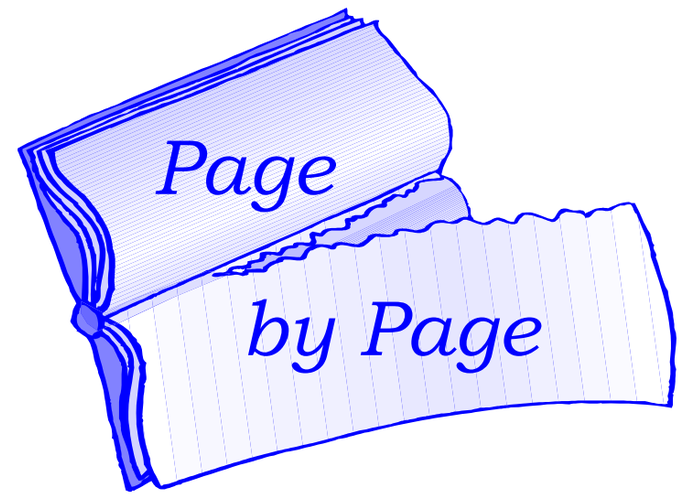
So, you're going to a PPT…..

The IEP Guide



Revised May 26, 2015

….don't leave home without reviewing this.

Acknowledgements

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Thank you to all who have contributed to this project,
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David Arney - CT State Department of Developmental Services
John M. Flanders - Attorney at Law
Roger Frant - CT State Department of Education
Stacy Hultgren – Parent/Autism Spectrum Resource Center
Gail Mangs - CT State Department of Education
Angela Spino - Parent/CT Council on Developmental Disabilities
Nancy L. Taylor - CT State Department of Developmental Services
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Dear Parent,

The information within this guide is designed to assist you in understanding the Individualized Education Program (IEP) document and the Planning and Placement Team (PPT) process. While this guide may not answer all your questions, the intent is to provide you with an awareness of the more important components within the IEP, thus allowing you to be an informed and active member of your child's PPT meeting.

For a more in-depth review of the IEP, please visit the State Department of Education website to access the "IEP Manual and Forms" document; see link below:

http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/IEPManual.pdf

~ Remember ~
All PPT participants are equal members of the Team.

"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), an interpreter (if needed) and anyone with expertise on the child invited by either the parents or the school.

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: _____ Gender: ☐ Female ☐ Male

Current Home School: _____

"Current Home School" is the school in the district the student would attend if not disabled.

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ ☐ Yes ☐ No ☐ NA

Student Address[1]: _____ Student Instructional Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Name): _____ Home Dominant Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Address): ☐ Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ (mm/dd/yyyy) Next Reevaluation Date: _____ (mm/dd/yyyy)

Most Recent Annual Review Date: _____ (mm/dd/yyyy) Next Annual Review Date: _____ (mm/dd/yyyy)

Reason for Meeting[2]: ☐ Review Referral ☐ Plan Eval/Reeval ☐ Review Eval/Reeval ☐ Determine Eligibility ☐ Determine Continuing Eligibility ☐ Develop IEP ☐ Review or Revise IEP ☐ Conduct Annual Review ☐ Transition Planning ☐ Manifestation Determination ☐ Other (specify) _____

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

"Next Re-evaluation Date" refers to the date the "Triennial Testing" is due. Every three years the PPT must decide if the student needs a reevaluation to provide updated recommendations for the IEP development and determination of eligibility. A reevaluation may occur sooner if conditions warrant, or if the parent or student's teacher requests it.

The next projected PPT meeting date is: _____ (mm/dd/yyyy)

- 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 using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) ☐ No

  If YES, what is the date of the IEP being amended? _____ (mm/dd/yyyy)

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, must 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.

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____

Parent/Guardian: _____

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

Parent/Guardian: _____ Social Work: _____ Agency: _____

Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____

Student: _____ Guidance: _____ Other: (specify) _____

Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

[1] Address of student's primary residence. [2] May choose more than one

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

The "List of PPT Recommendations" provides an itemized list of the PPT recommendations that were made by a student's PPT. It is important that this section be specific so that both parent and school district staff know what is being recommended.

It is good practice to review these recommendations prior to the conclusion of each meeting.

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

The "PPT Meeting Summary" is a brief description of discussions within the team meeting. Such a summary is not mandated by the Federal Regulations, however if provided, the school must ensure its accuracy. If parents feel that the summary is incorrect, they may request, in writing, a correction. The school must respond to this request in writing, and the parents have the right to appeal any reply that they feel results in an inaccurate record.

Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* (http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730#Legal) at the first PPT meeting following a child's initial referral for special education. In addition, the notice must also be provided to parents at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child's IEP. ☐ A copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* has been provided to the parents on _____ (date).

Prior Written Notice provides written communication to the parent/guardian of the actions that have been proposed or refused. PWN is provided at the PPT meeting or sent with the IEP within 5 school days. An IEP must be in effect on the first day of school.

If the parents feel that the reason(s) given for proposing or refusing actions is incorrect or misleading, they have the right to request in writing that the IEP be amended.

If the Team identifies any "Actions Refused," the Team is required to:

1. Fully document "Reasons for Refused Actions," and
2. Provide list of "Evaluation procedures, assessment, records, or reports used as a basis for the refusal."

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
	☐ Educational performance supports proposed actions ☐ Evaluation results support proposed actions ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Motor _____ ☐ Adaptive _____ ☐ Report Cards _____ ☐ Classroom Observation _____ ☐ Review of Records _____ ☐ Cognitive _____ ☐ Social Emotional Behavior _____ ☐ Communication _____ ☐ Teacher Reports _____ ☐ Developmental _____ ☐ Other (specify and dated) _____ ☐ Health/Medical _____	

Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)
	☐ Educational performance supports refusal ☐ Evaluation results support refusal ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Motor _____ ☐ Adaptive _____ ☐ Report Cards _____ ☐ Classroom Observation _____ ☐ Review of Records _____ ☐ Cognitive _____ ☐ Social emotional Behavior _____ ☐ Communication _____ ☐ Teacher Reports _____ ☐ Developmental _____ ☐ Other (specify and dated) _____ ☐ 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
☐ Full-time placement in general education with supplementary aids and services. ☐ No other options were considered and rejected. ☐ Other options considered and rejected in favor of this action: _____	☐ Options would not provide student with an appropriate program in the least restrictive environment ☐ Other: (specify) _____	☐ There are no other factors that are relevant to the PPT decision ☐ Information/concerns shared by the parents ☐ Information/preferences shared by the student ☐ Other: (specify) _____	☐ Date of exit from Special Education _____ ☐ Returning to general education ☐ 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/cwp/view.asp?a=2678&Q=320730.

In most instances, the "Implementation" date should match with the "Start Date" of services on the grid on page 11. Parents/ guardians must receive PWN at least 10 school days before the implementation date of the IEP.

The completed Prior Written Notice (PWN) should be given to the parent(s) at the conclusion of the PPT. Parent's receipt of the PWN and the agreed upon implementation date should be documented on page 2 of the IEP.

If parent(s) do not agree to implement the IEP on an agreed upon date, the reasonable timeframe for implementation of the IEP is ten school days from receipt of the PWN.

CPAC - Great Resource!

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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

Parent and Student input and concerns	

"Parent and Student Input and Concerns" must be considered in the development of the IEP and should specifically record any statements of concerns or success by the parents or student.

For example: 1) the parent is concerned that his/her child needs a hands-on approach in science class rather than a lecture style and 2) the parent shares that his/her child has made good progress in both reading and math this school year.

The statements written in the "Area" column should clearly describe how the student is currently performing within the general curriculum and non-academic areas, given peer-level expectations. Any assessments or evaluations utilized to determine present levels of performance should also be included.

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: ☐ Age Appropriate			
Academic/Cognitive: Math: ☐ Age Appropriate			
Other Academic/ Nonacademic Areas: ☐ Age Appropriate			

"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.

"Concerns/Needs" detailed in this column must result in corresponding goals and objectives.

(See page 7 of the State Department of Education IEP Manual and Forms.)

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. (e.g., If there is a concern, then what is the impact on the student's participation and progress in that area?)

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — 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: ☐ Age Appropriate			
Communication: ☐ Age Appropriate			
Vocational/Transition: ☐ Age Appropriate			
Health and Development including Vision And Hearing: ☐ Age Appropriate			
Fine and Gross Motor: ☐ Age Appropriate			
Activities of Daily Living: ☐ Age Appropriate			
Other: ☐ 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, WAIS).

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

TRANSITION PLANNING

1. ☐ Not Applicable: Stu

☐ 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.

2. Student Preferences/Interests – document the following:
   a) Was the student invited to attend her/his Planning and Placem
   b) Did the student attend?
   c) 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
   d) Summarize student preferences/interests as they relate to pla

3. Age Appropriate Transition Assessment(s) performed: (Spec

4. Agency Participation:
   a) Were any outside agencies invited to attend the PPT meeting?
   b) If yes, did the agency's representative attend?
   c) Has any participating agency agreed to provide or pay for serv

5. Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP
   a) Post-School Outcome Goal Statement - Postsecondary Education or Training: _____
   ☐ Annual goal(s) and related objectives regarding Pos
   b) Post-School Outcome Goal Statement – Employment: _____
   ☐ Annual goal(s) and related objectives regarding Em
   c) Post-School Outcome Goal Statement - Independent Livin
   ☐ Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)

6. Please select ONLY one:
   ☐ The course of study needed to assist the child in reaching
   ☐ Student has completed academic requirements; no academic course of study is required – student's IEP includes only transition goals and services.

7. 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

8. 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.

Each student must have transition goals documented on page 7 of the IEP and in effect when the child turns 16.

2. (a and b) The student must be invited to all PPT meetings involving transition planning and encouraged to actively attend and participate.

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

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

#5. 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. The IEP must include appropriate measurable postsecondary goals based upon needs and concerns listed on pages 4 & 5 and age-appropriate transition assessments related to postsecondary education or training, employment, and, if appropriate, independent living skills.

#6. When appropriate, the PPT should consider including both school-based and community-based activities in a student's program.

Transition services are based on the student's strengths, preferences, interests and needs and must be considered in planning post-school outcomes.

#5. Post-School Outcome Goal Statement (PSOGS): refers to those goals that a student hopes to achieve after leaving secondary school. The PSOGS do not include the process to achieve the goal; e.g., John will explore a four-year college. (Explore is a process and is not measurable.)

A good PSOGS would be. . . (e.g., "John will attend a 4- year college after he graduates from high school.")

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

#8. -The "Summary of Performance" (SOP) provides the student with a summary regarding his/her academic achievement and functional performance. It should include recommendations on how to assist a student achieve post-school goals. The SOP must be completed during the final year of the student's high school education.

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

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

"Measurable Annual Goals" and "Short Term Objectives/ Benchmarks" should relate directly to the information recorded on **Page 4** and **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 such as the CORE Transition Skills.

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

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

☐ Academic/Cognitive ☐ Social/Behavioral ☐ Communication ☐ Gross/Fine Motor ☐ Postsecondary Education/Training
☐ Self Help ☐ Employment ☐ Independent Living ☐ Health ☐ Other: (specify)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	2	3	4
5	6	7	8

☐ **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) # _____

Eval. Procedure: _____
Perf. Criteria:
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Short Term Objecti

Objective #1

The following is an example of an **academic** goal and related objective.
Goal #1: Given the district's 4th grade math curriculum scope and sequence, [student's name] will demonstrate mastery of the 4th grade goals for math applications, as measured by completion of the objectives.
Objective #1: When given a word problem involving fractions, [student's name] will solve the problem correctly by reading a word problem (or having it read to her/him) and choosing the correct operation.

Objective #2

The following is an example of a **employment** goal and related objective.
Goal #2: Given his/her interest and skills, [Student name] will investigate two jobs and determine what kind of postsecondary 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.

Objective #3

Eval. Procedure: _____
Perf. Criteria:
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Documentation of progress should be clearly understood by both Parent/Guardians and professionals and reported as noted on page 10.

"Evaluation Procedures" must provide an objective means of measurement. "Teacher observation" is often specified under "Other," however, this may be subjective and parents might want to request the data that was collected during the teacher's observation.

Evaluation Procedures	
1. Criterion-Referenced/Curriculum Based Assessment	7. Behavior/Performance Rating Scale
2. Pre and Post Standardized Assessment	8. CMT/CAPT
3. Pre and Post Base Line Data	9. Work Samples, Job Performance or Products
4. Quizzes/Tests	10. Achievement of Objectives *(Note: use with goal only)*
5. Student Self-assessment/Rubric	11. Other (specify) _____
6. Project/Experiment/Portfolio	12. Other (specify)

Performance Criteria	
A. Perc	
B. Mon	
C. Star	
D. Passing Grades/Score	I. Other: (specify) _____
E. Frequency/Trials	J. Other: (specify) _____

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

Mastery of goals and objectives is defined by these three elements. **Please note:** 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.

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
U=Unsatisfactory Progress – Unlikely to achieve goal **N** = No Progress – Will not achieve goal **M** = Mastered **NI** = Not Introduced **S** = Satisfactory Progress – Likely to achieve goal **O** = Other: (specify)

*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.

When selecting "Other" to report progress, the teacher must specify what "Other" means.

_ of ___ Goal Pages

"Accommodations" are the services and/or supports related to a student's disability that allows full access to a given subject matter and an accurate demonstration of knowledge without requiring a fundamental alteration to the content, standard or expectation of the task; thus altering **HOW** a student learns, but not WHAT a student learns.

"Modifications" are the services and/or supports related to a child's disability that help him or her to access subject matter and demonstrate knowledge; modifications fundamentally alter the standard or expectation of the task and therefore **WHAT** the student learns.

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — 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: – 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 may include Assistive Technology Devices and Services**	**Sites/Activities Where Required and Duration**
Materials/Books/Equipment:	
Tests/Quizzes/Assessments:	
Grading:	
Organization:	
Environment:	
Behavioral Interventions and Support:	
Instructional Strategies:	
Other:	

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. *Note:* Assistive Technology must be considered.

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."

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:

"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 a student's diagnosis (e.g., Autism), paraprofessional support in the classroom, or consultation by a special education teacher or related services provider.

Student: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — mm/dd/yyyy

STATE AND DISTRICT TESTING AND ACCOMMODATIONS

STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS

Check the grade the student will be in when the test is given.

- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5
- ☐ Grade 6
- ☐ Grade 7
- ☐ Grade 8
- ☐ Grade 10 CAPT Science Only
- ☐ Grades PK-2, 9 or 12; testing not required
- ☐ Grade 11
- ☐ Grade 12

DISTRICTWIDE ASSESSMENTS

Check the grade(s) the student will be in when the tests are given.

- ☐ Grade Pre-K
- ☐ Grade K
- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5
- ☐ Grade 6
- ☐ Grade 7
- ☐ Grade 8
- ☐ Grade 9
- ☐ Grade 10
- ☐ Grade 11
- ☐ Grade 12

Smarter Balanced Assessments and the Connecticut Alternate Assessment (CTAA)

Smarter Balanced Assessments and the CTAA include English Language Arts and Mathematics. ALL students in grades 5 & 8 will also take the CMT Science Test. Students in Grade 10 will ONLY take the CAPT Science.

Assessment Options: (Select Only ONE Option.)

- ☐ 1. **Smarter Balanced Assessments (Includes CMT Science for grades 5 & 8)**
- ☐ 2. **CTAA - CT Alternate Assessment* (Includes CMT Skills Checklist Science for grades 5 & 8)**
- ☐ 3. **Grade 10 ONLY (Select ONE):** ☐ **CAPT Science** ☐ **CAPT Skills Checklist Science**

Administration Options:

☐ Yes ☐ No — **Accommodations will be provided.** **

The completed *Test Supports/Accommodations Form* is attached. Accommodations MUST also be entered on the CSDE Accommodations Collection Website.

☐ Yes ☐ No — **EL (formerly ELL) exemption from reading and writing tests will be given.**

NOTE: This exemption applies only to students attending a U.S. school for the first time for less than 12 months **AND** who have limited English proficiency. Exempted students are not required to take the reading and writing tests, but **must take all other tests**. For further information, see the EXEMPTION GUIDELINES.

* *CTAA and CMT/CAPT Science Skills Checklists Eligibility & Learner Characteristics Inventory (LCI)* should be used for guidance on eligibility. Provide a completed copy of the *LCI* to the district test coordinator for required registration of students assessed with the CT Alternate Assessment (CTAA) and the CMT/CAPT Science Skills Checklists on the CSDE Accommodations Collection Website. **A PPT decision to assess the student using the CTAA or the CMT/CAPT Science Skills Checklists must be recorded on page 3 of the IEP, Prior Written Notice.**

**If accommodations are given, attach a copy of the *Test Supports/Accommodations Form* to the IEP and provide a copy to the district test coordinator for required registration on the CSDE Accommodations Collection Website.

DISTRICTWIDE ASSESSMENTS

(Select all appropriate options.)

☐ **N/A** - No districtwide assessments are scheduled during the term of this IEP.

☐ **Alternate Assessment(s)**

Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

_____

_____

_____

_____

Select one of the following options:

- ☐ **No accommodations will be provided, *OR***
- ☐ **Accommodations will be provided as specified on Page 8, *OR***
- ☐ **Accommodations will be provided as specified below.**

_____

_____

_____

_____

All of the accommodations for the Smarter Balanced Assessments, CMT/CAPT Science and the CTAA are indicated on the Test Supports/ Accommodations Form. The complete list of accommodations and the parameters for their use can be found in the State Department of Education publication entitled *Assessment Guidelines for Administering Connecticut's Statewide Assessments.*

In all instances where a student is exempted from a district-wide assessment, the PPT must determine how the student will **otherwise** be assessed. A statement must be provided as to why the student cannot participate in the standard assessment and why the alternate assessment specified is appropriate for the student.

When a child's behavior impedes his/her learning or that of others, the PPT 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 educational placement, a **Functional Behavioral Assessment (FBA)** should be completed and lead to the design and implementation of a **Behavioral Intervention Plan (BIP),** if one is not already in place, or, the review and modification of the BIP that is already in place, as necessary to address the behavior. The BIP assists the student in the development of positive communication, behavioral, and social presentation. Provision of personal supports, goals, objectives, and/or other supportive strategies may be necessary.

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name — mm/dd/yyyy — 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: ☐ NA ☐ See attached **required** *Language and Communication Plan* (Form ED638) - The PPT has determined (after considering the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology devices and services) that the services/modifications identified in the attached *Language and Communication Plan* are required.

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

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) _____

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

A "**Functional Behavioral Assessment" (FBA)** looks beyond the behavior itself. The FBA focuses on identifying factors within the student's social, cognitive, and/or physical environment that are associated with the occurrence of behaviors. The FBA provides an understanding of "why" a student behaves the way he/she does, leading to an effective behavior 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: _____ DOB: _____ District: _____ Meeting Date: _____

Last Name, First Name — mm/dd/yyyy — 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.)
Related Services								

1. Regular Classroom 2. Resource/Related Service Room 3. Self-Contained Classroom 4. Community-Based 5. Other:

Description of participation in General Education

Note: Each Item #1-13 must include a response

1. Assistive Technology: ☐ Not Required ☐ Required: See Pg. 8

5. Length of School Day: (Specify)

2. App

3. Phy

4. Tra

8. Total School Hou ents who do

11. Since the last A

12. Extended School Year Services: ☐ Not Required ☐ Required: See service delivery grid above or an Additional page 11 for services to be provided ☐ Required: Continue to implement current IEP

13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities:

☐ Not Applicable: Student will participate fully

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 from the regular education environment. ☐ Not applicable: Student will participate fully

☐ The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)

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.

"Special Education Services" must list everything related to "specially designed instruction" – all Special Education services. Regular Ed Services will not appear here.

"Frequency" may be indicated in a way that most accurately reflects the service implementation (e.g., 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 who actually implements the service/instruction.

This section should be used to further describe and clarify delivery of instructional services, particularly with reference to related services; such as 1:1 or small group instruction.

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

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

Example: "The student will participate in fifth grade classes in lunch, math, language arts, and P.E."

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.

If "Extended School Year Services" (ESY) are required, districts may use an additional Page 11 to outline extended school year services. Recommend that ESY decision be made no later than early Spring.

Item 13a reviews the regular education classes and activities in which the student will not participate.

According to the IDEA 2004, "Least Restrictive Environment" (LRE) means that a child must be educated in the classroom in the school where he or she would attend if he or she did not have a disability. (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular education 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.

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

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. ☐ Yes ☐ No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

☐ Late referral (less than 90 days before 3rd birthday) ☐ Moved into district late ☐ Other (Specify) _____

☐ Child initially found not eligible at age 3 (re-referred to district at a later date) ☐ Parent Choice ☐ FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):

1. **Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP** (hours from pg 2): _____

2. **Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:**

☐ Regular E.C. Preschool or Kindergarten Program

☐ E.C. Special Education Program in **Separate Class**

☐ E.C. Special Education Program in **Separate School**

☐ E.C. Special Education Program in **Residential Facility**

☐ Home

☐ Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. **Does the student live at any of the following locations?**

☐ None of these locations (Default - 00)

☐ Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)

☐ Hospital (03)

☐ Private Residential Facility (09)

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.

"The student's projected graduation date is projected in 9th grade and cannot be changed regardless of the "Exit Criteria" reported on page 10 of the IEP."

Notes