

MIDWEST RSE-TASC
INDICATOR 13 TIPS
SAMPLE LANGUAGE

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

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

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

Refer to General Directions Document <http://www.p12.nysed.gov/specialed/formsnotice/IEP/home.html>

In this section evaluation information will be added and described; may need to coordinate with psychologists and/or secretaries. It CANNOT be left blank. Include title of assessment (this is not required, but is best practice and usually included), date and results. A summary of the interpretation of the scores, including the instructionally relevant information understandable to the parent and educational team should be included in this section. Instructional implications of an assessment can then be further summarized or included in the appropriate section of the PLPs

Psychological Assessment

Educational Assessment

Speech & Language, PT, OT & other related service assessments

Physical Examination, Medical assessment

Classroom Observation

Functional Behavior Assessment (FBA)

Level 1/Transition Assessment

LAB-R, NYSESLAT (for LEP/ELLs)

State & District-wide Assessments; Transcript Information, Credits earned

CITATION Ia: Under the student's present levels of performance, the IEP includes a statement of the student's needs, taking into account the student's strengths, preferences and interests, as they relate to transition from school to post-school activities.

CITATION IIIa: If the purpose of a CSE meeting is to consider the post-secondary goals for the student and the transition service needed to assist the student in reaching those goals, the school district invites the student. If the student does not attend, the district takes steps to ensure that the student's preferences and interests are considered.

- "According to an age appropriate transition assessment (Level One Assessment/Age Appropriate Transition Assessment), (student's name)

states that s/he is interested in becoming a _____ upon completion of high school. In order to be successful, s/he will need _____ (identify skills needed, high school degree requirement, experiences needed, etc.).”

- “While completing an age appropriate transition assessment (Student’s name) had stated that s/he is unaware of what s/he wants to do in the future but has shown an interest in _____. In order to plan for the future, (student’s name) will need to explore various options that match his/her interests and strengths. In order to accomplish this, s/he will need to complete an interest inventory. (NOTE: This can then be an activity listed in the Coordinated Set of Activities under the Development of Employment).”
- “In completing an age appropriate transition assessment (Level One Assessment), (student’s name) identified, expressed interest, discussed, said...”

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

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

Refer to NYSED Guide to Quality Individualized Education Program (IEP) Development and Implementation

www.p12.nysed.gov/specialed/formsnotices/iepguidance/IEPguideFeb2010.pdf

Provide description of Student’s Current Level of Performance, This is **BASELINE DATA** – the “CAN DO” in the “CAN’T DO” Areas; Include Progress toward meeting Annual Goals; “WHAT WORKS” – (Specific Strategies, Supports and Instructional Methodologies that Support Progress made); Describe the Impact of the Disability; Manifestations or Characteristics of the Disability that have been Observed.

Expected rate of progress: (Includes current grades, effort, motivation, assessment implications, etc.)

Functional performance

Activities of daily living

Communication/language

Reading/writing

Math

Organization/attention

Transition between/among activities

Learning style

- “Currently, (student’s name) is able to do _____ (fill in what s/he can do in relation to the skills needed for his/her future goal as specifically as possible) but will need to work on _____ (fill in what s/he needs to work on in detail) in order to be successful as a _____.”

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

Identify the student’s strengths, social skills, consider recreation and community experiences.

- “According to an age appropriate transition assessment (Level One Assessment/Age Appropriate Transition Assessment), (student’s name) states that s/he is interested in becoming a _____ upon completion of high school. He/she exhibits strengths in the area of _____ that will assist him/her in achieving this goal.”

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

Identify student's **SPECIFIC skill deficits** as noted in the current performance areas;

Do **NOT** include recommendations for services or management needs.

Parent's/student's voice regarding student's needs/skill deficits is clearly stated; provide parents with multiple opportunities to provide input; document (in student file) multiple attempts to contact parent (parent/teacher conferences, phone contact, e-mail, parent survey/questionnaire).

Best practice is to include a null statement (e.g. "Parent does not identify any concerns at this time") if no parent concerns are indicated.

- "The student will need to develop skills in the area of _____ in order to be successful in a training program or workplace."
- "As an employee in any career field, the student will need to develop skills in _____ (identify skills student needs to continue to develop as it relates to the disability) in order to be successful in achieving post secondary goals."
- Family members state that organization is a skill that (student's name) need to develop to be successful at school and in the future for work."

SOCIAL DEVELOPMENT

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

Give examples of what specific behaviors look like (include data) and possible strategies that work.

Student's relationship with adults and peers, social skills,

Ability to accept guidance or assistance from others:

Student's feelings of self, level of maturity:

Self-determination, self-advocacy skills:

Play skills, taking turns, sharing (for preschoolers, early elementary)

Ability to work cooperatively with peers

Adjustment to School and Community

(Refer to SCANS and CDOS Skills for post-secondary training)

- "Student's name) has stated that s/he is unaware of what s/he wants to do in the future but has shown an interest in _____."

STUDENT STRENGTHS:

Identify the student's strengths, social skills, consider recreation and community experiences.

- "Socially, (student's name) has many peers. This will help the student be successful in the field of _____ as it requires social interaction."

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

Identify the skills deficits as noted in the current level of ability.

Include the parent's voice relating to concerns noted.

- "In order to plan for the future, (student's name) will need to explore various career options that match his/her interests and strengths. In order to accomplish this, s/he will need to complete an interest inventory. (NOTE: This can then be an activity listed in the Coordinated Set of

Activities under the Development of Employment).”

PHYSICAL DEVELOPMENT

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

Include information related to gross, fine, & grapho-motor skills, sensory needs, medical conditions and/or medications as they impact educational performance, physical limitations or endurance. Can describe medical equipment (wheelchair, crutches, braces, AFO’s splints, etc.) if applicable in this section.

- “(Student’s name) has good physical and motor skills and identified an interest in the field of _____ that will require adequate physical development.”

STUDENT STRENGTHS:

Consider student’s health, fitness and nutritional status; attendance, recreational interests, participation in physical education, sports or extracurricular activities.

- “(Student’s name) enjoys physical activity and is likely to be successful in the area of _____ as it requires hands-on involvement to complete work tasks.”

3.

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

Include skill deficits impacted by the student’s disability; If disability does not impact this (or any other) area—include null statement: There are no disability related needs at this time.

Parent/student concerns

- “Student and parent indicate a need for (student’s name) to organize his/her medications so he/she can be independent in taking medications in the future.”

MANAGEMENT NEEDS

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

ONLY needs are included in this section. Include supports, strategies to be provided by the teachers, related services and support staff. Needs should relate to the information (what works) and needs identified in the previous PLP sections. Do NOT include programs and services (1:1 aide) but WHAT that service is needed for (e.g. adult prompting and redirection).

***Environmental Resources**—adapted routine or schedule, preferential seating (describe), size of group during instruction, additional transition time*

***Human Resources**—adult supervision, guidance or assistance to provide support, strategies, accommodations noted in PLP*

***Material Resources**—adaptive equipment/furniture, alternate instructional materials, assistive technology (high and low tech), graphic organizer, study guide, copy of notes, health care plan, etc.*

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

Manifestation of disability in GEN ED SETTING (“appropriate activities” ONLY refer to preschoolers). Describe the characteristics of the disability observed consistently that impacts the student’s ability to participate and show progress in the general education curriculum.

This provides support for the least restrictive environment (LRE). Consider issues related to the environment, instructional methodologies, content, materials and the student's ability to demonstrate what he/she has learned.

STUDENT NEEDS RELATING TO SPECIAL FACTORS

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

MUST ADDRESS ALL AREAS WITH EITHER YES/NO/NA see attachment 2 in Guide to Quality IEP Development and Implementation

DOES THE STUDENT NEED STRATEGIES, INCLUDING POSITIVE BEHAVIORAL INTERVENTIONS, SUPPORTS AND OTHER STRATEGIES TO ADDRESS BEHAVIORS THAT IMPEDE THE STUDENT'S LEARNING OR THAT OF OTHERS? YES NO

DOES THE STUDENT NEED A BEHAVIORAL INTERVENTION PLAN? NO YES: **IF YES, LIST BEHAVIORS ADDRESSED ON BIP**

FOR A STUDENT WITH LIMITED ENGLISH PROFICIENCY, DOES HE/SHE NEED A SPECIAL EDUCATION SERVICE TO ADDRESS HIS/HER LANGUAGE NEEDS AS THEY RELATE TO THE IEP?

YES NO NOT APPLICABLE

FOR A STUDENT WHO IS BLIND OR VISUALLY IMPAIRED, DOES HE/SHE NEED INSTRUCTION IN BRAILLE AND THE USE OF BRAILLE? YES NO NOT APPLICABLE

DOES THE STUDENT NEED A PARTICULAR DEVICE OR SERVICE TO ADDRESS HIS/HER COMMUNICATION NEEDS? YES NO

IN THE CASE OF A STUDENT WHO IS DEAF OR HARD OF HEARING, DOES THE STUDENT NEED A PARTICULAR DEVICE OR SERVICE IN CONSIDERATION OF THE STUDENT'S LANGUAGE AND COMMUNICATION NEEDS, OPPORTUNITIES FOR DIRECT COMMUNICATIONS WITH PEERS AND PROFESSIONAL PERSONNEL IN THE STUDENT'S LANGUAGE AND COMMUNICATION MODE, ACADEMIC LEVEL, AND FULL RANGE OF NEEDS, INCLUDING OPPORTUNITIES FOR DIRECT INSTRUCTION IN THE STUDENT'S LANGUAGE AND COMMUNICATION MODE?

YES NO NOT APPLICABLE

DOES THE STUDENT NEED AN ASSISTIVE TECHNOLOGY DEVICE AND/OR SERVICE? YES NO

IF YES, DOES THE COMMITTEE RECOMMEND THAT THE DEVICE(S) BE USED IN THE STUDENT'S HOME? YES NO

Consider any devices/equipment identified in management section

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

MEASURABLE POSTSECONDARY GOALS

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

EDUCATION/TRAINING: Write: "The student's "goal is to", shall or will". (Keep in mind...These are POST high school goals).

2 OR 4 YEAR DIPLOMA OUTCOME/TRAINING: (ON THE JOB TRAINING, COMMUNITY/ADULT EDUCATION, CERTIFICATE PROGRAM)

CITATION 1b: The IEP includes appropriate measurable post-secondary goals based upon age appropriate transition assessments relating to training, education, employment and, where appropriate, independent living skills.

- "(Student's name) will enroll at ABC University in order to study _____."
- "Upon completion of high school, (student's name) will enroll in a certification program in _____."
- "Upon exiting from high school, (student's name) will participate in training within a community setting and develop skills in _____."

- "(Student's name) will receive on-the-job training with job coach support in the field of _____."

EMPLOYMENT:

(COMPETITIVE, SUPPORTED)

- "After college, (student's name) will be competitively employed as a _____ OR in the field of _____."
- "(Student's name) will be employed as a _____."
- "After graduation from high school, (student's name) will be employed with support in the area of _____."
- "Upon exiting from high school, (student's name) will pursue employment within a community setting with significant support in the area of _____."

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

(LIVE INDEPENDENTLY IN COMMUNITY, COLLEGE DORM, SUPPORTED APARTMENT, GROUP HOME; OBTAIN DRIVER'S LICENSE)

- "Upon completion of high school, (student's name) will live _____ (independently, in housing that provides support/supervision, etc.)."
- "(Student's name) will live in a community/residential setting with significant support."
- "(Student's name) will live independently."
- "(Student's name) will live with family members."

5.

TRANSITION NEEDS

IN CONSIDERATION OF PRESENT LEVELS OF PERFORMANCE, TRANSITION SERVICE NEEDS OF THE STUDENT THAT FOCUS ON THE STUDENT'S COURSES OF STUDY, TAKING INTO ACCOUNT THE STUDENT'S STRENGTHS, PREFERENCES AND INTERESTS AS THEY RELATE TO TRANSITION FROM SCHOOL TO POST-SCHOOL ACTIVITIES:

Transition Needs relate to the student's needs to be addressed with the support of the school in order to achieve MPSGs

- Barriers to post secondary goals—consider skills related to self-determination, advocacy or academic areas
- Can make bulleted list of needs for this section

Course of study statement is narrative

- Should contain diploma student is going to achieve (must match with transcript section & with participation in state/local assessments)
- Should list courses/instruction related to post secondary goals

This will help you to determine Coordinated Set of Activities (and Annual Goals) needed for the coming year

- "Currently, (student's name) is able to do _____ (fill in what s/he can do in relation to the skills needed for his/her future goal as specifically as possible) but will need to work on _____ (fill in what s/he needs to work on in detail) in order to be successful as a _____."

- “The student will need to develop skills in the area of _____ in order to be successful in a training program or workplace.”
- “As an employee in any career field, the student will need to develop skills in _____ (identify skills the student needs to continue to develop as it relates to the disability) in order to be successful in achieving post-secondary goals.”

CITATION Iia: The IEP includes a statement of the transition service needs of the student that focuses on the student’s courses of study such as participation in advance placement courses or a vocational education program.

- “(Student’s name) is currently enrolled in _____, which will help provide the foundation skills necessary to become a _____.”
- “(Student’s name) should consider courses such as _____ to support needs in the area of _____.”
- “(Student’s name) will continue to take Regent’s level classes to gain skills necessary for going to college.”

MEASURABLE ANNUAL GOALS

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

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT THE GOAL MUST BE MASTERED IN ONE YEAR.	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
Student will (<u>do what</u> (skill, behavior), to what <u>extent</u> (anticipated level—relates to baseline identified in PLP), under what conditions (across settings, in a specific situation) or gives (graphic organizer, equipment, strategies, etc). <ul style="list-style-type: none"> • Reasonable in number—to achieve in one year. Average #of goals depends on the severity of student needs • ALL teachers and providers working with the student are responsible for instruction & progress monitoring of annual goals • Team goals—No service-specific goals (ex. No OT, PT or Speech goals)—must be 	<u>How well and over what period of time</u> will student perform skill/behavior to indicate mastery of skill (must be possible to achieve in one year)	Identify the procedures or methods used to collect data to monitor progress. Must be tangible —charts, checklists, rubric, student work samples, teacher made tests, etc. (teacher observation is not tangible)	How often methods will be used to review the data so progress can be monitored. Evaluation schedule should be frequent enough to allow adjustments to instruction; it could be different for each goal. THIS IS NOT WHEN YOU REPORT PROGRESS TO

<p>educationally based, not medically or curriculum related</p> <ul style="list-style-type: none"> • Must correspond to need/skill deficit in PLP • Must be skill-based, not curriculum-based <p>Must not be a GenEd expectation or curriculum requirement of all students.</p>			PARENTS
CITATION Ic: The IEP list measurable annual goals related to the student's transition service needs.			
Given a task requiring organization of 2 or more steps, student will verbally identify steps needed to complete the task and will complete the task independently.	In 3 out of 5 trials daily with less than 2 verbal prompts	Student checklist and work samples	Weekly
REPORTING PROGRESS TO PARENTS			
IDENTIFY WHEN PERIODIC REPORTS ON THE STUDENT'S PROGRESS TOWARD MEETING THE ANNUAL GOALS WILL BE PROVIDED TO THE STUDENT'S PARENTS: This is where you identify how often parents will receive progress reports on Annual Goals			

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

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

AND THE MEASURABLE ANNUAL GOAL):

ANNUAL GOAL	CRITERIA	METHOD	SCHEDULE
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
(DUPLICATE TABLE/ROWS AS NEEDED)			
REPORTING PROGRESS TO PARENTS			
IDENTIFY WHEN PERIODIC REPORTS ON THE STUDENT'S PROGRESS TOWARD MEETING THE ANNUAL GOALS WILL BE PROVIDED TO THE STUDENT'S PARENTS:			

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING/ SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM: Should NOT be filled in prior to CSE Drop down menu—special ed programs identified in regs: <u>Preschool</u> §200.16/200.9 and <u>school age</u> §200.6	Identify group size, native language, etc.			Should NOT be filled in prior to CSE Drop down menu—special ed programs identified in regs: <u>Preschool</u> §200.16/200.9 and <u>school age</u> §200.6	
RELATED SERVICES: Drop down menu—not finite list; see definition §200.1(qq)					
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS: Must correspond to PLP—Identify specific					

<p>supports noted in Management: (teacher aide, preferential seating, verbal prompts, etc.)</p> <p>Transition Considerations:</p> <ul style="list-style-type: none"> - Are they increasing or decreasing student independence? - Are they available to student in post-school settings? <p>Is the student aware of them and able to advocate for them in all settings?</p>				
<p>ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:</p> <p>Include equipment noted in PLP & Special Factors section (do not include medical equipment)</p>				
<p>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT: <u>services for staff</u></p> <p>e.g. training on specific disability such as autism, on assistive technology, behavior interventions, etc.)</p>				
<p>*IDENTIFY, IF APPLICABLE, CLASS SIZE (MAXIMUM STUDENT-TO-STAFF RATIO), LANGUAGE IF OTHER THAN ENGLISH, GROUP OR INDIVIDUAL SERVICES, DIRECT AND/OR INDIRECT CONSULTANT TEACHER SERVICES OR OTHER SERVICE DELIVERY RECOMMENDATIONS.</p>				

12-MONTH SERVICE AND/OR PROGRAM – STUDENT IS ELIGIBLE TO RECEIVE SPECIAL EDUCATION SERVICES AND/OR PROGRAM DURING JULY/AUGUST: NO YES

IF YES:

STUDENT WILL RECEIVE THE SAME SPECIAL EDUCATION PROGRAM/SERVICES AS RECOMMENDED ABOVE.

OR

STUDENT WILL RECEIVE THE FOLLOWING SPECIAL EDUCATION PROGRAM/SERVICES:

Services can be provided to students with disabilities who...

- **Have intensive management needs**
- **Have severe multiple disabilities**
- **Are in home, hospital or residential programs**

- **Require ongoing instruction to avoid substantial regression (as defined by NYSED ESY policy 2006)**

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING/ SERVICE DATE(S)
Can be different from what was provided during school year.					

NAME OF SCHOOL/AGENCY PROVIDER OF SERVICES DURING JULY AND AUGUST:
 FOR A PRESCHOOL STUDENT, REASON(S) THE CHILD REQUIRES SERVICES DURING JULY AND AUGUST:

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

TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		
Drop Down Menu—not a finite list Refer to NYSED guide from May 2006 <u>Test Access and Accommodations for Students with Disabilities</u>	<u>When</u> accommodation will be provided: (tests requiring at least one written paragraph)— not as needed, when requested or for specific tests (regents). Can indicate the type of test (e.g. all timed tests) <u>www.p12.nysed.gov/specialed/policy/testaccess/policyguide.htm</u>	<u>How</u> accommodation will be provided; specific recommendations for implementation (e.g. amount of extended time).

*CONDITIONS – TEST CHARACTERISTICS: DESCRIBE THE TYPE, LENGTH, PURPOSE OF THE TEST UPON WHICH THE USE OF TESTING ACCOMMODATIONS IS CONDITIONED, IF APPLICABLE.
 **IMPLEMENTATION RECOMMENDATIONS: IDENTIFY THE AMOUNT OF EXTENDED TIME, TYPE OF SETTING, ETC., SPECIFIC TO THE TESTING ACCOMMODATIONS, IF APPLICABLE.

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).		
COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/ AGENCY RESPONSIBLE

<p>INSTRUCTION <i>Identify instruction student will be getting THIS YEAR (the year the IEP is in effect) to support achievement of MPSGs</i></p>	<ul style="list-style-type: none"> • MUST list activities for this one • DO NOT USE DROP DOWN STATEMENTS “Student will be provided the opportunity to...” • List courses as related to MPSG’s Can be bulleted statements <p>CITATION IIb: The IEP includes needed activities to facilitate the student’s movement from school to post-school activities.</p> <ul style="list-style-type: none"> - “With special education support, (student’s name) will learn to highlight and define key vocabulary words in order to improve reading comprehension.” - “With special education support, (student’s name) will learn to tell time on an analog clock.” - “Student receives special education services to develop organizational skills.” - “Student attends CTE classes for auto mechanics.” 	<p>MUST list district and role (not name) of person responsible</p> <p>CITATION IIc: The IEP includes a statement of the responsibilities of the school district and, when applicable, participating agencies for the provision of such services and activities that promote movement from school to post-school opportunities, or both, before the student leaves the school setting.</p> <p>CITATION IIIb: To the extent appropriate and with parental consent or the consent of a student who is 18 years of age or older, the school district must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services. If an agency invited to send a representative to a meeting does not do so, the district should take steps to involve the other agency in the planning of any transition services.</p> <p>ABC School District, Special education teacher</p> <p>ABC School District, Special education teacher</p> <p>ABC School District, Special education teacher</p> <p>BOCES or ABC School District, CTE teacher</p>
<p>RELATED SERVICES <i>Identify what related services are going to be provided THIS YEAR and how they</i></p>	<ul style="list-style-type: none"> • Can be bulleted—at least one statement per service • Should correspond to related service 	<p>MUST list agency responsible if agency is paying for/providing service (agency must be invited to CSE with parent permission)</p>

<p><i>will support the transition plan</i></p>	<p>section</p> <ul style="list-style-type: none"> Identify activity/skill that will be addressed that relates to MSPG If none then write..."Considered, but not needed" "(Student's name) receives counseling in order to address behavior outbursts." 	<p>ABC School District, School Counselor</p>
<p>COMMUNITY EXPERIENCES <i>Describe any community-based experiences that will be provided to the student THIS YEAR</i></p>	<p>Consider job shadow for 11th/12th graders? Cannot be experiences that are not supported by the district (church, Boys/Girls Club etc.) If none then write..."Considered, but not needed"</p> <ul style="list-style-type: none"> "(Student's name) will identify community bus routes and times in order to transport to his/her job at _____." "(Student's name) will explore the local Workforce Development Office with support from special education staff. The student will then identify how this office can assist in finding employment." "Student has no needs at this time." 	<p>ABC School District, Special education teacher, Transition Specialist</p> <p>ABC School District, Special education teacher, Student</p> <p>NA</p>
<p>DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES <i>Identify activities that school will provide student to support college/training, employment and/or independent living goals</i></p>	<p><u>MUST</u> list activities for this one Include ACCES-VR (formerly VESID) application/connection for seniors only Cannot be experiences that are not supported by the district (volunteer experiences, work obtained on their own)</p> <ul style="list-style-type: none"> "(Student's name) will have the opportunity to meet with an ACCES-VR counselor to determine eligibility for services." 	<p>ABC School District, Special education teacher, School Counselor ACCES-VR Counselor</p>

	<ul style="list-style-type: none"> - “Due to reading comprehension difficulties, (student’s name) will complete an interest inventory with support from special education staff to identify potential interest areas.” - “Student will review skills necessary to be successful in an interview.” 	<p>ABC School District, Special education teacher, School Counselor</p> <p>ABC BOCES, Transition Specialist</p>
<p>ACQUISITION OF DAILY LIVING SKILLS (IF APPLICABLE) <i>Identify activities to assist student in functional skills (Dressing, hygiene, self-care, health care, cooking, budgeting, etc.)</i></p>	<p>Think about—SCANS and CDOS Standards for skill areas Organization? Time management? If none then write...”Considered, but not needed”</p> <ul style="list-style-type: none"> - “Due to attention issues, (student’s name) will practice selecting clothing appropriate to the daily weather with support from special education staff.” - “Due to difficulties with gross/fine motor skills, the student will learn how to complete self-help tasks with support.” - “No activities necessary at this time.” 	<p>ABC School District, Special education teacher</p> <p>ABC School District, Special education teacher</p> <p>NA</p>
<p>FUNCTIONAL VOCATIONAL ASSESSMENT (IF APPLICABLE)</p>	<p>DO NOT list Level I Assessment—State prefers the phrase “Considered, but not needed” for any of these 6 areas in which no activity is required ”</p> <ul style="list-style-type: none"> - “(Student’s name) will have the opportunity to participate in a functional vocational assessment at BOCES in order to identify possible career interest areas.” - “(Student’s name) will have the opportunity to participate in a community based assessment with XYZ Agency in order to determine the level of support 	<p>ABC School District, Special education teacher, ABC BOCES, Transition Specialist</p> <p>ABC School District, Special education teacher ABC BOCES, Transition Specialist XYZ Agency</p>

	<p>the student will need for future employment.”</p> <p>- “CSE has determined there is no need for a Functional Vocational Assessment at this time.”</p>	<p>NA</p>
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PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS	
(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)	
<input type="checkbox"/>	<p>THE STUDENT WILL PARTICIPATE IN THE SAME STATE AND DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT THAT ARE ADMINISTERED TO GENERAL EDUCATION STUDENTS.</p>
<input type="checkbox"/>	<p>THE STUDENT WILL PARTICIPATE IN AN ALTERNATE ASSESSMENT ON A PARTICULAR STATE OR DISTRICT-WIDE ASSESSMENT OF STUDENT ACHIEVEMENT.</p> <p>IDENTIFY THE ALTERNATE ASSESSMENT:</p> <p>STATEMENT OF WHY THE STUDENT CANNOT PARTICIPATE IN THE REGULAR ASSESSMENT AND WHY THE PARTICULAR ALTERNATE ASSESSMENT SELECTED IS APPROPRIATE FOR THE STUDENT:</p> <p><i>Include information specific to the student’s needs related to eligibility criteria for the NYSAA—student’s limited cognitive abilities combined with physical limitations. e.g. “She is nonverbal and uses a picture communication device to communicate basic needs. She requires direct care for personal needs. Her chronological age is 12 but her instructional levels are at the Kindergarten level.”</i></p>

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES	
<p>REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.</p>	
<p>FOR THE PRESCHOOL STUDENT:</p>	
<p>EXPLAIN THE EXTENT, IF ANY, TO WHICH THE STUDENT WILL NOT PARTICIPATE IN APPROPRIATE ACTIVITIES WITH AGE-APPROPRIATE NONDISABLED PEERS (E.G., PERCENT OF THE SCHOOL DAY AND/OR SPECIFY PARTICULAR ACTIVITIES):</p>	
<p>FOR THE SCHOOL-AGE STUDENT:</p>	
<p>EXPLAIN THE EXTENT, IF ANY, TO WHICH THE STUDENT WILL NOT PARTICIPATE IN REGULAR CLASS, EXTRACURRICULAR AND OTHER NONACADEMIC ACTIVITIES (E.G., PERCENT OF THE SCHOOL DAY AND/OR SPECIFY PARTICULAR ACTIVITIES):</p>	
<p>IF THE STUDENT IS NOT PARTICIPATING IN A REGULAR PHYSICAL EDUCATION PROGRAM, IDENTIFY THE EXTENT TO WHICH THE STUDENT WILL PARTICIPATE IN SPECIALLY-DESIGNED INSTRUCTION IN PHYSICAL EDUCATION, INCLUDING ADAPTED PHYSICAL EDUCATION:</p>	
<p>EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT: <input type="checkbox"/> No <input type="checkbox"/> Yes - THE COMMITTEE HAS DETERMINED THAT THE STUDENT’S DISABILITY ADVERSELY AFFECTS HIS/HER ABILITY TO LEARN A LANGUAGE AND RECOMMENDS THE STUDENT BE EXEMPT FROM THE LANGUAGE OTHER THAN ENGLISH REQUIREMENT. NOTE: Consider student’s post secondary plans; response can limit college options</p>	

SPECIAL TRANSPORTATION

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

NONE.

STUDENT NEEDS SPECIAL TRANSPORTATION ACCOMMODATIONS/SERVICES AS FOLLOWS:

Consider:

- Special seating—e.g., near window, individual seat
- Vehicle and/or equipment needs—e.g., harness, lift
- Adult supervision or training
- Type of transportation—e.g., small bus, door to door, curb to curb, individual transport
- Other accommodations—e.g., permission to bring personal items or to use iPod on bus

STUDENT NEEDS TRANSPORTATION TO AND FROM SPECIAL CLASSES OR PROGRAMS AT ANOTHER SITE:

Consider if student needs transportation from one site to another for services or programs to be provided.

PLACEMENT RECOMMENDATION

The identification of placement must specify where the student's IEP will be implemented and should indicate the type of setting where the student will receive special education services. Determined by student NEED, not disability or availability of program.

For example:

- Public school district
- BOCES
- Approved private school or Special Act School District
- Home/Community Setting