

# **PROCEDURAL MANUAL:**

## **THE COLORADO STATE RECOMMENDED IEP**





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## ACKNOWLEDGEMENTS:

This manual has been adapted from the Chicago Public Schools' *A Procedural Manual: Educating Children with Disabilities in Chicago Public Schools* as well as the Arizona Department of Education's *Prior Written Notice*.

Recognition and appreciation is extended to the Colorado State Advisory Group for the Development of the State Recommended IEP and this Manual.

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## USING THIS MANUAL:

Special symbols have been selected to aid in learning and using the information in this manual. They are placed in the sidebars and direct attention to information of unique importance to comply with all rules and regulations. The four symbols are:



*This symbol identifies new or revised policies regarding determination of eligibility, development and implementation of IEPs.*



*This symbol identifies questions and answers to clarify issues.*



*This symbol is used to point out a particularly critical piece of information to which special attention should be given.*



*This symbol highlights effective practices for implementing these new procedures but is not required by law.*

**The term *parent or parents* has been used throughout the manual for ease of reading. The reader should understand, however, that the term also includes guardian(s) and educational surrogate parent(s). 2.33**

Each section of the IEP form is described and accompanied by an image from the actual IEP form.

## INTRODUCTION:

The Individuals with Disabilities Education Act (IDEA) and Colorado's Exceptional Children's Education Act (ECEA) have established the Individualized Education Program (IEP) as the structure for planning and implementing goals and objectives for children with disabilities. This manual outlines the specific contents required in the IEP as provided through the IDEA as well as Colorado's State Recommended IEP Forms.

IDEA and ECEA include significant changes related to the content of IEPs including content related to secondary transition, state and district assessments, IEPs for children with disabilities who transfer from one public agency to another public agency within the same school year, IEP meetings and participants in those meetings, and changes to IEPs following the annual IEP meeting. The reauthorized IDEA also includes significant changes related to parental consent for initial evaluations and reevaluations.

The evaluation process presents another substantive change in IEP development. Previously, a "comprehensive evaluation" was required; this has been replaced by a "full and individualized" approach. The evaluation must contain sufficient information to appropriately identify all of the child's special education and related services needs. The new evaluation process is intended to provide students with individualized evaluations that are instructionally and behaviorally relevant. Under these new procedures, school personnel will employ a more focused assessment process related to a student's area of suspected disability. This flexibility is designed not only to ensure that the educational needs of the child are recognized, but instructional implications are readily identified and implemented.



*Highlights of the changes in the evaluation process are as follows:*

- The Multidisciplinary Team is charged with the responsibility of reviewing existing educationally relevant data, and determining the specific assessments, if any, that are needed to evaluate the individual needs of the child.*
- The composition of the Multidisciplinary Team will vary depending upon the nature of the child's present problems and other relevant factors.*
- The evaluation process begins with a review of existing data related to the child's performance and results of any screening that is conducted as a part of the general education program.*
- The evaluation must be sufficient to appropriately identify all of the child's special education and related services needs.*
- The evaluation should include those areas not commonly linked to the disability category but identified as concerns.*
- As a result of the new process, teams will be required to plan the evaluation needs deliberately and collaboratively.*

This manual is intended for practitioners to use as a reference document. It contains a comprehensive overview of the special education process, followed by instructions on how to fill out the State Recommended IEP Forms. Finally, a Tools section includes details regarding important terms and definitions, timelines, IEP Team member roles and responsibilities, use of Prior Written Notice, transition requirements and much more.



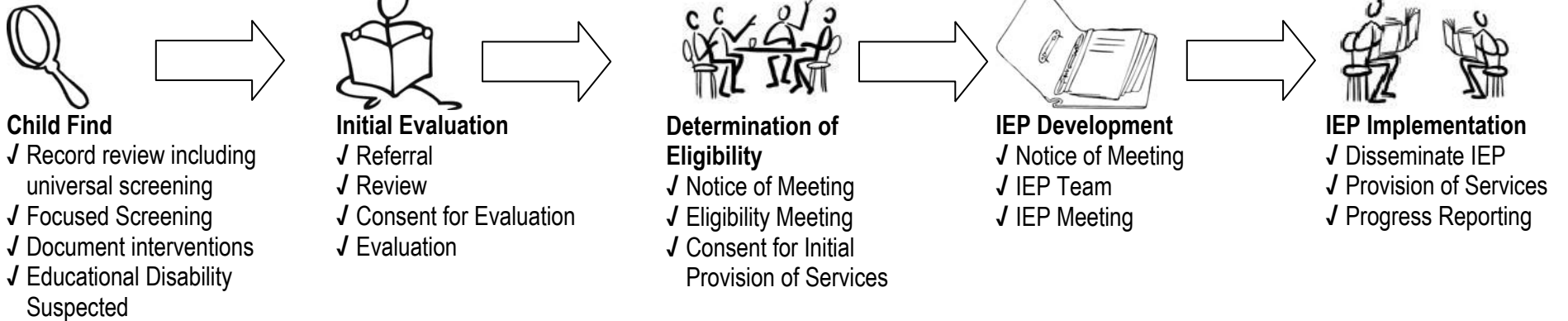




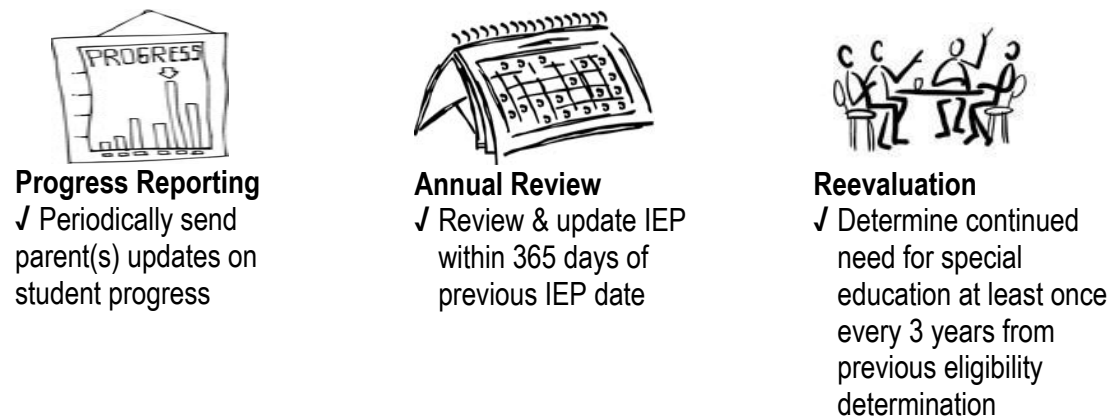
# THE SPECIAL EDUCATION PROCESS



## BEGINNING THE IEP PROCESS:



## REVIEWS FOR ONGOING IEP IMPLEMENTATION:



## OTHER IEP ACTIONS:





# BEGINNING THE IEP PROCESS:

## INITIAL EVALUATION

### Referral to Special Education

The special education referral is the initial step of the special education process. Any student who needs or is believed to need special education or related services in order to receive a free and appropriate public education may be referred for an evaluation as a result of a building level screening and/or referral process.

A special education referral must be clearly distinguished from a building level referral or a referral for screening, both of which are general education processes. The administrative unit or state-operated program should establish and follow procedures for referring a child for an initial evaluation to determine whether or not the child has a disability and needs special education and related services.

A referral may be made when a parent or representative of the administrative unit (or state-operated program) believes that the student has or may have a disability that would cause the student to be eligible for special education services. Any other interested party who believes that a student is in need of an initial evaluation must collaborate with the parent or the appropriate administrative unit or state-operated program.

*Recommended Form: Referral to Special Education from Local Administrative Unit*

### Review Existing Data

Once a referral is received the administrative unit must review the referral and existing information regarding the student. Based on the review, the administrative unit must determine the appropriateness of the referral.

If the administrative unit determines the referral is not appropriate, it must provide *Prior Notice of Special Education Action* stating the refusal to initiate the evaluation process.

If the administrative unit determines the referral is appropriate, then the Multidisciplinary Team must review the existing data to determine whether additional evaluation data are needed. This step is conducted through a meeting with members of the Multidisciplinary Team:

- 1.) The team reviews formal and informal information from a variety sources such as:
  - Information provided by parents and students
  - School-based problem solving data
  - Results of interventions and supports, accommodations and modifications
  - Results of current classroom-based and curriculum based measures
  - For students from a home where a language other than English is spoken, student's level of English language proficiency
  - Anecdotal records
  - Classroom observations
  - Cumulative records (attendance, discipline records, report cards, achievement scores, transcript)
  - Private or independent evaluation information, if available
2. ) The team reviews the eligibility documents defining the suspected disabilities, considers whether the evidence required for a suspected disability is available, and determines what additional information may be needed. Because the evaluation is targeted, it is essential that Teams prepare to respond to all questions on the *Determination of Eligibility* form for a suspected disability category.

3.) The data should help the team to answer the following questions:

What is the student's level of educational performance including student's strength/skills and needs?  
Does the measurable information demonstrate that the disability is adversely affecting the student's education?

What are the specific special education instruction and related services, including supplementary aids and services the student may need to in order to participate, as appropriate, in the general curriculum and to improve educational performance?

## Parental Consent

Parents must be given a copy of the Procedural Safeguards notice when they request an evaluation or when a child is initially referred for evaluation. A parent's informed consent must be obtained before an evaluation can be conducted.

Use the *Prior Notice & Consent for Evaluation* form to notify the parent of the date of the referral, the reasons for the referral, and decision of the Multidisciplinary Team. The Multidisciplinary Team documents its decision for seeking further evaluation, the areas to be evaluated, and the reasons for the evaluation. If the Multidisciplinary Team decides that further evaluation data are not warranted, the Team documents on the form why such a determination was made and informs the parents of their right to request an evaluation or to seek an impartial due process hearing on the issue.

Additionally, the Multidisciplinary Team documents the evaluation procedures, tests, records, or reports which were used in developing its proposal for evaluation including the other options that were considered, and rationale for rejecting the options as well as other factors considered by the Team.

*Recommended Form(s): Prior Notice and Consent for Evaluation, Prior Notice of Special Education Action*

## Receipt of Consent for Evaluation



*The date in which the Administrative Unit receives the signed written consent for evaluation triggers both the 60 calendar-day timeline for the completion of the evaluation and the 90 calendar-day timeline for the development of the IEP, if warranted.*

## Conduct the Additional Evaluation (If Needed)

If the team has determined that additional information is required prior to making a determination of eligibility for special education, then the additional evaluation is conducted.



*In conducting an evaluation, the administrative unit must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student, including information provided by the parent; and not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the student.*

*Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.*

*Assessments should be selected and administered so as to ensure that results of assessments administered to a child with impaired sensory, manual, or speaking skills, accurately reflect the child's aptitude or achievement level or other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure). Finally, the evaluation should address all areas related to the suspected disability, including, if*

*appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.*

## Documentation of Evaluation

Through the full and individual evaluation process, the Multidisciplinary Team is able to:

- Identify the student's strengths and skills;
- Identify the student's disability/ies if any exist(s);
- Collect sufficient information to measure the adverse effect of the student's disability/ies on his/her educational performance; and
- Identify specific instructional and support services that are needed by the student to improve his/her educational performance, regardless of whether the evaluation team determines that the student has a disability.

After the evaluation has been completed, the Multidisciplinary Team must document the evaluation information.

The evaluation report should:

- Document sources of information and assessment methods used, results obtained and date(s) the assessment(s) was administered.
- Analyze raw evaluation data or completed questionnaires and interpret the results, including the student's strengths, needs, and implications for instruction. Data prove to be more valuable with appropriate analysis and synthesis.



*Use language that is educationally relevant, succinct, devoid of as much jargon as possible and written in language readily understood by educational staff and parents. Reports that are written in this manner are more helpful for collaborative educational planning. For example, instead of using terms like auditory memory or transitioning, it is best to describe their meanings in a sentence. "(Student's name) has difficulty remembering directions 10 minutes after the teacher gives instructions" (auditory memory); or "(Student's name) may become distracted or forget what to do when moving from one activity to another" (transitioning).*



*The evaluation report should **not** include recommendations about eligibility for special education, a specific disability classification or placement options. The Multidisciplinary Team at the will determine its decision at the conclusion of the eligibility meeting where evaluation results are shared, interpreted and discussed.*



*Evaluation report(s) must be completed and provided to the parent(s).*

*Recommended Forms: Cover Page, Evaluation Report, Notice of Meeting*





# DETERMINATION OF ELIGIBILITY:

## Notice of Meeting

The Case Manager must send the *Notice of Meeting* to the parent(s) early enough to ensure that they will have an opportunity to attend. The meeting should be scheduled for a mutually agreed upon time and place. The *Notice of Meeting* provides for the combination of the Eligibility Meeting and IEP development if appropriate.



*It is a common practice for parents to be notified in writing at least 10 days prior to the meeting so that the purpose, time, location, attendees, and need for an interpreter can be determined early enough to ensure that parents will have an opportunity to attend. Should the time and place not be acceptable, parents must be afforded the opportunity to arrange another time.*

The purpose of the Eligibility Meeting is to determine a student's eligibility to receive special education services by:

- 1.) Developing and documenting a profile of the student's academic and behavioral functioning, including current levels of performance;
- 2.) Discussing characteristics exhibited by the student that support or refute the identification of a disability; and
- 3.) Determining whether there is or continues to be an adverse impact on the student's educational performance.

In making eligibility determinations, the Multidisciplinary Team must:

- Review and consider all assessment data, including results from any independent evaluations
- Consider the strengths and needs of the student
- Use the results of more than one single procedure; and
- Ensure the determination is not based on the student's lack of instruction or because of limited English proficiency.

The Multidisciplinary Team includes parents and other individuals who are knowledgeable about the evaluation findings, and can interpret their instructional implications. The meeting should summarize findings in the relevant areas identified on the appropriate *Eligibility Determination* form. Parents must be provided with a copy of the evaluation report and Eligibility Determination documents.

The Multidisciplinary Team should discuss whether or not the characteristics exhibited by the student support the conclusion that the student has a disability and needs special education and related services. If the student is determined eligible for special education, the Team can develop the IEP or schedule another meeting for that purpose. If it is determined that the student is not eligible for special education, the Multidisciplinary Team should discuss what other resources are available to support the student.

*Recommended Forms: Cover Page, Evaluation Report, Eligibility Determination Forms*

## Consent of Initial Placement in Special Education

If the Multidisciplinary Team has determined that a student is eligible for special education services at an initial eligibility meeting, the Team must obtain consent from the parent(s) for the initial provision of special education and related services. The *Prior Notice & Consent for Initial Provision of Special Education and Related Services* form must be completed *before* an IEP is developed and *before* the student receives any special education services.



*Written consent for the Initial Provision of Special Education and Related Services is only required at the initial eligibility determination. When a student transfers from another state or district and the initial consent is missing, the receiving district must obtain written parental consent.*



*The consent “opens the door” for special education services. It provides the Administrative Unit permission to provide any special education services once they are agreed upon by the IEP Team. It is **not** an agreement regarding what specific special education services or placement will be provided.*



*If the parent fails to respond to a request to provide consent for the Initial Provision of Special Education and Related Services, a public agency must document attempts to gain consent within a reasonable time frame. Such documentation includes:*

- detailed records including date and time of telephone calls made and the results of those calls;*
- copies of correspondence sent to the parents and any responses received;*
- detailed records including date and time of visits made to the parent’s home or place of employment and the results of those visits.*

*300.300(d)(5); 300.322(d)*

*Many Administrative Units recommend documenting 3 unsuccessful attempts.*



### **What if parents deny consent?**

If a parent refuses to consent or fails to respond to a request for consent for the initial provision of special education and related services, the public agency will not be considered in violation of the requirement to make available a FAPE to the student, and is not required to convene a meeting to develop an IEP. A public agency cannot use dispute resolution methods such as mediation or due process to obtain agreement or a ruling that services may be provided to the child. 300.300(b)(4)



### **Can parents withdraw consent?**

Currently, IDEA regulations do not specifically address whether a parent who has previously consented to the initial provision of special education and related services has the right to subsequently remove his/her child from special education services. Administrative Units should contact their legal counsel if such a request is made.

*Recommended Forms: Prior Notice and Consent for Initial Provision of Special Education & Related Services*

# IEP DEVELOPMENT:

## Provide *Notice of Meeting* to Parent

A common practice is to schedule the Eligibility and IEP development meeting at the same time; however, if necessary the meetings may be held separately. In this case, a separate *Notice of Meeting* must be sent to the parents.



*The IEP document must be maintained as part of the student's special educational record. All IEP discussions are confidential and must not be discussed with persons other than those school district employees who have responsibilities for the education of the particular student and persons authorized by the parent.*

## THE IEP TEAM

A group of professionals and the student's parents comprise the Individualized Education Program (IEP) Team to make decisions about the student's educational program. The IEP Team may be comprised of the same individuals or vary slightly from the individuals on the Multidisciplinary Team. The purpose of the meeting may dictate the need to include specific professionals at the meeting.

## Encouraging Parent Participation

Parents are integral members of their child's IEP Team. The Individuals with Disabilities Education Act 2004 (IDEA '04) requires that school districts take steps to ensure that one or both parents have the opportunity to participate in meetings related to the identification, evaluation and educational placement of their child. If neither parent can attend an IEP meeting, the public agency must use other methods to ensure parent participation in IEP development, including individual or conference calls. The case manager is responsible for facilitating communication with the parent to guide the process of evaluation and the subsequent IEP meeting. 300.322(c)

It is recommended that the case manager contact the parent(s) to determine his/her preferences for the date and time of the IEP meeting, and to ascertain if the parent has any special needs which require an accommodation (e.g., interpreter, wheelchair accessible site, etc.). The case manager may use several methods for contacting parents including telephone calls, mailing the information, a home visit, or contact through another adult family member.

The school may conduct an IEP meeting without a parent in attendance if the parent(s) does not respond to the notice, or if the school is unable to convince the parents to attend. School personnel must attempt to secure parental participation. Please refer to documentation requirements as described on page 13.

The case manager must also ensure that parents understand the proceedings of the meeting. This might include securing an interpreter or translator for a parent who is deaf or whose native language is other than English. Parents with limited English proficiency (LEP) may be given an audiotape containing translations made during the IEP meeting.



*Divorced Parents: Under the IDEA a biological or adoptive parent may be considered a parent for the purposes of the IDEA. However, if a judicial decree or order identifies a specific person to make educational decisions on behalf of a child, then that person is considered to be the parent. In the case of divorced parents, it may be necessary to determine which parent has educational decision making authority. 300.30*



*If a public agency develops a draft IEP prior to the IEP Team meeting, the agency should make it clear to the parents at the outset of the meeting that the services proposed by the agency are preliminary recommendations for review and discussion with the parents. The public agency also should provide the parents with a copy of its draft proposals, if the agency has developed them, prior to the IEP Team meeting*

*so as to give the parents an opportunity to review the recommendations of the public agency prior to the IEP Team meeting, and be better able to engage in a full discussion of the proposals for the IEP. It is not permissible for an agency to have the final IEP completed before an IEP Team meeting begins.  
Federal Register pg. 46678*

All individuals who need to be present must be listed by title only on the *Notice of Meeting*. The parent has the right to request the meeting be rescheduled if individuals present are not listed on the meeting notice or if invited individuals are not present.

Team participants	Multidisciplinary Team (for determining eligibility)	IEP Team (for annual review)	IEP Revision Team	IEP Team for Transition
Parent	E	E	E	E
General Education Teacher (if student is or may be receiving services in general education classroom)	R	R	R	R
Special Education Teacher (or Speech Pathologist if child is receiving only speech and language)	R	R	R	R
Individual who can interpret results of evaluation(s)	R	R	R	R
Special Education Director or designee	R	R	R	R
Student (age 15 or older)	E	E	E	E
Bilingual Specialist for ELLs	R	R	R	R
Community Service Agency Representative (if student is age 15 or older and the agency will provide or pay for services)	O	I	O	I
Related services providers, when services are considered for initiation, continuation or discontinuation	R	R	I	I

**E=Essential I = Must be invited to participate R = Required attendance O = Optional attendance**



*If the purpose of the meeting is to determine eligibility for special education, then a Multidisciplinary Team must meet. If the purpose of the meeting is to develop or revise the IEP at an Annual Review, Revision or Transition meeting, the IEP Team is required to meet. Often the required participants are the same, but the purpose of the meeting is different.*



*The general education teacher role must be filled by someone who is currently assigned to teach in a general education classroom for students the same age or grade level as the student whose IEP is being reviewed. If the student is currently in a general education setting, a teacher of the student must be in attendance. If the student is not currently in a general education setting, It is recommended that the general education teacher be able to represent the student's needs in accessing the general education curriculum*



*During the development of the IEP, the participation of the general educator is critical to discuss evaluation findings that may lead to appropriate interventions including the identification of supplementary aids and services, program modifications and supports for school personnel.*



*If a student needs a particular related service in order to benefit from special education, the related service professional must be involved in developing the IEP.*

Thoughtful and careful preparation for the IEP conference will ensure the IEP Team's success in developing an appropriate IEP that meets the student's needs. These responsibilities are described in detail in the *IEP Implementation Tools* section beginning on page 107.

## THE IEP MEETING

The IEP meeting is the mechanism used by the IEP Team to discuss and make decisions regarding specially designed instruction and related services for students. The product of the IEP meeting is the IEP document which is a written record that reflects the discussion and decisions of the IEP Team. The IEP document includes goals that are based on the student's unique needs and should support the student's progress in the general education curriculum. The IEP document also commits resources that the Administrative Unit/District considers necessary to meet the student's individualized education needs. An IEP meeting must be convened at least annually to review and revise the student's goals based on the progress made towards attainment of the goals.

The IEP is developed in accordance with the procedures described below and must specify the special education and related services, including any required extended school year services, needed to ensure that the student receives a free appropriate public education (FAPE). All services recorded on a student's IEP are provided at no cost to the parent. The specially designed instruction and related services are based on the student's unique needs and not on the student's disability category.

Case managers should make every effort to begin the IEP meeting on time. The conference room should be arranged to facilitate parent participation and effective communication among IEP Team members. It is a good idea to prepare and distribute an IEP meeting agenda in advance to organize the proceedings, to encourage participation, and to ensure that all required topics are discussed.



*The agenda should identify the topics for discussion and the order in which they will be discussed. An agenda will help maximize the use of available time and enable the IEP Team to keep the discussion focused. The Case Manager should ensure that a copy of the most recent eligibility report or IEP is available for review at the IEP meeting.*

### Sample IEP Meeting Agenda:

Time scheduled for today's meeting\*: \_\_\_\_\_

1. Introduce IEP Team participants
2. State the of Purpose for the Conference
3. Ask if parents have questions about *Procedural Safeguards, Rights and Responsibilities*
4. Present Levels of Academic Achievement and Functional Performance
5. Determination of Special Factors
6. Determine Post-School Goals and Transition Needs
7. Develop Annual Goals
8. Determine Accommodations and Modifications Needed
9. Determine Service Delivery
10. Determine Placement in the Least Restrictive Environment

Distribute copies of IEP documents

**\*If more time is needed, another meeting may be scheduled**

The following is a description of a typical IEP conference

### IEP Team Introductions

The Case Manager, as the IEP Team chairperson, starts the meeting with introductions of all participants. The chairperson of the meeting may request that IEP Team members introduce themselves and provide a brief description of their roles in the conference. Students 15 and older are both encouraged and invited to attend and to participate in the introductions and facilitation of the IEP meeting.

### Purpose

A statement expressing the purpose of the IEP meeting and the agenda should be shared with each participant. (For example, "We are here to discuss the progress of [student's name] and to plan his/her education program for the next year.")

The Case Manager may want to ask if anyone would like to add to the proposed agenda and determine the feasibility of any additions in relationship to the purpose of the IEP conference. The amount of time participants have available for the conference should be confirmed and an additional meeting scheduled if needed to complete all agenda items.

### Procedural Safeguards

The Case Manager should check with the parents to ensure that they have received their annual copy of the *Procedural Safeguards* and understand their educational rights. This can be accomplished by asking, "Have you received a copy of the Procedural Safeguards? Have you reviewed them and do you have any questions?"



*The Procedural Safeguards must be given to parents at least once per school year. Parents should be given another copy if requested at the meeting. The Case Manager should assure parents that the proceedings and the results are confidential and will be used for educational purposes only, and ask if they have any questions regarding their educational rights. The Case Manager should also inform parents and the student, if appropriate, of their rights and invite them to ask questions at any time during the meeting. Translators or interpreters should be present for parents with limited English proficiency or those who are deaf or hard of hearing.*

### Present Levels of Academic Achievement and Functional Performance

The IEP includes a statement of the student's present levels of academic achievement and functional performance. The team must include information about how the student's disability affects his/her involvement and progress in the general education curriculum. Results of the most recent formal and informal evaluation must be included. The student's strengths and personal interests, as well as concerns regarding the student's educational performance, physical development, social and emotional development, independent functioning (including vocational considerations, if appropriate) and participation in the home and community should be discussed. The Team should also describe the student's progress toward any goals in the past school year. The IEP Team should have an opportunity to share their expectations and vision of the student's future, including short-term and long-term issues. The student for whom the IEP is being developed is encouraged to add his/her perspectives on interests, strengths and needs, a future vision and goals, and any other pertinent considerations. This information must be summarized in writing on the IEP form.



*Previously teams were required to address strengths and needs in the 6 domains, this is no longer required.*



*Needs should be considered by broad areas such as in reading, writing or behavior etc. The Present Levels section should describe in more detail where specific areas of need occur. For example, a student may*



*have a need in the area of writing. The Present Levels section should describe if this is due to processing or motor concerns, or both. Later in the IEP, the accommodations, modifications and/or goals should address the instructional implications of each area of need.*

## **Consideration of Special Factors**

The Case Manager should confer with each IEP Team member to determine whether there are special factors that must be considered. The IEP Team must determine whether the following special factors or instructional implications could impede the student's learning:

- In the case of a child whose behavior impedes his/her learning or that of others, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.
- In the case of a child with limited English proficiency, consider the language needs of the student as those needs relate to the student's IEP.
- In the case of a child who is blind or visually impaired, consider providing 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.
- In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student'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.
- In the case of a child who is deaf and blind, consider both the communication needs and Braille instruction considerations discussed above.
- Consider whether the student needs assistive technology devices and services.
- Consider if the student has physical or health impairments
- Consider if the student has special transportation needs



*If the student's behavior is a concern, a functional behavior assessment should be completed before the conference to assist in developing an appropriate behavior intervention plan.*

If any of the above factors are relevant to the student's educational plan, they should be addressed at the IEP meeting. If it is known that resources currently not available at the school may be considered during the IEP meeting, the Case Manager should contact the Special Education Director or Designee for information regarding options available to provide necessary services.

## **Determine Measurable Post-School Goals and Transition Needs**

See section on Transition beginning on page 103.

## **Develop Goals for the Year**

Based on the present level of performance, the next step of the IEP meeting is to develop (or review and revise, as appropriate) a written statement about the student's educational needs and determine annual goals. A student's goals provide the compass that guides the IEP Team's decision-making.

When writing goals for students, there should be a direct correspondence between present levels of performance, identified need(s), and annual goals that allow the student to be involved in and progress in the general curriculum. Goals should not be written verbatim from the academic standards, but should reflect consideration of the Colorado State Learning Standards. The standard(s) is listed after the annual goal has been written.

Postsecondary goals are developed in concert with a student who is 15 and older and reflect the future aspirations that he/she has for life *after* exiting high school. Postsecondary goals help to guide the development of annual goals that will ultimately assist the student in attaining his/her future goals.

Annual goals represent the IEP Team's estimate of what the student can reasonably be expected to accomplish with *specially designed instruction or support* during the subsequent 365 days. Annual goals reflect the IEP Team's judgment, based on current levels of performance, potential for learning, and rate of development regarding what the student should accomplish. The Team answers the question: "With specially designed instruction, what do we expect the student to do or know at the end of the next 12 months?"



*Annual goals should be recognized by both parent(s) and teachers as high priority items that are educationally meaningful. Some goals may be established for their functional value in increasing the student's independence.*

#### Goal statements:

- Describe an improvement from the measurable current level of performance
- Reflect an area of need that is related to progress in the general education curriculum
- Include a measurable level of attainment
- Describe conditions under which the student will perform
- Are prioritized and selected in order of importance each year



*An acronym to help write effective goals is SMART:  
Strategic and specific  
Measurable  
Attainable  
Results-driven  
Time bound*

#### Objectives:

For students with disabilities who take alternate assessments aligned to alternate achievement standards, the IEP must include a description of benchmarks or short-term objectives. Students whose IEPs require objectives should still have goals and objectives that relate to the standards. Some students may require expanded benchmarks. *The Expanded Benchmark Process* allows IEP Teams to individualize benchmarks and/or assessments to focus on the key components of the standards, related access skills, or any combination necessary for a particular student to progress toward the Standard. See CDE's guidance on the Expanded Benchmark Process at: [http://www.cde.state.co.us/cdesped/download/pdf/CSAP-CO\\_Benchmark.pdf](http://www.cde.state.co.us/cdesped/download/pdf/CSAP-CO_Benchmark.pdf)



**Must the measurable annual goal address all areas of the general curriculum, or only those areas in which the student's educational progress is affected by the disability?**

Annual goals should address only those areas identified as needs. The IEP Team is not required to include goals that relate to areas of the general curriculum for which the student does not have a need.



## Accommodations & Modifications

The *Accommodations* section is used to identify areas of the curriculum and the student's development that require accommodations. Accommodations allow a student to access the curriculum, but do not change the standards or expectations in any way. Accommodations allow different instructional designs to support students and to enable them to receive special education services in the general education classroom. They may include the provision of related services, the assignment of paraeducators for specific purposes, and/or the provision of adaptive materials or instructional strategies targeted for the student.

Accommodations involve adapting instructional strategies (materials, manner of presentation, grouping, format), and/or the classroom environment (seating arrangements, lighting, sound, etc.). Accommodations should be made across educational settings.

Accommodations include, but are not limited to:

- Assistive technology devices
- Instructional practices, such as tutoring, heterogeneous grouping and/or peer partnerships
- Behavior intervention/support plans to address behavior that impedes learning
- Accommodations that change how a student accesses information and demonstrates learning, such as books-on-tape, large print books, Braille materials, calculators or word processors.
- Individualized supports, such as rephrasing of questions and instructions, allowance for additional time on assignments or testing accommodations
- Curricular aids, such as highlighted reading materials, main idea summaries, organizational aids, prewritten notes or study guides
- Services of related service personnel to provide direct instruction, consultation and related supportive services (e.g., school nurse services)
- Services of a paraprofessional such as a classroom or individual aide to provide assistance to the student in specific areas of need

Accommodations do not substantially change the instructional level, content or performance criteria. They should be provided in educational settings to enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate and to access the general curriculum.



*Intrusive accommodations, such as the assignment of an individual aide for all or part of the day, should be considered alongside the goal of achieving independence, and include plans for a gradual fading and eventual elimination of the accommodation without having a negative effect on the student's progress.*

Consideration should be given to those areas in which the student's needs affect educational performance. The IEP Team should address as many areas as are applicable based on priorities determined by the Team. For example, a student with a reading deficit might be adversely impacted in multiple academic areas beyond reading/language arts; hence appropriate accommodations should address all areas impacted by the reading deficit.

It is critical that the IEP Team consider student preferences when determining accommodations and modifications. Student input can increase the likelihood that an accommodation will be used effectively. Students can also provide feedback on which accommodations and modifications are helpful and which are not. For instance, a student with a visual impairment may appreciate being moved to the front of the classroom in order to see the chalkboard and teacher more easily. If a seat next to the window causes a glare on seatwork and the chalkboard, however, the student may ask to be moved to the other side of the room.

*Modification* means changing the program/curriculum when reasonable accommodations will not be effective in allowing the student to participate in the general education classroom. Modifications are greater or more extensive changes that

significantly alter the scope or content of the general education curriculum and are based on the student's need for such changes.

Sometimes a student needs to have the standards prioritized, modified and/or expanded. Curriculum modifications change what a student is expected to learn when participating in the general curriculum. Modifications may change the instructional level, the content and/or the performance criteria. However, even with a modified program, the student may work on the same subject area as the rest of the class. Because some students have significant academic needs, it may be that the IEP Team decides to prioritize a few of the standards for the student to work on. For students who have modified standards, participation in CSAPA may be considered.



*It is important that a discussion regarding the student's course of study, curriculum modifications and grading criteria occur at each annual review IEP conference. Parents and students age 15 and older must be involved in determining the modifications to the curriculum and the potential effects of these decisions on the student's post – school goals. For more detail see Transition section on page 103.*

## Service Delivery

The service delivery section of the IEP includes a table that describes the duration and frequency of special education and related services to be provided to the child by a special educator or related service provider. Services include supplemental instruction to address specific skill deficits, and may include program modifications or supports for school personnel to enable the child to advance appropriately toward attaining annual goals, to be involved and make progress in the general education curricula and to participate in extracurricular and other nonacademic activities with other children with disabilities and nondisabled children. To the extent possible, instruction and interventions should be research-based, systematic and explicit, and can occur in the general education or special education setting.

The service delivery section also includes a statement of the types of specialized instruction or interventions and how they will address identified areas of need, as well as the setting in which services will occur. Be sure the service delivery statement includes those services which are not adequately addressed in the table.



**How do we document when general education services meet special education needs? (i.e. reading interventionist specialist providing specialized reading instruction, but not a special educator)**

*It is not necessary to document general education or Title I services are on an IEP.*



*Interventions are not measures like accommodations, shortened assignment(s), allowing extended time, moving a student's seat, or retention.*

## Determining the Least Restrictive Environment

The IDEA requires that every student who has been identified with a disability and is age three through twenty-one must receive a free appropriate public education (FAPE) in the least restrictive environment (LRE). LRE is the setting where a student with disabilities receives his/her education.



*The LRE mandate requires that, to the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schools or other removal of students with disabilities from the general education classroom should occur only when the nature or severity of the student's disability is such that education in the general education class with the use of supplementary aids and services cannot be achieved satisfactorily.*

## **Making the LRE Decision**

The LRE decision is made only after all the goals, modifications and accommodations have been developed and identified in the student's IEP, and is based on the student's unique needs. The LRE may be very different for each student, but the determining factor remains the student's individual needs.

Each year when the IEP is developed, the IEP team discusses the least restrictive environment (LRE) for the student. The LRE discussion for every student with a disability, including preschool students, must consider placement in the general education classroom with necessary supplementary aids and services as the first placement option. The IEP Team should identify the student's strengths, and build upon those strengths when determining how the student will benefit educationally from receiving special education services in the general education classroom. Non-academic considerations such as the social/emotional benefits of interaction with nondisabled peers, social development and self-care goals are equally important when discussing general education classroom placement. The student's areas of need that have been identified in the IEP and addressed with goals and/or accommodations and modifications should also be reviewed individually to determine if through consultation, team teaching or other supplementary aids, those services can be delivered in the general education classroom.



*It is expected in most instances a student with disabilities can be educated in the school he/she would attend if not disabled, and in a general education classroom at least part of the day, with appropriate modifications and accommodations. In the event that there is a possibility that the student may be placed in a site other than the current school or that a significant change in placement is under consideration, a reevaluation must be conducted. Parents must be involved in any decision on the educational placement of their child.*

When determining the LRE for a student with disabilities and before the IEP Team recommends that a student with disabilities receives educational services outside of the general education classroom, the IEP Team should consider these questions to ensure that the student will be educated with nondisabled peers to the maximum extent appropriate:

- 1.) Is it possible for the student to receive his/her individually determined services in a general education class? If not, why not?
- 2.) Can the student achieve his or her IEP goals in the general education classroom with the use of supplementary aids and services?
- 3.) Does the IEP provide all necessary supplementary aids and services?
- 4.) What nonacademic benefits are available to the student from interacting with nondisabled peers?
- 5.) Is it possible for the student to access the general education curriculum and meet annual goals in the general education class for all or some of the school day? If not, why not?
- 6.) Would the student require so much of the general education teacher's time that the teacher cannot give adequate attention to the needs of other students in the classroom?
- 7.) Is the student so disruptive in the general education classroom that the education of the student or other students is significantly impaired?
- 8.) Does the student require the curriculum to be modified so significantly that it bears little relation to the instruction in the classroom?
- 9.) What are the potential effects, both positive and negative, of the placement options being considered?



*The following are the LRE factors from a 10<sup>th</sup> Circuit LRE case that is binding in Colorado:*

*1. Can the disabled child be satisfactorily educated in the general classroom with the use of supplementary aids & services? Factors in this question include:*

- (a) What steps have been taken to accommodate the child in the general education classroom, including the consideration of a continuum of placement and support services;*
- (b) A comparison of academic benefits the child will receive in the general education classroom with those that he will receive in the special education classroom;*
- (c) The child's overall educational experience in general education, including nonacademic benefits; and*
- (d) The effect of the presence of the disabled child on the general education classroom.*

*2. If not, has the AU mainstreamed the child to the maximum extent possible?*



- A student with disabilities does not have to fail in a less restrictive setting before the IEP Team recommends a more restrictive setting, nor is it required that a student demonstrate achievement at a specific performance level as a prerequisite for placement in a general education class.*
- A student with a disability should not be removed from an age-appropriate general education classroom solely because of needed modifications to the general educational curriculum.*
- A student with disabilities is never to be placed in a particular educational setting based solely upon the student's disabling condition, or on the staff, space and/or services currently available at a school.*

No one factor outweighs any other. The IEP Team should look at the individual needs of the student and determine in which setting the student would benefit educationally. Remember, even if the IEP Team determines that a student with disabilities should be removed to a separate class for any particular curricular area(s), the student must still be integrated with nondisabled peers for other activities as appropriate and have access to the general education curriculum.

If the IEP Team determines that a student with disabilities must be removed from the general education classroom because the student will not benefit educationally, even with the provision of supplementary aids and services, the IEP must document an educational justification for this removal. A decision to remove a student with disabilities from the general education setting must be based on the individual needs of the student and may not be based on the student's disability.



*The IDEA previously required LRE to be reported on the student's IEP based on how much of the day the student received services **outside** the general education setting. It now requires AUs to report the LRE setting based on how much of the day the student is in the general education environment.*



*To ensure that the process for determining the LRE placement is appropriate, it is recommended that principals observe several IEP meetings a year and regularly review the school's LRE data. If the principal attends an IEP meeting, s/he must be identified on the conference notice form in accordance with procedures.*

## Concluding the Meeting

The case manager should complete the sections of the IEP form that address the recommendations of the IEP Team. These sections include a summary of all educationally relevant information collected during the evaluation, modifications/accommodations needed in curriculum, materials, and instructional strategies.

In concluding the IEP meeting, the IEP Team should:

- 1.) Identify any activities that are to be completed before the next IEP conference;
- 2.) Summarize the goals with the participating student, when appropriate, to determine his/her responsibilities in the process;
- 3.) Anticipate the date and purpose of the next conference or meeting and;
- 4.) Identify strategies for ongoing communication among participants.

The case manager and the student (when appropriate) should express appreciation to all the participants for attending the meeting and assisting in making these important decisions related to the student's education.



*Copy and distribute the IEP documents as appropriate, ensuring that the special education teacher and parents receive a full copy at the conclusion of the conference or within a reasonable time frame.*



*EVERY teacher and support specialist who provides instruction for students with disabilities must have access to information regarding the needs of these students. In lieu of the entire IEP document, local schools may prepare and distribute an IEP summary report to every general education staff who works with the child, including physical education, art, music, computers, library and shop teachers.*

*The IEP summary report should be explained to general education staff by the case manager or other individuals identified at the IEP meeting. If a functional behavioral assessment is conducted and a behavioral intervention plan is developed, this plan should be provided to all staff who have interactions with the student, including staff responsible for discipline and security. Parents who speak a language other than English may receive a complete copy of the IEP in their native language. If this is not available, they may receive an audio cassette record of the IEP in their native language.*

## **IMPLEMENTATION OF THE IEP:**

After the IEP meeting, the IEP Team and staff must complete several important activities. Every teacher who provides instruction for students with disabilities must read the IEP and understand his/her responsibility to the student in order to assure the successful implementation of the IEP, as well as compliance with federal and state laws.



# REVIEWS FOR ONGOING IEP IMPLEMENTATION:

## PROGRESS REPORTING

The purpose of progress reporting is to provide information to parents and school personnel regarding the student's progress toward meeting their goals. How progress will be reported and the frequency of these reports are to be determined by the IEP team and documented in Section 9 of the IEP. All progress reports become part of the student's special education record.

## ANNUAL REVIEW

IEPs for students eligible for special education must be reviewed within 365 days of the last IEP date. Annual Reviews should follow the process for IEP Development and require a *Notice of Meeting*.

## REEVALUATION AND DETERMINATION OF ELIGIBILITY

A reevaluation is required:

- Every three years from date of last eligibility determination
- Prior to a change in eligibility
- If the child's parent or teacher requests, in writing, a special reevaluation
- If a change of circumstances warrants (such as a significant change of placement)
- The parent(s) and Administrative Unit may agree that no further evaluation data are needed in order to determine continued eligibility



*The Multidisciplinary Team must complete the reevaluation no more than three years from the date of the prior eligibility meeting where the student's eligibility was established or reaffirmed. The evaluation process described earlier in this chapter applies to all reevaluations, including those to re-determine eligibility or for a significant change in placement.*



*Documentation of the determination of eligibility must be shared with parents.*



*Special evaluations follow same time frame and process as initial evaluations.*





## OTHER IEP ACTIONS:

### TRANSFERS

An IEP meeting may be necessary when a student with an IEP transfers into a Colorado school district. When a student with an IEP from another district enrolls in a district in Colorado, the new district must immediately initiate education services and provide a free appropriate public education by providing special education and related services in conformity with the child's current IEP.

If the student transfers between Colorado school districts, the new district may adopt the IEP from the previous district, in which case an IEP meeting is not required; or the new district may develop, adopt, and implement a new IEP through the IEP process.

If the student has transferred to a Colorado district from another state, the new district may conduct an evaluation as described in the special education referral process, if necessary, it may develop, adopt, and implement a new IEP if appropriate. The new district must take reasonable steps to promptly obtain the child's education records including the IEP, other supporting documents, and other records related to the provision of special education or related services from the previous district. When determining whether or not a new IEP is necessary, a district may consider, whether a copy of the current IEP is available; or whether the parent is satisfied with the IEP.

An IEP meeting may be requested at any time by any member of the student's IEP Team to consider issues relevant to the student's academic progress and social, emotional, and physical functioning within the educational setting. The IEP conference should be held as soon as possible, but no later than 30 days after the conference is requested.

### MAKING CHANGES TO AN EXISTING IEP

Beyond annual and triennial reviews, there are a variety of options to change a student's IEP.

- Special Evaluation – This type of Eligibility Meeting is used when new evaluation data are needed to support change in eligibility or significant change in placement.  
*Recommended Form: IEP*
- Amendments to the IEP – Amending the IEP is appropriate when minor changes are warranted to the IEP that do not constitute a "significant change in placement." When making an amendment, the changes are completed through an abbreviated, written document. Amendments to IEPs can be conducted either with an IEP Meeting or without a meeting and with parental written agreement to the changes.  
*Recommended Form: IEP Amendment*
- Other – Other situations which require the IEP Team to meet at the request of the parent or the school.  
*Recommended Form: IEP or IEP Amendment*



### When is it appropriate to amend an IEP?

An IEP amendment should not change the student's LRE, eligibility for special education or substantially change the student's special education services.

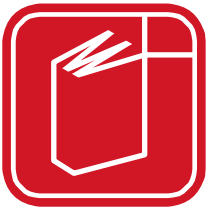
The IEP may be amended to address issues such as:

- Lack of progress toward annual goals
- New information about the child provided to or by the parents
- Reconsideration of decisions previously made regarding grading, promotion and assessment
- Revision or consideration of transportation services
- The need to eliminate or add curriculum modifications or accommodations such as classroom or individual aids
- Revision or consideration of a behavior intervention plan
- The need to identify alternative strategies to meet the transition objectives if those set forth in the IEP are not being provided



### *Examples of Other Purposes for Conducting IEP Meetings:*

- The IEP Team must meet to identify alternative strategies to meet the transition goals if those set forth in the IEP are not being provided by outside agencies.
- IEP Team members must meet to determine the needs of students who transfer into the district from another district.
- The IEP Team may review the student's educational status and determine if additional data is needed to complete an evaluation to determine eligibility (or continued eligibility).
- If the student fails to meet IEP goals or benchmarks, a meeting may be convened to review the services recommended and to determine whether or not changes are necessary.
- An IEP meeting may be convened anytime a student with a disability receives a failing grade in a general education class. The purpose of the meeting is to document the cause of the failing grade and to ensure that it was not attributed to a failure to implement any portion of the IEP or lack of supplementary aids or services.



## COMPLETING THE IEP FORMS



# PRIOR WRITTEN NOTICE & CONSENT FOR EVALUATION:

Legal Name of Student	DOB	SASID Student ID (SASID)	Date
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**PRIOR NOTICE & CONSENT FOR EVALUATION 300.9 AND 300.300 AND 300.503**

Dear \_\_\_\_\_

Your permission and assistance are requested to determine if your child has a disability requiring special education services.

<p>The team is proposing the following: 300.503(b)(2)</p> <p><input type="checkbox"/> To evaluate your child for special education eligibility. 300.300(a)</p> <p><input type="checkbox"/> To reevaluate your child for special education eligibility. 300.300(c)</p> <p>Areas to be evaluated:</p> <p>Reason: 300.305(d)(i)</p>	<p><input type="checkbox"/> Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. 300.305(a)</p> <p>Reason: 300.305(d)(i)</p> <p>If you disagree, you may request an assessment. 300.305(d)(ii)</p>
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This proposal is based on the following evaluation procedures, tests, records or reports: 300.503(b)(3)

Other options we considered were: 300.503(b)(6)

We decided against these options because: 300.503(b)(6)

Any other factors considered by the team: 300.503(b)(7)

Sincerely, \_\_\_\_\_

Name/Title Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy or assistance in understanding this information, please contact the person named above. 300.503(b)(4)

**Consent for Special Education Evaluation**

We request your consent because:

☐ This is an initial evaluation and will be used to determine whether your child is a child with a disability and to determine special education needs. 300.300(a)

☐ This is a reevaluation and will be used to decide your child's continued eligibility and/or education needs. 300.300(b)

☐ I give my consent for the evaluation or re-evaluation. I understand my consent is voluntary and may be revoked for any evaluation or reevaluation that has not yet been conducted. 300.9(a),(b),(c),(1) and (2)

☐ I refuse consent for the evaluation.

☐ I agree that no additional evaluation data are needed.

Signature (Parent/Guardian/ESP) \_\_\_\_\_ Date \_\_\_\_\_

☐ Date consent received by District/Administrative Unit:

☐ For initial evaluations, a copy of the *Notice of Procedural Safeguards* has been given to the parents.

1/18/08

## This form is used to:

- ✓ Provide written notice when a special evaluation is proposed.
- ✓ Obtain and document parent consent for an initial or special education evaluation.
- ✓ Obtain and document parent consent for reevaluation (the agency may proceed with the reevaluation if the parent does not respond *and* the agency can demonstrate that it has taken reasonable measures to obtain consent).
- ✓ Provide written notice when the team is proposing that no additional evaluation data are needed.

## Directions:

- 1.) Enter the Name, Date of Birth, SASID, and month, day, and year the form is completed in the header.
- 2.) Enter the name of the parent, guardian, or surrogate parent.
- 3.) Indicate the intent of the team (to evaluate, reevaluate, or not to evaluate) and the reason for the proposal.
- 4.) Describe any screening, evaluation procedures, tests, records and reports used to make this decision.
- 5.) Describe any other options that the team considered prior to this action.
- 6.) Explain why the options were rejected.
- 7.) Describe any other factors that contributed to the decision.
- 8.) Enter the name, title and phone number of the person to contact to obtain a copy of or an explanation of the *Procedural Safeguards*. Parents are provided with a copy of procedural safeguards for initial evaluations.
- 9.) Check the relevant boxes indicating the type of evaluation planned and the evaluation procedures, assessments and/or tests to be used.
- 10.) If the evaluation includes release of records requiring parent consent, attach the *Release of Secure or Confidential Records Form(s)* that identifies the records to be released, and to whom.

## NOTICE OF MEETING:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
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NOTICE OF MEETING

Dear \_\_\_\_\_:

In order to discuss the educational needs of your child, you are invited to attend a conference scheduled for \_\_\_\_\_  
Month, date, year, time  
 at \_\_\_\_\_, 300.322(b)(1)(i) purpose, time, location  
Building, address, and room

The purpose of this meeting:

☐ **Eligibility for special education:** to discuss appropriate evaluation data to determine whether your child is eligible for special education services. If eligible, an individualized education program (IEP) will be developed.  
☐ Initial  
☐ Three year evaluation  
☐ Special evaluation

☐ **IEP:** to review and update your child's present level of functioning, needs, goals and objectives, and to develop a plan to provide special education and related services.  
☐ Initial IEP  
☐ Annual Review  
☐ Amendment to IEP dated: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ **Transition:** to consider post-secondary goals and transition services for your child. The student and any identified agencies will be invited (see attached) to any meeting if the purpose of the meeting is to consider transition services needs or needed transition services.

The following may be attending the meeting: 300.322(b)(1)(i) whom in attendance

<input type="checkbox"/> Student <input type="checkbox"/> Parent(s)/Guardian/ESP <input type="checkbox"/> Special Education Director or Designee <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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As an integral part of the IEP team, we look forward to your attendance and participation in this meeting. You may invite other people that you believe will be helpful to you. If the scheduled time and place is not convenient, please contact me immediately so that we can arrange a mutually agreeable time and location for the meeting.

Name _____	Title _____	Phone Number _____
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1/18/08

### This form is used to:

- ✓ Notify the parent, guardian, or educational surrogate parent (ESP) of any meeting regarding the identification, evaluation, placement and/or provision of a free appropriate public education to his/her child.
- ✓ Invite the parent, guardian, or ESP to any meeting regarding the identification, evaluation, placement and/or provision of a free appropriate public education to his/her child;
- ✓ Invite the student, if the student is 15 or older, and the purpose of the meeting is to consider the IEP and transition services.
- ✓ Document the district's attempt to involve the parent, guardian, or ESP in meetings.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Enter the name of the parent, guardian, or ESP. Enter student's name if student is invited to meeting. Students who are 15 years old, but not later than the end of the 9<sup>th</sup> grade while the IEP is in effect must be invited to an IEP meeting if a purpose of the meeting is to consider transition services.
- 3.) Enter the day, date, and time of the meeting.
- 4.) Enter the place the meeting will be held.
- 5.) Indicate the type(s) of meeting(s) to be held. Check all of the purposes of the meeting.
- 6.) Enter the title, and if appropriate, agency of any individuals invited to attend. These individuals might include required IEP Team members, additional general education teachers, related service personnel, or other individuals with knowledge or special expertise about the child.
- 7.) Enter the name, title and phone number of the person the parent should contact if the time is not convenient.

## COVER PAGE:

Legal Name of Student	State Student ID (SASID)	Date of Birth	Date
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### This form is used:

- ✓ To identify the type of meeting being held.
- ✓ To identify the student, family and demographic information.
- ✓ For eligibility meetings as well as IEP meetings.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID, and month, day, and year the form is completed in the header.

## SECTION 1 & 2 TYPE OF MEETING & DATES OF MEETINGS:

SECTION 1: TYPE OF MEETING		SECTION 2: DATES OF MEETINGS
Eligibility	Individualized Education Program	Date of next eligibility meeting (on or before) _____ Date _____
<input type="checkbox"/> Initial Eligibility Meeting	<input type="checkbox"/> Initial IEP	Date of next IEP review meeting (on or before) _____ Date _____
<input type="checkbox"/> 3-Year Reevaluation	<input type="checkbox"/> Annual Review	Date of initial consent for evaluation _____ Date _____
<input type="checkbox"/> Special Evaluation	<input type="checkbox"/> Amendment to IEP Dated: _____	Date of initial eligibility determination _____ Date _____
Date Initial Consent for Services: _____	<input type="checkbox"/> Other: _____	Post secondary goals due during the year when the student is 15 but no later than the end of 9 <sup>th</sup> grade _____ Date _____
	<input type="checkbox"/> N/A (Student Did not qualify)	

### Section 1: Type of meeting:

#### This section is used to:

- ✓ Identify the reason why the IEP conference is being convened.

### Directions:

- 1.) Check the appropriate box for the type of meeting being held.
- 2.) Indicate *Date Initial Consent for Services Given*. This is the date documented after initial eligibility was determined, and the parent provided written consent for special education services. This date will remain the same on all future IEPs.

### Section 2: Dates of Meetings:

#### This section is used to:

- ✓ Identify important dates.

### Directions:

- 1.) Indicate *Date of Next Eligibility Meeting*. This is the date of the required 3-year reevaluation for eligibility. If the purpose of the IEP conference is to determine a student's initial eligibility for special education, enter N/A in this space. For all other purposes, the date of the next IEP conference report in which the findings from an initial evaluation, reevaluation, or special evaluation were presented to establish or maintain the student's eligibility status should be written.
- 2.) Indicate *Date of Next IEP Review Meeting*. This is the date of the next meeting that will be used to review the student's current IEP. This must occur at least annually, within 365 days of the meeting.
- 3.) Indicate *Date of Initial Eligibility Determination*. This is the date in which the student was determined eligible for Special Education services: this date will remain the same on all future IEPs.
- 4.) Indicate *Post Secondary Goals Due*. This is a date that will also remain the same. It should indicate to parents and the case manager when transition goals and services must be initiated. The date is due during the year the student is 15, but no later than the end of his/her 9<sup>th</sup> grade year. Teams may indicate N/A for whom students at the elementary level or from whom this is not imminent.



*Remember, revisions to the IEP will not cause the date of the annual review to change.*

## SECTION 3 STUDENT AND FAMILY INFORMATION:

SECTION 3: STUDENT AND FAMILY INFORMATION			
	Prior to Meeting	After Meeting	
District of Residence	_____	_____	Grade: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home School	_____	_____	
School of Attendance	_____	_____	Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
Unit/Facility of Attendance (if out of district)	_____	_____	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic
Primary Disability, if any	_____	_____	<input type="checkbox"/> White not Hispanic
Primary Educational Environment	_____	_____	Primary Language Spoken in the Home _____
			Student's Primary Language _____
			Does the student have Limited English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Is an interpreter needed for meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Educational Surrogate Parent (ESP)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Student's Parent/ Guardian(s)/ESP _____			
Address _____			
City/State/Zip _____			
Telephone Number _____			
Email _____			

**This section is used to:**

- ✓ Provide basic demographic information about the student and family.

### Directions

- 1.) Indicate the appropriate answers in the *Prior to Meeting* column.

*District of Residence:* the district the student lives in.

*Home School:* the school that the student would typically attend based on their residency.

*School of Attendance:* the school the student currently attends. It may be the same as the home school, depending on where services are provided to the student.

*Unit/Facility of Attendance:* only to be used if the student is (or will be) placed at a location outside of the school district for services. If this section is not to be used, indicate with N/A.

*Primary Disability, if any:* indicate the student's current primary disability prior to the meeting, and update after the meeting. If there is none, mark with N/A. While students may have multiple areas for which they are eligible to receive special education services, only the primary disability needs to be indicated here. This is the disability identified by the team that most significantly interferes with the student's ability to benefit from general education alone.

*Primary Special Education Environment:* indicate where the student receives the majority of the special education services; this can be referenced from the Educational Environment in Section 14.



*The term parent, as defined in the Individuals with Disabilities Education Act (IDEA), includes a person or persons acting in the place of a parent, such as a grandparent, step-parent or foster parent with whom the student lives, or an individual who is legally responsible for the student. For students who are without parents as defined above the educational surrogate parent (ESP) is considered the parent. The ESP is a person who has training and is assigned by the Administrative Unit to represent the student in all educational decision-making processes whenever the parent of a child with a disability is unknown, cannot be located, is unavailable or the child is a ward of the state.*



**What is the role of parents, including educational surrogate parents, in decisions regarding the educational program of their children?**

Parents are expected to be *equal* participants along with school personnel, in developing, reviewing, and revising the IEP for their child.





### **When must an educational surrogate parent be assigned by the District or AU?**

An ESP is assigned whenever the parent of a child with a disability is unknown, cannot be located, is unavailable or when the child is a ward of the state.



## EVALUATION REPORT:

Legal Name of Student		State Student ID (SASID)		Date of Birth		Date	
<b>EVALUATION REPORT 300.306</b>							
Assessment Strategy or Tool:				Administered by:		Date Completed:	
Date evaluation report was completed: _____							
Document information from a variety of sources including data in all areas related to the student's suspected disability. 300.304(c)(4), 300.306(e)(i)-(iv)							
8/11/08							

**This form is used to:**

- ✓ Document results of evaluation data.

**Directions:**

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Document sources and assessment methods used, the name of the person who administered them and date(s) the assessment(s) was/were completed.
- 3.) Analyze raw evaluation data or completed questionnaires and interpret the results, including the student's strengths, needs and implications for instructional needs. Data are more beneficial with appropriate analysis and synthesis.

## DETERMINATION OF ELIGIBILITY:

Legal Name of Student		State Student ID (SASID)		Date of Birth		Date	
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**This form is used to:**

- ✓ Determine if a student has a disability and is eligible for special education

**Directions:**

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Complete the remainder of forms answering questions and documenting as appropriate. The remainder of the directions for the Eligibility forms describes what must be documented in order for a student to be eligible for special education services under the specific categories.

## In order for a student to be eligible in the category of Autism:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____	Date _____
<b>DETERMINATION OF ELIGIBILITY: AUTISM</b>					
<b>Definition:</b> a student with a physical disability in the area of autism has a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. The autism prevents a child from receiving reasonable educational benefit from general education.					
<b>The multi-disciplinary team has determined: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether commonly linked to the disability category.			
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone.			
		3. the student's performance:			
		<input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction			
		<input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in math; and			
		<input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to limited English proficiency.			
Criteria for a Physical Disability in the area of Autism preventing the student from receiving reasonable education benefit from general education should be dependent upon whether the student's disability meets the educational criteria for Autism and interferes with the following:					
<b>The student's Physical Disability in the area of Autism is characterized by: (All 3 of the following shall be documented)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Qualitative impairment in social interactions; <i>and</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Qualitative impairment in communication; <i>and</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Restricted repetitive and stereotyped patterns of behavior, interests, and activities			
<b>The student's Physical Disability in the area of Autism interferes with: (check those that apply)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Functional communication (verbal and nonverbal); <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Social interactions and relationships; <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Behavior; <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Cognitive Processing; <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Motor Skills; <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Self help/ daily living skills; <i>and/or</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.</i>			
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>				<b>Title</b>	
_____				_____	
_____				_____	
_____				_____	
_____				_____	
_____				_____	
_____				_____	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(c)					

8/8/08

- A. The team has considered:
  1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. The student's Physical Disability in the area of Autism is characterized by: all 3 boxes must be checked "Yes," and the Evaluation Report should contain documentation of the evidence of those identified characteristics.
- C. The student's Physical Disability in the area of Autism interferes with: only those areas which are affected should be checked "Yes."
  1. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Education Act: should be checked "Yes."
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

## In order for a student to be eligible in the category of Hearing Disability:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: HEARING DISABILITY</b>							
<b>Definition:</b> A student with a hearing disability shall have a deficiency in hearing sensitivity as demonstrated by an elevated threshold of auditory sensitivity to pure tones or speech where, even with the help of amplification, the student is prevented from receiving reasonable educational benefit from general education.							
<b>The team has determined:</b> 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
<input type="checkbox"/> Yes <input type="checkbox"/> No		3. the student's performance:					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in reading, including the essential components of reading instruction					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in math, and					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to limited English proficiency.					
<b>A "deficiency in hearing sensitivity" shall be one of the following: ECEA 2.06(3)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		An average pure tone hearing loss in the speech range (500 - 2000 Hz) of at least 20 dBHL in the better ear which is not reversible within a reasonable period of time.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		An average high frequency, pure tone hearing loss of at least 35 dBHL in the better ear for two or more of the following frequencies: 2000, 4000 or 6000 Hz.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		A unilateral hearing loss of at least 35 dBHL which is not reversible within a reasonable period of time.					
<b>The student meets one or more of the following criteria:</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Sound-field word recognition (unaided) of less than 75% in quiet as measured with standardized open-set audiometric speech discrimination tests presented at average conversational speech (50-55 dBHL). Interpretation shall be modified for closed-set tests.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Receptive and/or expressive language delay as determined by standardized tests					
<input type="checkbox"/> Yes <input type="checkbox"/> No		under 3 years: less than one-half of expected development for chronological age.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		3 to 6 years: 1 year delay or more.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		9 to 13 years: 2 years delay or more.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		14 to 21 years: 3 years delay or more.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		An impairment of speech articulation, voice and/or fluency.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Significant discrepancy between verbal and nonverbal performance on a standardized intelligence test.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Delay in reading comprehension due to language deficit.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Poor academic achievement.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inattentive, inconsistent and/or inappropriate classroom behavior.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.					
Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)				Title			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

8/8/08

- A. The team has considered:
1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. A "deficiency in hearing sensitivity" shall be one of the following: at least one should be checked "Yes."
- C. The student meets one or more of the following criteria: at least one should be checked "Yes".
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

## In order for a student to be eligible in the category of Multiple Disabilities:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: MULTIPLE DISABILITIES</b>							
<b>Definition:</b> A student with multiple disabilities shall have two or more areas of significant impairment, one of which shall be a cognitive impairment except in the case of deaf-blindness. Cognitive impairment shall mean significant limited intellectual capacity. The other areas of significant impairment include: physical, visual, auditory, communicative or emotional. The combination of such impairments creates a unique condition that is evidenced through a multiplicity of needs which prevent the student from receiving reasonable educational benefit from general education. The definition of impairment shall be the same as that for each of the single disabilities. <i>(Include determination of disability form for each disability considered)</i>							
<b>The team has determined: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
		3. the student's performance:					
		<input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction <input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in math; and <input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to limited English proficiency.					
<b>Criteria for multiple disabilities preventing a student from receiving reasonable educational benefit from general education shall be the same as that considered for each of the single disabilities and shall include documentation of: (check all that apply)</b>							
<input type="checkbox"/> Significant limited intellectual capacity		<input type="checkbox"/> And		<input type="checkbox"/> Significant identifiable emotional disability		<input type="checkbox"/> And/Or <input type="checkbox"/> Deaf-Blind	
				<input type="checkbox"/> Hearing disability			
				<input type="checkbox"/> Vision disability			
				<input type="checkbox"/> Physical disability			
				<input type="checkbox"/> Speech/language disability			
<b>Indicators for the combination of impairments creating a unique condition shall be: 2.08(6)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inability to comprehend and utilize instructional information.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inability to generalize skills consistently.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inability to communicate fluently.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Inability to demonstrate problem solving skills when such information is presented in a traditional academic curriculum.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.</b>					
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>				<b>Title</b>			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

- A. The team has considered:
  1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. Criteria for multiple disabilities preventing a student from receiving reasonable educational benefit from general education shall be the same as that considered for each of the single disabilities and shall include documentation of:
  1. Significant limited intellectual capacity must be checked\*
  2. One or more of the remaining disabilities must be checked\*
- C. Indicators for the combination of impairments creating a unique condition shall be: one or more should be checked "Yes."
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

\*For each identified disability, an eligibility form for that area must be included in the Evaluation Report along with the Multiple Disabilities Eligibility form. All eligibility requirements for those disability categories continue to apply.

## In order for a student to be eligible in the category of Physical Disability:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____	Date _____
<b>DETERMINATION OF DISABILITY: PHYSICAL DISABILITY</b>					
<b>Definition:</b> a child with a physical disability shall have a sustained illness or disabling physical condition which prevents the child from receiving reasonable educational benefit from general education. A sustained illness means a prolonged, abnormal physical condition requiring continued monitoring characterized by limited strength, vitality, or alertness due to chronic or acute health problems and a disabling condition means a severe physical impairment. Conditions such as, but not limited to, traumatic brain injury, autism, attention deficit disorder and cerebral palsy may qualify as a physical disability, if they prevent a child from receiving reasonable educational benefit from general education.					
<b>The team has determined: 300.306(e)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category			
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone			
		3. the student's performance:			
		<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in reading, including the essential components of reading instruction	
		<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in math; and	
		<input type="checkbox"/> is <input type="checkbox"/> is not		due to limited English proficiency.	
<b>Criteria for a physical disability preventing the child from receiving reasonable educational benefit from general education should be dependent upon the child's diagnosis and degree of involvement in the general school setting as characterized by any of the following: 2.08(1)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		The student's <i>chronic health problem or sustained illness</i> requires (check all that apply):			
		<input type="checkbox"/> continual monitoring <input type="checkbox"/> intervention <input type="checkbox"/> specialized programming		in order to accommodate the effects of the illness so as to reasonably benefit from the education program.	
<b>AND/OR</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		The student's disabling condition interferes with: (check all that apply)			
		<input type="checkbox"/> ambulation <input type="checkbox"/> attention <input type="checkbox"/> hand movements <input type="checkbox"/> coordination			
		<input type="checkbox"/> communication <input type="checkbox"/> self-help skills <input type="checkbox"/> other activities of daily living			
...to such a degree that it requires special services, equipment, and/or transportation (check all that apply).					
		<input type="checkbox"/> special services <input type="checkbox"/> equipment <input type="checkbox"/> transportation			
<input type="checkbox"/> Yes <input type="checkbox"/> No		The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.			
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>					
				<b>Title</b>	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(e)(2)					

8/8/08

- A. The team has considered:
1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. The student's chronic health problem or sustained illness requires \_\_\_\_\_...in order to accommodate the effects of the illness so as to reasonably benefit from the education program: any that apply should be checked.
- C. The student's disabling condition interferes with: any that apply should be checked.
- D. ...to such a degree that it requires: any that apply should be checked.
- E. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

In order for a student to be eligible in the category of Preschool Child with a Disability:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: PRESCHOOL CHILD WITH A DISABILITY</b>							
<b>Definition:</b> A preschool child with a disability shall be three through five years of age and shall, by reason of one or more of the following conditions, be unable to receive reasonable educational benefit from general education: long-term physical impairment or illness, significant limited intellectual capacity, significant identifiable emotional disorder, specific learning disability or speech language impairment.							
<b>Note:</b> for a preschool child who qualifies according to one of the categorical conditions listed in this definition above, complete the Determination of Disability form for the appropriate disability							
<b>The team has determined:</b> 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category							
<input type="checkbox"/> Yes <input type="checkbox"/> No 2. the student cannot receive reasonable educational benefit from general education alone							
3. the student's performance:							
<input type="checkbox"/> is <input type="checkbox"/> is not due to a lack of appropriate instruction in reading, including the essential components of reading instruction							
<input type="checkbox"/> is <input type="checkbox"/> is not due to a lack of appropriate instruction in math, and							
<input type="checkbox"/> is <input type="checkbox"/> is not due to limited English proficiency.							
Children ages three through five who would otherwise qualify according to one or more of the above categorical conditions but for whom the category cannot be appropriately determined may qualify for preschool special education if multiple sources of information are utilized and if such children meet one or more of the following criteria: 2.08(9)							
<input type="checkbox"/> Yes <input type="checkbox"/> No Children who rank at the seventh percentile or below on a valid standardized diagnostic instrument, or the technical equivalent in standard scores (76 if the mean is 100 and the standard deviation is 16) or standard deviations (1.5 standard deviations below the mean) in one or more of the following areas of development: cognition, communication, physical and psychosocial.							
<input type="checkbox"/> Yes <input type="checkbox"/> No Children with identifiable conditions known through empirical data to be associated with significant delays in development.							
<input type="checkbox"/> Yes <input type="checkbox"/> No In extraordinary cases when a standardized score cannot be determined, a child may be determined disabled based on the informed opinion of the assessment team which includes the parent(s) and with documentation of the rationale for the inability to obtain a standardized score.							
Criteria for a preschool child being unable to receive reasonable educational benefit from general education shall be a substantial discrepancy between the child's performance and behavior as compared to children of a comparable age.							
<input type="checkbox"/> Yes <input type="checkbox"/> No The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.							
Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)						Title	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

8/8/08

- A. The team has considered:
  1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."\*
  3. The student's performance: all should be checked: "is not."
- B. Children ages three through five who would otherwise qualify according to one or more of the above categorical conditions but for whom the category cannot be appropriately determined may qualify for preschool special education if multiple sources of information are utilized and if such children meet one or more of the following criteria: at least one should be checked "Yes."
- C. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

\*Criteria for a preschool child being unable to receive reasonable educational benefit from general education shall be a substantial discrepancy between the child's performance and behavior as compared to children of a comparable age.



In order for a student to be eligible in the category of Significant Identifiable Emotional Disability:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: SIGNIFICANT IDENTIFIABLE EMOTIONAL DISABILITY</b>							
<b>Definition:</b> a child with a significant identifiable emotional disability shall have emotional or social functioning, which prevents the child from receiving reasonable benefit from general education.							
<b>The team has determined: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
<input type="checkbox"/> Yes <input type="checkbox"/> No		3. the student's performance :					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in reading, including the essential components of reading instruction					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to a lack of appropriate instruction in math; and					
<input type="checkbox"/> is <input type="checkbox"/> is not		due to limited English proficiency					
<b>Emotional or social functioning shall mean one or more of the following: ECEA 2.02(5); Proposed ECEA 2.06(5)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Exhibits pervasive sad affect, depression and feelings of worthlessness; cries suddenly or frequently;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Displays unexpected and atypical affect for the situation;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Excessive fear and anxiety;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Persistent physical complaints not due to a medical condition;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Exhibits withdrawal, avoidance of social interaction and/or lack of personal care to an extent that maintenance of satisfactory interpersonal relationships is prevented;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Out of touch with reality; has auditory and visual hallucinations, thought disorders, disorientation or delusions;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Cannot get mind off certain thoughts or ideas; cannot keep self from engaging in repetitive and/or useless actions;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Displays consistent pattern of aggression toward objects or persons to an extent that development or maintenance of satisfactory interpersonal relationships is prevented;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Pervasive oppositional, defiant or noncompliant responses;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Significantly limited self-control, including an impaired ability to pay attention;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Exhibits persistent pattern of stealing, lying or cheating;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Persistent pattern of bizarre and/or exaggerated behavior reactions to routine environments.					
<b>The student meets one or both of the following criteria:</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Academic functioning: an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory or other health factors, but due to the identified emotional condition;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Social/emotional functioning: an inability to build or maintain interpersonal relationships which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his/her own and others' welfare.					
<b>All four of the following qualifiers shall be documented for either of the above criteria demonstrated:</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education or his/her presence continues to be detrimental to the education of others.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers and outside of his/her ethnic and cultural norms and outside the range of normal development expectations.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment, one of which shall be school.					

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Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational responses to stressors in the child's environment.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.					
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>				<b>Title</b>			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

- A. The team has considered:
  1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. Emotional or social functioning shall mean one or more of the following: at least one must be checked "Yes."
- C. The student meets one or both of the following criteria: at least one must be checked "Yes."
- D. All four of the following qualifiers shall be documented for either of the above criteria demonstrated: all four must be checked "Yes."
- E. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

## In order for a student to be eligible in the category of Specific Learning Disability:

Legal Name of Student _____	State Student ID (SASID) _____	Date of Birth _____	Date _____
<b>DETERMINATION OF ELIGIBILITY: SPECIFIC LEARNING DISABILITY</b>			
<b>Definition:</b> Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include problems that are primarily the result of visual, hearing, or motor disabilities; significant limited intellectual capacity; significant identifiable emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency. The specific learning disability prevents a student from receiving reasonable educational benefit from general education alone.			
<b>The team has determined: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.			
<input type="checkbox"/> Yes <input type="checkbox"/> No   1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category <input type="checkbox"/> Yes <input type="checkbox"/> No   2. that the student <i>cannot</i> receive reasonable educational benefit from general education alone 3. the student's performance: <input type="checkbox"/> is <input type="checkbox"/> is <i>not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction <input type="checkbox"/> is <input type="checkbox"/> is <i>not</i> due to a lack of appropriate instruction in math; and <input type="checkbox"/> is <input type="checkbox"/> is <i>not</i> due to limited English proficiency.			
<b>The student meets the following criteria: 2.08(6)(B)(ii); 300.309</b> 1. The student does not achieve adequately for the student's age or to meet State-approved grade-level standards in one or more of the areas identified below, when provided with experiences and instruction for their age or State-approved grade-level standards, <i>and</i> 2. The student does not make sufficient progress to meet age or State-approved grade-level standards in the area(s) identified when using a process based on the student's response to scientific, research-based intervention.			
<b>Check all areas that meet both conditions:</b> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematical Calculation <input type="checkbox"/> Oral Expression <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Written Expression <input type="checkbox"/> Mathematical Problem Solving <input type="checkbox"/> Listening Comprehension			
<b>The attached evaluation report must contain documentation of the following: 300.311</b> <input type="checkbox"/> A body of evidence that demonstrates: 1. Academic Skill deficits, <i>and</i> 2. Insufficient progress in response to scientific, research-based intervention in the area(s) identified above <input type="checkbox"/> An observation of the student's academic performance in the area(s) of difficulty in the learning environment, including the relevant behavior and relationship of that behavior to the student's academic functioning. <input type="checkbox"/> The instructional strategies used <input type="checkbox"/> The student-centered data collected including documentation of repeated assessments or achievement at reasonable intervals <input type="checkbox"/> The educationally relevant medical findings: <input type="checkbox"/> exist and are described, or <input type="checkbox"/> do not exist <input type="checkbox"/> The documentation that the parents were notified about: <input type="checkbox"/> The State's policies regarding the amount and nature of student performance data collected and the general education services provided <input type="checkbox"/> Strategies for increasing the student's rate of learning <input type="checkbox"/> Results of repeated assessments of student's progress <input type="checkbox"/> The right to request an evaluation			

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Legal Name of Student _____	State Student ID (SASID) _____	Date of Birth _____	Date _____
<b>The team has considered (all must be checked "are not" for an eligibility determination in the area of SLD): 300.306(b), 309(a)(3)</b> 1. That the learning problems in the area(s) indicated above in the criteria section: <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of Significant Limited Intellectual Capacity <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of a Significant Identifiable Emotional Disability <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of a Vision Impairment <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of a Hearing Disability <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of a Motor Disability <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of Cultural Factors <input type="checkbox"/> Are <input type="checkbox"/> Are not   Primarily the result of Environmental or Economic Disadvantage <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.</i>			
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>		<b>Title</b>	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <b>Initial On Line</b>	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2) <input type="checkbox"/> Dissenting opinion attached if any team members disagree with eligibility determination			

- A. The team has considered:
1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. The student meets the following criteria: both must be met for at least one of the areas checked.
- C. The team has considered (all must be checked "are not" for an eligibility determination in the area of SLD):
1. That the learning problems in the area(s) indicated above in the criteria section: all must be checked "are not."
  2. That the eligibility: all must be checked "is not."
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."



*In the area of Specific Learning Disability, if any member of the Multidisciplinary Team disagrees with the conclusion, a written statement of dissenting opinion must be attached.*

## In order for a student to be eligible in the category of Speech Language Impairment:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: SPEECH-LANGUAGE IMPAIRMENT</b>							
<b>Definition:</b> a student with a speech-language impairment shall have a communicative disorder which prevents the student from receiving reasonable educational benefit from general education.							
<b>The team has determined: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. the student's performance:					
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to a lack of appropriate instruction in reading, including the essential components of reading instruction			
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to a lack of appropriate instruction in math; and			
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to limited English proficiency.			
Speech-language impairment may be classified under the headings of articulation, fluency, voice, functional communication or delayed language development and shall mean a dysfunction in one or more of the following: <b>ECEA 2.08(7)</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receptive and expressive language (oral and written) difficulties including syntax (word order, word form, developmental level), semantics (vocabulary, concepts and word finding), and pragmatics (purposes and uses of language).					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis and synthesis) association and auditory attention.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deficiency of structure and function of oral peripheral mechanism.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Articulation including substitutions, omissions, distortions or additions of sound.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fluency, including hesitant speech, stuttering, cluttering and related disorders.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Problems in auditory perception such as discrimination and memory.					
<b>The student meets one or more of the following criteria:</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interference with oral and/or written communication in academic and social interactions in his/her primary language.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Demonstration of undesirable or inappropriate behavior as a result of limited communication skills.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The inability to communicate without the use of assistive, augmentative/alternative communication devices or systems.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.</b>					
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>				<b>Title</b>			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). <b>300.306(a)(2)</b>							

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- A. The team has considered:
  1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. Speech-language impairment may be classified under the headings of articulation, fluency, voice, functional communication or delayed language development and shall mean a dysfunction in one or more of the following: at least one should be checked "Yes."
- C. The student meets one or more of the following criteria: at least one should be checked "Yes."
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

## In order for a student to be eligible in the category of Traumatic Brain Injury:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: TRAUMATIC BRAIN INJURY</b>							
<b>Definition:</b> Traumatic brain injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.							
<b>The team has determined:</b> 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
<input type="checkbox"/> Yes <input type="checkbox"/> No		3. the student's performance: <div style="margin-left: 20px;"> <input type="checkbox"/> is    <input type="checkbox"/> is <i>not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction  <input type="checkbox"/> is    <input type="checkbox"/> is <i>not</i> due to a lack of appropriate instruction in math; and  <input type="checkbox"/> is    <input type="checkbox"/> is <i>not</i> due to limited English proficiency.         </div>					
Criteria for a Physical Disability in the area of TBI preventing the student from receiving reasonable education benefit from general education should be dependent upon whether the student's disability meets the educational criteria for Traumatic Brain Injury and interferes with the following:							
<b>The student's Physical Disability in the area of TBI is characterized by:</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Medical documentation of a Traumatic Brain Injury <i>or</i> History of a Traumatic Brain Injury					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Educational evidence of an deficits relating to the Traumatic Brain Injury					
<b>The student's Physical Disability in the area of TBI interferes with: (check those that apply)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Walking, writing, and self-help skills; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Ability to recall information and learn new material; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Language skills; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Attention/Memory; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Visual-spatial and motor deficits; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Planning and organization; <i>and/or</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.					
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>							
						Title	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(c)(2)							

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- A. The team has considered:
1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. The student's physical disability in the area of TBI is characterized by: both must be checked.
- C. The student's physical disability in the area of TBI interferes with: any that apply should be checked.
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

In order for a student to be eligible in the category of Significant Limited Intellectual Capacity:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: SIGNIFICANT LIMITED INTELLECTUAL CAPACITY</b>							
<b>Definition:</b> a child with a significant limited intellectual capacity shall have <i>reduced general intellectual functioning</i> , which prevents the child from receiving reasonable benefit from general education. <i>Reduced general intellectual capacity shall mean limited functioning or ability which usually originates in the developmental period and exists concurrently with impairment in adaptive behavior.</i>							
<b>The team has considered: 300.306(b)</b> If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes <input type="checkbox"/> No		2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
		3. the student's performance:					
		<input type="checkbox"/> is <input type="checkbox"/> is not   due to a lack of appropriate instruction in reading, including the essential components of reading instruction					
		<input type="checkbox"/> is <input type="checkbox"/> is not   due to a lack of appropriate instruction in math; and					
		<input type="checkbox"/> is <input type="checkbox"/> is not   due to limited English proficiency.					
<b>The student meets ALL of the following criteria: ECEA 2.08(4)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		A score of more than 2.0 standard deviations below the mean on individually administered measures of cognition					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Evidence that the level of independent adaptive behavior is significantly below the culturally imposed expectations of personal and social responsibilities;					
<input type="checkbox"/> Yes <input type="checkbox"/> No		A deficiency in academic achievement, as indicated by scores 2.0 standard deviations below the mean in measures of language, reading and math.					
None of these indicators by itself shall be sufficient criterion for determination of a significant limited intellectual capacity. All three indicators shall be evident for the determination of this disability. Professional judgment shall be required for interpretation of scores and/or other findings.							
<input type="checkbox"/> Yes <input type="checkbox"/> No		The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.					
<b>Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)</b>							
						Title	
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

A. The team has considered:

1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
3. The student's performance: all should be checked: "is not."

B. The student meets ALL of the following criteria: all should be checked "Yes."\*

C. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

\*None of these indicators by itself shall be sufficient criterion for determination of a significant limited intellectual capacity. All three indicators shall be evident for the determination of this disability. Professional judgment shall be required for interpretation of scores and/or other findings.

## In order for a student to be eligible in the category of Vision Disability:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
<b>DETERMINATION OF ELIGIBILITY: VISION DISABILITY</b>							
Definition: a student with vision impairment shall have a deficiency in visual acuity and/or visual field and/or visual performance where, even with the use of lenses or corrective devices, he/she is prevented from receiving reasonable educational benefit from general education.							
The team has determined: 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. the student <i>cannot</i> receive reasonable educational benefit from general education alone					
		3. the student's performance:					
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to a lack of appropriate instruction in reading, including the essential components of reading instruction			
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to a lack of appropriate instruction in math; and			
		<input type="checkbox"/> is	<input type="checkbox"/> is not	due to limited English proficiency.			
A vision disability shall be one or more of the following: ECEA 2.08(2)							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visual acuity of no better than 20/70 in the better eye after correction.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visual field restriction to 20 degrees or less.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A physical condition of visual system which cannot be medically corrected and as such affects visual functioning to the extent that specially designed instruction is needed. These criteria are reserved for special situations such as, but not restricted to, oculomotor apraxia, cortical visual impairment, and/or a progressive visual loss where field and acuity deficits alone may not meet the aforementioned criteria.					
The term "visual disability" does not include children who have learning problems which are primarily the result of visual perceptual and/or visual motor difficulties.							
The student meets one or more of the following criteria:							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Requirement for Braille and/or adaptation of educational material, or					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Requirement of specialized methods, aids, and/or equipment for learning, literacy, and/or mobility.					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.					
Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)				Title			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			
<input type="checkbox"/> A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)							

8/8/08

- A. The team has considered:
1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category: should be checked "Yes."
  2. The student can receive reasonable educational benefit from general education alone: should be checked "No."
  3. The student's performance: all should be checked: "is not."
- B. A vision disability shall be one or more of the following: at least one should be checked "Yes."\*
- C. The student meets one or more of the following criteria: at least one should be checked "Yes."
- D. The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education: should be checked "Yes."

\* The term "visual disability" does not include children who have learning problems which are primarily the result of visual perceptual and/or visual motor difficulties.





# PRIOR WRITTEN NOTICE & PROVISION OF INITIAL SPECIAL EDUCATION AND RELATED SERVICES:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
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**PRIOR NOTICE & CONSENT FOR INITIAL PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES 300.300(b)**

This consent "opens the door" to special education services. It provides the Administrative Unit permission to provide any special education services once they are agreed upon by the IEP Teams, it is not an agreement regarding what specific services will be provided (for example in a resource room or in the general education classroom).

Dear \_\_\_\_\_:

The team has found \_\_\_\_\_ eligible to receive special education services.

The proposed special education provision of services is recommended because:  
300.503(b)(2)

The proposed special education provision of services is based on the following evaluation procedures, tests, records, and reports.  
300.503(b)(3)

Other service options considered were:  
300.503(b)(6)

We decided against these options because:  
300.503(b)(6)

Other factors considered were:  
300.503(b)(7)

Please return this form to: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)

**Consent for Provision of Special Education and Related Services**

☐ I give my permission for the special education provision of services as described above and an Individualized Education Program will be developed. I understand my consent is voluntary and may be revoked for any reason before special education services begin.  
300.9(a), (b), (c)(1) and (2) and 300.300(b)(4)

☐ I refuse to give my permission for the special education placement as described above.

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

☐ Date consent received by District/Administrative Unit: \_\_\_\_\_

1/18/08

## This form is used to:

- ✓ Provide written notice when initial placement into special education is proposed; and
- ✓ Obtain and document parent consent for initial provision of special education and related services.

## Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Enter the name of the parent, guardian, or surrogate parent.
- 3.) Enter the child's name.
- 4.) Explain why placement into special education is being proposed.
- 5.) Describe the evaluation procedures, tests, records, and reports used to propose special education placement.
- 6.) Describe other placement options considered prior to this action.
- 7.) Explain why the options were rejected.
- 8.) Describe any other factors that contributed to the decision to place the child into special education.
- 9.) If requested, provide the parent, guardian, or surrogate with a copy of the *Procedural Safeguards*.
- 10.) Enter your name, title and phone number.
- 11.) Obtain parent signature. If the parent refuses to sign, document attempts to obtain consent on the bottom of the form.
- 12.) If the action includes release of records requiring parent consent, attach *Release of Secure or Confidential Information Form(s)* that identifies the records to be released, and to whom.







*Any single member of the IEP Team may meet no more than two of the qualifications specified below. For example, the special education teacher may also serve as the special education designee if he/she meets the requirements for the administrator.*

## Section 6: Present Levels of Academic Achievement and functional Performance

SECTION 6: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE INCLUDING INPUT FROM PARENT & STUDENT
<b>Student Strengths, Preferences, Interests</b> What are the student's educational/developmental strengths, interest areas, significant personal attributes and personal accomplishments? Be sure to include specific feedback from the student. 300.324(a)(i) strengths of the child 300.321(b)(2) preferences and interests 300.43(a)(2)
<b>Present Levels of Educational Performance Summary</b> Include results of initial or most recent evaluation 300.324(a)(ii) Results of initial or most recent evaluation
<b>Describe the age appropriate transition assessment process used to develop the post-school goals 300.320(b)(1)</b> This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team
<b>Student Needs and Impact of Disability</b> How does the student's disability affect his/her involvement and progress in the general curriculum and participation in appropriate activities? 300.324(a)(i) concerns of parent 300.324(a)(ii) academic, developmental, and functional needs (access skills) 300.320(a)(1) How the child's disability affects the child's involvement and progress—in the general curriculum and participation in appropriate activities
<b>Measurable Post-School Goals</b> This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team What are the student's preferences, interests and desired outcomes in future post-secondary education, employment and independent living? Be sure to include feedback from the student. 300.321(b) 300.43(a)(2)(i)-(v) extrapolated <b>Post-Secondary Education/Training Goal:</b> 300.320(b)(1) <b>Employment Goal:</b> 300.320(b)(1) <b>Independent Living Skills Goal (when appropriate):</b> 300.320(b)(1)

**This section is used to:**

- ✓ Document the student's present levels of academic achievement and functional performance.
- ✓ Document concerns and ideas for enhancing the student's education that the parent(s) and student have identified.

**Directions:**

- 1.) Complete *Student Strengths, Preferences and Interests*.
- 2.) Complete *Present Levels of Educational Performance Summary*. Establish a baseline for the student's present level of performance in measurable terms and allow for clear determinations of student progress toward annual goals. This should be based on the results of assessment findings and recent performance data. The *Present Levels* is written for all relevant academic and non-academic areas in which the student requires specialized instruction. If the IEP meeting is an annual review, team members should refer to the previous IEP goals and/or objectives data, and indicate the student's current level of performance. Statements of current performance should not merely indicate reading or math scores. A synthesis of current levels academic, behavioral, and/or functional performance, teacher observations, student insights, parent input and instructional implications should be included. Language and cultural considerations that impact the performance of English language learners should be noted in this section as well.
- 3.) For a student who is 15, or by the end of the student's 9<sup>th</sup> grade year, identify an age-appropriate transition assessment process used to identify post-school goals. This process should include both formal and informal methods of gathering data relating to the student's interests, preferences, aptitudes and abilities as they relate to and align with the skills needed for the student's given interest area. This can include formal (published) assessment instruments and informal tools such as interviews, interest inventories, job shadowing experiences, work evaluations, academic assessment data, etc. The assessment process includes evaluating data to make informed decisions regarding the development of the transition/post-school plan and requires multiple assessment measures. Transition focused assessment is NOT required for eligibility and may not require parental permission to administer. Any assessment process should be identified in this section.
- 4.) Document *Student Needs and Impact of Disability*. This should briefly describe:

- a. How the student's disability affects his or her involvement and progress in the general education curriculum; and
- b. How the disability affects the student's participation in appropriate activities (e.g., for preschool: student hits/kicks/bites peers to gain their attention and negatively impacts his relationship with his peers).



*Annual goals will be developed and/or modifications and accommodations described for each area identified by the IEP Team that is adversely affected by the student's disability.*

- 5.) For students who are age 15 or by the end of the 9<sup>th</sup> grade, write *measurable post-school goals*. These are intended to help the student identify goals for the future including in work, academics, and adult living. It is critical that the student participates in the development of these goals. Goals **MUST** be measurable and should be based on information gathered from the student him or herself. Measurable Post School Goals must indicate what the student **intends to do** after graduation or exiting the school district services by reaching the maximum age of service provision (age 21). Measurable Post School Goal statements should be written in complete sentences with an established timeline and observable (countable) outcome. For more specifics, please see the section on Transition Requirements beginning on page 103.

SECTION 7: CONSIDERATION OF SPECIAL FACTORS	
<p>A. Does this student exhibit behavior that requires a Behavior Intervention Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, generate Behavior Intervention Plan.</i></p> <p>300.324(1)(2)(i)</p>	<p>B. Is the student blind or visually impaired?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, generate Learning Media Plan.</i></p> <p>300.324(1)(2)(iii)</p>
<p>C. Is the student deaf or hard of hearing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, generate Communication Plan.</i></p> <p>300.324(a)(2)(iv)</p>	<p>D. Is the student deaf-blind?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, generate Learning Media &amp; Communication Plan.</i></p> <p>300.324(1)(2)(iii) &amp; 300.324(a)(2)(iv)</p>
<p>E. Does the student require a Health Care Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, generate Health Care Plan.</i></p>	<p>F. Does the student have Limited English Proficiency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, specify how this will be addressed:</i></p> <p>300.324(a)(2)(ii)</p>
<p>G. Does the student need Assistive Technology devices or services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, specify:</i></p> <p>300.324(a)(2)(v)</p>	<p>H. Does the student require Special Transportation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, specify:</i></p> <p>300.34 Related Services (a) 300.34 (c)(16) 300.107(b)</p>

## Section 7: Consideration of Special Factors

This section is used to:

- ✓ Consider any special factors that may interfere with the student's learning.
- ✓ **ALL** areas must be considered by the IEP team.

### Directions:

**A.** Determine if the student exhibits behavior that impedes the student's learning or the learning of others. If the answer is yes, the Team will need to determine a present level of educational performance in the affected area(s), consider accommodations to the learning environment, develop annual goal(s) and benchmarks as appropriate, and develop a behavior intervention plan. The IEP Team should conduct a functional behavior assessment (FBA).

**B.** For any student who is blind, visually impaired or deaf/blind, the IEP Team is required develop a *Learning Media Plan*.

C. If a student is deaf, hard-of-hearing or deaf and blind, a *Communication Plan* must be generated to address these issues.

D. For a student who is deaf and blind, both a Learning Media Plan and Communication Plan must be developed.

E. For a student who has any healthcare needs, indicate this and identify the location of the Healthcare Plan.

F. In determining if language is an issue for a student with Limited English Proficiency, the IEP Team may ask the following questions:

- Does the student's level of English language proficiency impact the special education and related services needed by the student? If so, how and to what extent?
- Will the special education and related services needed by the student be provided in a language other than English?

If language is an issue for the student, the IEP Team will need to determine how this will be addressed.

G. In addition to communication needs, the IEP Team must determine if the student requires **assistive technology** as it relates to the student's functional capacity.

An assistive technology device is any item that can be used to increase, maintain, or improve the student's functional capabilities. An assistive technology service directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device. This service includes a functional assessment of the student in his or her customary environment (e.g., classroom, home, and community settings). Information from the functional assessment of the student's need for assistive devices should be described in this section. A specific recommendation for assistive devices should not be made without first conducting a needs assessment.

Examples of assistive devices used for program modifications include tape recorders, magnifiers, enlarged key labels for computers, adapted keyboards, and communication displays. Both low and high technology solutions should be considered. In many instances, a low technology device can facilitate the same outcome as a high technology device. It is important to re-examine the need for continued use of any previously recommended devices.

In determining if the student requires assistive technology devices and/or services, the IEP Team may ask the following questions:

- What tasks are difficult for this student that might be made easier with assistive technology?
- How will technology be used across the curriculum to ensure that the student has access to the general curriculum?

To answer these questions appropriately, the IEP Team may request an evaluation by an assistive technology specialist.

H. Transportation is provided as a related service for students with disabilities if a student cannot get to school in the same manner as non-disabled peers or is placed at a school other than his/her neighborhood school. Transportation services include travel to and from school and between schools. Services may also include the provision of specialized equipment, such as special or adapted buses, lifts and/or specialized child restraint systems. If additional support on the bus is required due to the medical, behavioral, or other needs of the student, that support should be described.

Decisions regarding transportation service are to be made on an individual basis. The IEP Team should indicate the decision by checking the appropriate box on the Special Considerations page. If the student requires transportation, justification for this related service must be included.

The IEP Team should use a variety of criteria to determine whether a student with a disability requires transportation as a related service. Some special transportation service options and examples of justification are identified below.

Special transportation services may be appropriate for students who cannot walk or get to school independently because of the disability, or because the student is assigned to a school other than the neighborhood school to receive special

education or related services. Special transportation may be an option for a young child (age 5 or under) who could not participate in the recommended program without transportation.

Some students may require an aide on the bus. Aides may be appropriate for students:

- Whose unpredictable behavior may cause a substantial disturbance that could be dangerous to the student or others;
- Who are unable to function independently due to the nature or severity of the disability; or
- Who are medically fragile.

Another special transportation need would be for a student who requires a vehicle with specialized equipment. This option may be appropriate for students who require a lift, wheelchair tie down and/or occupant restraint system, securement devices for life support systems, or specialized seating systems for infants and toddlers.



*Arrival and departure times shall ensure a full instructional day which is comparable to that of non-disabled students. Every effort shall be made to limit the student's total travel time to not more than one hour each way to and from school.*

## Section 8: Post-School Considerations

SECTION 8: POST-SCHOOL CONSIDERATIONS	
This section to be completed for the IEP to be in effect when the child is 15, but not later than the end of 9th grade 300.320(k)	
Projected date of graduation/program completion: _____	300.102(a)(3)(i)-(iii) limitation to FAPE
Projected type of completion document: _____	
Post-Secondary Education/Training Goal (from Section 6: Measurable Post-School Goals): 300.320(k)(1)	
Planned Course of Study: 300.320(k)(2)	
Transition Services and Activities: 300.320(k)(2)	
Agency/community supports that may provide transition services in the coming school year: 300.321(k)(3) participants in meeting	
Career Employment Goal (from Section 6: Measurable Post-School Goals): 300.320(k)(1)	
Planned Course of Study: 300.320(k)(2)	
Transition Services and Activities: 300.320(k)(2)	
Agency that may provide transition services in the coming school year: 300.321(k)(3) participants in meeting	
Independent Living Skills Goal (when appropriate) (from Section 6: Measurable Post-School Goals): 300.320(k)(1)	
Planned Course of Study: 300.320(k)(2)	
Transition Services and Activities: 300.320(k)(2)	
Agency that may provide transition services in the coming school year: 300.321(k)(3) participants in meeting	
If the student will turn 20 during the course of this IEP period, student and parent(s) have been informed of the transfer of rights at the age of majority (21). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 300.320(c) Transfer of rights at age of majority.	
NOTE: Graduation will permanently end entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act 2004 and the Colorado Rules for the Administration of the Exceptional Children's Educational Act. Therefore, after graduation this student will no longer be entitled to receive special education and related services from a school district or other local education agency.	

**This section is used to:**

- ✓ Identify the coordinated set of transition activities for students who are age 15, but not later than the end of 9<sup>th</sup> grade. It may be used earlier if deemed appropriate by the IEP Team.

**Directions:**

- 1.) Projected date of graduation/program completion: This date should reflect the month and year that the IEP Team anticipates the student will reach graduation or high school completion. It can be adjusted based on objective criteria (total credits earned) at each annual review and adjusted accordingly.
- 2.) Projected type of completion document: Identify the anticipated type of completion document (i.e. diploma, certificate of completion, etc). This will be based on district graduation requirements, student needs and the course of study the IEP Team determines will meet the educational needs of the student while also ensuring appropriate support for the preparation needed to attain the post-school goals.

- 3.) To complete the remainder of this page, please see the *Transition Requirements* section in this Manual beginning on page 103.

## Section 9 Annual Goals

<b>SECTION 9: ANNUAL GOALS AND/OR OBJECTIVES 300.320(a)(2)(i)</b>			
For Students who are transition age, indicate what post-school area this will support: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living			
Area of Need:			
Measurable Goal: 300.320(a)(2)(i)		Unit of Measurement: 300.320(a)(3)(i)	
Objective (if needed):		Baseline Data Point:	
Related Standard/Expanded Benchmark/Access Skill:		Baseline Data Point:	
Evaluation Method: <input type="checkbox"/> Monitor and Chart Progress <input type="checkbox"/> Focused Assessments <input type="checkbox"/> Portfolio Collection <input type="checkbox"/> Other: 300.320(a)(3)(i)			
Progress Report (Describe how parents will be informed of the student's progress toward goals and how frequently this will occur) 300.320(a)(3)(ii)			
Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____
Progress: ____	Progress: ____	Progress: ____	Progress: ____
Supporting Data Point:	Supporting Data Point:	Supporting Data Point:	Supporting Data Point:

### This section is used to:

- ✓ Describe the demonstrated improvement from the measurable present level of performance.
- ✓ Reflect an area of need that is related to progress in the general education curriculum.
- ✓ Include a measurable level of attainment.
- ✓ Describe conditions under which the student will perform.



*When writing goals for students, there should be a direct correspondence between identified need, present level of performance and annual goals that allow the student to be involved and progress in the general curriculum. Additionally, if the student is of transition age, the annual goals should directly support and promote the attainment of their post-school goals.*

### Directions:

- 1.) Document that annual goals directly support and promote the accomplishment of their post-school goals if appropriate.
- 2.) Identify area of need—this should relate directly to those identified in *Section 6*.
- 3.) Write a measurable goal related to the identified area of need.
- 4.) For students taking alternate assessments based on alternate achievement standards, write a measurable short term objective.
- 5.) Identify the unit of measurement. This is how achievement of the goal will be measured. Examples include words correct per minute (WCPM), or outbursts per hour. While the goal will likely include a unit of measurement in targeting the improvement, the criteria should be explicit and clear for parents and school personnel.
- 6.) Identify the related standard, expanded benchmark or access skill this goal will support.
- 7.) Identify the baseline data. This is the student's present level of performance in the targeted area.
- 8.) Indicate what evaluation method(s) will be used to evaluate progress towards the goals.
- 9.) Describe how the student's progress toward meeting the annual goals will be measured and when periodic reports on the progress will be provided. Progress toward *each* annual goal will be measured through the identified criteria and evaluation measures established for each goal.
- 10.) When reporting, use the provided progress reporting key *and* attach any supporting graphs or available data. The reporting key is very general, and it is helpful to parents to receive a more informative update. Sources of data may include progress monitoring data, Results Matter data (for ages 3-5), or behavior charts, among other items.





*Whether or not the student met the goals (and objectives if applicable) must be documented. This information must be shared with the parent by issuing an IEP progress report as frequently as was indicated on the most recent IEP. The case manager is responsible for maintaining documentation that the IEP progress reports were provided to parents of students with disabilities.*

## Section 10: Accommodations & Modifications

SECTION 10: ACCOMMODATIONS & MODIFICATIONS
<b>Accommodations</b> What type(s) of accommodation(s) if any is (are) necessary for the student to access the general curriculum and/or appropriate activities to make effective progress? 300.320(a)(4)(i)-(ii) 300.320(a)(5)(i)
<b>Modifications</b> What standards, if any, need to be modified, expanded, and/or prioritized for the student to access the general curriculum and/or appropriate activities to make effective progress?

**This section is used to:**

- ✓ Identify areas of the curriculum and the student's development that require accommodations.

**Directions:**

- 1.) Identify the specific accommodations, *if any* that are necessary for the student to access the general curriculum and/or appropriate activities.
- 2.) Identify the standards, *if any*, that need to be modified, expanded and/or prioritized.

## Section 11: Extended School Year (ESY)

SECTION 11: EXTENDED SCHOOL YEAR DETERMINATION 300.106
<b>Criteria/Inquiry:</b> Did the student experience significant regression on their IEP goals and objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the student require an unreasonably long period of time to relearn previously learned skills? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there other factors relevant in determining eligibility for ESY services? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Decision:</b> Is the student eligible for Extended School Year Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined by: _____ <i>If yes, attach documentation for each question and record services on service summary in Section 13. Identify which goals will be worked on during the Extended School Year Below:</i>

**This section is used to:**

- ✓ Consider whether the student needs extended school year services in order to receive a FAPE.

**Directions:**

- 1.) Review student records and data for evidence of regression/recoupment issues over major school breaks.
- 2.) Indicate whether the student experienced significant regression on any of his/her IEP goals and objectives. If yes, attach documentation of the regression.
- 3.) Indicate whether the student required an unreasonably long period of time to relearn previously learned skills. If yes, attach documentation.
- 4.) Indicate whether there are other factors relevant in determining the student's eligibility for ESY services. Predictive factors include, but are not limited to:
  - a. the degree of the student's impairment,

- b. the ability of the student's parents to provide the educational structure at home,
- c. the student's rate of progress,
- d. the student's behavioral and physical problems,
- e. the availability of alternative resources,
- f. the ability of the student to interact with non-disabled children,
- g. the areas of the student's curriculum which need continuous attention, and
- h. the individual needs of the student and whether the requested ESY service(s) are relevant to support those needs.

5.) Indicate the decision of whether the student is eligible for ESY services.

- i. If the student is eligible for ESY, identify and document which goals will be worked on during the ESY and record ESY services on the *Services Summary* in Section 13.
- j. If the IEP team does not have enough data to make an ESY determination, check the "To be determined by" box and provide a date when ESY eligibility will be determined.



*IDEA does not require that each school establish summer programs for non-disabled students for the sole purpose of providing integrated activities for students with disabilities in ESY programs, nor does it require that ESY services address all of a student's IEP goals. Because the purpose of ESY services is to prevent regression and recoupment problems, a student's placement for ESY services may differ from his/her placement during the regular school year. Therefore a full continuum of placement options is not required for ESY.*



**Must the IEP Team recommend extended school year services for all students with disabilities?**

No. Consideration must be given annually for each student regarding the need for extended school year services. Factors to consider include likelihood of regression, slow recoupment, and predictive data based on the opinion of professionals.

## Section 12: State/District Assessments

SECTION 12: STATE/DISTRICT ASSESSMENTS:				
<b>District Assessments:</b>				
Check whether the student will participate in the District Assessment or the District Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.				
Reading/Writing/Language Arts	Regular <input type="checkbox"/>	Alternate <input type="checkbox"/>	Not Assessed at This Grade Level <input type="checkbox"/>	
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the student is eligible for the district alternate assessment, provide justification: 300.320(a)(6)(ii)(A) and (B)				
List district assessment accommodations: 300.320(a)(6)(i)				
<b>State Assessments</b>				
Check whether the student will participate in the CSAP or CSAP Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.				
Reading/Writing/Language Arts	CSAP <input type="checkbox"/>	CSAPA or 11 <sup>th</sup> Grade Alt. <input type="checkbox"/>	ACT <input type="checkbox"/>	Not Assessed at This Grade Level <input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 <sup>th</sup> grade only:			<input type="checkbox"/>	<input type="checkbox"/>
If the student will be participating in the CSAPA provide justification: 300.320(a)(6)(ii)(A) and (B)				
List any CSAPA Accommodations/Adaptations:				
Check all Standard Accommodations to be used in the CSAP Administration: 300.320(a)(6)(i)				
<b>Standard Presentation Accommodations</b> <input type="checkbox"/> No accommodations needed <input type="checkbox"/> Braille version of the test <input type="checkbox"/> Large-print version of the test (18 point font) <input type="checkbox"/> Read aloud directions only <input type="checkbox"/> Signing of directions only <input type="checkbox"/> Oral presentation of entire test (science, math, writing only) <input type="checkbox"/> Signing presentation of entire test <input type="checkbox"/> Translated oral presentation of entire test <input type="checkbox"/> Student receives more, but shorter sessions with "breaks" in between <input type="checkbox"/> Student receives extended time <input type="checkbox"/> Student uses additional manipulative for mathematics assessment Describe Non-Standard Accommodations: _____		<b>Standard Response Accommodations</b> <input type="checkbox"/> No accommodations needed <input type="checkbox"/> Use of scribe to write oral responses or fill in bubbles in the test book (scribe) <input type="checkbox"/> Use of scribe to write oral responses to constructed items only (scribe) <input type="checkbox"/> Use of signing as an alternative response (must also then scribe into test booklet) <input type="checkbox"/> Use of assistive technology to communicate response to test items		
Other Allowable Accommodations: _____				
<input type="checkbox"/> If student is taking an alternate assessment, parents have been informed about the differences between regular and the alternate assessments (both state and district) and the effects of these. If any (including that, for students taking alternate assessments, their achievement will be measured based on alternate achievement standards).				

### This section is used to:

- ✓ Consider the student's participation in local and statewide assessments of academic performance.

### Directions:

- 1.) Determine if the student will be taking the regular or alternate district level assessment for each area tested. If any areas are not tested at the student's grade level, indicate the discrepancy.
- 2.) If the student will be taking any district alternate assessments, provide justification.
- 3.) If the student will be taking any district alternate assessments, inform parent(s) regarding the differences between the regular and alternate assessment(s) and any potential effects of taking the alternate assessment. Indicate that parent(s) has been so informed by checking the box at the bottom of the page.
- 4.) If the student requires any assessment accommodations, indicate them. If none is required, write "none required."
- 5.) Determine if the student will be taking the CSAP or CSAPA for each area tested. If any areas are not tested at the student's grade level, indicate the discrepancy.
- 6.) If the student will be taking the CSAPA for any area, provide justification by citing CSAPA Eligibility Criteria.
- 7.) If the student will be taking the CSAPA for any area, inform parent(s) regarding the differences between the regular and alternate assessment(s) and any potential effects of taking the alternate assessment. Indicate that parent(s) has been so informed checking the box at the bottom of the page.
- 8.) If the student will be taking the CSAPA for any area and needs any accommodations, list them.
- 9.) If the student will be taking the CSAP and requires any standard accommodations, either for presentation or responses, indicate them. If none is required, indicate by using the box labeled "No accommodations needed."
- 10.) If the student will be taking the CSAP and requires non-standard accommodations, the team must apply for those (such as a font larger than 18 point); however, this must be documented in the IEP and the application must be submitted to the District Assessment Coordinator a MINIMUM of 3 months prior to the administration of the CSAP test.
- 11.) If the student requires other allowable accommodations allowed on CSAP, document them. These can include, but are not limited to pencil grips, magnifiers and CCTV.



All students with disabilities must participate in local/state assessments or in alternate assessments if non-disabled students of the same age or grade are tested. It is anticipated that almost all students with disabilities will be able to participate in all local/state assessments. Some students may need accommodations or individual modifications to participate; however, accommodations used in testing situations generally are the same as those provided for instruction and in classrooms for teacher-designed tests. If an accommodation is not part of the student's normal classroom instruction and assessment, it should not be used for the first time when the student participates in local or statewide assessments.

Obvious exceptions are those situations which are unique to standardized tests.

- A student who uses a calculator during classroom instruction to work on mathematical problem-solving tasks might not be allowed to use a calculator on a standardized local or statewide achievement test that measures math calculation skills.
- A student who uses a word processor with spell checker in the classroom to complete a writing assignment might not be able to use it when performing on a standardized achievement test that measures ability to spell correctly.

Students must have experience with the accommodation. For example, a student who has directions read to her/ him in the classroom might have difficulty following directions during a standardized assessment that involves listening to a tape recording as an accommodation for the student.



IEP Teams should consider the following questions in determining the extent of participation appropriate for a student with disabilities:

- Is the student working toward the same standards as other students in the same grade? (If the answer is YES, the student should participate in the standard assessment with accommodations, if appropriate.)
- Is the student's curriculum moderately modified? (If the answer is YES, the student should participate in the standard assessment with appropriate accommodations.)
- Is the student's curriculum significantly modified? (If the answer is YES, the student should have an alternate assessment.)

## Section 13: Special Education and Related Services in the Least Restrictive Environment

SECTION 13: SERVICE DELIVERY STATEMENT										
Statement of types and anticipated location of services to be provided to and on behalf of the student. 300.320(a)(7)										
SPECIAL EDUCATION AND RELATED SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT										
Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HO Sp Ed Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services—Direct Use ONE column only per identified service			Frequency of Special Education/Related Services—Indirect Including Case Management Use ONE column only per identified service			
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month	
				300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	
Total Amount of Time					HPD	HPW	HPM	HPD	HPW	HPM

### Service Delivery Statement

This section is used to:

- ✓ Identify areas of the curriculum and the student's development that require specialized instruction or intervention from a special education teacher and/or related service provider.
- ✓ Explain the table above so that parents can clearly understand how services will be provided.

### Directions:

- 1.) Describe how services will be provided to student. Ensure this is clear for parent(s) to understand what a typical day, week or month might look like for the student. If, for example, a student requires "constant supervision," this may not be documented in the table under "Specialized Instruction," but should be described in the Service Delivery Statement.



*Services may be provided directly to the student or indirectly on behalf of the student. Consultation services are considered "indirect." Additionally, if the student is Medicaid eligible, and the case manager will be conducting case management activities that are billable to Medicaid, this would be documented in the "indirect" column as well.*

### Service Delivery Table

This section is used to:

- ✓ Document any special education services including ESY services.

### Directions:

- 1.) Indicate the specialized instruction area and/or related services the student will be provided with.
- 2.) Indicate the service provider that will be responsible for the identified specialized instruction area or related service. Only the role of the person should be identified, not specific individuals by name. This allows for continuation of services when there are changes in staff or when the student changes schools.
- 3.) Indicate the Start Date. Services indicated should begin as soon as possible after completing the IEP with the exception of ESY Services.
- 4.) Indicate the End Date. The date indicates the anticipated duration of the service, but should not extend beyond the anticipated IEP annual review meeting.
- 5.) Indicate frequency and duration of services. Each identified Instruction Area or Related Service need be noted only in one of the three columns. The provider should identify how frequently he/she will work with the student on a daily, weekly or monthly basis. Totals should be tallied for each column for ease of data collection.

## Section 14: Recommended Placement in the Least Restrictive Environment

SECTION 14: RECOMMENDED PLACEMENT IN THE LEAST RESTRICTIVE ENVIRONMENT (SPECIAL EDUCATION SETTING)			
Placement Options Considered	Selected:	Discussion must address each of the following for all placement options:	Below, summarize discussions regarding placement option(s)
1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible advantages for the student	
2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible disadvantages for the student	
3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Modifications/supplementary aids & services considered to reduce possible disadvantage to the student	
<b>GENERAL EDUCATION SERVICES</b> Complete this section for students ages 3-5 as of Dec. 1, only:			
Description	Hours Per Week		
<input type="checkbox"/> Integrated Education Program			
<input type="checkbox"/> Other: _____			
<b>EDUCATIONAL ENVIRONMENT</b>			
Selected	Ages 3-5 (as of Dec. 1)	Selected	Ages 6-21 (as of Dec. 1)
<input type="checkbox"/>	General education early childhood program at least 80% of the time	<input type="checkbox"/>	General education class at least 80% of the time
<input type="checkbox"/>	General education early childhood program 40% to 79% of the time	<input type="checkbox"/>	General education class 40% to 79% of the time
<input type="checkbox"/>	General education early childhood program less than 40% of the time	<input type="checkbox"/>	General education class less than 40% of the time
<input type="checkbox"/>	Separate class	<input type="checkbox"/>	Separate school
<input type="checkbox"/>	Separate school	<input type="checkbox"/>	Residential facility
<input type="checkbox"/>	Residential facility	<input type="checkbox"/>	Homebound/hospital
<input type="checkbox"/>	Home	<input type="checkbox"/>	Correctional facilities (including short-term detention)

This section is used to:

- ✓ Document what settings were considered and selected and also to summarize the discussion.
- ✓ Document possible advantages and disadvantages that the setting and services outlined in the IEP may have on the effectiveness of the student to reach his/her stated Post-School Goals.

### Directions:

- 1.) Indicate any placement options considered for the student (for example, general education classroom, resource room, self contained classroom etc).
- 2.) Indicate whether each setting was selected.
- 3.) Discuss possible advantages of each setting for the student and check off that it was discussed.

- 4.) Discuss possible disadvantages of each setting for the student and check off that it was discussed.
- 5.) Discuss any modifications, supplementary aids or services considered to reduce any of the possible disadvantages to the student and check off that this was discussed.
- 6.) Summarize the conversation in the box appropriate to the designated placement.

## **General Education Services**

**This section is used to:**

- ✓ Document time students ages 3-5 spend in an integrated education program for per-pupil funding purposes.

### **Directions:**

- 1.) If appropriate, check "integrated education program."
- 2.) Record number of hours per week the student spends in the program.

## **Educational Environment**

### **Directions:**

#### **Ages 3-5**

In order to determine the percentage of time a child age 3-5 is spending in a general early childhood program, follow these steps:

- 1.) If the child spends any part of an 8 hour day in a general early childhood program,\* s/he will be reported in one of the first three categories
- 2.) Determine if the child attends any other general early childhood program during the day *other than* the program/services s/he is receiving from the AU (see definitions of general early childhood programs below\*).
- 3.) Add the number of hours of programming/services the child receives from the AU to the number of hours (if any) the child is attending any other general early childhood program (this number is the denominator).
- 4.) Subtract any service hours or time the child receives from the AU which are in segregated settings, e.g. pull out services, segregated speech or motor groups, etc. (this number is the numerator)
- 5.) Divide the total number of hours in #3 by the number of hours in #4

\*Descriptions of a general early childhood program include:

- District/BOCES preschool program with at least 50% nondisabled peers
- Private preschools
- Group child care
- Head Start

In order for the IEP Team to make a determination of preschool placement, a conversation must occur with the parent(s) regarding whether or not the child attends a child care setting or other general early childhood program in the community for any part of his/her week.

#### **Ages 6-21**

Children should be reported according to the setting in which they have been placed for educational services.

To calculate the percentage of time inside the general education classroom, divide the number of hours the child spends in the general education classroom by the total number of hours in the school day (including lunch, recess and study periods). The result is multiplied by 100. Time spent outside the general education classroom receiving services unrelated to the child's disability (e.g., time receiving limited English proficiency services), should be considered time in the general education classroom.

Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities (e.g. college campuses, vocational sites) should be counted as time spent in the general education classroom.

Following are the categories and definitions for educational environments for students ages 6-21:

- **General education class 80 percent or more of the time** – Report children who receive special education and related services in the general education classroom for 80 percent or more of the time. (These are children who receive special education and related services out of the general education classroom for less than 21 percent of the time.) This may include children with disabilities placed in the general education class with: (a) special education and related services provided within general education classes, (b) special education and related services provided outside the general education classes, or (c) special education services provided in resource rooms.
- **General education class no more than 79 percent of the time and no less than 40 percent of the time** – Report children who receive special education and related services in the general education classroom for no more than 79 percent of the time and no less than 40 percent of the time. (These are children who receive special education and related services out of the general education classroom for at least 21 percent but no more than 60 percent of the time.) Do not include children who are reported as receiving education programs in public or private separate schools or residential facilities. This may include children placed in: (a) resource rooms, with special education and related services provided within the resource rooms, or (b) resource rooms, with part-time instruction in a general education class.
- **General education class less than 40 percent of the time** -- Report children who receive special education and related services in the general education classroom less than 40 percent of the time. (These are children who receive special education and related services out of the general education classroom for more than 60 percent of the time.) It does not include children who are receiving educational programs in public or private separate schools or residential facilities. This category may include children placed in: (a) self-contained special education classrooms with part-time instruction in a general education class; or (b) self-contained special classrooms with full-time special education instruction on a general education school campus.
- **Separate school** -- Report children who receive their educational programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the time in public or private separate schools. This may include children placed in: (a) public and private day schools for children with disabilities; (b) public and private day schools for children with disabilities for a portion of the school day (greater than 50 percent) and in general education school buildings for the remainder of the school day; or (c) public and private residential facilities if the student does not live at the facility.
- **Residential facility** -- Report children who receive their educational programs in, and live in, public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services, at public expense for greater than 50 percent of the school day in public or private residential facilities. This may include children placed in: (a) public and private residential schools for students with disabilities; or (b) public and private residential schools for children with disabilities for a portion of the school day (greater than 50 percent) and in separate day schools or general education school buildings for the remainder of the school day. Do not include students who receive education programs at the facility, but do not live there.
- **Homebound/hospital** -- Report children who receive education programs in a homebound/hospital environment. This includes children with disabilities placed in and receiving special education and related services in: (a) hospital programs, or (b) homebound programs. Do not include children with disabilities whose parents have opted to provide home-schooling and who receive special education at the public expense.
- **Correctional facilities** -- Report children who receive special education in correctional facilities. These data provide a census of all children receiving special education in: (a) short-term detention facilities (community based or residential); or (b) correctional facilities.

## Section 15: Prior Written Notice:

<b>SECTION 15: PRIOR WRITTEN NOTICE</b>	
The IEP includes services to be provided to assist your child to make progress. The Present Level of Academic Achievement and Functional Performance in Section 6 includes information about the data used as a basis for the decisions recorded in the IEP.	
Other options considered:	Why those options were rejected:
Other factors:	
Case Manager:	
Name _____	Title _____ Phone _____ Date _____
Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)	

### This section is used to:

- ✓ Meet the requirement to notify parents before the AU takes any action with regard to a student's identification, evaluation, placement, individualized education plan, or provision of a free, appropriate public education.
- ✓ Provide documentation of specific changes to be made and the timing for those changes.

### Directions:

- 1.) Describe the options that the team considered prior to this action.
- 2.) Explain why the options were rejected.
- 3.) Describe any other factors that contributed to the decision.
- 4.) Enter the name, title, and phone number of the person to contact to obtain a copy of the Procedural Safeguards.



## PRIOR WRITTEN NOTICE:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
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PRIOR NOTICE OF SPECIAL EDUCATION ACTION
<p>Dear: _____:</p> <p>This notice is a: <input type="checkbox"/> proposal 300.503(a)(1)  <input type="checkbox"/> refusal 300.503(a)(2)</p> <p>to: <input type="checkbox"/> initiate 300.503 (a)(1)  <input type="checkbox"/> change 300.503 (a)(2)</p> <p>the following aspects of your child's special education: 300.503(a)  <input type="checkbox"/> Identification  <input type="checkbox"/> Placement (other than initial placement)  <input type="checkbox"/> Provision of a free, appropriate public education (includes IEP)</p> <p>Through the following action: 300.503(b)(1)</p> <p>This action is proposed/refused because: 300.503(b)(2)</p> <p>This action/refusal is based on the following evaluation procedures, tests, records or reports: 300.503(b)(2)</p> <p>Other options we considered were: 300.503(b)(6)</p> <p>We rejected these options because: 300.503(b)(6)</p> <p>Any other factors considered by the team: 300.503(b)(7)</p> <p>Sincerely, _____  Name/Title 300.503(b)(5) Phone _____</p> <p style="font-size: small;">Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)</p>

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### This form is used to:

- ✓ Meet the requirement to notify parents before the AU takes any action with regard to a student's identification, evaluation, placement, individualized education plan, or provision of a free, appropriate public education.
- ✓ Provide documentation of specific changes to be made and the timing for those changes.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Enter the name of the parent, guardian, or surrogate parent.
- 3.) Check the box(s) that are pertinent to the actions that are proposed.
- 4.) Describe the action the team is proposing or refusing.
- 5.) Describe why the team is proposing or refusing this action.
- 6.) Describe any evaluation procedures, tests, records, and reports used to make this decision.
- 7.) Describe the options that the team considered prior to this action.
- 8.) Explain why the options were rejected.
- 9.) Describe any other factors that contributed to the decision.
- 10.) Enter the name, title, and phone number of the person to contact to obtain a copy of the Procedural Safeguards.

# BEHAVIOR INTERVENTION PLAN:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____		Date _____	
Student's Grade _____		Parent/Guardian/ESP Name(s) _____		Parent/Guardian/ESP Email _____		Parent/Guardian/ESP Phone Number _____	

BEHAVIOR INTERVENTION PLAN (BIP)			
<b>1. Sources of Information:</b> List sources of information used in FBA, both formal and informal, to develop this plan.			
<b>2. Strength Based Profile</b> Identify skills and interests, positive relationships, pro-social behaviors, family and community supports, and other protective factors.			
<b>3. Functional Behavioral Assessment (FBA) Summary Statement</b> Describe specific problem behavior and summary/hypothesis statement from FBA.			
4. BIP Strategies/Outcomes Worksheet			
Based on hypothesis, in the table below, identify the strategy, what will be done, when and where the strategy will occur.			
Setting Event Strategies (Reduce impact of setting events)	Antecedent Strategies (Decrease likelihood that behavior will occur)	Behavior Teaching Strategies [Alternative Behaviors] (Increase the likelihood that the appropriate replacement behavior will occur through instruction)	Reinforcement Strategies [Consequence] (When student demonstrates the desired behavior, the need behind the behavior is met –e.g. obtain or avoid)

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<b>5. Crisis Intervention Plan</b> If the student's behavior has the potential to produce harm, attach a crisis intervention plan.			
<b>6. Evaluation</b> Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified alternative behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).  Continuous Progress Monitoring Method: _____ Person Responsible: _____ Criterion for Success: _____ Follow-up Meeting Date: _____			
<b>7. Contextual Fit</b> Supports, resources and training needed for personnel to implement this plan in the current educational environment.			
<b>8. Communicating the Behavior Intervention Plan</b> The plan will be communicated to the following people (i.e. bus driver, clinic aid, school resource officer, etc.) Person to be contacted: _____ How contact will be made: _____ Person responsible for contact: _____ Date/Frequency of contact: _____ _____ _____ _____ Who will communicate revisions and updates internally and externally? _____			
<b>9. Team Members:</b> Teacher, parent, student, mental health worker, community agency personnel, related service provider etc.			
Parent _____	Other _____		
Parent _____	Other _____		
Student _____	Other _____		
Case Manager _____	Other _____		

**This form is used to:**

- ✓ Document the use of positive behavior interventions, supports and other strategies to address the behavior of a child whose behavior impedes the child's learning or that of others. § 300.324(2)(i). A Behavior Intervention Plan (BIP) should be developed in conjunction with a Functional Behavior Assessment.

**Directions:**

- 1.) Enter the student's Name, Date of Birth, and SASID. Enter the month, day and year the form is completed.
- 2.) Enter the student's grade, the name of the student's parent or guardian and the parent/guardian's email address and phone number.

3.) Complete the Behavior Intervention Plan (BIP).

- a. **Sources of Information:** Document all sources of information that were used in developing the behavior plan (e.g. interviews, observations, checklists, academic assessments, record reviews). Information about the student should be obtained from a wide variety of formal and informal sources.
- b. **Strength-Based Profile:** Document the student's strengths and interests such as positive relationships with adults or peers, prosocial behaviors in which the student consistently engages and supports the student receives from family and community. Also include other protective factors such as academic assets, hobbies, talents, or special interests.
- c. **Functional Behavior Assessment (FBA) Summary Statement:** Based on observations, interviews, background information and other data, generate a hypothesis regarding the motivation behind the problem behavior. The summary statement includes factors such as the setting where the behavior occurs, antecedents to the problem behavior, a description of the problem behavior and reinforcing consequences of the behavior (e.g. the child gains the teacher's attention).
- d. **BIP Strategies/Outcomes Worksheet:** Complete the four columns for addressing the problem behavior: (i) setting event strategies, (ii) antecedent strategies, (iii) behavior teaching strategies, and (iv) reinforcement strategies.
  - i. **Setting Event Strategies:** These are strategies designed to prevent the child's problem behavior, make the behavior irrelevant, or reduce the likelihood that the problem behavior will occur. Setting event strategies include approaches such as modifying the activity schedule, adding prompts for appropriate behavior, and considering environmental arrangements.
  - ii. **Antecedent Strategies:** These preventative strategies address the events that most likely trigger the problem behavior. An antecedent is an immediate predictor of the problem behavior.
  - iii. **Behavior Teaching Strategies (Alternative Behaviors):** These are strategies designed to make the problem behavior less efficient in gaining the reinforcing consequences described in the FBA Summary Statement. Behavior teaching strategies may include teaching the child an alternative behavior or teaching the child adaptive social skills.
  - iv. **Reinforcement Strategies (Consequences):** Reinforcement strategies refer to strategies that make the problem behavior less effective.
- e. **Crisis Intervention Plan:** If the student displays unsafe behaviors, a crisis intervention plan that emphasizes prevention, positive intervention, and de-escalation techniques should be developed and attached to the BIP. The Crisis Intervention Plan should be readily accessible, communicated and distributed to all relevant parties, should be aligned with district and state policies, and should support the school or district safety plan. If the student's behaviors do not warrant a crisis plan, there is no need to include one in the BIP.
- f. **Evaluation:** Describe the ongoing evaluation of the effectiveness of the plan including how the progress will be monitored, the criteria for success, the person responsible for monitoring progress and a follow-up meeting date.
- g. **Contextual Fit:** Describe how the plan is designed specifically for the environment in which it will be implemented including the skills, resources, budget and impact of time constraints that may affect the ability to implement the plan with fidelity.
- h. **Communication Plan:** Identify who needs to be notified and who needs copies of the plan. Indicate how contact will be made, who will be responsible for making contact, and the date and frequency of contact. Identify who will communicate revisions and updates.
- i. **Team members:** Record the names and members of the planning team.
- j. **Parent Provided a Copy of Plan:** A Parent should always receive a copy of the most recent BIP. Check this box when the parent receives a copy of the plan.

*Comprehensive resources on Positive Behavior Supports, Behavior Interventions and Functional Behavior Assessments are available in the Colorado Behavior Resource Manual available at [www.cde.state.co.us/cdesped/BehaviorResourceManual](http://www.cde.state.co.us/cdesped/BehaviorResourceManual).*

# COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND:

COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND									
<p>The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered. <b>300.324(a)(2)(iv) 4.03(6)(A)</b></p>									
<p><b>1. Language and Communication</b></p> <p>1. a. The child's/student's primary language is one or more of the following.</p> <p><i>Check all that apply.</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Receptive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p> </td> <td style="vertical-align: top;"> <p><b>Expressive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p> </td> </tr> </table> <p><i>Describe:</i></p> <p><i>Action Plan, if any:</i></p>				<p><b>Receptive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>	<p><b>Expressive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>				
<p><b>Receptive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>	<p><b>Expressive</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>								
<p>1. b. The child's/student's primary communication mode is one or more of the following. <b>Supports 300.116(e).</b></p> <p><i>Check all that apply and if more than one applies, explain.</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Receptive:</b></p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Expressive:</b></p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Gestures</p> </td> </tr> </table> <p><i>Explanation for multiple modes of communication, if necessary:</i></p>				<p><b>Receptive:</b></p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p>	<p><b>Expressive:</b></p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Gestures</p>
<p><b>Receptive:</b></p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p>							
<p><b>Expressive:</b></p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Gestures</p>							
<p><b>1. c. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student? <b>Parent Counseling Training 300.34(8)(j) and (ii)</b></b></p> <p><i>Issues considered:</i></p> <p><i>Action Plan, if any:</i></p>									
<p>2. Describe the child's/student's need for deaf/hard of hearing adult role models and peer groups in sufficient numbers of the child's/student's communication mode or language. Document who on the team will be responsible for arranging for adult role model connections and opportunities to interact with peers. <b>(Section 3. 22-20-108 CRS II) 300.116</b></p> <p><b>Placement Determination</b></p> <p><i>Opportunities considered: <b>ECEA proposed 4.03(6)(a)(vi)</b></i></p> <p><i>Action Plan, if any:</i></p>									
<p>3. An explanation of all educational options provided by the administrative unit and available for the child/student has been given. <b>Placement determination 300.115 and 300.116</b></p> <p><i>Placements explained:</i></p> <p><i>Describe how the placement options impact the child's communication access and educational progress:</i></p>									
<p>4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language. <b>ECEA 3.04(1)(f)</b></p> <p><i>Considerations:</i></p> <p><i>Action Plan, if any:</i></p>									
<p>5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified. The team will consider the entire school day, daily transition times, and what the child/student needs for full communication access in all activities.</p> <p><i>Considerations <b>300.324(a)(2)(iv) Communication plan, 300.107 Non-academic settings, 300.101 FAPE</b></i></p> <p><i>Action Plan, if any:</i></p>									

1/16/08

**This form is used to:**

- ✓ Create a mechanism for problem solving and taking action where communication gaps are identified in the student's access to the educational day.

**Directions:**

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed.
- 2.) Identify the student's primary language and communication modes.

- 3.) Consider the child's communication needs, including opportunities for direct instruction from professionals, and direct communication with peers, professionals, and deaf/hh adult role models in the child's communication mode.

The staff's demonstrated communication proficiency to accommodate for the student's unique needs in academic instruction, school services, and extracurricular activities must be considered.

For further instructions and guidelines, see the Colorado FastFacts: Communication Plans for Deaf/Hard of Hearing Students and the Colorado Guidelines for Schools, and the Colorado Resource Guide available at [www.cde.state.co.us/cdesped/SD-Hearing.asp](http://www.cde.state.co.us/cdesped/SD-Hearing.asp).

# LEARNING MEDIA PLAN FOR STUDENT WITH A VISION DISABILITY OR DEAF-BLIND:

Legal Name of Student _____		State Student ID (SASID) _____		Date of Birth _____	Date _____
<b>LEARNING MEDIA PLAN FOR STUDENT WITH A VISION DISABILITY OR DEAF-BLINDNESS</b>					
The written IEP for each child with a vision disability shall include a Learning Media Plan as developed by the IEP team based on comprehensive assessment of the student's learning and literacy modalities by a licensed teacher endorsed in the area of visual impairment. 4.03 (b)(x)(i)					
1. Please indicate the selected learning and literacy mode(s) for this child/student to achieve literacy. Literacy modes include: (a) auditory mode, (b) Braille or tactual mode, (c) print enlargement or visual mode with optical enhancement, and/or (d) regular print or visual mode.					
Current Learning and Literacy Mode(s):		Primary: _____		Secondary: _____	
(if appropriate):		Co-Primary: _____		Co-Secondary: _____	
Recommended Learning and Literacy Mode(s):		Primary: _____		Secondary: _____	
2. Justification of primary and secondary learning and literacy mode(s) selection – summarize evaluation data and how the learning and literacy mode(s) were selected.					
3. How will learning and literacy mode(s) be implemented?					
4. Describe how the student's instruction in the above selected literacy mode(s) will be integrated into instructional activities.					
5. State the level of competency expected in each selected mode(s) which the student should achieve by the end of the period covered by the IEP.					
6. List dates for instruction to commence, amount of time dedicated to each learning and literacy mode, and responsible service provider.					
7. All Colorado teachers licensed and endorsed in the area of visual impairment (TVI) must have demonstrated competency in reading and writing Literary Braille. Has the teacher of the visually impaired (TVI) working with this student demonstrated Braille competency per established CDE guidelines? 4.03(b)(b)(iv) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Draft 2/26/08

**This form is used to:**

- ✓ To identify the student's primary mode literacy mode.

## Directions:

The Learning Media Plan can be a separate written document that is attached to the student's IEP or its content can be infused into the IEP. All required information must be in the separate document or the IEP. Numbers 2 through 8 in the list below detail the requirements of the Learning Media Plan.

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) The Learning Media Plan must include a statement about the selection of a student's primary literacy mode(s) and possible secondary literacy mode(s). Learning and literacy modes as defined by Colorado School Laws 2007:22-20-103 (19) (a-d) and CDE guidance include the following:
  - a. **Auditory Mode:** any method or system of achieving literacy that depends upon the auditory senses, including the use of readers, taped materials, electronic speech, speech synthesis, or any combination of the above.
  - b. **Braille:** the system of reading and writing by means of raised points, commonly known as standard English Braille. This **tactile mode** includes any method or system of achieving literacy that depends on the sense of touch such as, but not fully limited to, real objects, tangible symbols, tactile letters, tactile cueing, tactual sign language, and Braille.
  - c. **Print enlargement:** any method or system of achieving literacy that includes optical aids to enhance comprehension of printed material, electronic enlargement of printed material, books and textual material printed in large print, and any combination of the above. This **visual mode with optical enhancement** also includes any method or system of achieving learning and literacy that depends on the sense of vision with the assistance of optical measures of support such as, but not limited to: enlargement of pictures, print, or other visual symbols; and use of magnification devices.
  - d. **Regular print:** any method or system of achieving literacy that depends upon the comprehension of regular-sized printed material. This **visual mode** also includes any method or system of

achieving learning and literacy which depends upon the sense of vision such as, but not limited to real objects, pictures, visual communication symbols (e.g., Picsyms, Bliss symbols, Mayer-Johnson symbols), sign language, and print.

(Note: the terms *Braille / tactile mode*, *print enlargement / visual mode with optical enhancement*, and *regular print / visual mode* may be used interchangeably based on the individual learning and literacy needs of the student).

- 3.) Adequate justification must be made as to why this mode(s) was selected. The decision must not be based solely on the student's eye condition. The decision must be based on the assessment findings by a certified teacher of students with visual impairments, which includes student, parent and service provider input.
- 4.) The Learning Media Plan must include a statement of how the selected learning and literacy mode(s) will be implemented in the student's educational program. ECEA Section 4.03 (60 (b) (i).
- 5.) The Learning Media Plan must include a statement of how the student's instruction in the selected learning and literacy mode(s) will be integrated into educational activities. ECEA Section 4.03 (60 (b) (ii).
- 6.) The Learning Media Plan should include a date on which the student's instruction, in the selected mode(s), as appropriate, shall commence. ECEA Section 4.03 (60 (b) (iii). For example, if the student is learning Braille, the date of beginning/ongoing instruction should be noted in the Learning Media Plan.
- 7.) The Learning Media Plan should include a statement of the level of student competency in each selected literacy mode(s) that the student should achieve by the end of the period covered by the IEP. ECEA Section 4.03 (60 (b) (iv).
- 8.) Colorado teachers licensed and endorsed in the area of visual impairment must have demonstrated competency in reading and writing literacy Braille per the guidelines developed by the Colorado Department of Education. ECEA Section 4.03 (60 (b) (v).

## PERMISSION TO INVITE AGENCIES RELATED TO TRANSITION:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
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PERMISSION TO INVITE AGENCIES RELATED TO TRANSITION 300.321(b)(3) & 300.622(a)(2)

Dear \_\_\_\_\_:

There are a number of agencies that provide services to adults with disabilities. Some of these agencies could be beneficial to you and your son/daughter as you plan for his/her transition from school to adult life.

We would like to invite representatives from the agencies checked below to your son/daughter's next IEP meeting. If you agree please check yes, and sign the form below giving us permission to extend this invitation.

The invitation does not guarantee the agency representative's ability to attend the scheduled IEP meeting.

Please return the signed form to your child's special education teacher by \_\_\_\_\_.

This permission shall be valid for the following duration. Beginning \_\_\_\_\_ and shall terminate \_\_\_\_\_.

INDICATE CONSENT	SCHOOL WOULD LIKE TO INVITE THE FOLLOWING AGENCIES (INCLUDE DESCRIPTION)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that my consent is voluntary and may be revoked for any reason.

Signature of Parent(s)/Guardian(s)/ESP _____	Date _____
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**This form is used to:**

- ✓ Invite external agencies that may be able to provide services to the student.

**Directions:**

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Enter the parent's name.
- 3.) Enter the date by which to return the form.
- 4.) Enter the month, day, and year that this authorization will expire. The date must not go beyond one year past the date of the signature.
- 5.) Document Agencies that may be invited and descriptions of services. Some include:
  - ✓ **Division of Vocational Rehabilitation** (may provide support for attainment of competitive employment and/or specialized instruction or training)
  - ✓ **Disability Access Center at college/university/trade school** (may provide accommodations for learning)
  - ✓ **Community Center Board** (may provide for adult living supports, residential care, and employment support)
  - ✓ **County Mental Health Services** (may provide for personal therapy, employment support and other mental health needs)
  - ✓ **Social Security Administration** (may provide for Supplemental Security Income and Medicaid medical coverage)
  - ✓ **Adult Service Provider** (may be the provider of supports if the student qualifies for Developmental Disabilities Medicaid Waiver)
  - ✓ **Local Guardianship Representative** (may be a court employee, Guardianship Alliance representative, or Lawyer familiar with guardianship issues/procedures)
  - ✓ **Local Independent Living Center** (may assist student to develop an independent living plan and to provide supports to realize the plan)
- 6.) Acquire parent/guardian/ESP signature and date.



# REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
<b>REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION</b> (Not required for release to another Administrative Unit)			
This permission shall be valid for the following duration. Beginning _____ and shall terminate _____			
Indicate Consent	Records/Information to be released or secured:	Indicate Consent	Records/Information to be released or secured:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Audiometric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychological
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Educational	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Work
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____
From _____ Agency _____ Address _____ City, State, Zip _____		To _____ _____ _____ _____	
<small>All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.</small>			
<b>PARENTAL CONSENT</b> I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.			
Signature (Parent/Guardian/ESP) _____		Date _____	
<input type="checkbox"/> Date consent received by District/Administrative Unit: _____			

## This form is used to:

- ✓ Request information from health entities.
- ✓ Obtain consent from a parent, legal guardian or student/child to authorize the named agency to:
  - Send/disclose protected health information and/or educational information; and/or
  - Receive/use protected health information and/or educational information.

## Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Enter the month, day, and year that this authorization will expire. The date must not go beyond one year past the date of the signature.
- 3.) Check all appropriate boxes that apply indicating which provider is authorized to send and which provider is authorized to receive protected health and/or educational information.
- 4.) Enter the name and address of the health care provider who will send or receive requested protected health and/or educational information.
- 5.) Enter the name and address of the school district or EI/ECSE program sending or receiving the requested protected health and/or educational information.
- 6.) Obtain parent, legal guardian, or student signature for the authorization to be valid. The date of the signature must be entered.
- 7.) Understand that the authorization is only valid for the purposes checked or stated in the form.

## Additional directions:

- ✓ Place a copy of this form into the student/child's file.
- ✓ It is recommended practice that the school district/program automatically give the parent, guardian, or student/child a copy of the form after it has been signed, whether or not it was requested, so the individual will have a record of the authorization.

## IEP TEAM MEMBER EXCUSAL:

Legal Name of Student	DOB	Local Student ID (LASID)	Date of Meeting
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IEP TEAM MEMBER EXCUSAL 300.321(e)		
IEP Team Member to be Excused:	Area of Curriculum/ Related Service:	Phone Number:
The member's area of curriculum or related service <input type="checkbox"/> is not likely to be modified or discussed. 300.321(e)(1)(2) If the team member's area will be discussed, they MUST fill in the sections below; if not, complete the Approval sections only.		
The student's strengths are:		
300.321(e)(2)(i); 300.324(a)(i) strengths of the child		
The educational concerns I have about this student are:		
300.321(e)(2)(i); 300.324(a)(ii) concerns of parent; 300.324(a)(iv) academic, developmental, and functional needs		
The student's present levels of achievement and functional performance are:		
300.321(e)(2)(ii);		
The student still needs to work on:		
300.321(e)(2)(ii)		
The accommodations, modifications and/or specialized instruction that will assist your child in accessing the general curriculum are:		
300.321(e)(2)(i); 300.320(a)(4) instruction per 300.39; 300.320(a)(4)(i)-(iii); 300.320(a)(6)(i);		
Special Education Director/Designee Approval		
<input type="checkbox"/> I agree that the above IEP team member may be excused from the IEP Meeting, pending parent approval. <input type="checkbox"/> I do not agree that the above IEP team member may be excused from the IEP Meeting.		
Special Education Director/Designee	Date	
300.321(e)(2)(i) consent		
Parental Approval		
<input type="checkbox"/> I agree that the above IEP team member may be excused from the IEP Meeting. <input type="checkbox"/> I do not agree that the above IEP team member may be excused from the IEP Meeting.		
Parent/Guardian/ESP Signature	Date	
300.321(e)(2)(i)		

### This form is used to:

- ✓ Document parent and district agreement that specific members of the IEP Team are not required to attend a specific IEP meeting, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at the meeting, as permitted by IDEA 2004.
- ✓ Document parent and district informed consent to excuse the specific member(s) of the IEP Team from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related service if the member submits input in writing to the parent and other members of the IEP Team input into the IEP before the meeting, as permitted by IDEA 2004.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Explain to parent that agreement for excusal is voluntary.
- 3.) Indicate IEP Team member to be excused, the area curriculum/related service that person is responsible for and the phone number.
- 4.) Indicate whether that person's area of curriculum/related service is likely to be discussed.
- 5.) Skip to Step 7 IF the person's area of curriculum/related service is not likely to be discussed.
- 6.) IF the person's area of curriculum/related service is likely to be discussed, the person requesting excusal should complete the sections identifying the student's strengths, educational concerns, present levels of academic achievement and functional performance, areas of student need, and accommodations, modifications and specialized instruction.
- 7.) Acquire the signature of the Special Education Director or Designee indicating approval of the excusal.
- 8.) Acquire the signature of the parent/guardian/ESP indicating approval of the excusal.

## TRANSFER STUDENT FROM WITHIN STATE:

Legal Name of Student _____	DOB _____	State Student ID (SASID) _____	Date _____
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<b>TRANSFER STUDENT FROM WITHIN STATE 300.323(e)</b>									
<input type="checkbox"/> The IEP dated _____ from _____ district are adopted and services will be initiated on: _____ <div style="text-align: right;">Next Eligibility Determination: _____ Next Annual Review: _____</div>									
<input type="checkbox"/> Attach this form to the adopted IEP									
<input type="checkbox"/> The IEP dated _____ from _____ district is not adopted. An IEP meeting is scheduled for _____									
<b>The following special education and related services will be provided on an interim basis 300.323(e)(2):</b>									
<b>Comparable Service Delivery Statement</b> Statement of types and anticipated setting of services to be provided to and on behalf of the student: 300.320(a)(7)									
<b>Comparable Special Education and Related Services in the Least Restrictive Environment</b>									
Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HO Sp. Ed. Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services—Direct Use ONE column only per identified service			Frequency of Special Education/Related Services—Indirect, Including Case Management Use ONE column only per identified service		
				Per Day 300.320(a)(7)	Per Week 300.320(a)(7)	Per Month 300.320(a)(7)	Per Day 300.320(a)(7)	Per Week 300.320(a)(7)	Per Month 300.320(a)(7)
Total Amount of Time:				HPO	HPW	HPM	HPO	HPW	HPM
Annual Goal(s) (Objectives if appropriate): 300.323(e) <small>(may be attached as a separate document)</small>									
IEP Team notified on _____ by _____									
I have been provided the special education procedural safeguards in my native language or other mode of communication. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Parent/Guardian/ESP Signature 300.304(a) _____					Date _____				

7/2/08

### This form is used to:

- ✓ Define service delivery for students transferring from one AU within Colorado to another AU within Colorado.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Determine whether the IEP from previous AU will be adopted or if an interim service delivery plan will be developed. If so, attach transfer form to IEP.
- 3.) If an interim service delivery plan is developed identify those services on the table. Update the annual goals (and objectives if appropriate) to be addressed.
- 4.) Obtain parent signature regarding receipt of procedural safeguards.

## TRANSFER STUDENT FROM ANOTHER STATE:

Legal Name of Student _____		DOB _____		State Student ID (SASID) _____		Date _____			
<b>TRANSFER STUDENT FROM ANOTHER STATE 300.323(f)</b>									
<input type="checkbox"/> The evaluation and eligibility determination dated _____ from _____ district meets Colorado standards and is adopted by the district. Eligibility date: _____ Triennial due: _____ 300.323(f)(2)									
<input type="checkbox"/> The evaluation and eligibility determination dated _____ from _____ district does not meet Colorado standards. (The District must follow procedures for an Evaluation (4.02(4); and 300.304 – 300.306) and provide FAPE during the evaluation period).									
<input type="checkbox"/> The IEP dated _____ from _____ district are adopted and services will be initiated on: _____ Next Eligibility Determination: _____ Next Annual Review: _____									
<input type="checkbox"/> Attach this form to the adopted IEP									
<input type="checkbox"/> The IEP dated _____ from _____ district is not adopted. An IEP meeting is scheduled for _____.									
The following special education and related services will be provided on an interim basis. 300.323(e)(2)									
Comparable Service Delivery Statement Statement of types and anticipated setting of services to be provided to and on behalf of the student: 300.323(e)(7)									
<b>Comparable Special Education and Related Services in the Least Restrictive Environment</b>									
Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HO Sp Ed Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services—Direct Use ONE column only per identified service			Frequency of Special Education/Related Services—Indirect, Including Case Management Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
				300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)
Total Amount of Time: _____				HPO	HPW	HPM	HPO	HPW	HPM
Annual Goal(s) (Objectives if appropriate): 300.323(e) (may be attached as a separate document)									
IEP Team notified on _____ by _____									
I have been provided the special education procedural safeguards in my native language or other mode of communication. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Parent/Guardian/ESP Signature 300.304(a) _____								Date _____	

1/16/08

### This form is used to:

- ✓ Define service delivery for students transferring from a district outside of Colorado.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Identify whether the most recent evaluation and eligibility determination from previous district will be adopted or if an evaluation will be conducted.
- 3.) Determine whether the IEP from previous AU will be adopted or if an interim service delivery plan will be developed. If so, attach transfer form to IEP.
- 4.) If an interim service delivery plan is developed identify those services on the table as well as annual goals (and objectives if appropriate) to be addressed.
- 5.) Obtain parent signature regarding receipt of procedural safeguards.

## IEP AMENDMENT:

Legal Name of Student _____		DOB _____		State Student ID (SASID) _____		Date _____	
<b>IEP AMENDMENT 300.324(a)(6)</b>							
Amendments can be used by agreement of the Administrative Unit and the Parent to modify goals, hours of service, accommodations, modifications, transportation needs, assistive technology, or other similar changes to the related services section. 300.324(a)(4)(i) Amendment to IEP Dated: _____							
Current IEP:				Proposed Changes			
Rationale for Changes: Include evaluation procedures, tests, records or reports used as the basis for the changes.							
Other options considered and rationale for rejecting those options:							
Other factors:							
For Waiver of Amendment Meeting ONLY I agree that my child's IEP can be revised by the school staff without convening an IEP meeting. I also agree to contact the case manager if I disagree with any of the above revisions. 300.324(a)(4)(i)							
Parent's Signature _____				Special Education Director/Designee Signature _____			
Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named below. 300.503(b)(4)							
Case Manager:							
Name _____		Title _____		Phone _____		Date _____	
IEP Team notified on _____ 300.324(a)(4)(i)		by _____ Date _____ Name _____					

1/16/08

### This form is used to:

- ✓ Change an IEP.
- ✓ Document parent and district agreement that an IEP meeting is not necessary to revise the student's IEP between annual IEP meetings, as permitted by IDEA 2004.

### Directions:

- 1.) Enter the Name, Date of Birth, SASID and month, day, and year the form is completed in the header.
- 2.) Document the date for the most recent IEP that will be amended
- 3.) Describe the section of the current IEP that needs changing.
- 4.) Describe what changes the IEP Team would like to make.
- 5.) Describe the rationale as to why the changes are being proposed.
- 6.) Document any other options considered
- 7.) Describe why those options were rejected
- 8.) Document any other relevant factors considered
- 9.) Obtain permission from both the parent as well as the special education director/designee if the IEP Team feels that it is not necessary to have a meeting in order to make the proposed changes.
- 10.) Identify the Case Manager and his/her contact information.
- 11.) IEP Team members are not present at the meeting, identify who will notify them of the changes and when this will occur.





## **TOOLS FOR IEP IMPLEMENTATION**





## TERMS & DEFINITIONS

Term	Definition
<b>Accommodations</b>	Activities involving adapting instructional strategies and/or the classroom environment for students with disabilities. Accommodations can be made across educational settings, such as the general education classroom, resource or special class.
<b>ADA</b>	Title II of the Americans with Disabilities Act.
<b>Administrative Unit</b>	A Colorado local education agency (LEA) that is responsible for the local administration of special education. An administrative unit may be a school district, BOCES, or the CSI.
<b>Annual goals</b>	A statement of the IEP team's estimate of what the student can reasonably be expected to accomplish with specially designed instruction and/or support for the subsequent 365 day period based on the student's current level of performance, potential for learning, and rate of development. An annual goal should: <ul style="list-style-type: none"> <li>• describe an improvement from the current level of performance,</li> <li>• reflect an area of need that is related to progress in the general education curriculum,</li> <li>• include a measurable level of attainment, and</li> <li>• describe the conditions under which the student will perform.</li> </ul>
<b>Annual review</b>	An IEP meeting held to review and/or revise the IEP as appropriate that must be held at least once every 365 days.
<b>Assessment</b>	In the context of evaluation, a strategy or instrument used in the evaluation process to gather relevant functional, developmental and academic information about the student. A single measure or assessment cannot be the sole criterion for determining eligibility or an appropriate educational program for the child.
<b>Assistive Technology</b>	Any item, piece of equipment, or product system that is used to increase, to maintain, or to improve the functional capabilities of a child with a disability.
<b>Authorizer</b>	The entity that authorizes or grants a charter school its charter such as a school district or the Charter School Institute (CSI)
<b>Behavior Intervention Plan</b>	Developed in conjunction with a functional behavior assessment, a behavior intervention plan is written to address behavior concerns that interfere with the student's ability to gain reasonable benefit from the learning environment. A behavior intervention plan lists positive behavioral interventions that support a student's learning of new behaviors and decreasing problem behaviors. Behavior interventions may include environmental modification, social skills instruction, individual or group support or counseling, adaptations to curriculum materials.
<b>Benchmark</b>	Statements of what students should know and do by certain levels or times written in conjunction with an IEP goal for students with disabilities who take alternate assessments aligned to alternative achievement standards. <i>See Objectives:</i>
<b>BOCES</b>	Board of Cooperative Educational Services. An administrative unit that provides special education services over a region that includes multiple small school districts.
<b>Case Manager</b>	The designated IEP team member who has primary responsibility for the IEP process for the student including organizing and chairing IEP team meetings, providing notice to parents, and maintaining documentation for IEP progress reports. The role of case manager may vary by administrative unit.
<b>CDE</b>	Colorado Department of Education.
<b>Change in placement</b>	Occurs when there is a change in a student's special education or related services, or a change in the child's special educational setting. An administrative unit must ensure that the parents of a child with a disability are members of any group that makes decisions on the educational placement of their child. A change in placement may be nonsignificant or significant. <i>See nonsignificant change in placement or significant change in placement.</i>
<b>Child Find</b>	The continuous and systematic effort of an Administrative Unit to identify, locate and evaluate students ages 3 to 21 who are in need of special education services
<b>Communication Plan</b>	A plan developed in conjunction with the IEP for a student who has a hearing disability which includes: <ul style="list-style-type: none"> <li>• a statement of the child's primary communication mode,</li> <li>• a statement documenting that an explanation was given of all educational options provided by the school district and available to the child, and</li> <li>• identification of the communication-accessible academic instruction, school services, and extracurricular activities the student will receive.</li> </ul>

<b>Term</b>	<b>Definition</b>
<b>Communication Plan</b>	A communication plan may be documented on the state recommended <i>Communication Plan</i> supplemental form.
<b>Community Experience</b>	A component of a transition program provided outside of the school building or in community settings such as community-based work experiences, job site training, banking, shopping, transportation, or counseling and recreation activities.
<b>Consent</b>	Consent means the parent has been fully informed of all information relevant to the activity for which consent is sought; and the parent understands and agrees in writing to the activity. The parent also understands that his or her consent may be revoked.
<b>Consultative Services</b>	Consultative services are indirect services that are provided to the educators working with the student.
<b>Continuum of Alternative Placements</b>	A continuum of educational settings where special education instruction is provided. The continuum of alternative placements includes instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.
<b>Direct Services</b>	Special education and related services provided directly to the student by a special educator or related service provider inside or outside of the regular education classroom.
<b>Dispute Resolution</b>	Procedural safeguards available to resolve disputes when the parents or administrative unit disagree about a child's evaluation, eligibility, educational placement or provision of FAPE. Dispute resolution methods include requesting a mediation, filing a state complaint, and filing for a due process hearing.
<b>Due Process</b>	The most formal of dispute resolution processes. A due process hearing request may be filed by a parent or administrative unit on any matters relating to identification, evaluation, or educational placement of a child with a disability. An expedited due process hearing may be requested for matters related to a manifestation determination or disciplinary change in placement. A due process hearing is conducted by an impartial hearing officer.
<b>ECEA</b>	Exceptional Children's Education Act. The Colorado special education statute.
<b>Educational Surrogate Parent</b>	An individual who has training and is assigned to represent the student's interest and makes all special education decisions when no parent can be identified, a parent cannot be located by the administrative unit of attendance, or the child is a ward of the state or homeless. An Educational Surrogate Parent has the responsibility to ensure that the school provides the student with a free appropriate public education. An Educational Surrogate Parent attends and participates in school meetings, participates in eligibility determinations and IEP development, signs or withholds consent for assessment or placement, and may file a complaint or request a mediation or due process hearing.
<b>Eligibility Determination</b>	A meeting that is held after a child is evaluated for special education to discuss assessment results and to determine whether the child has a disability and is eligible for special education. If a child is eligible for special education, an IEP may be developed at this meeting.
<b>ELL</b>	English Language Learner
<b>Employment</b>	A domain for students of transition age that encompasses full or part-time employment in the competitive labor market in an integrated setting at or above the minimum wage.
<b>ESP</b>	See Educational Surrogate Parent
<b>ESY</b>	See Extended School Year
<b>Evaluation</b>	The process of utilizing formal and informal assessments to determine specific areas of a child's strengths, needs and eligibility for special education services.
<b>Expanded Benchmark</b>	Alternate content, instructional level, and/or performance of a student's learning.

<b>Term</b>	<b>Definition</b>
<b>Extended School Year</b>	<p>Special education and related services provided as necessary beyond the traditional school year and as determined by the IEP team in order to provide FAPE to a student with a disability. ESY is for children with disabilities that experience a loss of skills or regression that is so great, it takes a significant length of time during the next school period to regain or recoup those skills. ESY is for maintaining learned skills derived from the child's IEP goals. Schools that are on year-round schedules may consider other periods for ESY as appropriate, and nothing bars ESY services from being provided during times other than the summer such as during school vacations if services are necessary for a student to receive a FAPE. In addition to a child's regression and recoupment issues, other predictive factors should be considered in determining ESY eligibility including, but not limited to:</p> <ul style="list-style-type: none"> <li>• the degree of the child's impairment;</li> <li>• the ability of the child's parents to provide the educational structure at home;</li> <li>• the child's rate of progress;</li> <li>• the child's behavioral and physical problems;</li> <li>• the availability of alternative resources;</li> <li>• the ability of the child to interact with non-disabled children;</li> <li>• the areas of the child's curriculum which need continuous attention; and</li> <li>• the child's needs and whether the requested service is extraordinary to the child's condition, as opposed to an integral part of a program for those with the child's condition.</li> </ul> <p>A small percentage of children transitioning from Part C early intervention services to Part B preschool services may be eligible for ESY. Discussion and documentation of the child's progress and regression should begin shortly after the child's second birthday.</p>
<b>FAPE</b>	Free and Appropriate Public Education. FAPE means special education and related services that are provided in conformity with a student's IEP at public expense.
<b>FBA</b>	See Functional Behavior Assessment.
<b>Functional Behavior Assessment</b>	A process for gathering broad and specific information about a child's behavior in order to identify the behavior's function or purpose. A functional behavior assessment is used to develop a behavior intervention plan.
<b>General Education Curriculum</b>	The state standards and content of the curriculum utilized in the district.
<b>IDEA</b>	Individuals with Disabilities Education Act.
<b>IEP</b>	See Individualized Education Program.
<b>IEP Amendment</b>	A method of making minor changes to the student's IEP using an abbreviated written document. An amendment can be made through an IEP meeting or without a meeting with written parental agreement.
<b>IEP Meeting Other Purpose</b>	An IEP meeting held to discuss unique situations regarding the student's IEP and its implementation.
<b>IEP Team</b>	<p>A group of individuals that is responsible for developing, reviewing, or revising an IEP for a child with a disability. An IEP team must include:</p> <ul style="list-style-type: none"> <li>• the parents of the child;</li> <li>• a regular education teacher of the child if the child is or may be participating in the regular education environment;</li> <li>• a special education teacher or, where appropriate;</li> <li>• a special education service provider of the child;</li> <li>• an representative of the administrative unit who is qualified to – <ul style="list-style-type: none"> <li>○ provide or supervise the provision of special education,</li> <li>○ is knowledgeable about the general education curriculum; and</li> <li>○ is knowledgeable about the availability of resources and has the authority to commit those resources within the administrative unit.</li> </ul> </li> </ul> <p>See chapter one and/or Appendix B of this manual for IEP team roles and responsibilities.</p>
<b>Inclusion</b>	An approach that stresses education of students with disabilities, regardless of the type or severity of the disability, in the regular classroom and delivering special education and related services within the classroom to the maximum extent possible.

<b>Term</b>	<b>Definition</b>
<b>Independent Living Skills</b>	A domain for students of transition age that encompasses skills or tasks contributing to the successful independent functioning of an individual in adulthood in the areas of leisure/recreation, maintenance of home and personal care, community participation.
<b>Indirect Services</b>	Special education and related services provided indirectly to the student by a special educator or related service provider such as co-teaching or consultative services.
<b>Individualized Education Program</b>	A written statement for a child with a disability that is developed in accordance with IDEA regulations for students identified as having a disability and in need of special education services. An IEP must be reviewed at least once every 365 days. <i>See Annual Review.</i>
<b>Jargon</b>	Terminology typically used by specialists that should be avoided in the IEP process.
<b>LEA</b>	Local Education Agency. In Colorado, a LEA is called an Administrative Unit. <i>See Administrative Unit.</i>
<b>Learning Media Plan</b>	<p>A plan developed in conjunction with the IEP for a student with a vision disability which includes:</p> <ul style="list-style-type: none"> <li>• a statement of how the learning and literacy mode(s) will be implemented as the student's primary or secondary mode for achieving literacy and why such mode(s) have been selected;</li> <li>• a statement of how the student's instruction in the selected learning and literacy mode(s) will be integrated into educational activities;</li> <li>• the date on which the student's instruction in the selected mode(s) shall commence, the amount of instructional time to be dedicated to each learning and literacy mode, and the service provider responsible for each area of instruction; and</li> <li>• a statement of the level of competency in each selected learning and literacy mode(s) which the student should achieve by the end of the period covered by the IEP.</li> </ul>
<b>Least Restrictive Environment</b>	The setting where a student with disabilities receives his or her special education and related services. Under the Least Restrictive Environment provisions, the IDEA requires each public agency to ensure that children with disabilities are educated to the maximum extent appropriate with their nondisabled peers.
<b>LRE</b>	See Least Restrictive Environment
<b>Manifestation Determination</b>	<p>A meeting held within 10 school days of any decision to make a disciplinary change in placement for a student. A disciplinary change in placement occurs when a student is removed from his or her current placement for 10 consecutive days due to a violation of a school code of conduct; or is subjected to a series of removals that constitute a pattern because</p> <ul style="list-style-type: none"> <li>• they total more than 10 school days in a school year,</li> <li>• the child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of removals, and</li> <li>• additional factors such as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another.</li> </ul> <p>In a manifestation determination meeting, the parent and relevant members of the child's IEP team determine if the conduct in question was caused by, or had a direct or substantial relationship to, the child's disability, or if the conduct in question was the direct result of the failure to implement the student's IEP.</p>
<b>Mediation</b>	A method of dispute resolution that allows parties in a special education dispute to resolve the issue through a mediation process conducted by an impartial mediator at no cost to the parents, school districts or agencies. If the parties come to an agreement in mediation, the parties execute a legally binding agreement that sets forth the resolution and is enforceable in any State court of competent jurisdiction or in a United States district court.
<b>Modifications</b>	Activities involving changing the program/curriculum when reasonable accommodations will not be effective in allowing the student to participate in the general education classroom. Modifications are greater or more extensive changes that significantly alter the scope or content of the general education curriculum based on the student's needs.
<b>Multidisciplinary Team</b>	<p>A group of qualified professionals that is knowledgeable about the child and the meaning of evaluation data who determines whether the child has a disability and is eligible for special education services after the child has been evaluated for special education. Required participants on the multidisciplinary team include:</p> <ul style="list-style-type: none"> <li>• one or both of the student's parent(s),</li> <li>• at least one teacher or other specialist with knowledge in the area of the child's suspected</li> </ul>

Term	Definition
<b>Multidisciplinary Team</b>	<p>disability,</p> <ul style="list-style-type: none"> <li>• as necessary, other qualified professionals (e.g., an occupational therapist; a speech language pathologist, a physical therapist, and a school psychologist)</li> <li>• If it is suspected that a child has a specific learning disability, the Multidisciplinary Team must also include the child's regular teacher or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age. For a child of less than school age, an individual qualified by the State to teach a child of his or her age; and at least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.</li> </ul> <p>Members of the Multidisciplinary Team may also be IEP team members.</p>
<b>Nonsignificant Change in Placement</b>	<p>When a child's special education program is altered, such as a change in the amount of a given service, the change in program/services is a nonsignificant change in placement. Prior written notice of such changes must be provided to the parent, but consent and reevaluation is not required. A nonsignificant change in program/services must be made by the IEP team unless the parent and the administrative unit/state operated program mutually agree to change the IEP after the annual IEP meeting in a school year.</p>
<b>Objectives</b>	<p>Statements of what students should know and do by certain levels or times written in conjunction with an IEP goal for students with disabilities who take alternate assessments aligned to alternative achievement standards. See Benchmarks</p>
<b>Occupational Therapy</b>	<p>A related service provided by a qualified occupational therapist that includes (i) improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; (ii) improving ability to perform tasks for independent functioning if functions are impaired or lost; and (iii) preventing, through early intervention, initial or further impairment or loss of function.</p>
<b>Parent</b>	<p>A parent is</p> <ul style="list-style-type: none"> <li>• a biological or adoptive parent of a student;</li> <li>• a foster parent with some exceptions;</li> <li>• a guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child;</li> <li>• an individual acting in the place of a biological or adoptive parent (including a grandparent, step-parent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or</li> <li>• an educational surrogate parent.</li> </ul> <p>When more than one party is qualified to act as a parent, the biological or adoptive parent must be presumed to be the parent unless he or she does not have legal authority to make educational decisions for the child. If a judicial decree or order identifies a specific person(s) to act as the "parent" of a child or to make educational decisions on behalf of a child, then he or she shall be determined to be the parent.</p>
<b>Parental Involvement and Rights</b>	<p>A parent's rights and responsibilities in accordance with the IDEA, the ECEA and their regulations in all aspects of planning and implementing a FAPE for students with disabilities. Parental rights and responsibilities include any legal challenges to the evaluation, planning and implementation of an IEP or the provision of a FAPE.</p>
<b>Physical Therapy</b>	<p>A related service provided by a qualified physical therapist.</p>
<b>Placement</b>	<p>The provision of special education and related services, and the educational setting in which a child with a disability receives those services as determined by the child's IEP team.</p>
<b>Planned Course of Study</b>	<p>A multi-year description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year. A planned course of study should:</p> <ul style="list-style-type: none"> <li>• promote movement toward and skill acquisition for the post school goals;</li> <li>• indicate multi-year high school plan (current status to anticipated exit date);</li> <li>• reflect the student's preferences and interests;</li> <li>• be related to the student's needs;</li> <li>• must be more specific than just completing graduation requirements;</li> <li>• should pass the stranger test (would someone unfamiliar with the student completely understand the course types necessary to facilitate a meaningful and effective transition</li> </ul>

Term	Definition
<b>Planned Course of Study</b>	<p>focused class schedule?);</p> <ul style="list-style-type: none"> <li>• should be clearly transferable (another school could build a schedule based on the information in the course of study;</li> <li>• can reflect skills (rather than course titles) that may need to be obtained through courses(e.g. resume construction may be found in English III); and</li> <li>• clearly provide a description of course needs identifying a path to the attainment of a diploma (completion document) and the post school goals.</li> </ul>
<b>Positive Behavioral Interventions</b>	Approaches such as changing systems, altering environments, teaching skills and appreciating positive behavior used to decrease a student's problem behavior and increase prosocial behaviors. Positive behavioral interventions are essential elements of a student's behavior intervention plan.
<b>Post-school goal</b>	A statement of what a student " <b>will do</b> " after graduation or leaving the school district services by reaching the maximum age of service provision. Post-school goals are required for the domains of postsecondary education and/or training, employment and independent living skills as appropriate. A Post-school goal must be measurable and should be stated in complete sentences with an established timeline and observable outcome.
<b>Post-Secondary Education/ Training</b>	A domain for students of transition age that includes post-secondary education or training programs such as community or technical college (2 year program), college or university (4 year program), compensatory education program, high school completion document or certificate class (e.g. Adult Basic Education, GED), short-term education or employment training program (e.g. Workforce Investment Act, Job Corps, DVR), vocational or technical school (less than 2 year program).
<b>Present Levels of Academic Achievement and Functional Performance</b>	Statements describing the student's current level of academic achievement and functional performance based on the results of assessment findings and recent performance data in all relevant academic and non-academic areas in which the student requires specialized instruction. The statements should include how the student's disability affects the child's involvement in the general education curriculum and should be stated in measurable terms and allow for clear determinations of student progress toward annual goals.
<b>Prior Written Notice</b>	A record for the student, parent, and school of special education decisions that have been made, the basis for those decisions, and actions such as evaluation, change in placement, or disciplinary change in placement that will or will not be taken.
<b>Procedural Safeguards Notice</b>	A notice that informs parents of special education students of their rights. This notice must be provided: (i) at least once a school year; (ii) upon initial referral or parent request for evaluation; (iii) upon receipt of the first state complaint/due process complaint in a school year; (iv) in accordance with IDEA discipline procedures, and (iv) upon parent request.
<b>Progress Reporting</b>	A description of when periodic reports on the student's progress toward meeting the annual goals will be provided. The frequency of progress reporting may be on a calendar basis (e.g. quarterly) or concurrent with other school progress reporting such as report cards.
<b>Pull-out</b>	An approach where special education services are provided directly to a student outside of the general education classroom (e.g. in a resource room).
<b>Reevaluation</b>	Conducted in accordance with evaluation procedures. A reevaluation must occur at least once every 3 years unless the parent and the administrative unit agree that reevaluation is unnecessary.
<b>Referral</b>	A formal process for reviewing information related to students who are suspected of having disabilities and who show signs of needing special education and related services. A special education referral is the initial step of the special education process.
<b>Related services</b>	Supportive services to assist a child with a disability to benefit from special education.
<b>Resource Room</b>	A supplementary service for direct special education instruction outside of the general class, provided in conjunction with general class placement.
<b>Response to Intervention</b>	A school-wide initiative that allows for the utilization of resources for students in need of academic and/or behavioral support; and uses a continuum of research-based, tiered interventions with increasing levels of intensity and duration
<b>Rtl</b>	See Response to Intervention
<b>SASID</b>	State assigned student identifier.
<b>Screening</b>	A quick checklist, survey or probe about a student's development or skills conducted by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation. A screening

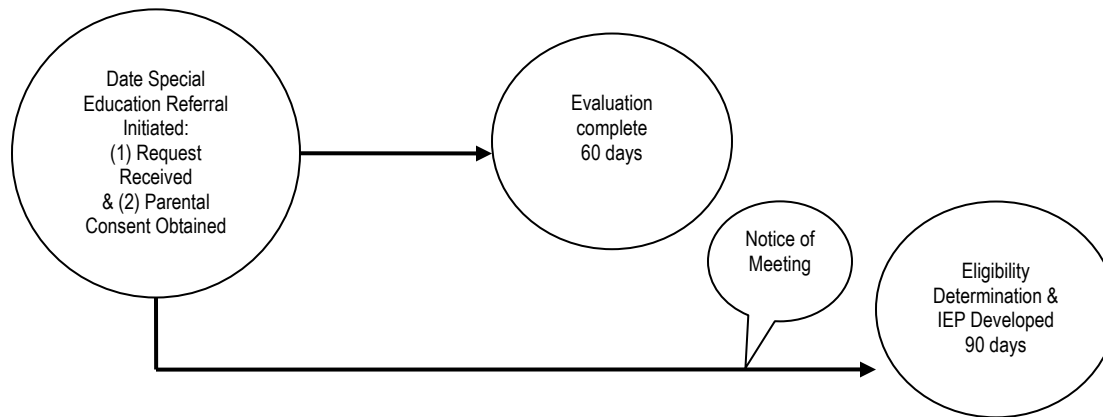
Term	Definition
	is not considered to be an evaluation for special education eligibility.
<b>SEA</b>	State Education Agency. In Colorado, the SEA is the Colorado Department of Education
<b>Section 504</b>	Section 504 of the Rehabilitation Act. A federal statute that prohibits discrimination on the basis of disability and has free and appropriate public education and educational setting requirements similar to those of the IDEA.
<b>Self-Contained Class</b>	An educational setting outside of the general education classroom where students who have disabilities that require intensive intervention receive special education instruction for a majority or all of their school day.
<b>Service delivery</b>	The system to ensure that a continuum of alternative placements is available to meet the needs of students with disabilities with special education and related services and that LRE issues are considered in placement decisions.
<b>Services Plan</b>	A written statement that describes the special education and related services the administrative unit will provide to a parentally-placed child with a disability enrolled in a private school who has been designated to receive services, including the location of the services and any transportation necessary.
<b>Sheltered Employment</b>	An accredited occupationally-oriented facility, including a work activities center, operated by a private nonprofit agency, which except for its administrative and support staff, employs disabled persons certified under special provisions of federal minimum wage laws by the Wage and Hour Division, U.S. Department of Labor.
<b>Significant Change in Placement</b>	<p>A significant change in placement for educational purposes includes placement or referral to a private school or eligible facility by the administrative unit, the addition or termination of an instructional or related service or any change which would result in the following:</p> <ul style="list-style-type: none"> <li>• The child having different opportunities to participate in nonacademic and extracurricular services;</li> <li>• The new placement option is a change in the educational environment categories required for reporting data to the Secretary of the U.S. Department of Education pursuant to Section 618 of the IDEA; or</li> <li>• The child transfers from a brick and mortar school to an on-line program or vice versa. <ul style="list-style-type: none"> <li>○ The administrative unit for the entity sponsoring the on-line program is responsible for conducting the reevaluation and convening the IEP Team to determine whether the on-line program is an appropriate placement for the child.</li> </ul> </li> </ul> <p>A significant change in placement shall be made upon consideration of reevaluation. Such change shall be made only by an IEP Team with the addition of those persons conducting such reevaluation unless the parent and the administrative unit or state-operated program mutually agree to change the IEP after the annual IEP meeting in a school year.</p> <p>A change in building or location that is not a change in placement may be accomplished without convening the IEP team or conducting a reevaluation. Decisions changing location or building should be made with due consideration for the impact on the student's total education program. A location or building decision that does not constitute a change in placement does not require prior written notice or an IEP team meeting.</p>
<b>Special Education</b>	Specially designed instruction to meet the unique needs of a child with a disability. Specially designed instruction means adapting, as appropriate to the needs of a child with a disability, the content, methodology, or delivery of instruction to address the unique needs of the child that result from the child's disability and to ensure access of the child to the general curriculum so that the child can meet the educational standards of the administrative unit.
<b>Special Education Director</b>	A district, BOCES, or CSI administrator who supervises special education within their administrative unit.
<b>Special evaluation</b>	Parents or the IEP team may request a special evaluation at any time. If a significant change in placement is being considered at any other time than the 3 year reevaluation, a special evaluation must be conducted unless the parent and the administrative unit/state-operated program mutually agree to change the IEP after the annual IEP meeting in a school year through an IEP amendment.

<b>Term</b>	<b>Definition</b>
<b>Special Factors</b>	Certain IDEA factors considered by the IEP team. The IEP team determines whether the factors could impede the student's learning and/or have instructional implications then develops a plan to address the factors in the IEP meeting. These factors include: behavior, limited English proficiency, blindness or visual impairment, communication for children who are deaf or hard of hearing, assistive technology, physical or health impairments, and special transportation needs.
<b>Speech Language Pathology Services</b>	A special education service that includes <ul style="list-style-type: none"> <li>• identification of children with speech or language impairments;</li> <li>• diagnosis and appraisal of specific speech or language impairments;</li> <li>• referral for medical or other professional attention necessary for the habilitation of speech or communicative impairments;</li> <li>• provision of speech and language services for the habilitation or prevention of speech or communicative impairments; and</li> <li>• counseling and guidance of parents, children, and teachers regarding speech and language impairments.</li> </ul>
<b>Staffing</b>	The identification of required and qualified personnel to deliver special education and related services in accordance with a student's IEP.
<b>State Complaint</b>	A method of dispute resolution in which a parent may file a written complaint with CDE if they believe that the administrative unit is violating a special education law. A state complaint is reviewed by the State Complaints Officer.
<b>Supplementary Aids and Services</b>	Aids, services and other supports that are provided in general education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.
<b>Supported Employment</b>	Competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred.
<b>Transition Services</b>	A coordinated set of activities for a student with a disability that are designed within a results-oriented process focused on improving the academic and functional achievement of the student with a disability in order to promote movement from school to post school activities documented on a student's IEP beginning at age 15, but no later than the end of the 9th grade.
<b>Transportation</b>	A related service that includes travel to and from or between schools; travel in and around school buildings; and specialized equipment if required to provide transportation to a child with a disability.
<b>Triennial Review</b>	A meeting held every three years from the date of last eligibility determination to review reevaluations and redetermine the student's eligibility for special education.



# IMPORTANT TIMELINES

## Referral, Evaluation, IEP Implementation



A referral is initiated when:

- The parent is informed of the special education referral or the parent requests an evaluation;  
**AND**
- The parent provides written consent to conduct the initial evaluation. [ECEA 4.02(3)(c)]

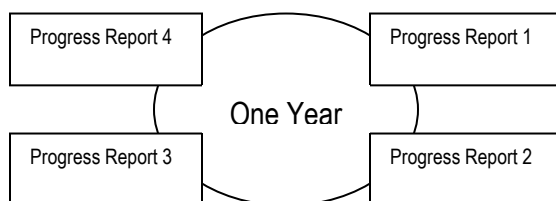
The evaluation must be complete within 60 days from the point of the initiation of the referral. [ECEA 4.02(3)(c)]

A notice of meeting should be sent to the parent in a reasonable amount of time to ensure that they will have an opportunity to attend [IDEA Reg 300.322(a)(1)]. 10 day notice usually accepted as reasonable.

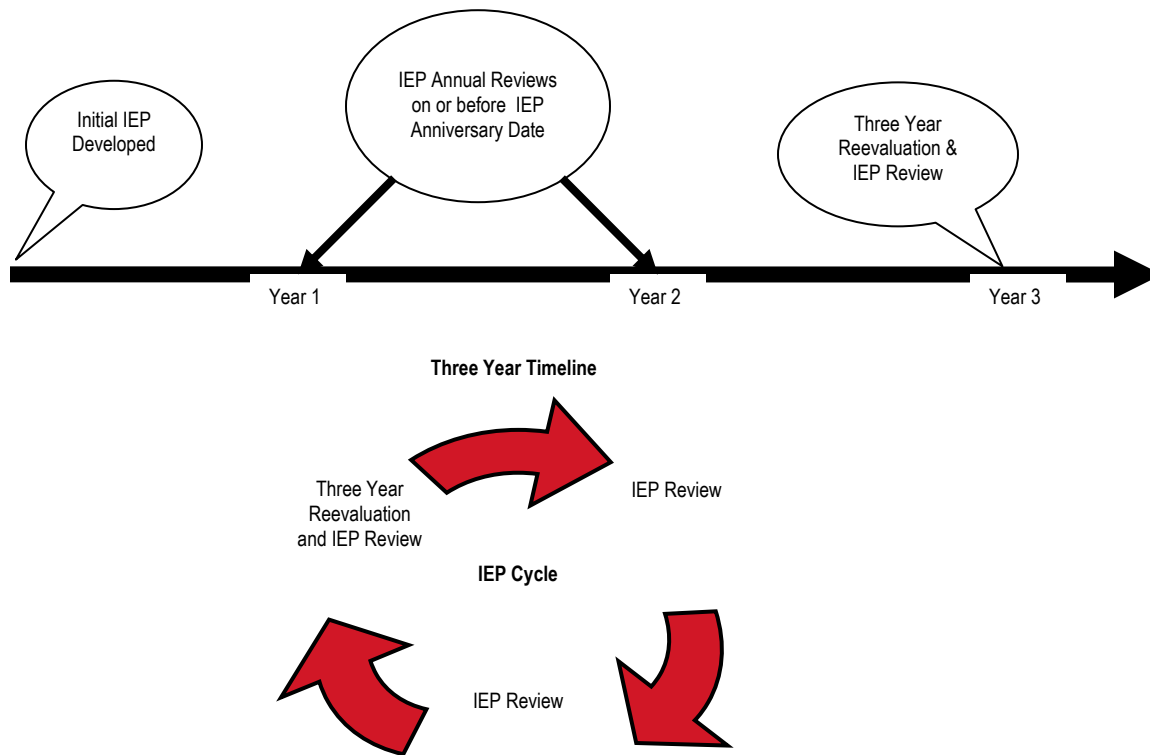
The IEP must be developed within 90 days of the date that parental consent was obtained to conduct the initial evaluation. This may be done in conjunction with the eligibility determination meeting.

## IEP Progress Reporting

The IEP must contain a description of when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided. [IDEA Reg 300.320(3)(ii)].



## IEP Annual Reviews, 3 year Reevaluations



An *IEP* must be *reviewed* periodically, *but not less than annually* to determine whether the annual goals for the child are being achieved; and revised as appropriate to address:

- Any lack of expected progress toward the annual goals;
- The results of any reevaluation;
- Information about the child provided by the parents;
- The child's anticipated needs; or
- Other matters.

[IDEA Reg. 300.324(b)]

A **notice of meeting** should be sent to the parent in a reasonable amount of time to ensure that they will have an opportunity to attend the IEP meeting. [IDEA Reg 300.322(a)(1)]

A *reevaluation* of each child with a disability must occur *at least once every 3 years*, unless the parent and the public agency agree that a reevaluation is not necessary. [IDEA Reg. 300.303(b)(2)]

If a reevaluation is necessary, written *parental consent* for evaluation must be obtained prior to conducting the reevaluation. [IDEA Reg. 300.300(c)(1)(i)]

## PRIOR WRITTEN NOTICE REQUIREMENTS:

Providing a timely and correct Prior Written Notice is essential to protecting the rights of special education students and their parents and is a vital component of the procedural safeguards that schools make available.

If completed accurately, the Prior Written Notice provides a clear record for the student, parent, and school of the decisions that have been made; the basis for those decisions; and the actions that will or will not be taken. The Prior Written Notice may be referenced in any number of circumstances, such as subsequent meetings or dispute resolution situations, or as a clarification and reminder to all parties of commitments made. The Prior Written Notice documents any proposals or refusals with regard to special education services.

The basic components serve as additional reminders of the Prior Written Notice's importance in informing parents of decisions that have been made. The Notice must provide:

- a description of the school's action(s), proposed or refused
- an explanation of why the school proposes or refuses to act
- a description of other options the school considered and why they were rejected
- a description of evaluations, tests, records, or reports the school used as a basis for the action proposed or refused
- a description of other factors relevant to the school's proposal or refusal
- a statement that procedural safeguards are available to the parents and how to attain a copy of the Safeguards
- a statement of who the parents of a child with a disability may contact to understand their rights and the rights of their child afforded under the protection of the Individuals with Disabilities Education Act of 2004.

### When Should the Prior Written Notice Be Provided?



*Written notice that meets the requirements under section 300.503 (b) must be given to the parents of a student with a disability a reasonable time before the public agency—*

- (i) Proposes to initiate or change identification, evaluation, or educational placement of the child or the provision of FAPE to the student; or*
- (ii) Refuses to initiate change identification, evaluation, or educational placement of the student or the provision of FAPE to the student. 34 CFR §300.503*

### Eight Times a Public Agency Must Provide Prior Written Notice:

1. When the public agency proposes to initiate or change identification of a student.
2. When the public agency proposes to initiate or change the evaluation of a student.
3. When the public agency proposes to initiate or change the educational placement of a student.
4. When the public agency proposes to initiate or change the provision of free, appropriate public education (FAPE) to a student.
5. When the public agency refuses to initiate or change identification of a student.
6. When the public agency refuses to initiate or change the evaluation of a student.
7. When the public agency refuses to initiate or change the educational placement of a student.
8. When the public agency refuses to initiate or change the provision of FAPE to a student.

### What Content Should the Prior Written Notice Include?

1. A description of the action proposed or refused by the agency;
2. An explanation of why the agency proposed or refused to take the action;
3. A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action;

4. A statement that the parents of the child with a disability have protection under the procedural safeguards of this section and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained;
5. Sources for parents to contact to obtain assistance in understanding the provisions of this part;
6. A description of any other options that the IEP Team considered and the reasons why those options were rejected;
7. A description of the other factors relevant to the agency's proposal or refusal.

**NOTE:**

The notice must be written in language understandable to the general public and provided in the native language of the parents or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language/mode of communication of the parent is not a written language, steps must be taken to translate the notice orally or by other means to the parent in his/her native language/mode of communication, ensuring that the parent understands the notice. Written evidence documenting these requirements must be maintained by the public education agency.



*A copy of the Procedural Safeguards must be given to the parents: upon initial referral or parent request for evaluation; upon receipt of the first State complaint and upon receipt of the first due process complaint in a school year; in accordance with the discipline procedures, and upon request by a parent. It should be noted that a copy of the procedural safeguards must be given to the parent(s) only one time a school year.*

## What Circumstances Require a Prior Written Notice:

<b>Events Requiring Prior Written Notice</b>	<b>Yes</b>	<b>No</b>
<b>Identification</b>		
Screening		X
Problem Solving Team		X
Intervention Strategies		X
Referral for Initial Evaluation ( <i>Use Prior Notice &amp; Consent for Evaluation</i> )	X	
<b>Evaluation</b>		
Collection of new data for initial evaluation and reevaluation ( <i>Use Prior Notice &amp; Consent for Evaluation</i> )	X	
Evaluation of progress on the annual goals		X
Administration of state or district assessments		X
Independent education evaluation		X
Determination of eligibility upon completion of an initial evaluation or reevaluation ( <i>Use Prior Notice &amp; Consent for Initial Provision of Services</i> )	X	
Eligibility issues	X	
Refusal to conduct an evaluation	X	
<b>Educational Placement</b>		
Initial provision of special education services ( <i>Use Prior Notice &amp; Consent for Initial Provision of Services</i> )	X	
Relocation of the special education program		X
Any change in educational placement	X	
Termination of special education and related services	X	
Transfer of student to another school or district		X
Graduation with a regular diploma	X	
Disciplinary removal for more than 10 consecutive school days	X	
Disciplinary removal for not more than 10 school days		X
A series of disciplinary removals that constitute a pattern of removals	X	
Disciplinary removal to an Interim Alternate Educational Setting for not more than 45 school days	X	
<b>Provision of FAPE</b>		
Deletion or addition of related service	X	
Change in annual goals on an existing IEP	X	
Increase or decrease in special education services or related services	X	
Change in how a student will participate in state and district assessments	X	
Review and revision of the IEP	X	
Increase or decrease of supplementary aids and services or supports to the school personnel	X	
Refusal to increase or decrease related service	X	
Consideration of ESY if done at a separate meeting	X	



## TRANSITION REQUIREMENTS:

### **Age appropriate transition assessment process used to develop the post school goals** (page 3)

Assessment data serve as the common thread in the transition process and form the basis for defining goals and services to be included in the Individualized Education Program (IEP). When a student is 15, but no later than the 9<sup>th</sup> grade, an age-appropriate, transition focused assessment process must be used to identify post-school goals. This ongoing process includes both formal and informal methods of gathering data related to the student's interests, preferences, aptitudes and abilities as they relate to and align with the skills needed for the student's given interest area. Also, the demands of current and future employment, educational, living, and personal and social environments are considered. The assessment process evaluates all data to formulate decisions regarding the development of the transition/post-school plan; it is not the administration of a single assessment instrument.

Types of transition assessments include behavioral assessment information, aptitude tests, interest and work values inventories, intelligence tests and achievement tests, personality or preference tests, career maturity or readiness tests, self-determination assessments, work-related temperament scales, and transition planning inventories. Transition-focused assessment is not required for eligibility and may not require parental permission to administer. Any assessment process should be identified in this section of the IEP.

*Measurable Post-School Goals* (page 3) are written for students who are age 15 (but not later than the 9<sup>th</sup> grade). These goals identify dreams and plans for the future including work, academics, and adult living. It is critical that the student participates in the development of his or her measurable post-school goals. Measurable post-school goals must indicate what the student “**will do**” after graduation or exiting school district services through attainment of the maximum age of service provision (age 21). Measurable post-school goal statements should be written as complete sentences with an established timeline and observable (countable) outcome.

Measurable post-school goals are required for two domains: postsecondary education and/or training and employment. A post-school goal for the domain reflecting independent living skills is required “when appropriate” based on the individual needs of the student as identified through the analysis of the age-appropriate transition focused assessment. Post-school goals are generally understood to refer to those goals that a child will achieve after leaving secondary school (i.e., high school), and are not the annual goals used to pursue annual academic, behavioral, and adult living skills. Rather, they guide the annual goals toward desired post-school aspirations.

Measurable post-school goals are the cornerstone of effective transition planning and are written before the annual goals are developed so as to guide the planning process. Without a clear direction for post-school living, working, and learning, a comprehensive plan reflecting a coordinated set of activities designed within a results-oriented plan cannot occur. As teams design post-school goals, adherence to the following must be complete:

- The Post School-Goals reflect an outcome NOT a process
- Must be measurable (observable and defined)
- Should reflect a *real* intent or plan (not simply stating the hopes and desires of a student, but an intentional plan to achieve the goal)
- Must reflect the student's interests and preferences
- Must utilize assessment for development

Sensitivity to the student and his/her family's cultural, racial, and ethnic value systems must be considered in the development of the Post-School Goals. The family structure, personal resources, and familiar cultural norms are potentially all elements of scrutiny and consideration when developing the Post-School Goals and will guide the rest of the IEP.

Examples and Non-Examples of Post-School Goals can be found in the Exemplars section of this manual.

## COMPLETING SECTION 8

To accurately complete the **Section 8** of the IEP, the guidelines in the transition requirements section are essential and required. The post-school goals (Education/Training, Employment, and Independent Living Skills) need not be explicitly restated as they are already recorded in Section 6; however, accurate references to the stated post-school goals (PSGs) must be included.

For each portion of Section 8, the components of transition planning and services have been listed separately in order to provide specific courses, services, and agency connections. Each of these components must be completed entirely so it can be used and implemented by school, family, and agency professionals. An appropriate description of the agency connection necessary including contact information, and steps for student/parents and the school to ensure the student is connected to the appropriate agency.

It should be observed that although course of study and transition services are required, agency connections need only be identified if the agency is likely to pay for or provide services within the next 12-month period of the IEP. If agency connections are not required, a short explanation indicating why is suggested.

### Planned Course of Study

A course of study can include course titles and descriptions of how the courses will lead to the acquisition of post-school goals. The course of study should:

- Promote movement toward and skill acquisition for the post school goals
- Indicate multi-year high school plan (current status to anticipated exit date)
- Reflect the student's preferences interests
- Be related to student's needs
- Must be more specific than just completing graduation requirements
- Should pass the stranger test (e.g., would someone unfamiliar with the student completely understand the courses necessary to facilitate a meaningful and effective transition-focused class schedule?)
- Should be clearly transferable (e.g., can another school build a schedule based on the information in the course of study?)
- Reflects skills (rather than course titles) to be obtained through courses (e.g., skills to develop a resume may be found in English III)
- Provides a clear description of course needs resulting in the attainment of a diploma (or other completion document) and the post-school goals)

### Transition Services and Activities

Instruction is one component of a transition program that the student needs to receive in specific areas to:

- Complete needed courses
- Succeed in the general curriculum
- Gain needed skills

Transition Services and activities may include related services, community experiences, and services related to employment and other adult living objectives such as acquisition of daily living skills. Related services include:

- Transportation,
- 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
  - ✓ counseling services including rehabilitation counseling
  - ✓ orientation and mobility services



## ✓ medical services

Community experiences are one component of a transition program that are provided *outside the school building* or in community settings. Examples could include:

- Community-based work experiences and/ or exploration
- Job site training
- Banking
- Shopping
- Transportation
- Counseling and recreation activities

Employment and other post-school adult living objectives are components of a transition program required to achieve desired post-school goals. These objectives could range from services leading to a job or career to those that support activities done occasionally such as registering to vote, filing taxes, renting a home, accessing medical services, filing for insurance or accessing adult services such as Social Security Income (SSI).

The acquisition of daily living skills describes one component of a transition program that may be considered “if appropriate” to support students’ ability to do the routine tasks of adulthood. These may include

- Preparing meals
- Budgeting
- Maintaining a home
- Paying bills
- Caring for clothes
- Grooming

For each portion of Section 8 (page 5) that refers to Transition Services, the IEP Team must consider the aforementioned components while also including in the IEP documentation what the school (or adults in the student’s life) will provide for each post-school goal domain. There **MUST** be at least one Transition Service for each Post-School Goal Domain; however, it is possible that a number of the Transition Services components described above might apply to more than one post-school goal. The description of these services need not be duplications of the services outlined on the special education services page, but should include those services specifically designed to help the student move toward the attainment of his/her Post-School Goals. Examples can be found in the final section of this document, Exemplars (page103).

### **Agency that may provide transition services in the coming school year**

The IEP Team must identify any potential adult service agencies that are necessary to facilitate transition to the implementation of Post-School Goals. These agencies may fund or provide transition services or supports in the coming year. Prior to inviting any agency(ies), the school ***must obtain written prior consent*** from the parent. Once an agency connection has been identified and the school has obtained the appropriate written consent to invite the agency, invitations to the appropriate agency(ies) should be extended. If a representative from agency is unable to attend, the school must ensure the parents/student understand the need to connect with the agency. Since actual eligibility for services from most agencies each requires unique intake processes, schools must make an effort to assist parents and students in compiling the necessary eligibility information. It is recommended that if an adult service agency’s involvement is essential for the effective transition of a student to his/her Post-School Goals, the following information be documented:

- Agency name
- Agency role (description of potential services)
- Agency contact person including name, phone number, address, and email if available
- A description of steps taken to involve the agency in the IEP planning process
- A description of next steps the student and family should pursue in order to become eligible for services

Again, if an adult service agency is NOT currently needed due to the student's age, current needs for such services, or other factors, a simple description reflecting why agency connections are not necessary should be indicated. Examples of this documentation include:

- "Student name is not currently eligible for services related to this Post School Goal at this time"
- "Student and family have been informed of agency connections and potential benefits of eligibility and services but decline to pursue services at this time"
- "Student is too young or services from adult agencies at this time"

### **Exiting the System**

A student can exit the school system for a variety of reasons. A student exits special education upon graduating from high school with a regular high school diploma or upon reaching the age of 21. A student may also exit special education if upon re-evaluation, it is found that the student is no longer eligible for special education. When students exit school on their own volition, prior to a formal exit, they are considered to have "dropped out" of the system.

# IEP TEAM RESPONSIBILITIES

## CASE MANAGER

### Preparation for the IEP Meeting

- ☐ Monitor to ensure that all pre-conference activities are successfully completed within required timelines
- ☐ Determine the date/time/location of the IEP meeting with active participation of parents and other necessary team members
- ☐ Prepare written notice to the IEP team (including parents) prior to the meeting
- ☐ Encourage parents to complete an IEP family report to be included with other annual review and assessment reports from teachers and specialists
- ☐ Inquire about the Medicaid status of the child with the parent
- ☐ Ensure time allocated for IEP meeting is sufficient by collaborating with entire IEP team
- ☐ Prepare an agenda for the meeting
- ☐ Arrange accommodations for parents as necessary (e.g., interpreter or translator)

### During the IEP Conference

- ☐ Start the meeting with introductions of all IEP team members
- ☐ Assure that all required participants are present
- ☐ Assure that the student's interests and plans for post high school are considered by the IEP Team
- ☐ Conduct the meeting by following an agenda and process based on the purpose of the conference
- ☐ Facilitate the completion of the IEP document
- ☐ Distribute copies of the completed IEP to parents, teachers and related service providers at the end of the IEP meeting

### Implementation of the IEP

- ☐ Inform all staff involved in the implementation of the IEP of their responsibilities to implement the IEP as written
- ☐ Monitor to ensure that all services delineated in the IEP are delivered. If services cannot be implemented within ten days, contact the special education director or designee
- ☐ Distribute copies of the IEP (or IEP summary sheet, as appropriate) to all teachers and support specialists who have a responsibility for the education of the student
- ☐ Coordinate all meetings related to IEP reviews and amendments, when necessary

## **SPECIAL EDUCATION TEACHER / RELATED SERVICE PROVIDER**

### **Preparation for the IEP Meeting**

- ☐ Review the current IEP to determine extent of mastery of annual goals or, if this is a conference to determine eligibility, compile anecdotal records, samples of student work, and other information relevant to determine the student's potential for learning, rate of learning and need for specialized instruction and/or accommodations
- ☐ Assess current achievement levels and progress toward achieving Colorado Standards and IEP goals
- ☐ Identify student's talents, hobbies and other interests
- ☐ Consider student's educational needs in relationship to the general education curriculum
- ☐ Consider special factors that may impede student's learning
- ☐ Compile data on student's attendance and class participation
- ☐ Compile data on levels of English language proficiency for students from a non-English language background
- ☐ Compile data on native language proficiency on students who are English Language Learners (ELLs) who are receiving bilingual services
- ☐ Confer with general educators, other special education providers and parents as needed
- ☐ Develop brief written summary reports or notes

### **During the IEP Conference**

- ☐ Share information regarding the student's present level of educational performances in relationship to the general education curriculum, including progress toward IEP goals
- ☐ Describe student's learning style, behavior and attendance as well as other relevant information regarding the student
- ☐ Assist in identifying supplementary aids and services the student may need to be successful in the general education classroom environment and elsewhere
- ☐ Make recommendations regarding annual goals
- ☐ Make recommendations for accommodations and modifications that will allow the student to be educated in the least restrictive environment
- ☐ Suggest individual modifications and accommodations to be considered for the administration of any assessments (classroom, district-wide and state)

### **Implementation of the IEP**

- ☐ Review the IEP and understand responsibilities for implementation
- ☐ Assess, review and document on the student's progress toward goals
- ☐ Prepare progress reports with supporting data
- ☐ Communicate with other service providers, including general education teachers, on a regular basis
- ☐ Implement the IEP - provide instruction, services and consultation in accordance with the IEP
- ☐ Document service delivery as appropriate
- ☐ Establish and maintain effective and positive communication with parents
- ☐ Inform case manager if the need for an IEP amendment or review is identified
- ☐ Collect evidence of progress toward benchmarks and goals

## **GENERAL EDUCATION TEACHER**

### **Preparation for the IEP Meeting**

- ☐ Review the current IEP or, if the purpose of the conference is to determine eligibility, compile anecdotal records, samples of student work, and other information relevant to determining the student's potential for learning, rate of learning and need for specialized instruction and/or accommodations
- ☐ Identify instructional and classroom management strategies that have been successful with the student
- ☐ Observe the student's learning in the general classroom
- ☐ List or identify special factors that may impede the student's learning
- ☐ Share with the special educator comments on student progress toward achieving IEP goals, including student's participation in classroom activities
- ☐ Suggest positive intervention strategies for improving the student's behavior, supplementary aids and services, program accommodations or modifications and supports for school personnel that may be necessary for the student to benefit from specialized instruction
- ☐ Prepare a brief report of the student's current performance in relationship to the general education curriculum and include information regarding behavior and attendance patterns

### **During the IEP Conference**

- ☐ Share information regarding the student's present level of educational performance in the general education curriculum and the general education classroom environment
- ☐ Describe student's behavior and relationships with peers in the general education classroom
- ☐ Make recommendations for annual goals that relate to the progress of the student in the general education curriculum
- ☐ Assist in the determination of appropriate positive behavior interventions and strategies for the student
- ☐ Share information regarding the effect of accommodations provided for the student in the general education classroom during the previous school year
- ☐ Make recommendations for continuation of those accommodations

### **Implementation of the IEP**

- ☐ Review IEP for implications on classroom instruction - provide accommodations and modifications in accordance with the IEP
- ☐ Collaborate with the special education teacher, related service providers, and other teachers about meeting the student's needs and implementing the IEP
- ☐ Establish and maintain effective and positive communication with the parents
- ☐ Assess the student's progress on a regular basis
- ☐ Inform the case manager if the need for an IEP amendment or review is identified

## **PARAEDUCATOR**

### **Preparation for the IEP Meeting**

- ☐ Keep anecdotal records as instructed by the teacher
- ☐ Under the direction of the teacher implements modifications and accommodations and other educational or behavioral strategies used in the classroom
- ☐ Provide feedback to the teacher about modifications/accommodations and other educational or behavioral strategies used in the classroom
- ☐ Observe students and share information about student behaviors in and outside of the classroom
- ☐ Assist the teacher in gathering documentation such as assessment data, work samples, observations and reports from general education teachers

### **During the IEP Conference**

- ☐ Participate in the IEP conference as instructed by your supervising teacher

### **Implementation of the IEP**

- ☐ Support the student with disabilities in the general education curriculum with activities as assigned by the teacher
- ☐ Support the student in the use of technology in the classroom as assigned by the teacher
- ☐ Collaborate and communicate with appropriate school personnel about the needs of students with disabilities
- ☐ Employ interventions, modifications and accommodations to meet the individual needs of students with disabilities under the direction of certified school personnel
- ☐ Work with a variety of students who may have diverse learning needs
- ☐ Provide support and offer comments to the teacher regarding the student's response to strategies that have been used in instruction or behavior management
- ☐ Maintain and protect student's right to confidentiality

## **PARENT**

### **Preparation for the IEP Meeting**

- ☐ Participate with the case manager to determine the date and time for the IEP conference
- ☐ Review the current IEP or, if the purpose of the conference is to determine eligibility, review any evaluation or assessment data submitted in advance of the conference
- ☐ Review the most recent progress reports from teachers
- ☐ Share their comments regarding the student's strengths, abilities and needs
- ☐ Think about the skills they would like their child to master by the end of the year and formulate a vision of the future
- ☐ Notify the case manager if they need additional information (e.g., evaluation reports, previous IEPs or other reports, procedural safeguards, etc.), an advocate, or any special accommodations
- ☐ Decide whether other family members or experts should be invited to attend the conference, and notify the case manager in advance

### **During the IEP Conference**

Parents are important members of the IEP Team and should actively participate in making decisions during the IEP meeting. Students must be invited to attend IEP meetings if transition goals and services are being considered. If the student is unable to attend, efforts must be made and documented, to assure that the student's interests and plans for post high school are considered by the IEP Team. During the IEP meeting, parents and student should:

- ☐ Ask the case manager to review or explain parent rights and due process procedures, if necessary
- ☐ Share information about their vision for the student's future and expectations for the year
- ☐ Identify the student's strengths and interests, including the types of activities the student enjoys at home and in the community
- ☐ Share information about the student's relationship with siblings and neighborhood friends
- ☐ Discuss the types of rewards and discipline strategies that are effective at home and in the community
- ☐ Share relevant information about the student's medical and personal care needs
- ☐ Ask questions to clarify any reports or information regarding the student's present level of performance in class work, behavior and community activities, as appropriate
- ☐ Ask IEP Team members to clarify, explain or give examples for any information presented that may be unclear
- ☐ Make recommendations regarding annual goals
- ☐ Share interests and goals for post high school
- ☐ Students should identify the accommodations provided in class that are the most helpful and the least helpful

### **Implementation of the IEP**

- ☐ Review the IEP document to assure that all decisions made at the conference are documented
- ☐ Establish and maintain positive communication with teachers, paraeducators and related service providers
- ☐ Monitor the student's progress toward meeting goals
- ☐ Assist the student with homework assignments or ask the teacher what can be done to help the student with school work
- ☐ Participate in parent training programs to enhance knowledge of relevant educational issues
- ☐ Contact identified community agencies and resources for additional support, as necessary

## **STUDENT**

### **Preparation for the IEP Meeting**

- ☐ Think about school activities they enjoy and activities they would like to pursue
- ☐ Think about educational goals (e.g., college, career, job placement)
- ☐ Share any concerns or questions with their parents or teachers
- ☐ Identify accommodations which have been helpful and those which were not useful
- ☐ Decide if they would like to share anything specific at the IEP conference

### **During the IEP Conference**

If transition goals and services are being considered, students must be invited to attend IEP meetings. If the student is unable to attend, efforts must be made and documented, to assure that the student's interests and plans for post high school are considered by the IEP Team.

- ☐ Share information about their vision for the future and expectations for the year
- ☐ Identify their strengths and interests, including the types of activities they enjoy at home and in the community
- ☐ Ask IEP Team members to clarify, explain or give examples for any information presented that may be unclear
- ☐ Make recommendations regarding annual goals
- ☐ Share interests and goals for post high school
- ☐ Identify the accommodations provided in class that are the most helpful and the least helpful

### **Implementation of the IEP**

- ☐ Work with teachers, para educators, related service providers, and parents in order to improve achievement and meet goals
- ☐ Understand the criteria for promotion and grading
- ☐ Tell parents and teachers about problems encountered and request assistance, as necessary
- ☐ Indicate to parents and teachers which accommodations or modifications are helpful or ineffective



## **PRINCIPAL**

### **Preparation for the IEP Meeting**

- ☐ Ensure the necessary arrangements for designated staff have been made to attend the IEP conference
- ☐ Share with case manager comments on student performance, behavior and attendance
- ☐ Ensure that all pre-conference activities are completed in accordance with required timelines

### **During the IEP Conference**

- ☐ Help the team make decisions about resource allocation
- ☐ Contribute information to the IEP conference discussion

### **Implementation of the IEP**

- ☐ Monitor service delivery commitments, the implementation of IEPs and the progress of students with disabilities in the general education curriculum
- ☐ Periodically review the schedule of support services staff assigned to the school
- ☐ Utilize local school resources to provide appropriate services; contact special education director or designee if additional resources are needed
- ☐ Provide professional development opportunities for general and special educators and paraprofessionals, as necessary
- ☐ Ensure that all students with disabilities have current IEPs and all special education teachers and related service providers have copies
- ☐ Ensure that copies of the IEP or IEP summary sheets are distributed to general education teachers for students with disabilities in their classes
- ☐ Ensure that IEP progress reports are completed for each student
- ☐ Ensure that parents have access to school personnel who can answer questions related to their child's IEP and progress toward meeting goals



# CASE MANAGER'S AIDE:

## Sample IEP Meeting Agenda:

**Time scheduled for today's meeting\*:** \_\_\_\_\_

1. Introduce IEP Team participants
2. State the of Purpose for the Conference
3. Ask if parents have questions about *Procedural Safeguards, Rights and Responsibilities*
4. Present Levels of Academic Achievement and Functional Performance
5. Determination of Special Factors
6. Determine Post-School Goals and Transition Needs
7. Develop Annual Goals
8. Determine Accommodations and Modifications Needed
9. Determine Service Delivery
10. Determine Placement in the Least Restrictive Environment

Distribute copies of IEP documents

**\*If more time is needed, another meeting may be scheduled**

### Forms required for Initial Eligibility:

- ☐ Prior Notice & Consent for Evaluation
- ☐ Procedural Safeguards
- ☐ Notice of Meeting
- ☐ Cover page
- ☐ Evaluation Report
- ☐ Appropriate Determination of Eligibility Form(s)
- ☐ Prior Notice & Initial Provision of Special Education and Related Services (if determined eligible)
- ☐ IEP (if determined eligible)
- ☐ Permission to Invite Agencies Related to Transition (if student is 15 or older)

### Forms required for Reevaluation

- ☐ Prior Notice & Consent for Evaluation
- ☐ Notice of Meeting
- ☐ Permission to Invite Agencies Related to Transition (if student is 15 or older)
- ☐ Cover page
- ☐ Evaluation Report
- ☐ Appropriate Determination of Eligibility Form(s)
- ☐ IEP (if determined eligible)
- ☐ Prior Written Notice

### Forms required for Annual IEP Review

- ☐ Notice of meeting
- ☐ Permission to Invite Agencies Related to Transition (if student is 15 or older)
- ☐ IEP
- ☐ Prior Written Notice

### Forms required for IEP Amendment

- ☐ Notice of Meeting (if appropriate)
- ☐ IEP Amendment
- ☐ Prior Written Notice



## IEP ROLES AND RESPONSIBILITIES IN CHARTER SCHOOLS:

Children with disabilities who attend public charter schools and their parents retain all of the rights and protections of the IDEA. An administrative unit must serve children with disabilities attending charter schools in the same manner as the administrative unit serves children with disabilities in its other schools, including providing supplementary and related services on site at the charter school to the same extent to which the administrative unit provides such services on the site to its other public schools.

In Colorado, how an administrative unit provides special education services is based on the service delivery/funding model that is negotiated between the charter school and its authorizer. There are several service delivery models:

- Insurance model: Under the insurance model, the charter school pays an “insurance” premium to the administrative unit to provide all special education and related services for children with disabilities attending the charter school.
- Contracted model: Under the contracted model, the administrative unit passes through to the charter school its share of special education funding and the charter school hires or contracts with third party special education service providers to provide special education and related services for children with disabilities attending the school.
- Combination/Modified Insurance model: Under the combination/modified insurance model, the charter school and its authorizer negotiate responsibility and funding for special education and related services. The charter school may hire some of its staff and negotiate with its authorizer for the administrative unit to provide some services.

Responsibility for the referral, evaluation and IEP processes are determined by the service delivery model negotiated by the charter school and its authorizer. However, the same referral, evaluation, and IEP requirements apply to children with disabilities attending charter schools. Additionally, an IEP for a charter school student must contain a statement that specifies whether the child shall achieve the content standards adopted by the school district in which the child is enrolled or the charter school institute; or whether the child shall achieve individualized standards which would indicate that the child has met the requirements of his/her IEP.



## IEP ROLES AND RESPONSIBILITIES FOR PARENTALLY-PLACED PRIVATE SCHOOL CHILDREN WITH DISABILITIES:

The IDEA requires an administrative unit to locate, to identify, and to evaluate all children with disabilities who are enrolled by their parents in private, nonprofit (including religious) elementary and secondary schools located in their school district. This child find activity is designed to ensure the equitable participation of parentally-placed private school children and to get an accurate count of those children. The timelines for initial evaluations apply. An administrative unit must spend a proportional amount of Part B federal special education funding on providing education and related services including direct services to parentally placed private school children. How the funds are used for equitable participation is determined by meaningful consultation with private school representatives and representatives of parentally-placed private school children.

When a parentally-placed private school child with a disability is identified, it is important to note that there *is not* an individual right to receive some or all of the special education and related services the child would receive if he/she were enrolled in a public school. If a parentally-placed private school child with a disability receives services, it is based on a *services plan*. Although similar, a services plan *is not* an IEP. A services plan need only describe the specific special education and related services that the administrative unit will provide to the child in light of the determination of how the administrative unit's proportionate funds are spent. However, a services plan should be developed, reviewed, and revised consistent with the IEP timelines.





## **PUBLICLY PLACED STUDENTS IN ELIGIBLE FACILITIES:**

In Colorado, an eligible facility means a group care facility (e.g. a psychiatric residential treatment facility and a therapeutic treatment facility), group home, community centered board, hospital, or state-licensed day treatment facility that offers a school program providing special education services to children with disabilities that has been approved by the State board of Education. Administrative Units and Eligible Facilities should be familiar with and refer to ECEA rule 8.0 Responsibilities of Administrative Units, State-Operated Programs and Eligible Facilities and ECEA rule 9.0 Out of District Placements.

The IEP team completing an IEP for a student with a disability placed in an eligible facility should pay particular attention to the Educational Environment categories on the IEP.

- For students in a residential facility, check the residential facility box.
- For students in a day treatment program, check the separate school box.
- For students in a residential facility who attend a public school part-time, check the two appropriate boxes (e.g. general education class 40%-79% of the time and residential facility).



## EXEMPLARS:

### POST SCHOOL GOAL EXAMPLES & NON-EXAMPLES

#### Post-School Training Goal

- *NON-EXAMPLE: Something in emergency medical services.*  
Or
- *EXAMPLE: William will attend in an Emergency Medical Technician training program and work for the fire department, hospital, or ambulance service.*

#### Post-School Education Goal

- *NON-EXAMPLE: Go to some program in computers.*  
Or
- *EXAMPLE: Tanya will attend college full time at the XYZ Community College and obtain an associates degree in computer networking.*

#### Employment Goal

- *NON-EXAMPLE: Something in computers.*  
Or
- *Example: Josh will work as a computer technician repairing computers or developing and maintaining computer networks.*

#### Independent Living Skills Goal

- *NON-EXAMPLE On my own.*  
Or
- *EXAMPLE: Mike will maintain his own apartment by independently paying bills on time, making meals, buying groceries, and maintaining sanitary conditions.*

#### More...

- *After leaving High School, Paul will enroll in the 2-year community college.*
- *After graduation in the fall semester of 2007, Jane will attend the Lake Forrest Culinary Arts School.*
- *Upon graduating from high school, Thomas will work part time in the food service industry.*
- *After High School, Paulette will work full time in her community; she would like to pursue a job in retail.*
- *After High school, Roger will work part time with support.*
- *After leaving the Lafayette School District, Jamie will work at the Johnson County Community Based Employment Enclave with support.*
- *In the fall of 2007 after graduation, Eric will use the local public transportation system to get him from home to work and back.*
- *In the fall of 2007 after graduation, Annette will prepare a meal for herself independently once per week.*
- *After graduating from high school, John will independently manage his own checkbook, bills, and budget.*
- *After receiving her diploma, Mary will live at home with her parents until adults services resources can be acquired, during this time she will not work*

As an example, if a student were to have a Post-School Goal for Education/Training: "Amy will attend XYZ Community College after graduation to study nursing," the IEP might contain the following service statement:

*During the course of the next year (IEP period), the special education staff will provide Amy with resource class support for language arts and writing. Specific skill development will target decoding of large medically-related terminology, utilization of context cues in reading to increase reading comprehension as well as effective use of dictionary or online resources. Amy will be provided support from the school nursing staff to both teach Amy to self-administer her own Insulin as well as provide job shadowing experience and support related to the nursing profession. During the course of the school year, through coordination by*

*Amy's case manager, Amy will have the opportunity to visit at least three different nursing stations within the local community hospital. Amy will also be accompanied to the XYZ community college Disability Access Center to attain accommodations for her Accu-placer (college entry) exams as well as determine supports for attending college. The Disability Access Center has also agreed to provide a campus tour to orient Amy to the campus and its resources. Amy's case manager will (with appropriate releases from Amy and her parents) provide copies of her most recent assessment data and IEP so Amy may provide this information to the XYZ community college Disability Access Center. In order to ensure Amy is able to get to and from home and college, Amy will be provided instruction in riding the local RTD as well as instruction in reading/interpreting the local bus maps.*

In the example above is designed to reflect the transition services for the Post-School Goal of Education and Training only, and illustrates instructional services, related services, community experiences and the acquisition of daily living skills. It is important to note that no one single transition services component solely aligns with any one single Post –School Goal



## STATE RECOMMENDED IEP FORMS

**PRIOR NOTICE & CONSENT FOR EVALUATION 300.9 AND 300.300 AND 300.503**

Dear \_\_\_\_\_,

Your permission and assistance are requested to determine if your child has a disability requiring special education services.

**The team is proposing the following: 300.503(b)(2)**

☐ To evaluate your child for special education eligibility.

300.300(a)

☐ To reevaluate your child for special education eligibility.

300.300(c)

**Areas to be evaluated:**

**Reason: 300.305(d)(i)**

☐ Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. 300.305(a)

**Reason: 300.305(d)(i)**

**If you disagree, you may request an assessment.**  
300.305(d)(ii)

This proposal is based on the following evaluation procedures, tests, records or reports: 300.503(b)(3)

Other options we considered were: 300.503(b)(6)

We decided against these options because: 300.503(b)(6)

Any other factors considered by the team: 300.503(b)(7)

Sincerely,

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy or assistance in understanding this information, please contact the person named above. 300.503(b)(4)

**Consent for Special Education Evaluation**

**We request your consent because:**

☐ This is an initial evaluation and will be used to determine whether your child is a child with a disability and to determine special education needs. 300.300(a)

☐ This is a reevaluation and will be used to decide your child's continued eligibility and/or education needs. 300.300©

☐ I give my consent for the evaluation or re-evaluation. I understand my consent is voluntary and may be revoked for any evaluation or reevaluation that has not yet been conducted. 300.9(a),(b),(c),(1) and (2)

☐ I refuse consent for the evaluation.

☐ I agree that no additional evaluation data are needed.

\_\_\_\_\_  
Signature (Parent/Guardian/ESP)

\_\_\_\_\_  
Date

☐ Date consent received by District/Administrative Unit: \_\_\_\_\_

☐ For initial evaluations, a copy of the *Notice of Procedural Safeguards* has been given to the parents.

## NOTICE OF MEETING

Dear \_\_\_\_\_:

In order to discuss the educational needs of your child, you are invited to attend a conference scheduled for \_\_\_\_\_  
at \_\_\_\_\_. *Month, date, year, time*  
*Building, address, and room* . 300.322(b)(1)(i) purpose, time, location

The purpose of this meeting:

☐ **Eligibility for special education:** to discuss appropriate evaluation data to determine whether your child is eligible for special education services. If eligible, an individualized education program (IEP) will be developed.

- ☐ Initial
- ☐ Three year evaluation
- ☐ Special evaluation

☐ **IEP:** to review and update your child's present level of functioning, needs, goals and objectives, and to develop a plan to provide special education and related services.

- ☐ Initial IEP
- ☐ Annual Review
- ☐ Amendment to IEP dated: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Transition: to consider post-school goals and transition services for your child. The student and any identified agencies will be invited (see attached) to any meeting if the purpose of the meeting is to consider transition services needs or needed transition services.

The following will be attending the meeting: 300.322(b)(1)(i) whom in attendance

- |   |  |
|---|--|
| <input type="checkbox"/> Student                                | <input type="checkbox"/> General Education Teacher |
| <input type="checkbox"/> Parent(s)/Guardian/ESP                 | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Special Education Director or Designee | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                                  | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                                  | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                                  | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                                  | <input type="checkbox"/> _____                     |

As an integral part of the IEP team, we look forward to your attendance and participation in this meeting. You may invite other people that you believe will be helpful to you. If the scheduled time and place is not convenient, please contact me immediately so that we can arrange a mutually agreeable time and location for the meeting.

\_\_\_\_\_  
Name Title Phone Number

EVALUATION REPORT 300.306

Assessment Strategy or Tool:	Administered by:	Date Completed:

Date evaluation report was completed: \_\_\_\_\_

Document information from a variety of sources including data in all areas related to the student's suspected disability.

300.304(c)(4), 300.306(c)(i)-(ii)



**DETERMINATION OF ELIGIBILITY: AUTISM**

**Definition:** a student with a physical disability in the area of autism has a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. The autism prevents a child from receiving reasonable educational benefit from general education.

**The multi-disciplinary team has determined:** 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether commonly linked to the disability category.
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone.
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

Criteria for a Physical Disability in the area of Autism preventing the student from receiving reasonable education benefit from general education should be dependent upon whether the student's disability meets the educational criteria for Autism and interferes with the following:

**The student's Physical Disability in the area of Autism is characterized by:** (All 3 of the following shall be documented)

- ☐ Yes ☐ No Qualitative impairment in social interactions; *and*
- ☐ Yes ☐ No Qualitative impairment in communication; *and*
- ☐ Yes ☐ No Restricted repetitive and stereotyped patterns of behavior, interests, and activities

**The student's Physical Disability in the area of Autism interferes with:** (check those that apply)

- ☐ Yes ☐ No Functional communication (verbal and nonverbal); *and/or*
- ☐ Yes ☐ No Social interactions and relationships; *and/or*
- ☐ Yes ☐ No Behavior; *and/or*
- ☐ Yes ☐ No Cognitive Processing; *and/or*
- ☐ Yes ☐ No Motor Skills; *and/or*
- ☐ Yes ☐ No Self help/ daily living skills; *and/or*

☐ Yes ☐ No *The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: HEARING DISABILITY**

**Definition:** A student with a hearing disability shall have a deficiency in hearing sensitivity as demonstrated by an elevated threshold of auditory sensitivity to pure tones or speech where, even with the help of amplification, the student is prevented from receiving reasonable educational benefit from general education

*The team has determined: 300.306(b)* If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

**A "deficiency in hearing sensitivity" shall be one of the following: ECEA 2.08(3)**

- ☐ Yes ☐ No An average pure tone hearing loss in the speech range (500 - 2000 Hz) of at least 20 dBHL in the better ear which is not reversible within a reasonable period of time.
- ☐ Yes ☐ No An average high frequency, pure tone hearing loss of at least 35 dBHL in the better ear for two or more of the following frequencies: 2000, 4000 or 6000 Hz.
- ☐ Yes ☐ No A unilateral hearing loss of at least 35 dBHL which is not reversible within a reasonable period of time.

**The student meets one or more of the following criteria:**

- ☐ Yes ☐ No Sound-field word recognition (unaided) of less than 75% in quiet as measured with standardized open-set audiometric speech discrimination tests presented at average conversational speech (50-55 dBHL). Interpretation shall be modified for closed-set tests.
- ☐ Yes ☐ No Receptive and/or expressive language delay as determined by standardized tests
- ☐ under 3 years: less than one-half of expected development for chronological age.
- ☐ 3 to 8 years: 1 year delay or more.
- ☐ 9 to 13 years: 2 years delay or more.
- ☐ 14 to 21 years: 3 years delay or more.
- ☐ Yes ☐ No An impairment of speech articulation, voice and/or fluency.
- ☐ Yes ☐ No Significant discrepancy between verbal and nonverbal performance on a standardized intelligence test.
- ☐ Yes ☐ No Delay in reading comprehension due to language deficit.
- ☐ Yes ☐ No Poor academic achievement.
- ☐ Yes ☐ No Inattentive, inconsistent and/or inappropriate classroom behavior.

☐ Yes ☐ No *The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)**

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: MULTIPLE DISABILITIES**

**Definition:** A student with multiple disabilities shall have two or more areas of significant impairment, one of which shall be a cognitive impairment except in the case of deaf-blindness. Cognitive impairment shall mean significant limited intellectual capacity. The other areas of significant impairment include: physical, visual, auditory, communicative or emotional. The combination of such impairments creates a unique condition that is evidenced through a multiplicity of needs which prevent the student from receiving reasonable educational benefit from general education. The definition of impairment shall be the same as that for each of the single disabilities *(include determination of disability form for each disability considered)*

*The team has determined:* **300.306(b)** If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

**Criteria** for multiple disabilities preventing a student from receiving reasonable educational benefit from general education shall be the same as that considered for each of the single disabilities and shall include documentation of: (check all that apply)

- ☐ Significant limited intellectual capacity **And** ☐ Significant identifiable emotional disability **And/Or** ☐ Deaf-Blind
- ☐ Hearing disability
- ☐ Vision disability
- ☐ Physical disability
- ☐ Speech/language disability

**Indicators** for the combination of impairments creating a unique condition shall be: **2.08(8)**

- ☐ Yes ☐ No Inability to comprehend and utilize instructional information.
- ☐ Yes ☐ No Inability to generalize skills consistently.
- ☐ Yes ☐ No Inability to communicate fluently.
- ☐ Yes ☐ No Inability to demonstrate problem solving skills when such information is presented in a traditional academic curriculum.

☐ Yes ☐ No *The student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** **4.02(6)(b); 300.306(a)(1)**

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). **300.306(a)(2)**

**DETERMINATION OF DISABILITY: PHYSICAL DISABILITY**

**Definition:** a child with a physical disability shall have a sustained illness or disabling physical condition which prevents the child from receiving reasonable educational benefit from general education. A sustained illness means a prolonged, abnormal physical condition requiring continued monitoring characterized by limited strength, vitality, or alertness due to chronic or acute health problems and a disabling condition means a severe physical impairment. Conditions such as, but not limited to, traumatic brain injury, autism, attention deficit disorder and cerebral palsy may qualify as a physical disability, if they prevent a child from receiving reasonable educational benefit from general education.

*The team has determined: 300.306(b)* If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

**Criteria** for a physical disability preventing the child from receiving reasonable educational benefit from general education should be dependent upon the child's diagnosis and degree of involvement in the general school setting as characterized by any of the following: 2.08(1)

- ☐ The student's *chronic health problem or sustained illness* requires (check all that apply):
- ☐ continual monitoring ☐ intervention ☐ specialized programming
- in order to accommodate the effects of the illness so as to reasonably benefit from the education program.

**AND/OR**

- ☐ The student's disabling condition interferes with: (check all that apply)
- ☐ ambulation ☐ attention ☐ hand movements ☐ coordination
- ☐ communication ☐ self-help skills ☐ other activities of daily living
- ...to such a degree that it requires special services, equipment, and/or transportation (check all that apply).
- ☐ special services ☐ equipment ☐ transportation

☐ Yes ☐ No *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: PRESCHOOL CHILD WITH A DISABILITY**

**Definition:** A preschool child with a disability shall be three through five years of age and shall, by reason of one or more of the following conditions, be unable to receive reasonable educational benefit from general education: long-term physical impairment or illness, significant limited intellectual capacity, significant identifiable emotional disorder, specific learning disability or speech language impairment.

**Note:** for a preschool child who qualifies according to one of the categorical conditions listed in this definition above, complete the Determination of Disability form for the appropriate disability

**The team has determined:** 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

Children ages three through five who would otherwise qualify according to one or more of the above categorical conditions but for whom the category cannot be appropriately determined may qualify for preschool special education if multiple sources of information are utilized and if such children meet one or more of the following criteria: 2.08(9)

- ☐ Yes ☐ No Children who rank at the seventh percentile or below on a valid standardized diagnostic instrument, or the technical equivalent in standard scores (76 if the mean is 100 and the standard deviation is 16) or standard deviations (1.5 standard deviations below the mean) in one or more of the following areas of development: cognition, communication, physical and psychosocial.
- ☐ Yes ☐ No Children with identifiable conditions known through empirical data to be associated with significant delays in development.
- ☐ Yes ☐ No In extraordinary cases when a standardized score cannot be determined, a child may be determined disabled based on the informed opinion of the assessment team which includes the parent(s) and with documentation of the rationale for the inability to obtain a standardized score.

Criteria for a preschool child being unable to receive reasonable educational benefit from general education shall be a substantial discrepancy between the child's performance and behavior as compared to children of a comparable age.

☐ Yes ☐ No *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: SIGNIFICANT IDENTIFIABLE EMOTIONAL DISABILITY**

**Definition:** a child with a significant identifiable emotional disability shall have emotional or social functioning, which prevents the child from receiving reasonable benefit from general education.

*The team has determined:* **300.306(b)** If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- |                              |                                    |  |
|------------------------------|------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 2. the student <i>cannot</i> receive reasonable educational benefit from general education alone   |
|                              |                                    | 3. the student's performance :   |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction  |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in math; and   |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to limited English proficiency.   |

**Emotional or social functioning shall mean one or more of the following:** **ECEA 2.02(5); Proposed ECEA 2.08(5)**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exhibits pervasive sad affect, depression and feelings of worthlessness; cries suddenly or frequently;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Displays unexpected and atypical affect for the situation;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Excessive fear and anxiety;  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Persistent physical complaints not due to a medical condition;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exhibits withdrawal, avoidance of social interaction and/or lack of personal care to an extent that maintenance of satisfactory interpersonal relationships is prevented;  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Out of touch with reality; has auditory and visual hallucinations, thought disorders, disorientation or delusions;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cannot get mind off certain thoughts or ideas; cannot keep self from engaging in repetitive and/or useless actions;  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Displays consistent pattern of aggression toward objects or persons to an extent that development or maintenance of satisfactory interpersonal relationships is prevented; |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pervasive oppositional, defiant or noncompliant responses;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Significantly limited self-control, including an impaired ability to pay attention;  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exhibits persistent pattern of stealing, lying or cheating;  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Persistent pattern of bizarre and/or exaggerated behavior reactions to routine environments.   |

*The student meets one or both of the following criteria:*

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Academic functioning: an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory or other health factors, but due to the identified emotional condition;   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social/emotional functioning: an inability to build or maintain interpersonal relationships which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his/her own and others' welfare. |

*All four of the following qualifiers shall be documented for either of the above criteria demonstrated:*

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education or his/her presence continues to be detrimental to the education of others. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers and outside of his/her ethnic and cultural norms and outside the range of normal development expectations.                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment, one of which shall be school.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational responses to stressors in the child's environment.  |

☐ Yes    ☐ No    *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)		Title

☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

### DETERMINATION OF ELIGIBILITY: SPECIFIC LEARNING DISABILITY

**Definition:** Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning disability does not include problems that are primarily the result of: visual, hearing, or motor disabilities; significant limited intellectual capacity; significant identifiable emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency. The specific learning disability prevents a student from receiving reasonable educational benefit from general education alone.

*The team has determined:* **300.306(b)** If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes    ☐ No    1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes    ☐ No    2. that the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is*    ☐ *is not*    due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is*    ☐ *is not*    due to a lack of appropriate instruction in math; and
- ☐ *is*    ☐ *is not*    due to limited English proficiency.

**The student meets the following criteria: 2.08(6)(B)(II); 300.309**

1. The student does not achieve adequately for the student's age or to meet State-approved grade-level standards in one or more of the areas identified below, when provided with experiences and instruction for their age or State-approved grade-level standards, *and*
2. The student does not make sufficient progress to meet age or State-approved grade-level standards in the area(s) identified when using a process based on the student's response to scientific, research-based intervention.

*Check all areas that meet both conditions:*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Basic Reading Skills   | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Mathematical Calculation     | <input type="checkbox"/> Oral Expression         |
| <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Written Expression    | <input type="checkbox"/> Mathematical Problem Solving | <input type="checkbox"/> Listening Comprehension |

**The attached evaluation report must contain documentation of the following: 300.311**

- ☐ A body of evidence that demonstrates
1. Academic Skill deficits, *and*
  2. Insufficient progress in response to scientific, research-based intervention in the area(s) identified above
- ☐ An observation of the student's academic performance in the area(s) of difficulty in the learning environment, including the relevant behavior and relationship of that behavior to the student's academic functioning.
- ☐ The instructional strategies used
- ☐ The student-centered data collected including documentation of repeated assessments or achievement at reasonable intervals
- ☐ The educationally relevant medical findings:
- ☐ exist and are described, **or**
- ☐ do not exist
- ☐ The documentation that the parents were notified about:
- ☐ The State's policies regarding the amount and nature of student performance data collected and the general education services provided
- ☐ Strategies for increasing the student's rate of learning
- ☐ Results of repeated assessments of student's progress
- ☐ The right to request an evaluation



The team has considered (all must be checked "are not/is not" for an eligibility determination in the area of SLD): 300.306(b), 309(a)(3)

1. That the learning problems in the area(s) indicated above in the criteria section:

- |                              |                                  |   |
|------------------------------|----------------------------------|---|
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of Significant Limited Intellectual Capacity       |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of a Significant Identifiable Emotional Disability |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of a Vision Impairment                             |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of a Hearing Disability                            |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of a Motor Disability                              |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of Cultural Factors                                |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are not | Primarily the result of Environmental or Economic Disadvantage          |

☐ Yes ☐ No *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

Multidisciplinary Team Members 4.02(6)(b); 300.306(a)(1)	Title	Indicate Agreement With Team Decision & Initial On Line	
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

☐ Dissenting opinion attached if any team members disagree with eligibility determination

**DETERMINATION OF ELIGIBILITY: SPEECH-LANGUAGE IMPAIRMENT**

**Definition:** a student with a speech-language impairment shall have a communicative disorder which prevents the student from receiving reasonable educational benefit from general education.

**The team has determined:** 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- |                              |                                    |  |
|------------------------------|------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 2. the student <i>cannot</i> receive reasonable educational benefit from general education alone   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No        | 3. the student's performance:  |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in reading, including the essential components of reading instruction  |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in math; and   |
|                              | <input type="checkbox"/> <i>is</i> | <input type="checkbox"/> <i>is not</i> due to limited English proficiency.   |

Speech-language impairment may be classified under the headings of articulation, fluency, voice, functional communication or delayed language development and shall mean a dysfunction in one or more of the following: ECEA 2.08(7)

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Receptive and expressive language (oral and written) difficulties including syntax (word order, word form, developmental level), semantics (vocabulary, concepts and word finding), and pragmatics (purposes and uses of language). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis and synthesis) association and auditory attention.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Deficiency of structure and function of oral peripheral mechanism.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Articulation including substitutions, omissions, distortions or additions of sound.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fluency, including hesitant speech, stuttering, cluttering and related disorders.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Problems in auditory perception such as discrimination and memory.  |

**The student meets one or more of the following criteria:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interference with oral and/or written communication in academic and social interactions in his/her primary language.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Demonstration of undesirable or inappropriate behavior as a result of limited communication skills.                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The inability to communicate without the use of assistive, augmentative/alternative communication devices or systems. |

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b><i>The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.</i></b>
------------------------------	-----------------------------	--

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**



☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: SIGNIFICANT LIMITED INTELLECTUAL CAPACITY**

**Definition:** a child with a significant limited intellectual capacity shall have *reduced general intellectual functioning*, which prevents the child from receiving reasonable benefit from general education. *Reduced general intellectual capacity shall mean limited functioning or ability which usually originates in the developmental period and exists concurrently with impairment in adaptive behavior.*

*The team has considered:* **300.306(b)** If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes   ☐ No   1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes   ☐ No   2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is*   ☐ *is not*   due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is*   ☐ *is not*   due to a lack of appropriate instruction in math; and
- ☐ *is*   ☐ *is not*   due to limited English proficiency.

*The student meets ALL of the following criteria:* **ECEA 2.08(4)**

- ☐ Yes   ☐ No   A score of more than 2.0 standard deviations below the mean on individually administered measures of cognition
- ☐ Yes   ☐ No   Evidence that the level of independent adaptive behavior is significantly below the culturally imposed expectations of personal and social responsibilities;
- ☐ Yes   ☐ No   A deficiency in academic achievement, as indicated by scores 2.0 standard deviations below the mean in measures of language, reading and math.
- None of these indicators by itself shall be sufficient criterion for determination of a significant limited intellectual capacity. All three indicators shall be evident for the determination of this disability. Professional judgment shall be required for interpretation of scores and/or other findings

☐ Yes   ☐ No   *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** **4.02(6)(b); 300.306(a)(1)**

**Title**



☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). **300.306(a)(2)**

**DETERMINATION OF ELIGIBILITY: TRAUMATIC BRAIN INJURY**

**Definition:** Traumatic brain injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma

*The team has determined: 300.306(b)* If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

Criteria for a Physical Disability in the area of TBI preventing the student from receiving reasonable education benefit from general education should be dependent upon whether the student's disability meets the educational criteria for Traumatic Brain Injury and interferes with the following:

**The student's Physical Disability in the area of TBI is characterized by:**

- ☐ Yes ☐ No Medical documentation of a Traumatic Brain Injury *or* History of a Traumatic Brain Injury
- and*
- ☐ Yes ☐ No Educational evidence of an deficits relating to the Traumatic Brain Injury

**The student's Physical Disability in the area of TBI interferes with:** *(check those that apply)*

- ☐ Yes ☐ No Walking, writing, and self-help skills; *and/or*
- ☐ Yes ☐ No Ability to recall information and learn new material; *and/or*
- ☐ Yes ☐ No Language skills; *and/or*
- ☐ Yes ☐ No Attention/Memory; *and/or*
- ☐ Yes ☐ No Visual-spatial and motor deficits; *and/or*
- ☐ Yes ☐ No Planning and organization; *and/or*

☐ Yes ☐ No *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**


☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**DETERMINATION OF ELIGIBILITY: VISION DISABILITY**

**Definition:** a student with vision impairment shall have a deficiency in visual acuity and/or visual field and/or visual performance where, even with the use of lenses or corrective devices, he/she is prevented from receiving reasonable educational benefit from general education.

**The team has determined:** 300.306(b) If the answer is "no," to any of these questions the student cannot be considered eligible for special education at this time.

- ☐ Yes ☐ No 1. the evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category
- ☐ Yes ☐ No 2. the student *cannot* receive reasonable educational benefit from general education alone
3. the student's performance:
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- ☐ *is* ☐ *is not* due to a lack of appropriate instruction in math; and
- ☐ *is* ☐ *is not* due to limited English proficiency.

**A vision disability shall be one or more of the following:** ECEA 2.08(2)

- ☐ Yes ☐ No Visual acuity of no better than 20/70 in the better eye after correction.
- ☐ Yes ☐ No Visual field restriction to 20 degrees or less.
- ☐ Yes ☐ No A physical condition of visual system which cannot be medically corrected and as such affects visual functioning to the extent that specially designed instruction is needed. These criteria are reserved for special situations such as, but not restricted to, oculomotor apraxia, cortical visual impairment, and/or a progressive visual loss where field and acuity deficits alone may not meet the aforementioned criteria.

The term "visual disability" does not include children who have learning problems which are primarily the result of visual perceptual and/or visual motor difficulties.

**The student meets one or more of the following criteria:**

- ☐ Yes ☐ No Requirement for Braille and/or adaptation of educational material, **or**
- ☐ Yes ☐ No Requirement of specialized methods, aids, and/or equipment for learning, literacy, and/or mobility.
- ☐ Yes ☐ No *The team agrees that this student has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.*

**Multidisciplinary Team Members** 4.02(6)(b); 300.306(a)(1)

**Title**

☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). 300.306(a)(2)

**PRIOR NOTICE & CONSENT FOR INITIAL PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES 300.300(B)**

This consent "opens the door" to special education services. It provides the Administrative Unit permission to provide any special education services once they are agreed upon by the IEP Teams, it is not an agreement regarding what specific services will be provided (for example in a resource room or in the general education classroom).

Dear \_\_\_\_\_:

The team has found \_\_\_\_\_ eligible to receive special education services.

**The proposed special education provision of services is recommended because:**

300.503(b)(2)

**The proposed special education provision of services is based on the following evaluation procedures, tests, records, and reports.**

300.503(b)(3)

**Other service options considered were:**

300.503(b)(6)

**We decided against these options because:**

300.503(b)(6)

**Other factors considered were:**

300.503(b)(7)

**Please return this form to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)

**Consent for Provision of Special Education and Related Services**

☐ I give my permission for the special education provision of services as described above and an Individualized Education Program will be developed. I understand my consent is voluntary and may be revoked for any reason before special education services begin.

300.9(a), (b), (c)(1) and (2) and 300.300(b)(4)

☐ I refuse to give my permission for the special education placement as described above.

\_\_\_\_\_  
Signature Parent/Guardian/ESP

\_\_\_\_\_  
Date

☐ Date consent received by District/Administrative Unit: \_\_\_\_\_

Legal Name of Student _____	State Student ID (SASID) _____	Date of Birth _____	Date _____
Local Student ID (LASID) _____	Administrative Unit Name _____	AU Address _____	AU Phone Number _____

SECTION 1: TYPE OF MEETING		SECTION 2: DATES OF MEETINGS
<b>Eligibility</b>  <input type="checkbox"/> Initial Eligibility Meeting  <input type="checkbox"/> 3-Year Reevaluation  <input type="checkbox"/> Special Evaluation  <b>Date Initial Consent for Services:</b> _____	<b>Individualized Education Program</b>  <input type="checkbox"/> Initial IEP  <input type="checkbox"/> Annual Review  <input type="checkbox"/> Amendment to IEP Dated: _____  <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A (Student Did not qualify)	<div style="text-align: right;">Date of next eligibility meeting <i>(on or before)</i> _____ Date _____</div> <div style="text-align: right;">Date of next IEP review meeting <i>(on or before)</i> _____ Date _____</div> <div style="text-align: right;">Date of initial consent for evaluation _____ Date _____</div> <div style="text-align: right;">Date initial evaluation completed _____ Date _____</div> <div style="text-align: right;">Date of initial eligibility determination _____ Date _____</div> <div style="text-align: right;">Post secondary goals due during the year when the student is 15 but no later than the end of 9<sup>th</sup> grade _____ Date _____</div>

SECTION 3: STUDENT AND FAMILY INFORMATION				
	Prior to Meeting	After Meeting		
District of Residence	_____	_____	Grade: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home School	_____	_____	Race/ Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	
School of Attendance	_____	_____	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	
Unit/Facility of Attendance (if out of district)	_____	_____	<input type="checkbox"/> White not Hispanic	
Primary Disability, if any	_____	_____	Primary Language Spoken in the Home _____	
Primary Educational Environment	_____	_____	Student's Primary Language _____	
Is there an Educational Surrogate Parent (ESP)? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does the student have Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Parent/ Guardian(s)/ESP _____			Is an interpreter needed for meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	_____		_____	
City/State/Zip	_____		_____	
Telephone Number	_____		_____	
	Home	Cell	Work	
Email	_____		_____	

## INDIVIDUALIZED EDUCATION PROGRAM

## SECTION 4: PROCEDURAL SAFEGUARDS

I have been provided the special education procedural safeguards in my native language or other mode of communication. ☐ Yes ☐ No

Parent/Guardian/ESP Signature 300.504(a)

Date \_\_\_\_\_

## SECTION 5: IEP PARTICIPANTS

**THE FOLLOWING PARTICIPANTS ATTENDED THE IEP MEETING:**

Student 300.321(a)(7); 300.321(b)(1)

Student's Parent/Guardian/ESP 300.321(a)(1)

Student's Parent/Guardian/ESP 300.321(a)(1)

Special Education Director or Designee 300.321(a)(4)(i)-(iii)

General Education Teacher 300.321(a)(2); 300.324(a)(3)(i)-(ii)

Special Education Teacher/Provider 300.321(a)(3)

**THE FOLLOWING PERSONS WERE ALSO IN ATTENDANCE AT THE MEETING**

NAME \_\_\_\_\_

TITLE

AREA/AGENCY REPRESENTED

[illegible]



## SECTION 6: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE INCLUDING INPUT FROM PARENT & STUDENT

### Student Strengths, Preferences, Interests

What are the student's educational/developmental strengths, interest areas, significant personal attributes and personal accomplishments? Be sure to include specific feedback from the student.

300.324(a)(i) strengths of the child

300.321(b)(2) preferences and interests 300.43(a)(2)

### Present Levels of Educational Performance Summary

Include results of initial or most recent evaluation

300.324(a)(iii) Results of initial or most recent evaluation

### Describe the age appropriate transition assessment process used to develop the post-school goals 300.320(b)(1)

This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team

### Student Needs and Impact of Disability

How does the student's disability affect his/her involvement and progress in the general curriculum and participation in appropriate activities?

300.324(a)(ii) concerns of parent

300.324(a)(iv) academic, developmental, and functional needs (access skills)

300.320(a)(1) How the child's disability affects the child's involvement and progress—in the general curriculum and participation in appropriate activities

### Measurable Post-School Goals

This section to be completed for the first IEP to be in effect when the student is transition age, or earlier if deemed appropriate by the IEP team

What are the student's preferences, interests and desired outcomes in future post-secondary education, employment and independent living? Be sure to include feedback from the student

300.321(b) 300.43(a)(2)(i)-(v) extrapolated

#### Post-School Education/Training Goal:

300.320(b)(1)

#### Employment Goal:

300.320(b)(1)

#### Independent Living Skills Goal (when appropriate):

300.320(b)(1)

**SECTION 7: CONSIDERATION OF SPECIAL FACTORS****A. Does this student exhibit behavior that requires a Behavior Intervention Plan?**☐ Yes ☐ No*If yes, generate Behavior Intervention Plan.*

300.324(1)(2)(i)

**B. Is the student blind or visually impaired?**☐ Yes ☐ No*If yes, generate Learning Media Plan.*

300.324(1)(2)(iii)

**C. Is the student deaf or hard of hearing?**☐ Yes ☐ No*If yes, generate Communication Plan.*

300.324(a)(2)(iv)

**D. Is the student deaf-blind?**☐ Yes ☐ No*If yes, generate Learning Media & Communication Plan.*

300.324(1)(2)(iii) &amp; 300.324(a)(2)(iv)

**E. Does the student require a Health Care Plan?**☐ Yes ☐ No*If yes, indicate location of Plan.***F. Does the student have Limited English Proficiency?**☐ Yes ☐ No*If yes, specify how this will be addressed:*

300.324(a)(2)(ii)

**G. Does the student need Assistive Technology devices or services?**☐ Yes ☐ No*If yes, specify:*

300.324(a)(2)(v)

**H. Does the student require Special Transportation?**☐ Yes ☐ No*If yes, specify:*

300.34 Related Services (a)

300.34 (c)(16)

300.107(b)

**SECTION 8: POST-SCHOOL CONSIDERATIONS**

This section to be completed for the IEP to be in effect when the child is 15, but not later than the end of 9th grade 300.320(b)

Projected date of graduation/program completion: \_\_\_\_\_ 300.102(a)(3)(i)-(iii) limitation to FAPE

Projected type of completion document \_\_\_\_\_

**Post-School Education/Training Goal** (from Section 6: Measurable Post-School Goals): 300.320(b)(1)

Planned Course of Study: 300.320(b)(2)

Transition Services and Activities: 300.320(b)(2)

Agency/community supports that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting

**Career Employment Goal** (from Section 6: Measurable Post-School Goals) 300.320(b)(1)

Planned Course of Study: 300.320(b)(2)

Transition Services and Activities: 300.320(b)(2)

Agency that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting

**Independent Living Skills Goal (when appropriate)** (from Section 6: Measurable Post-School Goals): 300.320(b)(1)

Planned Course of Study: 300.320(b)(2)

Transition Services and Activities: 300.320(b)(2)

Agency that may provide transition services in the coming school year: 300.321(b)(3) participants in meeting

**If the student will turn 20 during the course of this IEP period, student and parent(s) have been informed of the transfer of rights at the age of majority (21).**

☐ Yes ☐ No ☐ N/A 300.320(c) *Transfer of rights at age of majority.*

**NOTE: Graduation will permanently end entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act 2004 and the Colorado Rules for the Administration of the Exceptional Children's Educational Act. Therefore, after graduation this student will no longer be entitled to receive special education and related services from a school district or other local education agency.**

<b>SECTION 9: ANNUAL GOALS AND/OR OBJECTIVES 300.320(a)(2)(i)</b>			
For Students who are transition age, indicate what post-school area this will support: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living			
Area of Need:			
Measurable Goal: 300.320(a)(2)(i)  Objective (if needed):			Unit of Measurement: 300.320(a)(3)(i)
Related Standard/Expanded Benchmark/Access Skill:			Baseline Data Point:
Evaluation Method: <input type="checkbox"/> Monitor and Chart Progress <input type="checkbox"/> Focused Assessments <input type="checkbox"/> Portfolio Collection <input type="checkbox"/> Other: _____ 300.320(a)(3)(i)			
Progress Report (Describe how parents will be informed of the student's progress toward goals and how frequently this will occur) 300.320(a)(3)(iii)			
Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____
Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:

For Students who are transition age, indicate what post-school area this will support: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living			
Area of Need:			
Measurable Goal: 300.320(a)(2)(i)  Objective (if needed):			Unit of Measurement: 300.320(a)(3)(i)
Related Standard/Expanded Benchmark/Access Skill:			Baseline Data Point:
Evaluation Method: <input type="checkbox"/> Monitor and Chart Progress <input type="checkbox"/> Focused Assessments <input type="checkbox"/> Portfolio Collection <input type="checkbox"/> Other: _____ 300.320(a)(3)(i)			
Progress Report (Describe how parents will be informed of the student's progress toward goals and how frequently this will occur) 300.320(a)(3)(iii)			
Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____	Reporting Date: ____/____/____
Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:	Progress: ____ Supporting Data Point:

**Progress Reporting Key:** 4) Goal met 3) Progress made, goal to be met on time 2) Insufficient progress made, goal not to be met on time 1) Student did not work on this goal.

Attach additional supporting charts/ graphs if available

## SECTION 10: ACCOMMODATIONS & MODIFICATIONS

### Accommodations

What type(s) of accommodation(s) *if any* is (are) necessary for the student to access the general curriculum and/or appropriate activities to make effective progress?

300.320(a)(4)(i)-(iii)

300.320(a)(6)(i)

### Modifications

What standards, *if any*, need to be modified, expanded, and/or prioritized for the student to access the general curriculum and/or appropriate activities to make effective progress?

## SECTION 11: EXTENDED SCHOOL YEAR DETERMINATION 300.106

### Criteria/Inquiry:

Did the student experience significant regression on their IEP goals and objectives?

☐ Yes ☐ No

Did the student require an unreasonably long period of time to relearn previously learned skills?

☐ Yes ☐ No

Are there other factors relevant in determining eligibility for ESY services?

☐ Yes ☐ No

### Decision: Is the student eligible for Extended School Year Services?

☐ Yes ☐ No ☐ To be determined by: \_\_\_\_\_

*If yes, attach documentation for each question and record services on service summary in Section 13.*

*Identify which goals will be worked on during the Extended School Year Below:*

**SECTION 12: STATE/DISTRICT ASSESSMENTS:****District Assessments:**

Check whether the student will participate in the District Assessment or the District Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.

	Regular	Alternate	Not Assessed at This Grade Level
Reading/Writing/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is eligible for the district alternate assessment, provide justification:

**300.320(a)(6)(ii)(A) and (B)**

List district assessment accommodations:

**300.320(a)(6)(i)**

**State Assessments**

Check whether the student will participate in the CSAP or CSAP Alternate for each content area(s) administered at the child/student's grade level. Check all that apply.

	CSAP	CSAPA or 11 <sup>th</sup> Grade Alt.	ACT	Not Assessed at This Grade Level
Reading/Writing/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11 <sup>th</sup> grade only:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student will be participating in the CSAPA provide justification: **300.320(a)(6)(ii)(A) and (B)**

List any CSAPA Accommodations/Adaptations:

Check all Standard Accommodations to be used in the CSAP Administration: **300.320(a)(6)(i)**

**Standard Presentation Accommodations**

- ☐ No accommodations needed
- ☐ Braille version of the test
- ☐ Large-print version of the test (18 point font)
- ☐ Read aloud directions only
- ☐ Signing of directions only
- ☐ Oral presentation of entire test (science, math, writing only)
- ☐ Signing presentation of entire test
- ☐ Translated oral presentation of entire test
- ☐ Student receives more, but shorter sessions with "breaks" in between
- ☐ Student receives extended time
- ☐ Student uses additional manipulative for mathematics assessment

**Describe Non-Standard Accommodations:**

**Standard Response Accommodations**

- ☐ No accommodations needed
- ☐ Use of scribe to write oral responses or fill in bubbles in the test book (scribe)
- ☐ Use of scribe to write oral responses to constructed items only (scribe)
- ☐ Use of signing as an alternative response (must also then scribe into test booklet)
- ☐ Use of assistive technology to communicate response to test items

**Other Allowable Accommodations:**

☐ If student is taking an alternate assessment, parents have been informed about the differences between regular and the alternate assessments (both state and district) and the effects of these, if any (including that, for students taking alternate assessments, their achievement will be measured based on alternate achievement standards).

**SECTION 13: SERVICE DELIVERY STATEMENT**

Statement of types and anticipated location of services to be provided to and on behalf of the student:

300.320(a)(7)

**SPECIAL EDUCATION AND RELATED SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT**

Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HQ Sp. Ed. Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services-- Direct Use ONE column only per identified service			Frequency of Special Education/Related Services-- Indirect Including Case Management Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
				300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)
Total Amount of Time:				____ HPD	____ HPW	____ HPM	____ HPD	____ HPW	____ HPM

**SECTION 14: RECOMMENDED PLACEMENT IN THE LEAST RESTRICTIVE ENVIRONMENT (SPECIAL EDUCATION SETTING)**

Placement Options Considered	Selected:	Discussion must address each of the following for all placement options:	Below, summarize discussions regarding placement option(s)
1. _____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible advantages for the student	
2. _____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Possible disadvantages for the student	
3. _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Modifications/supplementary aids & services considered to reduce possible disadvantage to the student	

**GENERAL EDUCATION SERVICES** Complete this section for students ages 3-5 as of Dec. 1, only:

Description	Hours Per Week
<input type="checkbox"/> Integrated Education Program	
<input type="checkbox"/> Other: _____	

**EDUCATIONAL ENVIRONMENT**

Selected	Ages 3-5 (as of Dec. 1)	Selected	Ages 6-21 (as of Dec. 1)
<input type="checkbox"/>	General education early childhood program at least 80% of the time	<input type="checkbox"/>	General education class at least 80% of the time
<input type="checkbox"/>	General education early childhood program 40% to 79% of the time	<input type="checkbox"/>	General education class 40% to 79% of the time
<input type="checkbox"/>	General education early childhood program less than 40% of the time	<input type="checkbox"/>	General education class less than 40% of the time
<input type="checkbox"/>	Separate class	<input type="checkbox"/>	Separate school
<input type="checkbox"/>	Separate school	<input type="checkbox"/>	Residential facility
<input type="checkbox"/>	Residential facility	<input type="checkbox"/>	Homebound/hospital
<input type="checkbox"/>	Home	<input type="checkbox"/>	Correctional facilities (including short-term detention)

<b>SECTION 15: PRIOR WRITTEN NOTICE</b>			
The IEP includes services to be provided to assist your child to make progress. The Present Level of Academic Achievement and Functional Performance in Section 6 includes information about the data used as a basis for the decisions recorded in the IEP.			
Other options considered:		Why those options were rejected:	
Other factors:			
<b>Case Manager:</b> Name _____ Title _____ Phone _____ Date _____			
Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)			

☐ A copy of the IEP has been provided to the parent(s). 300.322(f)



**PRIOR NOTICE OF SPECIAL EDUCATION ACTION**

Dear: \_\_\_\_\_:

This notice is a: ☐ proposal 300.503(a)(1)  
☐ refusal 300.503(a)(2)

to: ☐ initiate 300.503 (a)(1)  
☐ change 300.503 (a)(2)

the following aspects of your child's special education: 300.503(a)  
☐ Identification  
☐ Placement (other than initial placement)  
☐ Provision of a free, appropriate public education (includes IEP)

Through the following action: 300.503(b)(1)

This action is proposed/refused because: 300.503(b)(2)

This action/refusal is based on the following evaluation procedures, tests, records or reports: 300.503(b)(2)

Other options we considered were: 300.503(b)(6)

We rejected these options because: 300.503(b)(6)

Any other factors considered by the team: 300.503(b)(7)

Sincerely, \_\_\_\_\_  
Name/Title 300.503(b)(5) Phone

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named above. 300.503(b)(4)

Legal Name of Student	State Student ID (SASID)	Date of Birth	Date
Student's Grade	Parent/Guardian/ESP Name(s)	Parent/Guardian/ESP Email	Parent/Guardian/ESP Phone Number

<b>BEHAVIOR INTERVENTION PLAN (BIP)</b>			
<b>1. Sources of Information:</b> List sources of information used in FBA, both formal and informal, to develop this plan.			
<b>2. Strength Based Profile</b> Identify skills and interests, positive relationships, pro-social behaviors, family and community supports, and other protective factors.			
<b>3. Functional Behavioral Assessment (FBA) Summary Statement</b> Describe specific problem behavior and summary/hypothesis statement from FBA.			
<b>4. BIP Strategies/Outcomes Worksheet</b> Based on hypothesis, in the table below, identify the strategy, what will be done, when and where the strategy will occur.			
<b>Setting Event Strategies</b> (Reduce impact of setting events)	<b>Antecedent Strategies</b> (Decrease likelihood that behavior will occur)	<b>Behavior Teaching Strategies [Alternative Behaviors]</b> Increase the likelihood that the appropriate replacement behavior will occur through instruction)	<b>Reinforcement Strategies [Consequence]</b> (When student demonstrates the desired behavior, the need behind the behavior is met –e.g. obtain or avoid)

**5. Crisis Intervention Plan**

If the student's behavior has the potential to produce harm, attach a crisis intervention plan.

**6. Evaluation**

Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified alternative behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).

Continuous Progress Monitoring Method:

Person Responsible:

Criterion for Success:

Follow-up Meeting Date:

**7. Contextual Fit**

Supports, resources and training needed for personnel to implement this plan in the current educational environment.

**8. Communicating the Behavior Intervention Plan**

The plan will be communicated to the following people (i.e. bus driver, clinic aid, school resource officer, etc.)

**Person to be contacted:**

**How contact will be made:**

**Person responsible for contact:**

**Date/Frequency of contact:**

**Who will communicate revisions and updates internally and externally?**

**9. Team Members:**

Teacher, parent, student, mental health worker, community agency personnel, related service provider etc.

Parent

Other

Parent

Other

Student

Other

Case Manager

Other

☐ PARENT PROVIDED A COPY OF PLAN

Legal Name of Student \_\_\_\_\_

State Student ID (SASID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

### COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND

The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered. **300.324(a)(2)(IV) 4.03(6)(A)**

#### 1. Language and Communication

1. a. The child's/student's **primary language** is one or more of the following.

*Check all that apply.*

*Receptive*

*Expressive*

☐

☐ English

☐

☐ Native language (ASL, Spanish etc), specify \_\_\_\_\_

☐

☐ Combination of several languages

☐

☐ Minimal language skills; no formal primary language

*Describe:*

*Action Plan, if any:*

1. b. The child's/student's **primary communication mode** is one or more of the following. **Supports 300.116(e).**

*Check all that apply and if more than one applies, explain.*

**Receptive:**

☐ Auditory

☐ Speechreading

☐ Fingerspelling

☐ Tactile/objects

☐ Home signs

☐ Other, please explain \_\_\_\_\_

☐ American Sign Language

☐ Cued Speech/Cued English

☐ Gestures

☐ Picture symbols/pictures/photographs

☐ Signing Exact English/Signed English

☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)

**Expressive:**

☐ Spoken language

☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)

☐ Tactile/objects

☐ Cued Speech/Cued English

☐ American Sign Language

☐ Fingerspelling

☐ Home signs

☐ Pictures symbols/pictures/photographs

☐ Other, please explain \_\_\_\_\_

☐ Signing Exact English/Signed English

☐ Gestures

*Explanation for multiple modes of communication, if necessary:*

1. c. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student? **Parent Counseling Training 300.34(8)(i) and (iii)**

*Issues considered:*

*Action Plan, if any:*

2. Describe the child's/student's need for deaf/hard of hearing adult role models and peer groups in sufficient numbers of the child's/student's communication mode or language. Document who on the team will be responsible for arranging for adult role model connections and opportunities to interact with peers. **(Section 3. 22-20-108 CRS II) 300.116 Placement Determination**

*Opportunities considered: ECEA proposed 4.03(6)(a)(iii)*

*Action Plan, if any:*

3. An explanation of all educational options provided by the administrative unit and available for the child/student has been given. **Placement determination 300.115 and 300.116**

*Placements explained:*

*Describe how the placement options impact the child's communication access and educational progress:*

4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language. **ECEA 3.04(1)(f)**

*Considerations:*

*Action Plan, if any:*

5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified. The team will consider the entire school day, daily transition times, and what the child/student needs for full communication access in all activities.

*Considerations 300.324(a)(2)(iv) Communication plan, 300.107 Non-academic settings, 300.101 FAPE:*

*Action Plan, if any:*

Legal Name of Student	State Student ID (SASID)	Date of Birth	Date
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LEARNING MEDIA PLAN FOR STUDENT WITH A VISION DISABILITY OR DEAF-BLINDNESS										
<p>The written IEP for each child with a vision disability shall include a Learning Media Plan as developed by the IEP team based on comprehensive assessment of the student's learning and literacy modalities by a licensed teacher endorsed in the area of visual impairment. <b>4.03 (6)(b)(i)</b></p>										
<p>1. Please indicate the selected learning and literacy mode(s) for this child/student to achieve literacy. Literacy modes include: (a) auditory mode, (b) Braille or tactual mode, (c) print enlargement or visual mode with optical enhancement, and/or (d) regular print or visual mode).</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%;">Current Learning and Literacy Mode(s):</td> <td style="width: 35%;">Primary: _____</td> <td style="width: 35%;">Secondary: _____</td> </tr> <tr> <td style="text-align: center;">(if appropriate):</td> <td>Co-Primary: _____</td> <td>Co-Secondary: _____</td> </tr> <tr> <td>Recommended Learning and Literacy Mode(s):</td> <td>Primary: _____</td> <td>Secondary: _____</td> </tr> </table>		Current Learning and Literacy Mode(s):	Primary: _____	Secondary: _____	(if appropriate):	Co-Primary: _____	Co-Secondary: _____	Recommended Learning and Literacy Mode(s):	Primary: _____	Secondary: _____
Current Learning and Literacy Mode(s):	Primary: _____	Secondary: _____								
(if appropriate):	Co-Primary: _____	Co-Secondary: _____								
Recommended Learning and Literacy Mode(s):	Primary: _____	Secondary: _____								
<p>2. Justification of primary and secondary learning and literacy mode(s) selection – summarize evaluation data and how the learning and literacy mode(s) were selected.</p>										
<p>3. How will learning and literacy mode(s) be implemented?</p>										
<p>4. Describe how the student's instruction in the above selected literacy mode(s) will be integrated into instructional activities.</p>										
<p>5. State the level of competency expected in each selected mode(s) which the student should achieve by the end of the period covered by the IEP.</p>										
<p>6. List dates for instruction to commence, amount of time dedicated to each learning and literacy mode, and responsible service provider.</p>										
<p>7. All Colorado teachers licensed and endorsed in the area of visual impairment (TVI) must have demonstrated competency in reading and writing Literary Braille. Has the teacher of the visually impaired (TVI) working with this student demonstrated Braille competency per established CDE guidelines? <b>4.03(6)(b)(iv)</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>										

**PERMISSION TO INVITE AGENCIES RELATED TO TRANSITION 300.321(b)(3) & 300.622(a)(2)**

Dear \_\_\_\_\_:

There are a number of agencies that provide services to adults with disabilities. Some of these agencies could be beneficial to you and your son/daughter as you plan for his/her transition from school to adult life.

We would like to invite representatives from the agencies checked below to your son/daughter's next IEP meeting. If you agree please check yes, and sign the form below giving us permission to extend this invitation.

**The invitation does not guarantee the agency representative's ability to attend the scheduled IEP meeting.**

Please return the signed form to your child's special education teacher by \_\_\_\_\_.

*This permission shall be valid for the following duration. Beginning \_\_\_\_\_ and shall terminate \_\_\_\_\_*

INDICATE CONSENT	SCHOOL WOULD LIKE TO INVITE THE FOLLOWING AGENCIES (INCLUDE DESCRIPTION)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that my consent is voluntary and may be revoked for any reason.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)/ESP

\_\_\_\_\_  
Date

☐ Date received by District/Administrative Unit: \_\_\_\_\_

**REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION**

(Not required for release to another Administrative Unit)

This permission shall be valid for the following duration. Beginning \_\_\_\_\_ and shall terminate \_\_\_\_\_

Indicate Consent	Records/information to be released or secured:	Indicate Consent	Records/information to be released or secured:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Audiometric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychological
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Educational	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Work
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____

	From	To
Agency	_____	_____
Address	_____	_____
City, State, Zip	_____	_____

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

**PARENTAL CONSENT**

I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.

\_\_\_\_\_  
Signature (Parent/Guardian/ESP)\_\_\_\_\_  
Date



IEP TEAM MEMBER EXCUSAL 300.321(E)		
IEP Team Member to be Excused:	Area of Curriculum/ Related Service:	Phone Number:
<p>The member's area of curriculum or related service <input type="checkbox"/> is <input type="checkbox"/> is not likely to be modified or discussed. 300.321(e)(1)(2)</p> <p><b>If the team member's area will be discussed, they MUST fill in the sections below; if not, complete the Approval sections only.</b></p>		
<p>The student's strengths are:</p>  <p>300.321(e)(2)(ii); 300.324(a)(i) strengths of the child</p>		
<p>The educational concerns I have about this student are:</p>  <p>300.321(e)(2)(ii); 300.324(a)(ii) concerns of parent; 300.324(a)(iv) academic, developmental, and functional needs</p>		
<p>The student's present levels of achievement and functional performance are:</p>  <p>300.321(e)(2)(ii);</p>		
<p>The student still needs to work on:</p>  <p>300.321(e)(2)(ii)</p>		
<p>The accommodations, modifications and/or specialized instruction that will assist your child in accessing the general curriculum are:</p>  <p>300.321(e)(2)(ii); 300.320(a)(4) instruction per 300.39; 300.320(a)(4)(i)-(iii); 300.320(a)(6)(i);</p>		
Special Education Director/Designee Approval		
<p><input type="checkbox"/> I agree that the above IEP team member may be excused from the IEP Meeting, pending parent approval.</p> <p><input type="checkbox"/> I do not agree that the above IEP team member may be excused from the IEP Meeting.</p>		
<p>_____ Special Education Director/Designee 300.321(e)(2)(i) consent</p>	<p>_____ Date</p>	
Parental Approval		
<p><input type="checkbox"/> I agree that the above IEP team member may be excused from the IEP Meeting.</p> <p><input type="checkbox"/> I do not agree that the above IEP team member may be excused from the IEP Meeting.</p>		
<p>_____ Parent/Guardian/ESP Signature 300.321(e)(2)(i)</p>	<p>_____ Date</p>	

**TRANSFER STUDENT FROM WITHIN STATE 300.323(e)**

☐ The IEP dated \_\_\_\_\_ from \_\_\_\_\_ district are adopted and services will be initiated on: \_\_\_\_\_

Next Eligibility Determination: \_\_\_\_\_

Next Annual Review: \_\_\_\_\_

☐ Attach this form to the adopted IEP

300.323(e)(1)

☐ The IEP dated \_\_\_\_\_ from \_\_\_\_\_ district is not adopted.

An IEP meeting is scheduled for \_\_\_\_\_.

The following special education and related services will be provided on an interim basis 300.323(e)(2):

**Comparable Service Delivery Statement**

Statement of types and anticipated setting of services to be provided to and on behalf of the student:

300.320(a)(7)

**Comparable Special Education and Related Services in the Least Restrictive Environment**

Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HQ Sp. Ed. Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services-- Direct Use ONE column only per identified service			Frequency of Special Education/Related Services-- Indirect Including Case Management Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
				300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)
Total Amount of Time:				_____ HPD	_____ HPW	_____ HPM	_____ HPD	_____ HPW	_____ HPM

Annual Goal(s) (Objectives if appropriate): 300.323(e)

(may be attached as a separate document)

IEP Team notified on \_\_\_\_\_ by \_\_\_\_\_.

I have been provided the special education procedural safeguards in my native language or other mode of communication. ☐ Yes ☐ No

Parent/Guardian/ESP Signature 300.504(a)

Date

**TRANSFER STUDENT FROM ANOTHER STATE 300.323(f)**

☐ The evaluation and eligibility determination dated \_\_\_\_\_ from \_\_\_\_\_ district meets Colorado standards and is adopted by the district.

Eligibility date: \_\_\_\_\_

Triennial due: \_\_\_\_\_

300.323(f)(2)

☐ The evaluation and eligibility determination dated \_\_\_\_\_ from \_\_\_\_\_ district does not meet Colorado standards.

(The District must follow procedures for an Evaluation (4.02(4); and 300.304 – 300.306) and provide FAPE during the evaluation period).

☐ The IEP dated \_\_\_\_\_ from \_\_\_\_\_ district are adopted and services will be initiated on: \_\_\_\_\_

Next Eligibility Determination: \_\_\_\_\_

Next Annual Review: \_\_\_\_\_

☐ Attach this form to the adopted IEP

☐ The IEP dated \_\_\_\_\_ from \_\_\_\_\_ district is not adopted.

An IEP meeting is scheduled for \_\_\_\_\_.

The following special education and related services will be provided on an interim basis. 300.323(e)(2)

**Comparable Service Delivery Statement**

Statement of types and anticipated setting of services to be provided to and on behalf of the student:

300.320(a)(7)

**Comparable Special Education and Related Services in the Least Restrictive Environment**

Specialized Instruction Area and/or Related Services 300.320(a)(4)	Service Provider 300.18 HQ Sp. Ed. Teacher	Start Date 300.320(a)(7)	End Date 300.320(a)(7)	Frequency of Special Education/Related Services-- Direct			Frequency of Special Education/Related Services-- Indirect Including Case Management		
				Use ONE column only per identified service			Use ONE column only per identified service		
				Per Day	Per Week	Per Month	Per Day	Per Week	Per Month
				300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)	300.320(a)(7)
Total Amount of Time:				____ HPD	____ HPW	____ HPM	____ HPD	____ HPW	____ HPM

Annual Goal(s) (Objectives if appropriate): 300.323(e)

(may be attached as a separate document)

IEP Team notified on \_\_\_\_\_ by \_\_\_\_\_.

I have been provided the special education procedural safeguards in my native language or other mode of communication. ☐ Yes ☐ No

Parent/Guardian/ESP Signature 300.504(a)

Date

**IEP AMENDMENT 300.324(a)(6)**

Amendments can be used by agreement of the Administrative Unit and the Parent to modify goals, hours of service, accommodations, modifications, transportation needs, assistive technology, or other similar changes to the related services section.

300.324(a)(4)(i)

Amendment to IEP Dated: \_\_\_\_\_

**Current IEP:**

**Proposed Changes**

**Rationale for Changes:**

Include evaluation procedures, tests, records or reports used as the basis for the changes.

**Other options considered and rationale for rejecting those options:**

**Other factors:**

**For Waiver of Amendment Meeting ONLY**

I agree that my child's IEP can be revised by the school staff without convening an IEP meeting. I also agree to contact the case manager if I disagree with any of the above revisions. 300.324(a)(4)(i)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Special Education Director/Designee Signature

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named below. 300.503(b)(4)

**Case Manager:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

IEP Team notified on \_\_\_\_\_ by \_\_\_\_\_.

300.324(a)(4)(ii)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name