

**SUPPORTING DOCUMENTATION
IN FAVOR OF
SENATE BILL 1788**

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**Documentation in Support of SB 1788
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IEP SIMPLIFICATION ISSUE

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TESTIMONY IN SUPPORT OF SB 1788:

THE NEED TO SIMPLIFY AND STREAMLINE SPECIAL EDUCATION PAPERWORK RESPONSIBILITIES IN TEXAS

Background and Need for Legislation

Numerous studies and surveys have identified the burden of paperwork as a significant factor in special education teachers' job manageability, and have indicated a strong need for legislators and school administrators to address this issue. According to a study by the Council for Exceptional Children, a majority of special educators spend a day or more each week on paperwork and 83 percent report spending from one and a half days per week in IEP-related meetings. Teachers have reported that the paperwork responsibilities contribute to job dissatisfaction and may be a principal cause of attrition. Because the special education field is already experiencing tremendous shortages, the Texas legislature should act to reduce these burdens as best that it can. The cost of replacing staff in critical shortage areas like special education adds to the significant crisis Texas schools are currently facing.

Because the Individualized Education Program (or "IEP") is the cornerstone paperwork responsibility in carrying out a school district's special education program, it only makes sense to examine this document as a means of lessening the paperwork burden. While other states have developed model IEP forms which are concise and easy to understand, practice in Texas has failed to reflect the significant deregulatory allowances made at the federal level in 2004 to streamline and simplify the IEP. (Note the quotations from the Senate Report to the IDEA found at the end of this document.)

Congress addressed this in several ways:

- 1) First, it requires State to minimize the number of rules, regulations, and policies to which school districts are subject in implementing the federal law, the IDEA;
- 2) Second, it identified, with clarity, the specific content requirements which were to comprise an IEP and stated that nothing in the law should be construed to require that any additional information needs to be included in a child's IEP beyond what is explicitly set forth in the section of the law describing the IEP;
- 3) Third, it stated that nothing required under one component of a child's IEP needs to be repeated under any other component of the IEP; and

- 4) Finally, it explicitly called upon the Department of Education to develop a model IEP form which could be used by school districts to reflect the required components of an IEP.

The model form developed by the Department of Education contains all of the elements required under the law and the regulations to implement the IEP and is only 4 pages long! Why then do we have IEP documents in Texas which commonly exceed 20, 30, and sometimes more than 40 pages in length? Are these additional requirements the result of additional requirements mandated by the Texas Education Agency? Not necessarily.

The federal law also requires that each state set forth in writing, any rule, regulation or policy established by the state that exceeds or is not required by the IDEA and its regulations. The Texas Education Agency has only identified five state rules which it believes are not required, by the IDEA. Arguably, only two of those rules, (a requirement for IEP considerations for students with autism/PDD and a requirement for the IEP team to meet prior to graduating a student with a disability under certain conditions) pertain to the IEP.

If the state is required to minimize the number of rules, regulations, and policies to which local school districts are subject in implementing the IDEA, and the state only has identified two additional such rules which exceed federal requirements, and further, if the required content of the IEP can be set forth in a 4 page form, why do we experience long complicated IEPs in Texas running anywhere from 20 to 40 pages in length? One explanation is an unwarranted and unjustified fear of litigation. Over the years, there has been litigation and it has been emphasized to “document, document, and document.” Pages of paperwork have been added to cover issues at the local or state level. Local districts have been reported to have added elements because the state has come in for review, and said, “I don’t see documentation for this.” Texas’s own current “suggested” form developed via one of the Regional ESCs runs 37 pages long! The end result has been a document incomprehensible to many parents and regular education teachers called upon to implement its terms in the classroom. Lack of clarity and conciseness breeds mistrust and lessens the likelihood of implementation.

In addition, two additional issues result from lack of a clear and concise model form. One is that students transferring between districts often experience different IEP forms which lead to confusion for parents and staff. Transfer of records is tedious, imprecise and sometimes delayed past the date the child arrives for services in the new district. In addition, the complexity of the perceived need for extraneous data to be placed in the form has led nearly every district in the state to contract with outside vendors for software which is used to sort, collect and manage this complex amount of data which by rule of Congress does not necessarily have to be found within the IEP. A model form would be the first and necessary step to solving these problems by creating a legal certainty as to exactly what needs to be included in the document.

THE SOLUTION

Complex problems rarely have simple solutions. In this case, the cure however is relatively simple because of what has already happened at the federal level. Texas should recognize the requirement under federal law to minimize its rules, regulations and policies in implementing the IDEA. It should develop a model form which is clear, concise, straight-forward and simple to read and the form should include only those components of the IEP identified in the model form developed by the United States Department of Education and also include only those areas identified by the state as excess requirements, including the “autism supplement” and the additional graduation requirements. The model form should be developed to be accessible to any authorized district electronically. To prevent the IEP from becoming an endless means of documentation in a manner specifically held to be unnecessary under federal law, no additional agency or authority should be allowed to require any additional content to be contained within an IEP, including a state administrator or law judge, other than what is set forth under the above. That is the effective result of SB 1788 and it is the only way to prevent the IEP from becoming a legal defensive document rather than a useful tool for educator, parent and student.

THE BENEFITS

SB 1788 will create a simple and concise model IEP form and, if adopted by districts in the State, will lead to enhanced parental understanding of a student’s program, speedier transfer of records between districts, enhanced likelihood of appropriate implementation from education staff and reduced costs spent on commercially available software providers. Accordingly, the following school districts have come together to urge support for SB 1788 and encourage its immediate passage:

Aldine ISD	Hutto ISD
Bellville ISD	Katy ISD
Brazosport ISD	La Porte ISD
Channelview ISD	Montgomery ISD
Cypress-Fairbanks ISD	Needville ISD
Dayton ISD	Santa Fe ISD
Deer Park ISD	Sheldon ISD
Dickinson ISD	Spring Branch ISD
Galena Park ISD	Spring ISD
Hitchcock ISD	Sweeny ISD
Houston ISD	Texas City ISD
Huffman ISD	Pearland ISD
Humble ISD	

Quotations from the Senate Report on the Individuals with Disabilities Education Act, Senate Report No. 108-185, 108th Congress, 1st Session, November 3, 2003.

“The committee is greatly concerned about the paperwork burdens experienced by teachers and other education personnel in connection with writing IEPs. Lengthy and complex IEPs are not necessarily beneficial to students if they create confusion and take teachers away from instructional time with children. **The committee has examined a number of actual IEPs, and has discovered that many items in those documents are not required by federal IDEA law.** While it has proven difficult to determine the source or sources generating this additional paperwork, the committee wants to ensure that the federal law does not contribute to this problem. Therefore, Section 614(d)(1)(A)(ii) provides that nothing in the section shall be construed to require that additional information be included in an IEP beyond what is explicitly required in the section. The bill retains an existing provision ensuring that the IEP team does not need to include information under one component of an IEP that is already contained in another component of the IEP. The committee also recognizes that section 617 requires the Department of Education to develop a model IEP, suitable for adoption by a State or LEA, which will accommodate **the committee’s desire for a streamlined, straightforward, expression of only the requirements mandated by this Act.** However, the committee does not intend to eliminate the requirement to individualize an IEP based upon each child’s own unique needs.” (page 30) (emphasis added)

“The committee understands that the paperwork forms associated with the Act are greatly varied from State to State and district to district. A standard IEP in one state could be seven pages while in a neighboring State that same child’s IEP would be eighteen pages. While some of this variance is related to State or local policies, **most of the differences relate to confusion regarding what the act requires.** Section 617(d) of the bill requires the Secretary to develop model forms for the IEP, IFSP, prior written notice, and procedural safeguards notice. Each of these model forms will help inform local educational agency efforts as they develop their own forms and will result in decreased paperwork burdens while still ensuring that all of the requirements of the act are met.” (page 48) (emphasis added)



Special Education in Texas

Special Education Rules and Regulations

[Federal Regulations | IDEA 2004 | State Laws | State Board of Education Rules | Commissioner's Rules](#)
[Special Education Rules and Regulations Side-by-Side | Special Education Rules Main Page](#)

State Rules (Not Required by IDEA or federal regulations)

Section 608(a) of the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004) requires each State that receives funds under this title to:

1. ensure that any State rules, regulations, and policies relating to this title conform to the purposes of this title;
2. identify in writing to local educational agencies located in the State and the Secretary any such rule, regulation, or policy as a State-imposed requirement that is not required by this title and Federal regulations; and
3. minimize the number of rules, regulations, and policies to which the local educational agencies and schools located in the State are subject under this title.

States must provide a list identifying any rule, regulation, or policy that is State-imposed (not required by IDEA or federal regulations) with its application for funds. In addition, the State is required to inform local education agencies in writing of such State-imposed rules, regulation or policy. (20 U.S.C. 1407(a))

The following is a list of state rules (Texas Administrative Code) not required by the IDEA 2004 (Public Law 108-446) or current federal regulations (34 CFR §§300.1-300.756).

§89.1047	Procedures for Surrogate and Foster Parents	Requires training program
§89.1055	Content of the Individualized Education Program (IEP)	Requires IEP considerations for students with autism/Pervasive Developmental Disorder (PDD)
§89.1070	Graduation Requirements	Requires admission, review, and dismissal (ARD) committee meeting prior to graduating a student with a disability under certain condition
§89.1096	Provision of Services for Students Placed by their Parents in Private Schools or Facilities	Allows dual enrollment (private and public school) for children with disabilities ages 3-5
§89.1131	Qualifications of Special Education, Related Service, and Paraprofessional Personnel	Requires Visually Impaired certified teacher attendance at ARD meetings

[Special Education Main Page](#)

Part B INDIVIDUALIZED EDUCATION PROGRAM

The Individualized Education Program (IEP) is a written document that is developed for each eligible child with a disability. The Part B regulations specify, at 34 CFR §§300.320-300.328, the procedures that school districts must follow to develop, review, and revise the IEP for each child. The document below sets out the IEP content that those regulations require.

A statement of the child's present levels of academic achievement and functional performance including:

- How the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children) **or** for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities. [34 CFR §300.320(a)(1)]

A statement of measurable annual goals, including academic and functional goals designed to:

- Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum. [34 CFR §300.320(a)(2)(i)(A)]
- Meet each of the child's other educational needs that result from the child's disability. [34 CFR §300.320(a)(2)(i)(B)]

For children with disabilities who take alternate assessments aligned to alternate achievement standards (in addition to the annual goals), a description of benchmarks or short-term objectives. [34 CFR §300.320(a)(2)(ii)]

A description of:

- How the child's progress toward meeting the annual goals will be measured. [34 CFR §300.320(a)(3)(i)]
- When periodic reports on the progress the child is making toward meeting the annual goals will be provided such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards. [34 CFR §300.320(a)(3)(ii)]

A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child:

- To advance appropriately toward attaining the annual goals. [34 CFR §300.320(a)(4)(i)]
- To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities. [34 CFR §300.320(a)(4)(ii)]
- To be educated and participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities. [34 CFR §300.320(a)(4)(iii)]

An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular classroom and in extracurricular and other nonacademic activities. [34 CFR §300.320(a)(5)]

A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments. [34 CFR §300.320(a)(6)(i)]

If the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or districtwide assessment of student achievement, a statement of why:

- The child cannot participate in the regular assessment. [34 CFR §300.320(a)(6)(ii)(A)]
- The particular alternate assessment selected is appropriate for the child. [34 CFR §300.320(a)(6)(ii)(B)]

The projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of special education and related services and supplementary aids and services and modifications and supports.

[34 CFR §300.320(a)(7)]

Service, Aid or Modification	Frequency	Location	Beginning Date	Duration

TRANSITION SERVICES

Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually thereafter, the IEP must include:

- Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills. [34 CFR §300.320(b)(1)]

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- The transition services (including courses of study) needed to assist the child in reaching those goals. [34 CFR §300.320(b)(2)]

Transition Services (Including Courses of Study)

RIGHTS THAT TRANSFER AT AGE OF MAJORITY

- Beginning not later than one year before the child reaches the age of majority under State law, the IEP must include a statement that the child has been informed of the child's rights under Part B of the IDEA, if any, that will, consistent with 34 CFR §300.520, transfer to the child on reaching the age of majority. [34 CFR §300.320(c)]

School District Identifying Information

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME:	DISABILITY CLASSIFICATION:
DATE OF BIRTH:	LOCAL ID #:
PROJECTED DATE IEP IS TO BE IMPLEMENTED:	PROJECTED DATE OF ANNUAL REVIEW:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

ACADEMIC, DEVELOPMENTAL, AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

STUDENT STRENGTHS:

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

MANAGEMENT NEEDS

THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE:

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED.

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? Yes No

Does the student need a behavioral intervention plan? No Yes:

For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP?
 Yes No Not Applicable

For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille? Yes No Not Applicable

Does the student need a particular device or service to address his/her communication needs? Yes No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode?
 Yes No Not Applicable

Does the student need an assistive technology device and/or service? Yes No

If yes, does the Committee recommend that the device(s) be used in the student's home? Yes No

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POST-SECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

EDUCATION/TRAINING:

EMPLOYMENT:

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

MEASURABLE ANNUAL GOALS

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

**ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS
(REQUIRED FOR PRESCHOOL STUDENTS AND FOR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT)**

MEASURABLE ANNUAL GOALS			
THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL CHILD, IN APPROPRIATE ACTIVITIES, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND, FOR A SCHOOL-AGE STUDENT, PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.			
ANNUAL GOAL WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
ANNUAL GOAL	CRITERIA	METHOD	SCHEDULE
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
ANNUAL GOAL	CRITERIA	METHOD	SCHEDULE
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
(DUPLICATE TABLE/ROWS AS NEEDED)			

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING/ SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
RELATED SERVICES:					
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					

* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.

12-MONTH SERVICE AND/OR PROGRAM – Student is eligible to receive special education services and/or program during July/August: No Yes

If yes:

Student will receive the same special education program/ services as recommended above.

OR

Student will receive the following special education program/ services:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING/ SERVICE DATE(S)

Name of school/agency provider of services during July and August:

For a preschool student, reason(s) the child requires services during July and August:

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT

TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		

*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.

**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

COORDINATED SET OF TRANSITION ACTIVITIES

NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/ AGENCY RESPONSIBLE
Instruction		
Related Services		
Community Experiences		
Development of Employment and Other Post-school Adult Living Objectives		
Acquisition of Daily Living Skills (if applicable)		
Functional Vocational Assessment (if applicable)		

PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement. Identify the alternate assessment:
Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT: No Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

- None.
- Student needs special transportation accommodations/services as follows:
- Student needs transportation to and from special classes or programs at another site:

PLACEMENT RECOMMENDATION

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

DOB 05/14/1997 SCHOOL YEAR 2008 - 2009 GRADE 5 - _____

IEP INITIATION/DURATION DATES FROM 08/04/2008 TO 05/09/2009

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.
STUDENT PROFILE

Jeremy is an eleven-year old student in the fifth grade at Somerset Middle School. His mother reports that he looks forward to coming to school. Jeremy has cognitive and physical disabilities that require specialized instruction, speech/language therapy and physical therapy. He is working on the fifth grade extended standards in math, reading, and science. His language arts and social studies goals are based on standards in the state courses of study but are less complex.

Jeremy attends to people in his immediate environment and often initiates interaction with peers and adults. He communicates by using assistive technology, body language, and gestures. His mother and older sister understand much of Jeremy's needs/wants through sounds and gestures but people outside of his home often have difficulty understanding Jeremy's attempts to communicate. He is working with a speech/language pathologist to learn to express his needs/wants in ways that more people will understand and to listen attentively for longer periods of time.

Jeremy smiles frequently and enjoys being in classes with same-age peers. He is included in general education classes for science and social studies. During these classes, Jeremy is animated and he responds to greetings such as "Hi" and "Bye" with smiles and waves. Jeremy is learning to use his assistive technology to answer questions and communicate more effectively. His teachers program his assistive technology devices so that he can use them to answer classroom questions and communicate basic needs. He has experienced success this year when working with a peer tutor in social studies.

Jeremy's assistive technology devices are activated using gross motor skills. For mobility, Jeremy uses a wheelchair. He receives physical therapy and is working on improving gross and fine motor skills. Although Jeremy continues to improve using his hands and arms to activate assistive technology, he requires assistance in moving from room-to room in his wheelchair. His teachers in both general and special education classes report that Jeremy is making progress in achieving his IEP goals and benchmarks. His classroom assessments and his AAA results support Jeremy's progress. He needs to continue to work on generalizing skills from one class/situation to another, understanding abstract concepts, and demonstrating greater consistency in maintaining skills that he has mastered.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student have communication needs (deaf or hearing impaired only)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? YES NO

Does the student need accommodations or modifications for transportation? YES NO

If yes, check any transportation accommodations/modifications that are needed.

- Bus driver is aware of student's behavioral and/or medical concerns
- Wheelchair lift
- Restraint system.

Specify:

Seat belt/shoulder supports

Other.

Specify:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

YES.

YES, with supports. Describe:

Special transportation and para educator for off campus events.

NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every 9.0 weeks).

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Science

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

On classroom assessments, Jeremy can identify domestic animals such as cats and dogs but cannot identify farm animals or jungle animals. He can identify house plants (plants in pots) but does not recognize that trees and shrubs are also plants. At times, Jeremy seems to understand the relationship between words and pictures and at other times, he does not. He needs to continue working toward a greater understanding of that relationship. Jeremy may have some difficulty with motor skills as he selects pictures on a computer.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Jeremy will respond to "Yes/No" questions to differentiate between plants and animals (SCI. ES 5.2 (1) with 90% accuracy on five consecutive trials at the end of 36 weeks.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 [] Grades
 Data Collection
 [] State Assessment(s)
 [] Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

1. Jeremy will identify five farm animals (e.g., cow, goat, pig) and/or pictures of farm animals. Date of Mastery: _____
2. Jeremy will identify five jungle animals (e.g., monkey, lion, giraffe) or pictures of jungle animals. Date of Mastery: _____
3. Jeremy will identify five outdoor plants (e.g., trees, shrubs, garden plant) and/or pictures of plants as plants. Date of Mastery: _____
4. Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed and general ed teachers will collaborate to modify and implement science lessons.	3 times weekly	40 mins	<u>08/05/2008</u> to <u>05/09/2009</u>	General education classroom
Supplementary Aids and Services Para educator will prompt Jeremy to stay on task during classroom lessons and provide follow-up instruction.	2 times weekly	40 mins	<u>08/05/2008</u> to <u>05/09/2009</u>	General education classroom
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services Physical therapist will provide individual therapy targeting motor skills required to select computer keys.	2 times weekly	30 mins	<u>08/11/2008</u> to <u>05/09/2009</u> _____ to _____	Special education classroom
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Math

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Classroom assessments indicate that Jeremy can associate a clock with the measurement of time (M. ES. 3.4 (1)). He understands the meaning of the words "long" and "short" length when shown objects although he does not associate those words with the measurement of time. Jeremy needs additional instruction on time and the concept of measurement of time. He has difficulty understanding abstract concepts and generalizing from one situation to another.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

At the end of 36 weeks, Jeremy will distinguish between long and short tasks/activities performed in the classroom or in the home (M. ES 5.4 (2)) on four out of five trials on five separate occasions.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment Teacher/Text Test Teacher Observation Grades
 Data Collection State Assessment(s) Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

1. Jeremy will label classroom activities/tasks as long (45 min or more) or short (15 min or less). Date of Mastery: _____
2. Jeremy will work with his family to label household activities/tasks as long or short. Date of Mastery: _____
3. As classmates determine the amount of time required for familiar activities, Jeremy will answer questions as to whether the required time was long or short. Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher and/or para educator will implement individual or small group instruction.	1 time daily	35 mins	08/04/2008 to 05/09/2009	Special education classroom
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Reading

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Classroom assessments and teacher observations indicate that Jeremy attends to short stories (i.e., stories that are five minutes or less read aloud. Jeremy can identify the main character or pick the main idea from given choices in short stories read aloud. He has difficulty identifying characters other than the main character. Jeremy can remember actions in the story, but cannot identify which characters performed the actions. Jeremy experiences difficulty responding to questions that involve more than one aspect of the story due to his inability to correctly associate multiple pieces of information.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Jeremy will process multiple pieces of information from a story read aloud in order to identify the actions of two characters (R.ES 5.2 (2) on 4/5 trials at the end of 36 weeks.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 [] Teacher Observation
 [] Grades
 [] Data Collection
 [] State Assessment(s)
 Work Samples
 [] Other: _____
 [] Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

1. Jeremy will identify 2 or 3 characters in a story read aloud.
2. Jeremy will identify actions in a story read aloud.
3. Jeremy will associate a story character with an action.
- 4.

Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher and/or para educator will implement individual or small group instruction.	1 time daily	30 mins	08/04/2008 to 05/09/2009	Special education classroom
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Language Arts

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based on teacher observations and classroom data collection, Jeremy attends to short stories read aloud, and lessons/discussions up to five minutes. He makes eye contact with the primary person reading orally or leading the discussion, but does not make eye contact with other speakers in the group. After five minutes Jeremy's attention span wanes, he stares into space and sometimes closes his eyes. Jeremy needs to increase the amount of time that he can listen attentively to a speaker and demonstrate that he is listening. His limited attention span and off-task behaviors interfere with task completion.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Jeremy will model characteristics of a good listener (LA 5.13.2) during listening tasks that last between five and ten minutes on 9/10 trials at the end of 36 weeks.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

1. Jeremy will establish eye contact with whoever is speaking. Date of Mastery: _____
2. Jeremy will keep his eyes open during a 6 to 8 minute listening task. Date of Mastery: _____
3. Jeremy will pick the main point of a 6 to 8 minute oral presentation when given two choices. Date of Mastery: _____
4. Jeremy will demonstrate he is listening by nodding his head and making appropriate facial expressions during oral presentations. Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher and/or para educator will implement individual or small group instruction.	1 time daily	20 mins	<u>08/04/2008</u> to <u>05/09/2009</u>	Special education classroom
Supplementary Aids and Services Para educator will direct Jeremy back on task when his attention begins to wander.	3 times daily	20 mins	<u>08/04/2008</u> to <u>05/09/2009</u>	Special education classroom
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services Speech pathologist will provide direct services on listening for understanding and communicating needs and feelings.	3 times weekly	20 mins	<u>08/11/2008</u> to <u>05/09/2009</u> _____ to _____	Special education classroom
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Social Studies

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Jeremy can identify that the map of the United States on the wall of the classroom is a map. He has difficulty responding to questions related to where he lives (state and city). Currently, Jeremy is experiencing success learning facts and correctly responding to questions after working with a peer tutor. He needs to learn to name his city and state and point to their locations on a map. Jeremy may experience difficulty generalizing the names of his city and state to their locations on a map.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

At the end of 36 weeks, when paired with a peer tutor, Jeremy will identify his city and state of residence by correctly pointing to their locations on a United States map four out of five times on five consecutive days (SS 5.1).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 [] Grades
 Data Collection
 [] State Assessment(s)
 [] Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|---|-------------------------------|
| 1. When paired with a peer, Jeremy will name his state of residence using assistive technology. | <u>Date of Mastery:</u> _____ |
| 2. When paired with a peer, Jeremy will name his city of residence using assistive technology. | <u>Date of Mastery:</u> _____ |
| 3. When paired with a peer, Jeremy will point to his state on a map of the United States. | <u>Date of Mastery:</u> _____ |
| 4. When paired with a peer, Jeremy will point to his city on a map of the United States. | <u>Date of Mastery:</u> _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed and general ed teachers will collaborate to modify and implement social studies lessons.	2 times weekly	40 mins	<u>08/05/2008</u> to <u>05/09/2009</u>	General education classroom
Supplementary Aids and Services Para educator will prompt Jeremy to stay on task during classroom lessons and provide follow-up instruction.	3 times weekly	40 mins	<u>08/05/2008</u> to <u>05/09/2009</u>	General education classroom
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

AREA: Communication

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Jeremy depends on assistive technology to communicate with teachers in his classrooms. He waves to other students and at times will say, "Hi, boy" to male classmates. He is working on learning the names of his classmates and calling them by name. Jeremy experiences difficulty communicating with words and relies largely on gestures although he is able to say words in isolation. He needs to generalize words to natural settings and to respond appropriately when greeting classmates and friends.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

At the end of 36 weeks, Jeremy will use words to greet teachers and classmates in social contexts four of five times for three consecutive days.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 [] Grades
 Data Collection
 [] State Assessment(s)
 [] Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

1. Jeremy will identify a picture of his peer helper when shown pictures of five classmates.
2. Jeremy will call his peer helper by his name.
3. Jeremy will say "Hi" when greeting teachers and classmates.
4. Jeremy will say "Bye" when he is leaving a setting.

Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher and/or para educator will provide specialized instruction and opportunities for practice.	1 time daily	10 mins	08/06/2008 to 05/09/2009	General education classroom
Supplementary Aids and Services In PE: Organize & structure events into routines easily followed, incorporate assistive tech. for communication; para educator will provide physical assistance.	1 time daily	30 mins	08/06/2008 to 05/09/2009	General education classroom
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services Speech pathologist will consult with special and general ed teachers to improve Jeremy's social and situational communication skills.	2 times monthly	30 mins	08/04/2008 to 05/09/2009 _____ to _____	General education classroom
Assistive Technology Jeremy uses assistive technology to respond to questions and express basic needs.	daily	420 mins	08/04/2008 to 05/09/2009	Schoolwide
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Jeremy

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| • The strengths of the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The concerns of the parents for enhancing the education of the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The results of the initial or most recent evaluations of the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • As appropriate, the results of performance on any State or districtwide assessments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The academic, developmental, and functional needs of the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The need for extended school year services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

Jeremy requires intensive instruction in expressive communication. His needs for specialized instruction are best met in a one-on-one and/or small group instructional environment that focuses on two-way communication and improving motor skills.

6-21 YEARS OF AGE

3-5 YEARS OF AGE

(Select one from the drop-down box.)

04 - Less than 40% of the day Inside the Gen Ed Environment

Secondary LRE (only if LRE above is Private School-Parent Placed)

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent at the IEP meeting?

Yes No

If no, date sent to parent: _____

Was a copy of the *Special Education Rights* given to parent at the IEP meeting?

Yes No

If no, date sent to parent: _____

Date copy of **amended** IEP provided/sent to parent _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent	* Shannon Staples	05/05/2008
Parent	* Quint Staples	05/05/2008
LEA Representative	* Charlotte Hall	05/05/2008
Special Education Teacher	* Tasha Post	05/05/2008
General Education Teacher	* Gray Lucas	05/05/2008
Student		
Career/Technical Education Rep		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

DOB 05/05/1991 SCHOOL YEAR 2008 - 2009 GRADE 12 -

IEP INITIATION/DURATION DATES FROM 08/11/2008 TO 05/26/2009

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

Sam is in the 12th grade at Morris High School. He is currently pursuing a regular high school diploma. During 11th grade Sam received accommodations in general education classes and special education support. He passed the majority of his courses with a C, with the exception of English and U.S. History. He earned a high D in U.S. History and only marginally passed English.

Scores on achievement tests, curriculum based assessments, and the reading section of the Alabama High School Graduation Exam (AHSGE) indicate a deficit in the area of reading comprehension. Sam passed all sections of the AHSGE except for reading. He received reading accommodations for the other sections of the AHSGE. Sam's low level of reading comprehension is impacting his academic performance in all classes. Poor organizational skills also impact Sam's ability to complete and turn in assignments on time. A transition assessment identified organizational skills as needing improvement. Through a parent interview, Sam's mother expressed concerns about Sam's lack of organizational skills and need for transition assistance.

A transition assessment administered by Sam's special education teacher indicates his needs are in the area of post-secondary education and living arrangements. Sam attends a Transition Service class one period a day to address academic and transition needs. Sam revealed an interest in computers during a student interview.

Sam is a client of the Alabama Department of Vocational Rehabilitation Services. He received a vocational evaluation in 11th grade. Career interest/aptitude inventory showed Sam has the ability to pursue a career in or relating to computers. Currently, Sam plans to attend Morris Junior College to pursue a career in computers.

During the 10th grade, Sam obtained a drivers license. He worked at Best Buy during the summer to earn money to pay for a car. Sam continues to work at Best Buy after school.

A Summary of Performance (SOP) will be completed at the end of 12th grade in order to help facilitate Sam's transition to Postsecondary Education and linkage with other agencies.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

YES NO

- | | | |
|--|-------------------------------------|-------------------------------------|
| • Does the student have behavior which impedes his/her learning or the learning of others? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student have limited English proficiency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student need instruction in Braille and the use of Braille? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student have communication needs (deaf or hearing impaired only)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student need assistive technology devices and/or services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student require specially designed P.E.? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are transition services addressed in this IEP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? YES NO

Does the student need accommodations or modifications for transportation? YES NO

If yes, check any transportation accommodations/modifications that are needed.

- Bus driver is aware of student's behavioral and/or medical concerns
 Wheelchair lift
 Restraint system.
Specify:

Other.
Specify:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

- YES.
 YES, with supports. Describe:

NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every 9.0 weeks).

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

This student is in a middle school **course of study** that will help prepare him/her for transition.

EXIT OPTIONS (Complete for students in grades 9-12)

<input type="checkbox"/> Alabama High School Diploma with Advanced Academic Endorsement	<input type="checkbox"/> Alabama Occupational Diploma	Anticipated Date of Exit:
<input checked="" type="checkbox"/> Alabama High School Diploma	<input type="checkbox"/> Graduation Certificate	<u>May</u> <u>2009</u>
	<input type="checkbox"/> Other _____	Month Year

PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES	Transition Services	Computer	Art Graphic Design	
Alabama High School Diploma with Advanced Academic Endorsement								
Alabama High School Diploma	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Alabama Occupational Diploma								
Graduation Certificate								

TRANSITION

(Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter)

Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):

Transition Planning Assessments Interest Inventory Other Career Interest/Aptitude

Transition Goals:

Postsecondary Education/Employment Goal

Student will be prepared to participate in postsecondary education/training based on completion of graduation requirements and submission of application for enrollment.

If **Other** is selected, specify

Community/Independent Living Goal

Student will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living options.

If **Other** is selected, specify

Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)

<input type="checkbox"/> Vocational Evaluation (VE)	<input type="checkbox"/> Personal Management (PM)	<input type="checkbox"/> Community Experiences (CE)
<input type="checkbox"/> Employment Development (ED)	<input type="checkbox"/> Transportation (T)	<input type="checkbox"/> Medical (M)
<input checked="" type="checkbox"/> Postsecondary Education (PE)	<input checked="" type="checkbox"/> Living Arrangements (LA)	<input type="checkbox"/> Linkages to Agencies (L)
<input type="checkbox"/> Financial Management (FM)	<input type="checkbox"/> Advocacy/Guardianship (AG)	<input type="checkbox"/> Other _____

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 05/19/2008

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

AREA: Reading

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Sam's spoken vocabulary is a relative strength. He averages 6 out of 10 reading comprehension questions correctly on 11th grade classroom assessments. Sam has difficulty interpreting charts and tables in textual and functional material. His difficulty with reading comprehension negatively affects his ability to glean information from written materials.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

At the end of 36 weeks, Sam will be able to interpret and analyze charts and tables in textual informational and functional materials (R 12.2.2) with 90% accuracy on classroom assessments and worksheets within time limits in his assigned curriculum.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 [] Teacher Observation
 [] Grades
 [] Data Collection
 [] State Assessment(s)
 Work Samples
 [] Other: _____
 [] Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <u>Date of Mastery:</u> _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher will pre-teach vocabulary words. Special and general ed teachers will plan lessons and activities. In English and US History: Special ed teacher will re-teach lessons in small group.	4 times weekly	30 mins	08/11/2008 to 05/26/2009	Special education classroom
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments In all general ed classes: Copy of notes and list of vocabulary words.	6 times daily	55 mins	08/11/2008 to 05/26/2009	General education classroom
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

AREA: Organizational Skills

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Sam is able to keep up with events on his personal calendar. Sam is unable to organize his assignments and class notebook for each academic class. He loses assignments, both classroom and homework. He is unable to complete projects. Sam's difficulty with organization negatively affects his progress in completing assignments and projects to meet grade level standards.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

At the end of 36 weeks, Sam will implement a system for organizing his assignments and notebooks, as developed and monitored by his special education teacher, for each class 90% of the time.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|----|------------------------|
| 1. | Date of Mastery: _____ |
| 2. | Date of Mastery: _____ |
| 3. | Date of Mastery: _____ |
| 4. | Date of Mastery: _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Special ed teacher will help develop system, check notebooks and calendar. Special ed teacher will plan and consult with the general ed teacher to ensure that all assignments are in notebook.	1 time weekly	10 mins	08/11/2008 to 05/26/2009	Special education classroom
Supplementary Aids and Services In all general ed classes: Sam needs extra time for classroom assignments. Read directions and provide peer helper to assist with classroom assignments and activities	6 times daily	55 mins	08/11/2008 to 05/26/2009	General education classroom
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sam

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:	YES	NO
• The strengths of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• The concerns of the parents for enhancing the education of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• The results of the initial or most recent evaluations of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• As appropriate, the results of performance on any State or districtwide assessments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• The academic, developmental, and functional needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• The need for extended school year services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No
 If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No
 If no, explain (explanation may not be solely because of needed modifications in the general curriculum):
 Due to Sam's inability to organize and read at grade level he will require guidance with developing organizational skills and intensive reading instruction.

6-21 YEARS OF AGE **3-5 YEARS OF AGE**

(Select one from the drop-down box.)

01 - 100%-80% of the day Inside the Gen Ed Environment

Secondary LRE (only if LRE above is Private School-Parent Placed)

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent at the IEP meeting?
 Yes No

Was a copy of the *Special Education Rights* given to parent at the IEP meeting?
 Yes No

If no, date sent to parent: _____

If no, date sent to parent: _____

Date copy of **amended** IEP provided/sent to parent _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent	* Ellen Green	05/19/2008
Parent		
LEA Representative	* Stan Roberts	05/19/2008
Special Education Teacher	* Victoria Teacher	05/19/2008
General Education Teacher	* Glenda Wright	05/19/2008
Student	* Sam Green	05/19/2008
Career/Technical Education Rep	* Jay Booker	05/19/2008
Other Agency Representative	* Voc Rehab Couns - Samantha Ray	05/19/2008

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly Preschooler

DOB 10/10/2001 SCHOOL YEAR 2005 - 2006 GRADE PK -

IEP INITIATION/DURATION DATES FROM 8/10/2005 TO 5/20/2006

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

Polly is a four-year old female who lives with her mother and one older sister. She has Down Syndrome and developmental delays. Polly had open-heart surgery at age 18 months and tubes placed in her ears at age two. Allergies and frequent episodes of asthma have caused excessive absences which contributed to her developmental delays. Developmental milestones, including speech and walking, were reported to have occurred later than other children her age. This is her first year to attend a preschool class. She is enrolled five mornings per week in a program at an elementary school that includes children with and without disabilities. Polly is reported by her teacher to inconsistently interact with her peers. Her teacher indicated on the *Natural Environment Survey* that she does not take turns or cooperate in group activities. She frequently refuses to follow classroom directions and routines. The teacher also reported that Polly is more difficult to understand than the other children in her class and does not use phrases longer than one-to-two word utterances. She has difficulty manipulating toys due to gross and fine motor delays. She is able to follow an instruction of giving one item to the teacher, but does not follow multiple part directions regarding numbers. The *Family Focus Interview* indicates that Polly is difficult to understand and has trouble expressing her wants and needs.

Motor delays adversely affect Polly's participation in group activities in the classroom and on the playground. Limited receptive and expressive language skills cause difficulty in making her wants and needs known and restrict her participation in oral classroom activities and social interaction in the preschool environment. Standardized testing revealed reduced vocabulary skills and shortened mean length of utterance.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

YES NO

- | | | |
|--|-----|-----|
| • Does the student have behavior which impedes his/her learning or the learning of others? | [] | [x] |
| • Does the student have limited English proficiency? | [] | [x] |
| • Does the student need instruction in Braille and the use of Braille? | [] | [x] |
| • Does the student have communication needs (deaf or hearing impaired only)? | [] | [x] |
| • Does the student need assistive technology devices and/or services? | [] | [x] |
| • Does the student require specially designed P.E.? | [] | [x] |
| • Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment? | [] | [x] |
| • Are transition services addressed in this IEP? | [] | [x] |

TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? [] YES [x] NO

Does the student need accommodations or modifications for transportation? [] YES [x] NO

If yes, check any transportation accommodations/modifications that are needed.

- [] Bus driver is aware of student's behavioral and/or medical concerns
- [] Wheelchair lift
- [] Restraint system.

Specify:

[] Other.

Specify:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

- [] YES.
- [x] YES, with supports. Describe: LEA will provide personnel to accompany Polly on field trips.

[] NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every 9.0 weeks).

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

AREA: Language/Literacy

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

The results of the Brigance indicate that Polly has an expressive vocabulary of at least 25 words and uses basic noun-verb phrases. Receptive vocabulary testing revealed that she cannot label common objects (LL.P.5). Polly expresses her wants and needs on a limited basis through one or two word requests, pointing and/or gesturing at home and at school (LL.P.3). Her limited verbalizations adversely affect her ability to communicate with peers and adults in her natural environment (LL.P.6).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Polly will verbally express herself by using three-to-four word sentences to indicate wants and needs on 8/10 trials (LL.P.3,5,6,7).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: Early Learning Progress Profile (ELPP)
 Other: _____

DATE OF MASTERY: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education Early childhood special education (ECSE) teacher will provide small group instruction.	3 times weekly	60 min.	8/10/05 to 5/20/06 _____	Preschool classroom
Supplementary Aids and Services Preschool teacher will introduce and reinforce new vocabulary.	Daily	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
Program Modifications			_____	
Accommodations Needed for Assessments				
Related Services Speech-language pathologist will consult with the ECSE and preschool teachers.	Monthly	30 min.	8/10/05 to 5/20/06 _____	Preschool classroom
Assistive Technology			_____	
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

AREA: Math

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

According to the Brigance, Polly will give one item when requested to do so (M.P.1). She does not demonstrate an understanding of number concepts beyond one (M.P.1,2). Polly's lack of understanding of number concepts and mathematical vocabulary limits her progress in individual and group activities in her natural environment (M.P.1,2).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Polly will count to five and appropriately respond to a request for up to three items from a group of five with 90% accuracy (M.P.1,2).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: ELPP
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|----|------------------------|
| 1. | Date of Mastery: _____ |
| 2. | Date of Mastery: _____ |
| 3. | Date of Mastery: _____ |
| 4. | Date of Mastery: _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education ECSE teacher will provide small group instruction.	3 times weekly	30 min.	8/10/05 to 5/20/06	Preschool classroom
Supplementary Aids and Services				
Program Modifications				
Accommodations Needed for Assessments				
Related Services				
Assistive Technology				
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

AREA: Physical Development (Gross)

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

According to teacher and parent observations, Polly is able to walk independently, but has difficulty with motor activities, including gross motor skills such as walking, running, and climbing (PD.P.1). Her delayed motor development adversely impacts her ability to keep up with her peers when walking in a group or playing on the playground (PD.P.1).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Polly will walk at the same pace as her peers (PD.P.1) 100% of the time.

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: ELPP
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- 1.
- 2.
- 3.
- 4.

Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____
 Date of Mastery: _____

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education ECSE teacher will incorporate instructions provided by OT and PT.	3 times weekly	30 min.	8/10/05 to 5/20/06	Preschool classroom
Supplementary Aids and Services Preschool teacher will incorporate instructions provided by OT and PT.	Daily	30 min.	8/10/05 to 5/20/06	Preschool classroom
Program Modifications				
Accommodations Needed for Assessments				
Related Services OT and PT will consult with ECSE and preschool teacher.	Weekly	30 min.	8/10/05 to 5/20/06	Preschool classroom Playground
Assistive Technology				
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

AREA: Physical Development (Fine)

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

According to teacher and parent observations, Polly is able to grasp small objects in her hands (PD.P.2), but has fine motor delays that impact her ability to stack blocks, string beads, and put rings on a ring stack (PD.P.2,3).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Polly will stack blocks, string beads, and place rings on a ring stack with 90% accuracy (PD.P.2,3).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: ELPP
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|----|------------------------|
| 1. | Date of Mastery: _____ |
| 2. | Date of Mastery: _____ |
| 3. | Date of Mastery: _____ |
| 4. | Date of Mastery: _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education ECSE teacher will incorporate instructions provided by OT and PT.	3 times weekly	30 min.	8/10/05 to 5/20/06	Preschool classroom
Supplementary Aids and Services Preschool teacher will incorporate instructions provided by OT and PT.	Daily	30 min.	8/10/05 to 5/20/06	Preschool classroom
Program Modifications				
Accommodations Needed for Assessments				
Related Services OT and PT will consult with ECSE and preschool teacher.	Weekly	30 min.	8/10/2005 to 5/20/2006	Preschool classroom Playground
Assistive Technology				
Support for Personnel				

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

AREA: Social/Emotional

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

According to the Brigance, Polly is beginning to interact with her peers (S/E.P.6). The Natural Environment Survey indicated that Polly has difficulty with turn taking, sharing, and cooperating in group/classroom activities (S/E. P.7,11). Her limited social skills affect her interaction with peers in the natural environment (S/E. P. 6,7,11).

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

By May 2006, Polly will demonstrate cooperative play skills by taking turns and sharing 8/10 times (S/E. P.7,11).

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- [] Curriculum Based Assessment [] Teacher/Text Test [X] Teacher Observation [] Grades
[X] Data Collection [] State Assessment(s) [] Work Samples
[X] Other: ELPP
[] Other:

DATE OF MASTERY:

BENCHMARKS:

- 1. Date of Mastery:
2. Date of Mastery:
3. Date of Mastery:
4. Date of Mastery:

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Table with 5 columns: Type of Service(s), Anticipated Frequency of Service(s), Amount of time, Beginning/Ending Date, Location of Service(s). It details Special Education and Supplementary Aids and Services.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Polly

GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

YES YES NO

- The strengths of the child? YES NO
- The concerns of the parents for enhancing the education of the child? YES NO
- The results of the initial or most recent evaluations of the child? YES NO
- As appropriate, the results of performance on any State or districtwide assessments? YES NO
- The academic, developmental, and functional needs of the child? YES NO
- The need for extended school year services? YES NO

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, justify:

Does this student receive all special education services with nondisabled peers? Yes No

If no, justify (justification may not be solely because of needed modifications in the general curriculum):

6-21 YEARS OF AGE

3-5 YEARS OF AGE

(Select one from the drop-down box.)

12-At least 80% of Time Inside Regular Early Childhood Program or Kindergarten.

Secondary LRE (only if LRE above is Private School-Parent Placed)

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent at the IEP meeting?

Yes No

If no, date sent to parent: _____

Date copy of **amended** IEP provided/sent to parent _____

Was a copy of the *Special Education Rights* given to parent

at the IEP meeting? Yes No

If no, date sent to parent: _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent	*	4/26/2005
Parent	*	4/26/2005
LEA Representative	*	4/26/2005
Special Education Teacher	*	4/26/2005
General Education Teacher	*	4/26/2005
Student		
Career/Technical Education Rep		
Other Agency Representative		
Occupational Therapist	*	4/26/2005
Physical Therapist	*	4/26/2005
Speech/Language Pathologist	*	4/26/2005

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date

Date of Meeting: _____

LEA INFORMATION

Initial

Annual

Review

ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING

STUDENT INFORMATION

Yes
No

An interpreter was needed and used to assist in conducting the meeting for parent(s) with deafness or whose native language is other than English. If **YES**, specify the language or other mode of communication.

Signature of Interpreter: _____

If the student's parent is unable to speak English, the LEA will either:

Provide the parent with a written or audiotaped copy of the student's IEP (ARD record) translated into Spanish if Spanish is the parent's native language; or

If the parent's native language is a language other than Spanish, make a good faith effort to provide the parent with a written or audiotaped copy of the student's IEP (ARD record) translated into the parent's native language.

INFORMATION REVIEWED AND CONSIDERED

Initial Evaluation:

_____ Date

OR

Reevaluation:

_____ Date

Addendum:

_____ Date

_____ Description

Addendum:

_____ Date

_____ Description

Addendum:

_____ Date

_____ Description

Statewide Assessment Results:

Districtwide Assessment Results:

Strengths of the student:

Concerns of the parent(s) for enhancing the education of the student:

Age-appropriate transition and functional vocational evaluation information:

Progress on the previous year's annual goals and benchmark/short-term objectives (applicable to all but initial ARD committee meetings):

ADDITIONAL EVALUATION DATA

Yes

No

Additional evaluation data is requested (e.g., 3-year reevaluation, ARD committee, parent request, teacher request):

----- If **YES**, complete **REVIEW OF EXISTING EVALUATION DATA** and **PRIOR WRITTEN NOTICE OF EVALUATION**. -----

Specify timeline for completion of the evaluation:

DETERMINATION OF ELIGIBILITY

STUDENT _____

CAMPUS _____

GRADE _____

Based on the evaluation data reviewed, the ARD committee determines that the student:

does **NOT** meet eligibility criteria to receive special education services.

meets criteria for the following disability/disabilities:

auditory impairment

mental retardation

speech/language impairment

autism

multiple disabilities

traumatic brain injury

deaf-blind

non-categorical

visual impairment

emotional disturbance

other health impairment

specific learning disability

orthopedic impairment

AND

by reason of the disability/disabilities has a need for special education and related services.

Yes

No

If the ARD Committee determines that the student has a disability and needs special education, the ARD committee must conduct an analysis of determinant factors before determining a student is eligible for special education services.

Analysis of determinant factors: the ARD committee finds that the determinant factor (reason) for the student's low achievement is:

lack of explicit and systematic instruction in phonemic awareness.

Yes

No

lack of explicit and systematic instruction in phonics.

Yes

No

lack of explicit and systematic instruction in vocabulary development.

Yes

No

lack of explicit and systematic instruction in reading fluency, including oral reading skills.

Yes

No

lack of explicit and systematic instruction in reading comprehension strategies.

Yes

No

lack of appropriate instruction in math.

Yes

No

limited English proficiency.

Yes

No

If the answer to any of the above determinant factor questions is **YES**, the student does not have a disability.

Yes

No

Based on the information above, it has been determined that this student is eligible for special education services under the following disability categories:

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

STUDENT _____ CAMPUS _____ GRADE _____

Present Levels of Academic Achievement:

Academic Areas	Academic Achievement Levels

Present Levels of Functional Performance:

Functional Areas	Functional Performance Levels

Describe how the student's disability(ies) affect(s) the student's involvement and progress in the general education curriculum:

Describe how the disability(ies) affect(s) the preschool student's participation in appropriate activities:

DETERMINATION OF PARTICIPATION IN STATE AND DISTRICTWIDE ASSESSMENTS

STUDENT _____

CAMPUS _____

GRADE _____

All students with disabilities must be included in all general State and districtwide assessment programs with appropriate accommodations and alternate assessments where necessary as determined by the ARD committee. For students with limited English proficiency, the ARD committee in conjunction with the Language Proficiency Assessment Committee (LPAC) must make these decisions (e.g., Texas English Language Proficiency Assessment System (TELPAS) for students with limited English proficiency):

List all State and districtwide assessments administered to all students in the student's enrolled grade level or student group (e.g., TELPAS):

Yes No The student requires allowable accommodations in order to participate in State or districtwide assessment.

If YES , list the State or districtwide assessment measure(s) for which accommodations are necessary:	List the individualized appropriate accommodations (consistent with State guidelines) that are necessary to measure the academic achievement and functional performance on such assessment:

Yes No The student requires an alternate assessment on one or more State or districtwide assessment instruments consistent with State guidelines.

If **YES**,

Provide a statement of why the student cannot participate in the regular assessment with or without allowable accommodations consistent with State guidelines.

Identify the alternate assessment(s) selected as appropriate for the student consistent with State guidelines and explain why the assessment(s) is/are appropriate:

Designate the grade level and scores for indicating limited English proficiency:

TRANSITION SERVICES

STUDENT _____

CAMPUS _____

GRADE _____

Yes

No

The student is in attendance. If **NO**, describe the steps taken to ensure the student's preferences and interests are considered.

The student is involved in his/her transition to life outside the public school system as follows (including if the student does not attend the meeting, other steps taken to ensure that the student's preferences and interests are considered):

For the student under 18, the parent is involved in the student's transition to life outside the public school system as follows:

For the student who is 18 or older, if the parent is invited to participate by the student or by the LEA, the parent is involved in the student's transition to life outside the public school system as follows:

Review of existing evaluation data as related to transition needs:

Information provided by the parent(s);

Circumstances in the student's life;

Evaluation(s) performed by the LEA;

Evaluation(s) performed by outside agencies;

Current classroom-based assessments and observations;

Teacher and/or related service provider information;

Attendance records based on this review of data related to transition needs; and

Other.

Yes

No

Based on the review of data related to transition needs, additional age-appropriate assessments including functional vocational evaluation (focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities) are needed. If **YES**, describe and specify timeline for completion:

Age of student: _____ Age(s) during duration of ARD/IEP _____

Yes
No

For a student who will be under the age of 16 for the duration of the ARD/IEP, the ARD committee has determined that transition services are appropriate at this time. If **YES**, complete all remaining parts of this **TRANSITION SERVICES** section. If **NO**, move to the **ANNUAL GOALS** section.

Beginning not later than the first IEP to be in effect when the student turns 16, or younger if determined appropriate by the ARD committee, and updated annually thereafter, the ARD committee must address transition services as part of the IEP.

Student's strengths:

Student's preferences:

Student's interests:

DEVELOPMENT OF POSTSECONDARY TRANSITION GOALS

Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to:

Training;

Education;

Employment; and

Independent Living Skills (where appropriate).

DEVELOPMENT OF A COORDINATED SET OF ACTIVITIES

Transition services means a coordinated set of activities for a student with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; is based on the individual student's needs, taking into account the student's strengths, preferences, and interests; and includes (i) instruction; (ii) related services; (iii) community experiences; (iv) the development of employment and other post-school adult living objectives; and (v) if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

Describe the transition services including courses of study needed to assist the student in reaching the postsecondary goals:

Consideration of Employment Goals and Objectives in the Development of the IEP:

Yes
No

The ARD committee determined that it **IS** appropriate to integrate into the ARD/IEP employment goals and objectives. If **YES**, address in **ANNUAL GOALS** section.

Consideration of Independent and Adult Living Goals and Objectives in the Development of the IEP:

Yes
No

The ARD committee determined that it **IS** appropriate to integrate into the ARD/IEP independent and/or adult living goals and objectives. If **YES**, address in **ANNUAL GOALS** section.

Consideration of Student and Parental Involvement in the Student's Transition:

Yes

No

Appropriate student involvement in the student's transition to life outside the public school system should be integrated in the ARD/IEP.

If **YES**, the ARD committee will integrate in the IEP as follows:

Annual Goals

FBA

BIP

Supplementary Aids & Services

Special Education

Related Services

Community Experiences:

Daily Living Skills:

Yes

No

For the student who is younger than 18, appropriate parental involvement in the student's transition should be integrated in the ARD/IEP.

If **YES**, describe:

Yes

No

For the student who is 18 or older, if the parent is invited to participate by the adult student or LEA, appropriate parental involvement in the student's transition should be integrated in the ARD/IEP.

If **YES**, describe:

Consideration of Postsecondary Education Options in the Development of the IEP:

Yes

No

The ARD committee determined that it **IS** appropriate to integrate into the ARD/IEP services to facilitate postsecondary education options.

If **YES**, the ARD committee will integrate in the IEP as follows:

Annual Goals

FBA

BIP

Supplementary Aids & Services

Special Education

Related Services

Community Experiences:

Daily Living Skills:

Consideration of the Availability of Age-Appropriate Instructional Environments:

Yes

No

For the student who is 18 or older, the ARD committee considered the availability of age-appropriate instructional environments and determined that it **IS** appropriate to integrate age-appropriate instructional environments into the ARD/IEP.

If **YES**, the ARD committee will integrate in the IEP as follows:

Annual Goals

FBA

BIP

Supplementary Aids & Services

Special Education

Related Services

Community Experiences:

Daily Living Skills:

Consideration of the Need to Refer to an Outside Governmental Agency:

Yes

No

The ARD committee believes that appropriate circumstances exist for the student to be referred to a governmental agency for services to address transition to life outside of the public school system.

If **YES**, describe:

Participating Agency Failure to Fulfill Transition Services Responsibilities:

Yes

No

Has a participating agency failed to provide transition services described in the IEP?

If **YES**, the following are alternative strategies to meet the transition objectives for the student set out in the IEP:

TRANSFER OF RIGHTS AT AGE OF MAJORITY

Beginning not later than one year before the student reaches the age of 18:

The student has been informed of the student's rights under the IDEA, if any, that will transfer to the student on reaching the age of 18.

ANNUAL GOALS*

Draft

Accepted by ARD

***Version A:** For a student who is taking TAKS, TAKS-Accommodated or TAKS-M, or other State and districtwide assessments that may be accommodated but do not have alternate achievement standards.

STUDENT _____

CAMPUS _____

GRADE _____

Duration of Services _____

to

(MM/DD/YYYY)

(MM/DD/YYYY)

A statement of measurable annual goals, including academic and functional goals designed to:

- Meet the student's needs that result from the student's disability to enable the student to be involved in and make progress in the general education curriculum;
- Meet each of the student's other educational needs that result from the student's disability; and
- Facilitate the student's transition from school to post-school activities.

Instructional Services

Related Services

Position responsible for implementation _____

~~Measurable Annual Goals:~~

~~Academic~~

~~Functional~~

~~Transition~~

The student will be able to: _____

The student will be able to: _____

The student will be able to: _____

The student will be able to: _____

The student will be able to: _____

Progress toward meeting the annual goals will be measured by: _____

Periodic reports on the progress the student is making toward meeting the annual goal will be provided (frequency):

quarterly

concurrent with the issuance of report cards

_____ weeks reports

ANNUAL GOALS*

Draft

Accepted by ARD

***Version B:** For a student who is taking TAKS-Alt or other State and districtwide assessments that are based on alternate achievement standards.

STUDENT _____

CAMPUS _____

GRADE _____

Duration of Services

to

(MM/DD/YYYY)

(MM/DD/YYYY)

A statement of measurable annual goals, including academic and functional goals designed to:

- Meet the student's needs that result from the student's disability to enable the student to be involved in and make progress in the general education curriculum;
- Meet each of the student's other educational needs that result from the student's disability; and
- Facilitate the student's transition from school to post-school activities.

Instructional Services

Related Services

Position responsible for implementation

Measurable Annual Goals:

Academic

Functional

Transition

The student will be able to: _____

Benchmarks/Short-Term Objectives:

The student will be able to: _____

Benchmarks/Short-Term Objectives:

The student will be able to: _____

Benchmarks/Short-Term Objectives:

Progress toward meeting the annual goals will be measured by: _____

Periodic reports on the progress the student is making toward meeting the annual goal will be provided (frequency):

quarterly

concurrent with the issuance of report cards

____ weeks reports

CONSIDERATION OF SPECIAL FACTORS

STUDENT _____

CAMPUS _____

GRADE _____

BEHAVIOR CONSIDERATIONS

Yes

No

The student's behavior impedes his/her learning or the learning of others.

If **YES**, consider the use of positive behavioral interventions and supports, and other strategies to address the behavior including as part of **SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES, FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)** and/or **BEHAVIOR INTERVENTION PLAN (BIP)**.

Describe how the committee will address behavior strategies as part of the ARD/IEP:

COMMUNICATION CONSIDERATIONS

The communication needs of the student are as follows:

ASSISTIVE TECHNOLOGY CONSIDERATIONS

Yes

No

The student has AT needs that are addressed through **SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES**.

If **YES**, explain:

FOR IDENTIFICATION OF A STUDENT AS LIMITED ENGLISH PROFICIENT

For entry into a bilingual or English as a Second Language (ESL) program, the ARD committee in conjunction with the LPAC must review all pertinent information including the results of the appropriate assessment(s) used to indicate if the student is a student with limited English proficiency.

Describe the information reviewed, including State and districtwide assessments:

Yes

No

Based on the information reviewed, the ARD committee in conjunction with the LPAC agrees the student needs to enter a bilingual education or ESL program.

Specify: _____

FOR STUDENTS WITH LIMITED ENGLISH PROFICIENCY

The language needs of the student, as such needs relate to the student's IEP, are as follows:

FOR EXIT OF A STUDENT FROM A BILINGUAL EDUCATION OR ENGLISH AS A SECOND LANGUAGE PROGRAM

At the end of the school year in which a student with a disability received special language services from a bilingual education or English as a second language program, the ARD committee in conjunction with the LPAC may exit a student from the bilingual education or English as a Second Language program based on the review and determination below.

The ARD committee in conjunction with the LPAC must review the result of the appropriate assessment instrument(s) determined by the ARD committee in conjunction with the LPAC to indicate English proficiency.

Describe the assessment results:

Exit may occur upon a determination of **YES** to both determination statements.

Yes

No

The student has met the performance standard requirement for exit. Describe:

Yes

No

The student will be able to participate equally in an all-English, instructional program that does not provide special language services from the bilingual education or English as a Second Language program.

FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

The ARD committee provided to the parent(s) the State-adopted brochure that contains written information about programs offered by Texas School for the Deaf (TSD).

The language and communication needs of the student are as follows:

The student has the following opportunities for direct communications with peers and professional personnel in the student's language and communication mode:

The full range of needs, including opportunities for direct instruction in the student's language and communication mode, are as follows:

The academic level of the student is addressed as part of **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in the student's IEP/ARD.

CONSIDERATION OF SPECIAL FACTORS

STUDENT _____

CAMPUS _____

GRADE _____

FOR STUDENTS WHO ARE BLIND OR VISUALLY IMPAIRED

The ARD committee provided to the parent(s) the State-adopted brochure that contains written information about programs offered by Texas School for the Blind and Visually Impaired (TSBVI).

Based on an evaluation of the student's **FULL AND INDIVIDUAL EVALUATION**, the student is functionally blind. If **YES**, each person assisting in the development of the IEP must receive information describing the benefits of Braille instruction.
 Yes No

Instruction in Braille or the use of Braille for the student is appropriate. If **YES**, the student will be provided with reading and writing instruction in Braille and the use of Braille that is sufficient to enable the student to communicate with the same level of proficiency as other students of comparable ability who are at the same grade, as follows:

--

For a student who is functionally blind, describe the appropriate learning media based on the **FUNCTIONAL VISION EVALUATION** and **LEARNING MEDIA ASSESSMENT**:

--

Provide a detailed description of the arrangements made to provide the student with the following:

Orientation and mobility training	
Instruction in Braille	
Instruction for large print	
Other training to compensate for serious visual loss	
Access to special media and special tools, appliances, aids, or devices commonly used by individuals with serious visual impairments	

Describe the plans and arrangements made for contacts with and continuing services to the student beyond regular school hours (if needed) to ensure the student learns the skills and receives the training specified above:

--

The student was provided with a detailed explanation of the various service resources available in the community and throughout the State, as follows:

--

Describe the training the student will receive in the expanded core curriculum (as required for the student to succeed in classroom settings and derive lasting, practical benefits from the education in the LEA) as follows:

Compensatory skills	
Communicative skills	
Orientation and mobility	
Social adjustment/interaction	
Vocational or career counseling	

STAFF-TO-STUDENT RATIO

The ARD committee has considered the suitable staff-to-student ratio appropriate to identified activities and as needed to achieve social/behavioral progress based on the student's developmental and learning level that encourages work toward individual independence and determined that the student **DOES** need specified staff-to-student ratio as part of his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Related Services

The ARD committee has considered the suitable staff-to-student ratio appropriate to identified activities and as needed to achieve social/behavioral progress based on the student's developmental and learning level that encourages work toward individual independence and determined that the student **DOES NOT** need specified staff-to-student ratio as part of his/her IEP. The basis for this determination is:

MINIMAL UNSTRUCTURED TIME

The ARD committee has considered the use of daily schedules reflecting minimal unstructured time and active engagement in learning activities and determined that the student **DOES** need services as part of his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Related Services

The ARD committee has considered the use of daily schedules reflecting minimal unstructured time and active engagement in learning activities and determined that the student **DOES NOT** need services as part of his/her IEP. The basis for this determination is:

COMMUNICATION INTERVENTIONS

The ARD committee has considered the use of communication interventions, including language forms and functions that enhance effective communication across settings and determined that the student **DOES** need services as part of his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Related Services

The ARD committee has considered the use of communication interventions, including language forms and functions that enhance effective communication across settings and determined that the student **DOES NOT** need services as part of his/her IEP. The basis for this determination is:

EXTENDED EDUCATIONAL PROGRAMMING

The ARD committee has considered extended educational programming and determined that the student **DOES** need extended educational programming as part of his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Related Services ESY

The ARD committee has considered extended educational programming and determined that the student **DOES NOT** need extended educational programming as part of his/her IEP. The basis for this determination is:

TEACHING STRATEGIES

The ARD committee has considered teaching strategies based on peer reviewed research-based practices for students with autism spectrum disorders (ASD) and determined that the student **DOES** need teaching strategies specified in his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Related Services

The ARD committee has considered teaching strategies based on peer reviewed research-based practices for students with ASD and determined that the student **DOES NOT** need teaching strategies specified in his/her IEP. The basis for this determination is:

FUTURES PLANNING

Beginning at any age, the ARD committee has considered futures planning (for integrated living, work, community, and educational environments) that considers skills necessary to function in current and post-secondary environments, and determined that the student **DOES** need services as part of his/her IEP. Describe:

The ARD committee will address this need in the IEP as follows: Annual Goals FBA BIP
 Supplementary Aids and Services Special Education Transition Services Related Services

The ARD committee has considered futures planning (for integrated living, work, community, and educational environments) that considers skills necessary to function in current and post-secondary environments, and determined that the student **DOES NOT** need services as part of his/her IEP. The basis for this determination is:

PARENT/FAMILY TRAINING

The ARD committee has considered parent/family training and support provided by qualified personnel with experience in ASD and determined that services **ARE** needed as part of the student's IEP. Describe:

The ARD committee will address this need in the IEP as follows:

Annual Goals

FBA

BIP

Supplementary Aids and Services

Special Education

Related Services

The ARD committee has considered parent/family training and support provided by qualified personnel with experience in ASD and determined that services **ARE NOT** needed as part of the student's IEP. The basis for this determination is:

PROFESSIONAL EDUCATOR AND STAFF SUPPORT

The ARD committee has considered professional educator/staff support and determined that services **ARE** needed and should be specified in the student's IEP. Describe:

The ARD committee will address this need in the **Supports for School Personnel** as part of **SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES.**

The ARD committee has considered professional educator/staff support and determined that services **ARE NOT** needed as part of the student's IEP. The basis for this determination is:

FUNCTIONAL BEHAVIORAL ASSESSMENT

STUDENT _____

CAMPUS _____

GRADE _____

The Functional Behavioral Assessment (FBA) is for the purpose of helping to understand the function of a student's behavior and aid in the development of positive behavioral interventions and supports, and other strategies to address behavior.

REVIEW OF EXISTING DATA

Review and describe the following:

Information provided by the parent;

Circumstances in the student's life;

Evaluation(s) performed by the LEA;

Evaluation(s) performed by outside agencies;

Current classroom-based assessments and observations;

Teacher and/or related service provider information;

Discipline records;

Attendance records;

Behavior Intervention Plan; and

Other.

ANTECEDENTS

Describe the events that typically precede problem behaviors in the school setting.

Request/redirective from teachers/staff:

Redirected from inappropriate activity:

Non-compliance:

Provocation by peers:

Engaged in academic activity:

Off task:

Student in an unstructured setting (hallways, cafeteria):

No observed precipitating events:

Other:

BEHAVIOR

Operationalize problem behavior(s) by listing behaviors (in precise terms) that interfere with learning.

--

Provide the following information about the behaviors.

Behavior	Frequency	Duration	Latency	Intensity

CONSEQUENCES

Describe the events that typically follow the problem behaviors in the school setting.

--

HYPOTHESIS

Explain the function of the behavior.

Antecedent	Behavior	Consequences
When this occurs:	The student does:	To get/avoid:

INTERVENTION HISTORY

Describe the effectiveness of positive behavioral interventions and supports, and other strategies.

--

STUDENT'S BEHAVIOR IMPEDES HIS/HER LEARNING OR THAT OF OTHERS

Yes
No

Based on the results of the **FUNCTIONAL BEHAVIORAL ASSESSMENT**, the student's behavior impedes his or her learning or that of others. If **YES**, the ARD committee will address the use of positive behavioral interventions and supports and other strategies in the IEP through:

Annual Goals

Supplementary Aids & Services

Continue current BIP

Revise current BIP

Develop BIP

Special Education

Related Services

Other: _____

ADDITIONAL DATA DETERMINATION

Yes
No

Based on consideration of existing data, the ARD committee determines that additional evaluation data are needed. If **YES**, describe and specify timeline for completion:

BEHAVIOR INTERVENTION PLAN

STUDENT _____

CAMPUS _____

GRADE _____

Describe precisely (operationalize) the behavior(s) that is/are interfering with the student's learning and/or the learning of others:

Describe precisely (operationalize) the desired (replacement) behavior(s):

Projected date for beginning of services: _____ Date for ending of services: _____

Antecedent Strategies	Location
Describe the appropriate strategies to be implemented.	
Adapt instruction: Adapt curriculum: Adapt classroom organization:	
Pace: Directions: Procedures: Expectations: Task: Student response: Change presentation: Internal conditions: Other:	
Behavior Strategies	
Describe the appropriate strategies to be implemented including methods to teach replacement behaviors.	
Direct instruction/teach skills: Practice: Modeling: Alternative communication: Other:	
Consequence Strategies	
Describe the appropriate strategies to be implemented including positive consequences.	
Increasing desired behaviors: Reducing undesirable behaviors:	

LEAST RESTRICTIVE ENVIRONMENT

STUDENT _____

CAMPUS _____

GRADE _____

The ARD committee must ensure that to the maximum extent appropriate students with disabilities are educated with students who are not disabled.

Efforts to Modify and Supplement the Student's Participation in the General Education Setting	Check if Provided	Options Provided Rate Results		Effect on Class Rate Options Provided Positive None Negative
		Academic	Nonacademic	
General education classroom core instructional interventions (Tier I)				
Targeted group interventions (Tier II)				
Intensive, individual interventions other than special education (Tier III)				
English as a Second Language (ESL)/bilingual education				
Title I programs				
Tutorial/remedial/compensatory services				
Intensive program of instruction				
Accelerated program of instruction				
Personal graduation plan				
Dyslexia services				
Supplementary aids and services provided in the general education classroom				
Program modifications				
Special education speech therapy				
Special education resource room				

Yes No **Were these efforts to modify and supplement the student's participation in the general education setting sufficient rather than token? Explain:**

Yes No **Will the student receive an educational benefit from participation in the general education setting (including nonacademic benefit)? Explain:**

Special Education Setting	Check if Provided	Options Provided Rate Results	
		Academic	Nonacademic
Self-contained mild, regular campus			
Self-contained moderate, regular campus			
Self-contained severe, regular campus			
Vocational adjustment class/program			
Separate campus			
Homebound			

Hospital class			
Nonpublic day school			
Residential care and treatment facility			

Describe the student's overall educational experience in the general education setting, balancing the benefits of general and special education for the individual student:

The committee recommends that this student receive ALL instruction and services in the general education setting with supplementary aids and services. If selected, skip the next two sections and go to **SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES** in the student's IEP/ARD.

OR

The committee recommends that this student receive part or all instruction in a special education setting. If selected, complete the following sections of the student's IEP/ARD:

- Consideration of Potential Harmful Effects;
- Opportunity to Participate; and
- **SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES**

Consideration of Potential Harmful Effects

If the student is removed from the general education classroom/campus, the following are potential harmful effects on the student and on the quality of services which the student needs such as:

Effects on the student:

Effects on the quality of services:

- Lack of opportunity for appropriate role models
- Stigmatization
- Lack of opportunity for social interactions
- Decreased self-esteem
- _____

- Diminished access to full range of curriculum
- Decreased access to instructional opportunities
- Wide differences in development levels causing social isolation
- _____
- _____

Opportunity to Participate in Nonacademic Activities

If the student is removed from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic, extracurricular and other activities? If **NO**, describe the nonacademic and/or extracurricular activities in which the student will not have an opportunity to participate:

- | | |
|---|---|
| <input type="checkbox"/> meals | <input type="checkbox"/> regular transportation |
| <input type="checkbox"/> recess periods | <input type="checkbox"/> health services |
| <input type="checkbox"/> general education counseling services | <input type="checkbox"/> recreational activities |
| <input type="checkbox"/> athletics | <input type="checkbox"/> special interest groups/clubs sponsored by the LEA |
| <input type="checkbox"/> general education routines (homeroom assignments, lockers, study hall, class changes, social activities, etc.) | |

If any of the above items are marked, explain why this student is unable to participate:

SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES

Based on Peer-Reviewed Research to the Extent Practicable

STUDENT _____

CAMPUS _____

GRADE _____

Projected Date for beginning of services: _____ Date for ending of services: _____

The term "supplementary aids and services" means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate.

Program modifications or supports for school personnel are provided to enable the student (1) To advance appropriately toward attaining the annual goals; (2) To be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and (3) To be educated and participate with other students with disabilities and nondisabled students.

The term "special education" means specially designed instruction, at no cost to the parents, to meet the unique needs of a student with a disability.

The term "related services" means transportation, and such developmental, corrective, and other supportive services as may be required to assist a student with a disability to benefit from special education.

The term "transition" means a coordinated set of activities for a student with a disability that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities; and is based on the individual student's needs, taking into account the student's strengths, preferences, and interests. Transition services may be instructional services including special education if provided as specially designed instruction, a related service if required to assist the student with a disability to benefit from special education, or community experiences.

Yes

No

For a student in kindergarten, first or second grade, did the student perform satisfactorily on an early reading assessment? If **NO**, describe the manner in which the student will participate in an accelerated reading instruction program:

Yes

No

The student performed satisfactorily on the most recent Statewide assessment. If **NO**, describe the intensive program of instruction or accelerated instruction, including reading instruction, to be provided to the student to attain a standard of annual growth on the basis of the student's IEP/ARD:

AND

For Grades 3, 5 and 8, if the student did not perform satisfactorily on the most recent Statewide assessment after the third attempt, the student will be:

promoted.

retained.

Yes

No

For the student taking secondary level courses, the student performed satisfactorily on all End-of-Course exams. If **NO**, describe the intensive program of instruction provided to the student:

SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES

Based on Peer-Reviewed Research to the Extent Practicable

STUDENT _____ CAMPUS _____ GRADE _____

Projected date for beginning of services: _____ Date for ending of services: _____

Course/ Curriculum Area	Supplementary Aids & Services, Program Modifications and Supports for School Personnel	General Ed. Location/ Duration/ Frequency/ (min./day)	Special Ed. Location/ Duration/ Frequency/ (min./day)
	Describe: Altered Assignments: Adapted Instruction: Adapted Materials: Behavior Interventions, including positive interventions and supports: Assistive Technology: Program Modifications to be involved in the general education curriculum: Program Modifications to advance toward attaining the annual goals: Supports for School Personnel:		
	Altered Assignments: Adapted Instruction: Adapted Materials: Behavior Interventions, including positive interventions and supports: Assistive Technology: Program Modifications to be involved in the general education curriculum: Program Modifications to advance toward attaining the annual goals: Supports for School Personnel:		
	Altered Assignments: Adapted Instruction: Adapted Materials: Behavior Interventions, including positive interventions and supports: Assistive Technology: Program Modifications to be involved in the general education curriculum: Program Modifications to advance toward attaining the annual goals: Supports for School Personnel:		
	Altered Assignments: Adapted Instruction: Adapted Materials: Behavior Interventions, including positive interventions and supports: Assistive Technology: Program Modifications to be involved in the general education curriculum: Program Modifications to advance toward attaining the annual goals: Supports for School Personnel:		

Please duplicate this page as needed to document additional courses or a subsequent semester.

SUPPLEMENTARY AIDS AND SERVICES, SPECIAL EDUCATION AND RELATED SERVICES

Based on Peer-Reviewed Research to the Extent Practicable

STUDENT _____

CAMPUS _____

GRADE _____

Yes No

The student will have available an instructional day commensurate with that of students without disabilities. If **NO**, justify:

Projected date for beginning of services: _____ Date for ending of services: _____

Related Service	Direct Duration/Frequency (e.g., 30 min./week)	Consult Duration/Frequency (e.g., 30 min./week)	Location

Transportation as a related service (frequency, location, duration): _____

Justification: _____

Projected date for beginning of services: _____ Date for ending of services: _____

PROGRAM MODIFICATIONS NEEDED TO ENABLE THE STUDENT TO PARTICIPATE IN EXTRACURRICULAR AND OTHER NONACADEMIC ACTIVITIES

None needed
 Needed as follows: _____

Duration, frequency, location: _____

SUPPORTS FOR SCHOOL PERSONNEL NEEDED TO ENABLE THE STUDENT TO PARTICIPATE IN EXTRACURRICULAR AND OTHER NONACADEMIC ACTIVITIES

None needed
 Needed as follows: _____

Duration, frequency, location: _____

Placement and Location

"Educational placement" as used in the IDEA means educational program and not the particular institution where that program is implemented.

Instructional Setting/PEIMS Coding (Column 1 for current year and column 2 if changed for following year)
See Code Table C035 in Section 4 of the *PEIMS Data Standard* for code descriptions.

_____ _____

Unless the IEP requires some other arrangement, the student is educated in the school that he or she would attend if nondisabled. The ARD committee believes the IEP can be implemented in the following campus location:

Yes No

The designated campus location is the location the student would attend if not disabled. If **NO**:

Yes No

The designated campus location is as close as possible to the student's home.

GRADUATION

STUDENT _____

CAMPUS _____

GRADE _____

The ARD Committee has determined that this student will graduate and be awarded a high school diploma based on the following (mark applicable boxes):

Regular Graduation

The LEA must provide the student with a **SUMMARY OF PERFORMANCE** and the parent(s) and adult student with a **PRIOR WRITTEN NOTICE**.

For a student with a disability to graduate and receive a regular high school diploma under this part, the following activity must occur (check to indicate accomplished):

OPTION ONE

The student has satisfactorily completed the State's or LEA's (whichever is greater) minimum curriculum and credit requirements for graduation (under the recommended or distinguished achievement high school program curriculum requirements) applicable to students in general education.

The student achieved satisfactory performance on the exit-level assessment instrument.

OPTION TWO

The student has satisfactorily completed the State's or LEA's (whichever is greater) minimum curriculum and credit requirements for graduation (under the minimum high school program curriculum requirements) applicable to students in general education.

The student participated in required State assessments.

The ARD committee determined as part of the student's participation in State and districtwide assessments whether satisfactory performance on a required State assessment would be required for graduation, and the student met those expectations.

Graduation under this part terminates the student's eligibility for special education services and entitlement to the benefits of the Foundation School Program.

GRADUATION

STUDENT _____

CAMPUS _____

GRADE _____

The ARD Committee has determined that this student will graduate and be awarded a high school diploma based on the following (mark applicable boxes):

Graduation Pursuant to an IEP Statement

The LEA must provide the student with a **SUMMARY OF PERFORMANCE** and the parent(s) and adult student with a **PRIOR WRITTEN NOTICE**.

STEP ONE	For a student with a disability to graduate and receive a regular high school diploma pursuant to an IEP, the following activity must occur (check to indicate accomplished):
<input type="checkbox"/>	A REVIEW OF EXISTING EVALUATION DATA was conducted on _____.
<input type="checkbox"/>	A reevaluation was completed according to the REVIEW OF EXISTING EVALUATION DATA on _____ and is included as part of the SUMMARY OF PERFORMANCE .

STEP TWO	Determination of Graduation:
<input type="checkbox"/>	The student has successfully completed his/her IEP;
	AND
<input type="checkbox"/>	The student has successfully completed the State's or LEA's (whichever is greater) minimum credit requirements for students without disabilities;
	AND
<input type="checkbox"/>	The student has successfully completed the State's or LEA's minimum curriculum requirements to the extent possible with modifications/substitutions only when it is determined necessary by the ARD committee for the student to receive an appropriate education;
	AND
<input type="checkbox"/>	Consistent with the student's IEP, the student has successfully completed one of the following conditions:
<input type="checkbox"/>	Full-time employment, based on the student's abilities and local employment opportunities, in addition to sufficient self-help skills to maintain the employment without direct and ongoing educational support of the LEA;
	OR
<input type="checkbox"/>	Access to outside services or employment, or educational options for which the student has been prepared by the academic program;
	OR
<input type="checkbox"/>	Demonstrated mastery of specific employability skills and self-help skills which do not require direct ongoing educational support of the LEA (employability and self-help skills are those skills directly related to the preparation of students for employment, including general skills necessary to obtain or retain employment).

For students who receive a diploma under this part, the ARD committee must determine needed educational services upon the request of the student or parent to resume services, as long as the student meets the age eligibility requirements.

GRADUATION

STUDENT _____

CAMPUS _____

GRADE _____

The ARD Committee has determined that this student will graduate and be awarded a high school diploma based on the following (mark applicable boxes):

Graduation of Student Who Will No Longer Meet Age Eligibility Requirements Statement

The LEA must provide the student with a **SUMMARY OF PERFORMANCE** and the parent(s) and adult student with a **PRIOR WRITTEN NOTICE**.

Determination of Graduation:

The student no longer meets age eligibility requirements;

AND

The student has completed the requirements specified in the IEP.

EXTENDED SCHOOL YEAR (ESY) SERVICES

STUDENT _____

CAMPUS _____

GRADE _____

ESY is required if, in one or more critical areas addressed in the current IEP objectives, the student has exhibited, or reasonably may be expected to exhibit, severe or substantial regression that cannot be recouped within a reasonable period of time.

ESY consideration is:

- Recommended by parent.
- Recommended by LEA personnel directly involved in the student's educational program.
- Not recommended for discussion by either parent or school.

If recommended for discussion, continue **EXTENDED SCHOOL YEAR (ESY) SERVICES** analysis.

EXTENDED SCHOOL YEAR (ESY) SERVICES

STUDENT _____

CAMPUS _____

GRADE _____

Review of Evaluation Data

The need for ESY is demonstrated by evidence of one or more of the following:

Formal evaluation results (**FULL AND INDIVIDUAL EVALUATION** report, achievement tests, academic skills tests, etc.) provided by the LEA or parent(s). Describe:

Informal evaluation results (progress reports, work samples, observations, etc.) provided by the LEA or parent(s). Describe:

For students enrolling in a LEA during the school year, information obtained from the prior LEA:

Severe or Substantial Regression in Critical Areas Addressed in the Current IEP

Severe or substantial regression means that the student has been, or will be, unable to maintain one or more acquired critical skills in the absence of ESY services.

In the following critical areas addressed in the current IEP objectives, the student has exhibited or may be expected to exhibit severe or substantial regression:

Yes No Placement in a more restrictive instructional arrangement.
If **YES**, list critical skills in current IEP objective(s):

Yes No Significant loss of acquired skills necessary for the student to appropriately progress in the general curriculum.
If **YES**, list critical skills in current IEP objective(s):

Yes No Significant loss of self-sufficiency in self-help skills areas as evidenced by an increase in the number of direct service staff and/or amount of time required to provide special education or related service.
If **YES**, list critical skills in current IEP objective(s):

Yes No Loss of access to community-based independent living skills instruction or an independent living environment provided by noneducational sources as a result of regression in skills.
If **YES**, list critical skills in current IEP objective(s):

Yes No Loss of access to on-the-job training or productive employment as a result of regression in skills.
If **YES**, list critical skills in current IEP objective(s):

Yes No Other Critical Area(s).
If **YES**, list critical skills in current IEP objective(s):

If **NO** is indicated in response to all of the above **Severe or Substantial Regression in Critical Areas Addressed in the Current IEP** statements, student does not qualify for ESY. If **YES** is indicated in response to any of the above statements, continue ESY consideration.

Reasonable Period of Time for Recoupment

The reasonable period of time for recoupment of acquired critical skills must be determined in each student's IEP. If the loss of acquired critical skills would be particularly severe or substantial, or if such loss results, or reasonably may be expected to result, in immediate physical harm to the student or to others, ESY services may be justified without consideration of the period of time for recoupment of such skills. In any case, the period of time for recoupment must not exceed eight weeks.

Yes No ESY is justified, without consideration of the period of time for recoupment of acquired critical skills, because the loss of such skills would be particularly severe or substantial.

Yes No ESY is justified, without consideration of the period of time for recoupment of acquired critical skills, because the loss of such skills results, or reasonably may be expected to result, in immediate physical harm to the student.

Yes No ESY is justified, without consideration of the period of time for recoupment of acquired critical skills, because the loss of such skills results, or reasonably may be expected to result, in immediate physical harm to others.

Yes No ESY is justified because the critical skills that the student is expected to lose cannot be recouped within a reasonable period of time for this student: _____ (days or weeks). (The reasonable period of time for recoupment of acquired critical skills shall be determined on the basis of needs identified in the student's IEP and shall not exceed eight weeks.)

If **YES** is indicated in response to any of the above **Reasonable Period of Time for Recoupment** statements, student qualifies for ESY.

Goals and Objectives for ESY Services From Current IEP (for student who qualifies for ESY)

If the ARD committee determines that the student is in need of ESY services, then the IEP must also include goals and objectives for ESY services from the student's current IEP.

IEP goal/objective to be maintained:

IEP goal/objective to be maintained:

IEP goal/objective to be maintained:

IEP goal/objective to be maintained:

OR

The IEP goals/objectives to be maintained are attached.

Extended School Year Services to maintain skills (for student who qualifies for ESY)

Type (special education service or related service):

Frequency of service(s):

Duration of service(s):

Location of service(s):

Instructional arrangement (PEIMS):

ARD COMMITTEE MINUTES

STUDENT

CAMPUS

GRADE

Minutes should summarize deliberations made during the course of the ARD meeting. Minutes are not intended to be a script of all conversations/specific comments made during the ARD/IEP process.

Lined area for recording minutes.

SIGNATURES OF ARD COMMITTEE MEMBERS

STUDENT _____ CAMPUS _____ GRADE _____

Signature and Title	Membership Role	Agree	Disagree
	Parent(s)		
	Regular Education Teacher		
	Special Education Teacher/Provider		
	LEA Representative ¹		
	Individual who can interpret instructional implications ²		
	Other ³		
	Student ⁴		
	AI Teacher ⁵		
	VI Teacher ⁶		
	Representative of LPAC ⁷		
	CTE Representative ⁸		

The committee mutually agreed to all required elements of the IEP.

OR

The members of the ARD committee have not reached mutual agreement. Members who disagree have been offered the opportunity to write their own statements. The ARD record contains a written statement of the basis for the disagreement. The school has offered a single opportunity for, and the parent(s) have agreed to a recess of not more than 10 school days. During the recess, the members shall consider alternatives, gather additional data, prepare further documentation and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself/herself or others, or if the student has committed an expellable offense, or an offense which may lead to a placement in an alternative education program (AEP). The ARD committee will reconvene on:

_____ at _____
Date and Time Place

ARD records shall reflect why mutual agreement has not been reached. Individual statements may be attached.

If a 10-day recess is implemented and the ARD committee still cannot reach a mutual agreement, the LEA must provide the parent(s) with prior written notice and implement the IEP which it has determined to be appropriate for the student. When a LEA implements an IEP with which the parent disagrees or the adult student disagrees, the LEA shall provide prior written notice to the parent(s) or adult student.

- ¹ The LEA representative is one who is qualified to provide, or supervise the provision of, specially designed instruction to meet the needs of students with disabilities; is knowledgeable about the general curriculum; and is knowledgeable about the resources of the LEA
- ² An individual who can interpret the instructional implications of evaluation results who may be one of the other members
- ³ Other individuals who have knowledge or special expertise regarding the student, at the discretion of the parent(s) or the LEA, including in the case of a student who was previously served under the Early Childhood Intervention (ECI) program, at the request of the parent(s) by invitation to the initial ARD meeting, the ECI Service Coordinator or other representatives of the ECI system to assist with the smooth transition of services.
- ⁴ The student with a disability, whenever appropriate and when the purpose of the meeting will be the consideration of transition services
- ⁵ For a student with an auditory impairment including deaf-blindness, a teacher who is certified in the education of students with auditory impairments
- ⁶ For a student with a visual impairment including deaf-blindness, a teacher who is certified in the education of students with visual impairments
- ⁷ LPAC representation for any student who is Limited English Proficient/Bilingual
- ⁸ When considering initial or continued placement of a student in career and technical education (CTE), a representative from CTE, preferably the teacher

Attached are the following:

1. ARD Documents

- ✓ a. Full ARD
- b. AU Supplement
- c. AI Supplement
- d. VI Supplement
- e. ESY Supplement
- f. BIP
- g. MDR
- h. Transfer of Parental Rights at Age of Majority

2. NOTICES

- a. Notice of ARD
 - b. Notice of Proposal to Evaluate
 - c. Consent for Full and Individual Evaluation
-

Date of Meeting: _____

Reason for Meeting: _____

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**ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Name: _____	ID#: _____	Medicaid#: _____	DOB: _____
Age: _____	Grade: _____	Year: _____	Gender: _____ Campus: _____

Yes No An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____ and parents were provided with: _____

DETERMINATION OF PRESENT LEVELS OF EDUCATIONAL PERFORMANCE AND NEEDS

REVIEW OF EVALUATION DATA AND OTHER INFORMATION (Check if applicable)

Full and Individual Evaluation : _____
DATE OF REPORT NEXT FIE DUE

Disability/Eligibility Reports: _____ Date _____

Review of existing evaluation data available for re-evaluation indicates no new testing is required for reevaluation: _____
DATE OF REEVAL

Parents notified of right to request an evaluation to determine whether the child continues to be a child with a disability and to determine the child's educational needs.

REVIEW OF ADDITIONAL EVALUATION

- | | | |
|---|---|---|
| <input type="checkbox"/> Functional Vision Assessment | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> In-home Training | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Psychological | <input type="checkbox"/> Adapted PE |
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> _____ |

Deliberations: _____

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- Student's vision for life after high school.
- Review age appropriate transition assessments
- Information from student's Language Proficiency Evaluation Committee
- Records from other school districts
- Information from school personnel
- Information/records from other agencies or professionals
- Student communication needs
- Parent's concerns for enhancing the education of the child

Yes No Additional evaluation is needed:

If yes, specify timeline for the evaluation to be completed: _____

Results of previous assessments (see copy of CSR)

TAKS Results: Grade at Testing: _____

Date: _____	Reading: _____ <small>SS/TPM</small>	Math: _____ <small>SS/TPM</small>	
Date: _____	Writing: _____ <small>SS/TPM</small>	Composition: _____ <small>SS/TPM</small>	
Date: _____	English/LA: _____ <small>SS/TPM</small>	Science: _____ <small>SS/TPM</small>	Social Studies: _____ <small>SS/TPM</small>

TAKS-Acc Results: Grade at Testing: _____

Date: _____	Reading: _____ <small>SS/TPM</small>	Math: _____ <small>SS/TPM</small>	
Date: _____	Writing: _____ <small>SS/TPM</small>	Composition: _____ <small>SS/TPM</small>	
Date: _____	English/LA: _____	Science: _____	Social Studies: _____

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TAKS-M Results: Grade at Testing: _____

Date: _____ Reading: _____ Math: _____
SS/TPM SS/TPM

Date: _____ Writing: _____ Composition: _____
SS/TPM SS/TPM

Date: _____ English/LA: _____ Science: _____ Social Studies: _____
SS/TPM SS/TPM SS/TPM

TAKS Alt Results: Grade at Testing: _____

Date: _____ Reading: _____ Math: _____
SS/TPM SS/TPM

Date: _____ Writing: _____ Composition: _____
SS/TPM SS/TPM

Date: _____ English/LA: _____ Science: _____ Social Studies: _____
SS/TPM SS/TPM SS/TPM

District Wide Assessment Results: Grade at Testing: _____ Date: _____

Test Name(s): _____

Summary of Results _____

Based on the evaluation data reviewed, the ARD committee determines that the student:

- Does NOT meet disability criteria
- Meets criteria for the following disability/disabilities based on evaluation data:
 - auditory impairment mental retardation speech/language impairment
 - autism multiple disabilities traumatic brain injury
 - deaf-blind non-categorical visual impairment
 - emotional disturbance other health impairment
 - specific learning disability orthopedic impairment

AND

YES NO N/A by reason of the disability/disabilities has a need for special education and related services.

If the ARD Committee determines that the student has a disability and needs special education, the ARD committee must conduct an analysis of determinant factors before determining a student is eligible for special education services.

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Analysis of determinant factors: the ARD committee has reviewed the determinant factors (reasons) listed below in relation to the student's disability. Are the factors listed below the reason/cause of the disability?

- YES NO lack of explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency, including oral reading skills, and reading comprehension strategies.
- YES NO lack of appropriate instruction in math.
- YES NO limited English proficiency.

If the answer to any of the above determinant factor questions is YES, the student does not have a disability.

- Does not meet eligibility criteria to receive special education services.
- Meets eligibility criteria for:

- Primary Disability: _____
- Secondary Disability: _____
- Tertiary Disability: _____

- YES NO Student is multiply disabled
- YES NO Student is medically fragile.

Notes:

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DEVELOPMENT OF IEP

NAME OF STUDENT ID# MEDICAID# CAMPUS DATE OF BIRTH

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PROGRAM (IEP)

YES NO NA The ARD committee reviewed achievement of the previous year's goals on the IEP.
(Applicable to all but initial ARD meetings.)

Present Levels of Academic Achievement and Functional Performance

Reading _____

Speech/Related Services: _____

Written Expression: _____

Math: _____

Behavior: _____

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DEVELOPMENT OF IEP

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Functional: _____

Other _____

Transition

The ARD committee has determined that transition services are not age appropriate at this time. Beginning not later than the first IEP to be in effect when the student turns 16, or younger if determined appropriate by the ARD committee, transition services must be addressed. [19 TAC § 89.1055 (g)]

Initial transition services discussion occurs no later than the first IEP to be in effect when the student turns 16. Date:

Yes No NA This student's transition services have been updated (at least annually) for this current ARD.

The following issues must be considered in the development of the IEP, and, if appropriate, integrated into the IEP:

Yes No The student is younger than 18 years of age with appropriate parental involvement in the student's transition.

Yes No The student is at least 18 years of age, and appropriate parental involvement was requested by the adult student or the LEA.

The student is 17 and therefore has been informed of his/her rights under the IDEA, if any, that will transfer to him/her on reaching the age 18 as evidenced by the receipt of Procedural Safeguards on file in the eligibility folder. [Texas Education Code 29.017]

Behavior:

YES NO Does child's behavior impede child's own learning or that of others:

If yes, the following positive behavioral interventions, supports and other strategies address behavior:

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DEVELOPMENT OF IEP

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Student Code of Conduct Statement

In the case of a child whose behavior impedes the child's own learning or that of others, the ARD Committee must consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior. (34 C.F.R. §300.324 (a)(2)(j)).

Student Code of Conduct applies to all students. The district will implement its Code of Conduct with regard to all students, subject to and in compliance with the requirements of federal and state law pertaining to students with disabilities.

Statement of assurance with regard to discipline:

Regular discipline, as set forth in the student code of conduct, will be followed, subject to the timelines, ARD requirements, and manifestation determination requirements for disciplining students with disabilities pursuant to 20 U.S.C. 1415(k) and CFR §300.519-529 and any limitations set forth in the BIP.

- Student is capable of following the District Student Code of Conduct without any modifications.
- Student is capable of following the District's Student Code of Conduct with modifications specified in the Behavior Intervention Plan (BIP). BIP is a supplement to the student code of conduct.
- The student is capable of following his/her individual Behavior Intervention Plan (BIP). BIP replaces the student code of conduct.
- The student does not have the capacity to understand or follow school rules, however, there are no behavior concerns that need to be addressed by a BIP. (Example: A student that is cognitively unable to understand school rules and physically

Discussion: _____

Language needs for second language learners as related to the Student's IEP

- Student is **NOT** a second language learner.
- Student is a second language learner.

Information from the Language Proficiency Evaluation Committee

- YES NO Instruction can be provided in English
- YES NO An alternative language program is needed. Specify:
 ESL Bilingual Sign Other: _____

Communications Needs of the Student

- Student's communication needs are adequate to enable the student to be involved and progress in the general curriculum.

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Student has communication needs that should be addressed through supplementary aids and services, IEP, Assistive Technology, and/or speech therapy.

Student has communication deficits. Specify: _____

- Student has Auditory Impairment. (Complete and attach AI ARD Supplement)
- Student has Visual Impairment. (Complete and attach VI ARD Supplement)
- Student is affected by Autism Spectrum Disorder. (Complete and attach AU ARD Supplement)

Physical needs of the student

- This student exhibits no physical limitations.
- This student exhibits limitations but does not require modifications.
- This student has physical limitations that may affect access or involvement and progress in the general curriculum.

Additional physical limitations comments: _____

YES NO Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of students related to admission.

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Assistive Technology needs of the student

YES NO In reviewing the AT needs, the ARD committee considered assistive technology needs and determined that:

- The ARD committee anticipates that the student will be involved in and progress in the general education curriculum, and make progress toward mastery of his/her IEP and objectives without the use of AT devices and service.
- The ARD committee anticipates that the student will not be involved in and progress in the general education curriculum, and make progress toward mastery of his/her IEP and objectives without the use of AT device and service.

Explain: _____

- The ARD committee anticipates that the student will be involved in and progress in the general education curriculum, and make progress toward mastery of his/her IEP and objectives with the use of Assistive Technology in the classroom.

- The ARD committee is unable to determine the AT needs of the student. Further evaluation is needed.

Explain: _____

Summary

After reviewing the above mentioned competencies and present levels of educational performance, the ARD committee has determined that this student's disability affects his/her involvement and progress in the general education curriculum.

PPCD Present Developmental Levels

For preschool age children the disability affects the child's participation in appropriate activities in the following way:

- Student can participate in age appropriate activities with support as follows:
- Student needs access to specialized instruction to make progress toward participation in age appropriate activities.
- Other:

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DEVELOPMENT OF IEP

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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Summary

After reviewing the above mentioned competencies and present levels of educational performance, the ARD committee has determined that this student's disability affects his/her involvement and progress in the general education curriculum.

Specify areas:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Math | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Science |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Career/Technology | <input type="checkbox"/> Other: _____ |

Notes: _____

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DEVELOPMENT OF IEP

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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Instructional Goals and Objectives

IEP Date: _____ ESL YES NO

Duration from: _____ to _____ Implementer: _____

Review Codes: _____ Accepted by the ARD

ANNUAL GOAL: The student will demonstrate mastery of the Texas Essential Knowledge and Skills in the content area(s) identified:

- | | | |
|--|---|--|
| <input type="checkbox"/> English/Language Arts | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Career and Technology |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Physical Education/Health |
| <input type="checkbox"/> Science | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Other _____ |

Language of Delivery: _____

At the level the current grade placement with accommodations as specified and with a minimum of ____ % accuracy as measured by daily work, tests, participation and/or teacher observation (attach goals/objectives for each course not identified above).

- Check when regular education teacher actually modifies the TEKS based curriculum based upon goals and objectives from the student's IEP (This modified course will be identified with an 'V' indicating a Special Education course on the transcript).

The student's parents will be informed of their child's progress at least as often as the parents of non-disabled students.

The Student will:	Review Dates/Status
<input type="checkbox"/> participate in the general education setting _____	_____
<input type="checkbox"/> increase comprehension on subject area _____	_____
<input type="checkbox"/> utilize appropriate compensatory aids (i.e. taped texts, highlighted texts, vocabulary files etc.) _____	_____
<input type="checkbox"/> move between class settings in a timely manner and follow established check-in procedures independently _____	_____
<input type="checkbox"/> arrive to instructional setting with appropriate materials/texts _____	_____
<input type="checkbox"/> complete class assignments on a timely basis _____	_____

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DEVELOPMENT OF JEP

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
<input type="checkbox"/> improve accuracy and quality of completed assignments	_____ _____	_____ _____	_____ _____	_____ _____
<input type="checkbox"/> develop skills in using reference materials	_____ _____	_____ _____	_____ _____	_____ _____
<input type="checkbox"/> Other:	_____ _____ _____ _____			
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

IEP Annual Goals and Objectives

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

Duration of Special Education and Related Services From: _____ to _____

Draft ESY Accepted by the committee Transition Related Goal Academic Functional Related Service

The student will increase mastery of _____
skills as demonstrated by meeting the objectives below.

Specific skills targeted are _____ Criteria: _____

MEASURABLE ANNUAL GOAL: Goal Number: _____

Duration From: _____ To: _____ ESL YES NO

Language of Delivery: _____ Grade Level: _____

BENCHMARKS OR SHORT-TERM OBJECTIVES Code: _____

ESY

Criteria: _____

Description: Draft (Do not Print)

Date Mastered _____

Implementer: _____

Methods of Evaluation:

1. _____
2. _____
3. _____
4. _____

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IEP Annual Goals and Objectives

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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Parent will be notified of student progress by:

- General Education Report Card Portfolio Parent/teacher conference IEP Progress Report

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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The following program Modifications/Accommodations address individual student needs and are necessary to enable the student to be involved in and to progress in the general education curriculum:

Are Modifications/Accommodations needed for this student? Yes No

Duration of Services From _____ To: _____

Language of Delivery: _____

SPECIAL LANGUAGE PROGRAMS _____

BEHAVIOR INTERVENTION PLAN Yes No

ASSISTIVE TECHNOLOGY DEVICES Yes No

Modifications/Accommodations:

Personal Care Services:

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
 DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT ID# MEDICAID# CAMPUS DATE OF

GOAL & OBJECTIVE/SUBJECT

	Language/Arts/English	Math	Social Studies/History	Science	PE/Athl	Fine Arts	Career/Technology	Reading
ALTER ASSIGNMENTS BY PROVIDING:								
Reduced assignments _____								
Taped _____								
Extra time for completing assignments _____								
Opportunity to respond orally								
Emphasis on major points								
Task analysis of assignments								
Special projects in lieu of assignments or alternate assignments								
Exemption from reading before peers								
Provide correctly completed examples								
No penalty for spelling errors								
Grading based on participation/social skill acquisition								
Exemption from final/semester tests								
Other:								
Other:								
Other:								

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF DICTU	GOAL & OBJECTIVE/SUBJECT									
					Language/Arts/English	Math	Social Studies/History	Science	PE/Athl	Fine Arts	Career/Technology	Reading		
					ADAPT INSTRUCTION BY PROVIDING:									
Opportunity to leave class for individualized assistance														
Short instructions (1 or 2 steps)														
Opportunity to repeat and explain instructions														
Encouragement to verbalize steps needed to complete assignment/ task														
Opportunity to write instructions														
Assignment notebooks														
Visual aids (pictures, flash cards, etc.)														
Auditory aids (cues, tapes, etc.)														
Instructional aids														
Extra time for oral response														
Extra time for written response														
Exams of reduced length														
Oral exams (questions given orally/student responds orally)														
Open book exams/exam taken with study sheet														
Study carrel for independent work														
Frequent feedback														
Immediate feedback														
Minimal auditory distractions														
Encouragement for classroom participation														
Peer tutoring/paired working arrangement														
Opportunity for student to dictate themes, information, answers on tape or to others														
Specialized curriculum														

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
 DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT ID# MEDICAID# CAMPUS DATE OF BIRTH

GOAL & OBJECTIVE/SUBJECT

ADAPT INSTRUCTION BY PROVIDING: (Continued)

	Language/Arts/English	Math	Social Studies/History	Science	PE/ATH	Fine Arts	Career/Technology	Reading	
Math problem-solving read orally to student									
Consider effort/participation as part of grade									
Study sheets/previews/summaries									
Use multiple choice tests, limiting answer choices to _____									
Test given by special education teacher									
Essays questions not graded/credit for oral responses									
Teacher check for understanding									
Directions given in a variety of ways/simplified vocabulary									
Sit near teacher for instructional purposes									
Support for general education teacher (provided by Special Ed. Staff)									
Use of highlighter									
Other:									
Other:									
Other:									

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
 DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF DICTU	GOAL & OBJECTIVE/SUBJECT								
					Language/Arts/English	Math	Social Studies/History	Science	PE/ATH	Fine Arts	Career/Technology	Reading	
ADAPT MATERIALS BY PROVIDING:													
Peer to read materials													
Taped recording of required readings													
Highlighted materials for emphasis													
Altered format of materials													
Study aids/manipulatives													
ESL materials													
Large print materials													
Braille materials													
Color transparencies													
Copy of class notes													
Other:													
Other:													
Other:													

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
 DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH	GOAL & OBJECTIVE/SUBJECT									
					Language/Arts/English	Math	Social Studies/History	Science	PE/ATH	Fine Arts	Career/Technology	Reading		
MANAGE BEHAVIOR BY PROVIDING:														
					Clearly defined limits									
					Frequent reminders of rules									
					Positive reinforcement									
					Frequent eye contact/proximity control									
					Frequent breaks									
					Private discussion about behavior									
					In-class timeout									
					Opportunity to help teacher									
					Seat near the teacher									
					Supervision during transition activities									
					Implementation of behavior contract									
					Follow Behavior Intervention Plan									
					Other:									
					Other:									
					Other:									

¹ Special language programs are required for all students who are limited English proficient.

* Denotes required items

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***INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS/SUPPORTS
 DETERMINED BY ARD COMMITTEE**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	GOAL & OBJECTIVE/SUBJECT								DATE OF DPTU
				Language/Arts/English	Math	Social Studies/History	Science	PE/Athl	Fine Arts	Career/Technology	Reading	
REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY DEVICES:												
Calculators												
Word processors												
Augmentative communication device												
Note taker/note taking paper												
Interpreter												
Decoders for TV and films												
Other:												
Other:												
Other:												

Deliberations:

¹ Special language programs are required for all students who are limited English proficient.
 * Denotes required items

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

Date: _____ Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

Results of previous assessments (see copy of CSR)

TAKS Results: Grade at Testing: _____

Date: _____	Reading: _____ SS/TPM	Math: _____ SS/TPM	
Date: _____	Writing: _____ SS/TPM	Composition: _____ SS/TPM	
Date: _____	English/LA: _____ SS/TPM	Science: _____ SS/TPM	Social Studies: _____ SS/TPM

TAKS-Acc Results: Grade at Testing: _____

Date: _____	Reading: _____ SS/TPM	Math: _____ SS/TPM	
Date: _____	Writing: _____ SS/TPM	Composition: _____ SS/TPM	
Date: _____	English/LA: _____ SS/TPM	Science: _____ SS/TPM	Social Studies: _____ SS/TPM

TAKS-M Results: Grade at Testing: _____ Date: _____

Date: _____	Reading: _____ SS/TPM	Math: _____ SS/TPM	
Date: _____	Writing: _____ SS/TPM	Composition: _____ SS/TPM	
Date: _____	English/LA: _____ SS/TPM	Science: _____ SS/TPM	Social Studies: _____ SS/TPM

TAKS-ALT Results: Grade at Testing: _____

Date: _____	Reading: _____ SS/TPM	Math: _____ SS/TPM	
Date: _____	Writing: _____ SS/TPM	Composition: _____ SS/TPM	
Date: _____	English/LA: _____ SS/TPM	Science: _____ SS/TPM	Social Studies: _____ SS/TPM

Summary of Results _____

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

Date: _____ Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

District Wide Assessment Results: Grade at Testing: _____

Test Name(s): _____

Summary of Results _____

State Assessment

This student is/will be in grade level that takes the state assessment: Yes No

Test Legend: TAKS = TAKS ACC = TAKS (Accommodated) M = TAKS-Modified ALT = TAKS-Alternate EOC=End of Course
 L = LEP Exempt/LAT P = Previously Passed

Subject	Year	Test	Rationale
Reading			
ELA			
Writing			
Math			
Science			
Social Studies			

Rationale:

1. The student is receiving instruction in grade-levels TEKS curriculum.
2. The student is accessing grade-level curriculum by using expanded accommodations.
3. The student is accessing grade-level curriculum through extensive modification and accommodations and meets the participation criteria for TAKS-M.
4. The student is accessing grade-level curriculum through prerequisite skills and meets the participation criteria for TAKS-Alt.

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

Date: _____ Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

Projected Next Year TAKS

Subject	Year	Test	Rationale
Reading			
ELA			
Writing			
Math			
Science			
Social Studies			

Discussion:

Language of delivery for TAKS English Spanish

	TAKS Accommodations	Reading	ELA	Writing	Math	Science	Social Studies
<input type="checkbox"/>	None needed						
<input type="checkbox"/>	Oral Admin/Signed - a few words and phrases (OA)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oral Admin/Signed - multiple sentences (OA)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oral Admin/Signed - entire test (OA)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orally read questions & answer (M reading test only) (P)	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	Small Group (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date: _____

Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

<input type="checkbox"/>	Individual (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Large Print (LP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Braille (BR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Magnifying / Low Vision Devices (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Color Overlay (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Transfer/Transcribe (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Scribe (on reading test this is allowable only for 9th) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sign / Translate Directions (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Amplification Device (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dyslexia Bundle (grades 3 - 8 TAKS/ACC) (DB)	<input type="checkbox"/>					
<input type="checkbox"/>	Place Marker (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Read Aloud to Self (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Graphic Organizer (ACC/M) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Manipulate Test Materials (P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	On-Task Reminders (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Minimize Distractions (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Frequent Breaks (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extended Time (2 days) (ARF) (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pictorial models (ACC/M) (P)				<input type="checkbox"/>		
<input type="checkbox"/>	Dictionary (ACC/M) (R)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Word List (on reading test this is allowable only for 9th) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Spell Check (on reading test this is allowable only for 9th) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Date: _____

Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

<input type="checkbox"/>	Word Processor (on reading test this is allowable only for 9th) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Grammar Rules (ACC/M) (R)		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Vocabulary List (ACC/M) (R)		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Strategy Checklist (ACC/M) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mnemonic Devices (ACC/M) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Scratch Paper (ACC/M) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Calculation Device (ACC/M - grades 3 - 8) (ARF for 3 - 6) (R)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Addition Chart (ACC/M) (R)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Multiplication Chart (ACC/M) (R)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Number Line (ACC/M) (R)				<input type="checkbox"/>		
<input type="checkbox"/>	100 Chart (ACC/M) (R)				<input type="checkbox"/>		
<input type="checkbox"/>	Place Value Chart (ACC/M) (R)				<input type="checkbox"/>		
<input type="checkbox"/>	Process Description (ACC/M) (R) (ARF only)				<input type="checkbox"/>		
<input type="checkbox"/>	Manipulatives (R)				<input type="checkbox"/>		
<input type="checkbox"/>	Non-Labeled Graphics (ACC/M) (R)					<input type="checkbox"/>	
<input type="checkbox"/>	Blank Timeline (ACC/M) (R)						<input type="checkbox"/>
<input type="checkbox"/>	Blank Map (ACC/M) (R)						<input type="checkbox"/>
<input type="checkbox"/>	Skills Checklist (ACC/M) (R)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

The ARD Committee deems that the student may request a change in the level of oral administration support at any time during the test.

(P) ' Presentation (R) ' Response (S) ' Setting (T) ' Timing and Scheduling (ARF) ' Accommodation Request Form may be required ' refer to Accommodations Manual. Accommodations may only be provided on state assessments if allowable per TEA guidelines and/or TEA approval.

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

Date: _____ Campus: _____

Name: _____ ID#: _____ MEDICAID# _____ Grade at Testing: _____

Additional Accommodations

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

Is this an LEP student in grades K-12? YES NO

If the answer is No, skip this area. If the answer is Yes, complete this table.

TELPAS Domains	Y/N/A	Individ Admin	Small Group Admin	Transfer	Other
Reading					
Speaking					
Writing					
Listening					

If the student is exempt from the TELPAS it is because:

- Student requires Braille version of the test, which is not yet available.
- Student has not yet been provided instruction in the reading TEKS because his/her current development level makes formal reading instruction inappropriate.
- Student has unique circumstances.

Explain: _____

Due to the nature of the student's disability, the allowable accommodations for the RPTE would not adequately assess the student's reading ability in English.

Texas Primary Reading Inventory (TPRI) Will take Will not take Not age appropriate

Rationale for decision:

- Student is provided instruction in reading TEKS and does not need any accommodations or modifications that would invalidate the TPRI.
- Student needs the following allowable accommodations to participate.

Student is not yet provided instruction in reading TEKS because his/her current developmental level makes formal reading instruction in appropriate.

Other (specify): _____

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STATE / DISTRICT REQUIRED ASSESSMENT CONSIDERATIONS

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

District wide assessment is offered for this student's grade level? Yes No

District Wide Assessment

District Wide Assessment	Y / N / NA	Rationale for Assessment #	Accommodations

Rationale:

- 1 The student is receiving instruction in grade-level TEKS curriculum.
- 2 The student is accessing grade-level curriculum by using expanded accommodations
- 3 The student is accessing grade-level curriculum through extensive modification and accommodations
- 4 The student is accessing grade-level curriculum through prerequisite skills

***Deliberations:** _____

LRE Service Alternatives

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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The ARD committee must ensure that to the maximum extent appropriate students with disabilities are educated with students who are not disabled.

Efforts to Modify and Supplement the Student's Participation in the General Education Setting	Provided/Considered	Educational Benefit Provided?	
		Academic	Nonacademic
General education classroom core instructional interventions (Tier I)			
Targeted group interventions (Tier II)			
Intensive, individual interventions other than special education (Tier III)			
English as a Second Language (ESL)/bilingual education			
Title I programs			
Tutorial/remedial/compensatory services			
Intensive program of instruction			
Accelerated program of instruction			
Personal graduation plan			
Dyslexia services			
Supplementary aids and services provided in the general education classroom			
Accommodations			
Program modifications			
Special education speech therapy			
Special education resource room			
Prekindergarten			
Assistive technology			
Other: _____			

Yes No Were these efforts to modify and supplement the student's participation in the general education setting sufficient?

LRE Service Alternatives

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH

Yes No Will the student receive an educational benefit from participation in the general education setting (including nonacademic benefit)?

Yes No The ARD Committee has considered the effect the presence of a child with a disability has on the general education classroom, and thus, on the education that the other children are receiving.

The ARD committee must ensure that to the maximum extent appropriate students with disabilities are educated with students who are not disabled.

LRE Service Alternatives

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH	
Efforts to Modify and Supplement the Student's Participation in the General Education Setting			Provided/Considered	Educational Benefit Provided?	
				Academic	Nonacademic
Self-contained, regular campus					
Vocational adjustment class/program					
Separate campus					
Homebound					
Hospital class					
Nonpublic day school					
Residential care and treatment facility					
Other: _____					

Describe the student's overall educational experience in the general education setting, balancing the benefits of general and special education for the individual student:

The committee recommends that this student receive ALL instruction and services in the general education setting with supplementary aids and services. If selected, skip the next two sections and go to **SCHEDULE OF SERVICES** in the student's IEP/ARD.

OR

The committee recommends that this student receive part or all instruction in a special education setting. If selected, complete the following sections of the student's IEP/ARD:

- Removal from General Education
- Consideration of Potential Harmful Effects;
- Opportunity to Participate; and
- Schedule of Services

LRE Removal from General Education

LRE Service Alternatives

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
-----------------	-----	-----------	--------	---------------

After considering educating the student in a general education setting with supplementary aids and services, this option was rejected for the following reason(s):

- Placement in the general education classroom prohibits the student from achieving all goals/objectives in his/her IEP, even though supplementary aids and services are used.
- TEKS objectives for the student's assigned grade level exceed his/her present level of educational performance; therefore, the student requires instruction based on present competencies which are significantly below current grade placement.
- The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the general curriculum/activity.
- The student's behavior/needs are such that the student requires a structured/specialized environment for implementation of the IEP and BIP and/or that the student and/or other students would not benefit satisfactorily from instruction in the general education classroom.
- Speech therapy/ Instructional/Related Services goals and objectives contained in the IEP require a small group/individual setting with trained, licensed, or certified staff in a less distracting environment than the general education classroom.
- Services and/or therapies in the student's IEP cannot be provided on a general education campus.

Explain:

- Positive behavioral supports and strategies contained in the student's IEP cannot be implemented on a general education campus.
- The student's behavior is so dangerous that it cannot be controlled without intense supervision in a highly structured environment off the general education campus.
- The student had a previously unsuccessful placement on a general education campus.
- The student has been confined to a home or hospital setting by physician or court order. Medical needs supersede educational needs at this time.
- Other: _____

LRE Consideration of Potential Harmful Effects

If the student is removed from the general education classroom/campus, the following are potential harmful effects that may impact the student and/or the quality of services which the student needs such as:

Effects on the student:

- Lack of opportunity for appropriate role models
- Stigmatization
- Lack of opportunity for social interaction
- Decreased self-esteem
- Other: _____

Effects on the quality of services:

- Diminished access to full range of curriculum
- Decreased access to instructional opportunities
- Significant differences in developmental levels
- Other: None Anticipated
- Other: _____

LRE Service Alternatives

NAME OF STUDENT ID# MEDICAID# CAMPUS DATE OF BIRTH

Yes No Does the ARD committee anticipate any harmful effects?

If Yes, Yes, but benefits outweigh anticipated harmful effects.

or Yes, ARD committee will take anticipated harmful effects into account when determining placement.

LRE Opportunity to Participate in Nonacademic Activities

YES NO If the student is removed from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic, extracurricular and other activities? If NO, describe the nonacademic and/or extracurricular activities in which the student will not have an opportunity to participate:

- meals
- recess periods
- general education counseling services
- athletics/Fine Arts
- field trips
- general education routines (homeroom assignments, lockers, study hall, class changes, social activities, fundraiser etc.)
- Other: _____
- Other: _____
- regular transportation
- health services
- recreational activities
- special interest group
- assemblies

If any of the above items are marked, explain why this student is unable to participate:

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***SCHEDULE OF SERVICES**

NAME OF STUDENT _____ ID# _____ MEDICAID# _____ CAMPUS _____ DATE OF BIRTH _____

Duration of Special Education and Related Services: In effect from _____ to _____

Parents will be notified of student progress on the same schedule as their general education peers.

- Report Card Progress Report Parent Conference
 IEP Report Card IEP Progress Report
 Other: _____

Instructional day: Minutes or Periods per day: Minutes per period:

Next Year Minutes or Periods per day: Next Year Minutes per period:

Curriculum

Semester	Year	Course/Curriculum Area Location	Gen Ed Modified		General education Time	Special education Time	Progress/Grade determined by:		
			Yes	No			Gen Ed	Spe Ed	Joint

Elective Pool:

Semester	Year	Course/Curriculum Area Location	Gen Ed Modified		General education Time	Special education Time	Progress/Grade determined by:		
			Yes	No			Gen Ed	Spe Ed	Joint

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***SCHEDULE OF SERVICES**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
Related Services		Frequency/Duration		Location of Services

Descriptor of Related Services: _____

IEP Services /Supports necessary to implement IEP	Frequency/Duration	Location of Services

Descriptor of Services / Support: _____

Extended School Year Services were discussed: Yes No Not considered at this time

ESY consideration is:

- Recommended by parent.
- Recommended by district personnel directly involved in the student's education.
- Not recommended for discussion by either parent or school.
- Not recommended for discussion at this time, but will be discussed at a later date.

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***SCHEDULE OF SERVICES**

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
Discussion: _____				

Special Transportation (See ARD/IEP Transportation Services Supplement):

Yes No If Yes, see Transportation page.

The ARD committee determined that regularly scheduled therapy sessions that are missed by the student due to absence from school; participation in extracurricular activities such as field trips, assemblies, pep rallies, etc.; or participation in district or statewide testing will not be rescheduled or made up. Therapy sessions that are missed due to absence of the therapist will be rescheduled and made up.

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PLACEMENT OF SERVICES

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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The ARD committee determined that services will be provided at:

Name of Current Year Campus: _____

Name of Interim Campus: _____

Name of Next Year Campus: _____

Instructional Setting

Current Year Instructional Setting Code: _____

Next Instructional Setting Code: _____

Next Year Instructional Setting Code: _____

Speech Therapy Services

Current Year Speech Therapy Services in addition to the Instructional Setting Indicated: _____

Next Year Speech Therapy Services in addition to the Instructional Setting Indicated: _____

Instructional Program: _____

Yes No This is the same campus the student would attend if not disabled.

If NO, identify the services that cannot reasonably be provided on the student's home campus.

Frequent and intense behavioral interventions

Specially Trained Education Personnel

Specialized equipment and resources that would be fiscally unreasonable to duplicate

(RDSPD Students) student's hearing loss severely impairs processing linguistic information through hearing, even with recommended amplification, and adversely affects educational performance.

Other: _____

Yes No According to district attendance zones this is the campus which is as close as possible to the student's home.

Justify: _____

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PLACEMENT OF SERVICES

NAME OF STUDENT ID# MEDICAID# CAMPUS DATE OF BIRTH

ASSURANCES: parents assured by: Name: _____
Title: _____

The ARD committee assures that removal of students with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The ARD committee assures that each student with a disability participates in nonacademic and extracurricular services and activities, including meals, and recess periods, with nondisabled students to the maximum extent appropriate to the needs of the student.

The ARD committee assures that to the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who are nondisabled.

Yes No Does the ARD determine additional staff training is required to implement student's IEP?
If Yes, please specify. _____

Comments: _____

Access to and Destruction of Records

The special education department observes federal and state laws, state regulations and local policies pertaining to the confidentiality of student records. Parents (or an eligible student 18 years or older) may inspect and review records at any time. School officials with a legitimate educational interest have access to student records. The parents of a student with a disability must give written consent before a student's records can be seen by someone not involved in the student's education.

If the student transfers to another school district, special education records will be sent to the receiving district without parental consent.

Special education eligibility and educational records are maintained for seven (7) years following the date of the last recorded action for each student served by the Special Education Department of _____

At the end of seven years, the records will be destroyed.

Records with personally identifiable information are located on the campus of the school which the student attends and the Special Education Services office at _____

You may call with any questions concerning records _____

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PLACEMENT OF SERVICES

NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
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REVIEW OF COMMITTEE DECISIONS:

- Accept assessments _____
- Accept reevaluation information review _____
- Additional assessment is needed _____
- Timeline for completion of assessment _____

- Accept/review Graduation Plan (See ARP/IEP Supplement Graduation)
- Extended School Year Yes No (See ARP/IEP Supplement ESY)
- IEP Accept Revise Continue
- Behavior Intervention Plan Accept Revise Continue
- Transportation services (See ARP/IEP Supplement Transportation)

Comments: _____

Services included:

- BIP Graduation VI Vocational
- Autism Transportation ESY AI
- FBA Transition
- Other _____

Deliberations: _____

ARD/IEP Meeting Date: _____

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SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

NAME OF STUDENT ID# Medicaid# CAMPUS DATE OF BIRTH

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understand what was discussed.

SIGNATURE AND TITLE (Required Members)	POSITION	Agree	Disagree
	Parent(s)/Adult Student		
	District Representative		
	General Education Teacher		
	Special Education Teacher/ Provider		
	Assessment		
SIGNATURE AND TITLE (In Attendance Only)	POSITION		

ARD/IEP Meeting Date: _____

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SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

NAME OF STUDENT	ID#	Medicaid#	CAMPUS	DATE OF BIRTH
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Date Sent/Mailed: _____

Action proposed or refused:

Why action was proposed or refused: (Description of Action Proposed or Refused)

ARD/IEP Meeting Date: _____

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SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

NAME OF STUDENT	ID#	Medicaid#	CAMPUS	DATE OF BIRTH
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Before proposing or refusing to take action(s), the following alternatives were considered:

PRIOR OPTIONS IMPLEMENTED OR CONSIDERED	WHY OPTIONS WERE UNSUCCESSFUL OR REJECTED
1.	1.
2.	2.
3.	3.
4.	4.

Evaluation procedures, tests, records, or reports used as a basis for the proposal or refusal:

Other factors relevant to the proposal or refusal:

Explain: _____

A copy of the procedural safeguards in understandable language, where feasible, must be given to the parents/guardian of a child with a disability only once in a year. A copy must also be given when an initial evaluation or a parent request for an evaluation occurs, upon receipt of the first due process, or State complaint during a school year, when the district decides to make a change in placement due to a discipline issue, and upon parent request. [300.504(a)] A copy will be/was provided to _____ on _____.

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, or educational placement of your child/you or the provision of a free appropriate public school education (FAPE) to your student/you, or upon conducting a manifestation determination.

- The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on: _____ by _____.
- Parent/adult student verified to the translator that he/she understands the content of this notice.

ARD/IEP Meeting Date: _____

Deer Park Independent School District
204 Ivy
Deer Park, TX 77536
832-668-7160

SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

NAME OF STUDENT	ID#	Medicaid#	CAMPUS	DATE OF BIRTH
-----------------	-----	-----------	--------	---------------

Yes No The committee mutually agreed to implement the services reflected in these proceedings.

OR

The members of this committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on

_____ at _____
Date Place and Time

ARD records shall reflect why mutual agreement has not been reached. Individual statements may be attached.

Explain: _____

If a ten-day recess is declined by the parents or adult student, or if after the ten-day recess, the ARD committee still cannot reach mutual agreement, the district shall implement the IEP that it has determined to be appropriate for the student. When a district implements an IEP with which the parent disagrees or the adult student disagrees, the district shall provide written notice to the parent or the adult student as required in 34 CFR 300.503 (notice of proposal or refusal).

A copy of the procedural safeguards in understandable language, where feasible, must be given to the parents/guardian of a child with a disability only once in a year. A copy must also be given when an initial evaluation or a parent request for an evaluation occurs, upon receipt of the first due process, or State complaint during a school year, when the district decides to make a change in placement due to a discipline issue, and upon parent request. [300.504(a)] A copy will be/was provided to _____ on _____

WAIVER FOR NOTICE TO PROVIDE SERVICES

Yes No Parent(s) or adult student agrees to waive the five day school notice regarding the implementation of the proposed changes(s)

If parent declines the waiver, the previous IEP will remain in effect until the newly adopted IEP is implemented after a five day waiting period.

Signature of Parent(s), Guardian, Surrogate or Adult Student

A copy will be/was provided to _____ on _____

To obtain assistance in understanding this notice of ARD committee provisions, You may call Texas Education Agency Hotline # 1-800-252-9668 or Education Service Center, _____

Yes No Parent(s) attended the ARD meeting. If No, copy of the ARD will be provided.

Yes No This is an Initial Provision of Services

Date of Initial ARD: _____

Date services will start: _____

ARD/IEP Meeting Date: _____

Deer Park Independent School District
204 Ivy
Deer Park, TX 77536
832-668-7160

SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

NAME OF STUDENT	ID#	Medicaid#	CAMPUS	DATE OF BIRTH
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been fully informed in my native language or other mode of communication and understand the admission, review, and dismissal (ARD) committee determination of eligibility of my child/me for special education, and the recommendation for the initial provision of special education and/or related services. I understand the ARD committee report dated _____ that has been prepared for my child/me.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree with the ARD committee's decision and give my permission for the educational placement that has been proposed for my child.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that my consent for placement is voluntary and may be revoked at any time.			
If any NO is selected, please explain: _____				

Signature of Parent, Guardian, Surrogate or Adult Student

Date

Signature of Interpreter, if used

Date

DENNIS BONNEN



CAPITOL OFFICE:
P.O. Box 2910
AUSTIN, TX 78768-2910
(512) 463-0564
FAX (512) 463-8414

DISTRICT OFFICE:
122 E. MYRTLE
ANGLETON, TX 77515
(979) 848-1770
FAX (979) 849-3169

HOUSE OF REPRESENTATIVES
Committees: Chair, Land and Resource Management · Elections

March 25, 2011

Jim Haley, Asst. Superintendent
Sweeny ISD
1310 Elm Street
Sweeny, Texas 77480

Dear Sir:

Thank you for your email asking for my support of SB 1788.

Upon receiving your email, I visited with Representative Dan Huberty, who filed companion bill HB 2830 in the House. He indicated that a key component of the bill would be to provide a shorter, more comprehensive form for parents to fill out requesting special education services for a child. An updated form could be both less confusing and less costly - saving money for schools while making it easier for parents to complete. His efforts fall in line with my goal to eliminate unnecessary bureaucracy from our education system. I appreciate that you took the time to alert me about this proposal and I stand ready to offer my full support should it come before the House of Representatives for a vote.

Input from active educators is invaluable as I work to best represent the interests of schools in my House district. If I can be of further assistance, please do not hesitate to call on me.

Sincerely,

A handwritten signature in cursive script that reads "Dennis Bonnen".

Dennis Bonnen
State Representative,
District 25



DISTRICT 25 BRAZORIA (PART)



MONTGOMERY INDEPENDENT SCHOOL DISTRICT
700 Dr. Martin Luther King, Jr. Drive · Montgomery, Texas 77356
Telephone (936) 597-6407 · Fax (936) 597-6418

Kim Howze
Director of Special Education Services

April 1, 2011

Texas State Senate Committee on Education
Sam Houston Building
Room 440
Austin, Texas

Dear Sir,

As the Director of Special Education for Montgomery ISD and a special educator for the past 32 years, I want to express my support of the "IEP Simplification Bill", Senate Bill 1788. The focus of this bill is to simplify the paperwork process involved in the education of students with disabilities. Navigating and understanding the lengthy, complicated maze of paperwork required by our state is incredibly difficult for educators and parents. For this reason, communication often breaks down resulting in disputes that cost additional time and money, and consequently in broken relationships between parents and schools.

Although documentation is indeed critical, the heart of this process is the student. Simplifying this paperwork process will allow the primary focus to be on delivery of services to our students, not the documentation of the agreement.

I strongly urge your consideration of this bill.

Sincerely,

Kim Howze
Director of Special Education



Spring Branch Independent School District

Special Education Department
9000 Westview Dr., 2nd Floor, Houston, TX 77055
Phone (713)-251-1700 • Fax (713) 365-4092
Deborah Darmer, Director of Special Education

April 1, 2011

Texas State Senate Committee on Education
Sam Houston Building
Room 440
Austin, Texas

Dear Sir:

I am writing in support of Senate Bill 1788, referred to as the "IEP Simplification Bill". As the Director of Special Education for the Spring Branch Independent School District located in the Houston area, I believe this to be a very important bill. This bill focuses on simplifying the paperwork process related to the educational programs of students with disabilities. The result of simplifying this process would be additional time and resources devoted to the actual implementation of those individualized programs for students.

I have been a special educator for over thirty years and I believe this bill captures the revision and improvement of the IEP process that both school districts and parents would welcome. As districts and parents collaborate to meet the needs of students with disabilities, our efforts often tend to be over shadowed by the laborious paperwork process required. As we come to mutual agreements on the programs for students with disabilities, documentation of those agreements is indeed necessary; however, the current process is so cumbersome it tends to become the primary focus.

In this time of limited resources, it is our professional responsibility to critically evaluate current practices. SB 1788 proposes efficiency without sacrificing quality. I strongly urge your consideration of this bill.

Sincerely,

Deborah Darmer
Director of Special Education

Inspiring minds. Shaping lives.

Duncan F. Klusmann, Ed.D., Superintendent of Schools
www.springbranchisd.com

215 County Road 787
Sweeny, TX 77480

March 30, 2011

Members of the 82nd Legislature,

I teach Special Education in Sweeny ISD and my son receives Special Education services. Unnecessary paperwork with redundant information is burdensome to teachers and parents.

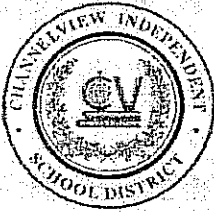
A model IEP form would be more cost and time efficient. A model form would reduce redundancy in paperwork and save Texas school districts money on paper and printer ink. Less time would be spent on paperwork and the information in students' Special Education files would be more accessible to teachers and parents.

Please support the development of a model IEP form.

Sincerely,

A handwritten signature in cursive script that reads "Tracie Arnold".

Tracie Arnold



CHANNELVIEW INDEPENDENT SCHOOL DISTRICT

Special Education

"Actively Promoting Student Success"

April 4, 2011

Gloria Roach
Director of Special Services
Channelview Independent School District
828 Sheldon Road
Channelview, Texas 77530

Texas State Senate Committee on Education
Sam Houston Building
Room 440
Austin, Texas

Dear Sir:

This letter is written in support of Senate Bill 1788. This legislation will have the effect of simplifying the Individual Education Plan (IEP), resulting in a document that is written in plain language. The purpose of an IEP is to document those services necessary to serve each student receiving special education services so that parents and school staff are in agreement and all know what is expected.

Currently, many staff hours are devoted to the preparation of exceedingly lengthy and complex documents. Sometimes the unintended effect is to confuse parents and inhibit their participation. Long hours are spent out of the classroom and in meetings explaining these documents to parents and other school staff. Even then, misunderstandings sometimes occur. A simplified document that is easier to prepare and clear to all should free staff hours for direct services to students and increase the ability of parents to participate in the formation of the educational plan for their child.

It is our responsibility as professional educators to seek ways by which we can continue to meet the needs of Texas children with special needs even in tough economic times. Ways must be found to streamline procedures and paperwork without sacrificing services to students. For these reasons, I encourage you to support SB 1788.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Roach".

Gloria Roach
(281) 452-8006

Mrs. Julicanne R. Amos
P.O. Box 961
Needville, Texas 77461
April 4, 2011

Esteemed Ladies and Gentlemen:

I am writing to you today to express my vehement support of SB 1788 and HB 2830, which would help create a more efficient and streamlined system of documenting the Individualized Education Plan of Texas' school children with special needs.

As the mother of a twice-exceptional eight-year-old son who not only qualifies as a Gifted and Talented student due to his extraordinary intellect, but also happens to have an Autism Spectrum Disorder, I cannot begin to stress to you how critical the need for a unified and simplified system of documenting the modifications, accommodations, assessment needs, and classroom performance of each child qualified under IDEA.

As Texas public educators for the past eleven years, my husband and I have both been involved exhaustively in the ARD process—as teachers, parents, and most recently for my spouse, as an administrator. Having been on three sides of the ARD Committee table, I can assure you that these meetings can be long, tedious, stressful, and emotional, especially for the parent. Having a child on the autism spectrum requires an eleven-area addendum to the IEP known as the "Autism Supplement", as well. As a result, we receive hundreds of pages of documentation each year, most of which is redundant and will never change unless a miracle occurs and a cure for autism is found. The rhetoric is difficult to understand even for those with degrees IN education, and it is filled with endless acronyms and jargon that would leave a parent without yearly updates in special education reeling.

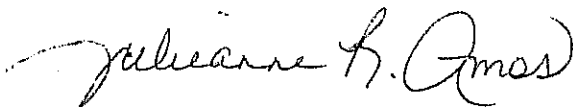
As educators, we are required to have access to our own secure copies of these IEP's for every student qualified under IDEA or modifications for those qualified under 504, as well as keeping documentation of implementation of the modifications and accommodations that are set forth for each student in our classrooms. Countless hours are spent documenting, copying, training, and policing our Special Education programs out of fear of legal repercussions—all of which could be spent in so many more beneficial ways to the children, in researching new methods, attending professional development, and most of all, working more closely with the student.

It is my contention, ladies and gentlemen, that all the red tape is stealing opportunities from students who have already been dealt difficult challenges to overcome in life. It creates an environment of distrust, uneasiness, and fear for parents and teachers alike. Parents question whether or not their child's needs and best interests are being met, and teachers are often overwhelmed by a massive document outlining all the proverbial hoops they must jump through and all that is "wrong" with this child that they begin to question their ability to meet the child's needs with those of the two dozen others or more in the class. And we as educators are continuously being given MORE students with MORE challenges, MORE mandates, MORE AND HIGHER expectations and accountability with FEWER resources and LESS support from those who seek to impose these regulations.

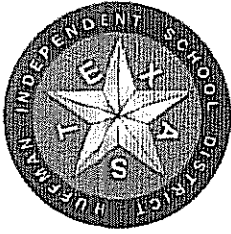
The State of Texas is under a federal mandate to minimize its rules, regulations, and policies relative to the IDEA's implementation. SB 1788 and HB 2830 are intended to be in line with this mandate. I beseech you as a parent and as a Texas educator to help my son and the thousands of Texas school children and their parents as well as Texas school districts who would benefit from this legislation by supporting SB 1788 and HB 2830 and a simplified and unified system of documenting the Individualized Education Plans for students under IDEA. Completing massive amounts of paperwork is no indication of a quality special education program, anymore than putting a bandage on someone makes them a physician. Quality comes from what we DO, not what we SAY.

Thank you for your consideration and support.

Sincerely,

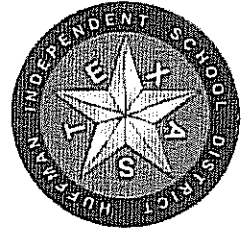


Mrs. Julieanne Amos
Proud Texas Parent and Educator



Huffman Independent School District

24302 FM 2100 ~ P.O. Box 2390
Huffman, TX 77336
Phone (281)324-1871 ~ Fax (281)324-4319



April 4, 2011

Texas State Senate Committee on Education
Sam Houston Building
Room 440
Austin, Texas

Dear Sirs:

I am writing on behalf of Huffman Independent School District in support of Senate Bill 1788, referred to as the "IEP Simplification Bill." Huffman is a small district serving 274 special education students. The district struggles to meet the federal and state guidelines with its limited resources. The District felt strongly about joining the IEP Simplification Coalition in hopes to streamline the level of paperwork needed for ARD meetings. The level of paperwork that is required by our state is incredible in its length and difficulty, therefore the district is using diagnosticians, facilitators, and LSSPs for IEP paperwork. The expertise of staff running the ARDs would be better utilized for behavioral and academic interventions which over time would reduce the number of students receiving special education services. Also, the district would benefit from in-district trainings by these individuals to help teachers of special education students meet their needs in the general education classroom.

In this time of limited resources, the "IEP Simplification Bill" would give the district the availability of additional staff for interventions and trainings of teachers by "simplifying" the IEP paperwork. Huffman Independent School District encourages your consideration of this bill.

Sincerely,

Kathy Krenek
Director of Special Services