



Putting the Pieces Together

Avoiding Errors in IEPs and Evaluation Timelines

The IEP: Notes & Common Errors

Page 1



Must specify
HOME
SCHOOL

Must have
SASID

Must select
Reason for
Meeting (at
least one). If
Reevaluation
must CHECK
DETERMINE
CONTINUING
ELIGIBILITY

Remember
meeting date

Specify
School Next
Year

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

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Home School: _____ School Next Year: _____ Age: _____ Current Grade: _____ Grade Next Year: _____ Gender: ☐ Female ☐ Male

SASID #: _____ Case Manager: _____

Parent/Guardian (Name): _____ Student Instructional Lang: ☐ English ☐ Other (specify) _____

Parent/Guardian (Address): _____ Student Home Phone: _____ Home Dominant Lang: ☐ English ☐ Other (specify) _____

Surrogate Name: _____ Parent Work Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: mm/dd/yyyy Next Review: mm/dd/yyyy

Most Recent Annual Review Date: mm/dd/yyyy Next Annual Review Date: mm/dd/yyyy

Reasons for Meeting? ☐ Review Referral ☐ Plan Evaluation ☐ Review Evaluation ☐ Determine Eligibility ☐ Determine Continuing Eligibility

☐ Review or Revise IEP ☐ Conduct Annual Review ☐ Transition Planning ☐ Manifestation Determination ☐ Other (specify) _____

Primary Disability: ☐ Autism ☐ Emotional Disturbance ☐ Multiple Disabilities ☐ Speech or Language Impaired ☐ Other Health Impairment

☐ Deaf-Blindness ☐ Hearing Impairment (Deaf or hard of hearing) ☐ Orthopedic Impairment ☐ Traumatic Brain Injury ☐ OH - ADD/ADHD

☐ Developmental Delay (ages 3-5 only) ☐ Intellectual Disability ☐ Specific Learning Disabilities ☐ Visual Impairment ☐ To be determined

The next projected PPT meeting date is: _____

• Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) ☐ Yes ☐ No

• Is this an amendment to a current IEP or EDSM? ☐ YES, attached is the EDSM and amendments (reviewed IEP pages 1, 2, 3 and other supporting IEP documents) ☐ No

If YES, what is the date of the IEP amendment? _____

Team Member Present (required)

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

Parent/Guardian: _____ School Psych: _____ PPT: _____

Surrogate Parent: _____ Agency: _____

Student: _____ Speech/Lang: _____ Other (specify) _____

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

Name: _____

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

ED 606, Revised May 2014 INDIVIDUALIZED EDUCATION PROGRAM 1

Must select Primary Disability on EVERY IEP
Note: Developmental Delay only ages 3-5

The IEP: Notes & Common Errors Page 2



Note any
agreements
to delay
reevaluation

Student: _____ DOB: _____ District: _____ Meeting Date: _____
Last Name, First Name Initials

LIST OF PPT RECOMMENDATIONS

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

ED 400, Revised February 2009 2

For students
ages 3, 4 and
5 record
information
regarding
early
childhood
experience
provided by
the parent
outside of the
school day.
Use this
information to
fill out Early
Childhood
Hours (outside
of the IEP)
field on page
12.

The IEP: Notes & Common Errors Page 3



Recording SWD Exits

Moves out of District:

- Box 1 = Blank
- Box 2 = Blank
- Box 3 = moved
(NO PPT is held!)

Graduation:

- Box 1 = Graduation or
Last Day of School
- Box 2 = Blank
- Box 3 = Graduated
(Exit PPT is held)

Return to General Ed:

- Box 1 = Last Date of
Special Ed Services*
- Box 2 = Checked
- Box 3 = Met Exit
Criteria, Found Not
Eligible or Consent
Withdrawn
(Exit PPT is held!)

Student: _____ DOB: _____ District: _____ Meeting Date: _____
Last Name, First Name Initials

PRIOR WRITTEN NOTICE

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

ED 400, Revised February 2009 3

Districts need
a procedure
to ensure that
when a
student is
Returned to
General
Education, the
PSIS data
manager is
informed of
the date the
student will
exit back to
general
education
(*not the
decision date*)

The IEP: Notes & Common Errors

Page 6*



Required to
invite student
under federal
law.

No results in
non-
compliance

Must
complete.

Both 5a and
5b must be
filled out and
boxes
checked for
related
annual goals.

Select only
one.

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

TRANSITION PLANNING

1. ☐ Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
☐ This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.

2. Student preferences/interests – Document the following:
a) Were the student invited to attend the Planning and Placement Team (PPT) meeting? ☐ Yes ☐ No
b) Did the student attend? ☐ Yes ☐ No
c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
☐ Personal interviews ☐ Comments at Meeting ☐ Functional Vocational Evaluations ☐ Age appropriate transition assessments ☐ Other _____
d) Summarize student preferences/interests as they relate to planning for transition services: _____

3. Age Appropriate Transition Assessment(s) performed (Specify assessment(s) and dates administered): _____

4. Agency Participation:
a) Were any outside agencies invited to attend the PPT meeting? ☐ Yes with written consent ☐ No (If No, MUST specify reason as noted in the IEP Manual)
b) If yes, were the agency representatives present? ☐ Yes ☐ No
c) Has any participating agency agreed to provide or pay for services/training? ☐ Yes ☐ No (If Yes, specify) _____

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

6. Please select ONLY one:
☐ The course of study needed to assist the child in reaching the transition goals and related objectives will include (including general education activities)
☐ Student has completed academic preparation, no postsecondary education/training is required, student's IEP focuses only on transition goals and services
7. At least one year prior to reaching the age of 18, the student must be notified of his/her rights under IDEA which will transfer at age 18.
☐ NA (Student will not be 17 within one year) ☐ Yes, I have been informed of her/his rights under IDEA which will transfer at age 18 ☐ No IDEA rights will transfer
8. For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance must be completed on or before (specify date): _____

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

IEP 620, Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM 6

*Required beginning at annual review following student's
15th birthday

Required
under
federal law.
If no, must
specify reason.

- | | |
|----|---|
| 01 | Yes, written consent to invite was obtained |
| 02 | No, not appropriate |
| 03 | No, written consent not provided |
| 04 | No, no outside agency was invited |

04 results in
non-
compliance

The IEP: Notes & Common Errors

Page 7



Employment and Post-Secondary Education/ Training cannot both be checked on same page

(other goal areas, however, can be selected)

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

Academic/Cognitive ☐ **Social/Behavioral** ☐ **Communication** ☐ **Grades/Free Motor** ☐ **Postsecondary Education/Training** ☐ **Enter Dates for Evaluating and Reporting Progress in Boxes Below**

☐ Self-Help ☐ Employment ☐ Independent Living ☐ Health ☐ Other (specify) _____

☐ Check here if the student is 16 years of age or older. (Page 6 of Transition Planning Manual is completed in addition to this checklist)

Measurable Annual Goal (Linked to Present Level of Performance)

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective #1 _____

Objective #2 _____

Objective #3 _____

Evaluation Procedures

1. Criterion-Referenced Curriculum Based Assessment 7. Behavior/Performance Rating Scale A. Percent of Change
2. Pre and Post Standardized Assessment 8. GMAT/GPAT B. Monthly Growth C. Successful Completion of Task/Activity
3. Pre and Post Base Line Data 9. Work Samples, Job Performance or Products C. Standard Score Increase D. Mastery
4. Quizzes/Tests 10. Achievement of Objectives (Note: use with goal only) D. Passing Grades/Score E. Frequency/Trials I. Other (specify)
5. Student Self-assessment/Rubric 11. Other (specify) _____ J. Other (specify) _____
6. Project/Experiment/Portfolio 12. Other (specify) _____

Progress Reporting Key: (Indicating extent to which progress is sufficient to achieve goal by the end of the year)
M = Measured S = Satisfactory Progress – Likely to achieve goal
NM = Insatisfactory Progress – Unlikely to achieve goal N = No Progress – Will not achieve goal NM = Not Introduced O = Other (specify)

Student is meeting the student's needs that result from the individual's disability, to assist the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.

Page ____ of ____ Goal Pages

IEP 620, Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM 7

Must have at
least one
page 7 for
employment
and one
page 7 for
post-
secondary
education/
training.

The IEP: Notes & Common Errors Page 11



Start and End Dates used for federal reporting

Special Ed Hours + Nondisabled Peer Hours do NOT have to = Total School Hours (can be more or less).

Use top half of grid to determine. Pick either fractions or decimals for consistency in reporting.

Related Services hours do NOT count as Special Ed Hours (9)

Can include hours when special ed. services are delivered, if delivery is with non-disabled peers (e.g. inclusion class)

Must be Less Than or Equal to Total School Hours (cannot be more).

Student: Last Name, First Name		DOB: mm/dd/yyyy	District: mm/dd/yyyy	Meeting Date: mm/dd/yyyy
SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION				
Special Education Services	Goals	Frequency	Responsible Party	Service
				Start Date (mm/dd/yyyy)
				End Date (mm/dd/yyyy)
				Site
				If needed, description of instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services				
Instructional Site: 1. Regular Classroom 2. Resource/Related Service Room 3. Self-Contained Classroom 4. Community-Based 5. Other				
Description of participation in General Education				
Note: Each item #1-13 1. Assistive Technology: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See Fig. 8 2. Applied (Voc.) Ed: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 3. Physical Education: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 4. Transportation: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 5. Length of School Day: (Specify) 6. Number of Days/Week: (Specify) 7. Length of School Year: (Specify) 8. Total School Hours/Week: (Specify) 9. Special Education Hours/Week: (Specify) 10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers):				
11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Extended School Year Services: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See service delivery grid above or an Additional page 11 for services to be provided <input type="checkbox"/> Required: Continue to implement current IEP				
13. At the extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: <input type="checkbox"/> Not Applicable: Student will participate fully <input type="checkbox"/> Not Applicable: Student will participate fully <input type="checkbox"/> Not Applicable: Student will participate fully				
Note: The LRE Checklist (ED630) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 50% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.				

All items on page 11 are required. Please select N/A or Not Required if appropriate; **Do not leave blank.**

The IEP: Notes & Common Errors Page 11 (continued)



Extracurricular Activities

- must:
- Be School Sponsored
 - Have 50% nondisabled peers
 - Meet on a regular basis (at least 5x/year; not assemblies or field trips)
 - Not be for school credit
 - Be voluntary

Transportation is a CRITICAL field due to the Ed. Stability Law.

This field impacts who pays for transportation in foster care situations.

Keep this field accurate/up-to date.

Student: Last Name, First Name		DOB: mm/dd/yyyy	District: mm/dd/yyyy	Meeting Date: mm/dd/yyyy
SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION				
Special Education Services	Goals	Frequency	Responsible Party	Service
				Start Date (mm/dd/yyyy)
				End Date (mm/dd/yyyy)
				Site
				If needed, description of instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services				
Instructional Site: 1. Regular Classroom 2. Resource/Related Service Room 3. Self-Contained Classroom 4. Community-Based 5. Other				
Description of participation in General Education				
Note: Each item #1-13 1. Assistive Technology: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See Fig. 8 2. Applied (Voc.) Ed: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 3. Physical Education: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 4. Transportation: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A 5. Length of School Day: (Specify) 6. Number of Days/Week: (Specify) 7. Length of School Year: (Specify) 8. Total School Hours/Week: (Specify) 9. Special Education Hours/Week: (Specify) 10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers):				
11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Extended School Year Services: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See service delivery grid above or an Additional page 11 for services to be provided <input type="checkbox"/> Required: Continue to implement current IEP				
13. At the extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: <input type="checkbox"/> Not Applicable: Student will participate fully <input type="checkbox"/> Not Applicable: Student will participate fully <input type="checkbox"/> Not Applicable: Student will participate fully				
Note: The LRE Checklist (ED630) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 50% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.				

All items on page 11 are required. Please select N/A or Not Required if appropriate; **Do not leave blank.**

The IEP: NEW Page 12 (Jan. 2015)



The state calculates FAPE by comparing annual review date of the IEP in place on 10/1 to the child's DOB. If the date of that IEP is not on or before the 3rd birthday, the state asks why.

Student: _____ Last Name, First Name DOB: mm/dd/yyyy 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 3rd birthday, why?

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

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

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

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

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

Educational Settings (children ages 6-12 years of age)

1. Does the child spend the majority of the following locations?

☐ Home (including foster care) (01)

☐ Temporary Residential Facility (Hospitals, Psychiatric Hospital, Residential Treatment Center, etc.) (02)

☐ Temporary Residential Facility (Foster Home, Group Home, Safe Home, Supported Housing, and Temporary Shelters) (03)

☐ Hospital (04)

☐ Private (05)

If FAPE met via an earlier PPT, you must write in the date of the IEP by which FAPE was met. This date must be on or before the child's 3rd birthday.

Hours per week the student is in an EC program NOT provided as part of IEP (Comes from summary section on page 2)

Consider both page 11 and page 2 hours.

Planning for Annual Reviews



- Schedule to comply with 1-year (365 day) rule
 - Build cushion in case PPT must be rescheduled.
- Document attempts to have parent at PPT
 - If two to three attempts (by different means: call, email, certified mail, etc.) documented, district can hold PPT without parent.

Planning for Reevaluations



- Schedule to comply with 3-year rule
 - Build cushion in case PPT must be rescheduled.
- Document attempts to have parent at PPT
 - If two to three attempts (by different means: call, email, certified mail, etc.) documented, district can hold PPT without parent.

Planning for Reevaluations (cont.)



- If district and parent “agree not to hold” reevaluation:
 - Document date on which two parties agreed to waive reevaluation. This date becomes your new Reevaluation Date.
- If ED627 (consent for reeval) is not returned:
 - Hold Reevaluation PPT and determine continued eligibility based on records review and teacher input.
 - Parental consent is required to administer new assessments; but not required to review records.
- If parent, using ED627, does not consent for reevaluation:
 - Hold Reevaluation PPT and determine continued eligibility based on records review and teacher input.
 - Clarify the parent’s intent (to revoke consent for special education or simply the outlined reevaluation).

Planning for Service Plan Students



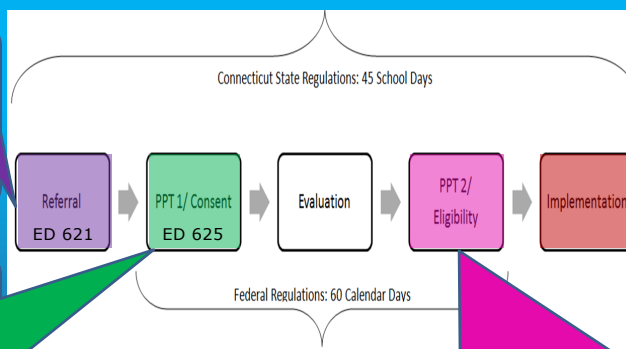
- Required Pages:
 - Essentially, everything **except**:
 - Secondary Transition (Page 6)
 - State Testing (Page 9)
 - Plans with only pages 1-3 are **not acceptable**.

INITIAL EVALUATION TIMELINES: Review of Timeline



Referral is received, meeting to discuss referral is scheduled.

If decision is made to evaluate, obtain consent. **FEDERAL TIMELINE BEGINS HERE**



(Not part of the federal timeline.)

Hold Eligibility PPT on or before 60 calendar days after consent obtained. **THIS IS THE DATE USED TO DETERMINE COMPLIANCE WITH TIMELINE.** If district decides they need additional testing, determine student **NOT ELIGIBLE**, obtain a New ED 621 and ED 625 for the new testing. This restarts the timeline and would be reported as 2 referral records.

Notice and Consent to Conduct an Initial Evaluation (ED 625)



- If, after discussing the referral, the PPT decides to move forward with the evaluation/eligibility process, the district must obtain written parental consent for any INITIAL evaluation.
- **This is true even if no further assessments will be completed.**
- In some cases, the PPT will use existing data (e.g., statewide assessment, teacher reports, progress monitoring data, observation data, outside evaluation provided by the parents, etc.) to determine eligibility.

Notice and Consent to Conduct an Initial Evaluation (ED 625)



Depending on the decision of the PPT, one of these boxes on the ED 625 form needs to be checked:

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

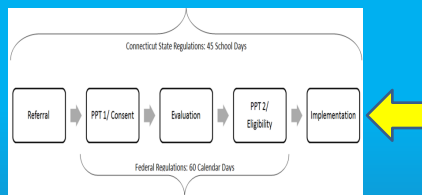
INITIAL EVALUATION TIMELINES: Acceptable Reasons for Delay



The timeline is considered **on time due to acceptable reason**, when REASON FOR DELAY is one of the following:

- 01-Documented request by parent to reschedule or delay PPT meeting after agreeing to attend at a particular time and date.
- 02-Parent repeatedly fails or refuses to produce the child for evaluation
- 03-Student Hospitalized/Extended absence with medical documentation that the student not available for evaluation
- 04-Student placed in diagnostic placement (for purpose of determining eligibility)
- 05-PPT Cancelled Due to Inclement Weather/Emergency closing
- 06-Child referred from the Birth to Three System, had a 90-day transition conference, and either had an IEP in place by their 3rd birthday or was found not eligible.
- 07-Did not meet federal 60 calendar day evaluation timeline; met state 45-school day (referral to IEP implementation) timeline.
- 08-Other (requires explanation – NOT ON TIME – must address Denial of FAPE)
- 09-Documented agreement to extend the evaluation timeline for the purpose of determining a Specific Learning Disability (ED637 form)

INITIAL EVALUATION TIMELINES: Review of Timeline



Important Note: To be in compliance with the State's 45 school day implementation timeline, the PPT will need to select a "PPT2/Eligibility" meeting date that allows enough time to (1) have the IEP to be sent to the parents and (2) give the parents the required 10 days of prior written notice (PWN) before the IEP is implemented.

At the Eligibility PPT meeting, the District and Parents can agree to implement the IEP sooner (i.e., before the 10 days required for PWN). This may help the district meet the 45 school day timeline requirement. In these cases, the "early IEP implementation agreement" should be documented on page 2.

INITIAL EVALUATION TIMELINES: Birth-to-three referrals



Receipt of the 3-8 form is the date of referral.

The obligations of the school district **upon receiving** that form include:

1. Complete the *Referral to Determine Eligibility for Special Education and Related Services (ED621)* form to which the Birth to Three Form 3-8 can be attached along with any accompanying information;
2. Send notice to the family that a referral has been received (ED622) and
3. Send a copy of the procedural safeguards.

A district will **at some point** convene a PPT meeting to:

1. Review the referral and
2. determine that an evaluation is/is not warranted.
 - If an evaluation is to be conducted, the child's PPT completes and has the parent sign the *Notice and Consent to Conduct an Initial Evaluation (ED625)* form.

Consider the timeline from referral receipt to the child's third birthday.

CHILDREN REFERRED FROM BIRTH TO THREE, WHO ARE FOUND ELIGIBLE FOR PART B, **MUST** HAVE AN IEP IN PLACE ON OR BEFORE THEIR 3RD BIRTHDAY

INITIAL EVALUATION TIMELINES: Birth-to-three referrals (cont.)



A subsequent PPT (2) would

1. review the evaluations and
2. determine whether the child is eligible for special education.
 - The date this meeting is held and eligibility determination made, is the end date used in the determination of an On-Time Evaluation for federal reporting purposes.
 - If the 60 calendar day timeline is not met, the Birth to Three evaluation would still be considered on time if the IEP were in place on or before the child's 3rd birthday.

It is important to remember that the ultimate goal, regardless of the date of referral and the 60-day calendar rule, is to ensure all children are provided FAPE on or before their 3rd birthday.

When that is not possible due to a **late referral** (e.g., 34 months or later), a reasonable standard would be the state 45-school day rule. Thus, a late referral for a child who is close to age three may result in IEP services initiated after the child's 3rd birthday.

QUESTIONS AND FEEDBACK



Bureau of Data Collection, Research and Evaluation

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2758&Q=334520>

Special Education Data Collections Public Site

<http://www.csde.state.ct.us/public/help/sedac/default.aspx>

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CONTACT INFORMATION



Data Collection	Name	E-mail	Phone
SEDAC, Resolution Meetings, Restraint/Seclusion	Laura Guerrero	Laura.Guerrera@ct.gov	860-713-6898
Early Childhood Outcomes (ECO), Evaluation Timelines	Marquelle Middleton	Marquelle.Middleton@ct.gov	860-713-6876
SPP/APR, Data Reporting, Evaluation Timelines	Diane Murphy	Diane.Murphy@ct.gov	860-713-6891
SPP/APR, Disproportionality, Data Reporting, Restraint/Seclusion	Stephanie O'Day	Stephanie.ODay@ct.gov	860-713-6803