



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

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 Yr: _____ Gender: Female Male

SASID #: _____ If your school district does not have a new high school, is the student attending his/her designated high school? Yes No

Case Manager: _____ Student Instructional Lang: English Other (specify) _____

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

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

Surrogate Name: _____ Parent Work Phone: _____

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

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

Reasons for Meeting? Review Referral Plan Eval/Reeval Review Eval/Reeval Determine Eligibility Determine Continuing Eligibility

Review or Revise IEP Conduct Annual Review Transition Planning Modification/Discontinuation 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 - ACQ/ACHD

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 ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) No
- If YES, what is the date of the IEP amendment? _____

Team Member Present (required)

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

Parent/Guardian: _____ School Psych: _____ PT: _____

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

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

Student: _____ Guidance: _____ Other (specify) _____

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

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

IEP 630, Revised March 2014 INDIVIDUALIZED EDUCATION PROGRAM 1

Remember meeting date

Specify School Next Year

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 mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

ED 603, Revised February 2009

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 mm/dd/yyyy

PARENT WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (date)	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"/> Motor <input type="checkbox"/> Report Cards <input type="checkbox"/> Review of Records <input type="checkbox"/> Social Emotional Behavior <input type="checkbox"/> Teacher Reports <input type="checkbox"/> Other (specify and 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"/> Motor <input type="checkbox"/> Report Cards <input type="checkbox"/> Review of Records <input type="checkbox"/> Social Emotional Behavior <input type="checkbox"/> Teacher Reports <input type="checkbox"/> Other (specify and date) _____	
<input type="checkbox"/> None considered and rejected in favor of the proposed actions	Rationale for rejecting other options: <input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive	Other factors that are relevant to this action: <input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/Concerns shared by the parent: _____	Exit Information <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 603, Revised February 2009

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 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).

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.

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

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.)



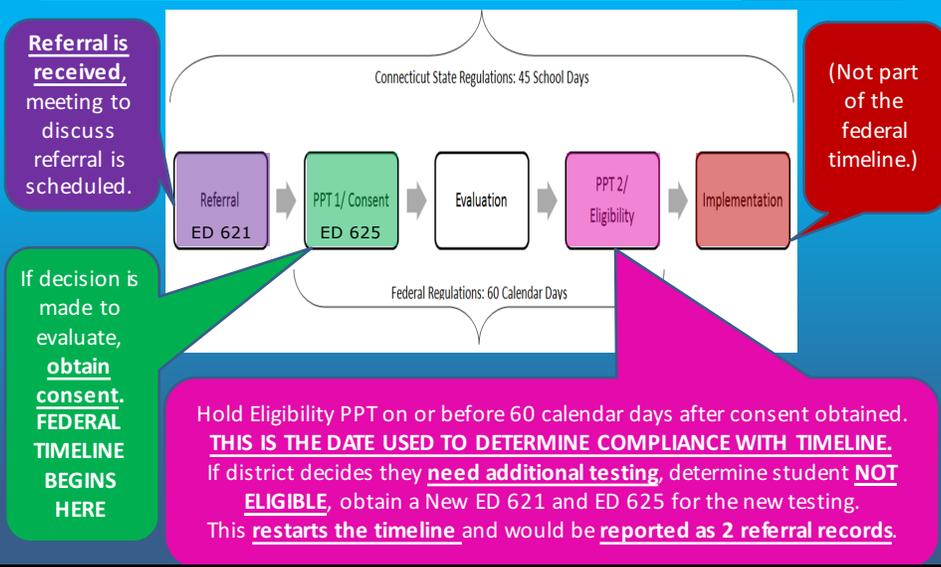
- If district and parent “agree not to hold” reevaluation:
 - Document date on which two parties agreed to waive reevaluation. This date becomes your new Reevaluation Date.
- If ED627 (consent for reeval) is not returned:
 - Hold Reevaluation PPT and determine continued eligibility based on records review 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



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:

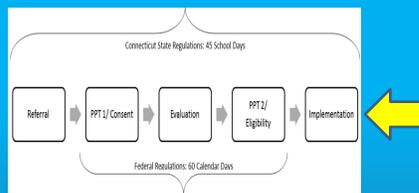
INITIAL EVALUATION TIMELINES: Acceptable Reasons for Delay



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>

21

CONTACT INFORMATION



Data Collection	Name	E-mail	Phone
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