

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

The IEP Guide



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

Revised May 1, 2015

....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: the

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

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

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

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

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Gender: Female Male
 Current Home School: _____ **“Current Home School” is the school in the district the student would attend if not disabled.**

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?
 Case Manager: _____ Yes No NA

Student Address*: _____ Student Instructional Lang: English Other: (specify) _____
 Parent/Guardian (Name): _____ Home Dominant Lang: English Other: (specify) _____

Parent/Guardian (Address): Same _____ Student Home Phone: _____ Parent Home Phone: _____
 Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____
 Surrogate Address: _____ Most Recent Eval. Date: _____ mm/dd/yyyy Next Reevaluation Date: _____ mm/dd/yyyy

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

Reason for Meeting²: Review Referral Plan Eval/Reeval Review Eval/Reeval Determine Eligibility Determine Continuing Eligibility Develop IEP
 Review or Revise IEP Conduct Annual Review Transition Planning Manifestation Determination Other (specify) _____

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

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

- Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) Yes No
- Is this an amendment to a current IEP using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) No

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

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____
 Parent/Guardian: _____ Social Work: _____ Agency: _____
 Parent/Guardian: _____ Speech/Lang: _____ Other: (specify) _____
 Surrogate Parent: _____ Guidance: _____ Other: (specify) _____
 Student: _____ Nurse: _____ Other: (specify) _____
 Student's Reg. Ed. Teacher: _____

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

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

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.

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

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

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

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

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

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date these actions will be implemented
	<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 dated) _____	
Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)		
	<input type="checkbox"/> Educational performance supports refusal <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 dated) _____	
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information	
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____	
<p>Parents please note: Under the procedural safeguards of IDEA, a copy of the <u>Procedural Safeguards in Special Education</u> shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of <u>Procedural Safeguards in Special Education</u> which explains these protections <input type="checkbox"/> was made available previously this school year (date) _____ <input type="checkbox"/> is enclosed with this document. A copy of <u>Procedural Safeguards in Special Education</u> is available on school district website: http://www [Delete if not available on line]. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: http://www.sde.ct.gov/sde/cwp/view.asp?a=2673&Q=320730.</p>				

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.



Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

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

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

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student’s disability on involvement and progress in the general education curriculum or appropriate preschool activities.
<p>Academic/Cognitive</p> <p>Language Arts:</p> <p><input type="checkbox"/> Age Appropriate</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Academic/Cognitive:</p> <p>Math:</p> <p><input type="checkbox"/> Age Appropriate</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other Academic/Nonacademic Areas:</p> <p><input type="checkbox"/> Age Appropriate</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>“Strengths” may include relatively strong areas for the student; a strength when compared to peers, or particular motivational or interest areas. Statements about the student’s strengths can support instructional decisions related to motivation, learning styles, and learning preferences.</p>	<p>“Concerns/Needs” detailed in this column must result in corresponding goals and objectives.</p> <p>(See page 7 of the State Department of Education IEP Manual and Forms.)</p>	<p>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., <u>If</u> there is a concern, <u>then</u> what is the impact on the student’s participation and progress in that area?)</p>

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: <input type="checkbox"/> Age Appropriate			
Communication: <input type="checkbox"/> Age Appropriate			
Vocational/Transition: <input type="checkbox"/> Age Appropriate			
Health and Development including Vision And Hearing: <input type="checkbox"/> Age Appropriate			
Fine and Gross Motor: <input type="checkbox"/> Age Appropriate			
Activities of Daily Living: <input type="checkbox"/> Age Appropriate			
Other: <input type="checkbox"/> Age Appropriate			

See notations on page 4 for these four columns.

"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).

The remaining pages of the IEP should be directly aligned with the performance information found on pages 4 and 5.

TRANSITION PLANNING

1. **Not Applicable:** Student must have transition goals documented on page 7 of the IEP and in effect when the child turns 16.
 This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.
2. **Student Preferences/Interests – document the following:**
 - a) Was the student invited to attend her/his Planning and Placement Conference? 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 type and date)

4. **Agency Participation:**
 - a) Were any outside agencies invited to attend the PPT meeting? Yes No
 - b) If yes, did the agency's representative attend? Yes No
 - c) Has any participating agency agreed to provide or pay for services? Yes No
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 (may include Community Participation)
 - b) **Post-School Outcome Goal Statement - Employment:**
 Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP (may include Community Participation)
 - c) **Post-School Outcome Goal Statement - Independent Living:**
 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 student's postsecondary goals and objectives is included in this IEP.
 Student has completed academic requirements; no academic course of study is required – student's IEP includes **only** transition goals and services.
7. **At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**
 NA (Student will not be 17 within one year) The student has been informed of her/his rights under IDEA which will transfer at age 18 No IDEA rights will transfer
8. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)** _____

#5. Post-School Outcome Goal Statement (PSOGS): refers to those goals that a student hopes to achieve after leaving secondary school. The PSOGS do not include the process to achieve the goal; e.g., John will explore a four-year college. (Explore is a process and is not measurable.)
 A good PSOGS would be... (e.g., "John will attend a 4- year college after he graduates from high school.")
 For each Post-School Outcome Goal Statement, there must be an annual goal(s) and objectives included in the IEP that will help the student make progress toward that goal.

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

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

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

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

#5. Transition goals and objectives are integrated into the IEP following a student's 15th birthday, or earlier if determined appropriate by the PPT, and annually thereafter. The IEP must include appropriate measurable postsecondary goals based upon needs and concerns listed on pages 4 & 5 and age-appropriate transition assessments related to postsecondary education or training, employment, and, if appropriate, independent living skills.

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

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

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

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

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

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

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

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

Enter Dates for Evaluating and Reporting Progress in Boxes Below

Check here if the student is 15 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked)

1	2	3	4
5	6	7	8

Measurable Annual Goal* (Linked to Present Levels of Performance) # _____

Eval. Procedure: _____
Perf. Criteria: _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Short Term Objective #1

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

(%, Trials, etc.) _____

5	6	7	8
---	---	---	---

Objective #2

The following is an example of a **employment** goal and related objective.
Goal #2: Given his/her interest and skills, [Student name] will investigate two jobs and determine what kind of postsecondary training or education is required for each job.
Objective #1: Given a copy of the local newspaper, [student name] will select two job descriptions that meet his/her interest from the want ads and underline the words that describe the skills or requirements for each job.

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

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures

Performance Criteria

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

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

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

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

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

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

of ___ Goal Pages

"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.

"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 non-academic areas.**

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

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

Accommodations and Modifications to be provided to enable the child: <ul style="list-style-type: none"> - To advance appropriately toward attaining his/her annual goals; - To be involved in and make progress in the general education curriculum; - To participate in extracurricular and other non-academic activities, and - To be educated and participate with other children with and without disabilities. Accommodations may include Assistive Technology Devices and Services	Sites/Activities Where Required and Duration
Materials/Books/Equipment: _____ _____	
Tests/Quizzes/Assessments: _____ _____	
Grading: _____ _____	
Organization: _____ _____	
Environment: _____ _____	
Behavioral Interventions and Support: _____ _____	
Instructional Strategies: _____ _____	
Other: _____ _____	

“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.

Parent/Guardians and other PPT members may refer to page 16 of the IEP manual for frequently used options.

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

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

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

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

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

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

CONSIDERATION OF SPECIAL FACTORS:

- For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 NA A behavioral intervention plan has been developed IEP Goals and Objectives have been developed to address the behavior Other (specify) _____
- 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) _____
- For students who are blind or visually impaired: NA Instruction in braille or the use of braille is being provided, as required The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.
- For students who are deaf or hard of hearing: NA See attached **required** *Language and Communication Plan* (Form ED638) - The PPT has determined (after considering the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology devices and services) that the services/modifications identified in the attached *Language and Communication Plan* are required.

PROGRESS REPORTING

- A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
 Quarterly Consistent with grade level report cards Other: (Specify) _____

IDEA 04 requires the PPT to determine when periodic progress reports will be provided.

EXIT CRITERIA

- Exit Criteria: Student will be exited from Special Education upon: (Check One) Ability to succeed in Regular Education without Special Education support Graduation Age 21 Other: (specify) _____

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

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

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

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

Student: _____ 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 _____

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

1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _____
2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:
 - Regular E.C. Preschool or Kindergarten Program
 - E.C. Special Education Program in Separate Class
 - E.C. Special Education Program in Separate School
 - E.C. Special Education Program in Residential Facility
 - Home
 - Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. Does the student live at any of the following locations?
 - None of these locations (Default - 00)
 - Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)
 - Hospital (03)
 - Private Residential Facility (09)

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

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

Notes