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# Area Education Agency Special Education Documentation Guide

August 1, 2009

**NOTE:** No changes were made to this Guide  
when the February, 2010  
Special Education Procedures Manual was released

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Iowa Area  
Education Agencies  
PARTNERS IN EDUCATION

All Iowa AEAs are required to adhere to state and federal laws that prohibit discrimination in programs, activities, and employment practices.  
For specific information, contact your AEA.

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# Individualized Education Program (IEP)

*The following pages provide detailed information for completing the IEP form. Additional information regarding the development of an IEP may be found in the procedures manual. You are encouraged to read the overview and development sections of the procedures manual prior to completing the IEP.*

## Page A (Cover Page)

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

2. **Type of IEP meeting: (See AEA Special Education Procedures Manual for additional information)**

**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 and may be revised and updated. A review of an IEP must be held within one year of the date of the current IEP.

**Reevaluation:** (Refer to Page R of the IEP for further directions.) The AEA's full and individual reevaluation process has been completed and the IEP team has determined whether or not more information is needed. A previously written IEP is being rewritten. A reevaluation IEP *must* include responses to six specific questions contained on Page R. 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.

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

**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:** An interim IEP shall not be in place for more than 30 school days. See *Rules: 41.324(5)*.

3. **Resident District.** In most cases this is the school district in which the parent and the child reside. In cases where the child does not reside with parent(s) refer to Iowa Rule 41.51(12) to determine resident district.

4. **Attending District.** District where the student attends school.

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



# Individualized Education Program

1

DATE: \_\_\_/\_\_\_/\_\_\_ TYPE:  Initial  Review  Reevaluation  Amendment  Interim

STUDENT: \_\_\_\_\_ (Last (legal)) **2** \_\_\_\_\_ (no nicknames) M.I.  M  F

Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher/Service Provider: \_\_\_\_\_

Resident District: **3** \_\_\_\_\_ Building: \_\_\_\_\_ **5**

Attending District: \_\_\_\_\_ **4** \_\_\_\_\_ 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		
Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: ____
Disability(ies): ____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: ____
Early childhood code: ____	Final Exit: ____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
Domicile Building: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility? Setting Code: _____		
The student was placed in this school/facility at the direction of: _____		
Copies to:		

[Show Race-Ethnicity Data >>](#)

**6. Parent/Student Address.** Complete name, address and telephone number information for the identified (X) 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 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 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 type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input checked="" type="checkbox"/> Student

**7. 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 also required on Page F.

**8. 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.



9. **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.).

10. **Rights will transfer at age 18.** (41.320(2); 41.520(1) 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: 18<sup>th</sup> 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 (school district or AEA) must provide any notice required by this part to both the child and the parents;

The notification requirement *applies to IEP written prior to and during the year that a student is 16 years old.* Include dates for *both* student and parent notification. **DO NOT** change this date on IEPs written at age 17 or above. Changing the date gives the appearance that notice was not given at least one year prior to the transfer of rights.

11. **Persons Present at Meeting/Position or Relationship to Student.** (*See alternate directions for Amendment IEPs without meetings — 11b, below*). 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:** Students must be invited to their IEP meeting if the purpose of the meeting is consideration of post-secondary goals and needed transition services. If the student does not attend, steps must be taken to ensure that the individual’s preferences and interests are considered in the development of the IEP. Also, *with parent or age-of-majority student consent*, any agency likely to be responsible for providing or paying for transition services must be invited to the meeting.

**Note:** The dissenting opinion process, by which a school official who disagrees with an IEP team decision can make the disagreement a part of the record, is no longer a part of Iowa Rules and is not supported within this manual.

11b. **Amendment IEPs without meetings.** When an Amendment IEP is indicated, you will be asked by the Web IEP if a meeting will be held. An Amendment IEP may be developed without a meeting when doing so has been agreed-upon by the parent(s) and the school or AEA. When no meeting is held, the IEP documents this agreement, rather than persons present, by noting:

- The person who contacted parent,
- The method of contact (phone, face-to-face contact, etc.), and
- The date of agreement

**Parental agreement to amend without a meeting:**

Person who contacted parent: \_\_\_\_\_

Method of contact: \_\_\_\_\_

Date of agreement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11b

**Note:** When amending an IEP without a meeting, take action to assure the *meaningful participation* of all IEP team members affected by the amendment. This will always include the parents, but may also need to include multiple special and general educators, administrators and AEA support staff.

The duration of an amended IEP remains the same as the existing IEP. The Prior Written Notice form is used to provide the parents with a summary of the specific change(s) made through the amendment and to provide the rationale and data that support the change(s).



# 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

**10** \_\_\_\_\_ Parent \_\_\_\_\_ Student  
 \_\_\_\_\_ Parent \_\_\_\_\_  
**11** \_\_\_\_\_ 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		
Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: ____
Disability(ies): _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: ____
Early childhood code: ____	Final Exit: ____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
Domicile Building: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility? Setting Code: _____		
The student was placed in this school/facility at the direction of: _____		
Copies to:		

Show Race-Ethnicity Data >>

**12. 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 (physician, clinic, etc.).

**13. 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.

**Race/Ethnicity: (See Below)** In the Web IEP, the Race/Ethnicity data box opens by clicking on the link below the Required System Data Box.

**Shortened school day.** Indicate the team’s determination. A shortened school day should be a very uncommon occurrence. Refer to 281-41.11(2)

**Basis for enrollment:** See Codes, page 64.

**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” as their sole or primary disability. See Codes, page 64.

**Full-time/Part-time:** *For children age 3 to school entry only*, indicate if the child will be served on a full- or part-time basis.

**Served status:** See Codes, page 64.

**Early Childhood Code:** See worksheet directions on pages 60-62 and Codes, page 63.

**Final exit.** See Codes, page 64.

**Weighted Enrollment Factor:** 0, 1 (1.72), 2 (2.21), or 3 (3.74). Refer to the weighted enrollment matrix on page 141.

**Domicile district/building.** The district and building the student would attend based upon where the student lives. Normally this is the same as resident district but there are exceptions when children do not reside with their parents. (Refer to 41.51(12))

**Roster Changes:** See Codes, page 64.

**Attending building(s):** The correct coding of school “type” is important for federal reporting purposes. Some students have multiple attending buildings. The “Attending Building” referred to in this item is the one identified near the top of Page “A”. Typically, this is where we “roster” the student and in the vast majority of cases the answer will be “Yes”. Check “No” to this item if more than 50% of the school day is spent at another site and identify that site from the choices on the drop down menu on the web IEP.

**Residential placements.** Indicate “Yes” if the individual “resides” (spends more than 50% of his or her nights) at the facility identified in the previous item.

**The student was placed in this school/facility at the direction of.** For students in residential placements, select from the options:

Court Ordered, Parent Choice, DHS Ordered, IEP Team Choice, Student Choice

**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 \_\_\_\_\_

12

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

Outside written input: Name/Agency: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

13

### Required System Data

Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: ____
Disability(ies): _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: ____
Early childhood code: ____	Final Exit: ____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
Domicile Building: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility? Setting Code: _____		
The student was placed in this school/facility at the direction of: _____		
Copies to:		

[Show Race-Ethnicity Data >>](#)

**14. Federal Race and Ethnicity Data.** Clicking on “Show Race-Ethnicity Data” opens this box. Clicking on “Hide Race-Ethnicity Data” closes this box.

Race-ethnicity data collection is accomplished through a two-part question:

- Is the student Hispanic/Latino?
- What is the student’s race?

*Hispanic/Latino:* The federal definition is: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. “Spanish culture or origin” is the over-arching concept, **NOT** geography. For example, while people self-identify, the following are generally not considered Hispanic/Latino:

- Brazilian-Americans and Surinamese-Americans (The South American nations of Brazil and Suriname are former Portuguese and Dutch colonies, respectively)
- French Guianan-Americans (The South American Department of French Guiana remains part of France)

*Race:* Multiple races may be indicated. Use these definitions:

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*Who made determinations.* Parent report or self-report is strongly preferred. If it is not possible to make an identification in this way, follow your district’s or AEA’s procedures for making a determination.

<< Hide Race-Ethnicity Data**Federal Race and Ethnicity Data**

Is the student Hispanic/Latino?	<input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> No, not Hispanic/Latino
Who made this determination	<input type="checkbox"/> The Student or Parent(s) <input type="checkbox"/> An LEA or AEA designated observer
<p>What is the student's race? (<i>Check all that apply</i>)</p> <input type="checkbox"/> <i>American Indian or Alaska Native:</i> (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> <i>Asian:</i> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> <i>Black or African American:</i> (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> <i>Native Hawaiian or Other Pacific Islander:</i> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> <i>White:</i> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	
Who made this determination	<input type="checkbox"/> The Student or Parent(s) <input type="checkbox"/> An LEA or AEA designated observer

# Present Levels of Academic Achievement and Functional Performance (PLAAFP) – Ages 3-12

## Page B (Present Levels Ages 3 - 12)

The sections of the PLAAFP are intended to:

- Engage parents and students in the IEP process
- Establish a context for discussion by the IEP team
- Establish a foundation for decision-making (e.g., priorities for goals, activities, etc.)
- Establish a foundation for specially designed instruction

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.*

### 15. 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 (singing, telling jokes, math computation, sports, band, following directions, etc.). For preschool children this may include strengths associated with the developmental skills addressed in the Iowa Early Learning Standards (Physical Well-Being and Motor Development, Approaches to Learning, Communication Language and Literacy, Social and Emotional Development, Mathematics and Science, Creative Arts) such as sharing, turn-taking, dressing, doing puzzles, etc.

**Interests** are things, events, or people that evoke the student's curiosity (sports, rocks, peer interaction, computers, music, etc.). For preschool children this may include interests associated with their daily activities (e.g. vehicles, animals, dancing, community helpers, etc.)

**Preferences** are things, events, or people that the student chooses over others. They could pertain to, but not limited to the needs of the student in the school setting (e.g. prefers working with a partner, working independently, utilizing hands-on activities, etc.). For preschool children this may include their choice of participation in centers or activities in the home (e.g. cooking, dramatic play, blocks, art, etc.).

### 16. Parents' concerns regarding their child's education.

The IEP team is required to consider the concerns of the parents for enhancing the education of their child. Sometimes, 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"). For preschool children these statements might include concerns about kindergarten readiness, self-help skills, communicating their wants and needs, getting along with friends, participation in community activities, etc.

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.

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

15

Parents' concerns regarding their child's education \_\_\_\_\_

16

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

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.

**17. Special considerations to be addressed in developing this IEP.** Respond to *each* area of consideration.

At this point in the IEP process, the team is identifying specific areas that bear *consideration and potential action* as the rest of the IEP is developed. Each decision must be documented, though some may require little discussion (e.g., limited English proficiency for a student whose first language is English).

**Addressed in this IEP** means only that the area represents a concern and that at least some information is provided about this area in the IEP. The discussion of a special consideration that is an area of concern and the indication that the area will be “addressed in this IEP”, 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.

For example, if behavior is of some concern, but classroom or program-wide positive behavior supports are having a beneficial effect and individualized supports are unnecessary, the team would check the first option and could note relevant information in the “Other Information” section of the IEP. However, if behavior is a significant concern that the team believes it must be addressed in the IEP (goals and services, activities or supports) **and** in a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP), the team would indicate both of the first two options and follow the specific requirements of the FBA and BIP.

<b>Item</b>	<b>When to indicate an area is a concern and will be addressed in the IEP</b>
<b>Behavior</b>	Student’s behavior interferes with her or his learning or the learning of others.
<b>Communication and Language</b>	1) Communication needs are a known concern, <b>or</b> 2) The student is deaf or hard of hearing and the impairment adversely affects his or her learning.
<b>Health</b>	Student’s health interferes with access to educational environments or educational performance.
<b>Braille</b>	Student’s vision is impaired to the extent that even with correction, the vision limits educational performance <b>and</b> Braille instruction is needed.
<b>Limited English Proficiency</b>	Student’s first language is not English and the student has not acquired academic proficiency in English.
<b>Assistive Technology</b>	Student cannot complete or participate in daily educational tasks or activities because of the disability <b>and</b> assistive technology is needed.

<b>Item</b>	<b>When to indicate specific actions or plans are needed</b>
<b>Behavior</b>	Student’s behavior interferes with her or his learning or the learning of others, an FBA and BIP are required to appropriately address the students needs, or an FBA and BIP are required due to a disciplinary action.
<b>Communication and Language</b>	The student is deaf or hard of hearing, the impairment adversely affects his or her learning and a communication plan is needed.
<b>Health</b>	Student’s health interferes with access to educational environments or educational performance and specific action is required in the school setting

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

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\_\_\_\_\_

Parents' concerns regarding their child's education \_\_\_\_\_

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**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

Other information essential for the development of this IEP \_\_\_\_\_

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**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.

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**18. NIMAS eligibility.** *Discuss the student's potential need for accessible instructional materials.* Students who are NIMAS-eligible comprise only some of the eligible individuals whose needs include accessible materials.

For this IEP item, indicate "Yes" if the student is:

- 1) **blind** (visual acuity is 20/200 or less in the better eye with correction or whose widest diameter if visual field subtends an angular distance no greater than 20 degrees);
- 2) **visually impaired** (impairment with correction prevents the reading of standard printed material);
- 3) unable to read or unable to use standard printed material as a result of *physical limitations*; or
- 4) certified by competent authority (i.e., *a physician*) as having a *reading disability resulting from organic dysfunction* of sufficient severity to prevent reading printed material in a normal manner.

**For further information,** click on the NIMAS link in the Web IEP.

If none of these apply, indicate "No".

**Note:** If this item is checked "Yes", Specialized Accessible Formats (Braille, large print, audio, digital text) will automatically be checked on Page F.

**Present Levels of Academic Achievement and Functional Performance**

**Strengths, interests and preferences of this individual** \_\_\_\_\_  
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\_\_\_\_\_

**Parents' concerns regarding their child's education** \_\_\_\_\_  
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**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

**This student is NIMAS eligible:**  Yes

No

18

**Other information essential for the development of this IEP** \_\_\_\_\_  
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**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.

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## 19. 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.”

When a preschool child participates in an early childhood setting where the IEP is not implemented, document the setting in this area. The preschool child who participates in an early childhood setting (child care, community-based preschool, Head Start, etc.) where the IEP will not be implemented is included in this section in order to document the child's participation with typically developing peers. Participation in these settings, where the IEP is not being implemented, is not a part of the child's publicly-provided special education program and it should not be documented in the Services sections of the IEP (Page F.) However, a child's attendance in all early childhood settings is used to determine the early childhood setting code.

**Example:** “Tim attends Playland Preschool Tuesdays and Thursdays from 10:00 AM to Noon. The IEP is not being implemented in this setting.”

## 20. 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 further definition and information regarding curriculum and functional implications, see the AEA Special Education Procedures Manual.

Make a general statement regarding the impact of the individual’s disability on curriculum involvement, and, for preschool children, 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 when communicating with same-age peers and unfamiliar adults.

Tyler (age three) is developing at an age-expected rate in early literacy and early math, however, his behavior interferes with his ability to interact with same-age peers during group and center time.

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

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Parents' concerns regarding their child's education \_\_\_\_\_

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The IEP team must consider the following when developing this IEP.

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is **NIMAS eligible**:  Yes  No

Other information essential for the development of this IEP \_\_\_\_\_

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20

**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.

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# Present Levels of Academic Achievement and Functional Performance

## PLAAFP Ages 13-21

### Page B (Present Levels Ages 13 - 21)

The sections of the PLAAFP are intended to:

- Engage parents and students in the IEP process
- Establish a context for discussion by the IEP team
- Establish a foundation for decision-making (e.g., priorities for goals, activities, etc.)
- Establish a foundation for specially designed instruction

**Note:** In Iowa, secondary transition planning should begin no later than the first IEP to be in effect when the student turns 14, or younger if determined by the team.

*Complete these items as a team before proceeding to discussion of the rest of the IEP.*

**21. 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).

**22. 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.

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

\_\_\_\_\_

21

\_\_\_\_\_

Parents' concerns regarding their child's education \_\_\_\_\_

\_\_\_\_\_

22

\_\_\_\_\_

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

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

\_\_\_\_\_

**23. Special considerations to be addressed in developing this IEP.** Respond to *each* area of consideration.

At this point in the IEP process, the team is identifying specific areas that bear *consideration and potential action* as the rest of the IEP is developed. Each decision must be documented, though some may require little discussion (e.g., limited English proficiency for a student whose first language is English).

**Addressed in this IEP** means only that the area represents a concern and that at least some information is provided about this area in the IEP. The discussion of a special consideration that is an area of concern and the indication that the area will be “addressed in this IEP”, 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.

For example, if behavior is of some concern, but classroom or program-wide positive behavior supports are having a beneficial effect and individualized supports are unnecessary, the team would check the first option and could note relevant information in the “Other Information” section of the IEP. However, if behavior is a significant concern that the team believes it must be addressed in the IEP (goals and services, activities or supports) **and** in a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP), the team would indicate both of the first two options and follow the specific requirements of the FBA and BIP.

<b>Item</b>	<b>When to indicate an area is a concern and will be addressed in the IEP</b>
<b>Behavior</b>	Student’s behavior interferes with her or his learning or the learning of others.
<b>Communication and Language</b>	1) Communication needs are a known concern, <b>or</b> 2) The student is deaf or hard of hearing and the impairment adversely affects his or her learning.
<b>Health</b>	Student’s health interferes with access to educational environments or educational performance.
<b>Braille</b>	Student’s vision is impaired to the extent that even with correction, the vision limits educational performance <b>and</b> Braille instruction is needed.
<b>Limited English Proficiency</b>	Student’s first language is not English and the student has not acquired academic proficiency in English.
<b>Assistive Technology</b>	Student cannot complete or participate in daily educational tasks or activities because of the disability <b>and</b> assistive technology is needed.

<b>Item</b>	<b>When to indicate specific actions or plans are needed</b>
<b>Behavior</b>	Student’s behavior interferes with her or his learning or the learning of others, an FBA and BIP are required to appropriately address the students needs, or an FBA and BIP are required due to a disciplinary action.
<b>Communication and Language</b>	The student is deaf or hard of hearing, the impairment adversely affects his or her learning and a communication plan is needed.
<b>Health</b>	Student’s health interferes with access to educational environments or educational performance and specific action is required in the school setting

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents' concerns regarding their child's education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

23

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_

**24. NIMAS eligibility.** *Discuss the student's potential need for accessible instructional materials.* Students who are NIMAS-eligible comprise only some of the eligible individuals whose needs include accessible materials.

For this IEP item, indicate "Yes" if the student is:

- 1) **blind** (visual acuity is 20/200 or less in the better eye with correction or whose widest diameter if visual field subtends an angular distance no greater than 20 degrees);
- 2) **visually impaired** (impairment with correction prevents the reading of standard printed material);
- 3) unable to read or unable to use standard printed material as a result of *physical limitations*; or
- 4) certified by competent authority (i.e., *a physician*) as having a *reading disability resulting from organic dysfunction* of sufficient severity to prevent reading printed material in a normal manner.

**For further information,** click on the NIMAS link in the Web IEP.

If none of these apply, indicate "No".

**Note:** If this item is checked "Yes", Specialized Accessible Formats (Braille, large print, audio, digital text) will automatically be checked on Page F.

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

\_\_\_\_\_

Parents' concerns regarding their child's education \_\_\_\_\_

\_\_\_\_\_

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

24

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

\_\_\_\_\_

**25. 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.

*Also, see:* <http://transitionassessment.northcentralrrc.org/>

Transition Planning Assessment Areas	Application to Each Post-Secondary Expectation		
	Living	Learning	Working
<b>Interests/Preferences for Post-Secondary Expectations</b>	Community Living Preferences	Formal education with licensure, certification or degree Non-formal education	Work Style Options Career Options
<b>Basic Skills for Post-Secondary Expectations</b>	Home and Community Living Skills	Literacy (math, reading, writing) skills Technology Communication skills	Core workplace skills (general employability) Organizational/ time management
<b>Attitudes-Habits-Self Awareness for Post-Secondary Expectations</b>	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
<b>Critical Thinking-Application Skills for Post-Secondary Expectations</b>	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 75<sup>th</sup> 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 regarding their child's education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

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

**Living:** Information sources: \_\_\_\_\_

**Living:** Results: \_\_\_\_\_

25

**Learning:** Information sources: \_\_\_\_\_

**Learning:** Results: \_\_\_\_\_

**Working:** Information sources: \_\_\_\_\_

**Working:** Results: \_\_\_\_\_

## 25. 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.

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents' concerns regarding their child's education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The IEP team must consider the following when developing this IEP.**

**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, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible:  Yes  No

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

**Living:** Information sources: \_\_\_\_\_

**Living:** Results: \_\_\_\_\_

**25, continued**

\_\_\_\_\_  
\_\_\_\_\_

**Learning:** Information sources: \_\_\_\_\_

**Learning:** Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Working:** Information sources: \_\_\_\_\_

**Working:** Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**26. 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.

**27. 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.

Other information essential for the development of this IEP \_\_\_\_\_

27

26

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. \_\_\_\_\_

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: \_\_\_\_\_

Yes  No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: \_\_\_\_\_

Yes  No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: \_\_\_\_\_

Yes  No Is working an area of need that will be addressed with goals, services or activities in this IEP?

**Course of study.**

What requirements does this student need to meet to graduate? \_\_\_\_\_

What is this student's current status with regard to these requirements?: \_\_\_\_\_

Target graduation date (mo/yr): \_\_\_\_\_ / \_\_\_\_\_

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**28. 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.

**29. 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?”

**30. 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.

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: \_\_\_\_\_ **28**  
\_\_\_\_\_  
\_\_\_\_\_ **29**  
\_\_\_\_\_

Yes  No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study. \_\_\_\_\_ **30**  
What requirements does this student need to meet to graduate? \_\_\_\_\_  
\_\_\_\_\_

What is this student's current status with regard to these requirements?: \_\_\_\_\_  
\_\_\_\_\_

Target graduation date (mo/yr): \_\_\_\_\_ / \_\_\_\_\_

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 30. 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.

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Is working an area of need that will be addressed with goals, services or activities in this IEP?

**Course of study.**

What requirements does this student need to meet to graduate? \_\_\_\_\_  
\_\_\_\_\_

What is this student's current status with regard to these requirements?: \_\_\_\_\_  
\_\_\_\_\_

Target graduation date (mo/yr): \_\_\_\_\_ / \_\_\_\_\_

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30, continued**

## Page D Goal Development and Progress Monitoring

- 31. Goal number.** Number a student's goals, beginning with #1.
- 32. State standard and benchmark related to this goal.** State the *Iowa* 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. For preschool children, use the Iowa Early Learning Standards. Both are available on a drop down menu on the Web IEP
- Examples:** Standard: Students can comprehend what they read in a variety of literary and informational texts.  
Benchmark: Students can determine the main idea of a text.  
Standard: Students can understand and apply a variety of math concepts.  
Benchmark: Students can understand and apply problem-solving approaches and procedures.

**NOTE:** Choose option on drop down menu “No Standard or benchmark related to this area” for nonacademic goals such as motor or behavior goals, where there may be no relevant standards or benchmarks.

- 33. 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. The district standards and grade level benchmarks should be available from the drop down box on the Web IEP.
- 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, choose the option “No standard or benchmark related to this area”.

- 34. 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 9<sup>th</sup> 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 pages 65-66.

<b>Goal #:</b>	31	32	
----------------	----	----	--

State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based: \_\_\_\_\_

District Standard and Grade Level Benchmark(s) upon which this goal is based: \_\_\_\_\_

33
----

34
----

**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 using the same measurement as measurable annual goal and progress monitoring procedures).  
 \_\_\_\_\_  
 \_\_\_\_\_

**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

**Progress Monitoring procedures** (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes). \_\_\_\_\_

**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

Goal #:	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

**35. 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!***
- *The baseline number is also the graph starting point for progress monitoring*
- *The measurement tool used to determine the baseline **must** also be the measurement tool used in progress monitoring*

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

**Additional examples:** See pages 65-66.

**36. 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.

The IEP must contain appropriate measurable post-secondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills. Transition skills then are designed to assist students to reach these goals. In Iowa these areas are designated as living, learning, and working. The practice of identifying appropriate measurable post-secondary goals begins with the statement of expectations and continues with determining the relationship of goals to these expectations. For example, a reading goal might be linked to an expectation to graduate from college, a math goal might be linked with an expectation that a student live (and budget) independently.

**Additional examples:** See pages 65-66.

**37. Progress monitoring procedures.** Indicate 1) how progress toward this goal will be measured, 2) how often progress will be measured, and 3) the decision-making rule that will be utilized to determine when changes to the goal or to the instructional or intervention approach. *Describe frequent and repeated measures.*

How		How often		Decision-making rule
Tallies	Probes	Weekly	Bi-monthly	Four points below or above the aimline Trendline indicates the goal will be met significantly before the goal timeframe or will not be met before the goal timeframe
Observations	Test scores	End of unit	Daily	
Record Books	Work samples	Every two weeks		

**Examples:** See pages 65-66.

**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:** Baseline: Suzy is on-task 62% of the time. Goal criterion: Suzy will complete 95% of her assignments on time. Evaluation: Test grades.

**Goal #:** \_\_\_\_\_

**State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**District Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**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).

\_\_\_\_\_ **35** \_\_\_\_\_

**Baseline** (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures). \_\_\_\_\_

\_\_\_\_\_ **36** \_\_\_\_\_

**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

\_\_\_\_\_ **37** \_\_\_\_\_

**Progress monitoring procedures** (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes). \_\_\_\_\_

**Position(s) responsible for services** \_\_\_\_\_

**See attached graph**

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

<b>Goal #:</b> _____ <b>Progress Report</b>																																																						
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).																																																						
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**38. 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).

**39. See attached graph.** Obviously, data must be collected on all goals. Visual displays facilitate both decision-making and communication. Beginning July 1, 2009, the use of a graph or other visual representation of student data and the targeted level of performance **is required!** The Web IEP allows the uploading of Associated Files (e.g., an Excel file with a graph or chart). However, use of the Web IEP graphing option is strongly encouraged!!!

**40. Short-term objectives or major milestones.** 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 and place them on the conveyor belt with 100% (30 of 30 steps) accuracy

By April 15, James will give the grocery store clerk sufficient money to make a ten item purchase with 100% accuracy (sufficient money on 10 of 10 trials)

**Additional examples:** See pages 65-66.

**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.

**41. Comments, progress notes, dates achieved.** (41.320(1)d) Update this information at least as often as you would prepare a parent report.

**Goal #:** \_\_\_\_\_

**State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**District Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**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 using the same measurement as measurable annual goal and progress monitoring procedures).  
 \_\_\_\_\_

**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

**Progress monitoring procedures** (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes).  
 \_\_\_\_\_

38

**Position(s) responsible for services** \_\_\_\_\_

39

40

See attached graph

41

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

**Goal #:**

**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

**42. 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 #:** \_\_\_\_\_

**State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**District Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**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 using the same measurement as measurable annual goal and progress monitoring procedures).  
 \_\_\_\_\_

**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  
 \_\_\_\_\_  
 \_\_\_\_\_

**Progress Monitoring procedures** (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes).  
 \_\_\_\_\_

**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
	42

Goal #:		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).											
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____/____/____	1 2 3 4 5	____/____/____	1 2 3 4 5	____/____/____	1 2 3 4 5						

# Special Education Services

## Page F (Services)

- 43. Special education services.** The IEP must identify and clearly describe *all* services, activities and supports that are committed to or on behalf of an eligible individual. *Do not* include program-level supports that are routinely available to all eligible individuals (e.g., LEA or AEA professionals who are available for consultation). For students 13-21, refer to the AEA Special Education Procedures Manual for more information.)

Indicate “Y” or “N” for each service, activity or support:

Service, activity or support	Definition
<b>Accommodations</b>	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
<b>Assistive technology</b>	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
<b>Community experiences</b>	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)
<b>Development of work and other post-high school living objectives</b>	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
<b>Linkages/interagency responsibilities</b>	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
<b>Program modification</b>	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
<b>Specially designed instruction</b>	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
<b>Specialized accessible formats</b>	Materials or media and the supports needed for them (e.g., hardware and software) such as: Braille materials, magnification, electronic media, Kurzweil software
<b>Supplementary aids and services</b>	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
<b>Supports for school personnel</b>	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
<b>Support or related service</b>	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, occupational therapy, physical 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
<b>Specialized transportation</b>	If “specialized transportation” is checked on Page G, the transportation arrangements must be described on Page F.

**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 Specialized Accessible Formats<br>(Braille, large print, audio, digital text) |

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Total minutes per month removed from general education:		
LRE: Removal from GE    % plus Time in GE    % = 100%		

#### 44. Describe each service, activity and support indicated.

Identify the service type:

**Service with LRE minutes:** Select this type when service time is needed for the LRE calculation (e.g., specially designed instruction, support services that do not occur at the same time as another service, etc.)

**Service without LRE minutes:** For example, transportation.

**Activity/support:** For example, assistive technology, professional development,

Enter the service code from the list (defaults to SD for specially designed instruction), also see page 64.

Describe each service, activity or support that reflects a commitment of resources to or on behalf of the eligible individual. Provide 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*, *episodic* 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.

Episodic counseling. 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* for services, 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:** The behavioral intervention plan included in this IEP was developed for J.J. by his 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. Note the location of the plan.

**Example:** A health plan will be developed for Simone by the school nurse, her classroom teacher, parents and the team representative. The plan may be found in the nurse's office. 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 school term to the next,** describe each separately with its beginning date and setting information. 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:** 1/19/10

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

**Beginning Date:** 8/23/10

## 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 Specialized Accessible Formats (Braille, large print, audio, digital text)

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____  <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin-left: auto; margin-right: auto;">44</div>	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Total minutes per month removed from general education:		
LRE: Removal from GE    % plus Time in GE    % = 100%		

**45. 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.

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

**Name.** The providers name is not printed by the Web IEP. However, it must be entered here.

**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".

**46. Minutes in setting (K-age 21).** Report the total time that an individual between kindergarten and school completion will be educated in each environment.

**General education.** Time in environments that are available to eligible individuals and nondisabled peers. This includes team taught classrooms and instruction involving mixed groups of students with disabilities and nondisabled students, *and* courses and activities that are *open and available to all students, regardless of the actual make-up of the group.*

**Special education.** Time in environments that are *only* open and available to eligible individuals. Time spent in individual services in a therapy room, instruction in a special education classroom or in a special school designed for and available to 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 eligible individuals are the only students the class is made available to, 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                 | Y <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        | Y <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 |   | N <input type="checkbox"/> Specialized Accessible Formats (Braille, large print, audio, digital text) |

46

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto; text-align: center;">45</div>	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	_____ General education _____ Special education _____ Community per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Total minutes per month removed from general education:		
LRE: Removal from GE    % plus Time in GE    % = 100%		

**46. 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 is available to 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

**47. 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.

**48. Removal from general education plus time in general education.** The Web IEP will calculate these amounts. The two percentages must total 100%.

## 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 Specialized Accessible Formats (Braille, large print, audio, digital text)

46, continued

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): Name: 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; padding: 2px; display: inline-block; margin: 5px auto;">47</div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px auto;">48</div>		
		Total minutes per month removed from general education:
		LRE: Removal from GE    % plus Time in GE    % = 100%

## Early Childhood LRE information

### Page F (Services) for Early Childhood LRE

*Information from the Early Childhood Setting A-Code and B-Code Worksheets (prompted by the Web IEP from Page A) is used for completing this information on Page F. See pages 60-62 for worksheet directions and page 63 for codes.*

**49. Minutes in setting (early childhood).** Record the minutes per month the child spends in regular *and* special education settings *where special education services are received*. Minutes and service location are completed using information from *Early Childhood Setting A - Code Worksheet Sections A, B and C*; and *Early Childhood Setting B – Code Worksheet*. **Do not** use *A-Code Worksheet Section D* information on Page F.

Minutes per month are calculated based on a maximum of 8 hours per day (480 minutes) and 20 days per month not to exceed 9600 minutes per month.

- **Regular EC program:** Information is transferred from A-Code Worksheet Sections A, B and C. For children ages 3 through 5, a general or regular education environment is a setting where at least 50% of the children are without disabilities. Early childhood settings may include Head Start, childcare, kindergarten, etc. For preschool children, these are settings where appropriate activities occur for children of similar age without disabilities.
- **Special education:** Information is transferred from *B-Code Worksheet*. A special education setting is one in which there are less than 50% peers without disabilities.

**Service location(s).** Enter the name of program(s). For example, Little Bo-Peep Preschool, Jones Elementary Early Childhood Program, Head Start.

**50. Minutes in program per month.** Is automatically calculated by the Web IEP.

**51. EC Code.** Will be populated from the information on Page A (Early Childhood Setting Code Worksheet).

**52. 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.

**53. Removal from general education plus time in general education.** The Web IEP will calculate these amounts. The two percentages must total 100%.

## 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		

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: _____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ Reg EC Program ____ Special education Service Location: _____
Type: _____ Code: _____	Beginning Date: _____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ Reg EC Program ____ Special education Service Location: _____
Type: _____ Code: _____	Beginning Date: _____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ Reg EC Program ____ Special education Service Location: _____
Type: _____ Code: _____	Beginning Date: _____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ Reg EC Program ____ Special education Service Location: _____
Minutes in program per month: _____ EC Code: _____	Total minutes removed from general education per month: _____ LRE: Removal from GE %plus Time in GE % = 100%	

49

50

51

52

53

# Special Education Services, continued

## Page G (Services, Assessment, LRE)

### 54. 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
- Briefly describe ESY services: (e.g., Occupational therapy 60 minutes per month; Instruction in community use, 3 hours per week, etc.)
- Complete the *Extended School Year (ESY) Services* form

**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.

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

- Document the decision of the IEP team (yes or no).  
**Note:** For a “yes” response, describe the specially designed transportation on Page F.
- 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.

### 56. 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.

**57. 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 generally correspond to accommodations given for classroom tests. For example, if extended testing time is not given for classroom tests, the IEP team would need a sound reason to provide this accommodation on district-wide assessments.

54

**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. \_\_\_\_\_

55

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)

56

**Indicate how this individual will participate in district-wide assessments**

Without accommodations

With accommodations

Describe accommodations necessary to measure academic achievement and functional performance \_\_\_\_\_

57

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

Why is this alternate assessment appropriate for this student? \_\_\_\_\_

District-wide assessment is not given at this grade level.  The student is incarcerated in an adult correctional facility.

**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

\_\_\_\_\_

**57. 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.”

**58. 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 \_\_\_\_\_

**57, 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? \_\_\_\_\_

District-wide assessment is not given at this grade level.  The student is incarcerated in an adult correctional facility.

**Additional Considerations**

**58**

**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

\_\_\_\_\_

## 58. 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) 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?** A special school is one that has a program specifically designed for eligible individuals and serves only eligible individuals (e.g., Iowa Braille School). If this individual will attend such a school, the answer to this question is "Yes". If "yes", complete the *Justification for Special School Placement*. See pages 90-91.

## 59. 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? \_\_\_\_\_

District-wide assessment is not given at this grade level.  The student is incarcerated in an adult correctional facility.

**Additional Considerations**

**Address the following questions.**

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

If no, explain: \_\_\_\_\_

**58, 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**

**59**

**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

\_\_\_\_\_

## Early Childhood Setting Code Worksheets

Early childhood setting codes are utilized for children ages 3 through 5, including 5 year olds in kindergarten. Codes are based on the amount of time a child spends in any early childhood setting with at least 50% of peers without a disability. These settings include all early childhood settings (i.e. Head Start, childcare, kindergarten, etc.) even if the child does not receive special education services or the IEP is not implemented in the setting.

The “Early Childhood Setting” code is populated from the worksheet on the IEP Coversheet (Page A). Access to the worksheet is gained by clicking on the “S” next to “Early Childhood Setting” in the “Required System Data” elements at the bottom of the page.

**Note.** The setting includes more than just a school district preschool. The setting includes the time a child spends in an early childhood setting throughout the day. The IEP does not need to be implemented (carried out and monitored) by special education personnel to be included in the total number of minutes.

First, answer the question “Will this child attend a Regular Early Childhood Program?” A Regular Early Childhood Program is one in which there are at least 50% of peers without a disability. If the child will attend a regular early childhood program at *any time* during the day, the answer is “Yes”. If the child is only in a program where at less 50% of peers without a disability, the answer is “No”.

- If the answer is “Yes”, an *A-Code Early Childhood Setting* content worksheet is used and the percent determined by the amount of time the child spends in the Regular Early Childhood Program. The Early Childhood Setting Code Worksheet is completed on this page including Sections A, B, C and D, as applicable.
- If the answer is “No”, a “B” setting will be used. The *B-Code Early Childhood Setting* content worksheet will appear for input.

## A-Code Early Childhood Setting Worksheet Page

If the answer to the question “Will this child attend a Regular Early Childhood Program?” is “Yes”, information is required about *all* settings in which the child spends time throughout the day in order to calculate the percentage of time the child is in an early childhood setting with at least 50% of peers without a disability. Percentage of time is calculated based on minutes per month using a maximum of 8 hours per day (480 minutes) and 20 days per month not to exceed 9600 minutes per month. The totals are automatically calculated.

**A-Code Early Childhood Setting Worksheet: Sections A, B, C and D** require information on the programs where the IEP is being implemented. Complete each section as applicable.

**Section A** – Regular Early Childhood Program where the IEP is implemented. Required information includes:

- The name of the program.
  - The number of minutes per DAY the child attends this program (no more than 480 minutes).
  - The number of days per month the child attends this program (no more than 20 days).
- The total number of minutes per month will be calculated automatically following input of the preceding items.*

**Section B** – Early Childhood Special Education Program where the IEP is implemented. Required information includes:

- The name of the program.
  - The number of minutes per DAY the child attends this program (no more than 480 minutes).
  - The number of days per month the child attends this program (no more than 20 days).
- The total number of minutes per month will be calculated automatically following input of the preceding items.*

**Section C** – Other Settings where the IEP is implemented. OT, PT or speech services received at the AEA or in the child’s home are examples of “Other Settings”. Required information includes:

- The name of the program.
- The number of minutes per MONTH the child attends this program (no more than 9600 minutes).

**Section D** - Requires information on the program(s) where the IEP is NOT being implemented. This section is for other structured Early Childhood Settings that include at least 50% non-disabled peers. Complete each section as applicable. ***Do NOT document the information on Section D on Page F.*** Required information includes:

- The name of the program if the child attends child care where the IEP is not being implemented -- “Group Child Care”.
- The number of minutes per MONTH the child attends this program (Group Child Care).
- The name of the program if the child attends a preschool where the IEP is not being implemented -- “Other Preschool”.
- The number of minutes per MONTH the child attends this program (Other Preschool).

*Documentation for this section is not required on the IEP, however, information may be described on Page B in the section “Other Information Essential for the Development of this IEP”.*

## B-Code Early Childhood Setting Worksheet Page

If the answer to the question “Will this child attend a Regular Early Childhood Program?” is “No”, the B-Code Early Childhood Setting Worksheet page will appear. Check the button for the setting that most accurately describes where the child will receive the majority of their special education services.

- **In a separate special education class** – The child DOES NOT attend a regular early childhood program. Special education services are provided within an early childhood special education classroom comprised of less than 50% non-disabled peers.
- **At a service provider location** – The child DOES NOT attend a regular early childhood program. Special education services are provided within a service provider location such as an AEA office (includes support services such as OT, PT or Speech etc.).
- **In the home** – The child DOES NOT attend a regular early childhood program. Special education services are provided in the child’s home.
- **In a separate school** – The child DOES NOT attend a regular early childhood program. Special education services are provided within a *separate school* (e.g., an Iowa School for the Deaf Day Program).
- **At a residential facility** - The child DOES NOT attend a regular early childhood program. Special education services are provided within a residential facility (e.g., Iowa Braille School residential placement, all educational services provided on the IBS campus with no non-disabled peers).

## Codes used in completing the IEP

### Early Childhood Setting Codes: Ages 3 through 5

Code	Definition
<b>A1</b>	The child attends a regular early childhood program for at least <b>80% of the time</b> .*
<b>A2</b>	The child attends a regular early childhood program for <b>40% to 79% of the time</b> .*
<b>A3</b>	The child attends a regular early childhood program for <b>less than 40% of the time</b> .*
<b>B1</b>	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> .
<b>B2</b>	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).
<b>B3</b>	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)
<b>B4</b>	The child DOES NOT attend a regular early childhood program. Special education services are provided within the child's <i>home/residence</i> .
<b>B5</b>	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.)

# Codes

## Disability

Code	Description
AT	Autism Spectrum
BD	Behaviorally disordered
CM	Communication disability
DB	Deaf-blindness
DF	Deafness
EI	Eligible individual
HI	Hearing impairment
HJ	Head injury
LD	Learning disability
MD	Mental disability
OH	Other health Impairment
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 a relative
OE	Open enrollment
PC	Placed by court
PI	Private competent instruction
PO	In district due to Parent Option
RD	District resident
RI	Resides in Regent's institution
RP	Residential placement
ST	Shared time
WG	Whole grade sharing

## Part B Roster Changes

Code	Description
CAD	Change in attending district
CPI	Competent private instruction with an IEP
CRI	Change in Roster Information
CRD	Change in resident district
MAK	Moved Residence to another AEA – Known to be continuing
MGS	Met goal, still served in special education
PDS	Service is discontinued at parent request, student still active .

## Part B Final Exit

Code	Description
CPN	Competent private instruction, no IEP
DEC	Deceased
DRO	Dropped out
GCP	Graduated with Certificate- Completed IEP
GRD	Graduate- regular diploma
MSK	Moved Residence –Another State, Known to be continuing
RMA	Reached maximum age

RRC	Return to regular education, completed IEP
RRT	Return to regular education – IEP Terminated
UNK	Unknown

## Served Status

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

## Support Services

Code	Description
AP	Adapted physical education consultation
AR	Autism resource
AS	Audiometry
AT	Assistive technology or devices
AU	Audiology
CO	Consultation
DI	Deaf/hard of hearing instruction
GC	Counseling
HH	Hospital or homebound instruction
HL	School health services (qualified person trained by RN/advanced degree nurse)
HV	Home Intervention (LRE Monitoring)
IH	Itinerant Hearing
IN	Interpreter
IV	Itinerant Vision
NR	School nurse service
OB	Other Medicaid billable LEA service
OH	Other Health (medical supplies)
OM	Orientation mobility
OT	Occupational therapy
PP	Medicaid billable ( <i>behavioral or health</i> ) paraprofessional services
PT	Physical therapy
PY	Psychological
SD	Specially designed instruction
SS	Speech language
ST	Specialty resources
SW	Social work
TA	<b>Non-Medicaid billable (<i>academic</i>)</b> teacher associate
TM	AEA Team Representation (psychologist, social worker, consultant)
TN	Transition
TR	Specialized transportation
VN	Vision instruction
WE	Work experience Coordination/Instruction

## Additional codes when a child under 3 has an IEP

FT	Family training
HS	Health services
MS	Medical services
NU	Nutrition services
OE	Other early intervention services
RC	Respite care
SC	Service coordination
SI	Special instruction

## 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.

### 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 7<sup>th</sup> grade level. Mike will successfully answer 8 of 10 probes.

## **Additional Examples, continued**

### **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 that 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 7<sup>th</sup> 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. Instructional changes will be considered when four consecutive data points fall below the aimline.

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. Instructional changes will be considered when four consecutive data points fall below the aimline.

One of Mei Li's weekly writing samples will be scored using the district's writing rubric. Instructional changes will be considered when Mei Li's trendline (based on at least seven data points) does not project meeting the annual goal.

John's progress will be monitored through daily behavioral observations and records. Behavior intervention plan changes will be considered when John's trendline (based on at least seven data points) does not project meeting the annual goal.

Tyrone's progress will be monitored through teach observation and tally records. Instructional changes will be considered when four consecutive data points fall below the aimline.

Weekly, at least one comprehension probe will be assessed. Instructional changes will be considered when Jan's trendline (based on at least seven data points) does not project meeting the annual goal.

## **Additional Examples**

### **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.

# Reevaluation Questions

## Page R: 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 the reevaluation of a transfer student from out-of-state is needed to either establish eligibility or to develop an appropriate IEP.

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 IEP Page R (Reevaluation Questions):

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?

For questions 1, 2, 3, 4, and 6 detail information for each goal area. For example:

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?
  - Reading:
  - Math:
  - Behavior:
2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?
  - Reading:
  - Math:
  - Behavior:

If answering these questions requires the collection of new information, parental consent is required.

**Reevaluation Questions**

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

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

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

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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?

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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). \_\_\_\_\_

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

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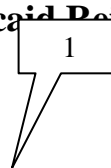
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# Completing an IEP That Meets Requirements for Medicaid Reimbursement

## Medicaid Considerations for the IEP



### IEP Form

The following link provides a copy of the IEP form with numbered callouts, such as this one, corresponding to Medicaid-relevant IEP items. You may view or print out that IEP form by going to:

[IEP with Medicaid Captions](#)

### Page A

1. The duration dates of the IEP will be the range of dates when the services are allowed reimbursement from Medicaid by either the AEA or the LEA
2. The team listing should include a health care professional for the appropriate Medicaid covered service for which reimbursement will be claimed. For example, if there are Physical Therapy services in the IEP, then a Physical Therapist should be listed on the team.

### Page B - PFAAFP

3. If the student has behavior services provided by LEA staff, Medicaid requires there be a Behavior Intervention Plan (BIP) that addresses the interventions.
4. If the student has health services provided by LEA staff, Medicaid requires a formal plan of care (health plan) designed by a health care professional and carried out by staff.

### Goal Page

5. For those AEA services that are discipline specific, there should be a related goal that outlines their services. For example, there would be a speech or language goal if the AEA Speech Language Pathologist is claiming Medicaid reimbursement for their services

### Pages F & G – Special Education Services

6. If supplementary aids and services are being provided to the student, this line should be checked “Y” for Yes. This is the indication of health or behavior paraprofessional services by the LEA.
7. If support or related services are being provided to the student, this line should be checked “Y” for Yes. This is the indication of health professional services, such as a Physical Therapist or School Nurse, by the AEA or the LEA.
8. As each service is checked with a “Y” for Yes a text box is added below. A description of how the service is provided to the student is entered into the text box.

In some cases, one staff member may provide both educational and health/behavior related services. These should be entered in two separate text boxes. One text box for the education related services, such as extra time for class assignments, and one text box for the health/behavior related services, such as assistance with personal hygiene or to monitor his/her safety.

- If the service is an AEA or LEA professional service (whether direct or consultative), the description should reflect the discipline related service.
- For most services, the option of “Service - no LRE minutes” should be selected from the drop-down box for this section. “Service - no LRE minutes” is used be for any service, support or activity that is provided in a general education setting.
- LRE minutes would be entered on the IEP for those services that are provided in a pull-out situation where the student is removed from a general education setting

9. Enter all possible staff positions that will be providing the service. For example, if health paraprofessional services are being provided the entry should be "Teacher and trained staff". For discipline specific services, such as Physical Therapy, the entry should reflect the appropriate discipline, Physical Therapist. The Web IEP also requires the name of the service provider be entered. This name will not appear when the IEP is printed.
  
10. A time and frequency entry is required for Medicaid reimbursement and should reflect the amount of time staff will be providing this service. For those services with varying frequencies, it would be acceptable to lengthen the range, such as entering 200 minutes monthly instead of 10 minutes daily (10 minutes X 20 school days in a month equals 200 minutes a month), in order to blend the various times into an average amount of time. This entry will be the maximum amount of time allowed for reimbursement from Medicaid.
  
11. If a student receives special transportation service, it would be noted in this section of the IEP. Medicaid will only reimburse the transportation cost on an IEP for trips to and from a Medicaid provider for a medical service.

## Extended School Year

In completing this form, the amount of detail will depend upon the circumstances. If the summer ESY service provider is the same professional who works with the individual during the school year, less information may be needed. For a different provider there will be a greater need for information.

- 1. Demographic Information.** Complete all demographic information.
- 2. Goal Area.** State the goal area to be addressed as part of ESY - one goal per form.
- 3. ESY Consideration.** Why does this individual require ESY services? Indicate whether the ESY need is based on regression, rare and unusual circumstances, or other considerations. For a "Yes" response, provide the team's rationale for ESY services.
- 4. What services will be provided?** Indicate type of service (instruction, physical therapy, etc.), the minutes per session and the total number of sessions, and the beginning and ending dates of services.
- 5. Who will provide services?** Indicate the provider's name and position.
- 6. Where will services be provided?** Indicate location of services (e.g., Andrews Elementary)
- 7. When will services be provided?** Indicate the scheduling of services (e.g., Tuesdays in June at 2:00 PM; June 7 & 21, July 6 & 20 at 9:30 AM)
- 8. Transportation needed?.** Indicate "Yes" or "No". If "Yes" describe the transportation arrangements.



# Extended School Year (ESY) Services

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent(s): \_\_\_\_\_

1

Phone: \_\_\_\_\_

ESY Goal Area: \_\_\_\_\_

2

3

## Extended School Year Services Consideration

Yes  No In this goal area, has there been, or is there a potential, for significant regression during periods of interruption that would require significant recoupment? If yes, please explain.

Yes  No In this goal area, are there any rare and unusual circumstances? If yes, please explain.

Yes  No In this goal area, are there other factors to be considered in determining this child's need for ESY services? If yes, please explain.

## Description of Services

What services will be provided? \_\_\_\_\_

4

Minutes per session: \_\_\_\_\_ Total sessions: \_\_\_\_\_

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5

Who will provide service?

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Where will services be provided?

6

When will services be provided?

7

Yes  No Is transportation needed? If yes, please describe.

8

**ESY Directions, Page 2**

**9. How often will progress be monitored? Who will monitor the progress? Answer each question:**

- Record the indicators used to monitor progress. Example: Increase the number of feet walked or % of acquisition of articulation skills.
- Record the progress monitoring schedule. Example: Progress will be monitored at every other session.
- Record the name and title of the person monitoring progress.

**10. Performance Levels.** Note the timelines (beginning level of performance, performance at the end of ESY, performance at the beginning of the return to school year, and performance at the first quarter of the year). The person responsible for documenting the levels of performance is indicated under each line. The data collected should be in numeric form, as defined by the goal and collected according to the progress monitoring procedures.

**Progress Monitoring Procedures**

How will progress be monitored?

How often will progress be monitored?

9

Who will monitor progress?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Levels of Student Performance**

Beginning level of performance:

End of ESY Services level of performance:

10

Beginning of school year level of performance:

End of First Quarter level of performance:

Parents, if you have questions, please contact:

\_\_\_\_\_  
(Name) (Position) (Phone) (E-mail)

# Disability Suspected

## 1. Complete identifying information

2. **Are there data to suggest.** Review available information, including the results of any previous interventions, educational records, information provided by individuals with knowledge of the child (e.g., the parents, teachers, caregivers, the child, etc.), observations of the child in learning environments, and any tests or other assessments.

Based on the review of information, consider each of the four descriptive statements. Check any that apply to the child being considered.

*If none apply*, there is no reason to suspect disability. Proceed to Documentation of Decision.

If one or more of the first three descriptive statements (1. health, medical condition, 2. physical limitation; significant status change; 3. obvious and immediate need) apply, *but not the fourth* (4. below standards or expectations), proceed to Documentation of Decision.

If the fourth descriptive statement applies (alone or in combination with any other descriptive statement), respond to the four prompts that follow.

3. **Hearing and vision.** Summarize the child's hearing and vision status
4. **Performance in comparison to standards and expectations.** Summarize information that describes the child's performance in relationship to standards or expectations for development, achievement or behavior.
- Note:** "Child find ... must include ... a child who is suspected of being a child with a disability and in need of special education, even though the child is advancing from grade to grade". [281-41.111(3)] Therefore, it is possible that an individual's performance is not different from standards or expectations, but that disability is suspected because of the supports needed to maintain the individual's performance.
5. **Uniqueness of the child's performance.** Summarize information that reflects whether or not the child's performance is different from peers with similar developmental and educational experiences. The purpose of this information is to assist in determining if the concerns relate to the child (i.e., are indicative of disability) or the concerns are shared by a significant number of others with similar backgrounds and may be indicative of a problem with the system of supports and instruction.
6. **Other plausible explanations.** A child is not disabled if the child's performance and needs for assistance and support are clearly due to circumstances other than disability, such as limited English proficiency. Based on the review of information, summarize any plausible explanation for the child's educational performance and educational needs.

If there are no other plausible explanations, state: "None"



# Disability Suspected

STUDENT: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last (legal) First (not nickname) M.I.

Gender:  Male  Female Grade: \_\_\_\_\_ Teacher/Service Provider: \_\_\_\_\_ 1

Resident District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Building: \_\_\_\_\_

Are there data to suggest: 2  
(Check all that apply.)

- the child is affected by a health or physical condition or a functional limitation that adversely affects educational performance (e.g., a progressive condition, a condition strongly associated with adverse effects on developmental progress or educational performance).
- there has been a significant status change due to a health or medical condition, injury, etc. (e.g., a traumatic brain injury).
- there is an obvious and immediate need for service that may exceed the capacity of general education to provide (e.g., progressive loss of sight requiring Braille and orientation and mobility instruction).
- the child's performance is below standards or expectations, is unique compared to others, and not explained by more plausible factors (i.e., attendance or cultural factors). Summarize:

- the status of the child's hearing and vision: 3
- the information which suggests the child's educational performance falls persistently below state approved standards or typical developmental or behavioral expectations for age and grade level: 4
- how the child's performance is unique when compared to others in the same setting: 5
- other plausible explanations that may account for the child's lack of educational performance, (i.e., lack of appropriate instruction, language other than English, lack of prior knowledge, cultural expectations, attendance or mobility): 6

7. **Participants.** The obligation to determine whether a disability is suspected or not is an *agency* obligation. This is a determination made by the AEA or AEA in conjunction with the LEA. The individuals involved and the degree of parental involvement (information source, meeting participant,

etc.) depends on the circumstances. Participants in this decision-making are identified by the AEA or AEA in conjunction with the LEA.

#### **8. Conclusion – disability suspected.**

If one or more of the first three descriptive statements (1. health, medical condition, physical limitation; 2. significant status change; 3. obvious and immediate need) apply to this individual, indicate that a disability is suspected (check “Yes”).

If the last descriptive statement, *only* (4. below standards or expectations) applies to this individual:

- First, consider whether there are other plausible explanations for the concerns.
- Second, consider whether the problem is sufficiently unique to indicate a possible disability. Most children are not disabled. If more than 20% of the child’s peer group show the same concerns, serious consideration needs to be given to the possibility of a system problem, rather than an individual problem.
- Last, consider all that is know about the presenting concern and student performance.
- If there is no other plausible explanation, unique performance, and persistently low performance or acceptable performance maintained by substantial resources, indicate that a disability is suspected (check “Yes”).

#### **9. Conclusion – disability not suspected.**

If all three conditions (absence of other plausible explanation, uniqueness, persistently low performance or acceptable performance maintained by substantial resources) are not supported by the data, indicate that disability is not suspected (check “No”).

#### **10. Date.** Date this decision was made.

#### **11. Notes.**

**Parent consent.** If it is determined that a disability is suspected, parental consent for a full and individual initial evaluation must be sought *promptly*.

**Refusal of parent request.** Parents have the right to request an evaluation. A request should be refused if the conclusion of this process is that disability is not suspected. Refusal is communicated using the *Prior Written Notice of a Proposed or Refused Action* form.

**Student records.** The *Disability Suspected* form must be retained and treated as an educational record.

**Documentation of Decision:**

Participants involved in decision:

7

Name	Position	Name	Position

Is disability suspected?

Yes

No

Date: \_\_\_\_\_

10

11

8

9

Note:

- Written parental consent for a full and individual initial evaluation must be sought when disability is suspected.
- Prior Written Notice of a refusal to conduct an evaluation must be provided when parents have requested an evaluation and disability is not suspected.
- This form must be retained as a part of the student's records.

## Consent for/Notice of Evaluation

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.**

**For example:**

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

Based on [your child’s school performance, a developmental screening, etc.] we (school or AEA) believe there is reason to suspect that your child has a disability and special education services need to be considered

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

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

Your child has moved to Iowa from another state and a reevaluation is necessary to establish eligibility

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  
 Reevaluation

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last (legal) First (not nickname) M.I.

Gender:  Male  Female Grade: \_\_\_\_ Ethnicity: \_\_\_\_ Teacher/Service Provider: \_\_\_\_\_

Language in home:  English  Spanish  Sign  Other: \_\_\_\_\_

Interpreter needed for the child  Interpreter needed for the parents

Resident District/Building: \_\_\_\_\_

Attending District/Building: \_\_\_\_\_

Open Enrollment:  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Foster Parent Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
 Guardian \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Surrogate \_\_\_\_\_  
 Student \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Foster Parent Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
 Guardian \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Surrogate \_\_\_\_\_  
 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:**

\_\_\_\_\_

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

\_\_\_\_\_

## *Consent for/Notice of Evaluation, Page 2*

**7. Type of Assessment Needed: Consider each of the Iowa performance domains:**

**Academic** (pre-academic skills; reading, writing & math; etc.)

**Behavior** (social skills, emotional status, attention span, etc.)

**Physical** (motor skills, etc.)

**Health**

**Hearing/Vision**

**Communication** (articulation, language, fluency, voice)

**Adaptive Behavior** (daily living skills, community use, orientation and mobility, etc.)

**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.** Signed, parent consent is required for *all* initial evaluations. Initial consent allows the process of considering eligibility and additional assessments, if any. Signed parent consent is required for reevaluations only if additional assessments are completed.

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
7	8

**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.**

11

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(Signature of Parent/Guardian) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## *Consent for/Notice of Evaluation, Page 2*

### **TO BE INTRODUCED DURING 2009-2010**

**12. Domains in which disability is suspected: For *initial* evaluations, consider each of the Iowa performance domains:**

**Academic** (pre-academic skills; reading, writing & math; etc.)

**Behavior** (social skills, emotional status, attention span, etc.)

**Physical** (motor skills, etc.)

**Health**

**Hearing/Vision**

**Communication** (articulation, language, fluency, voice)

**Adaptive Behavior** (daily living skills, community use, orientation and mobility, etc.)

Indicate the domains in which a disability is suspected.

**13. Additional assessments.** For *all* evaluations, consider each of the Iowa performance domains and indicate the performance domains in which additional assessments are needed for planning or decision-making.

**14. For reevaluations.** In the case of any reevaluation, indicate the decision of the team regarding the need for additional assessments.

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

**16. Signature.** Signed, parent consent is required for *all* initial evaluations. Initial consent is required for the process of considering eligibility and additional assessments, if any. Signed parent consent is required for reevaluations only if additional assessments are completed.

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:**

- All available information was reviewed, including the results of previous interventions, educational records, information provided by individuals with knowledge of your child (e.g., you, the parents; teachers; caregivers; your child; etc.), observations of your child in learning environments, and any tests or other assessments.
- Based on that review, areas of suspected disability (if this is an initial evaluation) and areas needing additional assessments were identified.

<b>Domain</b>	<b>For initial evaluations: Disability is suspected in the domain(s) indicated:</b>
12	

- Academic
- Behavior
- Physical
- Health
- Hearing/Vision
- Communication
- Adaptive Behavior

<b>Domain</b>	<b>For all evaluations: Additional assessments will be completed in the domains indicated:</b>
13	

- Academic
- Behavior
- Physical
- Health
- Hearing/Vision
- Communication
- Adaptive Behavior

**Evaluation methods will be determined by the individual professionals involved in the evaluation and may include:**

- Review of the results of previous interventions (e.g., general education data, IFSP data, current IEP, etc.)
- Reviews of relevant records (school or Early ACCESS 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)

**For reevaluations:**

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- 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*.

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Procedural Safeguards were reviewed by: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  In person  Via Phone  
Name Date

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

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\_\_\_\_\_  
 (Signature of Parent/Guardian) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Consent for Initial Special Education and/or Related Services

The *Consent for Initial Special Education and/or Related Services* form **must** be used in conjunction with the *Written Prior Notice* form. The *Written Prior Notice* form should be completed and reviewed with the parent\* to ensure the parent understands the options considered and is in agreement with the recommendations. Parent signature of *Written Prior Notice* form **and** 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.

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 (LEA or AEA) –

- 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.
- 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

## 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

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian/Eligible Student** (over 18, own guardian): Your signature on this *Authorization for Exchange of Information* will give the individuals, programs, organizations, and entities listed on Page 2 of this *Authorization* permission to exchange the information indicated below.

The purpose for the exchange information is: \_\_\_\_\_

Your signature will give your permission for the following specific information to be exchanged:

Medical Status                       Current Medications/treatments  
 Recommendations for School       Other \_\_\_\_\_

**Information in the following areas may not be exchanged without your special permission. Your signature will give your special permission for the exchange of information in the areas indicated:**

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

**Your signature will give your permission for the exchange of information by the methods indicated:**

- Yes     No    The *exchange of written records* containing the information described in this release by the agencies or individuals specified  
 Yes     No    The *verbal exchange* of the information described in this release by the agencies or individuals specified

**Before giving your permission for exchange of information, please carefully review the following:**

This authorization is good until the following date, \_\_\_\_ / \_\_\_\_ / \_\_\_\_, or until one year after the date of signing, whichever occurs first. You may revoke this authorization, in writing, at any time, however, this does not affect information shared prior to your request for revocation. All members of the IEP team and, as appropriate, those identified as having legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of IEP decision making.

**Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) Notice.** Any and all personally identifiable information regarding children 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 student'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.

If you have questions, please contact: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ District/Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## *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

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

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

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

# 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

- |   |   |
|---|---|
| <input type="checkbox"/> Current Medical Status     | <input type="checkbox"/> Current Medications/treatments |
| <input type="checkbox"/> Recommendations for School | <input type="checkbox"/> Other _____                    |

I hereby give special permission to the above named medical entity to release records pertaining to: 2

<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse/chemical dependence
<input type="checkbox"/> Sexually transmitted disease	<input type="checkbox"/> 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.

**Special schools** are schools that are designed to serve eligible individuals, only. Facilities that serve both eligible individuals and nondisabled students **are not considered special schools** for the purpose of meeting this requirement. A few examples of special school placements include the Iowa School for the Deaf (ISD) and the Iowa Braille School.

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. **For students, age 13 and above.** The school must determine whether any participating agencies should be invited to send representatives to IEP meetings. You must:
  - Consider the topics to be discussed and whether or not these topics are relevant to any agencies providing or potentially providing transition services.
  - Representatives of agencies already providing services may be invited, at the discretion of the school or AEA as "other individuals who have knowledge or special expertise regarding the child".
  - Representatives of agencies that are not currently providing transition services, but are likely to be responsible for providing or paying for transition services may be invited, **but** parent or age-of-majority student consent is required. "Where appropriate" relates to this consent requirement.

Checking the box indicates that the appropriate consideration was made regarding the involvement of other agencies and that consent was obtained, if necessary.

***This box must be checked*** for the IEP meeting of any student age 13 and above.

8. **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

Student Name: \_\_\_\_\_ 1 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.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Individualized Family Service Plan (IFSP)  | <input type="checkbox"/> Reevaluation                       |
| <input type="checkbox"/> Individualized Education Program (IEP)     | <input type="checkbox"/> Transition Planning                |
| <input type="checkbox"/> Evaluation Information                     | <input type="checkbox"/> Extended School Year Services      |
| <input type="checkbox"/> Eligibility for Special Education Services | <input type="checkbox"/> Exiting Special Education Services |
| <input type="checkbox"/> Other: _____                               | <input type="checkbox"/> Other: _____                       |

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

_____ Parent	_____ Reg Ed Tchr
_____ Parent	_____ Sp Ed Tchr
_____ LEA Rep	_____ Student
_____ <span style="border: 1px solid black; padding: 2px;">7</span>	_____
_____	_____

- For transition-age students:** Representatives of outside agency(ies) involved with transition planning, have been invited to attend this meeting, with the prior consent of the parent or student who has reached the age of majority, where appropriate; **OR** agency participation is not applicable for this student.
- The school or AEA has requested that one or more individuals be excused from attending this meeting (see attached page).** 8

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.

**Note:** At least one AEA support service professional *must* attend IEP meetings at which discussions and decisions regarding initial or continued eligibility for special education occur. If excused from an initial or reevaluation IEP meeting, at least one AEA support service professional *must* provide written input.

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:**

Name	Position	<input type="checkbox"/>	<input type="checkbox"/>	
Name	Position	<input type="checkbox"/>	<input type="checkbox"/>	
Name	Position	<input type="checkbox"/>	<input type="checkbox"/>	

1

2

### Signed Agreement

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

## Summary for Post-Secondary Living, Learning, and Working

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* and the *SUPPORT FOR ACCOMMODATION REQUEST* (SAR, pages 100-103) have been developed to meet this requirement. ***The SAR will be phased in across Iowa during the 2008-2009 and 2009-2010 school years.*** The SAR is used when a student will be enrolling in a two or four-year college. Use the *Summary for Post-Secondary Living, Learning and Working* in other circumstances.

- 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.)

- Behavior Supports
- Assistive Technology
- Modifications
- Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation)
- Communication
- Accommodations
- Specially Designed Instruction
- Braille Instruction
- ESL Services
- Health

\_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_

## Support for Accommodation Request (SAR)

- 1) **Eligibility/ Diagnostic Statement.** The diagnostic systems used by the Department of Education, the Area Education Agencies, the State Department of Rehabilitative Services or other State agencies and/or the current editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-IV-TR) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.

An eligibility/diagnostic statement includes the nature of the disability and the:

- Date of original eligibility into the system
- Most recent reevaluation date, and
- Current area(s) of concern

- 2) **Formal Diagnosis and Date.** *When available* include the formal diagnosis, the name of the professional evaluator with credentials (certification, licensure, and/or the professional training of individual(s) conducting the evaluation should be provided), and the date of the evaluation. *Please indicate if there is no formal diagnosis available.*

- 3) **Basis of Determination.** List the diagnostic test(s), criteria and/or process(es) used for the determination of the disability. Include specific results from the diagnostic procedures and/or tests that are relevant to the disability and when they were administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process. Useful and relevant information includes:

- Formal/informal diagnostic assessments,
- Recent reevaluation results, and/or
- Performance levels with/without accommodations

- 4) **Current Functional Impact.** The current functional impact of the disability is most helpful in describing either explicitly or through provision of specific diagnostic results how the student functions within the academic setting. Include current levels of function, goals, rate of progress, modifications, and accommodations. In addition, provide any information that describes the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact academic performance, and the applicability of the information to the current context of the request for accommodations at the post-secondary level. Current functional impact focuses on:

- Perceptual,
- Cognitive,
- Behavioral and/or
- Physical abilities

**Include current treatments and medications.** A brief review or history of treatments and medications noting significant and/or potential side effects that may impact perceptual, cognitive, behavioral and/or physical performance should also be included.

- 5) **Response to Instructional Intervention.** A description of instructional interventions, assistive devices, accommodations and/or assistive services should be provided. Include statements about their effectiveness in managing and/or minimizing the impact of the disability for the individual.

# *Support for Accommodation Request (SAR)*

To be used in consideration of post-secondary academic accommodation requests.

**Student's Name:**

**1. ELIGIBILITY/DIAGNOSTIC STATEMENT:**

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

**2. FORMAL DIAGNOSIS and DATE (when available):**

**3. What is the BASIS OF DETERMINATION for current services?** (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

**4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:**

**5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:**

**6. Expected PROGRESSION or STABILITY of the disability:**

**7. HISTORY of ACCOMMODATIONS:**

- + 9<sup>th</sup> Grade:
- + 10<sup>th</sup> Grade:
- + 11<sup>th</sup> Grade:
- + 12<sup>th</sup> Grade:

**8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:**

**9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support)**

- + Living:
- + Working:

**10. ADULT/COMMUNITY Contacts:**

- + Agency:            Status:            Name/Position:            Telephone:

**11. SIGNATURE of Credentialed Professional**

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Name of Person completing this form (Print)	Title/Role	Agency/Organization
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Signature	Telephone	Date
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**12. AUTHORIZATION for RELEASE OF INFORMATION.** I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

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Name of Student (Printed)	Student's Signature	Date
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**13. STUDENT WRITTEN RESPONSE—Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)**

## *Support for Accommodation Request (SAR), continued*

- 6) **Description of the expected progression or stability of the impact of the disability over time.** This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.
- 7) **History of Accommodations.** Depending on the impact of the condition on the individual, a history of accommodations implemented and perceived effectiveness in managing and/or minimizing the impact of the disability should be provided. For individuals graduating from high school, a record of accommodations used during eighth through twelfth grade provides a more complete picture of the student's experiences. It also provides an opportunity for the student to engage in reflection and self-determination.
- 8) **Suggested Accommodations.** Depending on the functional impact of the condition on the individual, include a listing of suggestions for accommodations and supports that may be beneficial in providing full access as the student transitions. Recommendations may include:
- Accommodations,
  - Adaptive devices,
  - Assistive services,
  - Compensatory strategies, and/or
  - Collateral support services
- As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included.
- 9) **Recommendations.** Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of requests for accommodation and/or auxiliary aids. Where such recommendations are congruent with the programs, services, and benefits offered by the College or University they will be given deference. When recommendations go beyond services and benefits that can be provided by the College they may be used to suggest potential referrals to area service providers beyond the College or University.
- 10) **Adult/Community Contacts.** List agencies with current or past supportive relationships with the student. Indicate status (active/inactive) as of the time of SAR completion. Provide contact information.
- 11) **Signature.** The signature of the professional (i.e. secondary special education teacher, transition coordinator) completing this form along with the person's title/role, and contact information is included for reference.
- 12) **Authorization of Release.** The student should be involved in this process and document his/her authorization for the release of the information for the purpose of evaluating eligibility and accommodation requests by signing and dating the release.
- 13) **Student Written Response.** The purpose of the student written response is to engage the student in the process of his or her transition and self-determination. The response may be handwritten or word-processed.



## Functional Behavior Assessment (FBA)

- 1. Assessment Date.** Document the date the FBA was completed.
- 2. FBA type.** Indicate whether this is a new FBA, a revision of an existing FBA or a review of an existing FBA without any changes being made. A review without change indicates that the information contained in the FBA is accurate, sufficiently current and valid as a basis for planning and decision-making.
- 3. 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 ...”)
- 4. 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.



# Functional Behavior Assessment Summary

2

Assessment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1

New     Revision     Review without change

*A substantial change requires a new FBA summary.*

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

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

3

## Individuals completing this Functional Behavior Assessment:

Name	Position	Name	Position

4

Contact person for this summary:

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. **Behavior(s) of concern.** State a clear, measurable, and observable description of the behavior(s) of concern. Be specific. There are 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.
  6. **Strengths.** Describe student strengths that may support the development of interventions. Be specific. For example, the student has high language comprehension ability; the student is able to use picture cues/prompts; the student has good peer relationships; the student has strong math skills, with performance at or above his/her peers.
  7. **Descriptive summary.** Based on a variety of information sources, summarize what is known about the behavior of concern and the conditions related to it. Include identification of resources. Identify outside information sources, if any. You may attach relevant documents (in the Web IEP “Associated Files” are uploaded).
  8. **Student skills – skill deficits.** If “Yes” describe the skill deficit of concern. Is it that the student can’t use appropriate behavior instead of the behavior of concern (skill deficit) OR is it that the student won’t use appropriate behavior instead of the behavior of concern (performance deficit)? For example, the student is nonverbal and is expected to ask for help but does not do so (skill deficit) versus the child is verbal and is expected to ask for help but does not do so (performance deficit).
  9. **Student skills – display of appropriate skills.** If “Yes” describe if the student possesses appropriate replacement behaviors. The purpose of this item is to help determine if new skills need to be taught or if existing skills need to be encouraged and reinforced. Has the student used appropriate behavior instead of the behavior of concern in the situations documented in the descriptive summary? For example, sometimes the student requests help verbally, sometimes the student uses a picture cue to request help, and then sometimes the student tantrums (commensurate with a performance deficit)
- 10. Problem analysis.**
- **What about the behavior is concerning?** Describe the aspects of the student’s behavior that make it a concern (frequency, intensity, etc.). For example, The frequency of aggressive behavior – specifically hitting peers.
  - **What is the expected or desired performance?** For some behaviors (stealing, throwing rocks at others, etc.) desired performance is zero occurrences of the behavior of concern. For other behaviors (e.g., work completion) the reasonable expectation is the typical performance of others in the classroom. For example, peers engage in hitting 0 times per day.
  - **What is the student’s current level of performance?** State the student’s current performance. Use positive phrasing whenever possible (James will complete 95% of his homework assignments). For example, Johnny hits his peers 5 times per day.
  - **What is the discrepancy between the student’s expected and current performance?** State the difference in objective measurable terms. For example, the discrepancy between the student’s expected performance (0 hits) and the current performance (5 hits) is 5.
- 11. Environmental conditions**
- **Antecedents.** What conditions make the behavior more or less likely to occur? Using the Descriptive Summary data above, determine the common antecedents to the behaviors of concern. For example: “25/30 times that the student hit, the antecedent was independent play with no teacher or peer attention”. It is important to note the conditions must be what are actually observed, not what was believed to have happened. Describe:
    - 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, etc.); **and**
    - The events that directly and immediately trigger the behavior (e.g., teasing, specific classroom demands, etc.)

5

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

6

**Strengths.** What student strengths may provide a foundation for decreasing the behavior(s) of concern and increasing replacement behaviors?

7

**Descriptive Summary:** Document existing and newly acquired data. Include information from a variety of approaches and/or data sources: record review, interviews, observations, tests, and/or graphic displays such as scatter plots, ABC analysis, etc. The extent of data collection should reflect the complexity of the behavior(s) of concern.

8

**Student Skills:**

Yes  No Are there skill deficits related to the behavior of concern?

If yes, identify or describe:

9

Yes  No Does the student display appropriate skills instead of the behavior of concern?

If yes, identify or describe:

10

**Problem Analysis:** Based on the **Descriptive Summary**, respond to the following questions.

1. What about the behavior is concerning? Consider the behavioral dimensions of frequency (how often), intensity (to what degree), duration (how long), and latency (time between prompt and desired behavior).
2. What is the expected or desired performance? What standard was utilized to make the comparison? (e.g., standard, benchmarks, peer comparison, school norms)
3. What is the student's current level of performance?
4. What is the discrepancy between the student's expected and current performance?

**Environmental conditions**

11

**Antecedents**

What are the events immediately before the behavior(s) of concern, or events that trigger the behavior(s) of concern?

## 11. Environmental conditions, continued

- **Consequences.** Consequences are the actions and events that follow occurrences of the behavior(s) of concern. Using the Descriptive Summary data above, determine the common consequences to the behaviors of concern. For example, “28/30 times the student hit, the consequence was followed by an adult reprimand”. It is important to note the conditions must be what are actually observed, not what was believed to have happened – for example, adults may indicate the behavior of concern is immediately followed by time out, however observation might show the behavior of concern is followed by time out with adult reprimand during time out.

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).

- Describe the response of teachers/parents/caregivers to the behavior of concern
- Describe the response of peers to the behavior of concern

**12. Hypothesized function (purpose) of the behavior.** State clearly and succinctly the conclusion related to the behavior’s function. Behavior generally falls into one of two functions: Gaining or Avoiding. What the student is trying to gain or avoid will differ based on the situation (e.g. gain attention; avoid a task; gain preferred object). Most commonly, students are attempting to escape or avoid an undesirable task or gain attention from peers or adults.

A very small number of behaviors are automatic (i.e., not readily modifiable through strictly behavioral approaches). Consideration may also need to be given to outside factors that may inform intervention strategies such as gang affiliation, and relevant internal cognitive variables and beliefs. Gain and/or Escape functions should be ruled out before an automatic function can be determined.

**13. Next steps.** An FBA is typically completed only when there is a behavior of concern that is significant enough to require a systematically applied approach to dealing with the behavior (i.e., a plan). Indicate whether the behavior of concern will be addressed through a Behavior Intervention Plan (BIP), or through some other means.

**Consequences**

**11, continued**

- What is the observed common response(s) of the teacher to the behavior(s) of concern?
- What is the observed common response(s) of peers to the behavior(s) of concern?

**12**

**Hypothesized function (purpose) of the behavior.** Based on a convergence of data reflected in the **Descriptive Summary** and **Problem Analysis**, what is the function of the behavior(s) of concern? Is the student attempting to gain something or avoid something?

**Additional Notes.** Document any additional notes or reflections here.

**13**

**Next Steps.**

An FBA is an on-going process which is directly tied to the development and implementation of a Behavior Intervention Plan (BIP). Please select the appropriate box below:

- This FBA led to the development of a BIP
- This FBA did not lead to the development of a BIP. Any needed alternative actions will be addressed in a separate plan (504 plan or intervention plan).

## Behavior Intervention Plan (BIP)

**IMPORTANT NOTE:** These directions relate to a “stand-alone” BIP. When incorporated in an IEP that has the behavior goals that are targeted by the BIP, the baseline, goal, progress monitoring procedures and plan modifications (phase change notes) may be completed through the IEP goal page, and you may note “See IEP” in completing the BIP.

1. **BIP type.** Indicate whether this is a new BIP, a revision of an existing BIP or a review of an existing BIP without any changes being made. A review without change indicates that the information contained in the BIP is accurate, sufficiently current and provides a sound basis for the actions described.
2. **Date of most current FBA.** BIPs are based on information gathered through an ongoing FBA. Indicate the date of the most current FBA Summary Form that provides the foundation for this BIP.
3. **Names.** When an IEP makes a commitment to develop/continue a BIP, the IEP is to state the individuals who will develop the BIP and who are authorized to modify the BIP. When directed by an IEP, these names must correspond to the people/positions identified in the IEP.
4. **Behavior(s) of concern.** State the behavior of concern identified in the FBA.
5. **Skill deficit/performance deficit.** “Skill deficit” indicates that the behavior of concern occurs because the individual lacks alternative, appropriate behaviors that serve the same function as the behavior of concern. “Performance deficit” indicates that the individual has alternative, appropriate behaviors that serve the same function as the behavior of concern, but does not use these skills or does not use these skills at an expected rate.
6. **Alternative or Replacement Behaviors and/or Skills.** Often alternative, appropriate behaviors have not been observed or have not been observed to occur at an acceptable rate.
  - **Observed.** Indicate if alternative, appropriate behaviors have been observed. Determine the alternative or replacement behavior to document on page 2.
  - **Elicited by reinforcement.** If alternative, appropriate behaviors have not been observed, indicate whether the individual displays the behaviors, given reinforcement. Determine the level of reinforcement necessary to maintain the alternative/replacement behavior.
7. **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!***
  - *The baseline number is also the graph starting point for progress monitoring*
  - *The measurement tool used to determine the baseline **must** also be the measurement tool used in progress monitoring*

**Example:** Carl follows teacher directions within 10 seconds 43% of the time.
8. **Goal.** The goal must include:
  - Conditions:** In 36 weeks, given a teacher direction
  - Behavior:** Carl will follow that direction within 10 seconds
  - Criterion:** 90% of the time



# Behavior Intervention Plan

1

New     Revision     Review without change  
*A substantial change requires a new BIP summary.*

Student: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of most current FBA: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Names and positions of those who developed this Behavior Intervention Plan:

2

\_\_\_\_\_ Parents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

**Behavior(s) of Concern identified in the Functional Behavior Analysis:**

4

The behavior(s) of concern is a:  Skill Deficit  Performance Deficit

5

**Alternative or Replacement Behaviors and/or Skills.**

6

Has the alternative or replacement behavior been observed?

Yes  No

If yes, describe the behavior and under what conditions it was observed?

If no, can the alternative or replacement behavior be elicited by offering appropriate reinforcement?

Yes  No

If yes describe reinforcement required:

**Baseline.** What is the student's current level of performance?

7

8

**Goal.** State the behavioral goal in measurable and observable terms that include the conditions, behavior, and criterion.

- 9. 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. In the Web IEP additional actions may be added or new actions, replacing previous actions may be added.
- 10. Prevention strategies.** Review all salient information on the FBA Summary Form, as well as **Problem Analysis** results, specifically **Environmental Conditions** and **Antecedents** to develop appropriate prevention strategies. Actions might include adaptations to:
- procedures,
  - schedules,
  - routines,
  - behavioral expectations,
  - room or seating arrangements, or
  - materials.
- 11. Teaching Alternative or Replacement Behaviors and/or Skills.** Review all salient information on the FBA Summary Form, specifically the **Alternative or Replacement** behavior section to develop appropriate strategies to teach the alternative/replacement behavior. 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.
- 12. Response strategies.** Review all salient information on the FBA Summary Form, as well as **Problem Analysis** results, specifically the pattern documented under **Consequences** in relation to the hypothesized function to develop appropriate response strategies that do not reinforce the behavior(s) of concern and **do** prompt and reinforce the alternative/replacement behavior. 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.
- 13. Safety plan.** When the behaviors of concern may pose a danger to the individual, other students or adults, a safety plan may be required. If a safety plan is needed, define a crisis for this student and identify actions to be taken based on the function of the student's behavior. 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.
- 14. 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.

**Prevention Strategies:** What changes in instruction, choices, environment, and so forth are needed to decrease or prevent behavior(s) of concern?

Action:

10

Who will be responsible for this action?

When this action will be implemented: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11

**Teaching Alternative or Replacement Behaviors and/or Skills:** This behavior will replace the behavior(s) of concern for the student to obtain the same results.

Action:

Who is teaching the replacement behavior?

When this action will be implemented: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Response Strategies - Teacher/parent/caregiver responses**

Action:

12

Who will be responsible for this action?

When this action will be implemented: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Safety plan:** Actions needed to ensure safety and the de-escalation of student behaviors in emergency situations.

Action:

13

Who will be responsible for this action?

When this action will be implemented: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Action:

14

Who will be responsible for this action?

When this action will be implemented: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**15. Monitoring plan.** The monitoring plan allows the description of both goal monitoring and replacement skill monitoring. This allows tracking a goal to reduce one behavior while efforts are also undertaken to increase the occurrence of replacement behaviors. If the goal itself calls for increasing replacement behaviors, only the Goal Monitoring section needs to be completed.

**16. BIP student goal.** Indicate how progress toward this goal will be measured and how often progress will be measured. *Recall*, if the BIP goal is the same as an IEP goal, you may state: “See IEP”.

*Describe frequent and repeated measures.*

Action	Frequency
Tallies	Weekly
Observations	Daily
Record Books	Every two weeks

**17. Alternative or replacement behaviors.** If the BIP goal targets reducing the behavior of concern, efforts to increase the occurrence of behavior(s) that are acceptable and serve the same function as the behavior of concern should be undertaken. Indicate how, how often and who is responsible for this monitoring.

**18. Plan implementation.** You *must* describe how plan implementation will be monitored. Treatment integrity is critical to the success of any BIP.

## Monitoring Plan

15

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**Monitoring:** complete the area(s) to be monitored

---

**BIP Student Goal:** State how progress toward meeting this goal will be measured and how often progress will be measured.

**Action:**

16

**Who will be responsible for this action?**

**When this action will be implemented:**     /     /

**Frequency of monitoring?**

17

**Alternative or Replacement Behavior:** State the method, person responsible and frequency of monitoring of replacement behavior success.

**Action:**

**Who will be responsible for this action?**

**When this action will be implemented:**     /     /

**Frequency of monitoring?**

18

**BIP Implementation:** State the method, person responsible and frequency of monitoring the implementation of the components outlined in this BIP.

**Action:**

**Who will be responsible for this action?**

**When this action will be implemented:**     /     /

**Frequency of monitoring?**

# 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 information was considered: \_\_\_\_\_ 3

- 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?

Comments: 4c

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?

Comments: 4d

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 Written Prior 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 Written Prior 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

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

3

Individuals completing this evaluation:

Name	Position	Name	Position

4

Contact person for this report:

5

Phone: ( ) - \_\_\_\_\_

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.

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

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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 ...**

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**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.

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**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.

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**Area of Concern:**

18

**Date:**

19

**Data Source(s):**

20

**Individual Performance:**

21

**Expected Performance:**

22

**Discrepancy:**

23

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

**Comments:**

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**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 show 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 that 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.

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**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 "Written Prior Notice" form.

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## Considerations for eligibility decision making

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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 Determination Worksheet: Age 3 (but not transitioning from Early Access) to age 21

1. **Demographic information.** This information will be auto-entered from page one of the *Educational Evaluation Report* form.
2. **A signed Consent for Evaluation form has not been returned OR Date signed Consent for Evaluation received by LEA/AEA.**
  - If a signed consent was *not* returned, check the box. This indicates that no evaluation and eligibility decision is forthcoming and accounts for the student in relationship to the 60 day timeline.
  - If a signed consent was returned, indicate 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 is 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. This date will auto-enter from page one of the *Educational Evaluation Report* form.
5. **If no meeting was held, reason.** Please mark the reason for an eligibility meeting not being held.
6. **Eligibility.** Check whether the child is eligible or not eligible for special education and related services. If “Child is eligible” is marked, please indicate whether the student will be receiving IEP services OR if the parents have declined services.
7. **Determination timeline.** Please indicate the reason for any delay that results in the evaluation taking longer than 60 calendar days to complete.



# Eligibility Determination Worksheet

For a School-Aged Student, or  
Preschool Child who is not Transitioning from Early ACCESS Services

Student: \_\_\_\_\_ 1 \_\_\_\_\_  
Last (legal) First no nicknames) M.I.

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Resident District: \_\_\_\_\_ Resident Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Attending Building: \_\_\_\_\_

**A. Consent and Meeting:**

A signed Consent for Evaluation form has not been returned. 2

Date signed Consent for Evaluation received by LEA/AEA: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3

Based on the receipt of the signed *Consent for Evaluation* the eligibility meeting is due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date eligibility meeting held: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4

No meeting was held, reason:

Student Moved  Mutual Agreement  Evaluation Permission Withdrawn  Death

**B. Eligibility:** 6 5

Student is eligible:

Student will receive an IEP.  
 Parent(s) decline services.

Student is not eligible.

**C. Determination Timeline:** 7

**The eligibility meeting must be held within 60 calendar days of receipt of the signed Consent for Evaluation. No reason is considered acceptable for not holding the meeting within 60 days and not holding the meeting must be considered noncompliant for meeting federal data requirements. Additionally, when the eligibility meeting is not held within 60 days, the reason for the delay must be recorded for federal reporting.**

Yes, the eligibility meeting was held within 60 calendar days of receipt of the signed Consent.

No, the eligibility meeting was not held within 60 calendar days of receipt of the signed Consent.

**The reason for the delay is:**

Family Reason  Student's hospitalization/Long-term illness  Natural Disaster  
 Moved  Transferred in  No valid reason

## Eligibility Determination Worksheet: Child Transitioning from Early Access

- 1. Demographic information.** This information will be auto-entered from page one of the *Educational Evaluation Report* form.
- 2. A signed Consent for Evaluation form has not been returned OR Date signed Consent for Evaluation received by LEA/AEA.**
  - If a signed consent was *not* returned, check the box. This indicates that no evaluation and eligibility decision is forthcoming and accounts for the student in relationship to the 60 day timeline.
  - If a signed consent was returned, indicate 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 is 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. This date will auto-enter from page one of the *Educational Evaluation Report* form.
- 5. If no meeting was held, Reason.** Please mark the reason for a final eligibility meeting not being held.
- 6. Date IEP meeting was held.** Record the date that an IEP was developed for a child determined to be eligible.
- 7. Eligibility.** Check whether the child is eligible or not eligible for special education and related services. If “Child is eligible” is marked, please indicate whether the student will be receiving IEP services OR if the parents have declined services.
- 8. 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.
- 9. Determination timeline.** Two timelines apply to the determination of eligibility. Eligibility must be determined within 60 days of the receipt of parental consent *and* before the child’s third birthday. Please indicate the reason for any delay that results in the eligibility determination taking longer than 60 calendar days to complete. Please indicate the reason for any delay that results in the eligibility determination taking longer than 60 calendar days to complete.



# Eligibility Determination Worksheet

## For a Child Transitioning from Early ACCESS

1

Student: \_\_\_\_\_  
Last (legal) First no nicknames M.I.

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Resident District: \_\_\_\_\_ Resident Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Attending Building: \_\_\_\_\_

2

### A. Consent and Meetings:

A signed Consent for Evaluation form has not been returned.

Date signed Consent for Evaluation received by LEA/AEA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Based on the receipt of the signed *Consent for Evaluation* the eligibility meeting is due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date eligibility meeting held: \_\_\_\_/\_\_\_\_/\_\_\_\_

No meeting was held, reason:

Student Moved  Mutual Agreement  Evaluation Permission Withdrawn  Death

Date IEP meeting was held: \_\_\_\_/\_\_\_\_/\_\_\_\_

### B. Eligibility:

Child is eligible:

Child will receive an IEP.

Parent(s) declined services.

Child is not eligible.

### C. Determination Timeline:

**The eligibility meeting must be held within 60 calendar days of receipt of the signed Consent for Evaluation. No reason is considered acceptable for not holding the meeting within 60 days and not holding the meeting must be considered noncompliant for meeting federal data requirements.**

**Additionally, when the eligibility meeting is not held within 60 days, the reason for the delay must be recorded for federal reporting.**

Yes, the eligibility meeting was held within 60 calendar days of receipt of the signed Consent.

No, the eligibility meeting was not held within 60 calendar days of receipt of the signed Consent.

The reason for the delay is:

Family Reason  Student's hospitalization/Long-term illness  Natural Disaster  
 Moved  Transferred in  No valid reason

**Determination of eligibility and the implementation of the Initial IEP must occur before the child's 3<sup>rd</sup> birthday. If not, the reason for the delay must be recorded.**

Yes, determination was made by child's 3<sup>rd</sup> birthday

No, determination was not made by child's 3<sup>rd</sup> birthday.

The reason for the delay is:

Family Reason  Child's hospitalization/Long-term illness  Natural Disaster  
 Moved  Transferred in  No valid reason

3

4

5

6

9

# Documentation of Eligibility Determination: Prior Written Notice of a Proposed or Refused Action

**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 for information release.

**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.*

1. Record the child's name and birth date.
2. Record the name of the parent or guardian.
3. Record the beginning date, the support or related service, provider and the time and frequency of the service. **NOTE: This information will be completed by the Web IEP program.**
4. Indicate, by checking, the parent's decision.
5. Parent signature on this line indicates that the parents' decision regarding Medicaid claiming. ***Complete and submit this form regardless of the parents' decision.***

\* **"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.*

	<b>Curriculum Modifications</b> * Use Score of Highest Rated Area (Reference IEP Pgs. B, D, E, F, G and/or BIP)	<b>Specially Designed Instruction related to all goal areas regardless of setting</b> (Reference IEP Pg. F)	<b>Support for School Personnel and LRE Efforts</b> * Use Score of Highest Rated Area (Reference IEP Pg. F and/or BIP)	<b>Supplementary Aids &amp; Services/Specialized Transportation</b> * Use Score of Highest Rated Area (Reference IEP Pgs. F, G)
<b>Zero Points</b>	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.
<b>One Point</b>	Student is functioning in the general curriculum 1-2 years below peers  <b>or</b> student requires limited modifications to the general curriculum that allow for social skills instruction,  <b>or</b> student has academic or behavioral goals in 1 or 2 goal areas.	Specially designed instruction <b>regardless of setting</b> 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,  <b>or</b> special education teachers conduct joint planning with 1 general education teacher or para-educator over the course of each month.	<u><b>Assistive Technology</b></u> Requires limited individualization and/or training for the student,  <b>or</b> <u><b>Instructional Associates</b></u> Additional individual support from an adult is needed for 55% or less of the school day,  <b>or</b> <u><b>Transportation</b></u> Transportation needs require a special route.
<b>Two Points</b>	Student is functioning in the general curriculum 3 or more years below peers,  <b>or</b> student requires significant modifications to the general curriculum to allow for extensive social skills instruction,  <b>or</b> student has academic or behavioral goals in 3 or more goal areas.	Specially designed instruction <b>regardless of setting</b> 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,  <b>or</b> special education teachers conduct joint planning with 2 to 3 general education teachers and/or para-educators over the course of each month.	<u><b>Assistive Technology</b></u> Requires extensive individualization and/or training for the student,  <b>or</b> <u><b>Instructional Associates</b></u> Additional individual support from an adult is needed for 56% to 85% of the school day,  <b>or</b> <u><b>Transportation</b></u> Transportation needs require attendant services, or the purchase of special equipment for safe transportation on a vehicle.
<b>Three Points</b>	Curriculum that reflects extended standards and benchmarks is required for meaningful instruction. Alternate assessment is used to measure progress.	Specially designed instruction <b>regardless of setting</b> 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,  <b>or</b> special education teachers conduct joint planning with more than 3 general education teachers and/or para-educators over the course of each month.	<u><b>Assistive Technology</b></u> Is “high end” individualized and requires extensive training for the student. Significant maintenance and/or upgrades for continued effective use are anticipated,  <b>or</b> <u><b>Instructional Associates</b></u> Additional individual support from an adult is needed for 86% to 100% of the school day,  <b>or</b> <u><b>Transportation</b></u> a. Requires specialized route and attendant services,  <b>or</b> 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](http://www.transact.com)

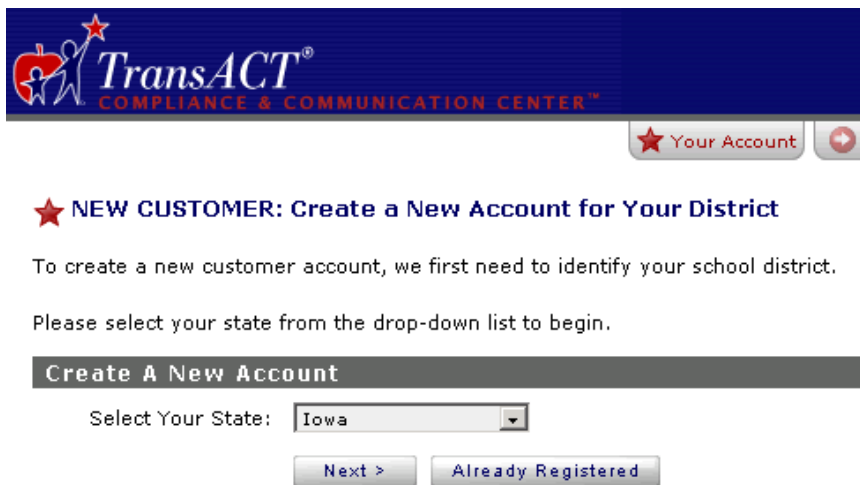
Click on Subscriber (see arrow)



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, you must be given a copy (1) upon an initial referral or your request for evaluation for your child, (2) upon your filing of a first due process complaint or first state complaint in that school year; and (3) whenever a decision is made to take a disciplinary action that constitutes a change of your child's placement. You also get a copy of the procedural safeguards whenever you ask for them. 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.

This summary is provided for your convenience and **is not** a replacement for the **Procedural Safeguards Manual for Parents**. If there are any differences between the **Procedural Safeguards Manual for Parents** and this summary, the information and guidance in the **Procedural Safeguards Manual for Parents** is followed.

**For each child with a disability who 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 based on your child's needs and enough services for your child to receive educational benefit. *Educational benefit* is a broad term that includes access to and progress in the general education curriculum used for all children, access to the same activities and settings as children who do not have disabilities and progress towards the individual goals set specifically for your child.

**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 rights you have as parents. These parental rights are referred to as procedural safeguards and they assure that you have an important role in planning and decision-making for your child. These safeguards include:

## Participation rights:

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

## Notice rights:

- (1) You have the right to be informed in a timely manner of meetings related to your child's identification, evaluation, educational placement and the provision of FAPE,
- (2) You have the right to be informed of any proposed changes in your child's identification, evaluation, educational placement and the provision of FAPE,
- (3) You have the 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, educational placement, and the provision of FAPE, and
- (4) You have the right to receive notices in a manner and language you can understand.

## Consent rights:

- (1) You have the right to give or withhold your consent to an evaluation to determine if your child is eligible for special education services,
- (2) You have the right to give or withhold your consent to reevaluations of your child, and
- (3) You have the right to give or withhold your consent for your child's initial placement in special education.
- (4) You have the right to withdraw your consent for continued special education and related services for your child. This must be done in writing.

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) You have the right to review educational records,
- (2) You have the right to ask that records be changed if you believe the records are incorrect or misleading, and
- (3) In many circumstances, you have the right to give your consent before records are disclosed to other agencies or persons. Disclosing records without your consent is allowed by the law only under certain circumstances, such as to another school to which the student is transferring, to respond to a health or safety emergency, to auditors, or to comply with a court order or subpoena.

**Independent educational evaluation right:** You have the 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 rights:

You have the right to *request mediation* of a dispute. Iowa's AEAs have trained resolution facilitators who can assist with dispute resolution for any issue. The Iowa Department of Education can also provide a mediator for special education issues. Special education mediations are also referred to as Preappeal Conferences. Mediation meetings provide the opportunity for parents and the school or area education agency to resolve disagreements cooperatively with the assistance of a trained mediator.

You have the right to *request a due process hearing* if a disagreement about your child's identification, evaluation, educational placement or provision of FAPE is not successfully resolved in other ways. Requests must be made within two years of the action by the school or AEA that led to the disagreement. If you request a hearing, you will be offered a resolution session by your child's school or AEA and you will be offered a preappeal conference by the Iowa Department of Education. Like mediation meetings, a resolution session or a preappeal conference provides the opportunity for you and the school district or area education agency to resolve the disagreement. A due process hearing is presided over by an impartial administrative law judge who hears both sides, reviews evidence, and makes a ruling. Due process hearing decisions can be appealed to the courts.

In most circumstances, once you have requested a preappeal or due process hearing, your child's placement cannot be changed without your agreement until the dispute is resolved. There is an exception to this "stay put" rule when a code of conduct violation involves a weapon, drugs or serious bodily injury. In that case, the student's placement may be changed in the interim for safety reasons.

You have the right to *file a state complaint* if you believe that a special education law, rule or regulation has been violated. Complaints must be made within one year of the alleged violation. Complaints are investigated by the Iowa Department of Education and a written report is issued.

**Reimbursement rights:** Under certain circumstances, parents have the right to be reimbursed for expenses such as attorney's fees or private school expenses. See the *Procedural Safeguards Manual for Parents* for more information.

**Transfer of rights.** Parental rights transfer to a student with a disability at the age of majority unless the parent(s) or someone else takes the necessary legal steps to become the young adult'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 when a student under age 18 is incarcerated in an adult or juvenile, state or local correctional institution.

Remember, this is a **very brief summary** of your rights. See the *Procedural Safeguards Manual for Parents* for complete and detailed information.

# Early Childhood Outcomes Summary

## Age 3 to Exit from Early Childhood Special Education Services

IEP teams complete the Early Childhood Outcomes Summary form (*ECO Summary* form) to summarize and report on a child's current level of functioning and progress made while receiving early childhood special education services. The ECO data are recorded in each of the following three areas, regardless of the area(s) in which the child receives services:

- Positive social – emotional skills (including social relationships);
- Acquisition and use of knowledge and skills (including early language, communication and early literacy); and
- Use of appropriate behaviors to meet their needs.

When determining a child's outcome rating and progress on the *ECO Summary* form, the IEP team must consider information gathered from multiple methods and sources. These data provide the evidence for determining the child's level of functioning and progress. Multiple sources of data include:

- R Record reviews of existing medical reports, evaluation reports and IEP or IFSP documents
- I Interviews with family members, caregivers, teachers and service providers
- O Observations in various settings and situations
- T Tests and assessments, including research-based, criterion-referenced, curriculum-based or play-based assessments

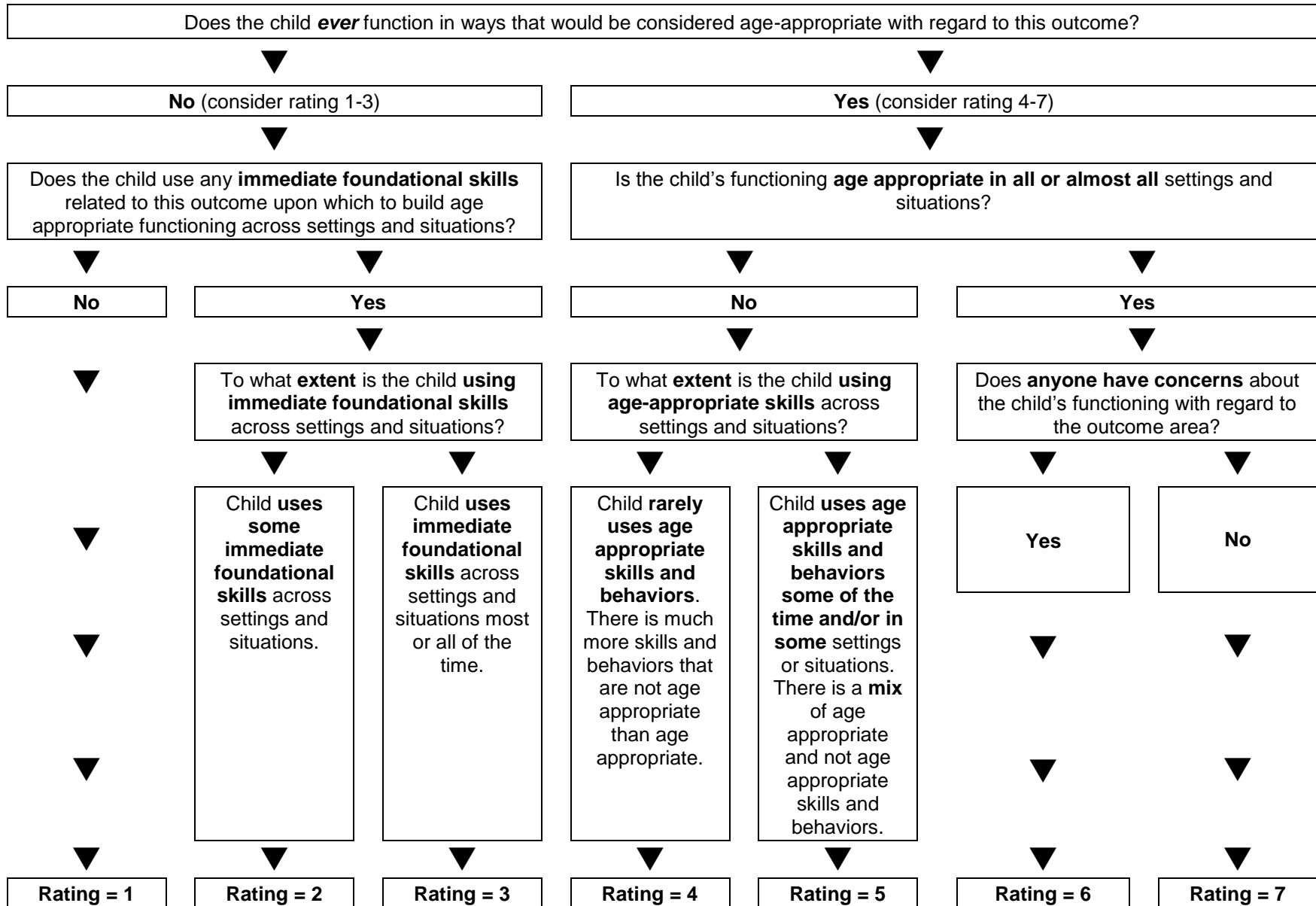
Complete the *Early Childhood Outcomes Summary (ECO Summary)* for eligible preschool children from age three to a child's exit from early childhood special education services (instructional or support) on an IEP. The final ECO data must be collected within ninety (90) days prior to the time a child no longer receives early childhood special education services. **Example:** If a child is transitioning into kindergarten at the beginning of the next school year, the ECO Summary is completed no earlier than ninety (90) days prior to the last day of school. This group:

- **Includes** children transitioning from ECSE to kindergarten services
- **Includes** children receiving special education services in both the ECSE **and** Kindergarten settings
- **Includes** children moving out of state or services being discontinued due to inability to contact or locate the family
- **Does not include** children that begin receiving special education services in kindergarten and **do not** receive any ECSE services

The IEP team may use the Decision Tree to decide the extent to which children are currently displaying behaviors and skills expected for their age in order to determine the outcome rating on the 7-point rating scale. A child's outcome rating is based on the following:

- Current level of functioning demonstrated across a range of situations and settings that make up the child's day;
- Typical functioning, not his/her capacity to function under ideal circumstances;
- Functioning using assistive technology or special accommodations, if applicable, that are available in the child's everyday environment; and
- Skills and behaviors compared to age appropriate expectations based on child development research. Skills emerge in somewhat predictable development sequence in most children, thus this allows for a comparison to what children generally do at specific age birth to three.

# Decision Tree for ECO Summary Rating Discussions



## Definitions of the Early Childhood Outcomes Summary Rating

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



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

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

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

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		

## **Revocation of Consent: Prior Written Notice of a Proposed or Refused Action**

When parents revoke their consent for continued special education services for their child, schools and/or AEAs are required to provide a *Prior Written Notice* of the cessation of services and supports *after* receiving the parents' written revocation, but *before* ending services. The school works with the parents to determine an agreed-upon date in the same way as other *Prior Written Notices*.

It may be in the child's best interest and in the interest of promoting and maintaining positive working relationships with the parents to provide a cover letter or other form of communication explaining the reason for the *Prior Written Notice* and stating the potential availability of assistance to the student through means other than an IEP. For example, parents may not demand and schools are not required to provide a 504 plan in lieu of an IEP, but a school could choose to provide one. Supports that had been specified in the IEP and provided in the general education classroom could be continued informally or through a written intervention plan.

### **Sample cover letter:**

Dear Mr. and Mrs. Jones,

You have revoked your consent for Michael's special education services. When parents revoke consent we are required to provide *Prior Written Notice* of the school's action. The enclosed *Prior Written Notice* details the services and supports that will end and the date when that will occur.

All parents have the right to ask that their child be considered for possible special education needs. Please contact me or one of Michael's teachers if you wish to have special education needs considered in the future.

The West River Community Schools provide many forms of assistance and support other than special education. Please contact me or one of Michael's teachers if you wish to discuss other ways that we can work together to help Michael.

Please contact me if you have any questions.

Sincerely,

Sharon Kielsburg, Principal

## Revocation of Consent, continued

- 1. Purpose of this notice.** Indicate that an action is being proposed.
- 2. Description of the action proposed or refused.** Detail all services, supports and protections that will end. State what will be done with special education records. For example:

The following services will be discontinued: Specially designed instruction in reading and math and speech-language therapy.

The following accommodations will be discontinued: extended testing time and shortened assignments  
Michael will not have special education procedural safeguards in the event of a disciplinary action  
Michael's special education records will be maintained by the school and AEA.

- 3. Explanation of why the school proposes or refuses to take the action.**

**Example:**

"Mr. and Mrs. Jones requested in writing that special education services end."

"Mr. and Mrs. Hernandez revoked their consent for continued special education and related services."

- 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:**

"After the school received Mr. and Mrs. Jones request, various means of resolving issues raised by the Jones were offered (e.g., Resolution Facilitator, mediation). Mr. and Mrs. Jones declined these offers."

"Potential changes to Maria's special education program (i.e., more vocational preparation opportunities) were discussed. Mr. and Mrs. Hernandez chose to not pursue any other options."

- 5. Description of evaluation procedure, test, record, or report used.**

**Examples:**

"Mr. and Mrs. Jones' letter requesting that special education services end."

"Mr. and Mrs. Hernandez's written revocation of their consent for continued special education and related services."

- 6. Description of other factors.** Describe any other factors relevant to the decision. In most circumstances it will be appropriate to indicate "none", as the parent's written revocation *must* be acted upon.

- 7. Change in identification, evaluation or placement.** Check "Yes"

**When will this action be implemented?** State when this change will become effective. Notice must be provided a reasonable amount of time before a change, and that "reasonableness" is determined in consultation with the parents. "Immediately" may be reasonable. "In three weeks" may be reasonable, with parent agreement, if that would allow a student to complete a semester without jeopardizing the earning of credits. "When school resumes in the fall" may be reasonable, with parent agreement, when only a few days remain in the current school year.

Schools will need to consider the particular circumstances when having this discussion with parents, but may not unnecessarily delay acting on the written revocation.

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

