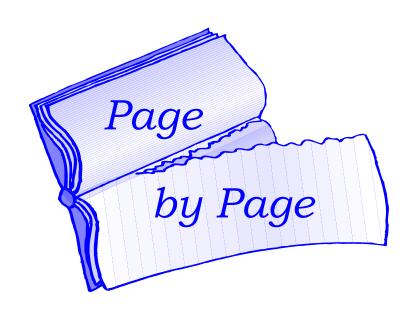
So, you're going to a PPT.....

# The IEP Guide



Created through the collaborative efforts of Connecticut state agencies and parent organizations.

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

Dear Parent,

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

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

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

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

"The Planning and Placement Team (PPT)" must include: parents/guardians, regular ed. teacher, special ed. teacher or provider, someone to interpret evaluation results, an administrator, the student (if appropriate), an interpreter (if needed) and anyone with expertise on the child invited by either the parents or the school.

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

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

| Student:                         | ast Name, First Name     |                                 | District:                    |                            |  | mm/dd/yyyy  |
|----------------------------------|--------------------------|---------------------------------|------------------------------|----------------------------|--|---|
| Current Enrolled School:         | "Current I               |                                 |                              |                            | would attend if not disable                    | ed. Female Mai                                      |
|                                  | <u>_</u>                 |                                 | If your school district do   | es not have its own high s | chool, is the student attending his/her design | anated high school?                                 |
|                                  |                          |                                 |                              | _                          | No □ NA  | ,   |
| Student Address1:                |                          |                                 | Charlest backgroting         | Lang: English              | Other: (specify)                               |   |
| Parent/Guardian (Name):          |                          |                                 |                              |                            | Other: (specify)                               |   |
|                                  |                          |                                 |                              |                            | •  | Home Phone:   |
|                                  |                          |                                 |                              |                            |  | Misc. Phone:  |
|                                  |                          |                                 |                              | Recent Eval. Date:         | Next Reeva                                     | luation Date:                                       |
|                                  |                          |                                 |                              |                            | mm/dd/yyyy                                     | mn/dd/yyyy  |
| fost Recent Annual Revie         | ew Date:                 | mmiddlyyyy                      | Next A                       | nnual Review Date:         | mm/dd/yyyy                                     |   |
| eason for Meeting <sup>2</sup> : | Review Referral          | ☐ Plan Eval/Reeval              | Review Eval/Reeval           | ☐ Determine Eligibility    |  | ibility Develop IEP                                 |
|                                  | Review or Revise IEP     | Conduct Annual Review           |                              | ☐ Manifestation Deten      |  |   |
| rimary<br>Visability: Autism     | ☐ Emotio                 | nal Disturbance Multiple        | _                            | pedic Impairment           | Speech or Language Impaired                    | Other Health Impairment                             |
| □ Deaf – E                       | _                        | Impairment (Deaf or Hard of Hea |                              | ic Learning Disabilities   | ☐ Traumatic Brain Injury                       | ☐ OHI – ADD/ADHD                                    |
| Develop                          |                          | nly) Intelled                   | -                            | -                          | xia Visual Impairment                          | To be determined                                    |
| he next projected PPT i          | meeting date is:         | mm/dd/yyyy                      | -                            |                            |  |   |
| Eligible as a student i          | in need of Special Educ  | ation (The child is evaluated a | s having a disability, and r | needs special education ar | nd related services) Yes                       | No  |
| Is this an amendment             | t to a current IEP using | Form ED634? YES, attache        | ed is the ED634 and amen     | dments (revised IEP page   | s 1, 2, 3 and other supporting IEP docu        | ments) No   |
| If YES, what is the da           | ite of the IEP being ame | ended?                          |                              |                            |  |   |
|                                  |                          | IIIIIIIIII                      | Team Member Pr               | esent (required)           |  |   |
| ldmin/Designee:                  |                          | S                               | pec. Educ. Teacher:          |                            | OT:  |   |
|                                  | ist of "Team M           |                                 | <del></del>                  |                            | ose present, not an indicat                    | tor of approval                                     |
| arent/Guardian:                  | ist of <u>redit ivi</u>  |                                 | odal work.                   | vicugement of th           |  | * *   |
| Surrogate Parent:                |                          |                                 | peech/Lang:                  |                            |  |   |
| Student:                         |                          | G                               | uidance:                     |                            | -  |   |
| Student's Reg. Ed. Teach         |                          |                                 | urse:                        |                            | Other: (specify)                               | rimary residence. <sup>2</sup> May choose more than |

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

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

| LIST OF PPT RECOMMENDATIONS  The "List of PPT Recommendations" provides an itemized list of the PPT recommendations that were made by a s PPT. It is important that this section be specific so that both parent and school district staff know what is being record It is good practice to review these recommendations prior to the conclusion of each meeting.  PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)  The "PPT Meeting Summary" is a brief description of discussions within the team meeting. Such a summary is not in by the Federal Regulations, however if provided, the school must ensure its accuracy. If parents feel that the summar incorrect, they may request, in writing, a correction. The school must respond to this request in writing, and the pare the right to appeal any reply that they feel results in an inaccurate record. |                      | Meeting Date:   | District:                               | DOB:  |   | Student:           |
|--|----------------------|---|---|---|---|--------------------|
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| incorrect, they may request, in writing, a correction. The school must respond to this request in writing, and the pare the right to appeal any reply that they feel results in an inaccurate record.  |                      |   |   |   |   |                    |
|  |                      |   | ol must respond to this re              | ing, a correction. The sch  | rect, they may request, <u>in writi</u>         | incorrect,         |
|  |                      |   | ırate record.                           | ney feel results in an inacc  | ight to appeal any reply that the               | the right t        |
|  |                      |   |   |   |   |                    |
|  |                      |   | **                                      |   |   |                    |
|  |                      |   |   |   |   | -                  |
|  |                      |   |   |   |   |                    |
| arents please note: Effective October 1, 2000, perents must be provided with a copy of the state developed Desental Natification of the Love Deleting to Developed Des   | fundad and Oralis    | on of the Levis Relating to Dhysical Destroid and                 | the state developed Descrite Natifica   | ante must be provided with a service  | lease nata: Effective October 1, 2009, perer    | Parante plazes r   |
| arents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed Parental Notification of the Laws Relating to Physical Resil the Public Schools (http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730#Legal) at the first PPT meeting following a child's initial referral for special education  | . In addition, the   | hild's initial referral for special education. In addition        | at the first PPT meeting following a    | view.asp?a=2678&Q=320730#Leq  | lic Schools (http://www.sde.ct.gov/sde/cwp/vi   | n the Public Scho  |
| otice must also be provided to parents at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child's IEP. A copy of the Pare the Laws Relating to Physical Restraint and Seclusion in the Public Schools has been provided to the parents on   | ental Notification o | d in a child's IEP. $\; \square \;$ A copy of the Parental Notifi | n as a behavior intervention is include | T meeting where the use of seclusi  | at also be provided to parents at the first PPT | iotice must also l |

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

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

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

- 1. Fully document

  "Reasons for

  Refused Actions,"
  and
- 2. Provide list of

  "Evaluation
  procedures,
  assessment,
  records, or reports
  used as a basis for
  the refusal."

| tudent:  | DOB:   | District:   |  | Meeting Date:                              | ·  |
|--|--|---|--|--|--|
| Last Name, First Name  | mmiddiyyyy PRIOR W   | RITTEN NOTICE   |  |  | mm/dd/yyyy                                   |
| Actions Proposed   | Reasons for proposed actions   | Evaluation procedure,   | assessment, records,<br>the actions proposed | or reports used as a basis<br>(dated)      | Date these<br>actions will be<br>implemented |
|  | <ul> <li>Educational performance supports<br/>proposed actions</li> </ul>  | Achievement   | ☐ Motor                                      |  |  |
|  | Evaluation results support proposed actions  |   | Report Cards                                 |  |  |
|  | Previous IEP goals and objectives have<br>been satisfactorily achieved   | Classroom Observation   | Review of Re                                 |  |  |
| -  | Student has met Exit Criteria  | Cognitive .   | Social Emoti                                 | onal Behavior                              |  |
|  | ☐ Other  | Communication   | . Teacher Rep                                | orts                                       |  |
|  |  | Developmental   | Other (specify and                           | dated)                                     |  |
|  |  | ☐ Health/Medical  |  |  |  |
| Actions Refused  | Reasons for refused actions  | Evaluation procedure  | (0.75 0.05 0.05 0.05 0.05 0.05 0.05 0.05     | s, or reports used as a basis t<br>(dated) | or the actions                               |
|  | Educational performance supports refusal   | Achievement   |  | ☐ Motor                                    |  |
|  | Evaluation results support refusal   | Adaptive  |  | Report Cards                               |  |
|  | Previous IEP goals and objectives have been satisfactorily achieved  | Classroom<br>Observation  |  | Review of Records                          |  |
|  | Student has met Exit Criteria  |   |  | Social emotional Behavior                  |  |
|  | ☐ Other  | ☐ Communication   |  | Teacher Reports                            |  |
|  |  | Developmental   |  | Other (specify and dated)                  |  |
|  |  | Health/Medical  |  |  |  |
| Other options considered and rejected in<br>favor of the proposed actions      | Rationale for rejecting other options  | Other factors that are r  | elevant to this action                       | Exit Informat                              | ion  |
| Full-time placement in general education with supplementary aids and services. | <ul> <li>Options would not provide student with an<br/>appropriate program in the least restrictive<br/>environment</li> </ul> | There are no other factors that are relevant to the PPT decision  Information/concerns shared by the parents  Date of exit from Special Education |  | Date of exit from Special Education        |  |
| No other options were considered and rejected.                                 | Cther: (specify)   | ☐ Information/preferences shared by the student ☐ Returning to general educ   |  | ation                                      |  |
| Other options considered and rejected in favor of this action:                 | [chanil)   | Other: Reason for exiting Special Education:  |  |  |  |

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

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

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

CPAC - Great Resource!

| Student: |                       | DOB:       | District: | Meeti | ng Date:   |
|----------|-----------------------|------------|-----------|-------|------------|
| 2.5      | Last Name, First Name | mm/dd/yyyy |           |       | mm/dd/yyyy |
|          |                       |            |           |       |            |

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

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

| Parent and Student |   |   |
|--------------------|---|---|
| input and concerns | "Parent and Student Input and Concerns" must be considered in the development of the IEP and should specifically    | Г |
|                    | record any statements of concerns or success by the parents or student.   |   |
|                    | For example: 1) the parent is concerned that his/her child needs a hands-on approach in science class rather than a |   |
| 250000             | lecture style and 2) the parent shares that his/her child has made good progress in both reading and math this      | Г |
| •                  | school year.  |   |
|                    |   | 1 |

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

| Area (briefly describe current performance)  | Strengths<br>(include data as appropriate)   | Concerns/Needs (requiring specialized instruction)  | Impact of student's disability on involveme<br>and progress in the general education<br>curriculum or appropriate preschool activiti  |
|--|--|---|---|
| Academic/Cognitive Language Arts:  Age Appropriate  Academic/Cognitive: Math:  Age Appropriate | "Strengths" may include relatively strong areas for the student; a strength when compared to peers, or particular motivational or interest areas. Statements about the student's strengths can support instructional decisions | "Concerns/Needs" detailed in this column must result in corresponding goals and objectives. (See page 7 of the State Department of Education IEP Manual and Forms.) | Information within this column will describe how the student's disability specifically impacts her/his involvement, participation and progress in school activities. It may help to think in terms of "if- then" statements. (e.g., If there is a concern, then |
| Other Academic/ Nonacademic Areas:   | related to motivation, learning styles, and learning preferences.  |   | <ul><li>what is the impact on the student's participation</li><li>and progress in that</li><li>area?)</li></ul>   |

| Student: Last Name, First Name                       | DOB: Di                                    | strict:  | Meeting Date:mm/dd/yyyy   |
|--|--|--|---|
|  | RESENT LEVELS OF ACADEMIC ACHIEVEN         | MENT AND FUNCTIONAL PERFORMANCE                    |   |
| Area (briefly describe current performance)          | Strengths<br>(include data as appropriate) | Concerns/Needs (requiring specialized instruction) | Impact of student's disability on involvement and progress in the general education |
| Behavioral/Social/Emotional:                         | (include data as appropriate)              | (requiring specialized instruction)                | curriculum or appropriate preschool activities                                      |
| ☐ Age Appropriate                                    |  |  |   |
| Communication:                                       |  |  |   |
| ☐ Age Appropriate                                    |  |  | 1   |
|  |  |  |   |
| Vocational/Transition:                               |  |  |   |
| ☐ Age Appropriate                                    |  |  |   |
|  | See notations on page                      | 4 for these four columns.                          |   |
| Health and Development including Vision And Hearing: |  |  |   |
|  |  |  |   |
| Fine and Gross Motor:                                |  |  |   |
| □ A ~ A ~ ~ ~ ~ ~ · · · · · · · · · · · ·            |  |  |   |
| ☐ Age Appropriate                                    |  |  | l .   |
| □ Ауе Арргорпаtе                                     |  |  |   |
| Activities of Daily Living:                          |  |  |   |
|  |  |  |   |

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

ED 620, Revised February 2009a

☐ Age Appropriate

Other:

INDIVIDUALIZED EDUCATION PROGRAM

The remaining pages of the IEP should be

directly aligned with the performance information found on

pages 4 and 5.

| Student:   | DOB: District:   | Meeting Date:  |
|--|--|--|
| Last Name, First Name  | mm/dd/yyyy   | mm/dd/yyyy   |
|  | TRANSITION PLANNING  |  |
| . Not Applicable: Store Each student must have   | transition goals documented on page 7 c  | of the IEP and in effect when the child turns 16.  |
| This is either the first IEP to be in effect when the student is required.   | nt turns 16 (or younger if appropriate and transition pl                       | anning is needed) or the student is 16 or older and transition planning  |
| <ul> <li>Student Preferences/Interests – document the following:</li> <li>a) Was the student invited to attend her/his Planning and Placen</li> <li>b) Did the student attend?</li> <li>c) How were the student's preferences/interests, as they relate to</li> </ul>                  | planning and encouraged to actively a  | ited to all PPT meetings involving transition ttend and participate.   |
| Personal Interviews Comments at Meeting  | 400 ·  | into transition accomments Other   |
| d) Summarize student preferences/interests as they relate to pla   | #3. This section is included to ensure stassessed on an on-going basis through | tudents' interests, preferences & strengths are<br>the use of a variety of methods and tools. Results<br>opriate, measurable IEP goals and objectives. |
| . Age Appropriate Transition Assessment(s) performed: (Spec  |  | reported in Present Levels of Performance on   |
| . Agency Participation:  |  |  |
| <ul> <li>a) Were any outside agencies invited to attend the PPT meeting</li> <li>b) If yes, did the agency's representative attend?</li> <li>c) Has any participating agency agreed to provide or pay for serve Post-School Outcome Goal Statement(s) and Transition Serven</li> </ul> | #4. Inviting outside agencies ensures to coordinated, but cannot occur without | hat transition planning is comprehensive and well written consent of the family/guardian or the  |
|  |  |  |
| a) Post-School Outcome Goal Statement - Postsecondary Ed   | ucation or Training:   |  |
|  | #5. Transition goals and objectives are  | integrated into the IEP following a student's 15th   |
| Annual goal(s) and related objectives regarding Pos  | birdiady, or earlier if determined appro-                                      | opriate by the PPT, and annually thereafter.   |
| b) Post-School Outcome Goal Statement – Employment:  |  | surable postsecondary goals based upon needs age-appropriate transition assessments related to   |
| Annual goal(s) and related objectives regarding Employers  |  | mployment, and, if appropriate, independent  |
| c) Post-School Outcome Goal Statement - Independent Living   | living skills.   |  |
|  |  |  |
| Annual goals and related objectives regarding Indep  | pendent Living have been developed and are included in th                      | nis IEP (may include Community Participation)  |
| Please select ONLY one:  | #6. When appropriate, the PPT should   | consider including both school-based and   |
| ☐ The course of study needed to assist the child in reaching   |  |  |
| Student has completed academic requirements; no acade At least one year prior to reaching the age of 18, the student   | demic course of study is required – student's IEP includes                     | only transition goals and services.  |
| ☐ NA (Student will not be 17 within one year) ☐ The student  | has been informed of her/hjs rights under IDEA which will                      | transfer at age 18   |
| For a child whose eligibility under special education will term the Summary of Performance will be completed on or before  | ninate the following year due to graduation with a regu<br>: (specify date)    | lar education diploma or due to exceeding the age of eligibility,  |
| arents please note: Rights afforded to parents under the Individu  | uals with Disabilities Education Act (IDEA) transfer to stud                   | dents at the age of 18, unless legal quardianship has been obtained.   |

#5. Post-School

Outcome Goal Statement (PSOGS): refers to those goals

that a student hopes to

achieve after leaving

secondary school.

achieve the goal;

and is not

measurable.)

The PSOGS do not

include the process to

e.g., John will explore

a four-year college.

(Explore is a process

A good PSOGS would be...(e.g., "John will

attend a 4- year college

after he graduates

from high school.")

**Outcome Goal** 

and objectives

included in the IEP

student make progress

that will help the

toward that goal.

For each Post-School

Statement, there must be an annual goal(s)

<u>Transition services</u> <u>are based on the</u> student's strengths,

interests and needs

school outcomes.

#8. -The "Summary

(SOP) provides the

summary regarding

his/her academic

achievement and

performance. It

should include

how to assist a

SOP must be completed during

education.

school goals. The

the final year of the

IDEA requires that

the student must be

informed of his/her

rights under IDEA

that will transfer to

him/her at age 18 at least one year prior to his/her 18th birthday.

student's high school

recommendations on

student achieve post-

**functional** 

of Performance"

student with a

preferences,

and must be considered in planning post-

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

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

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

| Student:                              |   | DOB:   | D                            | istrict:                                  | Me                       | eting Date:    |                |              |
|---------------------------------------|---|--|------------------------------|---|--------------------------|----------------|----------------|--------------|
|                                       | Last Name, First Name   |  | mm/dd/yyyy                   |   |                          |                | n              | ım/dd/yyyy   |
| Academic/Cogni                        |   | Communication  | Gross/Fine Motor             | Postsecondary Edu                         | cation/Training          |                | ates for Eval  |              |
| Self Help                             | Employment  | Independent Living   | Health                       | Other: (specify)                          | 1.                       | Reporting      | Progress in    | Boxes Below  |
| Check here if the                     | he student is 15 years of age                                 | . (Note: Page 6, Transition  | Planning must be comp        | leted if this box is checked)             | 1                        | 2              | 3              | 4            |
|                                       |   |  |                              |   | 5                        | 6              | .   7          | 8            |
| Measurable                            | Annual Goal* (Linked to Pres                                  | sent Levels of Performance   | e) #<br>                     |   |                          |                |                |              |
|                                       |   |  |                              | Eval. Procedure:                          | Report I                 | rogress Belo   | w (Use Repor   | ting Key)    |
|                                       |   |  |                              | Perf. Criteria:                           | 1                        | 2              | 3              | 4            |
|                                       | The following is an e   |  |                              |   |                          |                |                |              |
| Short Term Objecti                    | Goal #1: Given the d  |  |                              |   |                          | ill demons     | strate mas     | stery of     |
| Objective #1                          |   |  |                              | completion of the ol                      |                          |                |                |              |
|                                       |   | 1  |                              | ractions, [student's na                   |                          | e problem      | correctly      | by           |
| -                                     | reading a word pr   | roblem (or having it   | read to her/him              | ) and choosing the co                     | rrect operation.         |                |                |              |
|                                       | 275,87.25   |  |                              | (%, I rials, etc.)                        | 5                        | 6              | 7              | 8            |
|                                       |   |  |                              | <del>-</del>                              |                          |                |                |              |
| Objective #2                          | The following is an e   |  |                              |   |                          |                |                |              |
|                                       | Goal #2: Given his/h  | ner interest and skill   | s, [Student name             | ] will investigate two                    | jobs and determi         | ne what k      | ind of         |              |
|                                       | postsecondary traini  | ng or education is re  | equired for each j           | ob.                                       |                          |                |                |              |
|                                       |   |  |                              | ident name] will sele                     | ct two job descrip       | tions that     | meet his/      | her          |
|                                       |   |  |                              | at describe the skills                    |                          |                |                |              |
|                                       | interest from the v   | ——————   | The the Words th             |   | or requirements to       | or ederijot    | · •            |              |
| Objective #3                          | <u></u>   |  |                              | _   | _                        |                |                |              |
| (No. 1                                |   | 2000 CA 2000 C |                              | Eval. Procedure:                          | Report F                 | Progress Belov | w (Use Repor   | ting Key)    |
|                                       |   |  |                              | Perf. Criteria:                           | 1                        | 2              | 3              | 4            |
|                                       |   |  | •                            | (%, Trials, etc.)                         | 5                        | 6              | 7              | 8            |
| - <del></del>                         |   | 1,424.0  |                              |   |                          |                |                |              |
| Evaluation Procede                    | ures  |  |                              | Performance Criteria                      |                          |                |                |              |
| 1. Criterion-Reference                | d/Curriculum Based Assessment                                 | <ol><li>Behavior/Performance R</li></ol>   | ating Scale                  | A. Perd                                   | C:: : // 1 :             | . 1            | .1 .           |              |
| 2. Pre and Post Stand                 | ardized Assessment  | 8. CMT/CAPT  |                              | I D. INION                                | nce Criteria" deter      |                |                | n            |
| <ol><li>Pre and Post Base t</li></ol> | Line Data   | 9. Work Samples, Job Perfo   | ormance or Products          | C. Star Will know t                       | he student has rea       | iched his/     | her goal.      |              |
| <ol><li>Quizzes/Tests</li></ol>       |   | 10. Achievement of Objective   | es (Note: use with goal only | /) D. Passing Grades/Score                | I. Other: (s             | oecify)        |                |              |
| 5. Student Self-assess                | ment/Rubric   | 11. Other (specify)  |                              | E. Frequency/Trials                       | J. Other: (s             | pecify) ——     |                |              |
| 6. Project/Experiment/                | Portfolio   | 12. Other (specify)  |                              |   |                          |                | 300            |              |
| Progress Reporting                    | Key: (indicating extent to which                              | ch progress is sufficient to ach   | nieve goal by the end of th  | ne year) <b>M</b> = Ma                    | astered <b>S</b> = Satis | factory Progre | ss – Likely to | achieve goal |
|                                       | U=Unsatisfactory Progre                                       | ess – Unlikely to achieve goal   | N = No Progress -            | Will not achieve goal NI = No             | ot Introduced 🥕 O = Othe | r: (specify)   | -              | _            |
| *Related to                           | meeting the student's needs<br>et each of the student's other | that result from the individed   | tual's disability, to ena    | ble the student to be inv <del>olve</del> | d in and make progress   | in the genera  | ıl curriculum  |              |
|                                       |   |  | HE TEN IN THE CHIMPINE CO    | licability                                |                          | _              |                |              |

"Measurable Annual Goals" estimate expected outcomes for the student within the academic year. These may be measured in terms of achievement of short-term objectives. "Short-Term Objectives/ Benchmarks" describe measurable intermediate outcomes.

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

Mastery of goals and objectives is defined by these three elements. **Please note:** It is important that goals and objectives be specific, measurable and, to the extent appropriate, relate to the student's achievement in the general education curriculum and nonacademic areas.

of \_\_\_ Goal Pages

teacher must specify what "Other" means.

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

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

| udent:                                |  | rict: N                                | leeting Date:                          |
|---------------------------------------|--|--|--|
| Last Name,<br>Program Accommodation   | First Name mm/dd/yyyy<br>s and Modifications - INCLUDING NONACADEMIC AND EXTRAC  | CURRICULAR ACTIVITIES/COLLABORATION/SU | mm/dd/yyyy JPPORT FOR SCHOOL PERSONNEL |
| commodations and Modi                 | ications to be provided to enable the child:   |  | Sites/Activities Where                 |
| -<br>-<br>-<br>-<br>-<br>-            | To advance appropriately toward attaining his/her annual goals; To be involved in and make progress in the general education curri To participate in extracurricular and other non-academic activities, To be educated and participate with other children with and without de Assistive Technology Devices and Services | and                                    | Required and Duration                  |
| Materials/Books/Equipment:            |  |  |  |
| Tests/Quizzes/Assessments:            |  |  |  |
| Grading:                              |  |  |  |
| Organization:                         | Parent/Guardians and other PPT me page 16 of the IEP manual for frequen  | J                                      |  |
| nvironment:                           |  |  |  |
| Behavioral Interventions and Support: |  |  |  |
| nstructional Strategies:              |  |  |  |
| Other:                                |  |  |  |
|                                       |  |  |  |

Program
Accommodations and
Modifications must be
specific and
appropriate to meet
the needs
of the student as
defined in the IEP.
Note: Assistive
Technology must be
considered.

When completing this section, the team must indicate the site/activities and duration. The most common error is a failure to indicate the duration of recommended accommodations/ modifications. Simply writing "All classes" in this space is not sufficient. The correct entry would be, in its simplest form: "All classes, all vear."

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration) Frequency and Duration of Supports Required for School Personnel to Implement this IEP include:

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

| Student: |                      | DOB:    | District: | Meeting Date: |
|----------|----------------------|---------|-----------|---------------|
|          | Last Name First Name | mm/dd/y | yyy       | mm/dd/yyyy    |

#### STATE AND DISTRICT TESTING AND ACCOMMODATIONS

STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

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

| STATEWIDE ASSESSMENTS  |  |                             |  |   | DISTRICTWIDE ASSESSMENTS   |               |             |          |  |          |  |         |
|--|--|-----------------------------|--|---|--|---------------|-------------|----------|--|----------|--|---------|
| Check the grade the student will be in when the test is given.   |  |                             |  | Check the grade(s) the student will be in when the tests are given.                     |  |               |             |          |  |          |  |         |
| Grade 3  | Grade 4                                    | Grade 5                     | Grade 6  |   |  | Grade Pre-K   | Grade K     | Grade 1  |  | Grade 2  |  | Grade 3 |
| Grade 7  | Grade 8                                    | Grade 10  CAPT Science Only | Grades PK-2, 9 or 1 testing not required                   | 2;  |  | Grade 4       | Grade 5     | Grade 6  |  | Grade 7  |  | Grade 8 |
| Grade 11   | Grade 12                                   |                             |  |   |  | Grade 9       | Grade 10    | Grade 11 |  | Grade 12 |  |         |
| Smarter Balanced Assessments and the Connecticut Alternate Assessment (CTAA) Smarter Balanced Assessments and the CTAA include English Language Arts and Mathematics. ALL students in grades 5 & 8 will also take the CMT Science Test. Students in Grade 10 will ONLY take the CAPT Science.  |  |                             |  |   | DISTRICTWIDE ASSESSMENTS (Select all appropriate options.)   |               |             |          |  |          |  |         |
| Assessment Options:  | (Select Only ONE                           | Option.)                    |  |   |  |               |             |          |  |          |  |         |
| 1. Smarter Balance   | ced Assessments                            | (Includes CMT Scien         | ce for grades 5 & 8)                                       |   | ■ N/A - No districtwide assessments are scheduled during the term of this IEP.   |               |             |          |  |          |  |         |
| CTAA - CT Alternate Assessment* (Includes CMT Skills Checklist Science for grades 5 & 8)   |  |                             |  | s 5 & 8)  |  |               |             |          |  |          |  |         |
| 3. Grade 10 ONLY (Select ONE): CAPT Science CAPT Skills Checklist Science  |  |                             |  | Science   |  | Alternate Ass | sessment(s) |          |  |          |  |         |
| Administration Options:  |  |                             |  | Alternate assessments must be specified and a statement provided for each as to why the |  |               |             |          |  |          |  |         |
| Yes No   | Yes No Accommodations will be provided. ** |                             |  |   | child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child. |               |             |          |  |          |  |         |
| The completed Test Supports/Accommodations Form is attached.  Accommodations MUST also be entered on the CSDE  Accommodations Collection Website.  |  |                             |  | ched.   |  |               |             |          |  |          |  |         |
| ☐ Yes ☐ No   |  |                             |  | ests will   |  |               |             |          |  |          |  |         |
| NOTE: This exemption applies only to students attending a U.S. school for the first time for less than 12 months AND who have limited English proficiency. Exempted students are not required to take the reading and writing tests, but must take all other tests. For further information, see the <a href="EXEMPTION GUIDELINES">EXEMPTION GUIDELINES</a> . |  |                             |  | the first   |  |               |             |          |  |          |  |         |
|  |  |                             |  | Select one of the following options:  |  |               |             |          |  |          |  |         |
|  |  |                             |  |   | No accommodations will be provided, OR   |               |             |          |  |          |  |         |
| * CTAA and CMT/CAPT Science Skills Checklists Eligibility & Learner Characteristics Inventory (LCI) should be used for quidance on eligibility. Provide a completed copy of the LCI to the district test coordinator for required  |  |                             | Accommodations will be provided as specified on Page 8, OR |   |  |               |             |          |  |          |  |         |
| registration of students assessed with the CT Alternate Assessment (CTAA) and the CMT/CAPT Science Skills Checklists on the CSDE Accommodations Collection Website. A PPT decision to assess the student using the CTAA or the CMT/CAPT Science Skills Checklists must be recorded on page 3 of the IEP, Prior Written Notice.                                 |  |                             | e Skills<br>using  | Accommodations will be provided as specified below.                                     |  |               |             |          |  |          |  |         |
| **If accommodations are given, attach a copy of the Test Supports/Accommodations Form to the IEP and provide a copy to the district test coordinator for required registration on the CSDE Accommodations Collection Website.  |  |                             |  |   |  |               |             |          |  |          |  |         |

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

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

|   | Student: DOB: District: Meeting Date:   |             |
|---|---|-------------|
|   | 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | lddlyyyy    |
|   | SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA  |             |
|   | CONSIDERATION OF SPECIAL FACTORS:   |             |
|   |   |             |
|   | 1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavioral   | avior, and: |
|   | NA A behavioral intervention plan has been developed  |             |
|   | 2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:  NA Recommendation: (specify)   |             |
|   | 3. For students who are blind or visually impaired: \( \sum \text{NA} \) \( \subseteq Instruction in braille or the use of braille is being provided, as required \( \subseteq \text{The PPT has determined, after an evaluation student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille is not appropriate for this student.   | on of the   |
| 1 | 4. For students who are deaf or hard of hearing: NA See attached required Language and Communication Plan (Form ED638) - The PPT has determined (after considering student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academ and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technological services and services that the services/modifications identified in the attached Language and Communication Plan are required. | nic level,  |
|   | PROGRESS REPORTING  |             |
|   | 1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule   | N.          |
|   | Quarterly Consistent with grade level report cards Other: (Specify)   | <b>7.</b>   |
|   |   |             |
|   | IDEA 04 requires the PPT to determine when periodic progress reports will be provided.  |             |
|   |   |             |
|   | EXIT CRITERIA   |             |
|   | 1. Exit Criteria: Student will be exited from Special Education upon: (Check One) Ability to succeed in Regular Education without Graduation Age 21 Other: (specify)  |             |
|   | For the purposes of "Exit Criteria," "Graduation" means with a regular high school diploma regardless of the age of the   | e studen    |

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

## A "Behavioral Intervention Plan" (BIP) must:

- be developed when a student's behavior interferes with his/her learning.
- be based on recent and meaningful assessment data.
- be individualized.
- include positive behavioral strategies and supports.
- be implemented as designed.
- have effects monitored.

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|  | Student:   |   | DOB:   |   | District:   |   | ľ   | Meeting Date:  |  |  |
|--|--|---|--|---|---|---|---|--|--|--|
|  | Last Na  | ame, First Name   |  | mm/dd/yyyy  | BYICES AND DECIN  | AD EDUCATION  |   | mm/dd/yyyy   |  |  |
| "Special Education Services" must list everything related to   | Special Education Services   | Goal(s) Frequency   |  | Service<br>Implementer  | RVICES, AND REGUL/<br>Start Date<br>(mm/dd/yyyy)                            | End Date<br>(mm/dd/yyyy)  |   | If needed, description of Instructional ervice Delivery (e.g. small group, team taught classes, etc.)                                  |  |  |
| "specially designed instruction" – all Special Education services. Regular Ed Services will not appear here. | Related Services  "Related Services" are designed to enhance the goals   | "Frequency" may be indicated in a way that most accurately reflect the service implementation (e.g., 3 hours/week).                 | the p for d cts desig moni of the prog               | rponsible Staff<br>rofessional(s)<br>eveloping spe<br>and instruction<br>toring the imple IEP, and reported<br>ress towards are<br>annual goals | responsible cially on, blementation orting chievement                       | The "Service Implement to the Profes who actual implement service/ins | <br>er" refer<br>essional/<br>sional<br>ly<br>s the | This section should be used to further describe and clarify delivery of instructional services, particularly with reference to related |  |  |
| If a Special Ed  | and objectives of the IEP.   | 1. Regular Classroom  | 2. Resource/Rela                                     | ted Service   | 3. Self-Contained<br>Classroom  | 4. Comn<br>Based  | nunity-   | 5. Other:  |  |  |
| teacher provides<br>instruction in a<br>regular education  | Description of participation in General Education  Note: Each 1. Assistive   | Example: "The student will participate in fifth grade classes in lunch, math, language arts, and P.E."    Not   Required: See Pg. 8 |  |   |   |   |   |  |  |  |
| classroom, this is still considered special education hours.   | Item #1-13 Technology: Required 5. Length of School Day: (Specify)  must include a response 3. Phy 4. Tra:  8. Total School Hou Service School Hou School Hou Service School Hou School Hou Service School Hou Service School Hou Service School Hou School Hou Service School Hou School Hou Service School Hou Schoo |   |  |   |   |   |   |  |  |  |
| If "Extended School<br>Year Services" (ESY)<br>are required, districts                                       | 11. Since the last A  12. Extended School Year Se  | rvices: Not Requ  | ©  | Restrictive En  | vironment inform  | nation.   | □ Poquir  | od: Continue to implement ourset IED   |  |  |
| may use an additional Page 11 to   | 3007/80 5004500000000000000000000000000000000  |   | Add  | tional page 11 for  | delivery grid above or<br>services to be provide<br>curricular and other no | d   |   | ed: Continue to implement current IEP lunch, recess, transportation, etc., with  |  |  |
| outline <u>extended</u><br>school year services.<br>Recommend that   | students who do not have disabilities:  Item 13a reviews the regular education classes and activities in which the student will not particip  In Not Applicable. Student will participate in the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend it disabled, the PPT must justify this removal from the regular education environment.  The IEP requires removal of the student from the regular education environment because (provide a detailed explanation, use additional participate full part |   |  |   |   |   |   | tudent will not participate.   |  |  |
| ESY decision be made no later than early Spring.   |  |   |  |   |   |   |   | tion, etc.) that s/he would attend if not cable: Student will participate fully  |  |  |
| 7  | Note: The LRE Checklist (ED63 recommended that the LRE Che   | 32) <u>must be completed an</u><br>ecklist be utilized when ma  | nd attached to this IE<br>aking <u>any</u> placement | o if the student is to decision to ensure o   | be removed from the reconformity with the LRE                               | gular education envi<br>provisions of the Inc                         | ronment for<br>lividuals with                       | 60% or more of the time. It is<br>n Disabilities Education Act.  |  |  |

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According to the

Restrictive

Environment"

child must be educated in the classroom in the school where he or she would attend if he or she did not

IDEA 2004, "Least

(LRE) means that a

have a disability. (ii)

separate schooling, or other removal of

disabilities from the

regular education environment occurs only if the nature or severity of the disability is such

that education in

the use of

be achieved

11

satisfactorily.

regular classes with

supplementary aids

and services cannot

Special classes,

children with

| Student: Last Name. First Name   | DOB:                           | District:                  | Meeting Date:                                    | mm/dd/yyyy |  |  |  |  |  |  |
|--|--------------------------------|----------------------------|--|------------|--|--|--|--|--|--|
| Required Data Collection (Collect and/or update at every PPT)  |                                |                            |  |            |  |  |  |  |  |  |
| For Children 3 years of age  |                                |                            |  |            |  |  |  |  |  |  |
| Free Appropriate Public Education (FAPE) by age 3.   | ☐ Yes ☐ No                     |                            |  |            |  |  |  |  |  |  |
| If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3st birthday, why?      |                                |                            |  |            |  |  |  |  |  |  |
| Late referral (less than 90 days before 3 <sup>rd</sup> birthday)  | )                              | ■ Moved into district late | Other (Specify)                                  |            |  |  |  |  |  |  |
| Child initially found not eligible at age 3 (re-referred   | d to district at a later date) | Parent Choice              | FAPE met via earlier PPT. Date of initial PPT wa | is         |  |  |  |  |  |  |
| Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):  |                                |                            |  |            |  |  |  |  |  |  |
| Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2):          |                                |                            |  |            |  |  |  |  |  |  |
| 2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11: |                                |                            |  |            |  |  |  |  |  |  |
| Regular E.C. Preschool or Kindergarten Program   |                                |                            |  |            |  |  |  |  |  |  |
| E.C. Special Education Program in Separate Class   |                                |                            |  |            |  |  |  |  |  |  |
| E.C. Special Education Program in Separate School  |                                |                            |  |            |  |  |  |  |  |  |
| E.C. Special Education Program in Residential Facility   |                                |                            |  |            |  |  |  |  |  |  |
| ☐ Home   |                                |                            |  |            |  |  |  |  |  |  |
| Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers              |                                |                            |  |            |  |  |  |  |  |  |
| Education Placement 3 to 21 years of age   |                                |                            |  |            |  |  |  |  |  |  |
| 1. Does the student live at any of the following locations?  |                                |                            |  |            |  |  |  |  |  |  |

The "Required Data <u>Collection</u>" page is not part of the IEP. Data collected from this page is required to meet state and/or federal data requirements. The information on this page should be collected at the "Initial Eligibility Determination" PPT if the student is found eligible for special education and related services or yearly at an annual review. The data reported on this page needs to be accurate but does not effect decisions reached by the PPT as part of the child's IEP.

Private Residential Facility (09)

Hospital (03)

■ None of these locations (Default - 00)

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

Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)

(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)

### Notes