

So, you're going to a PPT.....

The IEP Guide

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Transition page revised August 10, 2009 by:

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....don't leave home without reading this.

The intent of this document is to assist you, as family members, in developing close collaborative working relationships with your Local Educational Agency (LEA), classroom teachers, and school system.

The first step is to know that you are your child's best advocate until he/she is ready to self-advocate. You need to have a clear understanding of your rights, and those of your sons and daughters, and how to effectively communicate your dreams and desires for your child to develop to his or her fullest potential.

The enclosed information is a guide to assist you in navigating through the educational system. It is in no way a complete packet. The intent is to simplify, in an organized manner, what is necessary for you to be successful.

*Remember – we are all equal team members.
So...please use this guide to assist you in moving toward positive outcomes.*

*“The Planning and Placement Team (PPT)” must include: the parents/guardians, regular ed. teacher, special ed. teacher or provider, someone to interpret evaluation results, an administrator, the student (if appropriate), anyone with expertise on the child invited by either the parents or the school.
34 C.F.R. §300.321(a)*

Upon determining the “Primary Disability”, the Team will select the disability category which is most indicative of the student’s primary disability.

An “Administrator/Designee” must be in attendance for all PPT meetings. This individual must have knowledge of Sp. Ed. Law and have the authority to secure any necessary resources; including personnel and funding.

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: _____
 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
 ID#: _____ Case Manager: _____
 Student Address¹: _____
 Parent/Guardian (Name): _____
 Parent/Guardian (Address): Same _____
 Surrogate: _____
 (Name and Address): _____ Most Recent Eval. Date: _____ mm/dd/yyyy Next Reevaluation Date: _____ mm/dd/yyyy

Reason for Meeting²: 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: _____
 Parent/Guardian: _____
 Parent/Guardian: _____
 Surrogate Parent: _____
 Student: _____
 Student's Reg. Ed. Teacher: _____

“Home School” is the neighborhood school the student would attend if not disabled.

“Case Manager” refers to the school district staff person coordinating the PPT and services, however, not all school districts use a Case Manager system. If you have any questions regarding your child’s IEP, the contact individual will be listed on the PPT meeting notice.

List of “Team Members Present” is simply an acknowledgement of those present, not an indicator of approval.

Parents/guardians and school district personnel may agree in writing to excuse a required member of the PPT, where the excused team member’s area of curriculum or related service will be discussed at the meeting. The excused team member will be responsible to submit written input into the development of the IEP to the parent/guardian and the team prior to the meeting. Parents/guardians do not have to enter into such an agreement if they don’t agree to excuse the team member, the team member will then be expected to attend the meeting.

Next Evaluation Date” often refers to “Triennial Testing”. Every three years the PPT must decide if the student needs a reevaluation to provide updated recommendations for the IEP development. A reevaluation may occur sooner if conditions warrant, or if the parent or student’s teacher requests it.

When amending or making changes to an IEP without a PPT, an amendment agreement must be in writing and signed by both parent/guardian and school district representative. (Consent form ED634, may be used). Any member of the PPT may ask to have amendments added to the IEP. However, parents may withhold consent and require a PPT.

¹ Address of student’s primary residence. ² May choose more than one

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

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date These actions will be implemented
	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	(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		
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information	
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____	
<p>Parents please note: Under the procedural safeguards of IDEA, a copy of the <u>Procedural Safeguards in Special Education</u> 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 <u>Procedural Safeguards in Special Education</u> which explains these protections <input type="checkbox"/> was made available previously this school year (date) _____ <input type="checkbox"/> is enclosed with this document. A copy of <u>Procedural Safeguards in Special Education</u> 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: www.state.ct.us/idea/idea/special/index.htm.</p>				

Prior Written Notice is to provide written communication to the parent/guardian of the action(s) that has been proposed or refused by the PPT 5 school days prior to implementing the actions.

If the Team identifies any "Actions Refused", the Team then needs to indicate the "Reasons for the Refused Actions", and the evaluation procedures, assessment, records, or reports used as a basis for the refusal.

The Team also needs to indicate "Other options that were considered and rejected in favor of the proposed actions and Rationale for rejecting other options."

Implementation" date should match with the "Start Date" of services on the grid on page 11. An IEP must be in effect on the first day of school.

All actions, both those proposed or refused, at the PPT should be listed here. All actions or requests, both those proposed or refused, must be supported by a reason. If the parent feels that the reason given for proposing or refusing actions is incorrect or misleading, they have the right to request in writing that the IEP be amended.



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).

The statements written in the "Area" column should clearly describe where the student currently performs, given his/her peer-level expectations, within the general curriculum and non-academic areas. (See page 5)

Parent and Student input and concerns	

"Parent and Student Input and Concerns" is information from the Parent/Guardian, and when possible the student, to be considered as part of the student's IEP. Any statements of concerns/success or evaluations presented at the PPT by the parents/guardians or student must be considered by the team and included in the file.

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.
Academic/Cognitive Language Arts: <input type="checkbox"/> Age Appropriate Academic/Cognitive: Math: <input type="checkbox"/> Age Appropriate Other Academic/Nonacademic Areas: <input type="checkbox"/> Age Appropriate 	<p><i>"Strengths" may include relatively strong areas for the student; a strength when compared to peers, or particular motivational or interest areas. Statements about the student's strengths can support instructional decisions related to motivation, learning styles, and learning preferences.</i></p>	<p><i>"Concerns/Needs" detailed in this column should result in corresponding goals and objectives. (See page 7 of the State Department of Education "IEP Manual" and Forms".)</i></p>	<p><i>Information within this column will describe how the student's disability specifically impacts her/his involvement/participation and progress in school activities. 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?)</i></p>

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

See notations on page 4 for these four columns.

The remaining pages of the IEP should be directly aligned with the performance information found on pages 4 and 5.

"Other" applies to all other assessments strengths, concerns/needs, and impacts that do not neatly fit into a specific area. For example; Generalized psychological data (e.g. WISC, etc.)

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

TRANSITION PLANNING

- Not Applicable:** Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
- This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.**
- Student Preferences/Interests – document the following:**
 - Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? Yes No
 - Did the student attend? Yes No
 - How were the student's preferences/interests, as they relate to planning for transition services, determined?

 Personal Interviews Comments at Meeting Functional Vocational Evaluations Age appropriate transition assessments Other _____
 - Summarize student preferences/interests as they relate to planning for transition services: _____
- Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered)** _____
- Agency Participation:**
 - Were any outside agencies invited to attend the PPT meeting? Yes with written consent No (If No, specify _____)
 - If yes, did the agency's representative attend? Yes No
 - Has any participating agency agreed to provide or pay for services/linkages? Yes No (If Yes, specify _____)
- Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP**
 - Post-School Outcome Goal Statement - Postsecondary Education or Training:** _____

 Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP.
 - Post-School Outcome Goal Statement – Employment:** _____

 Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP.
 - Post-School Outcome Goal Statement - Independent Living Skills (if appropriate):** _____

 Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation).
- Please select ONLY one:**
 - The course of study** needed to assist the child in reaching the transition goals and related objectives **will include** (including general education activities): _____
 - Student has completed academic requirements;** no academic course of study is required – student's IEP includes **only** transition goals and services.
- At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**
 - NA (Student will not be 17 within one year) The student has been informed of her/his rights under IDEA which will transfer at age 18 No IDEA rights will transfer
- 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.

Transition goals and objectives are integrated into the IEP following a student's 15th birthday, or earlier if determined appropriate by the PPT, and annually thereafter. Such transition planning may take place earlier if deemed appropriate by the PPT.

Post-School Outcome Goal Statement PSOGS): must be a measurable statement that refers to those goals that a student hopes to achieve after leaving secondary school. The P-SOG do not include the process to achieve the goal... ex. John will explore a 4 year college. Explore is a process and is not measurable. A good goal would be...John will attend a competitive 4 year college after he graduates from high school.

The IEP must have at least 2 PSOGSs and related annual goals in the area of transition: One goal for post secondary education or training and one goal that relates to employment.

Each student must have transition goals, page 7 of the IEP, to be in effect when the child turns 16.

As appropriate, the student must be invited to all PPT meetings involving transition planning and encouraged to actively participate.

This section is included to ensure the students' interests, preferences & strengths are assessed on an on-going basis. Results are used to develop & identify appropriate measurable IEP goals and objectives. Results of these assessments should be reported on Present Levels of Performance, page 5.

Inviting outside agencies insures that transition planning is comprehensive and well coordinated, but cannot occur without consent of the family/guardian or the student, if 18 over and own legal guardian.

For each Post-School Outcome Goal, there should be an annual goal(s) and objectives included in the IEP that will help the student make progress towards the PSOGSs.

When appropriate, a student's program should include both school-based and community-based activities.

Transition services are based on personal preferences, interests, and needs that may be considered by the student in planning the transition outcomes.

The "Summary of Performance" (SOP) provides the student a summary regarding their academic achievement and functional performance. It will also include recommendations on how to assist the student to achieve post-secondary goals. The SOP must be completed during the final year of the student's high school education.

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

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

“Measurable Annual Goals” and “Short Term Objectives/Benchmarks” should relate directly to the information recorded on Page 4 or 5 under concerns/needs (requiring specialized instruction). They should align with the grade-level general education curriculum standards, as well as relevant non-academic needs/concerns.

“Evaluation Procedures” must provide objective means of measurement. “Teacher observation” is subjective, thus not an objective source of evaluation.

<input type="checkbox"/> Academic/Cognitive	<input type="checkbox"/> Social/Behavioral	<input type="checkbox"/> Communication	<input type="checkbox"/> Gross/Fine Motor	<input type="checkbox"/> Employment/Post Secondary Education**	Enter Dates for Evaluating and Reporting Progress in Boxes Below
<input type="checkbox"/> Self Help	<input type="checkbox"/> Community Partic.***	<input type="checkbox"/> Independent Living***	<input type="checkbox"/> Health	<input type="checkbox"/> Other: (specify)	
<input type="checkbox"/> Check here if the student is 15 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked)					
Measurable Annual Goal* (Linked to Present Levels of Performance)#					
<i>“Measurable Annual Goals” estimate expected outcomes for the student within the academic year. These may be measured in terms of achievement of short-term objectives, see below.</i>					
Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)					
Objective #1		Eval. Procedure:	Report Progress Below (Use Reporting Key)		
_____		Perf. Criteria:	1	2	3
_____		(%, Trials, etc.)	5	6	7
_____			8		
Objective #2		Eval. Procedure:	Report Progress Below (Use Reporting Key)		
_____		Perf. Criteria:	1	2	3
_____		(%, Trials, etc.)	5	6	7
_____			8		
Objective #3		Eval. Procedure:	Report Progress Below (Use Reporting Key)		
_____		Perf. Criteria:	1	2	3
_____		(%, Trials, etc.)	5	6	7
_____			8		
Evaluation Procedures			Performance Criteria		
1. Criterion-Referenced/Curriculum Based Assessment	7. Behavior/Performance Rating Scale	A. Percent of Change	F. Duration		
2. Pre and Post Standardized Assessment	8. CMT/CAPT	B. Months Growth	G. Successful Completion of Task/Activity		
3. Pre and Post Base Line Data	9. Work Samples, Job Performance or Products	C. Standard Score			
4. Quizzes/Tests	10. Achievement of Objectives (Note: use with goal only)	D. Passing Grade			
5. Student Self-assessment/Rubric	11. Other (specify)	E. Frequency/Trials	J. Other: (specify)		
6. Project/Experiment/Portfolio	12. Other (specify)				
Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)			M = Mastered		
U=Unsatisfactory Progress – Unlikely to achieve goal			S = Satisfactory Progress – Likely to achieve goal		
N = No Progress – Will not achieve goal			NI = Not Introduced		
			O = Other: (specify)		

“Measurable Annual Goals” estimate expected outcomes for the student within the academic year. These may be measured in terms of achievement of short-term objectives, see below.

As noted, if this box is checked, page 6 must be completed and corresponding transition goals and objectives developed.

Short-Term Objectives/Benchmarks” describe measurable intermediate outcomes.

Performance Criteria” determines how the team will know the student has reached his/her goal.

Documentation of progress should be clearly understood by both Parent/Guardians and professionals.

Mastery of goals and objectives is defined by these three elements. It is important that goals and objectives be specific, measurable and, to the extent appropriate, relate to the student’s achievement in the general education curriculum and non-academic areas.

* Related to meeting the student’s needs that result from the individual’s disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student’s other educational needs that result from the student’s disability.
 ** It is recommended that, at a minimum, a goal and related objectives be developed for the area of Employment/Post Secondary Education if transition services are addressed.
 *** Note: If transition services are addressed, Transition Planning, Page 6 (Item 5 and 6) must be completed.

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

Accommodations and Modifications to be provided to enable the child:	Sites/Activities Where Required and Duration
<p>Accommodations may include Assistive Technology Devices and Services</p> <p>Materials/Books/Equipment: _____</p> <p>Tests/Quizzes/Assessments: _____</p> <p>Grading: _____</p> <p>Organization: _____</p> <p>Environment: _____</p> <p>Behavioral Interventions and Support: _____</p> <p>Instructional Strategies: _____</p> <p>Other: _____</p>	<p>When completing this section, the team must indicate the site/activities and duration. 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."</p>

*"Accommodations" are changes to the instruction (such as materials, content, enhancements and tasks) that address **how** the student will learn. Accommodations may include supplementary aids such as: assistive technology devices and support services. This should be done before modifications are made to the curriculum.*

*"Modifications" are changes to the content or delivery, which will affect **what** the student will learn. Modifications include curricular changes in the content standards or the performance expectations.*

Parent/Guardians and other PPT members may refer to page 16 of the IEP manual for frequently used options.

Program accommodations and modifications must be specific and appropriate to meet the needs of the student as defined in the IEP.

When completing this section, the team must indicate the site/activities and duration. 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."

*"Frequency and Duration of Supports Required for Personnel to Implement this IEP" - Federal law requires the IEP to include supports that **staff** might need in order to implement the student's IEP. Typically, these supports refer to: teacher training specific to the student's diagnosis (i.e. Autism), paraprofessional support in the classroom, or consultation by a special education teacher or related services provider.*

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

“CMT/CAPT Skills Checklists” have been created for use with those students with a significant cognitive impairment. The checklist has been designed to align with the skills and objectives outlined in the Connecticut Curriculum Frameworks in Language Arts and Math at grade levels 3-8 and 10. In March 2008, Science will added to the Skills Checklist for grades 5, 8, and 10.

<p align="center">CMT/CAPT-CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</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 align="center">CMT/CAPT-check the appropriate option</p> <p> <input type="checkbox"/> 1. Standard Administration* <input type="checkbox"/> CMT/CAPT accommodations form was completed and is attached. <input type="checkbox"/> 2. Utilize the CMT/CAPT Skills Checklist <input type="checkbox"/> 3. Exempt** </p> <p><small>*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.</small></p> <p><small>**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 (LASILAS Links) at least once in that time period.</small></p>	<p align="center">DISTRICTWIDE ASSESSMENT- CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</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 align="center">DISTRICTWIDE ASSESSMENT- check the appropriate option</p> <p> <input type="checkbox"/> 1. NA - No districtwide assessment is scheduled during the term of this IEP <input type="checkbox"/> 2. Standard Administration <input type="checkbox"/> 3. Specify accommodations <input type="checkbox"/> 4. Exempt: Explain why the standard administration is not appropriate and how the student will be assessed (required) </p>
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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.

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:

- For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 - NA A behavioral intervention plan has been developed IEP Goals and Objectives have been developed to address the behavior Other (specify) _____
- For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 - NA Recommendation: (specify) _____
- For students who are blind or visually impaired: NA Instruction in braille or the use of braille is being provided, as required The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.
- For students who are deaf or hard of hearing, 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) _____

IDEA 04 requires the PPT to determine when periodic progress reports will be provided.

EXIT CRITERIA

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

For the purposes of "Exit Criteria", "Graduation" means graduation with a regular high school diploma.

When a child's behavior impedes his/her learning or that of others, the IEP Team must consider the use of positive behavioral interventions. In the case of a child whose behavior has resulted in the suspension from school for more than 10 days or removal from his/her current ed. placement, a Functional Behavior Assessment (FBA) may be completed. This may lead to the design and implementation of a Behavioral Intervention Plan (BIP), if one is not already in place, or, the review/modification of the BIP that is already in place, as necessary to address the behavior. The BIP assists the student in the dev. of positive comm., beh., and social presentation. Provision of personal supports, goals/objectives, and/or other supportive strategies may be necessary.

A "Functional Behavioral Assessment" (FBA) looks beyond the behavior itself. The FBA focuses on identifying significant factors within the student's social, cognitive, and/or environment associated with the occurrence (and non-occurrence) of specific behaviors. The FBA provides an understanding of "why" a student behaves the way they do, leading to an effective behavioral plan.

- A "Behavioral Intervention Plan" (BIP) must:*
- be developed when a student's behavior interferes with his/her learning.
 - be based on recent and meaningful assessment data
 - be individualized.
 - include positive behavioral strategies and supports.
 - be implemented as designed.
 - have effects monitored.

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

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
*Instructional Site:		1. Regular Classroom	2. Resource/Related Service Room	3. Self-Contained Classroom	4. Community-Based	5. Other:		
Description of participation in General Education		Example: "The student will participate in fifth grade classes in lunch, math, , P.E., music, art, science and social studies."						
Note: Each Item #1-13 must include a response	1. Assistive Technology:	<input type="checkbox"/> Not Required	<input type="checkbox"/> Required: See Pg. 8	5. Length of School Day: (Specify)				
8. Total School Hours	<p>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:</p> <p>(A) "The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audio logy 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.</p> <p>(B) "The term does not include a medical device that is surgically implanted, or the replacement of such device."</p>							
11. Since the last IEP meeting	<input type="checkbox"/> Not Applicable: Student will participate fully							
12. Extended School Year Services	<input type="checkbox"/> b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend if not disabled, the PPT must justify this removal.							
13. a) The extent, nature, and frequency of services	<input type="checkbox"/> The IEP requires removal of the student from the regular classroom.							

Regular Education Services will not appear here, but everything related to Special Education Services, including OT, PT, and Speech must be written into this area.

If a Special Ed. teacher provides instruction in a regular education classroom, this is still considered special education hours.

If "Extended School Year Services" are required, districts may use an additional Page 11 to outline extended school year services.

"Related Services" are designed to enhance the goals and objectives of the IEP.

"Frequency" may be indicated in a way that most accurately reflects the service implementation (i.e., 3 hours/week).

"Responsible Staff" refers to the professional(s) responsible for developing specially designed instruction, monitoring the implementation of the IEP, and reporting progress towards achievement of the annual goals.

The "Service Implementer" refers to the Professional/Paraprofessional actually implementing the service instruction.

This section should be used to further describe and clarify delivery of instructional services.

Example: "The student will participate in fifth grade classes in lunch, math, , P.E., music, art, science and social studies."

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:

(A) "The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audio logy 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.

(B) "The term does not include a medical device that is surgically implanted, or the replacement of such device."

Placement outside of the regular classroom must be documented, and provided as close to the regular classroom and with the least intrusion on the child's ability to access the regular curriculum as possible.

According to the IDEA 2004, "Least Restrictive Environment" (LRE); To "the maximum extent appropriate" a child should be educated with their non-disabled peers in the regular education classroom in their home school. (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R. §300.114(a)(2)(ii)

Defined by the relationship between numbers for boxes 8 and 9 on this page.

Note: The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.

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 3rd birthday, why?
 - Late referral / moved into district late (less than 90 days before 3rd 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

- 1. The student is projected to graduate in: (Check the box that applies at the annual review during the students 9th grade)
 - 4 years Other (specify) _____
 - 5 years _____
 - 6 years _____
 - 7 years _____

*Gilbert School, Norwich Free Academy, Woodstock Academy

The "Required Data Collection" page is not part of the IEP. Data collected from this page is required to meet state and/or federal data requirements. The information on this page should be collected at the "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.