

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

Current Enrolled School: _____ Age: _____ Current Grade: _____ H.S. Credits: _____ Grade Next Yr: _____ Gender: Female Male

Current Home School: _____ School Next Year: _____ Home School Next Year: _____ SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school? Yes No NA

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

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

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

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

Reason for Meeting?: Review Referral Plan Eval/Reeval Review Eval/Reeval Determine Eligibility Determine Continuing Eligibility Develop IEP

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

Deaf - Blindness Hearing Impairment (Deaf or Hard of Hearing) Specific Learning Disabilities Traumatic Brain Injury OHI - ADD/ADHD

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

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

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

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

Team Member Present (required)

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

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

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

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

Student: _____ Guidance: _____ Other: (specify) _____

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

Student: _____

DOB: _____

District: _____

Meeting Date: _____

Last Name, First Name

mm/dd/yyyy

PRIOR WRITTEN NOTICE

mm/dd/yyyy

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)	Date these actions will be implemented
<p>Actions Refused</p>	<p>Reasons for refused actions</p> <p><input type="checkbox"/> Educational performance supports refusal</p> <p><input type="checkbox"/> Evaluation results support proposed actions</p> <p><input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved</p> <p><input type="checkbox"/> Student has met Exit Criteria</p> <p><input type="checkbox"/> Other _____</p>	<p>Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)</p> <p><input type="checkbox"/> Achievement _____ <input type="checkbox"/> Motor _____</p> <p><input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____</p> <p><input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Review of Records _____</p> <p><input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social Emotional Behavior _____</p> <p><input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____</p> <p><input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and dated) _____</p> <p><input type="checkbox"/> Health/Medical _____</p>	
<p>Other options considered and rejected in favor of the proposed actions</p> <p><input type="checkbox"/> Full-time placement in general education with supplementary aids and services.</p> <p><input type="checkbox"/> No other options were considered and rejected.</p> <p><input type="checkbox"/> Other options considered and rejected in favor of this action: _____</p>	<p>Rationale for rejecting other options</p> <p><input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>Other factors that are relevant to this action</p> <p><input type="checkbox"/> There are no other factors that are relevant to the PPT decision</p> <p><input type="checkbox"/> Information/concerns shared by the parents</p> <p><input type="checkbox"/> Information/preferences shared by the student</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>Exit Information</p> <p><input type="checkbox"/> Date of exit from Special Education _____</p> <p><input type="checkbox"/> Returning to general education _____</p> <p><input type="checkbox"/> Reason for exiting Special Education: _____</p>
<p>Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of <u>Procedural Safeguards in Special Education</u> which explains these protections is made available previously this school year (date) _____ <input type="checkbox"/> is enclosed with this document. A copy of <u>Procedural Safeguards in Special Education</u> is available on school district website: http://www.Delete if not available on line. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&C=320730.</p>			

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mm/dd/yyyy

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mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area
(briefly describe current performance)

Strengths
(include data as appropriate)

Concerns/Needs
(requiring specialized instruction)

Impact of student's disability on involvement
and progress in the general education
curriculum or appropriate preschool activities.

Behavioral/Social/Emotional:

Age Appropriate

Communication:

Age Appropriate

Vocational/Transition:

Age Appropriate

Health and Development
including Vision And Hearing:

Age Appropriate

Fine and Gross Motor:

Age Appropriate

Activities of Daily Living:

Age Appropriate

Other:

Age Appropriate

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

TRANSITION PLANNING

1. Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.

This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.

2. Student Preferences/Interests – document the following:

- a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? Yes No
- b) Did the student attend? Yes No
- c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
 Personal Interviews Comments at Meeting Functional Vocational Evaluations Age appropriate transition assessments Other _____
- d) Summarize student preferences/interests as they relate to planning for transition services: _____

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

4. Agency Participation:

- a) Were any outside agencies invited to attend the PPT meeting? Yes with written consent No (If No, MUST specify reason as listed in the IEP Manual) _____
- b) If yes, did the agency's representative attend? Yes No
- c) Has any participating agency agreed to provide or pay for services/linkages? Yes No (If Yes, specify) _____

5. Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP

- a) Post-School Outcome Goal Statement - Postsecondary Education or Training: _____
 Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP
- b) Post-School Outcome Goal Statement – Employment: _____
 Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP
- c) Post-School Outcome Goal Statement - Independent Living Skills (if appropriate): _____

6. Please select ONLY one:

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

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

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

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

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

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

Eval. Procedure: _____
 Perf. Criteria: _____
 (%), Trials, etc.) _____
 Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

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

Objective #1 _____

Eval. Procedure: _____
 Perf. Criteria: _____
 (%), Trials, etc.) _____
 Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #2 _____

Eval. Procedure: _____
 Perf. Criteria: _____
 (%), Trials, etc.) _____
 Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #3 _____

Eval. Procedure: _____
 Perf. Criteria: _____
 (%), Trials, etc.) _____
 Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures

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

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

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

STATE AND DISTRICT TESTING AND ACCOMMODATIONS
STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS									
Check the grade the student will be in when the test is given.									
<input type="checkbox"/>	Grade K	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>	Grade 4
<input type="checkbox"/>	Grade 5	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>	Grade 8	<input type="checkbox"/>	Grade 9
<input type="checkbox"/>	Grade 10	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	Grade 12				

Standard Assessments and Alternate Assessments
 Smarter Balanced Assessments (Grades 3-8), Connecticut SAT (Grade 11) and the Connecticut Alternate Assessments (CTAA), include English Language Arts and Mathematics (Grades 3-8 & 11). Standard Assessment or Alternate Science Assessment required in Grades 5, 8 and 11.

Assessment Options: (Select ONE Option)

1. Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8)

2. CTAA* – (Includes Alternate Science Assessment for Grades 5, 8, and 11) ★

3. Connecticut SAT and Standard Science Assessment (Grade 11)

English Language Proficiency Assessment

English Language Proficiency Assessment required for all English Learners Grades K-12

Student requires designated supports/accommodations on the ELP assessment

Administration Options: (Select ONE Option) – Accommodations will be provided.

<input type="checkbox"/> Yes	The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations**
<input type="checkbox"/> Yes	The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations***

* **Learner Characteristics Inventory (LCI)** must be used for guidance on eligibility requirements. **A PPT decision to assess the student using the CTAA and Alternate Science Assessment must be recorded on page 3 of the IEP, Prior Written Notice.**

** If supports/accommodations are given, attach a copy of the **Test Designated Supports/Accommodations Form** for the IEP and provide a copy to the district test coordinator for required registration.

*** **Please note:** There are two options for requesting accommodations for the Connecticut SAT. One option is through the **College Board (CB) process**: if all accommodations are approved through the CB process, test scores can be used for college admission and state accountability. The other option is through the **State Allowed Accommodations (SAA) process**: if accommodations are approved through the SAA process, test scores can ONLY be used for state accountability and NOT for college admission. **Please make sure to discuss these options at a PPT meeting before completing this page of the IEP.**

DISTRICTWIDE ASSESSMENTS

Check the grade(s) the student will be in when the tests are given.

<input type="checkbox"/>	Grade Pre-K	<input type="checkbox"/>	Grade K	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 3
<input type="checkbox"/>	Grade 4	<input type="checkbox"/>	Grade 5	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>	Grade 8
<input type="checkbox"/>	Grade 9	<input type="checkbox"/>	Grade 10	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	Grade 12		

DISTRICTWIDE ASSESSMENTS
 (Select all appropriate options.)

N/A - No districtwide assessments are scheduled during the term of this IEP.

Alternate Assessment(s) ★

Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

Select one of the following options:

No accommodations will be provided, OR

Accommodations will be provided as specified on Page 8, OR

Accommodations will be provided as specified below.

★ **Learner Characteristics Inventory (LCI) must be completed at the PPT if student qualifies for the Alternate Assessment.**

Student: _____

Last Name, First Name

DOB: _____

mm/dd/yyyy

District: _____

Meeting Date: _____

mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

- 1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 - NA A behavioral intervention plan has been developed.
 - IEP Goals and Objectives have been developed to address the behavior.
 - Other (specify): _____
- 2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 - NA Recommendation: (specify) _____

- 3. For students who are blind/visually impaired (VI): NA Instruction in braille or use of braille is being provided, as required. The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

- 4. For students with print-related disabilities (such as SL/D/Dyslexia, blind/VI, physical limitations or organic dysfunction): NA The PPT has considered accessible instructional/educational material (AEM) and/or accommodations noted on page 8 of the IEP— if so which format/accommodation utilized: Large Print Digital Text Audio Other (specify): _____.

- 5. For students who are deaf or hard of hearing: NA See attached **required Language and Communication Plan** (Form ED638) – The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

PROGRESS REPORTING

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

EXIT CRITERIA

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

INFORMATION ON IEPs and SECONDARY TRANSITION

- 1. Parents, including Surrogate Parents and the student if 18 or older have been provided (electronically or in hard copy) with relevant information and resources relating to IEPs created by the CSDE (including, but not limited to, information relating to transition resources and services for high school students) immediately upon the formal identification of any child as a child requiring special education and at each PPT meeting thereafter: Building a Bridge Parent's Guide to Special Education IEP Manual OTHER: _____
- 2. The *Parent's Transition Bill of Rights* has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services: *Parent's Transition Bill of Rights*: is available on the school district website; is enclosed with this document; was already provided, reviewed and discussed this school year (date) _____.

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

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. Yes No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

- Late referral (less than 90 days before 3rd birthday) Moved into district late Other (Specify) _____
- Child initially found not eligible at age 3 (re-referred to district at a later date) Parent Choice FAPE met via earlier PPT. Date of initial PPT was _____

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

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

Education Placement 3 to 21 years of age

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