of these areas, each area must be specifically identified.



Authorization for the Release of Health and/or Educational Information

Student Name: _____ **Birthdate:** ____ / ____ / ____
Address: _____ **Phone:** _____

On behalf of the above named student, I authorize _____
 (Name of health care provider, agency, or medical institution)

to release evaluation records to _____ and _____
 (Area Education Agency) (School or School District)

for the purpose of determining eligibility for and/or provision of appropriate special education and related services.

AEA Contact: _____ District Contact: _____

AEA Address: _____ District Address: _____

For this purpose, I consent to the release of the following health information to the AEA and school district regarding this child from
 ____ / ____ / ____ to ____ / ____ / ____ :

1

- Current Medical Status
- Current Medications/treatments
- Recommendations for School
- Other _____

I hereby give special permission to the above named medical entity to release records pertaining to:

2

- Mental health
- Substance abuse/chemical dependence
- Sexually transmitted disease
- HIV/AIDS

I understand that the released information becomes a part of the student's educational records as defined by the Individuals with Disabilities Education Act (IDEA) and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may be reviewed by all members of the IEP team and, as appropriate, those identified as having legitimate educational interest. The information may also be used in the future, including if the student moves, for the purpose of Individualized Education Program (IEP) decision making.

I understand that I have the following **rights** with respect to this authorization:

- The right to inspect or copy the health information to be disclosed by this form.
- The right to receive a copy of this form.
- The right to withdraw this Authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until ____ / ____ / ____ , or until one year after the date of signing, whichever occurs first.

 Signature Relationship to Student Date

 Printed name

Health Insurance Portability and Accountability Act (HIPAA)/ Family Educational Rights and Privacy Act (FERPA) Notice

Any and all personally identifiable information regarding children and families receiving Special Education services funded under the Individuals with Disabilities Education Act (20 U.S.C. §1400 et seq.) is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a child's records, and contains complaint and appeal procedures which apply to disputes over records in possession of Special Education or its providers, among other provisions. All Special Education providers comply with these procedures.

Justification for Special School Placement

When an eligible individual's special education is provided in a special school, the individual's IEP **must** include answers to the specific questions incorporated into the *Justification for Special School Placement* form. This form must be completed when an initial placement is made in a special school and at any review that continues the special school placement. A few examples of special school placements include:

- Iowa School for the Deaf (ISD).
- Iowa Braille and Sight Saving School.
- Children's Square.
- Alpha Schools.
- McCrossen Boys Ranch (SD).
- Wyalusing Academy.

The questions the IEP team addresses are intended to reinforce the ideas that

- special school placements are a part of the continuum of services,
- special school placements are intended for a small number of students with highly specialized needs, and therefore,
- special school placements require careful and thoughtful consideration.

Meeting Notice

1. **Complete identifying information.**
2. **Date (of the Notice).** Notify the parents and others being invited 10 to 14 calendar days prior to the IEP meeting to give them an opportunity to attend.
3. **Date (of the Meeting).** Specify the meeting's date, time, and location. [**Note:** Schedule the meeting at a mutually agreed upon time and place.]
4. **Contact:** Identify a contact person.
5. **Purpose of this meeting.** Check one or more meeting purposes. For students 14 or older, indicate "Transition Planning" as a meeting purpose.
6. **Attendance at this meeting.** Identify all persons that the school or AEA has requested to attend the meeting.
7. **Excusal from attendance at this meeting.** It is possible for the school or AEA to request that one or more individuals be excused from attending this meeting. If this is the case, request parental agreement to the excusal when scheduling the meeting and check this box. Send an *Agreement to Excuse Attendance at IEP Meeting* form to the parents along with the meeting notice.

NOTE: We are required to provide parents a copy of their procedural safeguards once a year. For most students, IEPs are reviewed no more often than once per year so this may be a good choice of time to send a copy of the *Procedural Safeguards Manual for Parents*.



Meeting Notice

Date: ___/___/___

2

1

Student Name: _____ Birthdate: ___/___/___
Last First M.I.

Parent/Student Name: _____

Street Address: _____

City/State/Zip Code: _____

You are invited to attend a meeting to discuss the educational program for _____ Student

3

Date: ___/___/___ Time: _____ Location: _____

At this meeting, we will review student needs, progress, and possible changes or additions to the current educational program. We will be seeking your ideas and information regarding your child's educational program. You are welcome to have others accompany you. If you need a translator/interpreter at this meeting, if the meeting time is inconvenient or you do not plan to attend this meeting, please contact:

4

5

Name Position Phone E-mail

The purpose of this meeting is to discuss and develop or review: (Check all that may apply.)

- Individualized Family Service Plan (IFSP)
- Individualized Education Program (IEP)
- Evaluation Information
- Eligibility for Special Education Services
- Other: _____
- Reevaluation
- Transition Planning
- Extended School Year Services
- Exiting Special Education Services
- Other: _____

The following individuals have been requested to attend this meeting: _____ 6

_____ Parent

_____ Parent

_____ LEA Rep

_____ Reg Ed Tchr

_____ Sp Ed Tchr

_____ Student

7

The school or AEA has requested that one or more individuals be excused from attending this meeting. See the attached page.

School use: Written meeting notice sent by _____ Name Method: _____

Agreement to Excuse Attendance at IEP Meeting

Individuals who would normally be required participants in IEP meetings may be excused under two circumstances:

- 1. Input not needed.** When the topics to be addressed at an IEP meeting ***do not involve*** a modification to or discussion of a team member's area of the curriculum or related services, an IEP Team member is not required to attend an IEP meeting, in whole or in part, ***if*** the parent of the student and the school agree that the attendance of this member is not necessary.
- 2. Input needed.** When the topics to be addressed at an IEP meeting ***do involve*** a modification to or discussion of a team member's area of the curriculum or related services, an IEP Team member may be excused ***if*** the student's parent(s) and school agree to this ***and*** the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.

The agreement that a team member may be excused must be written and signed by the parents and signed by either a school representative for eligible individuals receiving weighted, instructional programs or an area education agency representative for eligible individuals receiving unweighted support services.

The school or AEA should communicate with the student's parents regarding the need for IEP member(s) absence in a timely fashion prior to the actual meeting and obtain the necessary agreement. The meeting notice should indicate that one or more individuals are asked to be excused and the agreement form is to accompany the *Meeting Notice* sent to parents. Signatures attesting to the agreement to excuse may be secured by requesting that the parents return the form or, if verbal agreement was secured, signatures can be obtained at the meeting.

There may occasionally be circumstances when the process and timeline described above are not possible (e.g., an illness or emergency of one of the IEP team members). In this case, contact parents as soon as possible.

NOTE: When written input is required from the excused team member, it must be provided to the parent ***prior*** to the IEP meeting.

Agreement to Excuse Attendance at IEP Meeting

Student Name: _____ IEP Meeting Date ____/____/____

Parents,

An IEP Team member is not required to attend an IEP meeting if that member's area of curriculum or service is not being modified or discussed, and the parent, and the area education agency or school agree.

A IEP Team member, whose input for a meeting is required because of modification or discussion of that member's area of curriculum or service, may be excused if the parent, and the area education agency or school consent to excuse the member, and the member submits the input in writing prior to the meeting.

The agreement to excuse any member from the IEP meeting must be documented in writing.

We agree that the following individuals do not need to attend the IEP meeting:

			Input not needed	Input needed: written input will be provided
_____	_____	1	<input type="checkbox"/>	<input type="checkbox"/>
Name	Position			
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Position			
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Position			

Signed Agreement

Parent(s)	____/____/____ Date
School or Area Education Agency Representative	____/____/____ Date

Summary for Post-Secondary Living, Learning, and Working, Page 1

NEW in IDEA 2004 is the requirement that when an eligible individual graduates or ages out, “a local educational agency [school district and/or AEA, depending upon the services provided] shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s post-secondary goals.” The *Summary for Post-Secondary Living, Learning and Working* has been developed to meet this requirement.

- 1. Date.** This is the date the team is completing the Summary for Post-Secondary Living, Learning, and Working form.
- 2. Date of Exit.** This is the date the student will exit special education services.
- 3. Post-Secondary Expectations.** Based on the transition assessments of a student aged 14 or older, as noted on Page B, describe the post-secondary expectations for living, learning, and working. The statements should be very specific and current at the time of exit. If the summary sheet is completed early in the year, the information should be updated at the time of exit.
- 4. Recent Special Education Services.** This should reflect services the student received in the last three years. *Remember to consider work experience, adaptive PE, or any other services that were delivered that might not be listed.*
- 5. Goal Areas.** Record any goal areas included in the student’s IEP over the last three years. List goal areas only once. *Use meaningful language for students, families, and adult service providers. Do not include goal codes.*

Examples: reading, self-responsibility, work experience, etc.

- 6. Describe Student’s Current Levels of Performance, as Related to Living, Learning, and Working.**

Include type of assessment, date of administration, and results. This section may help adult service providers and other organizations or institutions determine eligibility for services.

Information included here would directly relate to the post-secondary expectations on Page B on the IEP and “current levels of performance” on each goal page. Assessment information may come from formal or informal assessment techniques. This section should not exclusively be scores or percentages: it could include observations and situational assessment information. *Remember keep it family friendly!*

- 7. Describe Functional Impact of the Disability.** This information describes the impact of the disability and answer the “so what” question: How does the disability impact the application of skills and the completion of tasks in learning, living, and working?

Domains to consider in this section include: mobility, self-care, self-direction, cognitive/motor skills, work tolerance, interpersonal skills, and sensory/verbal communication.

Information to complete this section may be found on Page B, goal pages, and Page F of the IEP.



Summary for Post-Secondary Living, Learning, and Working

(To be completed at exit prior to graduation)

1

Student Name: _____ Birthdate: ____ / ____ / ____ Date: ____ / ____ / ____

Attending District/Building: _____ Date of Exit: ____ / ____ / ____

Post-Secondary Expectations:

Living

3

2

Learning

Working

4

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

5

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

6

7

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Summary for Post-Secondary Living, Learning, and Working, Page 2

- 8. Response to Instruction and Accommodations as related to living, learning, and working.** Describe accommodations/instructional strategies that *have and have not* worked and when. Progress monitoring, teacher input, and the IEP review should provide the necessary information to know when a student is or is not responding to an accommodation or instructional strategy.

This section may help adult service providers and other organizations or institutes that are developing a plan or program for the student to identify service or support needs.

- 9. Recommendations for Living, Learning, and Working.** Include suggestions for accommodations, linkages to adult services, or other supports.

Make the recommendations specific to each individual student. Use the Post-Secondary Expectation information (*Page B of the IEP or Item 3 of this document*) to determine recommendations that would be helpful for the student to successfully pursue the post-secondary expectation in each of the areas of living, learning, and working. Avoid a laundry list of recommendations.

- 10. Adult/Community Contacts.** This section is designed to assist students and families in contacting or staying in contact with community agencies or organizations.

Agency: Identify the name of the agency the student has already been referred to or an agency that would be helpful based upon the recommendations made in the previous section of the document.

Status: This line is a place to indicate the current status of a referral or transition activity.

Name/Position: The name and position of the contact person within the suggested agency.

Phone: The phone number of the contact person within the suggested agency.

- 11. High School Contacts.** Indicate the name and position of one person within the high school that may be contacted in the future. Those who may have questions in the future include the student, family, adult or community service providers, or post-secondary institutions.

- 12. Additional team members contributing to this summary.** Identify members of the IEP team who provided information for the development of the Summary of Post-Secondary Living, Learning, and Working.

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

8

9

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

10

Adult/Community Contacts:

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

High School Contacts:

11

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

12

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____

Functional Behavior Assessment (FBA)

- 1. Assessment Date.** Document the date the FBA was completed.
- 2. Individuals completing this Functional Behavior Assessment.** List the individuals who contributed to the writing of this report. Do not list those who contributed information but did not actually assist in the writing. Where it is important to note the sources of information, do so in relevant parts of the report (e.g., “Based on parent interviews” “John’s third grade teacher reported that ...”)
- 3. Contact person for this report.** Identify and provide contact information for the individual who would best be able to respond to any questions regarding this assessment.
- 4. Behavior(s) of concern.** State a clear, measurable, and observable description of the behavior or behaviors of concern. Be specific. There are many, many ways to be aggressive, inattentive, disruptive, etc. The definition should allow someone who is unfamiliar with the student to be able to recognize when the behavior is and is not occurring.
- 5. Problem analysis.** The descriptive assessment of the behavior should answer the questions: How different is this student’s behavior from the behavior of others in *intensity or frequency*? Is there a *pattern of behavior over time* and/or across settings? Have changes in student behavior occurred over time?



Functional Behavior Assessment

Assessment Date: ___/___/___ 1

Name: _____ Male Female
Last (legal) First (no nicknames) M.I.

Birthdate: ___/___/___ Grade: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: () - _____

Parent Name: _____ Home Phone: () - _____
 Foster Parent Address: _____ Work/Cell Ph: () - _____
 Guardian _____
 Surrogate _____ E-mail: _____@_____.
 Student

Parent Name: _____ Home Phone: () - _____
 Foster Parent Address: _____ Work/Cell Ph: () - _____
 Guardian _____
 Surrogate _____ E-mail: _____@_____.
 Student

Individuals completing this Functional Behavior Assessment: 2

Name	Position	Name	Position
	3		

Contact person for this report: _____
4 Phone: _____ E-mail: _____

Behavior(s) of concern. State a clear, measurable, and observable description of the behavior or behaviors of concern.

5

Problem analysis. Provide a descriptive assessment of the behavior (include information from a variety of approaches and data sources – record review; interviews; observation; and graphic displays such as scatterplots, ABC analysis, etc.). Include:

How different is this student’s behavior from the behavior of others in intensity or frequency?

- 5. Problem analysis continued.** Are there student strengths that may provide a foundation for addressing the behaviors of concern? What conditions make the behavior more or less likely to occur? What consequences maintain the behavior? Answering the last two questions will include information related to
- **Setting events** (the conditions that make the behavior more likely to occur, but do not directly or immediately trigger the behavior – e.g., time of day, certain classes, particular adults or peers present, poor sleep, receiving medication, missing medication, missed breakfast, thoughts, feelings, or beliefs of the child, etc.).
 - **Antecedents** (the events that directly and immediately trigger the behavior – e.g., teasing, specific classroom demands, etc.).
 - **Consequences** (the actions and events that follow occurrences of the behavior(s) of concern).
 - Positive consequences (actions and events that follow the occurrences of the behavior(s) of concern and appear to reinforce that behavior – “positive” means potentially reinforcing and not necessarily desirable in the general view of others).
 - Negative consequences: (actions and events that follow the occurrences of the behavior(s) of concern and appear to discourage that behavior – “negative” means potentially punishing in the behavioral sense and not necessarily undesirable in the general view of others).
- 6. Hypothesis statement.** The Problem Analysis identifies things that *might* trigger and maintain the behavior. The Hypothesis Statement is our current, best guess of what *does* trigger and maintain the behavior.
- Presumed function (purpose) of the behavior.** State clearly and succinctly the conclusion related to the behavior’s function. Escaping or avoiding something undesirable or receiving attention from peers or adults are the most common functions. Also consider reasons related to: power and control; acceptance or affiliation; expression of self; gratification; justice or revenge.
- Conditions that make the behavior more likely.** Include the setting events, antecedents and consequences that are presumed to trigger and maintain the behavior.
- 7. Implications for interventions.** Briefly describe prevention and consequence strategies and needed supports for team members. This may include: teaching and reinforcing potential replacement behaviors that serve the same function as the behavior of concern, teaching and reinforcing skills that need to be taught, changes in antecedents and consequences, a crisis plan and quality of life enhancements.
- 8. Note on hypothesis testing.** Frequently, we are dealing with a time frame that does not allow hypothesis testing prior to the development and implementation of a Behavior Intervention Plan (BIP). Therefore, we implement, frequently review and adjust the BIP, as needed. Is there a pattern of behavior over time and/or across settings? Have changes in student behavior occurred over time?

5, continued

Is there a pattern of behavior over time and/or across settings? Have changes in student behavior occurred over time?

What student strengths may provide a foundation for addressing the behaviors of concern?

What conditions make the behavior more or less likely to occur? What consequences maintain the behavior? Include:

- Setting events (the conditions that make the behavior more likely to occur, but do not directly or immediately trigger the behavior – e.g., time of day, certain classes, particular adults or peers present, poor sleep, receiving medication, missing medication, missed breakfast, thoughts, feelings, or beliefs of the child, etc.).
- Antecedents (the events that directly and immediately trigger the behavior – e.g., teasing, specific classroom demands, etc.).
- Consequences, both positive and negative that are related to the occurrence and maintenance of the behavior.

6

Hypothesis statement. State the current, best understanding of what triggers and maintains the behavior. Include:

Presumed function (purpose) of the behavior. Why is the behavior occurring? What is the child gaining or avoiding?

Conditions that make the behavior more or less likely. What are the conditions and events that trigger the behavior and the consequences that follow the behavior? What are the conditions and events that make the behavior less likely to occur?

7

Implications for interventions. Describe potential strategies, potential alternative skills or replacement behaviors, and needed supports for team members that will be considered in developing a Behavior Intervention Plan.

8

Note: The hypothesis may need to be tested through the development, implementation and frequent review of a behavior intervention plan.

Behavior Intervention Plan (BIP)

NOTE: The Behavior(s) of Concern, Student Strengths and Functional Behavioral Assessment will often be the same information contained in a Functional Behavioral Assessment report. Summarize or use the same text.

- 1. Behavior(s) of concern.** State a clear, measurable, and observable description of the behavior or behaviors of concern. Be specific. There are many, many ways to be aggressive, inattentive, disruptive, etc. The definition should allow someone who is unfamiliar with the student to be able to recognize when the behavior is and is not occurring.
- 2. Student strengths.** Describe the skills (academic, interpersonal, etc.) that may help support positive behavioral change.
- 3. Functional behavioral assessment.** This section will often represent excerpts from an FBA. Repeat or summarize that information.
- 4. Implementation plan.** Each section of the Implementation Plan calls for a clear description of the action to be taken, the individual(s) who will be responsible for the action and the timeframe for the action. Some actions will already be occurring (indicate: “already in place”), some will be necessary as soon as possible (indicate “immediately”), and some will have some logical starting point in the future (specify the future date of implementation). Each section also allows for the documentation of team decisions across time (“continue”, “modify”, or “discontinue”).
- 5. Environmental changes that make undesirable behavior(s) less likely to occur.** Actions might include:
 - Adaptations to procedures, schedules, routines, behavioral expectations, room or seating arrangements, or materials.
- 6. Building and reinforcing alternative skills and replacement behaviors.** Actions might include:
 - Direct teaching (explanation, demonstration, feedback related to correct responding) of behavioral expectations, new skills, acceptable behaviors that serve the identified function of the behavior(s) of concern.
 - Structured assessment of the effects of potential reinforcers.
 - Reinforcement of desirable behaviors, those directly taught or others desirable behaviors that are demonstrated.
 - Reinforcement of progressively lower rates of the behavior(s) of concern.



Behavior Intervention Plan

Student: _____ **1**

Date: ____ / ____ / ____

Behavior(s) of Concern. State a clear, measurable, and observable description of the behavior or behaviors of concern.

Student Strengths. Identify student strengths that may provide a foundation for addressing the behavior(s) of concern.

2

3

Functional Behavioral Assessment (FBA). Summarize or attach a current FBA.

Hypothesis on which this Behavior Intervention Plan is based:

Function of the behavior:

Setting events, antecedents & consequences that trigger and maintain the behavior:

Potential alternative skills or replacement behaviors:

Goal. State the behavioral goal for this student in measurable and observable terms that include the **conditions** (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance).

4

Implementation Plan

Environmental changes that make undesirable behavior(s) less likely to occur

Action 1:

5

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____

Decision - ____ / ____ / ____ : continue modify discontinue

Decision - ____ / ____ / ____ : continue modify discontinue

Decision - ____ / ____ / ____ : continue modify discontinue

Action 2:

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____

Decision - ____ / ____ / ____ : continue modify discontinue

Decision - ____ / ____ / ____ : continue modify discontinue

Decision - ____ / ____ / ____ : continue modify discontinue

Building and reinforcing alternative skills and replacement behaviors

Action 1:

6

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____

7. **Teacher/parent/caregiver responses.** In a prioritized order, these classroom, home or community actions might include:
- Reinforcement of specifically targeted replacement behaviors or alternative skills.
 - Reinforcement of acceptable behavior, whether or not the behavior is a specifically targeted replacement behavior or alternative skills.
 - Ignoring occurrences of targeted undesirable behaviors.
 - Prompting or redirecting undesirable behavior to desirable behavior.
 - Providing a negative consequence for an undesirable behavior.
8. **Safety plan.** When the behaviors of concern may pose a danger to the individual, other students or adults, a safety plan may be required. Actions might include:
- Assuring that any necessary assistance is available when needed.
 - Appropriately preparing (with information, training, etc.) all responsible adults to implement the safety plan.
 - Establishing a system of timely communication.
9. **Other actions that are needed to meet the needs of this individual.** Certain life circumstances do not directly trigger or make more likely an undesirable behavior, but rather place an individual generally at-risk for various undesirable outcomes. This item is intended to stimulate discussion of this potential. Actions might include:
- Referral to outside resources.
 - Promoting success in other aspects of the individual's life.

Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Action 2:

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Teacher/parent/caregiver responses

Action 1:

7

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Action 2:

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Safety plan

Action 1:

8

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Action 2:

Who will be responsible for this action?

When this action will be implemented: already in place immediately ____ / ____ / ____
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue
 Decision - ____ / ____ / ____ : continue modify discontinue

Other actions that are needed to meet the needs of this individual

Action 1:

9

Who will be responsible for this action?

10. Additional Supports for Team Members. Note any supports needed by those who will implement and monitor the plan that have not been described already. Actions might include:

- Training for school staff, parents, caregivers, community providers.
- Materials (e.g., reinforcers, reference materials).

11. How will progress towards the goal be monitored? Actions might include:

- Monitoring materials.
- Training.
- Scheduling of observations by someone other than the primary caregiver or educator.

12. How will implementation of the plan be monitored? Implementation often “drifts” away from the intent of the plan over time. Review, through brief contacts or formal meeting is often necessary. Actions might include:

- Scheduled meetings (see #13).
- Scheduled points of a contact with someone other than the primary caregiver or educator.
- Notations regarding implementation in lesson plans.

13. Review. Specify the dates of scheduled review by the team.

When this action will be implemented: already in place immediately _____ / _____ / _____

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Action 2:

Who will be responsible for this action?

When this action will be implemented: already in place immediately _____ / _____ / _____

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Additional Supports for Team Members

Action:

10

Who will be responsible for this action?

When this action will be implemented: already in place immediately _____ / _____ / _____

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

How will progress towards the goal be monitored? Include the method and frequency of monitoring the individual's behavior.

Action:

11

Who will be responsible for this action?

When this action will be implemented: already in place immediately _____ / _____ / _____

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

How will implementation of the plan be monitored? Include the method and frequency of monitoring plan implementation.

Action:

12

Who will be responsible for this action?

When this action will be implemented: already in place immediately _____ / _____ / _____

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Decision - _____ / _____ / _____ : continue modify discontinue

Review. Specify the dates of scheduled review by the team.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

13

Manifestation Determination Guide

A manifestation determination is required whenever the disciplinary consequence of a violation of a school's code of conduct would constitute a change in placement for an eligible individual. Expulsions from school, suspensions of greater than ten consecutive school days, or suspensions totaling more than ten days during a school year that constitute a pattern of removal are "changes in placement". Regardless of the outcome of the manifestation determination, the school district maintains responsibility for the student's education. For this reason, the Manifestation Determination Guide outlines both the process that is required by IDEA for manifestation determination and a consideration of the potential behavior needs of the student.

- 1. Code of conduct violation.** Briefly describe the behavior that is subject to discipline under the school's code of conduct.
- 2. Timelines.** The manifestation determination must be completed within ten school days of the determination that the potential consequence for the violation constitutes a change in placement. These dates are important. Record them accurately.

Example: Thomas receives an immediate three-day suspension for fighting, pending a parent conference. Thomas's parents are informed immediately of Thomas's behavior and the suspension and are invited to a meeting at school. The purpose of the meeting is to discuss Thomas's behavior in light of the school's code of conduct. At the meeting, the statements of witnesses and Thomas's statement are presented to the parents. Thomas has the opportunity to explain his actions. [NOTE: IDEA 2004 states "School personnel may consider any unique circumstances on a case-by-case basis when determining whether to order a change in placement for a child with a disability who violates a code of student conduct."]. Thomas and his parents are told that this violation would ordinarily draw a suspension for the remainder of the semester. Because Thomas is a student with a disability, a manifestation determination is required before a decision can be made about the consequence for Thomas's behavior. The school has ten school days from the date of the meeting with Thomas and his parents to hold the manifestation determination.

- 3. IEP Team Review.** Indicate the information sources that were discussed at the manifestation determination meeting.
- 4. Behavioral Background Information.**
 - 4a. History of behavior concerns.** Indicate "Yes" or "No". If there has been no history of behavioral concerns, indicate "No" and proceed to the Manifestation Determination section. There, the team will be prompted to conduct a Functional Behavior Assessment (FBA) and create a Behavior Intervention Plan (BIP) or review the existing plan if the behavior is a manifestation of the student's disability. If the behavior is not a manifestation, the team is prompted to consider the need for an FBA and BIP.

If there is a history of behavior concerns, briefly describe that history.
 - 4b. Relationship between past behavior and the code of conduct violation.** Answer "Yes" if there is some reasonable relationship between the behavior being discussed and past behavior (e.g., reoccurrence of a past behavior, a more intense occurrence of past behavior, a progression from past behavior – e.g., a history of verbal confrontations progressing to a physical fight).
 - 4c. Completion of FBA.** Answer "Yes" if an FBA has been conducted and indicate the identified function of the behavior that was evaluated in the FBA. Indicate if this function was related to the code of conduct violation. For example, if peer attention was the identified function of related, past behavior, was peer attention also a factor in the code of conduct violation?
 - 4d. Behavior addressed in the current IEP.** Indicate "Yes" if the code of conduct violation or related behaviors have been addressed in the current IEP.



Manifestation Determination Guide

Meeting Date: _____ / _____ / _____

Student: _____ Date of Birth: _____ / _____ / _____

School District: _____ **1** School Building: _____

Code of conduct violation: _____

_____ **2**

Timelines: Within 10 school days of any decision to change the placement of a student with a disability because of a violation of a code of conduct, a manifestation determination must be made.

Date the code of conduct violation occurred: _____ / _____ / _____

Date of the school district's determination that the potential disciplinary action would constitute a change of placement (educational setting change for more than 10 days): _____ / _____ / _____

NOTE: If a student possesses or sells drugs, possesses a weapon or causes serious bodily injury on school property or at a school activity, school officials may order a change in placement of up to 45 school days regardless of the manifestation determination.

IEP Team Review: The following **3** information was considered:

- Evaluation and diagnostic results
- Information from the parents or guardian
- This individual's IEP
- Teacher observations
- Other: _____ **4**

Behavioral Background Information

Yes No Has there been a history, previously documented or not, of behavioral concerns for this student? **4a**

If "No," proceed to the Manifestation Determination section.

If "Yes", briefly describe the history of behavior concerns: **4b**

Yes No Does the history of behavior concerns include behavior similar to or related to the behavior that was a code of conduct violation? **4c**

Comments: _____

Yes No Has a functional behavioral assessment been completed for this student? If "Yes," what function (purpose) of the student's behavior(s) of concern was identified?

Yes No Is this function related to the behavior that was a code of conduct violation? **4d**

Comments: _____

Yes No Have the behavior(s) of concern been considered in developing the current IEP (i.e., "Behavior" was indicated to be a Special Consideration in the Present Levels of Academic Achievement and Functional Performance)?

Comments: _____

4. Behavioral Background Information, continued.

4e. Behaviors of concern addressed through interventions. Indicate if behavior(s) of concern have been addressed through an IEP or BIP. Think broadly, not just about the behavior subject to discipline. If behaviors have been addressed in the past, the following questions are intended to stimulate discussion of future behavioral needs. The answers to these questions are not intended to influence the manifestation determination.

5. Manifestation Determination. Address the two listed questions. Little guidance is currently available to aid teams in addressing these questions.

Question #1. If a child whose disability includes the diagnosis of Tourette Syndrome and the symptoms of that condition include loud vocal tics, it would be unreasonable to suspend that student because those vocalizations disrupt class. That, of course, is an obvious example. Many situations will be less obvious.

Question #2. First discuss whether there has been any failure to follow the IEP. If the IEP has been implemented as written, the correct response to this question is “No”. *Don’t forget*, if the IEP calls for a behavior plan, carrying out that plan is an expectation of implementing the IEP.

Answering either question “Yes” means the behavior is a manifestation of the individual’s disability. Answering both questions “No” means that the behavior is not a manifestation.

Indicate the consensus of the team. When it is not possible to reach consensus, the school must make a determination and inform the parents of that determination with a Prior Written Notice.

6. Individual’s who participated in this meeting. IDEA 2004 requires that the group conducting a manifestation determination include “the local educational agency [the school district], the parent, and relevant members of the IEP Team (as determined by the parent and the local educational agency)”. List *all* participants. Signature or listing does not indicate agreement with the determination.

7. If the behavior is a manifestation. Indicate the actions that will be taken, as determined by the team.

8. If the behavior is not a manifestation. Disciplinary action may be taken, but services must continue. The team should also consider whether the behavior needs to be addressed through an FBA and BIP, if none were previously done, or through modifications to an existing BIP.

4e

- Yes No Have the behavior(s) of concern been addressed through interventions documented in an IEP (behavioral goal & services) or in a behavior intervention plan? If "Yes":
- Yes No Have these interventions been matched to the identified function of the behavior(s) of concern?
- Comments:
- Yes No Will the supports and services specified in the IEP or the behavioral intervention plan meet this student's future behavioral needs?

5

Manifestation Determination

- Yes No 1. Was the code of conduct violation caused by or have a direct and substantial relationship to this individual's disability?
- Yes No 2. Was the code of conduct violation the direct result of the school's or area education agency's failure to implement the IEP?

If the team agrees that **either** question is correctly answered "Yes", the behavior **is** a manifestation of this individual's disability.
 If the team agrees that **both** questions are correctly answered "No", the behavior **is not** a manifestation of this individual's disability.

- The team reached consensus that the behavior is is not a manifestation of this individual's disability.
 The team did not reach consensus. Attach a Prior Written Notice, informing the parents of the school's determination.

6

Individuals Who Participated in this Meeting

(Required Participants: Parents, an LEA Representative & Relevant IEP Team Members)

_____	Parent	_____	_____
_____	Parent	_____	_____
_____	LEA Rep/Designee	_____	_____
_____		_____	_____
_____		_____	_____

7

If the behavior is a manifestation. Disciplinary action constituting a change in placement **may not be** taken. Conduct a functional behavioral assessment and develop a behavior intervention plan. If a behavioral intervention plan already exists, review the plan and modify it, as necessary, to address the behavior that was a code of conduct violation and, if needed, other behavior(s) of concern. Indicate future actions:

- Remain in current program with changes to IEP Change current program
 Revise behavioral intervention plan Other _____

8

If the behavior is not a manifestation. Disciplinary action constituting a change in placement **may be** taken. However, the school must continue to provide educational services. These services must enable the individual to continue to participate in the general curriculum and to progress towards meeting the goals of the IEP. The team should consider the need for a functional behavioral assessment and development of a behavior intervention plan. If a behavioral intervention plan already exists, review the plan and modify it, as necessary, to address the behavior that was a code of conduct violation and, if needed, other behavior(s) of concern.

Educational Evaluation Report

- 1. Eligibility Meeting.** This date is the actual date the meeting is held when “eligibility” is determined by the team, which includes the parents.
- 2. Demographic information.** Secretaries or case manager will complete this information. This may vary per AEA.
- 3. Individuals completing this evaluation.** This information should reflect a multi-disciplinary evaluation. List all AEA and LEA staff *who contributed to the completion* of this educational evaluation.
- 4. Contact person for this report.** This person is the designated AEA contact person/case manager for this evaluation. This person will be responsible for ensuring that information is gathered, sections are complete, and paperwork is turned in. This person will also serve as the contact if additional information is needed or clarifications are to be made.
- 5. The purpose of the evaluation (...).** This section is provided to inform parents as to the purpose of the evaluation and what data and information was, or may have been gathered to complete this evaluation.



Educational Evaluation Report

Eligibility Meeting: 1

Name: _____ Male Female
Last (legal) First (no nicknames) M.I.

Birthdate: _____ **Grade:** Drop down menu

Resident District: _____ **Building:** _____ 2

Attending District: _____ **Building:** _____

Attending Area Education Agency: _____ **Attending Building Phone:** () -

Parent **Name:** _____ **Home Phone:** () -
 Foster Parent **Address:** _____ **Work/Cell Ph:** () -
 Guardian **City/State:** _____ **E-mail:** _____@_____
 Surrogate **Zip:** _____
 Student

Parent **Name:** _____ **Home Phone:** () -
 Foster Parent **Address:** _____ **Work/Cell Ph:** () -
 Guardian **City/State:** _____ **E-mail:** _____@_____
 Surrogate **Zip:** _____
 Student

Individuals completing this evaluation: 3

Name	Position	Name	Position

Contact person for this report: _____ **Phone:** () - _____
5 **E-mail:** _____@_____

The purpose of the evaluation is to determine the educational interventions that are required for the individual to be successful, and whether the individual is eligible for special education services. An individual is eligible for special education services when there is 1) a disability which is determined by assessing rate of educational progress and discrepancy from expectations, and 2) a need for special education services.

This evaluation is based on educationally relevant information gathered through reviews (monitoring data, work samples, school records, and reports from other sources), interviews (teacher, parent, and child), observations, and tests or other assessments.

Educational Evaluation Report: Individual Information

6. Individual's strengths. A statement about the individual's educationally relevant strengths is written here. This statement should include information about strengths that will assist the team in planning to meet the individual's educational needs. Areas of strength that have no impact or relevance in the school setting should not be included.

7. Area(s) of concern. List areas of concern to be addressed in this evaluation. Emphasis should be placed on those areas of concern that are alterable through educational interventions: academic skills (reading, math, written language), behavior, social skills, social/emotional behaviors, communication skills, motor skills, and adaptive skills (including those skills that are important for successful transition to post-secondary life).

Health, vision, and hearing are addressed directly in a specific section of the evaluation report. **Note:** General intelligence is not directly alterable through educational interventions and would not be listed as an area of concern. General intelligence would be assessed only when the team feels such an assessment would provide instructionally relevant information.

8. Concerns across time and settings. Indicate by checking "yes" or "no". Checking "yes" means there is information to support that the area of concern has been observed by multiple people in multiple settings.

If "yes" is checked, provide a brief description (e.g., "Jessica struggles with reading in all classes and activities requiring reading." "Behavior concerns have been noted by Jon's parents and all of Jon's teachers.").

9. Primary factors. Indicate whether or not a primary factor in the individual's area of concern is Limited English proficiency, lack of appropriate instruction in reading, including the essential components of reading instruction, or a lack of instruction in math. Appropriate instruction in reading is defined in IDEA 2004 as: phonemic awareness, phonics, fluency, vocabulary, and comprehension.

If "yes" is answered for this question, the individual cannot be determined to be eligible for special education. These areas are "exclusionary factors" as described in IDEA 2004 which states that an individual cannot be determined eligible if the determinate factor is any of these three areas.

"No" must be checked to be eligible for special education services. In the majority of cases, this should be discovered through the intervention process. It will be important to address these factors later in the report (Needs Section), if they are relevant to the areas of concern. Previous concerns in any of these three exclusionary areas should have been addressed through the intervention process.

10. Vision/hearing/health. Describe any educationally relevant vision, hearing, and health (including both physical and mental health) concerns that may be affecting the individual's educational performance or ability to participate in age appropriate activities. It is acceptable to indicate none.

11. Ecological factors. Describe any information regarding race, ethnicity, culture, language, or life circumstances that affect the individual's performance in the areas of concern. It is acceptable to indicate none. If factors are identified here, it will be important to address them later in the report (Needs Section).

12. NOTE: One purpose of the evaluation (...). The purpose of this statement is to remind team members that if any of the ecological or health factors are present with the child, the team must document the necessary supports and assistance needed to benefit the child, whether or not the child is found to be eligible.

13. Reminder: Pre-School Child (3-5) (...). For individuals ages three to five, a brief summary of the individual's performance must be documented on the Early Childhood Outcomes (ECO) Summary form for the following areas:

- Positive social-emotional skills.
- Acquisition and use of knowledge and skills.
- Appropriate behaviors to meet needs.

Individual Information: Educationally relevant information that is important for decision making.

What are the individual's strengths?

6

What are the area(s) of concern?

7

8

Yes No Are these concerns observed across different times and in different settings?
If yes, explain:

9

Yes No Are the concerns primarily caused by any of the following?

- Limited English proficiency.
- A lack of appropriate instruction in reading, including the essential components of reading instruction.
- A lack of instruction in math.

10

If yes, explain:

Describe any vision, hearing, or health concerns that affect the individual's educational performance or participation in age appropriate activities?

11

Describe any ecological factors (e.g., race, ethnicity, culture, language, or life circumstances) that affect the individual's educational performance in the areas of concern.

12

Note: One purpose of an evaluation is to identify necessary supports and assistance. If limited English proficiency, lack of instruction, vision, hearing, health concerns, or ecological factors affect educational performance, these factors must be addressed in the Educational Needs section.

13

Reminder:

For a preschool child, ages three through five, **you must** provide a brief summary of student performance and progress in each of the following areas on the **Early Childhood Outcomes (ECO) Summary page**.

- Positive social-emotional skills.
- Acquisition and use of knowledge & skills
- Appropriate behaviors to meet needs

Educational Evaluation Report: Educational Progress

- 14. Strategies implemented/individual's response.** The intervention strategies summarized should be as specific as possible. When available, document the scientifically-based, evidence-based interventions used. Conversely, when applicable, explain why scientifically-based/evidence-based interventions were not used. Remember, "expected rate of progress" refers to age-level, grade-level, and/or other established standards. The individual's rate of progress over time would be compared to this. Lastly, provide a statement addressing how intervention integrity/fidelity of implementation was ensured.
- 15. Greatest impact.** Based on an analysis of the intervention(s), indicate the intervention strategies that had the greatest positive impact in enhancing the individual's performance.
- 16. Individual's rate of progress.** "Yes" or "No" should be checked in response to the question. The answer to this question is integral to making an eligibility determination. The individual's needs must be demonstrated to be significant enough to require special education services. The areas of concern are either shown to be resistant to general education interventions or the interventions are effective but require continued and substantial effort that may include special education services.

If "Yes" is checked, list all the areas where progress is significantly less than expected compared to age-level, grade-level, and/or other established standards **and/or** why the resources needed to continue the intervention are beyond what general education alone can provide.

NOTE: The Iowa *Administrative Rules of Special Education* state: "In circumstances when the development and implementation of general education interventions are not appropriate to the needs of the individual, the IEP team and, as appropriate, other qualified professionals, may determine that a full and individual initial evaluation shall be conducted. Documentation of the rationale for such action shall be included in the individual's educational record."

When circumstances arise where no intervention process has occurred (e.g., a student's status and needs change suddenly and significantly due to an illness or injury), state that general education interventions were not appropriate to the student's needs. In lieu of Strategies/Response and Greatest impact (#14 and #15), describe past progress and project, if possible, future progress. Apply the team's best judgment to Individual's rate of progress (#16).

Example. Kara suffered a brain injury in an automobile accident. She is currently receiving medical treatment, speech-language, and occupational and physical therapy. Her memory and communication skills and ability to physically access and participate in educational activities have been significantly affected. She has been an excellent student in the past. Her prognosis is very positive but her rate of recovery is uncertain.

Yes **No** **Is the individual's rate of progress ...**

Educational Progress: Progress means performance over time. In addressing progress, the team considers data that have been collected about the individual's performance over time in relation to the interventions that have been provided.

14

For each area of concern, summarize the strategies implemented as part of the intervention process and the individual's rate of progress compared to expected rate of progress. Based on the analysis of intervention data, identify those strategies that produced the greatest positive impact.

15

Yes No

Is the individual's rate of progress significantly less than expected, or does the individual maintain expected progress only with greater resources than general education alone can provide in any areas of concern?

16

If yes, identify the area(s):

Educational Evaluation Report: Educational Discrepancy

- 17. Area of Concern.** Identify one of the areas listed on page 2 of the Evaluation Report.
- 18. Data Source(s).** Include from where data was gathered: review of information, interview, observation, or some other assessment (name if needed). At least two data sources per area should be utilized. Remember that not all data sources used to determine an individual's educational discrepancy will be listed here. These are only the sources that address the individual's performance in comparison to age-level, grade-level, and/or other established standards.
- 19. Date.** Indicate the date(s) that the data was gathered or the assessments were completed.
- NOTE:** The data reported may or may not come from information collected after parental consent for an evaluation is obtained. Data from progress monitoring and observations done during interventions may be utilized if it is sufficiently current and relevant to the decision making.
- 20. Individual Performance.** For each area of concern, the individual's data results are reported. Remember that not all data used to determine an individual's educational needs will be listed here; only measureable data sources that address the individual's performance in comparison to standards.
- 21. Expected Performance.** Indicate expected performance level (age or grade-level and/or other established standards) for the corresponding areas of concern. Again, data is to be measurable. Each AEA will be expected to set specific criteria or decision-making rules for this section.
- 22. Discrepancy.** Indicate the difference between the individual performance and the expected performance.
- 23. Significant.** "Yes" or "No" should be checked in response to the question: Is the individual's performance in the area of concern significantly discrepant from that of peers or expected performance level? **The answer to this question is integral to making an eligibility decision.** List all areas in which there are significant discrepancies.

Educational Discrepancy: Discrepancy is the difference between the individual's level of performance and the expected level of performance for individuals of the same age, grade or other established standards. Multiple sources of data 17 area of concern are described below.

Area of Concern:

Date:

Data Source(s):

Individual Performance:

Expected Performance:

Discrepancy:

Yes No **Is the discrepancy from expected performance significant?**

Comments:

Area of Concern:

Date:

Data Source(s):

Individual Performance:

Expected Performance:

Discrepancy:

Yes No **Is the discrepancy from expected performance significant?**

Comments:

Educational Evaluation Report: Educational Needs

24. Instructional needs. Indicate the individual's needs in the area of instruction. **Instruction is how the individual should be taught.** To determine this, you need to integrate the information you have from evaluating the intervention effects and the assessments you have done to analyze the area of concern or determine how the individual best learns. Questions to consider include:

- Does the individual need to receive instruction frequently and for a significant duration?
- Are there certain kinds of materials that should be used when the instruction is provided?
- Are there different instructional practices that need to be utilized? (If you say it needs to be direct and explicit, explain what you mean by that.)

Think about group size, number of opportunities to respond, the amount of practice needed, the number of repetitions, etc. Be as specific as possible.

If the individual's needs in instruction are the same for all areas of concern, a separate statement does not need to be made for each, but it should be clearly stated that the description applies to all areas. This is one of the assessment domains of ICEL which includes instruction, curriculum, environment, and learner. *It may be acceptable to indicate none.*

25. Curriculum needs. Indicate the individual's needs in the area of curriculum. This is about what the individual needs to learn. It is likely that the content for instruction will be different for each area of concern; therefore, a separate statement should be written for each.

In academic areas for school-aged students, the most desirable target is the general curriculum at the individual's grade-level. Be clear and specific regarding any need to modify the expected content or level of the curriculum or developmental targets for the individual. *It may be acceptable to indicate none.*

26. Environment needs. Indicate the individual's needs in the area of changes to the learning environment. Describe the adaptations to procedures, schedules, routines, behavioral expectations, room or seating arrangements, or materials that are needed, etc.

If changes to the learning environment are the same for all areas of concern, a separate statement does not need to be made for each, but should be clearly stated that the description applies to all areas. *It may be acceptable to indicate none.*

27. Additional learning supports. Indicate the learning supports needed by the individual to provide educational benefit. This may include: family supports or involvement, community partnerships, transition supports, supports for engagement or motivation, or supplements to instruction such as assistive technology, modifications, or accommodations. *It may be acceptable to indicate none.*

28. Educational needs. "Yes" or "No" should be checked in response to the question. Does the individual require services and supports that extend beyond what general education typically can provide? If needs are identified in one or more of the ICEL areas, the team may select "Yes". Identify areas of need.

Educational Needs: Educational needs are the services, activities and supports, and the accommodations and modifications required in order for the individual to receive an appropriate education.

24

Summarize the individual's needs in the area of instruction. *(Based on intervention and assessment results, describe the instruction that will enable learning.)*

25

Summarize the individual's needs in the area of curriculum. *(Based on intervention and assessment results, what should the content of instruction include? Include the specific skills and concepts the individual needs to learn.)*

26

Summarize the individual's needs in the area of environment. *(Based on intervention and assessment results, describe the adaptations to procedures, schedules, routines, behavioral expectations, room or seating arrangements, or materials that are needed.)*

27

Summarize any additional learning supports needed to provide educational benefit for the individual. *(Based on intervention and assessment results, what family supports or involvement; community partnerships; transition supports; supports for engagement or motivation; or supplements to instruction such as assistive technology, modifications, or accommodations are needed?)*

Yes No

Do the educational needs of the individual require services and support that extend beyond what typical general education resources alone can provide?

If yes, identify the areas:

28

Educational Evaluation Report: Considerations for eligibility

29. Eligibility determination. NOTE: No eligibility determination will be made prior to such meeting with the parents. The answers to these questions will be discussed by the IEP team (which includes the parents) and will be based on the convergence of multiple sources of data.

- Does the individual have a disability?
- Are special education resources required to meet the individual's educational needs?
- Is the individual eligible for special education services?

The responses to these questions will be documented on the "Prior Written Notice" form.

Considerations for eligibility decision making

The following questions are addressed at a meeting with parents and professionals to consider eligibility for special education:

29

- **Does the individual have a disability?** *(A disability is a significant skills deficit, a health or physical condition, a functional limitation, or a pattern of behavior that adversely affects the individual's rate of progress.)*
- **Are special education resources required to meet the individual's educational needs?**
- **Is the individual eligible for special education services?**

Copies: Parent, School, AEA

Eligibility Data Worksheet

- 1. Demographic information.** This information will be auto-entered from page one of the *Educational Evaluation Report* form.
For “teacher/service provider,” please use the drop down menu to state who will be providing services.
- 2. Date signed Consent for Evaluation received by LEA/AEA.** This is the actual date in which the signed parental consent was first received by either the LEA or the AEA.
- 3. Date Eligibility Meeting Due.** This date must be calculated by adding 60 calendar days to the “date signed consent received.”
- 4. Date Eligibility Meeting Held.** This date is the actual date that the IEP team, including the parents, reviewed the comprehensive evaluation results/information to determine whether or not the child is eligible for special education and/or related services. It will auto-enter from page one of the *Educational Evaluation Report* form.
- 5. If meeting not held within 60 days.** Please mark the reason for any delay that results in the evaluation taking longer than 60 calendar days to complete.
- 6. If no meeting was held, Reason.** Please mark the reason for a final eligibility meeting not being held.
- 7. If child is transitioning from Early ACCESS (...).** Please mark the reason for a child with an IFSP not having an IEP developed by the age of three.
- 8. Student is Eligible.** Either “yes” or “no” must be checked. If “yes” is marked, please mark whether the student will be receiving IEP services **OR** if the parents have declined services.



Eligibility Data Worksheet

1

Student:

Last (legal)

First (no nicknames)

M.I.

Birthdate:

Grade: Drop down menu

Teacher/Service Provider: _____

Resident District:

Resident Building:

Attending District:

Attending Building:

2

Date signed Consent for Evaluation received by LEA/AEA: _____

Date Eligibility Meeting Due: _____

3

Date Eligibility Meeting Held: _____

4

5

If meeting not held within 60 calendar days of receipt of *Signed Consent for Evaluation*, Reason for delay:

- Family reason
 Student's hospitalization/long-term illness
 Natural disaster
 Moved
 Mutual Agreement
 Transferred In
 No Valid Reason

6

If no meeting was held, Reason:

- Student moved
 Mutual agreement
 Evaluation permission withdrawn
 Death

7

If child is transitioning from Early ACCESS and the IEP was not developed by the child's third birthday, Reason for delay:

- Family reason
 Childs hospitalization/long-term illness
 Natural disaster
 Moved
 Transferred in
 No Valid Reason

8

Determination:

A. Student is Eligible:

- Yes
 Student will receive an IEP
 Parent(s) decline services
 No

Documentation of Eligibility Determination on the Prior Written Notice of a Proposed or Refused Action Form

1. Purpose of this notice. Indicate that an action is being proposed.

2. Description of the action proposed or refused. Indicate that the team proposes to either:

- Identify the student as an individual eligible for special education services, **OR**
- Identify the student as NOT eligible for special education services.

Examples:

“The team proposes to identify Mindy as an individual eligible for special education services in the areas of reading, written language, and social skills.” **OR**

“The team proposes to identify Frodo as an individual who is NOT eligible for special education services.”

3. Explanation of why the school proposes or refuses to take the action. State why the identification decision is being proposed.

Examples:

“The evaluation team has determined that Opie is a student with a disability and that special education resources are required to meet his educational needs.” **OR**

“The evaluation team has determined that Barbie does not have a disability nor a need for special education resources to be successful.” **OR**

“The evaluation team has determined that even though Skeeter has a disability, he does not require special education services in order to be successful in the general education curriculum.”

4. Description of options considered and rejected. State any other options that were considered and briefly describe why the options were not considered appropriate.

Examples:

“Considered development of a 504 accommodation plan – rejected due to the need for specially designed instruction.” **OR**

“Considered continuation of interventions in general education setting without special education supports – Rejected due to the intensity of instruction needed in small group setting with immediate correction and feedback, in addition to classroom interventions and accommodations.”

5. Description of evaluation procedure, test, record, or report used. Indicate, “Evaluation procedures, tests, records, or other reports used as the basis for the proposed action are described in the Educational Evaluation Report dated xx/xx/xxxx.”

6. Description of other factors. Describe any other factors relevant to the decision. It may be appropriate to indicate “none”.

7. If the Prior Written Notice describes a change in identification, evaluation or placement, state when this change will become effective. Notice must be provided a reasonable amount of time before a change, and that “reasonableness” is determined by the IEP team. “Immediately” may be reasonable if action is urgent and the team agrees. “In three weeks” may be reasonable, if a parent requests the opportunity to discuss the proposed change with their spouse who is traveling and unavailable for several weeks. “When school resumes in the fall” may be reasonable when only a few days remain in the current school year. IEP teams will need to consider the particular circumstances when making this decision.

8. Contact person. Indicate the name, position, phone number, and e-mail of the person who should be contacted if the parent has questions.

Medicaid Parent/Guardian Authorization Form

IDEA 2004 requires that parent consent be obtained in order for public agencies (AEAs or LEAs) to access a child's public insurance coverage (i.e., Medicaid). Because the claiming process requires the release of educational information to the Iowa Medicaid Enterprise, parent consent is also required.

IMPORTANT NOTE: *The signed consent is valid only for the Medicaid-claimable services in the IEP for which permission is being obtained. If Medicaid-claimable services are changed (e.g., an IEP amendment increases speech-language time, a new IEP written three months after the IEP for which permission had been obtained adds the services of a paraprofessional for behavior, etc.) a NEW CONSENT MUST BE OBTAINED.*

Follow your AEA's procedures for communicating with parents and seeking consent.

1. Record the name of the parent or guardian.
2. Record the child's name.
3. Parent* signature on this line gives consent for Medicaid claiming and the release of information required to process claims.
4. Parent* signature on this line indicates that the parents have declined to give permission for Medicaid claiming.

* **"Parent" means:**

- a. A biological or adoptive parent of a child;
- b. A foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent;
- c. A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child, but not the state if the child is a ward of the state;
- d. An individual acting in the place of a biological or adoptive parent including a grandparent, stepparent, or other relative with whom the child lives or an individual who is legally responsible for the child's welfare; or
- e. A surrogate parent who has been appointed in accordance with rule 41.519(256B,34CFR300) or 20 U.S.C. 1439(a)(5).

Important Notes:

- When more than one party is qualified to act as a parent, the biological or adoptive parent must be presumed to be the parent unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
- If a judicial decree or order identifies a specific person or persons under paragraphs to act as the parent of a child or to make educational decisions on behalf of a child, then such person or persons shall be determined to be the parent.
- "Parent" does not include a public or private agency involved in the education or care of a child or an employee or contractor with any public or private agency involved in the education or care of the child in that employee's or contractor's official capacity.

WEIGHTED ENROLLMENT: Assigning Level of Service

- **Level I:** A student’s IEP must document that the student’s level of service requires the services of special education instructional staff or supplemental aids and services and has a total of 1-5 points.
- **Level II:** A student’s IEP must document that the student’s level of service requires the services of special education instructional staff or supplemental aids and services and has a total of 6-9 points.
- **Level III:** A student’s IEP must document that the student’s level of service requires the services of special education instructional staff or supplemental aids and services and has a total of 10-12 points.

NOTE: *This instrument is not designed to be used for assigning weights to preschool aged children. There will be unique circumstances, e.g., medically fragile, hearing interpreters, Braille instruction in which weightings should be assigned using other processes.*

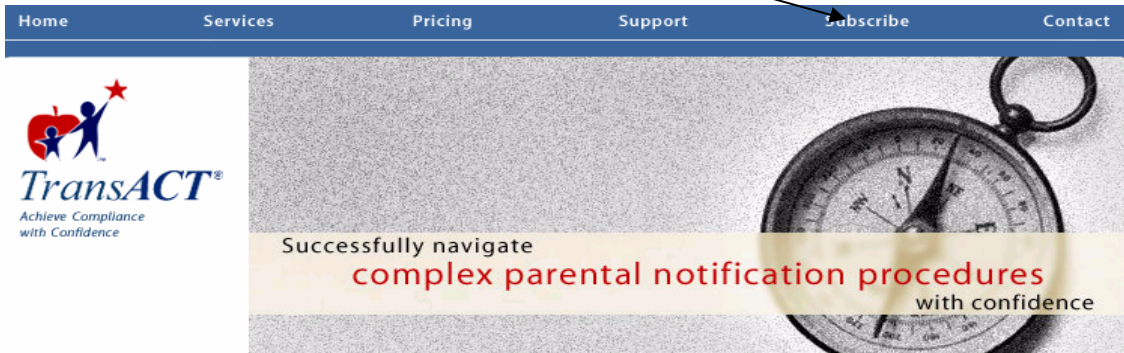
	Curriculum Modifications * Use Score of Highest Rated Area (Reference IEP Pgs. B, D, E, F, G and/or BIP)	Specially Designed Instruction related to all goal areas regardless of setting (Reference IEP Pg. F)	Support for School Personnel and LRE Efforts * Use Score of Highest Rated Area (Reference IEP Pg. F and/or BIP)	Supplementary Aids & Services/Specialized Transportation * Use Score of Highest Rated Area (Reference IEP Pgs. F, G)
Zero Points	Student is functioning in the general curriculum at a level similar to peers.	Student requires no specially designed instruction	Joint planning typical for that provided for all students.	Technology use, classroom assistance, and transportation are similar to peers.
One Point	Student is functioning in the general curriculum 1-2 years below peers or student requires limited modifications to the general curriculum that allow for social skills instruction, or student has academic or behavioral goals in 1 or 2 goal areas.	Specially designed instruction regardless of setting that is designed by and/or delivered by special education personnel for less than 55% of the school day. Could include teaching, co-teaching, and collaborative instruction.	Special education teachers engage in joint planning for 1 hour or less per month with general education teachers and/or para-educators to support involvement and progress in the general education curriculum, or special education teachers conduct joint planning with 1 general education teacher or para-educator over the course of each month.	<u>Assistive Technology</u> Requires limited individualization and/or training for the student, or <u>Instructional Associates</u> Additional individual support from an adult is needed for 55% or less of the school day, or <u>Transportation</u> Transportation needs require a special route.
Two Points	Student is functioning in the general curriculum 3 or more years below peers, or student requires significant modifications to the general curriculum to allow for extensive social skills instruction, or student has academic or behavioral goals in 3 or more goal areas.	Specially designed instruction regardless of setting that is designed by and/or delivered by special education personnel for 56% to 85% of the school day. Could include teaching, co-teaching, and collaborative instruction.	Special education teachers engage in joint planning for 1 to 2 hours per month with general education teachers and/or para-educators to support involvement and progress in the general education curriculum, or special education teachers conduct joint planning with 2 to 3 general education teachers and/or para-educators over the course of each month.	<u>Assistive Technology</u> Requires extensive individualization and/or training for the student, or <u>Instructional Associates</u> Additional individual support from an adult is needed for 56% to 85% of the school day, or <u>Transportation</u> Transportation needs require attendant services, or the purchase of special equipment for safe transportation on a vehicle.
Three Points	Curriculum that reflects extended standards and benchmarks is required for meaningful instruction. Alternate assessment is used to measure progress.	Specially designed instruction regardless of setting that is designed by and/or delivered by special education personnel for 86% to 100% of the school day. Could include teaching, co-teaching, and collaborative instruction.	Special education teachers engage in joint planning for more than 2 hours per month with general education teachers and/or para-educators to support involvement and progress in the general education curriculum, or special education teachers conduct joint planning with more than 3 general education teachers and/or para-educators over the course of each month.	<u>Assistive Technology</u> Is “high end” individualized and requires extensive training for the student. Significant maintenance and/or upgrades for continued effective use are anticipated, or <u>Instructional Associates</u> Additional individual support from an adult is needed for 86% to 100% of the school day, or <u>Transportation</u> a. Requires specialized route and attendant services, or b. Requires specialized vehicle (e.g. with lift device)

Translations of Iowa Special Education Forms

To enroll on the TransACT website, do the following:

Go to www.transact.com

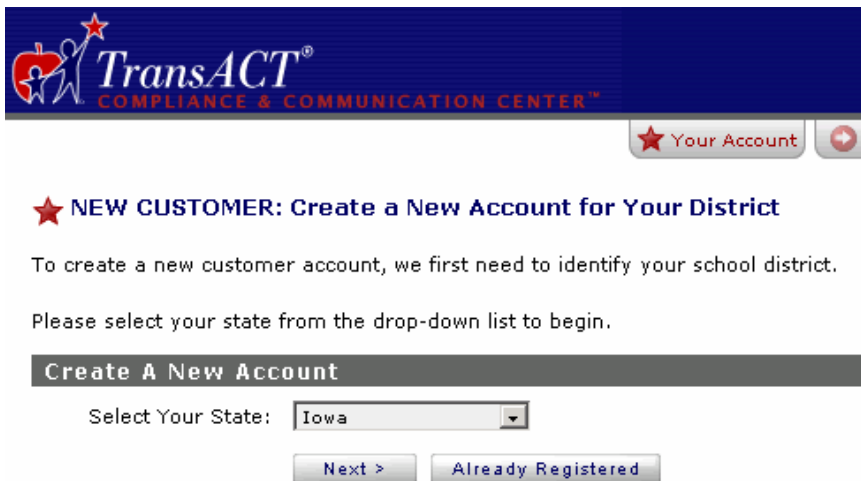
Click on Subscriber (see arrow)



Click on SUBSCRIBE NOW as a New Visitor



Follow the steps to Create a New Account:



Procedural Safeguards Summary

A full copy of the complete procedural safeguards that are available to the parents of a child with a disability must be given to the parents once a school year. A copy must also be given to the parents:

- Upon initial referral or parent request for evaluation;
- Upon receipt of the first state complaint in a school year;
- Upon receipt of the first due process complaint in a school year;
- In accordance with discipline procedures (i.e., “***On the date*** on which the decision is made to make a removal that constitutes a change of placement of a child with a disability because of a violation of a code of student conduct, the LEA must notify the parents of that decision and ***provide the parents the procedural safeguards notice***); and
- Upon request by a parent.

A summary of the procedural safeguards may be used to assist in explaining and reviewing parental rights but ***must not*** be used in place of a ***full*** copy of the complete procedural safeguards.

Parental Rights Summary

This is a *very brief summary* of your rights. In order to assure that you have a full explanation of your rights, you are to receive a copy of the *Procedural Safeguards Manual for Parents (Parental Rights in Special Education)* at least one time each school year. In addition to your rights, the *Procedural Safeguards Manual for Parents* lists sources of assistance for parents and outlines special safeguards related to student discipline.

For each child who is disabled and requires special education, your public school district and area education agency have the responsibility to provide a free and appropriate public education in the least restrictive environment.

Free and appropriate public education (FAPE). *Free* means that special education services are provided at no cost to the parents. You may be charged the same general education fees that are charged to other parents, such as fees for extracurricular activities or lab fees. *Appropriate* means that your child's program must provide the right kind of services and enough services for your child to receive educational benefit. *Educational benefit* is progress towards the goals set for your child. Whenever possible, your child's goals will be the same goals that we have for all children who are the same age or grade.

Least restrictive environment (LRE). Your child will attend classes, participate in nonacademic and extracurricular activities and receive services with children who are not disabled to the maximum extent appropriate.

Parental rights. FAPE and LRE for your child are protected by the rights (called procedural safeguards) you have as parents. Procedural safeguards assure that you are involved in planning and decision-making for your child. These safeguards include:

Participation rights:

- (1) your right to provide information for your child's evaluation,
- (2) your right to be a member of any group that makes decisions regarding the educational placement of your child, and
- (3) your right to participate in meetings related to your child's identification, evaluation, or educational placement.

Notice rights:

- (1) your right to be informed of meetings related to your child's identification, evaluation, and educational placement,
- (2) your right to be informed of any changes in your child's identification, evaluation, and educational placement,
- (3) your right to be informed of any refusal by the school or AEA to make changes that you have requested in your child's identification, evaluation, and educational placement, and
- (4) your right to receive notice in a manner you can understand.

Consent rights:

- (1) your right to give consent to an evaluation to determine if your child is eligible for special education services,
- (2) your right to give consent to reevaluations of your child, and
- (3) your right to give consent to initial placement in special education.

Your consent to an evaluation may be withdrawn before the evaluation is completed. Your consent to an initial placement may be withdrawn before the placement is made.

Records rights:

- (1) your right to review educational records,
- (2) your right to ask that records be changed if you believe the records are incorrect or misleading, and
- (3) your right to give your consent before records are disclosed to other agencies or persons.

Independent educational evaluation right:

- your right to request an independent evaluation at no cost to you if you disagree with the evaluation done by the school and AEA.

Dispute resolution right:

- your right to request a preappeal conference, mediation or a due process hearing if a disagreement about your child's identification, evaluation, or educational placement cannot be resolved in other ways. In most circumstances, your child's placement cannot be changed without your agreement until the dispute is resolved (Exception: a placement change can be made before a dispute is resolved when a code of conduct violation involves a weapon, drugs or serious bodily injury).

Complaint right:

- your right to file a complaint if you believe that a special education law, rule or regulation has been violated.

Transfer of rights. Parental rights transfer to a student with a disability at the age of majority unless the parent(s) or someone else becomes the student's legal guardian. In Iowa, a student reaches the age of majority either on the student's 18th birthday, the date of marriage of a student under age 18, or the date a student under age 18 who has been convicted and sentenced as an adult begins the jail or prison term.

Remember, this is a *very brief summary* of your rights. A full description of your rights can be found in your copy of the *Procedural Safeguards Manual for Parents (Parental Rights in Special Education)*.

Early Childhood Outcomes Summary

Age 3 to Exit from Early Childhood Special Education Services

Complete the *Early Childhood Outcomes Summary (ECO Summary)* for eligible preschool children from age three to a child's exit from early childhood special education services (instructional or support) on an IEP. This group:

- ***Includes*** children transitioning from ECSE to kindergarten services
- ***Includes*** children receiving special education services in both the ECSE ***and*** Kindergarten settings
- ***Does not include*** children that begin receiving special education services in kindergarten and ***do not*** receive any ECSE services



Early Childhood Outcomes Summary

Date: ____ / ____ / ____

Student: _____ Birthdate: ____ / ____ / ____
 Last (legal) First (no nicknames) M.I.

1. Positive Social-Emotional Skills (including social relationships):

a. **Comparison to peers or standards:** To what extent does this child show age-appropriate functioning in the area of positive social-emotional skills across a variety of settings and situations?

Check One

Age Appropriate			
Child's Rating	Outcome Rating	Outcome Rating Definitions and Descriptions:	
	7	Completely means:	<ul style="list-style-type: none"> Functioning expected for his or her age in all or almost all of everyday situations that are part of the child's life Functioning is considered appropriate for his or her age No concerns about functioning
	6		Between Completely and Somewhat <ul style="list-style-type: none"> Functioning generally is considered appropriate for his or her age Some concerns about functioning
Below Age Appropriate			
	5	Somewhat means:	<ul style="list-style-type: none"> Functioning expected for his or her age some of the time and/or in some situations Functioning is a mix of age appropriate and not age appropriate Functioning might be described as like that of a slightly younger child
	4		Between Somewhat and Emerging
	3	Emerging means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child of his or her age in any situation Skills and behaviors include immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a younger child
	2		Between Emerging and Not Yet
	1	Not Yet means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child his or her age in any situation Skills and behaviors do not yet include any immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a much younger child

b. **Progress:** Has the child shown any new skills or behaviors related to positive social-emotional skills since the last IEP meeting?

Yes No Not Applicable because this is the child's Initial IEP Meeting

c. **Supporting Evidence for Outcome Rating and Progress in Positive Social-Emotional Skills:**

Date of Assessment	Method used (Check all that apply)	Sources of Information (Describe for each check)	Summary of Relevant Results (Include present level of performance)
	<input type="checkbox"/> Record Review		
	<input type="checkbox"/> Interviews		
	<input type="checkbox"/> Observations		
	<input type="checkbox"/> Tests/Assessments		
	<input type="checkbox"/> Other		

2. Acquisition and Use of Knowledge & Skills (including early language/communication and early literacy):

a. Comparison to peers or standards: To what extent does this child show age-appropriate functioning in the area of acquisition and use of knowledge and skills across a variety of settings and situations?

Check One

Age Appropriate			
Child's Rating	Outcome Rating	Outcome Rating Definitions and Descriptions:	
	7	Completely means:	<ul style="list-style-type: none"> Functioning expected for his or her age in all or almost all of everyday situations that are part of the child's life Functioning is considered appropriate for his or her age No concerns about functioning
	6		<p style="text-align: center;">Between Completely and Somewhat</p> <ul style="list-style-type: none"> Functioning generally is considered appropriate for his or her age Some concerns about functioning
Below Age Appropriate			
	5	Somewhat means:	<ul style="list-style-type: none"> Functioning expected for his or her age some of the time and/or in some situations Functioning is a mix of age appropriate and not age appropriate Functioning might be described as like that of a slightly younger child
	4		Between Somewhat and Emerging
	3	Emerging means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child of his or her age in any situation Skills and behaviors include immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a younger child
	2		Between Emerging and Not Yet
	1	Not Yet means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child his or her age in any situation Skills and behaviors do not yet include any immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a much younger child

b. Progress: Has the child shown any new skills or behaviors related to acquisition and use of knowledge and skills since the last IEP meeting?

- Yes No Not Applicable because this is the child's Initial IEP Meeting

c. Supporting Evidence for Outcome Rating and Progress in Acquisition and Use of Knowledge and Skills:

Date of Assessment	Method used (Check all that apply)	Sources of Information (Describe for each check)	Summary of Relevant Results (Include present level of performance)
	<input type="checkbox"/> Record Review		
	<input type="checkbox"/> Interviews		
	<input type="checkbox"/> Observations		
	<input type="checkbox"/> Tests/Assessments		
	<input type="checkbox"/> Other		

3. Use of Appropriate Behaviors to Meet Their Needs:

a. **Comparison to peers or standards:** To what extent does this child show age-appropriate functioning in the area of use of appropriate behaviors to meet his or her needs across a variety of settings and situations?

Check One

Age Appropriate			
Child's Rating	Outcome Rating	Outcome Rating Definitions and Descriptions:	
	7	Completely means:	<ul style="list-style-type: none"> Functioning expected for his or her age in all or almost all of everyday situations that are part of the child's life Functioning is considered appropriate for his or her age No concerns about functioning
	6		<p style="text-align: center;">Between Completely and Somewhat</p> <ul style="list-style-type: none"> Functioning generally is considered appropriate for his or her age Some concerns about functioning
Below Age Appropriate			
	5	Somewhat means:	<ul style="list-style-type: none"> Functioning expected for his or her age some of the time and/or in some situations Functioning is a mix of age appropriate and not age appropriate Functioning might be described as like that of a slightly younger child
	4		Between Somewhat and Emerging
	3	Emerging means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child of his or her age in any situation Skills and behaviors include immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a younger child
	2		Between Emerging and Not Yet
	1	Not Yet means:	<ul style="list-style-type: none"> Does not yet show functioning expected of a child his or her age in any situation Skills and behaviors do not yet include any immediate foundational skills upon which to build age appropriate functioning Functioning might be described as like that of a much younger child

b. **Progress:** Has the child shown any new skills or behaviors related to the use of appropriate behaviors to meet his or her needs since the last IEP meeting?

Yes No Not Applicable because this is the child's Initial IEP Meeting

c. **Supporting Evidence for Outcome Rating and Progress in Use of Appropriate Behaviors to Meet Their Needs:**

Date of Assessment	Method used (Check all that apply)	Sources of Information (Describe for each check)	Summary of Relevant Results (Include present level of performance)
	<input type="checkbox"/> Record Review		
	<input type="checkbox"/> Interviews		
	<input type="checkbox"/> Observations		
	<input type="checkbox"/> Tests/Assessments		
	<input type="checkbox"/> Other		