

## Legal Implications Related to PLAAFPs

Reference	Information	Notes
<p>OSEP Letter, 1987 211 IDELR 464</p>	<p>OSEP explained why a district cannot lawfully prepare IEPs with the same statement of current levels of performance for all students in a specific program. It noted that while some children within a category of disability may share some relevant behavior characteristics and education needs, the possibility of finding sufficient clusters of children with identical behavior characteristics, identical levels of educational performance, and identical educational needs is remote. Consequently, it is impermissible for districts to have the IEP for each student in a class contain identical statements of present levels of educational performance.</p>	
<p>Maryland, 1996 24 IDELR 654</p>	<p>A Maryland district's IEP team failed to take into account an elementary student's needs related to her learning disability. By missing those problems, the remainder of the IEP was defective — lacking a full set of goals and an inadequate description of the range of services she needed.</p>	
<p>Delaware, 2001 35 IDELR 149</p>	<p>The court found that the district's description of the present levels of educational performance for a middle school student with a learning disability were adequate. It included standardized test scores for three of the student's areas of need and nonstandardized assessments for the more specific objectives</p>	
<p>New York, 2001 36 IDELR 223</p>	<p>A New York review officer rejected the proposed IEP for a student with a learning disability because it contained only a number of conclusory statements about her academic performance and needs, such as "has moderate academic deficits."</p>	
<p>Illinois, 2002 36 IDELR 283</p>	<p>The district's reliance on report card grades in its statement of present performance levels with respect to the progress of a high school student in the general curriculum was found to be inadequate. The hearing officer said the district should have used assessment techniques such as criterion-referenced tests, standard achievement tests and diagnostic tests.</p>	
<p>Minnesota, 2004 40 IDELR 231</p>	<p>The district's IEPs failed to adequately provide the student's present levels of performance and objective criteria against which achievement could be measured. The PLOP sections of the IEPs contained only conclusory statements about the student's abilities, and the IEPs did not fully explain how his disability affected his involvement in the educational process.</p>	
<p>New York, 2004 41 IDELR 228</p>	<p>A New York review officer rejected the parent's procedural-based allegations that the IEP committee did not consider the student's final quarterly report and that it lacked objective data to determine present performance levels. He concluded that the parents participated in committee meetings and received current educational progress reports. Additionally, evidence indicated the district used both objective and subjective data to measure progress.</p>	

New York, 2008 50 IDELR 236	Fine and gross motor delays were noted in the PLAAFP, but it did not identify the specific difficulty the student would face as a result of these conditions. No information was provided as to the severity of the conditions. The descriptions of the child's communication and social skills contained similar deficiencies.	
California, 2009 109 LRP 69459	The PLAAFP in the IEP of a transfer student was too vague to be useful. The new district remedied the problem by assessing reading skills and including detailed information about reading abilities in the new IEP.	
Illinois, 2009 52 IDELR 177	The PLAAFP was inadequate because it did not include objective, measurable data. It only contained general statements about the 13-year-old like being shy in social situations and difficulty expressing ideas in front of peers in the school setting.	
Dist of Col, 2010 54 IDELR 188	The IEP did not include a PLAAFP. It was determined that without that information the staff would be unable to determine whether the student made progress and received FAPE.	
Ohio, 2011 112 LRP 7208	The IEP was determined to be appropriate because current classroom data, observations, the evaluation, and assessments from the classroom were used to help develop the IEP. The goals and objectives had a direct relationship to the PLAAFP and the PLAAFP was directly related to the student's unique needs.	
Ohio, 2011 112 LRP 2646	It was found that the IEP failed to provide data-based documentation as to why the goals selected were made a priority or why other areas of need were not selected. It was also found that there was a lack of baseline data to provide a framework for true data-based progress monitoring. As a result of these findings, the district was ordered to develop a complete and accurate IEP including a data based and accurately detailed PLAAFP, measurable goals and objectives which match identified areas of need, and a description of specially designed instruction containing sufficient detail as to be understood and replicated by a different school district.	
Missouri, 2012 112 LRP 7162	The parent alleged that the IEP was not accurate or complete because it was not based on objective data. The hearing officer found that the PLAAFP contained details regarding the strengths of the student, a description of changes in student functioning since the last IEP was developed, areas of student improvement, results from the triennial evaluation, and the impact of the disability affecting progress in the general education curriculum. The hearing officer went on to say that the purpose of the PLAAFP is to assist educators in developing measurable goals and objectives for a student with a disability. In this case, the student's IEP team was able to create 15 goals with 40 objectives that were based on the PLAAFP. It was determined that the PLAAFP satisfied the requirements of IDEA.	

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True or False – If false, underline or circle the portion that makes it false.

1. T F You do not need parent consent to invite the Vocational Rehabilitation counselor or other outside agency personnel working with the student to the IEP meeting.
2. T F Only the primary purpose of the IEP meeting must be marked on the Notice of Meeting.
3. T F If the student is turning 13 during the life of the IEP, they must be formally invited to attend the meeting.
4. T F The PLAAFP must be written in formal language.
5. T F Parent concerns may be included in the IEP if they ask to have them put in.
6. T F IEP goals must be related to the PLAAFP.

## Writing Quality IEP's Vocabulary of Terms

**Accommodations:** changes that allow a person with a disability to participate fully in an activity. Examples include extended time, different test format, and alterations to a classroom. Accommodations are changes in how material is taught or a test is administered but does not substantially alter what the test measures; includes changes in presentation format, response format, test setting or test timing.

**Adapted Physical Education (APE):** specially designed physical education program, using accommodations designed to fit the needs of students who require developmental or corrective instruction in PE.

**Annual Goals:** are a required component of an IEP. Measurable annual goals are goals are written for an individual student, to identify what the IEP team has determined the student can reasonably be expected to accomplish within a one-year period.

**Assistive Technology Device:** equipment used to maintain or improve the capabilities of a child with a disability; any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

**Behavior Intervention Plan (BIP):** special education term used to describe the written plan used to address problem behavior that includes positive behavioral interventions, strategies and support. May include program modifications and supplementary aids and services. Behavior Intervention Plan (BIP) is a plan of positive behavioral interventions in the IEP of a child whose behaviors interfere with his/her learning or that of others; may be based on data gathered through a functional behavioral assessment.

**Extended School Year Services (ESY):** extended school year is a component of special education services for students with unique needs who require services in excess of the regular academic year. Extended School Year is a provision for special education students to receive instruction during ordinary school "vacation" periods, or at any time when school is not typically in session. ESY services or programming may focus on all, or only some, of a child's needs that are addressed during the regular school year, depending on the needs of the child. The IEP team determines whether a child needs ESY services as part of the IEP process.

**Extracurricular and nonacademic activities:** the activities and services detailed in IDEA (Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the public agency and assistance in making outside employment available).

**Functional goal:** a measurable outcome that is developed by the IEP Team to address a need detailed in the analysis of the student's functional performance. Functional performance addresses how the child demonstrates skills and behaviors in cognition, communication, motor, adaptive, social/emotional and sensory areas.

**Individuals with Disabilities Education Act (IDEA 2004):** the original legislation was written in 1975 guaranteeing students with disabilities a free and appropriate public education and the right to be educated with their non-disabled peers. Congress has reauthorized this federal law. The most recent revision occurred in 2004.

**Individualized Education Plan (IEP):** special education term outlined by IDEA to define the written document that states the disabled child's goals, objectives and services for students receiving special education. The document is developed at an IEP meeting that describes the child's special education program. It sets the standard by which special education services are determined appropriate for a child with a disability.

**IEP Team:** by law, the team should include parent(s), regular teacher, special education teacher, special services providers, school district representative, person knowledgeable about evaluating the child's disability, others invited by the parent or school district, and in some cases, the student.

**Least Restrictive Environment (LRE):** the placement of a special needs student in a manner promoting the maximum possible interaction with the general school population. Placement options are offered on a continuum including regular classroom with no support services, regular classroom with support services, designated instruction services, special day classes and private special education programs.

**Modifications:** substantial changes in what the student is expected to demonstrate: includes changes in instructional level, content, and performance criteria, may include changes in test form or format; includes alternative assignments.

**Occupational Therapy:** a special education related service which is usually focused upon the development of a student's fine motor skills and/or the identification of adapted ways of accomplishing activities of daily living when a student's disabilities preclude doing those tasks in typical ways.

**Present level of academic achievement and functional performance:** a statement on the IEP that describes what the child knows and can do at this time. It includes 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.

**Procedural Safeguards Notice:** are the rights provided to parents and school districts in the special education process.

**Related Services:** a special education term meaning transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. According to the IDEA statute, "the term does not include a medical device that is surgically implanted, or the replacement of such device."

**Transition Services:** a coordinated set of activities for a child 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 child with a disability to facilitate the child'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; and is based on the individual child's needs, taking into account the child'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.

**INDIVIDUAL EDUCATIONAL PLANNING**  
**IEP Planning Sheet for Parents**

HO #4

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to think about in preparation for the IEP meeting. Please write any additional thoughts and/or information that you wish to include for future reference by the IEP Team.

- What do you feel are the strengths of your child?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tries new things                   | <input type="checkbox"/> Has a sense of humor             | <input type="checkbox"/> Does well in home activities   |
| <input type="checkbox"/> Makes new friends easily           | <input type="checkbox"/> Has neat ideas                   | <input type="checkbox"/> Says, "please" and "thank you" |
| <input type="checkbox"/> Encourages others                  | <input type="checkbox"/> Talks clearly                    | <input type="checkbox"/> Is happy                       |
| <input type="checkbox"/> Offers help to others              | <input type="checkbox"/> Good feelings about self         | <input type="checkbox"/> Plays well with other children |
| <input type="checkbox"/> Likes books                        | <input type="checkbox"/> Understands what is said         | <input type="checkbox"/> Is a good sport                |
| <input type="checkbox"/> Admits mistakes                    | <input type="checkbox"/> Listens attentively              | <input type="checkbox"/> Has good eye contact           |
| <input type="checkbox"/> Does chores when asked             | <input type="checkbox"/> Follows instructions             | <input type="checkbox"/> Has good appetite              |
| <input type="checkbox"/> Does homework                      | <input type="checkbox"/> Asks for help                    | <input type="checkbox"/> Has limited fears              |
| <input type="checkbox"/> Does not give up easily            | <input type="checkbox"/> Keeps trying                     | <input type="checkbox"/> Makes self understood          |
| <input type="checkbox"/> Adjusts well to changes in routine | <input type="checkbox"/> Adjusts well to different people | <input type="checkbox"/> Proud of self                  |
| <input type="checkbox"/> Likes music                        | <input type="checkbox"/> Likes to be read to              | <input type="checkbox"/> Smiles at people               |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- What do you feel are your child's weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Argues with you                             | <input type="checkbox"/> Is too serious                        | <input type="checkbox"/> Is easily distracted       |
| <input type="checkbox"/> Eats things that are not food               | <input type="checkbox"/> Acts without thinking                 | <input type="checkbox"/> Trouble making friends     |
| <input type="checkbox"/> Trouble with going from one task to another | <input type="checkbox"/> Won't do work                         | <input type="checkbox"/> Worries about others       |
| <input type="checkbox"/> Worries about what parents think            | <input type="checkbox"/> Breaks things                         | <input type="checkbox"/> Does not speak clearly     |
| <input type="checkbox"/> Stays mad a long time                       | <input type="checkbox"/> Does not listen well                  | <input type="checkbox"/> Does not ask for help      |
| <input type="checkbox"/> Refuses help                                | <input type="checkbox"/> Has eye problems                      | <input type="checkbox"/> Is critical of self        |
| <input type="checkbox"/> Complains about work                        | <input type="checkbox"/> Has fears                             | <input type="checkbox"/> Does not smile             |
| <input type="checkbox"/> Does not seem happy                         | <input type="checkbox"/> Forgets things                        | <input type="checkbox"/> Has ear problems           |
| <input type="checkbox"/> Does not adjust well to change              | <input type="checkbox"/> Tries to hurt self                    | <input type="checkbox"/> Has a short attention span |
| <input type="checkbox"/> Is nervous                                  | <input type="checkbox"/> Has fevers                            | <input type="checkbox"/> Whines                     |
| <input type="checkbox"/> Screams                                     | <input type="checkbox"/> Needs to be shown how to do something | <input type="checkbox"/> Needs a lot of supervision |
| <input type="checkbox"/> Is overly active                            | <input type="checkbox"/> Always wants to be right              | <input type="checkbox"/> Is sick a lot              |
|  | <input type="checkbox"/> Daydreams                             | <input type="checkbox"/> Is easily upset            |
|  |  | <input type="checkbox"/> Has toileting accidents    |

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Does not understand the first time he/she hears something | <input type="checkbox"/> Gets upset when things are lost                              | <input type="checkbox"/> Bullies brothers/sisters |
| <input type="checkbox"/> Needs very simple directions                              | <input type="checkbox"/> Has bad allergies  | <input type="checkbox"/> Has frequent colds       |
| <input type="checkbox"/> Is nervous about answering                                | <input type="checkbox"/> Has a short attention span                                   | <input type="checkbox"/> Climbs on things         |
| <input type="checkbox"/> Stares blankly  | <input type="checkbox"/> Repeats one thought over and over                            | <input type="checkbox"/> Cries easily             |
| <input type="checkbox"/> Won't mind  | <input type="checkbox"/> Gets mad if he/she doesn't get own way                       | <input type="checkbox"/> Has seizures             |
| <input type="checkbox"/> Can't understand math                                     | <input type="checkbox"/> Can't read   | <input type="checkbox"/> Won't read               |
| <input type="checkbox"/> Does not play well with others                            | <input type="checkbox"/> Won't do math homework                                       | <input type="checkbox"/> Throws temper tantrums   |
| <input type="checkbox"/> Does not talk very well                                   | <input type="checkbox"/> Hits others  | <input type="checkbox"/> Is shy with others       |
| <input type="checkbox"/> Does not make all the sounds right when he/she talks      | <input type="checkbox"/> Cannot say what he/she is thinking about without a long wait | <input type="checkbox"/> Stays sick a lot         |
| <input type="checkbox"/> Gets mad/angry when he/she can't do something fast        |   | <input type="checkbox"/> Has ear infections       |
|  |   | <input type="checkbox"/> Does not laugh much      |
|  |   | <input type="checkbox"/> Is afraid of dying       |
|  |   | <input type="checkbox"/> Breaks things            |
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- How do you think your child learns best? (What kind of situation makes learning easiest)?

- |  |   |
|--|---|
| <input type="checkbox"/> One on one with a teacher                   | <input type="checkbox"/> One on one with a friend                         |
| <input type="checkbox"/> One on one with parent                      | <input type="checkbox"/> One on one with sister/brother                   |
| <input type="checkbox"/> Working with picture books                  | <input type="checkbox"/> With work sheets                                 |
| <input type="checkbox"/> With objects (like for counting)            | <input type="checkbox"/> Working in a classroom                           |
| <input type="checkbox"/> Watching someone else do the activity first | <input type="checkbox"/> With lots of rewording of the directions         |
| <input type="checkbox"/> When child is close to the one teaching     | <input type="checkbox"/> With no noise in the room                        |
| <input type="checkbox"/> With music                                  | <input type="checkbox"/> With the computer as a tool                      |
| <input type="checkbox"/> With my child in my lap                     | <input type="checkbox"/> With my child sitting next to me in a soft chair |
| <input type="checkbox"/> With my child seated at a table             | <input type="checkbox"/> With my child seated at a desk                   |
| <input type="checkbox"/> With the lights turned on low               | <input type="checkbox"/> With bright light in the room                    |
| <input type="checkbox"/> With a snack                                | <input type="checkbox"/> Without food around                              |
| <input type="checkbox"/> With the TV/radio on                        | <input type="checkbox"/> With no TV/radio on                              |
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- Please describe educational skills that your child practices at home regularly (e.g., reading, crafts, using the computer).

- |  |  |
|--|--|
| <input type="checkbox"/> Reads to parent every day | <input type="checkbox"/> Reads to brother/sister every day               |
| <input type="checkbox"/> Works on math every day   | <input type="checkbox"/> Draws pictures with pencil, crayons, markers    |
| <input type="checkbox"/> Likes to make cookies     | <input type="checkbox"/> Uses the computer every day to do math, reading |
| <input type="checkbox"/> Likes to make crafts      |  |
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Does your child have any behaviors that are of concern to you or other family members? If so, please describe the behavior(s).

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wets bed at night | <input type="checkbox"/> Says, "I wish I were dead" | <input type="checkbox"/> Argues about everything |
| <input type="checkbox"/> Breaks things     | <input type="checkbox"/> Does not sleep well        | <input type="checkbox"/> Refuses to go to bed    |



Refuses to do homework  
 Is sad  
 Makes noises when playing  
 Acts without thinking  
 Stays alone all the time  
 Voice is scratchy sounding  
 Screams  
 Does not seem able to finish something  
 Threatens to hurt others

Tantrums  
 Has stomach problems  
 Refuses to play with others  
 Complains about health  
 Is easily distracted  
 Does not laugh/smile  
 Talks about dying  
 Says, "Nobody likes me"  
 Has trouble making decisions  
 Uses foul language

Argues a lot  
 Has allergies  
 Babbles to self  
 Has headaches  
 Is too serious  
 Stutters  
 Plays with own sex parts  
 Bites nails  
 Is easily frustrated  
 Does not talk plain

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- What are your child's special talents or hobbies?

Music  
 Telling stories  
 Saying poetry  
 Remembering information  
 Art  
 Writing stories

Coloring  
 Reading  
 Dressing up  
 Cooking  
 Photography

Riding horses  
 Memorizing  
 Bicycling  
 Gardening  
 Working puzzles

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- What are your child's favorite activities?

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- Does your child have any particular fears? If so, please describe.

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- How does your child usually react when upset and how do you deal with the behavior?

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- Do you have any particular concerns about your child's school program this year? If so, please describe.

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- What are your main hopes for your child this year?

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- Is there other information that would help us gain a better understanding of your child?

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- Are there any concerns that you would like to discuss at the next IEP meeting?

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*Thank you for contributing valuable parental insights.*

*Sincerely,*

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*(IEP Team Coordinator)*

<District Name>  
<District Address>  
<District Phone>

**MO STATE SAMPLE**

**Authorization for Release Of Information  
Authorization to Invite Outside Agency to IEP Meeting\***

Today's date \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's / Adult Student's Name(s) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and request \_\_\_\_\_ to invite  
Parent/Guardian/Adult student School District  
\_\_\_\_\_ with \_\_\_\_\_ to attend the IEP meeting for \_\_\_\_\_  
Name of person, if known Agency Name of student  
scheduled on \_\_\_/\_\_\_/\_\_\_ in order to discuss transition needs and services.  
Month Day Year

Personally identifiable information from the following documents in the student's record may be disclosed as a result of the invitation to participate in IEP development:

- Evaluation Report
- IEP
- \_\_\_\_\_ (Other)
- \_\_\_\_\_ (Other)

\_\_\_\_\_  
Parent/Guardian Name                      Signature of Parent/Guardian Date (M/D/Y)

\_\_\_\_\_  
Adult Student Name (if applicable)    Signature of Adult Student    Date (M/D/Y)

If you have any questions regarding this request, please contact me at the following number \_\_\_\_\_.  
Please return completed and signed form in the provided envelope.

\_\_\_\_\_  
**Name**    **Title**    **Date**

**\*Note a separate Authorization is REQUIRED for each IEP meeting held.**

<District Name>  
 <District Address>  
 <District Phone>

**MO STATE SAMPLE**

**Authorization for Release of information  
 for Individuals Invited by the Parent  
 to Attend an IEP Meeting\***

Student:	Date of IEP meeting:
Parents have the right to invite any other participants they feel have knowledge or special expertise of the child to attend the IEP meeting. The determination of knowledge or special expertise shall be made by the parent who invited the individual to be a participant at the meeting. The Family Educational Rights and Privacy Act (FERPA) requires that a written Release of Information <b>MUST</b> be obtained for all other persons invited by the parent in order to share confidential information at the IEP meeting.	
As the Educational Decision Maker for this student, I give permission for the listed individuals to attend the IEP meeting on the date noted above. I understand that during the IEP meeting, school staff will be sharing information from this student's confidential educational records which includes personally identifiable information in order to develop an appropriate educational program for the student.	
Name of Individual Attending	Relationship to Student

Before these individuals can attend the IEP meeting, the agency needs your written consent (permission) to release personally identifiable information from the student's educational record which may be disclosed as a result of the invitation to participate in IEP meeting:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Evaluation Report | <input type="checkbox"/> Documentation of classroom performance              |
| <input checked="" type="checkbox"/> IEP               | <input type="checkbox"/> Teacher observations and notes                      |
| <input checked="" type="checkbox"/> Medical records   | <input type="checkbox"/> Discipline reports                                  |
| <input checked="" type="checkbox"/> Behavior reports  | <input type="checkbox"/> Results of academic and/or behavioral interventions |
| <input checked="" type="checkbox"/> Other: _____      |  |

**Please check the appropriate box below, sign, and date.**

I understand this authorization for the release of information by the school district and:

- I give my consent for all of the above identified individuals to attend my child's IEP meeting. I understand that my consent is voluntary and can be revoked at any time.
- I do not give my consent for any of the above identified individuals to attend my child's IEP meeting.

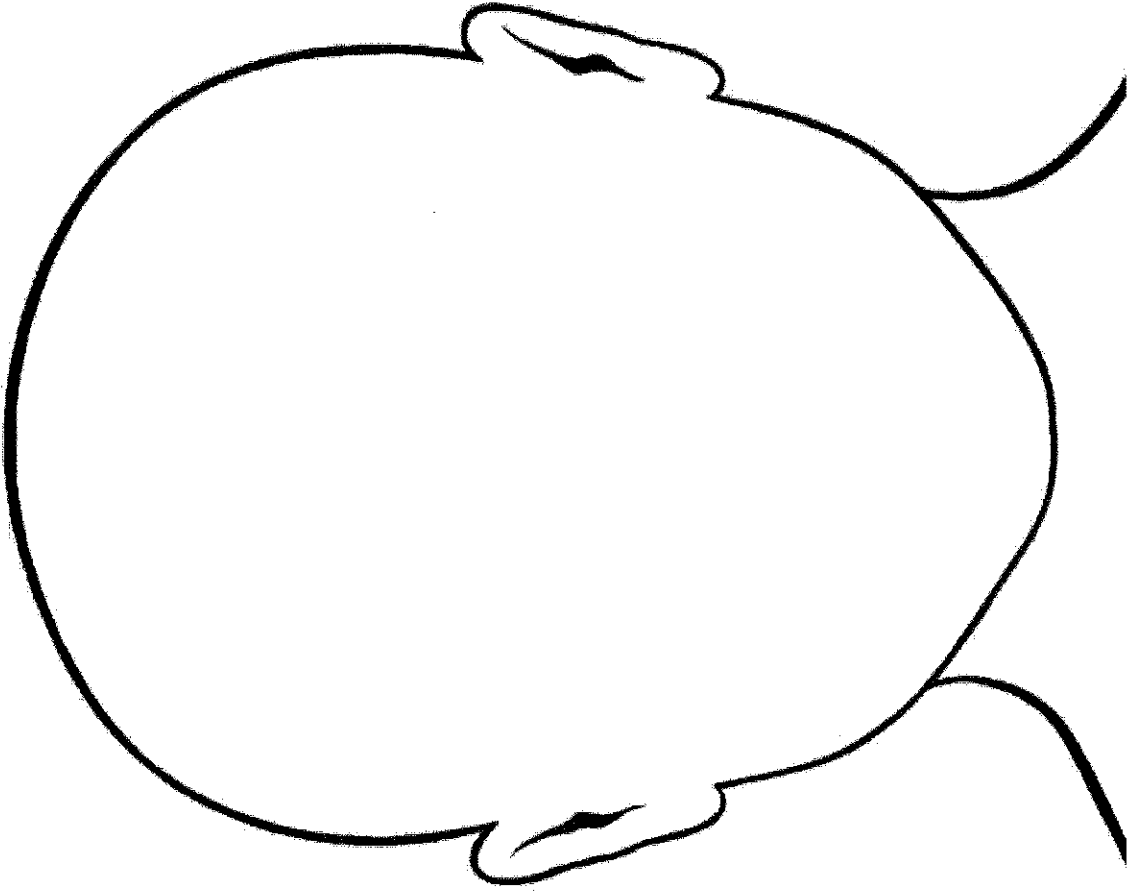
\_\_\_\_\_  
 Signature of parent or legal guardian or adult student

\_\_\_\_\_  
 Date

**\*Note a separate Authorization is REQUIRED for each IEP meeting held.**

# It's A Fact!

HO #7



**MO STATE SAMPLE**

Student's Name \_\_\_\_\_

<Insert District Information>

**NOTIFICATION OF MEETING**

To: \_\_\_\_\_

Parent(s)/Guardian(s)       Adult Student (age 18+ or emancipated minor)

Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for \_\_\_\_\_ (Date)

at \_\_\_\_\_ at \_\_\_\_\_ (Location)

(Time)

**The purpose of this meeting is to:** (check all that apply)

Review existing data as part of an initial evaluation or reevaluation

Determine initial or continued eligibility

Develop initial IEP

Review/Revise IEP

Consider Post-secondary Transition

Conduct Manifestation Determination

Consider/conduct Functional Behavioral Assessment

Other: \_\_\_\_\_

**The following individuals have been invited to participate in this meeting:**

Role	Position within Public Agency	Name (optional)
<input type="checkbox"/> Local Education Agency (LEA) Representative*	_____	_____
<input type="checkbox"/> Special Education Teacher*	_____	_____
<input type="checkbox"/> Individual to interpret instructional implications of evaluation results*	_____	_____
<input type="checkbox"/> General Education Teacher*	_____	_____
<input type="checkbox"/> Student	_____	_____
<input type="checkbox"/> Agency representative(s) for post-secondary transition (must have appropriate consent to invite)	_____	_____
Agency Name _____	_____	_____
Agency Name _____	_____	_____
<input type="checkbox"/> Part C Representative (if applicable)**	_____	_____
<input type="checkbox"/> Parent(s)	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

\* For IEP and Review of Existing Data meetings, required participant. Participation in Review of Existing Data meeting does not have to be in person. Parent LEA may agree/consent in writing to excusal of IEP team members for IEP team meetings only.

This agency **AND** the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting. The Family Educational Rights and Privacy Act (FERPA) requires a written Release of Information **MUST** be obtained for other persons invited by the parent or LEA to share confidential information at the IEP meeting

\*\*For the initial IEP meeting of children served in First Steps, the public agency must, at the request of the parent, send an invitation to the First Steps Service Coordinator or other representatives of the First Steps system to assist with the smooth transition of services at the initial IEP meeting.

If you are unable to attend this meeting, please contact me at \_\_\_\_\_ as soon as possible.  
(Phone)

Sincerely,

\_\_\_\_\_  
Name Title Date

# RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

1<sup>st</sup> Attempt

Date of contact: \_\_\_\_\_

Parent waived notification requirement\*

Method of contact:

Written:             Hand carried by student  
                           Regular mail  
                           Certified mail  
                           Fax  
                           E-mail  
                           Other: \_\_\_\_\_

Verbal:             Phone  
                           Voice mail/answering  
  machine  
                           Face to face contact  
                           Other: \_\_\_\_\_

PARENT/GUARDIAN RESPONSE

- Do not want to attend (proceed with IEP meeting).
- Cannot attend, please reschedule (proceed with 2<sup>nd</sup> attempt).
- No response (proceed with 2<sup>nd</sup> attempt).
- \*\*Yes, I'll be there.

\* In general, reasonable notification is 10 days.

\*\*If parent does not attend meeting, proceed to 2<sup>nd</sup> attempt

2<sup>nd</sup> Attempt (must be a direct contact with parent)

Date of contact: \_\_\_\_\_

Parent waived notification requirement\*

Method of contact: (must be a direct contact)

Written:             Regular mail  
                           Certified mail  
  
 Verbal:             Phone  
                           Face to face contact

PARENT/GUARDIAN RESPONSE

- Do not want to attend (proceed with meeting).
- Cannot attend (proceed with meeting).
- No response (proceed with meeting).
- \*\*Yes, I'll be there.

\* In general, reasonable notification is 10 days

\*\*If parent does not attend, agency may proceed with meeting.

## MO STATE SAMPLE

<Insert District Information>  
STUDENT INVITATION TO A TRANSITION IEP MEETING

Date:

Dear (*Student's Name*):

You are invited to attend a meeting to review and revise your individualized education program (IEP). The meeting is scheduled for:

**Date:****Time:****Location:**

At this meeting we would like to talk with you about how you are doing in school, what you would like to do when you complete school, and what services your IEP should include. All of these items will be considered when developing your IEP to help you prepare for the future, and to learn the skills that you will need as an adult to be successful in living, learning, and working after you complete school.

Before the meeting, please think and talk with others about what you want to do after you complete school, what you can do now to achieve those goals, what skills you still need to learn and what kind of help you will need. We would like you to come to the IEP meeting ready to share the following information:

- What kind of job do you want to have?
- What education or training is needed for your job?
- Where do you want to live? On your own or with others?
- What will you do with your free time?
- How much money can you earn? How will you pay bills?
- How will you get around? By car? Public transportation? Walking?

At the IEP meeting you will also be getting information to help you make choices. The following people have been invited to your meeting:

Role	Name
<input type="checkbox"/> Local Education Agency (LEA) Representative	_____
<input type="checkbox"/> Special Education Teacher	_____
<input type="checkbox"/> Individual to Interpret Instructional Implications Of Evaluation Results	_____
<input type="checkbox"/> General Education Teacher	_____
<input type="checkbox"/> Student	_____
<input type="checkbox"/> Agency Representative(s) for Post-Secondary Transition	_____
Agency Name _____	_____
Agency Name _____	_____
<input type="checkbox"/> Parent(s)	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

These people know you and have suggestions to make, or they know about different programs for you. *If you would like to invite anyone else to the meeting, please let us know.*

I look forward to seeing you at the meeting and assisting you in planning a good program for your future success.

Sincerely,

Name

Title

Date



The following log contains information regarding verification of presentation to parent/guardian of procedural safeguards and Parent's Bill of Rights by District staff. PL 94-142, IDEA Amendments of 2006 requires presentation at the following times:

- ◆ one time a year, except that a copy shall also be given:
  - (1) upon initial referral for evaluation
  - (2) upon the first occurrence of the filing of a due process hearing request;
  - (3) upon your request
  - (4) upon disciplinary removal for drugs, weapons, or serious bodily injury.

District staff are available to explain or answer questions regarding the content of the procedural safeguards notice.

STUDENT NAME \_\_\_\_\_

SAFEGUARDS DATED \_\_\_\_\_

BILL OF RIGHTS DATED \_\_\_\_\_

Date:	Presenter	Reason	Method of Presentation	Parent/Guardian signature

# Sample IEP Meeting Agenda

(date)

Introductions

Procedural Safeguards

Purpose/Parent Concerns

Review previous Goals/Objectives

Present Levels

Goals

Special Factors

Service/Environment

Closing

Compare the Meetings



**Scenario #1**

The Do's:

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The Don'ts:

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**Scenario #2**

The Do's:

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The Don'ts:

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**Take-Aways:**

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## A-Z TOPIC SUMMARY

A<sub>1</sub> Z<sub>10</sub>

**LETTER:**

**SENTENCE:**

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**WRITE A WORD OR SENTENCE STARTING WITH FIRST  
LETTER OF YOUR FIRST NAME RELATING TO WHAT WE  
HAVE COVERED TO DATE.**

**THE INDIVIDUALIZED EDUCATION PROGRAM FOR:**

Name: First	Middle	Last
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**STUDENT DEMOGRAPHIC INFORMATION (Optional):**

Current Address:	Phone:
Birth date: / / Age:	Student ID #/MOSIS#:
Present Grade Level:	Resident District Home School:

If the child is **Not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.

District/Agency Name:  
 School Name:  
 Address:  
 Phone:

Primary Language or Communication Mode(s): English Spanish sign language other (specify) \_\_\_\_\_

Educational Decision Maker is: Parent Legal Guardian Educational Surrogate Foster Parent Child [aged 18+] other \_\_\_\_\_

Name:  
 Address:  
 Phone:                                      Email:                                      Fax:

IEP Case Manager:                                      Case Manager phone number:  
 IEP Type  Initial  Annual                                      Date of most recent evaluation/reevaluation / /  
 Date of Previous IEP Review: / /                                      Projected date for next triennial evaluation / /

**IEP CONTENT (Required):**

Date of IEP Meeting: / /                                      Initiation Date of IEP: / /  
 Projected Date of Annual IEP Review: / /                                      Parent(s)/Legal Guardian(s) provided copy of this IEP: / /

**PARTICIPANTS IN IEP MEETING AND ROLE(S)**

The names and roles of individuals participating in developing the IEP meeting must be documented.

Name of Person and Role		Method of Attendance/Participation	
Signatures are not required. If a signature is used it only indicates attendance, not agreement.			
	Parent/Guardian	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> did not participate <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Parent/Guardian	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> did not participate <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Student	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> did not participate (if required) <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	LEA Representative	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> excused <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Special Education Teacher	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> excused <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Regular Classroom Teacher	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> excused <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Individual Interpreting Instructional Implications of Evaluation Results	<input type="checkbox"/> in person <input type="checkbox"/> in writing (if applicable)	<input type="checkbox"/> excused <input type="checkbox"/> by phone <input type="checkbox"/> other: _____
	Part C Representative (if applicable)		
	Representative of an agency which may provide postsecondary transition services (if applicable)		
	Other:		

# 1. Present Level of Academic Achievement and Functional Performance

(Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

Present Level must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the student's disability will affect the child's ability to reach his/her post-secondary goals (what the child will do after high school).)
- The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the student's post-secondary goals.)
- Concerns of the parent/guardian for enhancing the education of the student (For students with transition plans, consider the parent/guardian's expectations for the student after the student leaves high school.)
- Changes in current functioning of the student since the initial or prior IEP (For students with transition plans, consider how changes in the child's current functioning will impact the student's ability to reach his/her post-secondary goal.)
- A summary of the most recent evaluation/re-evaluation results
- A summary of formal and/or informal age appropriate transition assessments based on the student's needs, preferences and interests (must be included no later than the first IEP to be in effect when the student turns age 16):
- For students participating in alternative assessments, a description of benchmarks or short-term objectives
  - N/A – student is not eligible to participate in the MAP-A.
  - Objectives/benchmarks are on goal page(s):
  - Objectives/benchmarks described below:

## 2. Special Considerations: Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

**Is the student blind or visually impaired?**

- No  
 Yes. If yes, complete Form A: Blind and Visually Impaired.

**Is the student deaf or hearing impaired?**

- No  
 Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

**Does the student exhibit behaviors that impede his/her learning or that of others?**

- No  
 Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP.

**Does the student have limited English proficiency?**

- No  
 Yes. The student's language needs are addressed in this IEP. Students who are English Learners (EL) in grades K-12 take the state's annual English Language Proficiency assessment, ACCESS for ELLs.

**Does the student have communication needs?**

- No  
 Yes. The student's communication needs are addressed in this IEP.

**Does the student require Assistive Technology device(s) and/or services?**

- No  
 Yes. The student's assistive technology needs are addressed in this IEP.

**Extended School Year:**

- No. The student is not eligible for ESY services.  
 Yes. The student is eligible for ESY services. **Complete Form B**  
 The need for ESY services will be addressed at a later date. Will be addressed by / (month/year).

**Attach IEP Amendment page and Form B**

**Transfer of Rights:** Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- N/A for this student/IEP  
 Notification was given: / / (month/day/year).

**State Assessments**

IDEA requires students with disabilities to participate in the following statewide assessments:

<p><u>Grade-Level Assessment</u>  <input type="checkbox"/> for Grades 3-8 (must complete Form D-1)</p>	<p><u>End of Course Exams</u>  <input type="checkbox"/> for students in Grades 9-12, or if appropriate, earlier grades (must complete Form D-2)</p>	<p><u>MAP-A</u>  <input type="checkbox"/> for eligible* students in grades 3-8, 11 (must complete Form D-3)                  * <a href="https://dese.mo.gov/college-career-readiness/assessment/map-a">https://dese.mo.gov/college-career-readiness/assessment/map-a</a></p>	<p><u>ACCESS for ELLs</u>  <input type="checkbox"/> for EL students in grades K-12 (must complete Form D-4)</p>	<p><u>NAEP / International Assessments</u>  <input type="checkbox"/> for selected students (must complete Form D-5)</p>
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- No statewide assessment is required for this student at this time

**District-wide Assessments**

Are there district-wide assessments administered for this student's age/grade level (refer to the District Assessment Plan)?

- No  
 Yes. If yes, **Complete Form E.**

**Post-secondary Transition Services: (Must be included not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)**

Is a Post-secondary Transition Plan required?

- No (Child will not turn sixteen while this IEP is in effect.)  
 Yes (Child is/will be sixteen while this IEP is in effect.) **If yes, Complete Form C – Post-secondary Transition Plan**

Student Name: \_\_\_\_\_

Date of IEP: \_\_\_\_\_

### 3. IEP Goal

#### Annual Measurable Goals

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

Post-secondary Education/Training     Employment     Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

Post-secondary Education/Training     Employment     Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

Post-secondary Education/Training     Employment     Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:



### 4. Reporting Progress

When Progress will be reported to the parent(s)/guardian(s)

- Bi-Quarterly   
  Quarterly   
  Trimester   
  Semester   
  Other: \_\_\_\_\_

### 5. Services Summary

	Amount	Frequency	Location	Begin Date*	End Date*
<b>Special Education Services</b>			<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home		
<b>Related Services</b>			<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> None		
<b>Supplementary Aids/Services</b>			<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home <input type="checkbox"/> None		
<b>Program Modifications and Accommodations</b> <input type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> None					
<b>Supports for School Personnel</b> <input type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> None					

*\*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.*

### 6. Transportation as a Related Service

- The student **does not** require transportation as a related service.  
 The student requires transportation as a necessary related service.  
 The student needs accommodations or modifications for transportation.  
 No     Yes  
 If yes, check any transportation accommodations/modifications that are needed.
- Wheelchair lift
  - Child safety restraint system. Specify: \_\_\_\_\_
  - Door to door pick-up and drop-off
  - Curb to curb pick-up and drop-off
  - Aide
  - Other. Specify: \_\_\_\_\_

## 7. Regular Education Participation

### Extent of Participation in Regular Education

**For Preschool:** Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting designed primarily for children without disabilities?

Yes.

No. If no:

a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP) \_\_\_\_\_

b. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate for the child (check and describe all that apply for this child)

the curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies, or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Must describe for this student: \_\_\_\_\_

the sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Must describe for this student: \_\_\_\_\_

the degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social, or other areas of development). Must describe for this student: \_\_\_\_\_

the effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities.) Must describe for this student: \_\_\_\_\_

the nature and severity of the child's disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles, and inability to engage appropriately with other students in academic or social interactions). Must describe for this student: \_\_\_\_\_

**For K-12:** The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc.** Will this child participate 100% of the time with non-disabled peers in the regular education environment?

Yes.

No. If no:

a. To what extent will the child not participate in a regular education environment? (minutes or % of special education and related service minutes on the IEP in special education settings) \_\_\_\_\_

b. Describe the reasons why the IEP team determined that provision of services in the regular education environment was not appropriate for the child. (check and describe all that apply for this child)

the curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies, or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Describe: \_\_\_\_\_

the sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Describe: \_\_\_\_\_

the degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social, or other areas of development). Describe: \_\_\_\_\_

the effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities.) Describe: \_\_\_\_\_

the nature and severity of the child's disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles, and inability to engage appropriately with other students in academic or social interactions). Describe: \_\_\_\_\_

### Participation in Physical Education

The student will participate in:

Regular physical education

Regular physical education with accommodations as addressed in this IEP

Adapted physical education (includes special PE, adapted PE, movement education and motor development)

No physical education activities are required for one of the following reasons:

Credit already earned

Credit waived

Child is preschool age

Other: \_\_\_\_\_

### Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

## 8. Placement Considerations and Decision

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

### Annual Consideration of Placement

**For ECSE:** At least annually the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

**For K-12:** At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of time must be checked. For preschool an EC setting must be checked).

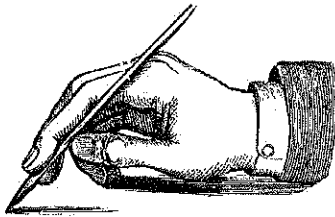
Check the **one** placement option that was selected.

Placement Continuum (K-12)			Placement Options (ECSE)		
Considered	Selected		Considered	Selected	
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class at least 80% of time	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class 40% to 79% of time	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class less than 40% of time	<input type="checkbox"/>	<input type="checkbox"/>	Home
<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility	<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility	<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility	<input type="checkbox"/>	<input type="checkbox"/>	Separate school
<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility	<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home
<input type="checkbox"/>	<input type="checkbox"/>	Home/hospital			

**For K-12 students:** Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?

- Yes.
- No. If No, explain why another school/setting is required.
  - IEP team decision
  - Parent transfer request
  - Other:

Adverse Impact Statement Activity



Area of Disability: \_\_\_\_\_

How does it affect the student's involvement or progress in the general education curriculum without specialized instruction, accommodations or modifications? Be as specific as possible. Utilize information from the PLAAFP and the most recent evaluation results.

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## 1. Present Level of Academic Achievement and Functional Performance

Present Level must include:

- **How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the child's disability will affect the child's ability to reach his/her post-secondary goals (what the child will do after high school).)**

Student A has difficulty accessing the general education curriculum because of her intellectual disability. She is unable to read and comprehend material at the pace of her peers, requires small group instruction for her academic subjects, and support in her elective courses with the general population. Due to her academic needs, Student A requires modifications and accommodations to complete most of her coursework as well as some tasks related to her job at the hospital.

- **The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the child's post-secondary goals.)**

Assessment indicates that Student A's strength is in the area of math. She can complete problems that involve time and money, and can multiply and divide using a calculator. She also displays strength in oral expression. Student A is good at speaking up for herself and expressing her wants and needs. She works well with people and communicates with adults well. She pays close attention to her work and stays focused while completing tasks. Her preferences indicate working in a patient-care setting and performing routine tasks that she has been properly trained to complete. She currently reads at a 4th grade level, but does not always comprehend what she has read. In an interview with her, she expressed being very excited about being a senior this year and participating in all of the activities that go along with this rite of passage.

- **Concerns of the parent/guardian for enhancing the education of the child (For students with transition plans, consider the parent/guardian's expectations for the child after the child leaves high school.)**

Mr. Parent A (Student A's father) indicates that Student A regularly helps him with tasks around the house (e.g. meal preparation, light housecleaning, yard work, etc.). He is concerned about financial planning for Student A in case something happens to him. Student A will turn 18 during this school year and he is researching guardianship possibilities. He is happy that Student A will be graduating from school at the end of this year and that she is becoming more independent. He and Student A are looking around at different supported living apartments in the town so she can choose where she would like to live in the future. Student A's father would like Student A to take a first aid/CPR course and learn more about sexuality and appropriate relationships so that she will be better prepared to live away from home. Student A's dad is concerned about financial planning for Student A in case something happens to him.

- **Changes in current functioning of the child since the initial or prior IEP (For students with transition plans, consider how changes in the child's current functioning will impact the child's ability to reach his/her post-secondary goal.)**

Since her last IEP, Student A has maintained good grades. She has decided to take one more elective class in childcare with supports, and she participates well in class. She has recently started working in a paid position in the hospital with support from a school job coach and is expected to receive a new job coach from Vocational Rehabilitation (VR) soon. She and her teachers are continuing to work on the issue of improper attachment to other people. In the past Student A has become overly attached to a teacher and expects this individual to provide their full attention. These situations tend to occur when Student A is experiencing stress. Student A is being taught different ways to relax herself when she feels stress (counting to ten, going for a walk to get a drink of water). Teachers will encourage her to use the FAST strategy this year.

- **A summary of the most recent evaluation/re-evaluation results**

Student A scored in the below average range of intelligence as measured by the WISC-IV given in September 2014. She also performs significantly below her peers in adaptive behavior consistent with the range of intelligence. According to her recent academic evaluation scores, Student A is significantly below her peers in the areas of reading comprehension, written expression, and mathematics. Student A performed Below Basic in the MAP assessments in Communication Arts and Mathematics in 11<sup>th</sup> grade.

- **A summary of the results of the child's performance on:**

- **Formal or informal age appropriate transition assessments:**

In 2013, Student A completed a comprehensive vocational evaluation at VR. On the Reading Free Vocational Interest Inventory-Revised (RFVII-R) she had high interest in the patient care category indicating a preference for occupations concerned with attending to the physical comfort, safety and appearance of patients, and performing routine tasks in hospitals, clinics, morgues, or health care related facilities. She completed several Valpar (size discrimination, numerical sorting, pre-vocational readiness battery, independent problem solving) and Micro-TOWER (message taking, making change, filing, mail sorting) work samples with good accuracy, paying close attention to her work. She would benefit from the use of a job developer and job coach in any new employment situation.

Through an informal interview with Student A in September 2014, she identified interest in working in the medical field and living in an apartment with roommates. She would also like to take college courses that would help her reach these goals, as well as participate in community activities with friends.

- For students participating in alternative assessments, a description of benchmarks or short-term objectives
  - N/A Objectives/benchmarks are on goal page(s)
  - Objectives/benchmarks described below:

## Present Level of Academic Achievement and Functional Performance

### Checklist for PLAAFP

Use the checklist to evaluate your PLAAFP. When you answer "Yes" to each descriptor, you will have a complete, positive and compliant description of your student.

Descriptor	Yes	No	Information Needed
Descriptions are written positively, stressing what the student can do			
Addresses how the child's disability affects involvement and progress in the general education curriculum			
Addresses the academic, developmental and functional needs of the child			
Information is consistent with evaluation/reevaluation results			
Information is current and reflects changes in current functioning since prior IEP			
Language is clear and understandable to non-educators			
Names of assessments and dates, including explanation of results			
Includes input from parent			
Includes input from student, if applicable			
Includes input from general education teacher			
Performance areas describe strengths of student and needs of the student			
Description of how student learns in performance area including accommodations/modifications in the general education environment			
Description accurately describes student and creates a foundation for the other IEP components			

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

**Form A: Blind and Visually Impaired**

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

No. The student does not need Braille/Braille instruction. If no, complete the following.  
The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

Yes, the student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:  
Date on which Braille instruction will begin: \_\_\_ / \_\_\_ / \_\_\_ and duration of each session \_\_\_\_\_.

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

A referral to Rehabilitation Services for the blind has been discussed with the parent.  
The parent:  agreed to  refused the referral.  Referral previously made.

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

**Form B: Extended School Year**

Determination of ESY eligibility and/or services can be conducted by:

- The IEP team determining ESY eligibility and/or services at the annual meeting
- The parent and authorized representative of the Local Educational Agency or the IEP team determining ESY eligibility and/or services at a later date by amending the IEP.
- Document ESY decisions on this page. Attach IEP Amendment Page to the front of the IEP to document ESY decisions made after the initial or annual IEP meeting amendment.

ESY Eligibility Decision:

- The student is not eligible for ESY services.
- The student is eligible for ESY services. (Document services below)

**Services to be provided during Extended School Year**

Goal #	Description of Services	Amount	Frequency	Location	Begin Date	End Date



MO SAMPLE FORM

<Insert District Information>  
IEP Amendment

(Attach this completed form along with a copy of new/changed pages to the front of the current IEP)

Student Name:	Date of Birth:
Grade:	Age:
Date of Annual IEP Meeting:	
Date of Amendment to the IEP:	
Date of implementation of Amendments:	

These amendments were agreed upon by:

<input type="checkbox"/> Parent/Guardian/student age 18+/Authorized representative(s) of the Local Educational Agency		
_____	_____	_____
Name of Parent	Name of Parent	LEA Representative
<b>OR</b>		
<input type="checkbox"/> The IEP team at an IEP meeting.		
IEP team member participation MUST be documented on page 2 of this form		

The agreement was made by:  Phone  Email  
 in Person  Other: \_\_\_\_\_

**Section(s) amended/modified:**

**All components required for compliance with state and federal regulations must be completed for each section amended/modified.**

- 1. Present Level of Academic Achievement and Functional Performance
- 2. Special Considerations: Federal and State Requirements
- 3. Annual Goals
- 4. Reporting Progress
- 5. Services Summary
- 6. Transportation as a Related Service
- 7. Regular Education Participation
- 8. Placement Considerations and Decision
- Form A: Blind and Visually Impaired
- Form B: Extended School Year
- Form C: Transition Services Plan
- Form D: State Assessments
- Form E: District-wide Assessments
- Form F: Accommodations/Modifications

Parent requested a copy of:  Amended pages only  
 Revised IEP with amendments incorporated

Date IEP amendment documentation was requested: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date IEP amendment documentation was provided to parent: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Method of Provision:  Personally presented  Mailed  Other: \_\_\_\_\_

\*If an IEP meeting was conducted to make amendments to annual IEP, complete the section below.

Participants in IEP amendment meeting	Role
	Parent/Guardian/Student age 18+
	LEA
	Special Educator
	Regular Educator
	Individual Interpreting Instructional Implications of Evaluation Results
	Other
	Other
	Other

**Prior written Notice of Action must be provided to parent/guardian/student age 18+ for any change resulting from this IEP amendment that triggers the prior written notice requirement under IDEA.**

## MO STATE SAMPLE

[Insert Date]

Re: Transfer of Parental Rights at Age of Majority

Dear: [Insert Parent Name and Student Name]

Our records show that on [insert date], [insert student name] will be 18 years old. According to Missouri Law, the age of majority is 18. Under the Individuals with Disabilities Education Act (IDEA), upon reaching the age of 18, parent procedural rights transfer to the student unless the student has been declared incompetent by a court of law and a guardian has been appointed by the court. Thus, at age 18, the student becomes the educational decision-maker and will receive all notices required under the IDEA. If the student at age 18 is still a dependent of the parent as defined in Section 152 of the Internal Revenue Service Code of 1954, then the parent will be provided copies of any notices provided to the student, and may attend IEP meetings at either school district or student invitation, and access the educational records of the student at the discretion of the school district.

When a child with a disability turns 18 some parents obtain a power of attorney so they can assist the child in making financial and legal decisions. The child is not declared incompetent but the parents are given the right to act on their behalf. A power of attorney can be revoked at any time. On the other hand a guardian is appointed by the court and a court order is required to remove the guardian. Additional detailed information about options to help your child with a disability when he turns 18 can be found at

[http://www.mobar.org/uploadedFiles/Home/Publications/Legal\\_Resources/Brochures\\_and\\_Booklets/Family\\_Law\\_Conference/Children%20with%20Disabilities.pdf](http://www.mobar.org/uploadedFiles/Home/Publications/Legal_Resources/Brochures_and_Booklets/Family_Law_Conference/Children%20with%20Disabilities.pdf)

If you have any questions or concerns, please call me at [insert phone number].

Sincerely,

[Insert special education contact name]

## Form D – Part 1 MAP Grade-Level Assessments

***ONLY for students in Grades 3 through 8: English Language Arts and Mathematics  
and  
ONLY for students in Grades 5 and 8: Science***

The Grade-Level Assessment features Universal Tools (available to ALL STUDENTS – unless marked specifically for English Learners) and Accommodations (available only to students with an IEP/504 plan).

Participation
<input type="checkbox"/> The student will participate in the Grade-Level Assessments <b>WITHOUT</b> Accommodations ( <b>complete a - b</b> ) <b>OR</b> <input type="checkbox"/> The student will participate in the Grade-Level Assessments <b>WITH</b> Accommodations ( <b>complete sections a – d</b> ) <b>OR</b> <input type="checkbox"/> The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A) and therefore is excluded from Grade-Level Assessment participation ( <b>STOP - complete Form D - Part 3</b> )

Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. IEP teams may recommend but not require the use of Universal Tools. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document for the current school year at <http://dese.mo.gov/college-career-readiness/assessment/grade-level>.

### Universal Tools

Universal Tools – Automatic		
The following tools are automatically available and do not need to be marked to use them:		
Break (Pause)	Calculator (For Calculator Allowed Items in Math - Grades 6 through 8 only)	Color Contrast (Online Only)
English Dictionary (For use only on the ELA Writing Prompt)	Grammar Handbook (For use only on the ELA Writing Prompt)	Graphing Tool
Highlighter	Keyboard Navigation	Line Guide
Magnifier (Zoom)	Mark For Review	Masking (Online Only)
Protractor	Ruler	Scratch Paper (Sticky Notes)
Strikethrough (Cross Off)	Thesaurus (For use only on the ELA Writing Prompt)	Writing Tools – Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste



Universal Tools – To Be Marked In The Testing System		
The following tools must be marked in order to use them:		
<input type="checkbox"/> Bilingual Dictionary (For use by ELs only on the ELA Writing Prompt)	<input type="checkbox"/> Color Contrast (Paper Only)	<input type="checkbox"/> Color Overlay (Paper Only)
<input type="checkbox"/> Magnification – Assistive Technology	<input type="checkbox"/> Masking (Paper Only)	<input type="checkbox"/> Non-Accommodation Paper Based (See scenarios for usage in the Tools and Accommodations document at the link above)
<input type="checkbox"/> Scribe	<input type="checkbox"/> Separate Setting	<input type="checkbox"/> Translation (Only for ELs)

**b**

Universal Tools: Read Aloud – Everything Except ELA Reading Passages		
English Language Arts	Mathematics	Science
All students may have the <b>items</b> and <b>directions</b> read aloud to them without an IEP/504 plan via one of the following methods which <b>must be marked in the testing system prior to use</b> :		
<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech
<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)

**Accommodations**

**c**

Accommodations: Read Aloud – ELA Reading Passages		
ELA Reading Passages may only be read to a student with an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use:		
<b>Grades 3-5</b> Use of this accommodation will cause an invalidation for ELA and the student will receive the Lowest Obtainable Scale Score (LOSS). <input type="checkbox"/> Text-To-Speech <input type="checkbox"/> Human Reader <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Native Language (ELs Only)	<b>Grades 6-8</b> Use of this accommodation will not affect the student’s score <input type="checkbox"/> Text-To-Speech <input type="checkbox"/> Human Reader <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> <b>Blind Students</b> (For Blind students at any grade level who do not yet possess adequate Braille skills)  Use of this accommodation will not affect the student’s score

**d**

Accommodations				
The following tools need to be marked in the testing system prior to use:				
Accommodation	ALL	ELA	Math	Science
Abacus			<input type="checkbox"/>	
Alternate Response Options (See scenarios for usage in the Tools and Accommodations document at the link above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator (For Non-Calculator Allowed Items) – Grade 3 (Use of this accommodation will cause an invalidation for Math and the student will receive the Lowest Obtainable Scale Score (LOSS)).			<input type="checkbox"/>	
Calculator (For Non-Calculator Allowed Items) – Grades 4-8			<input type="checkbox"/>	
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication Table – Grade 3 (Use of this accommodation will cause an invalidation for Math and the student will receive the Lowest Obtainable Scale Score (LOSS)).			<input type="checkbox"/>	
Multiplication Table – Grades 4-8			<input type="checkbox"/>	
Paper Based Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign Language		<input type="checkbox"/>		
Specialized Calculator (For Calculator Allowed Items Only)			<input type="checkbox"/>	
Speech-To-Text via Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – Not marked in the system (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Form D – Part 2**  
**MAP End-Of-Course (EOC) Assessments**  
*ONLY for students in Grades 9-12, or if appropriate, earlier grades*

The End-of-Course Assessments features Universal Tools (available to ALL STUDENTS – unless marked specifically for English Learners) and Accommodations (available only to students with an IEP/504 plan).

<b>DESE Required EOC Assessments:</b>	Biology, English II, Government, and Algebra I (or Algebra II if Algebra I was taken prior to grade 9),
<b>LEA Optional EOC Assessments</b>	Geometry, English I, American History, Physical Science and Algebra II

Participation
<input type="checkbox"/> The student will participate in the End-of-Course Assessments <b>WITHOUT</b> Accommodations ( <b>Complete a – c</b> ) <input type="checkbox"/> Algebra I <input type="checkbox"/> Biology <input type="checkbox"/> English II <input type="checkbox"/> Govt. <input type="checkbox"/> Algebra II <input type="checkbox"/> Am. History <input type="checkbox"/> English I <input type="checkbox"/> Geometry <input type="checkbox"/> Phy. Science
<b>OR</b> <input type="checkbox"/> The student will participate in the End-of-Course Assessments <b>WITH</b> Accommodations ( <b>Complete a - e</b> ) <input type="checkbox"/> Algebra I <input type="checkbox"/> Biology <input type="checkbox"/> English II <input type="checkbox"/> Govt. <input type="checkbox"/> Algebra II <input type="checkbox"/> Am. History <input type="checkbox"/> English I <input type="checkbox"/> Geometry <input type="checkbox"/> Phy. Science
<b>OR</b> <input type="checkbox"/> The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A) and therefore is excluded from End-of-Course Assessment participation) ( <b>STOP - complete Form D - Part 3</b> )
The IEP team has determined the student is <u>exempt</u> from these optional EOC Assessments: <input type="checkbox"/> Algebra II <input type="checkbox"/> American History <input type="checkbox"/> English I <input type="checkbox"/> Geometry <input type="checkbox"/> Physical Science

Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document for the current school year at <http://dese.mo.gov/college-career-readiness/assessment/end-course>.

### Universal Tools

Universal Tools – Automatic		
The following tools are automatically available and do not need to be marked to use them:		
Answer Masking	Calculator	Color Contrast (Reverse Contrast)
Color Overlay	English Dictionary (For use only on the ELA Writing Prompts)	Grammar Handbook (For use only on the ELA Writing Prompts)
Highlighter	Line Guide (Line Reader)	Magnifier (Zoom)
Mark For Review (Bookmark)	Masking	Notepad (Note) / Scratch Paper
Protractor	Reference Sheet	Ruler
Strikethrough (Answer Eliminator)	Thesaurus (For use only on the ELA Writing Prompts)	Writing Tools – Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste

**a**

Universal Tools – To Be Marked In The Testing System		
The following tools must be marked in order to use them:		
<input type="checkbox"/> Bilingual Dictionary (For use only by ELs on the ELA Writing Prompts)	<input type="checkbox"/> Color Contrast (Paper Only)	<input type="checkbox"/> Color Overlay (Paper Only)
<input type="checkbox"/> Magnification – Assistive Technology	<input type="checkbox"/> Masking (Paper Only)	<input type="checkbox"/> Scribe
<input type="checkbox"/> Separate Setting	<input type="checkbox"/> Translation (Only for ELs)	<input type="checkbox"/> Translation – Paper/Pencil Version (Only for ELs)

**b**

Universal Tools: Read Aloud – Math, Science, Social Studies		
Mathematics	Science	Social Studies
All students may have all the text, including the <b>items</b> and <b>directions</b> , read aloud to them without an IEP/504 plan via one of the following methods which <b>must be marked in the testing system prior to use</b> :		
<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech
<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)

**c**

Universal Tools: Read Aloud – ELA: Everything Except ELA Reading Passages
All students may have the <b>items</b> and <b>directions</b> read aloud to them without an IEP/504 plan via one of the following methods which <b>must be marked in the testing system prior to use</b> :
<input type="checkbox"/> Text-To-Speech
<input type="checkbox"/> Human Reader
<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Native Language (ELs Only)

### Accommodations

**d**

Accommodations: Read Aloud – ELA Reading Passages	
ELA Reading Passages may only be read to a student with an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use: <input type="checkbox"/> Human Reader <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Blind Students (For Blind students at any grade level who do not yet possess adequate Braille skills)

**e**

Accommodations									
The following tools need to be marked in the testing system prior to use:									
Accommodation	Alg I	Eng II	Bio	Gov	Alg II	Geo	Eng I	Phy Sci	Am Hist
Abacus	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Alternate Response Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication Table	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Paper Based Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Calculator	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Speech-To-Text via Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – Not marked in the system (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Form D – Part 3 Alternate Assessment (MAP-A)

*Only for students with the most significant cognitive disabilities*

<b>Participation</b>
<p><input type="checkbox"/> The student will participate in the MAP-A Assessment for students with the most significant cognitive disabilities who meet the multiple criteria* for eligibility to participate in the alternate assessment based upon an educational curriculum focusing on essential skills and alternative learning standards in the following areas:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>English Language Arts in Grades 3 through 8 and 11</b></li> <li><input type="checkbox"/> <b>Mathematics in Grades 3 through 8 and 11</b></li> <li><input type="checkbox"/> <b>Science in Grades 5, 8 and 11</b></li> </ul> <p>* Information from the alternate assessment decision making resources including the guidance document, flowchart and/or checklist should be used to justify participation in the alternate assessment. These resources can be found at the following link: <a href="https://dese.mo.gov/college-career-readiness/assessment/map-a">https://dese.mo.gov/college-career-readiness/assessment/map-a</a></p> <p>Districts may choose to administer the ELA and Math assessments to students in grade 9, 10, and 12, and the Science assessment in grades 3, 4, 6, 7, 9, 10, and 12 for local assessment use.</p> <p>The student <input type="checkbox"/> <b>WILL OR</b> <input type="checkbox"/> <b>WILL NOT</b> participate in the Dynamic Learning Maps (DLM) for local assessment use.</p>

<b>Justification</b>	
<p>The IEP team must explain why the child cannot participate in the general education assessment based upon the multiple criteria for eligibility to participate in the alternate assessment. (Must complete all four sections below based upon the resources found at the following link: <a href="https://dese.mo.gov/college-career-readiness/assessment/map-a">https://dese.mo.gov/college-career-readiness/assessment/map-a</a>)</p>	
<p><b>A)</b> Describe how the student demonstrates the most significant cognitive disabilities and limited adaptive skills that may be combined with physical or behavioral limitations.</p>	<p><b>B)</b> Describe how the most significant cognitive disability impacts the student’s access to the curriculum and requires specialized instruction.</p>
<p><b>C)</b> Describe how the most significant cognitive disability impacts the student’s post-school outcomes.</p>	<p><b>D)</b> Describe any additional factors considered. The student’s inability to participate in the general education assessment must be primarily the result of the most significant cognitive disability and NOT excessive absences; visual or auditory disabilities; or social, cultural, language or economic differences.</p>



**Form D – Part 4**  
**ACCESS for ELLs**  
**Only for K-12 English Learners**

<b>Participation</b>
<input type="checkbox"/> The student will participate in the <b>Kindergarten</b> ACCESS for ELLs Assessments ( <b>Complete a</b> ) <b>OR</b> <input type="checkbox"/> The student in grades 1-12 will participate in the <b>Online*</b> ACCESS for ELLs Assessments ( <b>Complete c</b> ) <b>OR</b> <input type="checkbox"/> The student in grades 1-12 will participate in the <b>Paper/Pencil</b> ACCESS for ELLs Assessments ( <b>Complete e</b> ) <b>OR</b> <input type="checkbox"/> The student in grades 1-12 will participate in the <b>Alternate</b> ACCESS for ELLs Assessments ( <b>Complete g</b> )

**\*Students in grades 1-3 taking the online assessment will take the Writing modality via Paper/Pencil**

The ACCESS for ELLs Assessment features Universal Tools (available to ALL STUDENTS) and Accommodations (available only to students with an IEP/504 plan). Universal tools, including Administrative Considerations, are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Accessibility and Accommodations Supplement document for the current school year at <https://www.wida.us/Assessment/accessibility.aspx>

**Universal Tools and Administrative Considerations**

<b>Universal Tools and Administrative Considerations – Automatic</b>		
<b>The following tools and considerations are automatically available and do not need to be marked to use them</b>		
Adaptive and Specialized Equipment or Furniture	Alternative Microphone	Audio Aids
Color Contrast	Color Overlay	Frequent or Additional Supervised Breaks
Highlighter	Individual or Small Group Setting	Keyboard Navigation
Line Guide	Low Vision Aids or Magnification Devices	Monitor Placement of Responses in The Test Booklet or Onscreen
Read Aloud To Self (Including Whisper Phones)	Scratch Paper (Sticky Notes)	Short Segments
Specific Seating	Verbally Redirect Student’s Attention to the Test (English or Native Language)	

### Kindergarten ACCESS for ELLs Accommodations

**a**

Participation – Kindergarten ACCESS	
<input type="checkbox"/>	The student will participate in the Kindergarten ACCESS for ELLs Assessments <b>WITHOUT</b> Accommodations
<b>OR</b>	
<input type="checkbox"/>	The student will participate in the Kindergarten ACCESS for ELLs Assessments <b>WITH</b> Accommodations ( <b>Complete b</b> )

**b**

Kindergarten Accommodations				
The following tools need to be marked in the system prior to testing in order to use them				
Accommodation	Listen	Read	Speak	Write
Extended Testing of a Test Domain Multiple Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter Signs Test Directions in ASL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribed Response				<input type="checkbox"/>
Test May Be Administered By School Personnel In Non-School Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor or Similar Keyboarding Device To Respond To Test Items	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

### Online ACCESS for ELLs Accommodations

**c**

Participation – Online ACCESS	
<input type="checkbox"/>	The student will participate in the Online ACCESS for ELLs Assessments <b>WITHOUT</b> Accommodations
<b>OR</b>	
<input type="checkbox"/>	The student will participate in the Online ACCESS for ELLs Assessments <b>WITH</b> Accommodations ( <b>Complete d</b> )

**d**

Online Accommodations				
The following tools need to be marked in the system prior to testing in order to use them				
Accommodation	Listen	Read	Speak	Write
Extended Testing of a Test Domain Multiple Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Speaking Test Response Time			<input type="checkbox"/>	
Extended Testing Time Within The School Day	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Human Reader For Response Options	<input type="checkbox"/>			
Human Reader For Repeat of Response Options One Time	<input type="checkbox"/>			
Interpreter Signs Test Directions in ASL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Control of Item Audio	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Repeat Item Audio	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Scribed Response	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Student Responds Using a Recording Device, Which is Played Back and Transcribed by the Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test May Be Administered By School Personnel In Non-School Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor or Similar Keyboarding Device To Respond To Test Items	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

### Paper/Pencil ACCESS for ELLs Accommodations

**e**

Participation – Paper/Pencil ACCESS
<input type="checkbox"/> The student will participate in the Paper/Pencil ACCESS for ELLs Assessments <b>WITHOUT</b> Accommodations <b>OR</b> <input type="checkbox"/> The student will participate in the Paper/Pencil ACCESS for ELLs Assessments <b>WITH</b> Accommodations (Complete f)

**f**

Paper/Pencil Accommodations				
The following tools need to be marked in the system prior to testing in order to use them				
Accommodation	Listen	Read	Speak	Write
Braille with Tactile Graphics	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Extended Testing of a Test Domain Multiple Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Speaking Test Response Time			<input type="checkbox"/>	
Extended Testing Time Within The School Day	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Human Reader for Items	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Human Reader For Response Options	<input type="checkbox"/>			
Human Reader For Repeat of Test Items	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Human Reader For Repeat of Response Options One Time	<input type="checkbox"/>			
Interpreter Signs Test Directions in ASL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Control of Item Audio	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Repeat Item Audio	<input type="checkbox"/>			<input type="checkbox"/>
Scribed Response	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Student Responds Using a Recording Device, Which is Played Back and Transcribed by the Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test May Be Administered By School Personnel In Non-School Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor or Similar Keyboarding Device To Respond To Test Items	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

### Alternate ACCESS for ELLs Accommodations

**g**

Participation – Alternate ACCESS
<input type="checkbox"/> The student will participate in the Alternate ACCESS for ELLs Assessments <b>WITHOUT</b> Accommodations <b>OR</b> <input type="checkbox"/> The student will participate in the Alternate ACCESS for ELLs Assessments <b>WITH</b> Accommodations (Complete h)

**h**

Alternate Accommodations				
The following tools need to be marked in the system prior to testing in order to use them				
Accommodation	Listen	Read	Speak	Write
Interpreter Signs Test Directions in ASL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribed Response				<input type="checkbox"/>
Test May Be Administered By School Personnel In Non-School Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor or Similar Keyboarding Device To Respond To Test Items	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Form D – Part 5**

**National Assessment of Educational Progress (NAEP)**  
**and/or**  
**International Assessments**  
*Only for students selected to participate*

**Participation**

- The student was selected for and will participate in NAEP and/or a related International Assessment **WITHOUT** Accommodations
- OR**
- The student was selected for and will participate in NAEP and/or a related International Assessment **WITH** Accommodations
- OR**
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A) and therefore is excluded from NAEP and/or related International Assessments)

NAEP is a national test administered to a statewide representative sample of students for national comparison. NAEP is also tied to several international assessments that also use a representative sample of students. Thus, the NAEP and International Assessment samples include students with disabilities and every effort must be made to ensure that selected students have an opportunity to participate in NAEP and/or International Assessments.

The way in which students with disabilities are assessed on the NAEP and/or International Assessments should mirror as closely as possible the way they are tested on the state assessment. Accommodations may vary somewhat by year and content area being assessed. A current list of allowable accommodations will be included in the materials sent to schools selected for the NAEP and/or International Assessments sample. For additional information regarding NAEP and/or International Assessments, check with your School NAEP Coordinator or refer to: <http://dese.mo.gov/college-career-readiness/assessment/naep>.

**Form E: District-Wide Assessments**

**The student WILL** participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level:

District Assessment	Accommodations
	Accommodations needed for the student to participate in this assessment are:
	Accommodations needed for the student to participate in this assessment are:

**The student WILL NOT** participate in the District-Wide Assessment(s) of Student Achievement administered at their grade but they will participate in the following District-wide Alternate Assessments for this student's grade level: **NOTE: Alternate assessment must assess the same areas as the District-wide assessment.**

Name of District-Wide Assessment:	Name/Description of Alternate Assessment:
<ul style="list-style-type: none"> <li>• Statement of why the child cannot participate in the regular assessment</li> <li>• Statement of why the particular alternate assessment selected is appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Statement of why the child cannot participate in the regular assessment</li> <li>• Statement of why the particular alternate assessment selected is appropriate</li> </ul>	

NOTE: Please refer to the alternate assessment decision making resources including the guidance document, flowchart and/or checklist when making justification for participation in the alternate assessment, <http://dese.mo.gov/se/compliance/specedguidance.html>.

## Form C: Post-Secondary Transition Plan

This plan was developed considering the individual student's needs, preferences and interests. This plan must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually.

### EMPLOYMENT (REQUIRED)

<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(What work the student will do after graduation from high school.) <b>After high school, I, _____ (student name) WILL. . .</b>
<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	

### EDUCATION/TRAINING (REQUIRED)

<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(What education/training the student will complete after graduation from high school.) <b>After high school, I, _____ (student name) WILL. . .</b>
<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	

### INDEPENDENT LIVING (IF APPROPRIATE - Refer to Independent Living Goal Worksheet )

<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(How the student will live after graduation from high school.) <b>After high school, I, _____ (student name) WILL. . .</b>
<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	



## MO STATE FORM

## Independent Living Postsecondary Goal Worksheet

This model form is designed to help the IEP team decide if a student needs a postsecondary goal in the area of independent living. *Independent living includes the skills and knowledge an individual needs to direct his or her life at home and in the community.* Transition assessment information should be taken into account when completing this form and additional assessment may be necessary to adequately identify goal(s).

Review each statement, and consider whether the student possesses the identified skills.

Yes – performs independently and consistently;

No – performs inconsistently or not at all; consider an independent living goal

NA – not an area of independence being considered at this time;

**Home Living**

	Yes	No	NA
Follows daily living routine (e.g., personal hygiene, dressing, selecting clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, prepares and stores food; maintains healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs light household maintenance (e.g., cleaning, unclogging drains or toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately makes and receives telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows disaster safety routines for fire and natural disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household & Money Management**

	Yes	No	NA
Creates and maintains checking & savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages money (e.g., counts money, makes change, budgets, pays taxes, and monthly bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates cost of services (e.g., banking, telephone, leasing, credit cards, loans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates & acquires place to live (e.g., finds housing, understands rental agreements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets up living setting (e.g., organizes furniture, arranges for utilities and services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the importance of a good credit rating, how to view and interpret a credit report, and methods to improve credit rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Transportation**

	Yes	No	NA
Selects appropriate method of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses required transportation documentation (e.g., driver's license, bus pass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes transportation (e.g., carpool partners, door-to-door bus or cab service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigates throughout community using preferred mode of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If driving, knows of automotive maintenance schedules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Law & Politics**

	Yes	No	NA
Knows how to participate in voting and political decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands basic local, state, and national laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands rights as a person with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community Involvement**

	Yes	No	NA
Locates & participates in leisure, recreation, and community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates and uses community services (e.g., stores, banks, medical facilities, recreation facilities, health department, police department, social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes paperwork for medical treatment, community services, insurance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and acquires wardrobe (e.g., select appropriate clothes, compare prices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to environmental cues (e.g., signs, sirens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Personal Safety and Interpersonal Relationships**

	Yes	No	NA
Performs basic first aid and seeks medical assistance when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices community safety routines (e.g., when to talk to strangers, avoiding unsafe locations, locking doors, asking for directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands when it is appropriate to call 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows CPR and when it is necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains relationships with family and friends; establishes new friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the concepts of sexuality (e.g., physical self, reproductive process, dating, relationship, marriage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes informed choices regarding sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic parenting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Self-Advocacy**

	Yes	No	NA
Expresses strengths and needs; asks for accommodations when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses preferences appropriately, identifies long- and short-range goals, and takes steps to reach goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertively advocates for self in situations outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts through discussion, reasoning, & compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Health and Wellness**

Knows how to obtain healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to access healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices healthy habits (exercise, eating, buckles seatbelt, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic medical care for common illness (colds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Independent Living Skills**

	Yes	No	NA
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "No" was answered for any of the skills identified above, a postsecondary goal should be considered for the area of independent living. The discussion questions below help further identify an appropriate goal.

Independent living goal(s) needed at this time?  Yes  No

Is additional assessment information needed in the area of independent living? Why?

What are the 3 most important independent living skills to be addressed in IEP?

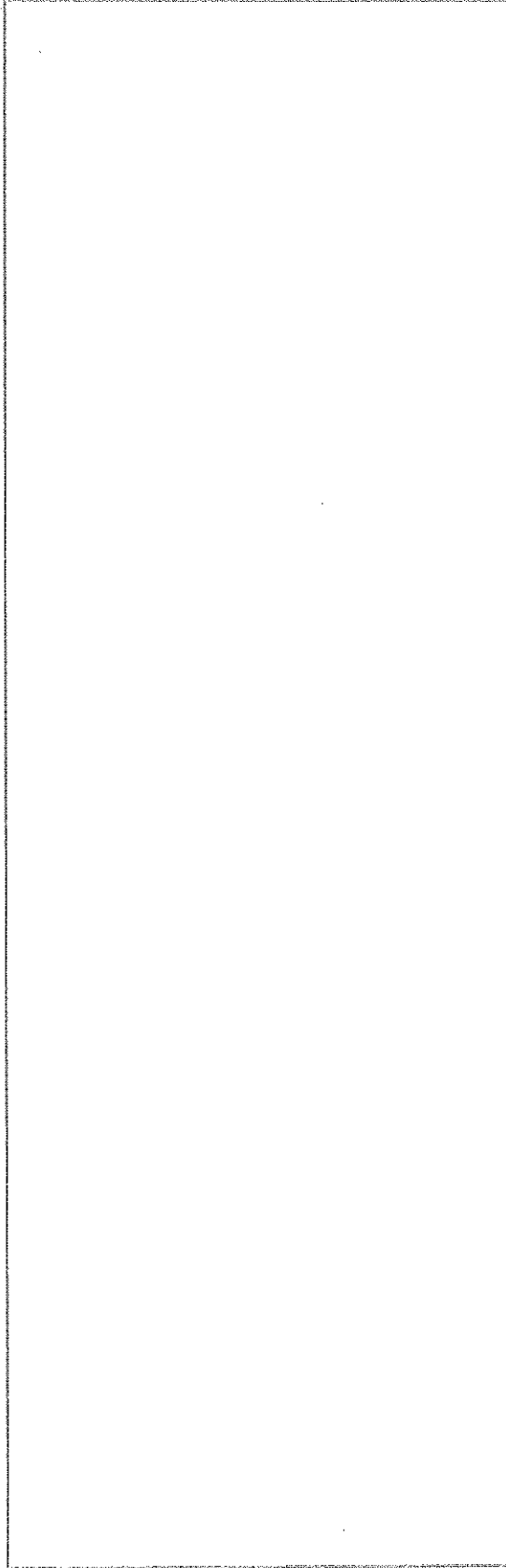
- 1.
- 2.
- 3.

How can we work on these particular skills throughout this coming year (i.e., instruction, related services, post-school living objectives, daily living skills, and/or functional vocational evaluation)?

What annual IEP goal(s) will enable the student to meet the postsecondary independent living goal?

## Quick Draw

**Directions:** You have 30 seconds to draw the most important thing you learned in this section in the box. When time is called you will pass it to the person on the right and they will attempt to guess what you drew.



**I think this is a picture of:**

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**Goal Fidelity Checklist:** This checklist is designed to evaluate the utilization of the PLAAFP in writing IEP goals.

DATE:	GOAL#	Yes	Partially	No	If partially or no, explain
<b>Descriptor</b>	The goal is written for a specific target (critical need) area using language taken from the PLAAFP.				
	The goal includes current baseline data written in a measurable form such as a number or percent.				
	The goal identifies the expected outcome written in a measurable form such as a number or percent.				
	Using baseline data and narrative information written in the PLAAFP, the goal is achievable within the time frame written.				
	The goal describes specifically how the results will be measured without naming an exact instrument.				
	The goal includes the time frame such as "duration of this IEP" or "during the life of this IEP" or "by the end of the fourth grading period"				
<b>DATE:</b>	<b>GOAL#</b>				
<b>Descriptor</b>	The goal is written for a specific target (critical need) area using language taken from the PLAAFP.	Yes	Partially	No	If partially or no, explain
	The goal includes current baseline data written in a measurable form such as a number or percent.				
	The goal identifies the expected outcome written in a measurable form such as a number or percent.				
	Using baseline data and narrative information written in the PLAAFP, the goal is achievable within the time frame written.				
	The goal describes specifically how the results will be measured without naming an exact instrument.				
	The goal includes the time frame such as "duration of this IEP" or "during the life of this IEP" or "by the end of the fourth grading period"				

Goals Writing Template

Specific	Measurable	Attainable	Results-Oriented	Timebound
The student will do what?	To what level or degree	Can it be reasonably achieve in one year?	As measured by what?	In what time frame will it happen?

SMART Goal:

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## Form F: Classroom Accommodations and Modifications

**Differentiated Instruction** refers to adjustments in teaching methods or materials to accommodate each student's learning needs and preferences and is available for all students. These instructional strategies should **not** be documented on Form F. **Accommodations** are changes in procedures or materials that increase equitable access in the classroom setting. Accommodations generate comparable results for students who need them and allow these students to demonstrate what they know and can do. **Modifications** are changes in procedures or materials that change the construct of the educational task making it difficult to compare results with typical peer results. Modifications allow students to demonstrate what they know and can do in a non-standardized way.

Indicate below the accommodations and modifications for the student to be used in general and/or special education and supports to be provided to school personnel.

Location										Modifications/Accommodations	Frequency				Duration*		
All Classes	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Other: **			Daily	Weekly	Monthly	Other:**	Beg. Date	End Date
										<b>1. Grading</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use weekly grade checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<b>2. Text</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide home set of textbooks/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapted or simplified text/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<b>3. Lectures</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<b>4. Test/Exams</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read test to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record student responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read test to student using DVD or recorded format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<b>5. Environment</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alter physical room arrangement (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments for speech intelligibility/fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study carrel for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<b>6. Assignments</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read or tape record directions to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directions given in a variety of ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Student Name \_\_\_\_\_

Date of IEP \_\_\_\_\_

Location										Modifications/ Accommodations	Frequency				Duration*	
ALL Classes	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Other: **		Daily	Weekly	Monthly	Other:**	Beg. Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide structured time for organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7. Reinforcement</b>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use positive/concrete reinforcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check often for understanding/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent eye contact/proximity control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8. Pacing</b>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for oral responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for written responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>9. Other (Specify)</b>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

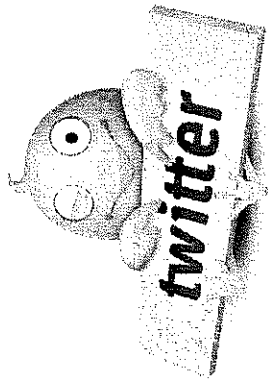
Supports for School Personnel															
Specialized Material (Specify)															
Training (Specify)															
Consultant Services (Specify)															
Other:															
Other:															
Other:															

\* N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.

\*\* Must describe "Other"

For LOCATION:	For FREQUENCY:
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# Tweet Sheet



In Twitter you only have 240 characters to make a point and you need to save room for your hashtag. Tweet out something from what we talked about today and put in your #hashtag

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**Quality IEPs**

Implementation Fidelity Checklist

**Instructions:** This checklist is designed for frequent checking on the fidelity of implementing assessment capable learners instruction. Fidelity should be monitored "early and often" (Harn, Parisi, & Stoolmiller, 2013) especially early in implementation. It is recommended that educators self-monitor their fidelity daily during implementation. A on-site coach may also observe and use this form to record fidelity. Completed checklists can be discussed during coaching conversations. If the number of 'Yes' items is repeatedly fewer than four(4), then coaching may be beneficial.

Date:

	Yes	Partially	No	If yes or partially, list the strategy used
1				
2				
3				
4				
5				
Total				

Date:

	Yes	Partially	No	If yes or partially, list the strategy used, ie: Goal Setting, Rubric, Portfolio, Student-led Conferences, etc.
1				
2				
3				
4				
5				
6				
7				
Total				

Date:

	Yes	Partially	No	If yes or partially, list the strategy used, ie: Goal Setting, Rubric, Portfolio, Student-led Conferences, etc.
1				
2				
3				
4				
5				
Total				

Date:

	Yes	Partially	No	If yes or partially, list the strategy used
1				



1	follow guidelines related to special education laws to properly support the entry steps of the special education process (referral, evaluation and eligibility procedures).				
2	adhere to timeline obligations (i.e., provide notification of procedural safeguards within 5 days; determine eligibility within 60 calendar days)				
3	communicate effectively and use the families' native language				
4	utilize comprehensive data review to ensure effective data based decision making				
5	plan for transitional services in an appropriate time and ensure the students' future training, education, future employment, etc are addressed				
<b>Total</b>					

FILED: 2025 FEB 11 AM 10:00:00 EST IN WASHINGTON COUNTY, MISSOURI. CLERK OF COURT: KATHLEEN M. HARRIS. PUBLIC ACCESS POINT: 2025 FEB 11 AM 10:00:00 EST