

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Division of Teaching and Learning Programs and Services

**Bureau of Special Education**

# IEP MANUAL AND FORMS

**January 2006**

**Revised December 2006**



# IEP Manual and Forms

State of Connecticut

IEP Forms

Effective January 2006

Revised December 2006

## **Introduction**

The United States Department of Education, Office of Special Education Programs (OSEP), has advised states that all IEPs written on or after July 1, 2005, must comply with the requirements of the 2004 Reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA). The position of the Connecticut State Department of Education, Bureau of Special Education, is that the January 2006 revised IEP forms serve a number of purposes. Its first purpose is to help insure compliance with the statutory requirements of IDEA and State Law. In addition, these forms assist as a data collection and student educational program-planning tool. Therefore, the State Department of Education has directed that all IEPs written for students in the State of Connecticut be completed on these forms.

The following commentary (January 2006, Revised December 2006) is provided to school districts in Connecticut to assist them in utilizing the revised IEP forms. Please note, not every field in the IEP has a corresponding description. Written comments or questions regarding IEP forms may be sent to the Bureau of Special Education, P.O. Box 2219, Room 369, Hartford, CT 06145-2219 (phone: (860) 713-6910) (E-mail: [roger.frant@ct.gov](mailto:roger.frant@ct.gov)). Please check our web site at <http://www.sde.ct.gov/sde/> for versions of the IEP and selected forms translated into Spanish.

# 1

## PPT COVER PAGE

### General Information

The intent of this page is to indicate:

- demographic information about the student and parents;
- the purpose of the Planning and Placement Team (PPT) meeting;
- a list of the PPT members present;
- eligibility determination; and
- amendment to an IEP.

Pages 1, 2 and 3, are designed to stand alone if the purpose of the PPT meeting is other than to develop or revise an IEP. These pages can serve as the record of the meeting and can be used to provide parents with "Prior Written Notice" of the outcome of the meeting. Conversely, if an IEP is being developed or revised, these pages can be attached to the IEP to provide all required information relative to the development of the document.

If, by mutual consent of the parents and district, an IEP is being amended, pages 1, 2, 3 and supportive documentation will serve as a record of the agreed upon changes.

### Meeting Date

On this page, and on all subsequent pages, the date of the meeting at which the information for the form was generated should be entered in the space provided in the top right hand corner of the page, and the student's name, date of birth and school district in the space provided in the header of each page. If this is an amendment to an IEP, see **Amendment to an IEP** page 3 of this manual.

### Current Enrolled School

*Current Enrolled School* is the school of attendance, where services are being provided to the student. It is the school where the student sits and is educated.

### Home School

*Home School* is the school in the district the student would attend if not disabled. Additionally, if the student attends a School of Choice, the School of Choice is their home school. (e.g., Charter and Magnet Schools, etc.) If the currently enrolled school and the home school differ check no and specify the name of the home school. If the currently enrolled school is the home school, check yes.

### School Next Year

If the projected school for next year will be the home school, check yes. If the projected school next year is not going to be the home school check no and specify the name of the home school.

### Student ID #

Districts should use the State Assigned Student Identification Number (SASID). If the District has an internal district ID number they may list both. Eventually all data at the state level will be submitted and retrieved using the SASID number.

### Race/Ethnicity, Home Dominant Language

When completing the *Race/Ethnicity* and the *Home Dominant Language* fields, the response entered should be based on information obtained from the parent or student, not on one's personal judgment. Most typically, this information is collected when a student is first enrolled and parents complete racial/ethnic group and language survey forms, or when a student is evaluated to determine his/her dominant language. Currently, federal regulations allow for the assignment of one race/ethnic code. If the student or parent does not identify a racial or ethnic group, the district must select the most appropriate code.

School District without a High School	<p>If the school district is one of the following, complete this prompt; otherwise please check NA.</p> <table border="0"> <tr> <td>Bozrah</td> <td>Brooklyn</td> <td>Canterbury</td> <td>Columbia</td> <td>Eastford</td> <td>Franklin</td> </tr> <tr> <td>Hartland</td> <td>Lisbon</td> <td>Norwich</td> <td>Oxford</td> <td>Pomfret</td> <td>Preston</td> </tr> <tr> <td>Salem</td> <td>Sherman</td> <td>Sprague</td> <td>Sterling</td> <td>Voluntown</td> <td>Winchester</td> </tr> </table> <p>Woodstock</p>	Bozrah	Brooklyn	Canterbury	Columbia	Eastford	Franklin	Hartland	Lisbon	Norwich	Oxford	Pomfret	Preston	Salem	Sherman	Sprague	Sterling	Voluntown	Winchester
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Hartland	Lisbon	Norwich	Oxford	Pomfret	Preston														
Salem	Sherman	Sprague	Sterling	Voluntown	Winchester														
Student Instructional Language	<p><i>Student Instructional Language</i> is an instructional decision of the school based on district criteria. In SEDAC, this item is called <i>English Proficiency</i> and is addressed by <i>yes</i> or <i>no</i>.</p>																		
Parent/ Guardian Address	<p>Provision has been made for the student's address. It is intended that the address of the student's primary residence, i.e., where s/he spends most of her/his time, be entered on the <i>Student Address</i><sup>1</sup> line and the name of the parent/guardian with whom the child lives for the majority of the time be entered on the <i>Parent/Guardian</i> line below. This convention was adopted to help district staff identify where the student is to be transported if special transportation is required. If the student is in an out-of-home placement, enter the address of the parent whose address generates your district's jurisdiction (nexus) on this <i>Parent/Guardian Address</i> line. It is recognized that there are various forms of living arrangements and guardianships for students. Districts should feel free to fill in these fields with the most appropriate information for their use. Additionally, spaces have been provided for phone numbers and districts should, likewise, use them for their convenience.</p>																		
Most Recent Evaluation Date	<p>In the <i>Most Recent Evaluation Date</i> and <i>Next Reevaluation Date</i> fields, respectively, record the date of the most recent evaluation which served to determine eligibility for special education services and the date that the next reevaluation is due. As used here, the <i>Most Recent Evaluation Date</i> and <i>Next Reevaluation Date</i> fields do not refer to the date that a student was tested but rather, to the date that a PPT reviewed evaluation results and made a decision regarding eligibility for special education services. For example, if a child has recently been identified as eligible for special education services for the first time, her/his initial evaluation date would be the date of the PPT meeting that reviewed the results of an initial evaluation and determined that the student was eligible for special education services. For this student, the next reevaluation date would be no more than three years from the exact date of this PPT meeting. This next reevaluation date would be the latest date that a PPT could meet to review the results of a reevaluation, consider the appropriateness of the student's program, and determine continuing eligibility for special education services.</p>																		
Reason for Meeting	<p>Under <i>Reason for Meeting</i><sup>2</sup> indicate the purpose of the meeting by checking the appropriate response. Recognize that it is possible for a PPT meeting to be convened for several different reasons so make certain to check all responses that apply. The reasons checked should match the <i>Purpose of Meeting</i> on the <b>Parent Notice of PPT Meeting</b>.</p>																		
Primary Disability	<p>Although it is possible that a student may have more than one disability, enter the disability which is most indicative of the student's primary disability. Disabilities eligible for special education services under IDEA or Connecticut statutes are as listed below.</p> <table border="0"> <tr> <td>(01) Intellectual Disability (ID)</td> <td>(06) Orthopedic Impairment</td> <td>(10) Multiple Disabilities</td> </tr> <tr> <td>(02) Hearing Impairment</td> <td>(07) Other Health Impairment</td> <td>(11) Autism</td> </tr> <tr> <td>(03) Speech Or Language Impairment</td> <td>(7A) ADD/ADHD (Sub-Category of OHI)</td> <td>(12) Traumatic Brain Injury</td> </tr> <tr> <td>(04) Visual Impairment</td> <td>(08) Specific Learning Disability</td> <td>(15) Developmental Delay (Ages 3 to 5 only)</td> </tr> <tr> <td>(05) Emotional Disturbance</td> <td>(09) Deaf-Blindness</td> <td>TBD-no code</td> </tr> </table>	(01) Intellectual Disability (ID)	(06) Orthopedic Impairment	(10) Multiple Disabilities	(02) Hearing Impairment	(07) Other Health Impairment	(11) Autism	(03) Speech Or Language Impairment	(7A) ADD/ADHD (Sub-Category of OHI)	(12) Traumatic Brain Injury	(04) Visual Impairment	(08) Specific Learning Disability	(15) Developmental Delay (Ages 3 to 5 only)	(05) Emotional Disturbance	(09) Deaf-Blindness	TBD-no code			
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Other Health Impaired	<p>Other Health Impairment (OHI) means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that –</p> <ul style="list-style-type: none"> <li>(i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia: and</li> <li>(ii) adversely affects a child's educational performance.</li> </ul> <p>The federal definition for OHI can be found 34 C.F.R. Section 300.8(c)(9).</p>
ADD/ADHD	<p>ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactive Disorder) is a sub-category of OHI and has been added so that the Department can distinguish OHI students with ADD/ADHD from students with other health related problems that are reported in this disability category. For a child to be identified as ADD/ADHD, the child <u>must first</u> meet the overall eligibility requirements for OHI <u>and</u> then, meet the more specific requirements for ADD/ADHD.</p>
Multiple Disabilities	<p>It should be noted that the category of Multiple Disabilities is not simply that two or more disabling conditions are present but that the combination meets the conditions defined below. The federal law defines Multiple Disabilities as:</p> <p style="padding-left: 40px;">“...concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such <u>severe</u> educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.” (34 C.F.R. Section 300.8(c)(8))</p>
Eligibility	<p>The PPT must determine, based on all available relevant information, whether or not the child is eligible as a student with a disability and as a result requires special education and related services. If the answer is “yes”, the specific disability should be checked in <i>the Primary Disability</i> checklist also on <b>Page 1</b>. The State Department of Education has developed guidelines to assist school districts and families in determining eligibility for special education and related services. The following guidelines are available on the SDE website (<a href="http://www.sde.ct.gov/sde/">http://www.sde.ct.gov/sde/</a>) or can be obtained by calling SERC (860-632-1485): ADD/ADHD, Autism, Emotional Disturbance, Intellectual Disabilities, Specific Learning Disabilities, and Speech or Language Impairment.</p>
Amendment to an IEP	<p>If this is an amendment to a current IEP, check yes and identify the date of the IEP being amended. The consent form (ED634) is only used when the District and family agree to amend an existing IEP without going to a PPT meeting. If the PPT is meeting, <input type="checkbox"/> should be checked for this prompt. See the October 13, 2006, SDE Blog for guidance regarding obtaining a signed agreement.</p> <p>If this is an amendment complete pages 1, 2 and 3 of the PPT packet and attach the supporting documents for the amendments. The meeting date that should be used on the top of pages 1, 2 and 3 should be the date that the parent and school district discussed and agreed upon the amendments(s) to the IEP. In making changes to an IEP without a meeting, the parents and the school must agree that convening a PPT is not necessary in order to amend the current IEP and ED 634 must be signed by the parent. Federal Statute states “the parent of a child with a disability and the local educational agency may agree not to convene an IEP meeting for the purposes of making such changes [after the annual review], and instead may develop a written document to amend or modify the current child’s IEP.” (H.R. 1350 Section 614(d)(3)(D)) The signed <i>Agreement to Change an IEP without Convening a PPT Meeting</i> must be attached to pages 1, 2 and 3 of the PPT packet.</p>
Team Members Present	<p>It is not required that Planning and Placement Team members sign page 1 under <i>Team Members Present</i>. The names of the people attending the meeting are to be indicated. Signatures are not required. If a person is listed next to “other”, identify the person’s role/position related to their purpose for being at the meeting.</p>

# 2

## LIST OF PLANNING AND PLACEMENT TEAM (PPT) RECOMMENDATIONS AND MEETING SUMMARY

### Recommendations

In the List of PPT Recommendations section, space is provided for an itemized list of the PPT recommendations. For example: (1) Student is identified as having a specific learning disability and is eligible for special education services; (2) Provide three hours per week of special education resource time; (3) Review student progress in three months; (4) The special education teacher and classroom teacher will meet to collaborate for 15 minutes weekly during the next three months regarding appropriate modifications to the classroom curriculum, instruction and assignments and 5) An evaluation will be conducted to determine eligibility. It is important that this section be specific so that both parents and school district staff know what is being recommended by the PPT. It is good practice to review these recommendations at the conclusion of each meeting. You may use multiple copies of **Page 2** if necessary.

### Meeting Summary (optional)

A meeting summary is not a required part of the IEP. This section is therefore optional. The use of a summary is a decision to be made by the local school district. There is no statutory requirement that parents sign the summary to indicate their agreement with the content. It should also be noted that the summary is not typically a verbatim transcription of a meeting. Most often this page is used to encapsulate the discussion that occurs at a meeting, to clarify any issues that may arise, and to elaborate on the elements of prior written notice. If necessary, more than one **Page 2** can be used.

For 3, 4 and 5 years old children receiving preschool special education and related services, school districts should use this section to capture:

The Program: Identify the program that the child participates in beyond - in addition to - their IEP services (e.g., Head Start, School Readiness, a playgroup, a Y program or other program designed for typically developing children) if appropriate.

The Total Hours Per Week: Identify the total hours per week that the child participates in a program, service and/or activity designed for typically developing children that the child attends in addition to their IEP services. The total hours does not include the special education and related services that a child receives through their IEP. If a child participates in a program (Head start, Y Program) in addition to their IEP services, use page 2 of the IEP to document the hours that a child participates in such a program. For example, George attends Mother Goose Nursery School 20 hours per week; Nancy attends the Y playgroup for 2 hours per week.

# 3

## PRIOR WRITTEN NOTICE

### General Information

The purpose of Prior Written Notice is to provide written communication to parents of the *Action(s)* that has been proposed or refused by a Planning and Placement Team. (Although the federal law requires notice to parents for *Refused Actions*, teams more often meet to initiate an *Action* not refuse one). The process for completing **Page 3** flows from left to right across the page.

### Actions Proposed

The Team identifies the *Action(s)* proposed. The Team then needs to indicate the *Reasons for the Action(s)*, and the *Evaluation Procedures, Assessment, Records, or Reports Used as a Basis for the Action Proposed*. Finally, the Team completes the date the *Proposed Action(s)* will be implemented. The Proposed Action may not be implemented sooner than 5 school days from the date the parent/guardian receives the **Prior Written Notice**. Additionally, the implementation date should match with the *Start Date* of services on the grid on **page 11**.

### Actions Refused

The Team identifies the *Action(s)* refused. The Team then needs to indicate the *Reasons for the Refused Action(s)*, and the *Evaluation Procedures, Assessment, Records, or Reports Used as a Basis for the Action Refused*.

The team also needs to indicate *Other Options That Were Considered and Rejected In Favor Of the Proposed Actions*, and *Rationale For Rejecting These Other Options* and finally, *Other Factors that are Relevant To This Action*.

Actions typically proposed or refused by the PPT include: conduct an initial evaluation, conduct a reevaluation, determine the student is or is not eligible for special education and related services, implement an IEP, continue an IEP, revise an IEP, change placement, discontinue specific services, and exit from special education.

Implement IEP	An IEP is <i>Implemented</i> as a result of an initial eligibility determination or an Annual Review.
Continue IEP	An IEP is <i>Continued</i> when there is no change to the IEP. This option cannot be used for an Annual Review.
Revise IEP	An IEP is <i>Revised</i> or amended between Annual Reviews.
Change Placement	A change of placement occurs when a student is placed into an interim alternative educational setting or the IEP is revised that approves placement into a RESC or an approved private special education program.
Discontinue Services	This item is used when specific services (Language, Speech, Hearing, Occupational Therapy, or Physical Therapy) are being discontinued, but the student continues to be eligible for other special education and/or related services.
Evaluation or Reevaluation	The District is conducting an initial evaluation or a reevaluation.
Exit Special Education	The student is exiting from special education services.

If more than one Action or Refusal is listed in the first column, but they cluster together for the purposes of columns 2 and 3, only one **Page 3** is required (e.g., *Determine that student is eligible for Special Education / Related Services and Implement IEP Dated*). Multiple **Page 3's** may be needed if the PPT endorses more than one Action or Refusal which cannot be clustered and cannot be described together in columns 2 and 3.

Exit Information	If the PPT exits a student from special education eligibility, check the box; provide the date and the reason for the student exiting special education. If the student is returning to general education check the box.
Procedural Safeguards	<p>In the field at the bottom of the page that begins with <i>Parents please note:</i> the recorder must indicate, by checking one of the two boxes provided, that the <u>Procedural Safeguards in Special Education</u> document was either given to the parents previously in the current school year, or is enclosed with the current IEP. Parents must be given a hardcopy of the <u>Procedural Safeguards in Special Education</u>, therefore just providing them on a web site address, does not meet this requirement.</p> <p><i>A copy of the procedural safeguards available to the parents of a child with a disability shall be given to the parents, 1 time per year, except that a copy also shall be given to the parents--</i></p> <ul style="list-style-type: none"> <li><i>(A) upon initial referral or parental request for evaluation;</i></li> <li><i>(B) upon the first occurrence of the filing of a complaint under subsection (b)(6);</i></li> <li><i>(C) upon request by a parent. (H.R. 1350 Section 615(d)(1)(A)); and</i></li> <li><i>(D) upon a change in placement resulting from a disciplinary action.</i></li> </ul>
Parent Resources	<p>If parents need assistance in understanding the provisions of IDEA, they may contact their child's principal, the district's special education director or CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in Connecticut" (in Spanish and English) and other resources contact SERC at (800-842-8678) or go to: <a href="http://www.ctserc.org">http://www.ctserc.org</a> or <a href="http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&amp;Q=320730">http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&amp;Q=320730</a>.</p>

General  
Information

This page is the initial page of the actual IEP and should be completed for every child eligible for special education and related services. *Present Levels of Academic Achievement and Functional Performance* should be used to provide a holistic view of the student through a variety of means, including current classroom-based assessments, district and/or state assessments, and classroom-based observations, which includes parent, student and general education teacher input in all relevant areas. The determination of the student's present level of performance should use a variety of technically sound assessment tools and strategies to gather academic and functional information. The evaluation must not discriminate on a racial or cultural basis. The evaluation must include the assessment of a student in his/her native language.

The analysis of the data and information presented regarding the student's present level of performance must directly assist the PPT in determining the educational needs of a student in relationship to the student's involvement and progress in the general curriculum or appropriate preschool activities. The assessment data used, may vary depending on whether this is an initial evaluation, annual review, or a reevaluation. Standardized assessments may not necessarily provide the adequate information needed to determine the educational needs of a student in relationship to the general curriculum. A comprehensive evaluation should include other assessments to capture academic achievement and related developmental needs. Therefore, curriculum-based assessments, portfolios, running record, student work, etc. may be appropriate information sources for identifying present levels of academic and functional performance in relation to general education curriculum.

If this is a reevaluation, an annual review, or a revision of a current IEP, the student's current level of performance should include a description of the student's progress toward meeting the annual goals of the current/previous IEP.

It is particularly important that this page include student strengths, as well as areas of concern that were identified during the assessment, including parent, student and general education teacher input on strengths and concerns. When completing this page, the PPT should focus on how the student's strengths and concerns/needs affect the student's involvement and progress in the general curriculum. As part of the process of defining the student's current level of performance, the PPT should identify what the student currently knows and can do.

This page is important to the development of the IEP as it defines the need for specialized instruction and determines how that specialized instruction should look in terms of goals, supports, and services. The remaining pages of the IEP should be directly aligned with the information on this page. **Pages 4 and 5** are intended to provide a place for the PPT to include a general summary of performance levels rather than to provide a detailed report of all evaluation results. Detailed evaluation information should be found in separate evaluation reports. For any data that is recorded on **Pages 4 and 5** the PPT must document the source of the data (classroom-based assessments, district and/or state assessments, and classroom-based observations, parent, student and general education teacher input, etc.).

Parent and  
Student Input  
and Concerns

The input and concerns from parents and students must be considered in the development of the IEP. The PPT should specifically record input from parents and student. For example, 1) the parent is concerned that their child needs a hands-on approach in science class rather than a lecture style and 2) the parent shares that their child has made good progress in both reading and math this school year.

Academic and Functional Performance Areas

The focus of this column should be how the student is currently performing. The statements written in this column should clearly articulate what the student currently knows and can do in relationship to his/her involvement and progress in general curriculum or appropriate preschool activities. If the student is performing at the appropriate age/grade level, the PPT can record that information as such. Not every Area of Academic and Functional Performance listed on pages 4 and 5 of the IEP needs to be completed across the entire row. Complete "only those areas that meet the child's needs that result from the child's disability to enable the child to be involved in or make progress in the general education curriculum; and meet each of the other needs that result from their child's disability." (§614(d)(1)(A)(i)(ii)) If the student's present levels of performance represent a discrepancy between the age/grade level expectation and performance, the PPT should provide details in this column. If the student's present level of performance includes the use of supplemental aids and services, the PPT can record that information. Generalized psychological data (e.g., WISC, etc.) that does not neatly fit into a specific area can be reported under "other" on **Page 5**.

Strengths

Strengths may include a relatively strong area for the student; a strength when compared to peers, or particular motivational or interest area. Statements about the student's strengths can support instructional decisions related to motivation, learning styles, and learning preferences. If the student's strength is supported by the use of supplemental aids and services including assistive technology, the PPT can record that information. For example, "when using a slant board, the student can write legibly."

Concerns/Needs (requiring specialized Instruction)

The PPT uses the information provided by the parents and student and the information provided in the first two columns of "Present Levels of Academic Achievement and Functional Performance" as the basis for making decisions related to *Concerns/Needs* to be addressed in the current IEP. Issues that are identified as a concern/need should result in corresponding goals and objectives. According to H.R. 1350 Section 614(d)(1)(A)(i)(II), goals and objectives are designed to meet the child's needs that result from the child's disability. Therefore, the concerns/needs detailed in this column which have a marked impact on the child's educational performance and requires specialized instruction should result in a corresponding annual goal. If there are concerns raised that do not rise to the level of needing specialized instruction, then the PPT may note these under options discussed and considered by the PPT but rejected in favor of the proposed actions and should be recorded on **Page 3: Prior Written Notice**.

Impact of the Student's Disability on Involvement in the General Curriculum or Participation in Appropriate Preschool Activities

Care should be taken to describe how the student's disability specifically impacts her/his involvement and progress in the general curriculum or participation in appropriate preschool activities. In completing the *Concerns/Needs* and *Impact of the Student's Disability on Involvement and Progress in the General Curriculum or Appropriate Preschool Activities* columns, it may help to think in terms of "if-then" statements. (i.e., if there is a concern, then what is the impact on the student's participation and progress in that area?) To illustrate, for a high school student with a learning disability, one might indicate "that the student's level of decoding skills and reading rate make it difficult for her to complete independent reading assignments in the content areas and require accommodations to such assignments". For a student with significant language and motor delays, one might indicate that "the severity of language and motor delays limits the student's understanding of oral and written language and limits written expression to such an extent that he cannot participate in written and oral activities in the classroom without accommodations and modifications."

For students who are placed in an out-of-district placement (e.g., RESC or Approved Private Special Education Programs) the impact statement continues to refer to the student's involvement and progress in the general education curriculum or appropriate preschool activities referenced back to the placing District. The impact of the disability may be so great to require curricular modifications and behavioral accommodations that cannot be met in the public school setting.

The goals and objectives are directly related to the concerns and build on strengths. The level, intensity, and type of special education supports and services are determined by the goals and objectives. The *Program Accommodations and Modifications (Page 8)* are developed to address the impact the student's disability has on participation and progress in general education curriculum or participation in preschool activities.

# 6

## TRANSITION PLANNING

General Information	<p>Transition planning and related goals and objectives are an integral part of the IEP beginning at the annual review following a student's 15th birthday, or earlier if determined appropriate by the PPT, and annually thereafter. If the student has not reached the age of 15 and transition planning is not required or appropriate at this time, check the box for not applicable.</p>
Student Preferences	<p>Item 3 is included to ensure that students are actively involved in planning for their secondary program as it relates to postsecondary training and employment, independent living, and community participation. Personal interviews, informal/formal assessment and functional vocational assessments are sufficient to identify student interests/preferences as they relate to IEP transition planning. In the space following Other in Item 3c, the team should document the steps taken, including career exploration activities, job shadowing, situational assessments, and parent interviews, that were used to identify interests/preferences as they relate to transition planning.</p>
Anticipated Post Secondary Outcomes	<p>Item 4 is included to provide the team with transition information related to projected post secondary outcomes. Annual goals and short term objectives related to transition planning should correspond to projected post secondary outcomes.</p> <p>The definitions below are instructive and provided to help identify appropriate post secondary outcome possibilities for an individual student.</p> <ul style="list-style-type: none"> <li>▪ <b>Post-Secondary Education:</b> 2- or 4-year accredited college, leading to an Associates or Bachelors Degree.</li> <li>▪ <b>Vocational Education:</b> Programs that may run up to 2 years or longer, leading to a certificate, license, or training in a specific vocational area. Examples of vocational education include but are not limited to: Electronics, Hairdressing, Cosmetology, Dental and Medical Careers, Business, Secretarial and Computer Training; HVAC; Plumbing; joining the military; Job Corp.</li> <li>▪ <b>Integrated Employment:</b> Competitive employment (full or part time) at minimum wage or higher and supported employment in a competitive setting.</li> <li>▪ <b>Adult Services:</b> Includes sheltered workshops, job enclaves and miscellaneous services provided by the adult service provider (e.g., job-seeking skills, situational assessments, job shadow experiences). Day Service Options (DSO) are also included in this area.</li> <li>▪ <b>Independent Living:</b> Living – in one's own apartment, with a roommate in an apartment, or in one's own home (not with parents or family members). These living arrangements may have supports that are provided on a daily or weekly basis. A Group Home residence is not considered Independent Living.</li> <li>▪ <b>Community Participation:</b> Participation in some type of activity in the community. Examples include: Participation in adult education classes; leisure/recreational activities sponsored by the town parks and recreation department; joining the local YMCA/YWCA; registering to vote.</li> </ul> <p><i>Items 5, 6, and 7 (Agency Participation and Summary of the Transition Services) must be completed at the Annual Review when the student is 15 years old so that it is in place on his/her 16<sup>th</sup> birthday.</i></p> <p><i>Item 5 is included to ensure that the transition planning is comprehensive and well coordinated. When appropriate, a student's program should include <u>both</u> instruction (school-based activities) and community experiences (community-based activities). Item 5c provides a place for the PPT to describe any services or linkages that participating agencies have agreed to provide.</i></p>
Summary of Transition Services	<p><i>Item 6 and 7 address the requirements that, for all students receiving special education and related services, the IEP developed at the annual review following their 15th birthday and all subsequent IEPs must consider the need for transition services. The IEP must include</i></p>

appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate independent living skills. §300.320(b)(1) For some students, specific skills training may not be needed in the areas of *Independent Living or Community Participation*. *Items 6 and 7* are completed only if the student has transition annual goals and short term objectives. If a student has transition goals or a transition goal, *Item 7c* provides a place to document the assistive technology devices and/or services that may be needed to assist the child in reaching the transition goals and related objectives.

Transfer of Rights IDEA requires that at least one year prior to reaching age 18, the student be informed of his/her rights under IDEA which will transfer to him/her at age 18.

Summary of Performance The *Summary of Performance* must be completed for a student whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeded the age of eligibility. The team must identify the date by which the summary of performance will be completed in the following year.



Objective #2 Given a fraction word problem, [student's name] will read the problem (or have the problem read to her/him) and give a written description of all the steps that must be taken to correctly solve the problem.

For Objective #2 of Goal #1, one might select "9" [Work Samples, Job Performance or Products] from the *Evaluation Procedures* table and enter it on the *Eval. Procedures* line; select "1" [CMT Scoring Criteria] from the *Performance Criteria* table and enter it on the *Perf. Criteria* line; and then enter "Score of 1 or higher" on the (% , Trials, etc.) line. This would indicate that this objective will be successfully met when work samples reviewed by the teacher demonstrate that the student can read a written problem (or have the problem read to her/him) and write a description of all of the steps that must be taken to correctly solve the problem scoring a 1 or better according to the CMT Scoring Criteria for math.

Goal #2 Given his/her interest and skills, [Student name] will investigate two jobs and determine what kind of post secondary training or education is required for each job.

Objective #1 Given a copy of the local newspaper, [student name] will select two job descriptions that meet his/her interest from the want ads and underline the words that describe the skills or requirements for each job.

For Objective #2 of Goal #2, one might select "6" [Project/Experiment/Portfolio] from the *Evaluation Procedures* table and enter it on the *Eval. Procedures* line; select "G" [Successful Completion of Task/Activity] from the *Performance Criteria* table and enter it on the *Perf. Criteria* line; and then enter "100%" on the (% , Trials, etc.) line, indicating that the task has been successfully completed when the project reflects that the student has selected two job descriptions that meet his/her interest from the want ads and has underlined the words that describe the skills or requirements for each job.

Evaluation  
Procedures and  
Performance  
Criteria

The sections entitled *Evaluation Procedures* and *Performance Criteria* are designed so that one can select an evaluation procedure for both the goal statement and also for each of the objectives. Currently, Connecticut regulations require short term objectives derived from the annual educational goals for all students that have an IEP and that evaluation procedures and performance criteria be specified for all short term objectives. The annual goal may be measured in terms of the achievement of the short term objectives that are written to address the goal or separate evaluation procedures may be utilized for the goal. Evaluation procedures and performance criteria should be individually determined based on the student's present levels of academic and functional performance and the task demands of general education or appropriate preschool activities.

To the right of each *Goal* and *Objective* field, space is provided to indicate the Evaluation Procedure (*Eval. Procedure*) and Performance Criterion (*Perf. Criteria*) to be utilized with the *Goal* or *Objective*. If it is necessary to specify a percent change, number of trials, standard score increase, months growth, etc., space is provided in the field labeled (% , Trials, etc.). When taken as a whole, the evaluation procedures, performance criteria and goals/objectives should be compatible, aligned, and clear.

Reporting  
Progress

The area at the bottom of the page entitled *Progress Reporting Key* lists letters and corresponding terms to be used to indicate whether or not progress is sufficient to achieve the goal by the end of the IEP, e.g., M = Mastered, S = Satisfactory Progress - Likely to Achieve Goal, U = Unsatisfactory Progress - Unlikely to Achieve goal, etc. (Note: This reporting key is utilized for both goals and objectives.) When selecting *Other* to report progress, the district must specify what "other" means.

In the four columns on the right side of the page, space is provided to report on progress toward both the goal and objectives (see example below). In the shaded boxes immediately under the heading *Enter Dates For Evaluating and Reporting Progress in Boxes Below*, space is provided to enter up to eight dates for progress reporting. The boxes provided next to the measurable annual goal and next to each of the three objectives can then be used to record evaluation

results for each of the dates entered in the set of shaded boxes at the top of the page. (Note: It is important that these reporting dates be entered when the IEP is written so that parents will know when to expect reports on their child's progress. The dates entered should be consistent with **Page 10** of the IEP.)

The sample that follows has been completed to illustrate how this section might look at the end of a school year, assuming progress is being reported consistent with quarterly report cards. In the lower set of boxes, the *NI*, *S* and *M* stand for *Not Introduced*, *Satisfactory Progress - Likely to Achieve Goal*, and *Mastered*, respectively. Again, the position of these progress indicators in the lower boxes corresponds to the dates for the reporting periods entered in the top set of boxes. To illustrate, for the 4/30 Progress Report, the student was making satisfactory progress, as indicated by the "S" in the box that corresponds to that date (box #3).

Enter Dates for Evaluating and Reporting Progress in Boxes Below			
1	11/28	2	2/2
3	4/30	4	6/15 RC
5		7	
8			
Report Progress Below (Use Reporting Key)			
1	NI	2	S
3	S	4	M
5		7	
8			

Transition  
Goals and  
Objectives

If an IEP is being developed for a student age 15 or older (so that the IEP will be in place on the student's 16<sup>th</sup> birthday), **Page 6, Transition Planning**, must be completed. If **Page 6** is part of the IEP, the box located above the *Measurable Annual Goal* heading must be checked, as illustrated below.

Check here if the student is 15 or older. (Note: **Page 6, Transition Planning** must be completed if this box is checked)

### General Information

IDEA 2004 places an emphasis on involving children with disabilities in the general curriculum, including appropriate preschool activities. H.R. 1350 Section 614(d)(IV) requires the IEP to include a statement of the program modifications or supports for school personnel that will be provided to enable the child to:

- advance appropriately toward attaining his/her annual goals;
- be involved in and make progress in the general education curriculum;
- participate in extracurricular and other non-academic activities; and
- be educated and participate with other children with and without disabilities.

Program accommodations and modifications must be specific and appropriate to meet the needs of the child as defined in the IEP. The purpose of accommodations and modifications is to enable the child to advance appropriately toward attaining his/her annual goals; to be involved in and make progress in the general education curriculum; to participate in extracurricular and other non-academic activities; and to be educated and participate with other children with and without disabilities. Accommodations are changes to instruction (such as materials, content enhancements, and tasks) that change *how* a student learns. Accommodations may include assistive technology devices and services. An assistive technology device is any piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device [H.R. 1350 Section 602(1)]. An assistive technology service is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device [H.R. 1350 Section 602(2)]. Modifications are changes to the content, which affect *what* the student learns. Modifications include curricular changes in the content standards or the performance expectations. For example, the content standard may be that students will learn multiplication facts and the performance standard is that the students will achieve mastery of the multiplication facts 0-9. A continuum of accommodations should be used and evaluated for their effectiveness before moving to modifications.

This page must be completed for all general as well as special education instruction as appropriate. When the PPT determines the special education and related services a student will receive, it must also (1) consider the accommodations and modifications, including those for nonacademic and extracurricular activities, that the student requires, and (2) the supports required for school personnel to implement the IEP.

### Accommodations, Modifications, and Assistive Technology Devices and Services

This section is broken down into specific areas for accommodation and modification considerations. The PPT should list the specific accommodations, assistive technology devices and services, and modifications as they relate to the individual needs of the student listed on **Pages 4 and 5**, as well as the goals and objectives written on **Page 7**.

Many accommodations are effective instructional practices and are used for all students by effective teachers; however, it should be noted that the distinction between accommodations and effective instructional strategies is what an individual child needs as a result of his/her disability and must have in order to be involved and progress in general education curriculum. For example, highlighting key vocabulary words is an effective instructional strategy that most teachers employ as part of their practice; however, this specific student with a learning disability must have key words highlighted. So, although highlighting key words is something that is already done in the seventh grade classroom, the PPT should record that this student must have key words highlighted in order to ensure that this accommodation is provided. Conversely, not all effective instructional strategies, although they enhance the instruction of the student with a disability, are necessary to address the student's needs. For example, in the case of a student with an emotional disturbance, having a study guide for tests is a good practice for learning,

however, based on the PPTs assessment of the student's progress and present level of performance, it is not required in order to address the student's specific learning needs as they relate to the student's disability. PPTs should be judicious in the decisions regarding accommodations, assistive technology, and modifications in order to ensure that the selection specifically addresses the learning needs of an individual student as they relate to the disability and the participation and progress in general education curriculum, appropriate preschool activities, extra-curricular and non-academic activities, and participation with students without disabilities.

Sites/Activities  
where Required

When completing **Page 8**, make certain to utilize the column entitled *Sites/Activities Where Required and Duration* to indicate the *site or activity* where the selected accommodations/modifications are required and the duration of these accommodations/modifications. For example, for Behavioral Interventions and Support, the PPT might recommend a behavior intervention plan for "all classes for the entire year", while for accommodations to *Tests/Quizzes/Assessments*, the PPT might recommend reading the test and quizzing aloud to the student for "language arts classes for the first semester". When completing this section, the most common error is a failure to indicate the duration of recommended accommodations/modifications. Simply writing "All classes" in this space is not sufficient. The correct entry would be, in its simplest form, "All classes, all year." Similarly, for support in an extracurricular activity, the PPT might select a peer support in the *Other* section and then specify that this adaptation is required for "drama club for the entire year". For a student whose behavior is disruptive in unstructured settings, the PPT might recommend cueing the expected behavior and proximity touch control in the Behavioral Interventions and Support section, and then specify that these accommodations are required for the settings under which they are necessary. The PPT should consider how the accommodations/modifications or assistive technology devices and services will appropriately serve the specific needs of the student in the various types of settings and activities that student will encounter throughout the school day and year. Not all the items need to be implemented all day long for every school setting or activity. As in the selection of accommodations/modifications and assistive technology devices and services, assuming that every item should be implemented all the time in every setting may result in poor, rather than effective implementation of an IEP, and create an unnecessary dependence on the accommodation/modification/assistive technology device or service.

Required Supports  
for Personnel

Federal law requires the IEP to include supports that staff might need in order to implement this IEP. With respect to *Frequency and Duration of Supports Required for School Personnel to Implement this IEP*, the following are examples of supports that might be specified in this section: (1) "All staff who will work with [student's name] should receive ten hours of disability-specific training in the area of Autism. This training should be provided during the first two weeks of school by [title, role, or competency area of person providing training]"; (2) "An instructional assistant (paraprofessional) to be provided to assist the teacher of each general education class which the student attends between now and the next PPT scheduled for January 15, 2007"; (3) "The school psychologist will collaborate with [child's name] teacher for 20 minutes per week for the first six weeks of school to cooperatively plan activities which will encourage [child's name] to establish and maintain friendships with classmates"; or (4) "All staff who require [student's name] to complete written assignments or provide [student's name] with support during the completion of written assignments will receive at least 4 hours of training in the use of text to speech and work prediction software. Follow-up support will be provided throughout the school year."

Typically, these supports are in the form of teacher training, paraprofessional support in the classroom or consultation by a special education teacher or related services provider. See page 21 *Responsible Staff and Service Implementer* for a discussion of paraprofessional support.

## Frequently Used Accommodations and Modifications

<b>Materials/Books/Equipment:</b>			
Access to Computer	Calculator	Manipulatives	Supplementary Visuals
Alternative Text	Consumable Workbook	Speech to Text Devices	Highlighted or Color Coded Texts
Alternative Worksheets	Large Print Text	Spell Check	Word prediction or Voice Recognition Software
<b>Tests/Quizzes/Assessments:</b>			
Alternative Tests	Oral Testing	Simplify Test Wording	
Extra Credit Options	Pace Long Term Projects	Student Write on Test	
Hands-on Projects	Preview Test Procedures	Test Study Guide	
Limited Multiple Choice	Prior Notice of Tests	Extra Time–Tests/Projects/Written Work	
Objective Tests	Reduced Reading	Rephrase Test Questions/Directions	
Orally Read Tests/Directions	Shortened Tasks		
<b>Grading:</b>			
Audit Course	No Handwriting Penalty	Modified Grades Based on IEP	
Grade Improvement	Pass/Fail		
<b>Organization:</b>			
Assignment Pad	Desktop List of Tasks	List Sequential Steps	Provide Study Outlines
Assign Partner	Electronic Organizers	Pencil Box for Tools	Templates for Written Work
Daily Assignment List	Extra Space for Work	Post Assignments	Give One Paper or Section at a Time
Daily Homework List	Folders to Hold Work	Post Routines	
<b>Environment:</b>			
Adaptive Work Space	Preferential Seating	Minimizing or Structure transitions	
Clear Work Area	Study Carrel	Reduction of auditory or visual stimulation	
<b>Behavior Intervention/Support:</b>			
Behavior Contracts	De-escalation Strategies	Set/Post Class Rules	
Break Between Tasks	Emergency Plan	Chart Progress and Maintain Data	
Contingency Plan	Peer Supports/Mentoring	Modeling Expected Behavior by Adults	
Cue Expected Behavior	Positive Reinforcement	Parent/Guardian Sign Homework	
Daily Feedback to Student	Proximity/Touch Control	Parent/Guardian Sign Behavioral Chart	
<b>Instructional Strategies:</b>			
Assign Study Partner	Immediate Feedback	Provide Models	Have Student Restate Information
Check Work in Progress	Mimed Clues/Gestures	Review Directions	Provide Notes/Outline to Student
Concrete Examples	Multi-Sensory Approach	Review Sessions	Provide Student With Vocabulary Word Bank
Cueing/Prompts	Number Line	Use Manipulatives	Support Auditory Presentations with Visuals
Extra Drill/Practice	Personalized Examples	Use Mnemonics	Visuals to Support Instruction
Highlight Key Words	Pre-teach Content	Computer Supported Instruction	

Non-applicable  
Page

If district-wide assessments are not scheduled for all students of the same age/grade during the term of the IEP, check the box NA (box 1).

Allowable  
Accommodations

All of the allowable accommodations for the Connecticut Mastery Test (CMT) and the Connecticut Academic Performance Test (CAPT) are listed within the grids on the accommodation form. Not all accommodations are permitted for all subtests. The complete list of accommodations and the parameters for their use can be found in the 10<sup>th</sup> Edition of the State Department of Education publication entitled Assessment Guidelines for Administering the Connecticut Mastery Test and/or Connecticut Academic Performance Test. The Assessment Guidelines can be found on the State Department of Education Website: [www.csde.state.ct.us/public/cedar/assessment/agl/index.htm](http://www.csde.state.ct.us/public/cedar/assessment/agl/index.htm).

CMT science in grades 5 and 8 is not available until the March 2008 test administration. Planning and Placement Team meetings held in 2007 to plan for the 2007-08 school year should consider whether accommodations will be necessary for science.

Test  
Participation

All special education students must participate in one of the following: (1) the standard administration of the CMT/CAPT, or (2) the grade level CMT/CAPT Skills Checklist. For details about these testing options and permitted accommodations, please refer to the Assessment Guidelines.

In all instances where students are exempted from a **district-wide assessment**, a justification for this action is required. In addition, when a student is exempted from a district-wide assessment, the PPT must determine how the student will otherwise be assessed and record this information in the appropriate field on the page.

A special education student who has also been identified as an English Language Learner (ELL) and has been enrolled in a United States school for less than 10 months AND has taken the Language Assessment Scales (LAS/LAS LINKs) within the last 10 school months may be exempted from the reading, writing and science portions of the test. The student **must** take the math test.

For purposes of this discussion, when the CMT/CAPT is administered in March, 10 school months is defined as March of the previous year. For example, for the 2006 test administration, the student must be enrolled after March 1, 2005 **AND** have taken the LAS at least once since March 1, 2005.

Districts must complete **Page 9** for all students. The Bureau of Research, Evaluation and Student Assessment (BRESA), needs to be notified of all accommodations for students in grades 3-8 and 10. However, BRESA needs to be notified only when students retested in grade 11 receive the following accommodations: Braille, Large Print, Voice Recognition and/or Word Processor.

Electronic  
Submission

The Test Accommodation Form is required for students who need accommodations for the standard administration of the Connecticut Mastery Test (CMT) or Connecticut Academic Performance Test (CAPT). The form should be completed by the District, Special Education Facility or Regional Education Service Center (RESC) that the student attends. **The accommodation form does not need to be completed for students who are included in the Skills Checklist or students who do not require testing accommodations. The form may be completed and updated by the IEP Team at any time but must be submitted electronically ([www.cttestaccommodations.net](http://www.cttestaccommodations.net)) prior to test administration.**

**A copy should also be included with the IEP, teacher's file and given to the district test coordinator. (Please refer to the Test Accommodation Form for additional instructions on completing the form for electronic submission).**

Directions for  
Completion of  
Test  
Accommodation  
Form

A copy of the CMT/CAPT electronic submission forms have been included with the PPT packet following **Page 9** of the IEP. Directions for the completion of the CMT and CAPT accommodations forms are attached and follow in this manual. Please call (860) 713-6860 for questions related to the CMT and (860) 713-6890 for questions related to the CAPT accommodations. Contact Gil Andrada at (860) 713-6883 with specific **technical questions** related to the submission of the CMT and CAPT accommodations information on the accommodations website.

National  
Assessment of  
Educational  
Progress (NAEP)

Annually, Connecticut schools are selected to participate in the National Assessment of Educational Progress (NAEP). The NAEP is administered by the United States Department of Education as a means of monitoring educational attainment on a national basis. Representative samples of fourth, eighth and twelfth graders in cooperating states (including Connecticut) and territories of the United States participate in the NAEP in selected content areas. While NAEP does not offer an alternate assessment for students with disabilities or English Language Learners, most of Connecticut's allowable accommodations are also available for NAEP. Due to the close alignment of allowable accommodations across tests and the similar test formats (i.e., multiple choice and short and extended constructed response items), it is not required that PPTs consider NAEP accommodations separately. Instead, PPTs and IEP users should recognize that CMT and CAPT accommodations specified in a student's IEP must be considered if a student with disabilities is selected to participate in NAEP. Please contact Renee Savoie, NAEP State Coordinator, at (860) 713-6858 with specific questions regarding NAEP.

## INSTRUCTIONS: TEST ACCOMMODATION FORM

The Test Accommodation Form is required for students who need accommodations for the standard administration of the Connecticut Mastery Test (CMT) or Connecticut Academic Performance Test (CAPT). **The accommodation form does not need to be completed for students who are included in the Skills Checklist or students who do not require testing accommodations. The form may be completed and updated by the IEP Team at any time but must be submitted electronically ([www.cttestaccommodations.net](http://www.cttestaccommodations.net)) before the March 2006 test administration.** Use these instructions as a guide while filling out the electronic form.

Please keep in mind that the accommodations selected should represent accommodations that are used by the student throughout the year. *(Please refer to the Connecticut State Department of Education Assessment Guidelines, Tenth Edition, for information about guidelines for making decisions about accommodations-[www.csde.state.ct.us/public/cedar/assessment/agl/index.htm](http://www.csde.state.ct.us/public/cedar/assessment/agl/index.htm)).*

### FORM COMPLETION

**\*Choose the correct form: CMT or CAPT**

#### SECTION I: DEMOGRAPHICS

•	Fill in <b>all</b> blanks.
•	<b>IEP Date:</b> Enter the date of the meeting using the MM/DD/YYYY format.
•	<b>SASID:</b> Enter the State Assigned Student Identification Number (Contact your SEDAC Coordinator for this identification number).
•	<b>Student's Name:</b> Enter the student's official first and last name.
•	<b>Date of Birth:</b> Enter the date of birth using the form MM/DD/YYYY.
•	<b>Sex:</b> Select the appropriate letter.
•	<b>Grade:</b> Enter the student's grade at the time of testing.
•	<b>School/Facility Name:</b> Select the official name of the school the student attends.
•	<b>Code:</b> The official code for the school/private approved special education facility that the student attends will automatically appear (see reverse side).
•	<b>District of Fiscal Responsibility:</b> Select the district that is financially responsible for the student (automatically entered for district accounts).
•	<b>Code:</b> This will automatically appear after you select the District of Fiscal Responsibility.
•	<b>District Contact Person:</b> Enter the name of the person who should be contacted with any questions about this student's form.
•	<b>Phone:</b> Enter the phone number of the District Contact Person.
•	<b>The Student has:</b> Select one of the following: Special Education IEP, Section 504 Plan or Neither, and select either yes or no to Limited English Proficiency also known as English Language Learners (ELL).

#### SECTION II: SPECIAL EDUCATION OR 504

•	Fill in the bubble for every accommodation that is appropriate for each subtest.
•	<b>New Presentation Accommodation:</b> Screen Reader: selected subtests.
•	<b>Note:</b> There are different subtest accommodations listed on the CMT and CAPT Forms.

#### SECTION III: LIMITED ENGLISH PROFICIENCY (also known as ELL)

•	Fill in the bubble for every accommodation that is appropriate for each subtest.
•	<b>Note:</b> There are different subtest accommodations listed on the CMT and CAPT Forms.

**SCHOOL FACILITY CODES**

- School Facility Codes should be seven (7) digits.  
Institution two (2) digits - listed below  
District/Town three (3) digits  
School – two (2) digits
- All district and school codes can be found in the Education Directory.

	Institution	District/ Town	School
1. Public Elementary and Secondary Schools	11	---	--
2. Regional School Districts	12	---	--
3. Public Charter Schools	13	---	--
4. Regional Educational Service Centers	14	---	--
5. Unified School District No. 2	15	---	--
6. Connecticut Technical High School System	16	---	--
7. Endowed Academies	22	---	--
8. State Approved Private Special Education Facilities	61	---	--

**Example: 1199902**

11 Institution Code  
999 District/Town Code  
02 School Code

# 10

## SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

General  
Information  
Related to  
Special  
Factors

Items 1-4 provide a place for the district to document that the PPT has complied with IDEA 04, that the team "... (i) in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior; (ii) in the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP; (iii) in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child; (iv) consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and (v) consider whether the child needs assistive technology devices and services." ( H.R. 1350 Section. 614 (c) (B))

Progress  
Reporting

IDEA 04 requires the PPT to describe when periodic reports on the progress the child is making toward meeting the annual goals will be provided. (H.R. 1350 Section 614(d)(1)(A)(i)(III))

Exit Criteria

*Exit Criteria* applies to every special education student, not just students now being exited. This field indicates the anticipated criteria to be used in the future which will determine that the student no longer requires special education services.

General  
Information

The intent of **Page 11** is to give the reader a “snapshot” view of the service provisions of the student’s IEP. It includes a description of:

- Special Education Services;
- Related Services;
- Participation in the regular education curriculum;
- Service time requirements; and
- Least Restrictive Environment information.

Special  
Education  
Service

*Special Education Service*, sometimes referred to as “specially designed instruction”, is an instructional service (e.g., *language arts instruction* or *math instruction*) delivered by a certified teacher or someone under the direction of a certified teacher (e.g., an instructional aide or paraprofessional). If a “resource room” teacher provides instruction in a regular education classroom, this is still considered special education hours, but the *Instructional Site* would be “1”.

Related  
Services

Although a Related Service need not have its own **Page 7** Goal, each Related Service needs to support one of the **Page 7** Goals. H.R. 1350 Section 602 (26)(A) and (B) defines *related services* as:

“The term ‘related services’ means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.”(A) “The term does not include a medical device that is surgically implanted, or the replacement of such device.” (B)

## Frequency

*Frequency* may be indicated in a way that most accurately reflects the service implementation (i.e., 3 hours/week, 2, 45 minute periods/week, 1 hour/month). Examples of non-acceptable entries are “once per week” or 3 times per month.

Responsible  
Staff and  
Service  
Implementer

Although *Responsible Staff* and *Service Implementer* are two separate fields, they may or may not be the same person. Only provider roles or titles (e.g. special education teacher, Speech and Language Pathologist, etc.) are necessary, not the persons’ names. The use of the generic phrase “special education staff” is not acceptable. For example, if the service implementer is a paraprofessional, that needs to be clearly identified. Responsible staff is the professional(s) responsible for designing specially designed instruction, monitoring the implementation of the IEP and reporting progress towards achievement of the annual goals. Service Implementers are the school staff responsible for direct instruction and implementation of the IEP goals and objectives.

If an Instructional Assistant/Paraprofessional is utilized to provide support to a classroom of students (e.g., a “classroom paraprofessional”), the Planning and Placement Team should record this on **Page 8** under *Frequency and Duration of Supports Required for School Personnel to Implement this IEP*. If, on the other hand, an Instructional Assistant/Paraprofessional is being utilized to provide specially designed instruction or a related

service to a child under the supervision of a certified or licensed service provider (i.e., a “one-to-one paraprofessional”), this service should be recorded under the *Special Education Service* or *Related Services* heading, as appropriate, in the grid at the top of **Page 11**. If the Instructional Assistant/Paraprofessional time is reported here, the title of the certified or licensed staff member who is supervising the provision of these services must be included in the *Staff Responsible* field. The *Service Implementer* field would be the Instructional Assistant/Paraprofessional and the certified staff person. The amount of time each implementer will work directly with the child should be specified under *Description of Instructional Service Delivery*. See the examples that follow.

Start and End Date

The start date is the date that the services related to a specific goal and objective in the IEP will begin. Specific special education and related services may begin at different times. The end date is the date that specific services related to a specific IEP goal will end. Generally, but not always, services start and end consistent with the school calendar.

Instructional Site

The *Instructional Site* is not the program or the placement and should not be confused with *Program Location* (e.g. out-of state placement, magnet school, etc.). It is the setting at which the services will take place. The *Instructional Site* categories should be used for students ages 3-21. Report only one instructional site in the instructional site column. If a student receives some specialized instruction (e.g. math, goals 1 and 2) in the regular classroom and some specialized instruction (e.g. math, goals 1 and 2) in the resource room, report the services for both settings using two rows in the service delivery grid under Special Education Services. See the third example for clarification.

Description of Instructional Service Delivery

This section should be used as needed to describe delivery of instructional services that require further clarification. For example, if this is a co-taught class and the student is receiving services from both a general and an additional teacher, such as a special education teacher or related services professional, it may be helpful to designate “co-taught class”. In the case of a rotating schedule, the student may receive 5 periods during week 1 and then 4 periods during week 2. It may be helpful to designate “rotating schedule” in this column. It may also be helpful to use this column to record specific information about grouping arrangements, particularly with reference to related services, such as 1:1 or small group instruction.

Participation in General Education

*Description of Participation in General Education* is a brief statement of the extent of the student’s involvement in the general education curriculum (i.e., science, social studies, specials, lunch, etc.) for example: “The student will participate in fifth grade classes in math, language arts, p.e., music, art, science and social studies.”

S/L as a Special Education Service

Connecticut policy allows Speech/Language services to be a special education service or a related service. If Speech/Language is the primary service to the student, then it should be listed in the upper portion of the grid as a *Special Education Service*. If the Speech/Language service is assisting the student in benefiting from another special education service, then it should be listed in the lower portion of the grid as a *Related Service*. If the child’s disability is Speech or Language Impaired and the student has additional needs for specialized instruction, both speech and language services and specialized instruction are listed in the upper portion of the service delivery grid as special education services.

Note: Consultation Services

Goals are written for instructional/educational outcomes for students, not for services per se. Theoretically, a number of services could satisfy any particular instructional goal. Consultation services cannot stand alone as a sole service. There must be some direct student contact for instruction accompanying consultation. Consultation time (which is actually a support for the teacher) is listed on **Page 8** under *Frequency and Duration of Supports Required for School Personnel to Implement this IEP*.

Items 1 - 13

*Items 1 to 13* must include a response.

Assistive  
Technology

If *Assistive Technology* is required, check the *Required* box in #1 and provide the detail on **Page 8: Accommodations/Modifications**.

Total School  
Hours per Week

This is defined as the total number of hours per week the student is required to be in attendance (i.e., the time during which, if the student is not present, s/he would be marked tardy or absent). *Total School Hours/Week* includes homeroom, hallway passing time, lunch and recess, etc. This is a weekly number, not a yearly number and therefore should not be confused with the "nine hundred hours of actual school work", which are required by Connecticut General Statutes Section 10-16. If a student's IEP includes a requirement for an extended day program, the time spent in that program should be included in *Total School Hours*. If a student's IEP provides for a shortened school day, then the *Total School Hours* should accurately reflect the shortened day.

Special  
Education Hours  
per Week

*Special Education Hours/Week* on **Page 11** should coincide with the total of the *Special Education Services* in the top portion of the grid, regardless of where that special education instruction takes place (e.g., in the classroom, the resource room, the community, etc.). This number of hours does not include related services hours. It will be necessary to convert *periods/day*, or *hours/month* to an *hours/week* format for Item #9.

Time with Non-  
disabled Peers

*Item 10* is used to report the time the student will spend with nondisabled students. Sometimes, the special education and related services come to the child in the general education classroom.

The simplest way to calculate *Time with Non-disabled Peers* is:

Total School Hours - Service time outside of the regular class = *Time with Non-disabled Peers*

A student with 30 total school hours and zero (0) hours of service time outside of the general education class = 30 hours of *Time with Non-disabled Peers* (TWNDP). In a second example, a child with 30 total school hours and five (5) hours of service time outside of the regular class = 25 hours of *Time with Non-disabled Peers*. School staff is directed to Special Education Bureau Chief George P. Dowaliby's memo related to "Time with Non-Disabled Peers (TWNDP) Data Collection – Community-Based Job Placements and in Regular Classroom Settings" mailed to Directors of Special Education and Pupil Services on December 18, 2002.

The Department calculates the percentage of TWNDP, by dividing the TWNDP by the Total Hours. Thus, if a student spends 25 hours per week with non-disabled peers, out of 30 total school hours, the percent of TWNDP is 83%. If a student spends 5 hours per week with non-disabled peers, out of 30 total school hours, the percent of TWNDP is 17%.

The following three examples are provided to help you understand and report hours accurately, especially TWNDP. In the first example, hours and minutes are used; in the second, periods and rotating schedules are used; and in the third, the same math goals are delivered in two different sites to demonstrate using one site in the Instructional Site column.

Information in these three fields is reported in the Department's special education data collection, currently known as SEDAC. Please note that when information about hours is reported to the Department, minutes are reported as decimals and rounded up; thus 15 minutes is .25 but rounded up to .3; similarly 30 minutes is reported as .50; 45 minutes is reported as .75 but rounded to 8.

**Example One – Hours and Minutes Reported**

Special Education Service	Goal #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site	If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)
Math Instruction	5,6	2.5 hrs/wk	Special Education Teacher/General Education Teacher	Special Education Teacher/General Education Teacher	9-4-05	6-15-06	1	Co-taught class
Reading	7,8	2.5 hrs/wk	Special Education Teacher	Special Education Teacher	9-4-05	6-15-06	2	
Reading and Math Instruction	5, 7	1 hr/day	Special Education Teacher	Special Education Teacher	6-20-06	8-10-06	5	Summer Instruction* Not reported for TWNDP
<b>Related Services</b>								
Speech/Language Services	1,2,3	1 hr/wk	Speech/Language Pathologist	Speech/Language Pathologist	9-27-05	6-15-06	2	Small group
Occupational Therapy Services	4	1 hr/month	Occupational Therapist	Certified Occupational Therapist/OT Assistant	9-4-05	6-15-06	2	1:1 (OT sees the student 1 hr every other month)
Physical Therapy Services	9	30 min/wk	Physical Therapist	Physical Therapist	9-4-05	6-15-06	1	During co-taught math class
Description of Participation in General Education	All curricula areas and school activities, except for 3 periods/week of unified arts							
8. Total School Hours/Week: (Specify) <b>30 hours/week</b>	9 Special Education Hours/Week: (Specify) <b>5 hours/week</b>			10 Hours per week the student <u>will spend</u> with children/students who do not have disabilities (TWNDP): <b>26 hours 15 min</b> <i>2 hrs 30 min + 60 min + 15 min = 225 min = 3 hrs 45 min</i> <i>30 hrs – 3 hrs 45 min = 26 hrs 15 min</i>				

\* Summer hours do not count for items 8, 9 and 10.

In this example the PPT has recommended the following services:

- Two and half hours per week of specially designed instruction in the area of math (to address goals #5 and 6), which will be provided in the student’s regular classroom (Site 1) by the general education and special education teachers in a co-taught model;
- Two and half hours per week of specially designed instruction in the area of reading (to address goals #7 and 8), which will be provided in a resource room (Site 2) by a special education teacher;
- One hour per day of specially designed instruction during the summer (from June 20, 2003 through August 10, 2003) in the areas of reading and math (to address goals #5 and 7) which will be provided in the student’s home (In this example Site 5 is “Other” and the PPT would have entered “home” in the space provided in Item 5 in the Instructional Site section to the right of the grid, i.e., 5. *Other* \_\_\_\_\_ *home* \_\_\_\_\_);

- One hour per week of Speech/Language Services (to address goals #1, 2 and 3), which will be provided in the related services room (Site 2) by a Speech /Language Pathologist;
- One hour per month of Occupational Therapy Services (to address goal #4), which will be provided in the Resource/Related Service Room (Site 2) by a Certified Occupational Therapist and a Certified Occupational Therapy Assistant (COTA) working under the supervision of a licensed Occupational Therapist;
- 30 minutes per week of Physical Therapy Services (to address goal #9), which will be provided in the general education classroom (Site 1) by a Physical Therapist; and

**Note:** (In some instances, a special education teacher and a related services provider are implementing a co-teaching model (i.e., both are providing services to the student simultaneously). In order to record this model on the grid on **Page 11** the amount of service the special education teacher is providing is indicated on the top portion of the grid, and the amount of service the related services person is providing is indicated on the bottom portion of the grid. Please note that, if added together, these two numbers will be more time than the actual seat time of the student. The grid indicates service delivery time, not student seat time.)

- Although this student is receiving accommodations and modifications for reading and math, she participates in all other school activities. In place of 3 unified arts periods/week, she receives Resource/SLP/OT/PT services instead.

**Example Two – Periods and Rotating Schedule Reported**

Special Education Service	Goal #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site	If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)
Math Instruction	5,6	9 per/10 days	Special Education Teacher	General Education Teacher	9-4-05	6-15-06	1	Rotating schedule
Reading	7,8	5 per/wk	Special Education Teacher	Special Education Teacher/Instructional Assistant	9-4-05	6-15-06	1	Special education teacher will see the student 2 out of 5 per/wk
Study Skills	2,3	2 per/wk	Special Education Teacher	Special Education Teacher	9-04-05	6-15-06	2	
Related Services								
Counseling	1	3 per/month	Social Worker	Social Worker	9-4-05	6-15-06	2	Flexible schedule depending on student need
Description of Participation in Regular Education	Fully participating in all academic and all other school activities except 2 periods per week from an elective							
8. Total School Hours/Week: (Specify)  <b>30 hours/week</b>			9. Special Education Hours/Week: (Specify)  <b>8 hours 40 min/week</b>  <i>202 min + 225 min + 90 min = 517 min/60 min = 8.616 hours (using a 45 minute period)</i>			10. Hours per week the student will spend with children/students who do not have disabilities (TWNDP):  <b>28 hours</b>  <i>33 min + 90 min = 123 min = 2 hr 3 min = 2 hr (rounded) 30 hrs - 2hrs = 28 hrs</i>		

**Example Three – Same Goal Reported in Two Different Instructional Sites**

Special Education Service	Goal #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site	If needed, description of instructional service delivery (e.g. small group, co-taught classes, etc.)
Math Instruction	5,6	2.5 hrs/wk	Special Education Teacher/General Education Teacher	Special Education Teacher/General Education Teacher	9-4-05	6-15-06	1	Co-taught class
Math Instruction	5,6	1.5 hrs/wk	Special Education Teacher	Special Education Teacher/Paraprofessional	9-4-05	6-15-06	2	Small group/individual instruction
Reading	7,8	2.5 hrs/wk	Special Education Teacher	Special Education Teacher	9-4-05	6-15-06	2	

**Extracurricular Activities**

This particular item is somewhat unique in that it asks for one year's worth of past information, not future, or proposed services like most items on the IEP. The specific question to be answered for this item is: "Has the student participated in school sponsored extracurricular activities with non-disabled peers since the last annual review?"

Use the following to guide you for a "Yes" response:

- The extracurricular activity was school sponsored and has a stated purpose. This would not include, for example, an after school activity run by a community organization, but would include an interscholastic or intramural sport or homework club;
- There was a minimum of 50% non-disabled peers in this extracurricular activity;
- There was an adult supervisor or advisor, usually associated with the school;
- The extracurricular activity met on a regular basis (at least 5 times per year). This would exclude activities such as assemblies, field trips, or food drives;
- The student attended at least 50% of the sessions;
- Student participation was totally voluntary;
- The extracurricular activity was not offered for academic credit; and
- The extracurricular activity is likely listed as an activity in the high school or middle school student handbook.

**Extended School Year**

When completing *Item 12*, the need for *Extended School Year (ESY)* services must be considered for each student. This does not mean that these services must be provided for every student, only that the need for ESY services must be considered for each special education student. If required, the specific services, the starting and ending dates of these services, the site where services will be provided, and, if needed, the description of instructional service delivery should be recorded in the grid on **Page 11** of the IEP. If there is insufficient space on the grid on one **Page 11**, districts may use a **Page 11** for school year services and another **Page 11** for extended school year services.

*Item 13* is a requirement of IDEA 04. For *Item 13a* one must specify the extent to which a student will not participate in general education classes and in extracurricular and other nonacademic activities. For example, if a student is to receive three hours of instruction per week in a special education resource room, a correct response to *Item 13a*, would be: "[Student name] will be out of his classroom for three hours per week to receive instruction in a special education resource room."

**Justification for Removal**

*Item 13b* requires a justification for the removal from regular education as described in *Item 13a*. Enter a response(s) which best describes why the PPT recommended that the student be removed from regular classes. When a PPT considers removal of a student from the regular education program it is important for the team members to be aware that IDEA requires placement of special education students in regular classrooms "to the maximum extent appropriate" with the use of

supplementary aids and services provided in the general education classroom. Thus, the decision as to whether any particular student should be educated in a regular classroom setting, all of the time, part of the time, or none of the time, is dependent on the needs and abilities of the particular child, and should not be based upon the student's particular disability category.

## General Information

**The Required Data Collection page is not part of the IEP.** The data on this page are required to meet state and/or federal data requirements. The information on this page should be collected at an Initial Eligibility Determination PPT if the student is found eligible for special education and related services or yearly at an annual review. The data reported on this page needs to be accurate but does not effect decisions reached by the PPT as part of the child's IEP. For example, data reported under *Graduation*, is being used to calculate district graduation rates and does not impact decisions made by the PPT regarding exit criteria on page 10 of the IEP.

The *Required Data Collection* page is an administrative task, should be reviewed by the PPT and a copy given to the parents and retained as part of the PPT packet.

## Date the Original IEP was Written

**The data** in this field does not change and identifies the date (mm/dd/yyyy) the first IEP for the student was ever developed by the PPT **in your district**.

## Effective Date of Original Service

The *Effective Date of Original Service* field is used to report the first date (mm/dd/yyyy) of service upon initial identification as a special education student in the public school system in Connecticut. The date will not change. The completion of this field is mandatory for 3, 4 and 5 year olds.

## Placement/Settings for 3-5 year olds

When recording the Placement/Setting for children 3, 4 and/or 5 years of age, the child's PPT should select one of six (6) early childhood choices that describe a child's educational setting. The information regarding a child's educational setting will be used by the school district to prepare and submit the School District's October 1st data to the State Department of Education through SEDAC. School districts need to understand and report the appropriate educational setting for children ages 3 through 5. The six early childhood categories reflect the environments where children ages 3 through 5 spend their day, rather than solely reflecting the environment in which children receive their special education and related services.

Before starting, it is helpful to know what the choices are and what factors to use in selecting a correct code. Please note that the order of the categories for children with disabilities ages 3 through 5 does not reflect a continuum from least to most restrictive.

The Age 3-5 Placement Settings are:

1. Early Childhood Preschool or Kindergarten Program – includes 50% or more non-disabled children
2. Early Childhood Special Education Program in a Separate Class – includes less than 50% non-disabled children
3. Early Childhood Special Education Program in a Separate School - includes less than 50% non-disabled children
4. Early Childhood Special Education Program in a Residential Facility - includes less than 50% non-disabled children
5. Home
6. Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers.

Start by considering if a child attends any early childhood preschool or Kindergarten even if your district does not fund the attendance at an early children program.

- If the response is yes, select Early Childhood Preschool or Kindergarten Program;
- If the response is no, consider the next setting, which is Early Special Education Program in a Separate Class;
- If the response is no, consider the next setting, which is Early Special Education Program in a Separate School;
- If the response is no, consider the next setting, which is Early Special Education Program in a Residential Facility;

- If the response is no, consider the next setting, which is Home; and
- Finally, if the student does not receive special education services in the home, select Service Provider Location.

Use this method to help select the most appropriate setting. More details are provided below.

**Early Childhood Preschool or Kindergarten Program** - This describes a program/classroom that includes at least 50 percent or more of children without disabilities. This category includes a child's participation in any early childhood program and is not limited to the program/classroom in which a child receives their special education and related services. Early childhood programs include but are not limited to

- Head Start;
- Kindergarten;
- Reverse Mainstreaming Classroom;
- Private preschools;
- Preschool classes offered to 3- and/or 4-year-old children by the Public School; and
- Group/Center-based child-care.

Select Early Childhood Preschool or kindergarten setting, even if the child also receives special education in any of the settings below.

The determination of the "Early Childhood Preschool or Kindergarten Program" is not necessarily based upon whether the school district uses public funds to provide and/or purchase a setting as a part of a child's IEP. Page 11 of the IEP is specific to the special education and related services that a child will receive through the public school. The Total School Hours per Week, the Special Education Hours per Week and the Hours per Week the student will spend with children who do not have disabilities will be recorded on page 11 of the child's IEP. If a child attends a Head Start, School Readiness, nursery school, preschool or other such program (see other examples listed in the next paragraph) unrelated to the IEP, the child's PPT team needs to note the hours per week that the child participates in such a program on page 2, the Meeting Summary Page, of the IEP. These hours can then be used to report the Total School Hours per Week, Special Education Hours per Week and Non-Disabled Peer Hours in SEDAC. The data fields that report the hours for a preschool child will now be calculated based upon the child's IEP hours and any additional time that the child spends in a program, class or activity with typically developing peers.

The Early Childhood Preschool or Kindergarten Setting is to be used when a child participates in any type of early childhood setting, program or scheduled activity that includes 50 percent or more of children without disabilities. For example, if a child receives only speech services at the district's elementary school, but also participates in a nursery school during the week, the school district would select "Early Childhood Preschool or Kindergarten" as the child's setting. Other examples of early childhood settings in which a child may participate include playgroups such as those operated through Family Resource Centers (FRCs), a library playgroup, a Y program, etc.

If, at the time of the SEDAC October Data Collection, the school district operates a Reverse Mainstream classroom that meets the definition that at least 50 percent or more of the children attending are children without disabilities, the school district would select category "Early Childhood Preschool or Kindergarten Program". If the classroom composition changes in a Reverse Mainstream classroom during the course of the school year, the school district would need to select the category that applies at the time of the child's IEP. For example, if later in the school year, the composition changes to reflect that 60% of the children are those with disabilities, and 40% of the children attending are typically developing, the school district could not use a Reverse Mainstream setting to report in the category "Early Childhood Preschool or Kindergarten Program". However, if a child also attended a regular early childhood program in addition to the program provided to the child through an IEP, the school district would report in the category "Early Childhood Preschool or Kindergarten Program".

**Early Childhood Special Education Program in a Separate Class** – A program/classroom that includes less than 50% children who do not have disabilities. These include special education classrooms in regular school buildings, trailers or portables outside regular school. If the child does not attend a regular early childhood program or Kindergarten (as noted above) report the child as attending an Early Childhood Special Education Program in a Separate Class. Select this code, even if the child also receives special education in any of the settings below.

**Early Childhood Special Education Program in a Separate School** – A program/classroom in a Separate School that includes less than 50% children who do not have disabilities (e.g., RESC program, an approved private special education program). If the child does not attend any of the above settings, select Early Childhood Special Education Program in a Separate Class. Select this code, even if the child also receives special education in any of the settings below.

**Early Childhood Special Education Program Residential Facility**– A program/classroom in a Residential Facility that includes less than 50% children who do not have disabilities, (e.g., American School for the Deaf, Perkins School for the Blind, etc.). If the child does not attend any of the above settings, select Early Childhood Special Education Program Residential Facility. Select this code even if the child also receives special education in any of the settings below.

**Home** – If the child does not attend any of the above settings but receives some or all of the special education and related services at home, report the child's setting as Home. Select this code even if the child also receives special education in a Service Provider Location.

**Service Provider Location (Itinerant Services)** - If the child does not attend any of the above settings report that child's setting as in a Service Provider Location. The child's services may be provided individually or in a small group of children. Services may be provided in a school, hospital, or other setting.

Education Placement  
3 to 21

Educational Placement is the type of education location where the student is being educated. Item 1 must be completed for all students ages 3 – 21. Select the response that best represents the students' program location.

Primary Reason for Education Location

*Item 2 Primary Reason for Education Location* must be completed for all students ages 3 – 21. If the reason for the educational location is due to non-education restriction/ treatment boundaries, then Item 2a must be completed. Non-education restriction/treatment boundary refers to situations in which a student must receive education services in a setting other than a public school as a result of either a physician's order, a court order, or a DCF Placement Review Team decision that was made in accordance with the procedures delineated in the SDE-DCF memorandum (dated March 15, 1993), regarding education services for DCF-placed residential students. The agency that established the restriction/boundary needs to be identified.

Residence if a student does not live at home

If a student does not live at home, Item 3 needs to be completed. The district needs to identify where the student is living. If a student does not live at home Item 3a must also be completed. The agency that placed the student out of the home needs to be identified.

Graduation

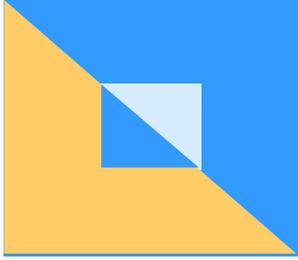
At the annual review conducted during a student's 9<sup>th</sup> grade year, the school district needs to project if the student is anticipated to graduate in 4, 5, 6 or 7 years. This data must be reported via SEDAC in the Oct. 1<sup>st</sup> collection following the determination at the annual review. This field may only be reported once and cannot be updated or changed due to a student's failure to progress sufficiently toward graduation in the projected year. *For clarity of data entry, it is highly recommended that districts record on the Required Data Collection page (p.12) in the IEP both the number of years and year of anticipated graduation (i.e., 5 years, 2010).* This field is a federal data requirement necessary to calculate graduation rate.

If the student is determined eligible for the first time, after the 9<sup>th</sup> grade year, the school district still needs to project and report if the student is anticipated to graduate in a total of 4, 5, 6 or 7 years. For example if the student is determined eligible for the first time in the spring of their 10<sup>th</sup> grade year, at that time, the district needs to project if the student is anticipated to graduate in a standard 4 years or in a total of 5, 6 or 7 years. This data must be reported via SEDAC in the Oct. 1<sup>st</sup> collection following identification for special education and related services. If the student in this example is anticipated to need 3 more years of school to graduate, report 5 total years of HS anticipated for graduation as well as the actual year of anticipated graduation (i.e., 5 years, 2008).

If the student was first determined eligible in one district and that district reported the anticipated graduation year via SEDAC in the Oct. 1<sup>st</sup> collection following at the 9<sup>th</sup> grade annual review and the student subsequently transfers to a different school district, the new receiving school district

must review the previously reported anticipated graduation data. If the new district of fiscal responsibility determines that the originally reported graduation data is no longer accurate, a revised anticipated graduation year may be submitted in the first SEDAC submission following the student's transfer to the new district.

If the student was first determined eligible in another state and subsequently transfers to a CT public school district, the CT school district must report the anticipated number of years to graduate in the first SEDAC submission following the student's transfer to into the CT public school district.



CONNECTICUT STATE DEPARTMENT OF EDUCATION

Division of Teaching and Learning Programs and Services

**Bureau of Special Education**

# SDE FORMS



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## SDE FORMS

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Student: \_\_\_\_\_ Last Name, First Name      DOB: \_\_\_\_\_ mm/dd/yyyy      District: \_\_\_\_\_      Meeting Date: \_\_\_\_\_ mm/dd/yyyy

**PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE**

Current Enrolled School: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ H.S. Credits: \_\_\_\_\_ Gender:  Female  Male  
 Home School:  Yes  No Specify: \_\_\_\_\_ Race/Ethnicity:  Am.Ind. or Alask. Nat.  Asian / Pacif. Is  Black or Af.Am.  White  Hispanic  
 School Next Year: Home School:  Yes  No Specify: \_\_\_\_\_ If your school district does not have its own high school, is the student attending his/her designated high school?  Yes  No  NA  
 ID#: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Student Instructional Lang:  English  Other: (specify) \_\_\_\_\_  
 Student Address<sup>1</sup>: \_\_\_\_\_ Home Dominant Lang:  English  Other: (specify) \_\_\_\_\_  
 Parent/Guardian (Name): \_\_\_\_\_ Student Home Phone: \_\_\_\_\_ Parent Home Phone: \_\_\_\_\_  
 Parent/Guardian (Address):  Same \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_ Misc. Phone: \_\_\_\_\_  
 Surrogate: \_\_\_\_\_ Most Recent Eval. Date: \_\_\_\_\_ Next Reevaluation Date: \_\_\_\_\_  
 (Name and Address): \_\_\_\_\_ mm/dd/yyyy mm/dd/yyyy

Reason for Meeting<sup>2</sup>:  Review Referral  Plan Eval/Reeval  Review Eval/Reeval  Determine Eligibility  Develop IEP  
 Review or Revise IEP  Conduct Annual Review  Transition Planning  Manifestation Determination  Other(specify)

Primary Disability:  Autism  Emotional Disturbance  Multiple Disabilities  Speech or Language Impaired  Other Health Impairment  
 Deaf – Blindness  Hearing Impairment  Orthopedic Impairment  Traumatic Brain Injury  OHI – ADD/ADHD  
 Developmental Delay (ages 3-5 only)  Intellectual Disability  Specific Learning Disabilities  Visual Impairment  To be determined

The next projected PPT meeting date is: \_\_\_\_\_

- Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services)  Yes  No
- Is this an amendment to a current IEP?  Yes  No  
If yes, what is the date of the IEP being amended? \_\_\_\_\_
- Amendments attached  Yes  No

\_\_\_\_\_

\_\_\_\_\_

**Team Member Present (required)**

Admin/Designee: \_\_\_\_\_ Spec. Educ. Teacher: \_\_\_\_\_ OT: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ School Psych: \_\_\_\_\_ PT: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Social Work: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Surrogate Parent: \_\_\_\_\_ Speech/Lang: \_\_\_\_\_ Other: (specify) \_\_\_\_\_  
 Student: \_\_\_\_\_ Guidance: \_\_\_\_\_ Other: (specify) \_\_\_\_\_  
 Student's Reg. Ed. Teacher: \_\_\_\_\_ Nurse: \_\_\_\_\_ Other: (specify) \_\_\_\_\_

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



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

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

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

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

**PRIOR WRITTEN NOTICE**

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date These actions will be implemented
	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Motor _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and dated) _____ <input type="checkbox"/> Health/Medical _____		(Minimum five school days from date parent received prior written notice) date(s):
Actions Refused	Reasons for Refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the refusal (dated)		
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Motor _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and dated) _____ <input type="checkbox"/> Health/Medical _____		
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information	
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____	

**Parents please note:** Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections  was made available previously this school year (date) \_\_\_\_\_  is enclosed with this document. A copy of Procedural Safeguards in Special Education is available on school district website : <http://www> [Delete if not available on line]. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: <http://www.sde.ct.gov/sde/site/>.

Student: \_\_\_\_\_ Last Name, First Name      DOB: \_\_\_\_\_ mm/dd/yyyy      District: \_\_\_\_\_      Meeting Date: \_\_\_\_\_ mm/dd/yyyy

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

(The following information was derived from: report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples).

Parent and Student input and concerns	_____
	_____
	_____
	_____
	_____
	_____
	_____

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
<b>Academic/Cognitive</b> <b>Language Arts:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
<b>Academic/Cognitive:</b> <b>Math:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
<b>Other Academic/Nonacademic Areas:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

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

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

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

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

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
<b>Behavioral/Social/Emotional:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Communication:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Vocational/Transition:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Health and Development including Vision And Hearing:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Fine and Gross Motor:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Activities of Daily Living:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Other:</b> <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

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

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

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

### TRANSITION PLANNING

1.  Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
2.  This is the first IEP to be in effect following the child's 15<sup>th</sup> birthday (or younger if appropriate and transition planning is required).
3. **Student Preferences/Interests – document the following:**
  - a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting?  Yes  No
  - b) Did the student attend?  Yes  No
  - c) How were the student's preferences/interests, as they relate to planning for Transition Services, determined?  Age appropriate informal/formal assessment  
 Personal Interviews  Comments at Meeting  Functional Vocational Evaluations  Other: (specify) \_\_\_\_\_
  - d) Summarize student preferences/interests as they relate to planning for Transition Services: \_\_\_\_\_
4. **Anticipated Post Secondary Outcomes: (Check all that apply)**  
 Post-Secondary Education  Vocational Education  Integrated Employment  Adult Services  Independent Living or Community Participation
5. **Agency Participation:**  NA
  - a) Were any outside agencies invited to attend the PPT meeting?  Yes  No (If no, specify reason) \_\_\_\_\_
  - b) If yes, did the agency's representative attend?  Yes  No
  - c) Has any participating agency agreed to provide or pay for services/linkages?  Yes  No, (If yes, specify) \_\_\_\_\_
6. **Summary of the Transition Services recommended in this IEP and settings(s) where these services will be provided: (Complete the items below that apply)**  NA
  - a)  An Employment/Post Secondary Education goal and related objectives will be developed and implemented in the following setting(s):  
(check each that applies)  School Based Instruction/Activities  Community Based Experiences/Activities
  - b)  An Independent Living Goal and related objectives will be developed and implemented in the following setting(s):  
(check each that applies)  School Based Instruction/Activities  Community Based Experiences/Activities
  - c)  A Community Participation Goal and related objectives will be developed and implemented in the following setting(s):  
(check each that applies)  School Based Instruction/Activities  Community Based Experiences/Activities
7. **If the student has transition goals and related objectives, respond to the following:**  Not Applicable
  - a) The course of study needed to assist the child in reaching the transition goals and related objectives will include:  
(e.g. Student will be enrolled in college prep courses / student will participate in career awareness exploration classes): \_\_\_\_\_
  - b) The related services needed to assist the child in reaching the transition goals and related objectives will include: \_\_\_\_\_
  - c) The assistive technology devices and/or services needed to assist the child in reaching the transition goals and related objectives will include: \_\_\_\_\_
8. **At least one year prior to reaching age of 18, the student must be informed of their rights under IDEA which will transfer at age 18.**  
 NA (Student will not be 17 within one Year)  The student has been informed of her/his rights under IDEA which will transfer at age 18  No IDEA rights will transfer
9. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)**

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.



Student: \_\_\_\_\_ Last Name, First Name  
 DOB: \_\_\_\_\_ mm/dd/yyyy  
 District: \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_ mm/dd/yyyy

**Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL**

<b>Accommodations and Modifications to be provided to enable the child:</b> <ul style="list-style-type: none"> <li>- To advance appropriately toward attaining his/her annual goals;</li> <li>- To be involved in and make progress in the general education curriculum;</li> <li>- To participate in extracurricular and other non-academic activities, and</li> <li>- To be educated and participate with other children with and without disabilities.</li> </ul> <b>Accommodations may include Assistive Technology Devices and Services</b>	<b>Sites/Activities Where Required and Duration</b>
<b>Materials/Books/Equipment:</b> _____ _____ _____	
<b>Tests/Quizzes/Assessments:</b> _____ _____ _____	
<b>Grading:</b> _____ _____ _____	
<b>Organization:</b> _____ _____ _____	
<b>Environment:</b> _____ _____ _____	
<b>Behavioral Interventions and Support:</b> _____ _____ _____	
<b>Instructional Strategies:</b> _____ _____ _____	
<b>Other:</b> _____ _____ _____	

*Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)*

**Frequency and Duration of Supports Required for School Personnel to Implement this IEP include:** \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

**STATE AND DISTRICT TESTING AND ACCOMMODATIONS**  
The CMT/CAPT section or Districtwide section must be completed

<p><u>CMT/CAPT-CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</u></p> <p><input type="checkbox"/> Grade 3:      <input type="checkbox"/> Grade 4:      <input type="checkbox"/> Grade 5: <input type="checkbox"/> Grade 6:      <input type="checkbox"/> Grade 7:      <input type="checkbox"/> Grade 8: <input type="checkbox"/> Grade 10:    <input type="checkbox"/> Grade 10 (Retest):    <input type="checkbox"/> Grade 11:</p>	<p><u>DISTRICTWIDE ASSESSMENT- CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</u></p> <p><input type="checkbox"/> Grade Pre-K:    <input type="checkbox"/> Grade K:      <input type="checkbox"/> Grade 1:      <input type="checkbox"/> Grade 2: <input type="checkbox"/> Grade 3:      <input type="checkbox"/> Grade 4:      <input type="checkbox"/> Grade 5:      <input type="checkbox"/> Grade 6: <input type="checkbox"/> Grade 7:      <input type="checkbox"/> Grade 8:      <input type="checkbox"/> Grade 9:      <input type="checkbox"/> Grade 10: <input type="checkbox"/> Grade 11:</p>
<p><u>CMT/CAPT-check the appropriate option</u></p> <p><input type="checkbox"/> 1. Standard Administration* <input type="checkbox"/> CMT/CAPT accommodations form was completed and is attached.</p> <p><input type="checkbox"/> 2. Utilize the CMT/CAPT Skills Checklist</p> <p><input type="checkbox"/> 3. Exempt**</p> <p>*Complete the accommodations form (CMT/CAPT) for the standard administration only if necessary. File one electronically, attach one to the IEP and keep a copy for the teacher's file.</p> <p>**Exempt will only apply to a special education student who has also been identified as an English Language Learner and has been enrolled in a U.S. school for fewer than 10 school months AND the student has taken the Language Assessment Scales (LAS/LAS Links) at least once in that time period.</p>	<p><u>DISTRICTWIDE ASSESSMENT- check the appropriate option</u></p> <p><input type="checkbox"/> 1. NA - No districtwide assessment is scheduled during the term of this IEP</p> <p><input type="checkbox"/> 2. Standard Administration</p> <p><input type="checkbox"/> 3. Specify accommodations</p> <p><input type="checkbox"/> 4. Exempt: Explain why the standard administration is not appropriate and how the student will be assessed (required)</p>

**Test Accommodations Form  
Special Education/Section 504 Students  
And/Or Students with Limited English Proficiency (LEP)**

**IEP Date:** \_\_\_\_\_ **SASID:** \_\_\_\_\_

**Student's Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth [MM/DD/YY]:** \_\_\_\_\_ **Sex: M F** **Grade:** \_\_\_\_\_

**School/Facility Name:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**District of Fiscal Responsibility :** \_\_\_\_\_ **Code:** \_\_\_\_\_

**District Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**This student has (circle one):** **A**) A Special Education IEP **B**) A Section 504 Plan **C**) Neither

**This student has Limited English Proficiency (circle one):** **Yes** **No**

**Special Education or Section 504 Accommodations**

MA	SC	DRP	RC	DAW	ER	
						MA = Math, SC = Science, DRP = Degrees of Reading Power, RC = Reading Comp., DAW = Direct Assessment of Writing, ER = Editing and Revising

**CMT Presentation Accommodations**

MA	SC	DRP	RC	DAW	ER	
<input type="radio"/>	Braille					
<input type="radio"/>	Large Print					
<input type="radio"/>	Closed-Circuit TV (Optalec/Visualtec)					
<input type="radio"/>	Sign language interpreter					
<input type="radio"/>	Reader (Cert. Teacher) - directions only					
<input type="radio"/>	Reader (Cert. Teacher) – MA and SC items					
<input type="radio"/>	Screen Reader (Computer) - MA, SC, and ER items					

**CMT Response Accommodations**

MA	SC	DRP	RC	DAW	ER	
<input type="radio"/>	Circle answers in test booklet [Multiple Choice Items Only]					
<input type="radio"/>	Braille					
<input type="radio"/>	Word Processor					
<input type="radio"/>	Bubbler					
<input type="radio"/>	Voice Recognition Software					
<input type="radio"/>	Sign language to multiple-choice or griddable responses					

**CMT Other Accommodations**

MA	SC	DRP	RC	DAW	ER	
<input type="radio"/>	Time extension					
<input type="radio"/>	Test setting					
<input type="radio"/>	Talking calculator (for blind or visually impaired students only)					
<input type="radio"/>	Abacus (for blind or visually impaired students only)					
<input type="radio"/>	Adaptive furniture					
<input type="radio"/>	Adaptive lighting					
<input type="radio"/>	Amplification					

**Limited English Proficiency Accommodations**

MA	SC	DRP	RC	DAW	ER	
						<b>CMT LEP Accommodations</b>
<input type="radio"/>	Time extension					
<input type="radio"/>	Test setting					
<input type="radio"/>	Reader (cert. teacher in English only) – MA and SC items					
<input type="radio"/>	Reader (cert. teacher directions only) in English or native language					
<input type="radio"/>	Dictionary – word to word translation only, no definitions					

**WORKING DOCUMENT: FOR DISTRICT USE ONLY**

Electronic Submissions: <http://www.cttestaccommodations.net>

**Test Accommodations Form  
Special Education/Section 504 Students  
And/Or Students with Limited English Proficiency (LEP)**

**IEP Date:** \_\_\_\_\_ **SASID:** \_\_\_\_\_

**Student's Name: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth [MM/DD/YY]:** \_\_\_\_\_ **Sex: M F** **Grade:** \_\_\_\_\_

**School/Facility Name:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**District of Fiscal Responsibility :** \_\_\_\_\_ **Code:** \_\_\_\_\_

**District Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**This student has (circle one):** **A**) A Special Education IEP **B**) A Section 504 Plan **C**) Neither

**This student has Limited English Proficiency (circle one):** **Yes** **No**

**Special Education or Section 504 Accommodations**

MA	SC	RL	RI	IW	ER	
MA = Math, SC = Science, RL = Response to Literature, RI = Reading for Information, IW = Interdisciplinary Writing, ER = Editing and Revising						
<b>CAPT Presentation Accommodations</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large Print
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed-Circuit TV (Optalec/Visualtec)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign language interpreter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reader (cert. teacher) - directions only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reader (cert. teacher) - MA and SC items, and IW passages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Screen Reader (Computer) - MA, SC, and ER items, and IW passages
<b>CAPT Response Accommodations</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circle answers in test booklet [Multiple Choice Items Only]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Word Processor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bubbler
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voice Recognition Software
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign language to multiple-choice or griddable responses
<b>CAPT Other Accommodations</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time extension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking calculator (for blind or visually impaired students only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abacus (for blind or visually impaired students only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptive furniture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptive lighting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amplification

**Limited English Proficiency Accommodations**

<b>CAPT LEP Accommodations</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time extension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reader (cert. teacher, in English) - MA and SC items and IW passages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reader (cert. teacher directions only) in English or native language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dictionary – word to word translation only, no definitions

**WORKING DOCUMENT: FOR DISTRICT USE ONLY**  
Electronic Submissions: <http://www.cttestaccommodations.net>

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

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

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

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

### SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

#### CONSIDERATION OF SPECIAL FACTORS:

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:  
 NA     A behavioral intervention plan has been developed     IEP Goals and Objectives have been developed to address the behavior     Other (specify) \_\_\_\_\_
2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:  
 NA     Recommendation: (specify) \_\_\_\_\_
3. For students who are blind or visually impaired:  NA     Instruction in braille or the use of braille is being provided, as required     The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.
4. For students who are deaf or hard of hearing, the PPT has determined (after considering the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology devices and services) that the following services are required:  NA     No services required  
 Services/modifications required: (specify) \_\_\_\_\_

#### PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:  
 Quarterly                       Consistent with grade level report cards                       Other: (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EXIT CRITERIA

1. Exit Criteria: Student will be exited from Special Education upon: (Check One)     Ability to succeed in Regular Education without Special Education support     Graduation     Age 21     Other: (specify) \_\_\_\_\_



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

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

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

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

**Required Data Collection**

(Collect at the initial development of an IEP and subsequent Annual Reviews: Not a component of the IEP)

**For Children 3 to 5 years of age**

- Date the PPT met to write the original IEP: \_\_\_\_\_  Effective date of the child's original IEP (date first service began): \_\_\_\_\_
- Did the child ever receive Birth to Three services?  Yes  No
- If the effective date of the child's original IEP (date first services began) was not on or before the child's 3<sup>rd</sup> birthday, why?  
 Late referral / moved into district late (less than 90 days before 3<sup>rd</sup> birthday)  Parent Choice  Other (Specify)

**Placement/Settings for 3-5 year olds:**

- Early Childhood Preschool or Kindergarten Program
- Early Childhood Special Education Program in Separate Class
- Early Childhood Special Education Program in Separate School
- Early Childhood Special Education Program in Residential Facility
- Home
- Service Provider Location (Itinerant Services)

**Education Placement 3 to 21 years of age**

**1. Education Location (3-21 year olds):**

- Approved, Private Sp. Ed. Program
- Comm. Based Pre-K
- Endowed and Incorporated Academy\*
- Head Start
- Hospital or Homebound
- In-District
- Magnet
- Non-approved Sp. Ed. Program
- Other Private Agency
- Other Public School District
- Out of State
- Parochial/Private School
- RESC (Special Ed Program) (Including Public Charter)

**2. Primary reason for Educational Location**

- Charter School (Parental Choice)
- Court Order Following Due Process
- CTHSS (Parental Choice)
- Due Process Hearing Decision
- Expulsion
- Homeless
- Inter-district Magnet (Parental Choice)
- Interim Alternative Education Setting (IAES)
- Mediation Agreement
- Medical (Hospital/Homebound)
- None (Awaiting Placement)
- Non-Educational Restriction / Treatment Boundary
- Open Choice (Parent Placement)
- Parent/BOE Placement Resolution
- PPT
- Service plan only (Parent Placement)
- Vo-Ag School (Parental Choice)

2a. If above response is "non-educational restriction/treatment boundary," who established the restriction/boundary?

- DCF
- DMR
- Department of Mental Health and Addiction Services
- Judicial Department
- Physician

**3. If student doesn't live at home, where does he/she live?**

- Correctional Facility
- Foster Home
- Hospital
- Municipal Detention Center
- Permanency Diagnostic Center
- Other (Specify)
- Permanent Family Residence
- Private Detention Center
- Private Group Home
- Private Residential Treatment Center
- Public Group Home
- Public Residential Treatment Center
- Safe Home
- Supported housing
- Temporary Shelter
- Transitional Foster Home

3a. If student is placed out-of-home for other than educational reasons, who was the placing agent?

- DCF
- DMR
- Department of Mental Health and Addiction Services
- Govt. of a Federally Recognized Native American Tribe
- Judicial Department
- Physician

**GRADUATION**

- 4 years
- Other (specify) \_\_\_\_\_
- 5 years
- 6 years
- 7 years

1. The student is projected to graduate in:  
(Check the box that applies at the annual review during the students 9<sup>th</sup> grade)

\*Gilbert School, Norwich Free Academy, Woodstock Academy

School \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_

Date Received \_\_\_\_\_

[DISTRICT NAME] PUBLIC SCHOOLS  
REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Primary Lang: English Other: \_\_\_\_\_  
Address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
\_\_\_\_\_ Referral Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

1. **AREA(S) OF CONCERN:**

Check major area(s) of concern, and briefly describe the child's behavior, or performance in each area checked. If you have identified more than one area of concern, circle the area you consider to be the highest priority.

- Academic       Social/Emotional       Gross/Fine Motor       Activities of Daily Living  
 Health Related       Behavior       Communication       Other: (specify) \_\_\_\_\_

A. **Describe Specific Concerns:**

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

B. **Describe Alternative Strategies Attempted and Outcome:** (Use additional pages if necessary.)

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

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

DOB: \_\_\_\_\_

**2. Special Services History:**

Are you aware of any special services provided for this child now or in the past?  Yes  No

If Yes, describe the type, location, and provider of the service.

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**3. Other Relevant Information:**

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**4. Parent Notification:**

Has the parent/guardian been notified about your concerns regarding this student?  Yes  No

If Yes, method of notification: \_\_\_\_\_

Date(s) parent/guardian was notified: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual completing this form)

**\*Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also “starts the clock” with respect to the timelines specified in RCSA 10-76d-13(a)(1) and (2) which provide that “(1) *The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent.* (2) *In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent.*” If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.

[DISTRICT NAME] PUBLIC SCHOOLS  
PARENT NOTICE OF REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

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

\_\_\_\_\_  
(Name of Parent/Guardian or Student)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Dear \_\_\_\_\_

The purpose of this letter is to advise you that your child, \_\_\_\_\_, \_\_\_\_\_  
(Student's Name) (DOB)

has been referred for consideration of eligibility for special education services. The referral was made by:

\_\_\_\_\_, on \_\_\_\_\_  
(Name of person or team making referral) (Date)

The next step in the referral process is to schedule a Planning and Placement Team meeting (PPT). At this meeting the available information regarding your child's current school performance will be reviewed and evaluation procedures for determining eligibility for special education services will be considered. Parent participation in this process is very important. We ask that you make every effort to attend this meeting.

Enclosed with this letter are the following materials:

- A copy of the referral which outlines specific concerns and the information used as the basis for this referral, including alternative strategies employed prior to the referral.
- A copy of Procedural Safeguards in Special Education. If you would like a further explanation of these procedures please contact: \_\_\_\_\_, at \_\_\_\_\_,
- A Planning and Placement Team meeting notice. (If a notice is not included with this letter you will receive one in a separate mailing.)
- Other: (specify) \_\_\_\_\_

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact, \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)  
at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Name and Title)

[DISTRICT NAME] PUBLIC SCHOOLS  
NOTICE OF PLANNING AND PLACEMENT TEAM MEETING

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

\_\_\_\_\_  
(Name of Parent/Guardian or Student)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Dear \_\_\_\_\_

Please be advised that a Planning and Placement Team (PPT) meeting will be convened on behalf of:  
\_\_\_\_\_, \_\_\_\_\_ . The meeting is scheduled as follows:  
(Student's Name) (DOB)

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**The purpose of this meeting is to: (check all that apply)**

- discuss a referral to special education and consider/plan an evaluation
- review evaluation results and determine eligibility for special education
- develop, review or revise the IEP
- conduct an Annual Review
- consider transition needs/services – student will be invited to attend the meeting and: **(check all items below that apply)**
  - transition goals and objectives in the IEP will be developed/reviewed/revised (required at the annual review following a student's 15<sup>th</sup> birthday or sooner, if appropriate)
  - the agency representative(s) listed below will be invited to attend to assist in transition planning
- plan a reevaluation to determine continuing eligibility for special education and related services
- review reevaluation results to determine continuing eligibility for special education and related services
- conduct a Manifestation Determination
- other: (specify) \_\_\_\_\_

**The following individuals have been invited to attend:**

_____ Administrator	_____ Name and Title
_____ Student's Reg. Ed. Teacher	_____ Name and Title
_____ Special Education Teacher	_____ Name and Title
_____ Student	_____ Name and Title
_____ Name and Title	_____ Name and Title

Parent participation in this process is very important. Please make every effort to attend this meeting. You may bring any other individuals to the meeting, including those who have knowledge or special expertise regarding your daughter/son. The meeting may be rescheduled at a mutually agreed upon time and place.

If you have any questions or wish to reschedule the meeting please contact me at \_\_\_\_\_  
(Telephone No.)

Sincerely,  
\_\_\_\_\_  
(Name and Title)

- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact \_\_\_\_\_  
(Name)
- A copy of this notice has been sent to the parent(s). (This is required if rights under IDEA have been transferred to the student at age 18. When rights transfer, meeting notices must be sent to the student with a copy to the parents.)



**[DISTRICT NAME] PUBLIC SCHOOLS  
NOTICE AND CONSENT TO CONDUCT AN INITIAL EVALUATION**

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

Dear \_\_\_\_\_

Your child, \_\_\_\_\_, \_\_\_\_\_ has been referred for an evaluation to determine  
(Student's Name) (DOB)

eligibility for special education services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards, an explanation of these procedures, or if you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Title) (Telephone Number)

**This document includes the following rights:**

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. Parental failure to respond within 10 school days from the date of this notice shall be construed as refusal of consent.
- C. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- D. Parents have the right to review and obtain copies of all records used as a basis for a referral.
- E. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report.
- F. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- G. Parents have the right to utilize due process procedures.

- The tests/evaluation procedures listed below were recommended
- The PPT has decided that the available evaluation information listed below is sufficient to determine eligibility:  
Reason: (specify) \_\_\_\_\_

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required
- Adaptations/accommodations required: (specify) \_\_\_\_\_

**PARENTAL CONSENT**

- I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature Date

- I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

\_\_\_\_\_  
Parent/Guardian Signature Date

[DISTRICT NAME] PUBLIC SCHOOLS  
CONSENT FOR SPECIAL EDUCATION PLACEMENT

**I. Identification Information:**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

**II. Consent Requirements:**

Federal regulations mandate that parents (guardians) give written consent for the initial placement of their child in a special education program. State regulations require written consent for a private special education placement. In both instances the consent must be in writing and given prior to placement.

- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name and Title) (Telephone Number)

**Included in this document are the following rights:**

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. Parental failure to respond within 10 school days from the date of this notice shall be construed as refusal of consent.
- C. If contested, your child's current educational placement will not change until due process proceedings have been completed unless you and the district otherwise agree.
- D. Parents have the right to utilize due process proceedings

**III. Placement Description**

The following special education placement is being proposed for your child, \_\_\_\_\_  
(child's name)

The proposed placement is:  Initial Placement in Special Education  A Private Placement and is described in an IEP dated: \_\_\_\_\_ (Note: An IEP must be developed prior to either placement)

**IV. Written Consent**

**I consent to** the special education placement described in item III, above. I understand that, for an initial placement in special education, my consent is valid for changes in my child's program or placement (except placement in a private program) if proper notice is given to me and I have not revoked my consent.

\_\_\_\_\_ Date  
Parent/Guardian Signature

**I do not consent to** the special education placement described in item III, above. I understand that by refusing consent for the initial placement in special education, I waive all rights to special education services and protections at the time consent is refused. I may still ask for a reevaluation or hearing on the evaluation or the appropriateness of the special education and related services being offered. I also understand that, if I am refusing consent for a private placement, the school district must initiate due process, provided the private placement is not the initial placement of the child.

\_\_\_\_\_ Date  
Parent/Guardian Signature

**[DISTRICT NAME] PUBLIC SCHOOLS  
NOTICE AND CONSENT TO CONDUCT A REEVALUATION\***

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

Dear \_\_\_\_\_

A Planning and Placement Team (PPT) meeting regarding your child, \_\_\_\_\_, \_\_\_\_\_  
(Student's Name) (DOB)

was held on \_\_\_\_\_ . The team determined that an evaluation should be conducted for the following reason:  
(meeting date)

- To comply with Federal and State regulations which require that each child receiving special education and related services must be reevaluated at least every three years to determine eligibility for special education services.
- To assess your child's current level of functioning
- Other: (specify) \_\_\_\_\_
- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone Number)

**This document includes the following rights:**

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to be fully informed of all evaluation results and must be provided with a copy of the evaluation report(s).
- D. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- E. Parents have the right to utilize due process procedures.

**Evaluation Procedures:**

- The tests/evaluation procedures listed below were recommended
- The PPT has determined that no additional tests/evaluations are needed to determine continuing eligibility for special education services (and no parent consent is required) because: (specify) \_\_\_\_\_

*Parents, please be aware that you have the right to request an assessment to determine continuing eligibility for special education services and that the school district is not required to conduct such an assessment unless requested by parents.*

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:  No adaptations/accommodations required

Adaptations/accommodations required: (specify) \_\_\_\_\_

**PARENTAL CONSENT\***

**I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature Date

**I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

\_\_\_\_\_  
Parent/Guardian Signature Date

\* Note: If the school district has taken reasonable measures to obtain consent for a reevaluation, and parents have failed to respond, the district may proceed with the reevaluation. Parent consent means student consent when the student has reached the age of majority. Consent is not required if additional tests/evaluations are not being conducted.



[DISTRICT NAME] PUBLIC SCHOOLS  
 Multidisciplinary Evaluation Report  
 for Students Suspected of Having a Learning Disability

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Date of Report: \_\_\_\_\_

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

**1. EVALUATION REQUIREMENTS**

**A. Alternative strategies:** Implementor(s): \_\_\_\_\_

<b>Strategies</b> <small>[Attach additional information, including math and reading worksheets, as appropriate]</small>	<b>Results</b>	<b>Dates</b> <small>[To/From]</small>
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**B. Parental Input:** \_\_\_\_\_

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**C. Educationally Relevant Medical Findings, if any** \_\_\_\_\_

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**D. Regular Classroom Observation:** \_\_\_\_\_

Academic activity(ies): \_\_\_\_\_ Date(s): \_\_\_\_\_

Observer(s) [team member(s) other than student's regular teacher]: \_\_\_\_\_

Behavior observed and the relationship to academic functioning: \_\_\_\_\_

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**E. Assessment information:**

Assessment

Evaluator (Name and Title)


2. CRITERIA Check the criteria used to determine eligibility for students suspected of having a specific learning disability.		CRITERIA MET	
		YES	NO
<input type="checkbox"/>	To determine eligibility for students suspected of having a specific learning disability, the District is utilizing an identification process that determines if the child responds to scientific, research based intervention as a part of the evaluation procedures. (H.R. 1350 Section 614(b)(6)(B)) Documentation is attached to the Multidisciplinary Evaluation Report.		
<input type="checkbox"/>	To determine eligibility for students suspected of having a specific learning disability, the District is utilizing a severe discrepancy model and applying the criteria listed below.		
1. Does a severe discrepancy exist between ability and achievement? If yes, indicate which area(s) below: [Note: at least one area must be identified]		*	
<input type="checkbox"/> listening comprehension <input type="checkbox"/> reading comprehension <input type="checkbox"/> basic reading skills <input type="checkbox"/> oral expression <input type="checkbox"/> written expression <input type="checkbox"/> mathematics calculation <input type="checkbox"/> mathematics reasoning			
2. Has a disorder in one of the basic psychological processes in understanding or in using spoken or written language been identified?		**	
3. (a) Severe discrepancy is <i>primarily</i> due to:		<b>YES</b>	<b>NO</b>
a. Lack of instruction in reading and math ▲ ( <i>Based on Math and Reading Worksheets</i> )			
b. Visual, hearing or motor impairments			
c. Mental retardation			
d. Emotional disturbance			
e. Environmental, cultural or economic disadvantage			
f. Limited English proficiency			
g. Motivation			
h. Situational Trauma			
3. (b) Has <b>NO</b> been (✓)'d for <b>all</b> items in #3 above (a-h)?			
4. Are special education and related services required to correct the severe discrepancy identified in #1?			

*Note: If all of the (✓)s are in the NO column, then the student meets the criteria for #3.*

**\*Criteria #1:** If the severe discrepancy exists, but is not evident in the standardized tests, provide rationale for using clinical judgment.

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**\*\* Criteria #2:** If a processing disorder(s) exists, how does it relate to the area(s) of academic concern?

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**Criteria #3a:**  Math and/or Reading Worksheets are attached, (unless math or reading is not an area of weakness)

**The planning and placement team has reviewed the information presented and has made the determination that the student has a learning disability and requires special education :**     **YES (all 4 criteria have been met)**                       **NO**

Each team member shall certify in writing that this report reflects her/his conclusion (**Bold** means required).

SIGNATURE

TITLE

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**Regular Education Teacher**  
**Examiner/special education instruction**  
**Examiner/pupil personnel services**  
**Administrator**  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason(s) and conclusion: \_\_\_\_\_

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

[DISTRICT NAME] PUBLIC SCHOOLS  
 Reading Worksheet  
 (For the Identification of a Learning Disability)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading. (*All boxes must be checked with appropriate documentation provided.*)

**1. Intervention/Teacher Assistance Team**

Alternative strategies have been implemented and student has not made adequate progress.

**Source of Evidence:** (Attach Intervention/Assistance Team information or complete chart)

Strategies	Results	Dates (To/From)

**2. Whole Group Language Arts Instruction**

Student has participated in daily whole group reading/language arts instruction provided by the classroom teacher.

**Description** (e.g., Read-alouds, shared reading, literature think-alouds, comprehension strategies):


**3. Continuous Assessment**

Continuous assessment has been done to provide a basis for instructional decisions.

**Source of Evidence:**

Assessment (running records, sight word lists, retellings)	Skills/Competencies Targeted Based on Assessment	Dates (To/From)

#### 4. Small Group Instruction by General Education Teacher

- Student has participated in small group reading instruction by classroom teacher (with materials on his/her instructional level) for a minimum of four days per week. \*

**Description:**


#### 5. Intervention (by another professional knowledgeable in reading instruction)

- In addition to above, student has received small group or individual instruction based on assessed strengths and needs, for a minimum of four days per week, and under the direction of a person knowledgeable in reading instruction, (documentation indicating frequency, duration and type of instruction must be attached). \*

If decoding skills are weak, child has been provided with:

- Explicit small group phonemic awareness instruction
- Explicit small group or individualized multisensory code-based instruction
- Explicit synthetic phonics instruction (part-to-whole)
- Explicit analytic phonics instruction (whole- to-part)
- Small group or individualized literature-based instruction that includes semantic and syntactic cues
- Daily fluency practice provided daily in decodable texts, as well as in rich and interesting texts at students independent reading level
- Daily opportunities to write, utilizing skills emphasized in lesson

If comprehension skills are weak, child has been provided with:

- Authentic and interesting texts for instruction
- Explicit small group or individualized instruction in active reading and comprehension strategies, which includes semantic, graphophonic and syntactic cue systems
- Vocabulary building
- Daily opportunities to write, using higher order thinking skills

(\*Numbers 4 and 5 may be combined for middle school and high school students three to four days/week)

\_\_\_\_\_  
(Teacher signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of person(s) responsible for item #5)

\_\_\_\_\_  
(Date)

[DISTRICT NAME] PUBLIC SCHOOLS  
**Math Worksheet**  
 (For the Identification of a Learning Disability)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects math. (All boxes must be checked with appropriate documentation provided.)

**1. Intervention/Teacher Assistance Team**

Alternative strategies have been implemented and student has not made adequate progress.

**Source of Evidence:** (Attach Intervention/Assistance Team information or complete chart)

Strategies	Results	Dates (To/From)

**2. Continuous Assessment**

Continuous assessment has been done and has provided a basis for instructional decisions.

**Source of Evidence:**

Assessment (curriculum-based assessments, diagnostic teaching)	Skills/Competencies Targeted Based on Instruction	Dates (To/From)

**3. Technology Available**

Appropriate technology (e.g., calculator, computer) has been made available, as needed.

**Description:**


#### 4. Opportunities for Practice

Student has been provided with regular opportunities for both guided and independent practice.

**Description:**


#### 5. Classroom Curriculum/Instruction

Classroom instruction has incorporated “real world” examples as well as student’s personal experiences and language.

**Description:**


#### 6. Concrete to Abstract

Instruction has included the extensive use of manipulative materials to foster the development of abstract concepts.

**Description:**


#### 7. Intervention

Student has been provided with individual or small group direct instruction to re-teach weak skills.

**Description:**

Interventions	Results	Dates (To/From)

\_\_\_\_\_  
(Teacher Signature)

\_\_\_\_\_  
(Date)

[DISTRICT NAME] PUBLIC SCHOOLS  
LEAST RESTRICTIVE ENVIRONMENT (LRE) PROCEDURAL CHECKLIST

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE OF PPT: \_\_\_\_\_

*Note: This form is to be completed by the PPT only after all other IEP components have been fully addressed.*

**I. Section A: LRE Screen** (*This section must be completed.*)

**YES**    **NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. All of the child's classes are in the regular educational environment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The child has the opportunity to participate in nonacademic and extracurricular services and activities (including meals, recess periods, and services and activities such as counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the child's LEA, and employment of students, including both employment by the LEA and assistance in making employment available) to the same extent as peers who do not have disabilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The child is educated in the school that he or she would attend if nondisabled.  | <input type="checkbox"/> | <input type="checkbox"/> |

**II. Section B: LRE Factors and Considerations** (*Complete only if "NO" has been checked for one or more of the items in Section A. Respond to all items unless otherwise indicated.*)

**YES**    **NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. The PPT based the educational placement of the child upon the child's IEP.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The PPT ensured that the child participates in nonacademic and extracurricular services and activities with nondisabled children to the maximum extent appropriate to the needs of the child.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The PPT considered the use of supplementary aids and services (such as resource room, itinerant instruction, assistive technology devices or assistive technology services) in conjunction with regular class placement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The PPT determined that the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The PPT considered any potential harmful effect of the placement on the child.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The PPT considered any potential harmful effect of the placement on the education of other children.   | <input type="checkbox"/> | <input type="checkbox"/> |

**YES**    **NO**

10. *Complete if the child is not being educated in the school that he or she would attend if nondisabled.* The child's education program is provided as close as possible to the child's home.
11. *Complete if the child's education program has been modified as the result of procedures related to discipline.* The child is receiving education services in an alternative educational setting.
12. *Complete if the child has been hospitalized.* For medical reasons the child must remain within the hospital during the school day.
13. *Complete if the child has been placed in a residential facility for other than educational reasons.* It has been determined, in accordance with the March 15, 1993 SDE-DCF Memorandum of Agreement, that for clinical reasons the child must remain within the facility during part or all of the school day.
14. *Complete if the child is confined to a detention or correctional facility.* The child must remain within the facility during the school day.
15. *Complete if the child's parent has placed the child in a privately-operated facility.* The child receives education services within the privately-operated facility.

Comments/Additional Information:

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(Signature of PPT Chairperson)

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(Date)

[DISTRICT NAME] PUBLIC SCHOOLS  
PLANNING and PLACEMENT TEAM (PPT) ATTENDANCE

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Date of PPT: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

**NOTE: THIS AGREEMENT IS OPTIONAL.** Waiver of the attendance of a teacher or related service provider at a PPT meeting is optional. The district or parent/guardian may refuse to excuse such attendance.

We agree to excuse the attendance of \_\_\_\_\_ at the PPT  
Teacher or related service provider  
meeting scheduled for \_\_\_\_\_ because (check one):  
Date

\_\_\_\_\_ This staff member's area of the curriculum *or* related services is not being modified or discussed in this meeting.

**OR**

\_\_\_\_\_ Although the meeting involves a modification to or discussion of this staff member's area of the curriculum *or* related services, he/she has submitted in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

\_\_\_\_\_  
Parent/Guardian Signature Date  
\_\_\_\_\_  
School District Representative Date

*This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.*

**Section 614(d)(1)(C) of H.R. 1350, the revised Individuals with Disabilities with Education Act, the "IDEA," provides as follows:**

**ATTENDANCE NOT NECESSARY:** A member of the IEP Team is not required to attend a meeting, in whole or in part, if the parent of a child with a disability and the public agency (school district) agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. (Section 614 (d)(1)(C)(i) and (iii))

**EXCUSAL:** A member of the IEP team may be excused from attending a meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the public agency (school district) consent, in writing, to the excusal, and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. (Section 614(d)(1)(C)(ii) and (iii))

[DISTRICT NAME] PUBLIC SCHOOLS  
AGREEMENT TO CHANGE AN INDIVIDUALIZED EDUCATION PROGRAM WITHOUT CONVENING A PLANNING AND  
PLACEMENT TEAM MEETING

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ IEP being changed: \_\_\_\_\_  
Date the IEP was developed \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

We agree to make the changes to the student's IEP as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a PPT meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that the parent can request a PPT meeting at any time to review the IEP. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student's program.

\_\_\_\_\_  
Parent/Guardian Signature Date  
\_\_\_\_\_  
School District Representative Date

*This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.*

**The following documents are attached to this agreement:**

\_\_\_\_\_ Revised Pages 1 and 2 of the IEP dated: \_\_\_\_\_ Prior Written Notice  
\_\_\_\_\_ Amendments (please specify) \_\_\_\_\_

*It is expected that, at minimum, a Prior Written Notice, the revised pages 1 and 2 of the IEP being changed and any other pages of the IEP that will be different as a result of the changes made (e.g. goal and objectives pages, service delivery grid, etc.) will be attached to this agreement as verification of the changes made to the IEP.*

**Section 614(d)(3)(D) of H.R. 1350, the revised Individuals with Disabilities Education Act, the "IDEA," provides as follows:**

**AGREEMENT NOT TO CONVENE:** In making changes to a child's IEP *after* the annual IEP meeting for a school year, the parent of a child with a disability and the public agency (school district) may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP. Such changes may be made by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments incorporated.

## SUMMARY OF PERFORMANCE (SOP) Instructions for Completing ED635

**Purpose:** The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA 2004). The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age of eligibility, the local education agency **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 postsecondary goals.

The SOP, with accompanying documentation, is also critical as a student transitions from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to establish a student's eligibility for reasonable accommodations and supports in *postsecondary* settings. It is also important for determining eligibility and programming for the Bureau of Rehabilitation Services (BRS), the Department of Mental Retardation (DMR) or any agency that requires documentation to provide services and/or reasonable accommodations for a student.

The SOP **must** be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's post secondary goals. If a student is transitioning to higher education, the SOP, with accompanying documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from BRS or DMR. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student.

**Part 1: Student Demographics** – Complete this section as specified. Please note this section also requests that you provide copies of the **most recent** formal and informal assessment reports that document the student's disability and provides information to assist in post-high school planning.

**Part 2: Student's Postsecondary Goal(s)** – These goals should identify the post-school environment the student intends to transition to upon completion of their high school education.

**Part 3: Summary of Performance** – This section includes three critical areas of student performance: academic, cognitive, and functional levels of performance. Next to each specified area, please complete the student's present level of performance and the accommodations, modifications and assistive technology that were **essential** in high school to assist the student in making progress. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.)

An **Accommodation** is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note taker or given permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught.

A **Modification** is defined as a change to the general education curriculum or other material being taught. Teaching strategies, for example, can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.

**Assistive Technology** is defined as any device that helps a student with a disability function in a given environment, but does not limit the device to "high-tech or costly" options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, velcro and other "low-tech" devices.

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended that one individual be responsible for collecting the information required on the SOP.

**Part 4: Recommendations to assist student in meeting post secondary goals** – This section should describe any **essential** accommodations, modifications, assistive technology or general areas of need that students will require to be successful in a **post-high school** environment, including higher education, training, employment, independent living and/or community participation. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.).

**Part 5: Student Input (Optional).** It is highly recommended that the student provide information related to this Summary of Performance. The student's contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, and (c) postsecondary personnel to more clearly understand the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview.

A copy of this Summary of Performance can be found on the Department of Education's website at: <http://www.sde.ct.gov/sde/site/>.

[DISTRICT NAME] PUBLIC SCHOOLS  
SUMMARY OF PERFORMANCE

**Part 1: Student Information**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Year of Graduation/Exit:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (town, state) (zip code)

**Telephone Number:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Name of person completing this form:** \_\_\_\_\_

**Telephone number of person completing this form:** \_\_\_\_\_ **Date Summary was completed:** \_\_\_\_\_

**Date of most recent IEP:** \_\_\_\_\_

**Student's primary disability:** \_\_\_\_\_ **Student's secondary disability, if applicable:** \_\_\_\_\_

**When was the student's disability (or disabilities) formally diagnosed?** \_\_\_\_\_

**Please attach copies of the most recent assessment reports that address academic, cognitive and functional performance and were instrumental in making a determination of the student's disability or diagnosis, and/or that will assist in postsecondary planning.**

**Part 2 – Student's Postsecondary Goal(s)**

\_\_\_\_\_

\_\_\_\_\_

**Part 3 – Summary of Performance**

ACADEMIC CONTENT AREA	Present Level of Performance (grade level, standard scores, strengths, weaknesses)	Essential accommodations/ modification and/or assistive technology utilized in high school
<b>Reading</b> (Basic reading/decoding; reading comprehension; reading speed)		
<b>Math</b> (Calculation skills, math problem solving)		

<b>Language</b> (Written composition, written and oral expression, spelling)		
<b>Learning Skills</b> (class participation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		
<b>COGNITIVE AREAS</b>	<b>Present Level of Performance</b>	<b><u>Essential</u> accommodations/modification and/or assistive technology utilized in high school</b>
<b>General Ability and Problem Solving</b> (reasoning/processing)		
<b>Attention and Executive Functioning</b> (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)		
<b>Communication</b> (speech/language, augmentative communication)		
<b>Additional Relevant Factors</b> (other cognitive strengths/weaknesses, conducive learning environments, effective learning strategies, etc.)		
<b>FUNCTIONAL AREAS</b>	<b>Present Level of Performance</b>	<b><u>Essential</u> accommodations/modification and/or assistive technology utilized in high school</b>
<b>Career/Vocational/Transition</b> (Career interests, career exploration opportunities, job training opportunities)		

<p><b>Social Skills and Behavior</b> (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)</p>		
<p><b>Independent Living Skills</b> (Self-care, leisure skills, personal safety, mobility, transportation, banking, budgeting)</p>		
<p><b>Self-Determination/Self-Advocacy Skills</b> (Ability to identify and articulate learning strengths and weaknesses, ability to ask for assistance with independence)</p>		
<p><b>Additional important considerations</b> that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance, etc.)</p>		

**Part 4 – Recommendations to assist student in meeting post secondary goals**

What are the **essential** accommodations, modifications, assistive technology or general areas of support that students will need to be successful in the following **post-high school** environments:

<p><b>Higher Education or Vocational Training:</b></p> <p><b>Employment:</b></p> <p><b>Independent Living:</b></p> <p><b>Community participation:</b></p>
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**Part 5 – Student Input (Optional)**

**SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE**

- A. How does your disability affect your school work and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?**
  
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?**
  
- C. Which of these accommodations and supports has worked best for you?**
  
- D. Which of these accommodations and supports has not worked?**
  
- E. What strengths and needs should professionals know about you as you enter the college or work environment?**
  
- F. Are you independent in advocating for your needs?**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_