

IEP 101: How to Read Your Child's IEP

Virtual Presentation

Part #1:

Wednesday, May 27th

Part #2:

Wednesday, June 3rd



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

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

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

“

Student: _____ Last Name, First Name DOB: _____ District: _____ Meeting Date: _____

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

Case Manager: _____ Student Address¹: _____ Student Instructional Lang: English Other: (specify) _____

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

Parent/Guardian (Address): Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____

Most Recent Annual Review Date: _____ Next Annual Review Date: _____

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

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

The next projected PPT meeting date is: _____

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

If YES, what is the date of the IEP being amended? _____

Team Member Present (required)

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

Parent/Guardian: _____ _____ _____

Parent/Guardian: _____ _____ _____

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

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

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

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

“Current Home School” is the school in the district the student would attend if not disabled.

List of **“Team_Members_Present”** is simply an acknowledgement of those present, not an indicator of approval.

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

When amending or making changes to an IEP without a PPT, an **amendment agreement** must be in writing and signed by both parent/guardian and school district representative. (Consent form ED634, must be used). Any member of the PPT may ask to have amendments added to the IEP. However, parents may withhold consent and require a PPT.

PPT Membership

Although districts (as well as parents) are free to invite other individuals who have knowledge or special expertise about the child, the IDEA requires a PPT to include certain core members including:

- ❖ Parents or Surrogate Parent
- ❖ One general education teacher (if child is participating in general education)
- ❖ One special education teacher or provider
- ❖ A district representative qualified to provide or supervise the provision of specially designed instruction to meet the needs of the child, and is knowledgeable about the general education curriculum and the availability of resources
- ❖ An individual who can interpret the instructional implications of evaluation results
- ❖ Other individuals who have special expertise regarding child (e.g., related service personnel), at the discretion of the parent or the district
- ❖ Whenever appropriate, the child



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

LIST OF PPT RECOMMENDATIONS

The “**List of PPT Recommendations**” provides an itemized list of the PPT recommendations that were made by a student’s PPT. It is important that this section be specific so that both parent and school district staff know what is being recommended. It is good practice to review these recommendations prior to the conclusion of each meeting.

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

The “**PPT Meeting Summary**” is a brief description of discussions within the team meeting. Such a summary is not mandated by the Federal Regulations, however if provided, the school must ensure its accuracy. If parents feel that the summary is incorrect, they may request, in writing, a correction. The school must respond to this request in writing, and the parents have the right to appeal any reply that they feel results in an inaccurate record.

Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730#Legal>) at the first PPT meeting following a child’s initial referral for special education. In addition, the notice must also be provided to parents at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child’s IEP. A copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* has been provided to the parents on _____ (date).

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

If the Team identifies any **“Actions Refused,”** the Team is required to: ****Fully document “Reasons for Refused Actions,”** and ****Provide list of “Evaluation procedures, assessment, records, or reports used as a basis for the refusal.”**

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

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

PRIOR WRITTEN NOTICE

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

CPAC - Great Resource!

In most instances, the “Implementation” date should match with the “Start Date” of services on the grid on page 11. **Parents/ guardians must receive PWN at least 10 school days before the implementation date of the IEP.**

The completed Prior Written Notice (PWN) should be given to the parent(s) at the conclusion of the PPT. Parent’s receipt of the PWN and the agreed upon implementation date should be documented on page 2 of the IEP.

If parent(s) do not agree to implement the IEP on an agreed upon date, the reasonable timeframe for implementation of the IEP is ten school days from receipt of the PWN.

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

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(The following information was derived from: report data, documentation from classroom performance, observations, parent/student reports, and curriculum based and standardized assessments, including Smarter Balanced and CT Alternate Assessments results and student samples).

Parent and Student input and concerns	_____

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive Language Arts: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Academic/Cognitive: Math: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Other Academic/Nonacademic Areas: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

Present Levels of Performance

A comprehensive, holistic view of the student, including:

- ❖ Input from parents, teachers, and the student
- ❖ Use of a variety of technically sound assessment tools and strategies
- ❖ Documentation of academic and behavioral skills and related developmental needs
- ❖ Assisting the PPT to determine the student's educational needs in relation to the student's involvement and progress in age-appropriate, grade-level, general education curriculum

CT IEP Manual and Forms 2006, 2015



Considering the Whole Child

For EACH Student, consider:

- Academic achievement
- Social-emotional development
- Behavioral skills
- Communication skills
- Recreation/leisure activities
- Health, physical, medical needs
- Motor skills
- Technology needs

For Secondary Students, also consider*:

- Employment/career goals
- Postsecondary education goals
- Community participation needs
- Home/independent living needs

*Align with the CORE Transition Skills



What data do we use and why?

Quantitative data (Numbers)

- ✓ Define gap between expectations and current performance
- ✓ Determine trajectory
- ✓ Monitor progress

Qualitative data (Descriptions)

- ✓ Conduct root cause analysis
- ✓ Identify focus area for improvement
- ✓ Define context/conditions
- ✓ Examine effectiveness



Examples of Assessment Data

Quantitative

Fourth grade student currently reading two grades below level as evidenced by district benchmark assessments (Fall NWEA MAP Reading 175 (grade 2)/199 (grade 4) and classroom assessments such as Fall BAS Level I (grade 2)/Level P (grade 4) and Fall CORE Maze 7 (grade 2)/13 (grade 4) indicating need for word knowledge and inferential comprehension support.

Qualitative

When observing reading fictional text, teacher recognizes student's rate and accuracy hinders ability to discern main idea. Patterns of errors include, decoding multisyllabic words, vocabulary knowledge, and interpreting author's use of dialogue and analogies. Student is more successful with informational text due to advanced literal comprehension (e.g., background knowledge in Science) and ability to use various text features to make meaning.



Sources of Assessment Data

- ❖ Information from parent(s), student, and teacher(s)
- ❖ Norm-referenced tests
- ❖ Criterion-referenced tests
- ❖ Curriculum-based measurements
- ❖ Curriculum-based assessments
- ❖ Observation-based assessment
- ❖ Record Review
- ❖ Interviews
- ❖ Inventories/Rating Scales



Strengths and Concerns/Needs

Strengths:

- ❖ May include relatively strong areas
- ❖ May include motivation, learning style, or preference
- ❖ Can include strengths supported by supplemental aids and services (e.g., AT)
- ❖ May include strengths related to future post-school options (for vocational/transition)

Concerns/Needs:

- ❖ Must require specialized instruction
- ❖ Must have a corresponding annual goal



Examples of Informative Strengths

- ❖ Self-determination skills...assists with decision-making and utilizes appropriate self-advocacy skills
- ❖ Interpersonal skills...able to work cooperatively with peers
- ❖ Elapsed time...understands elapsed time as relates to baking and other cooking tasks
- ❖ Double-digit division...able to solve math equations with use of calculator
- ❖ Reading comprehension...able to comprehend grade level text with accommodations (e.g., pre-reading graphic organizers, audio recording, symbols to code the text)



Examples of Informative Concerns

- ❖ Main idea...Difficulty deciphering main idea and key details of reading passage
- ❖ Vocabulary...Limited vocabulary usage affects ability to elaborate in written work
- ❖ Fluency...Difficulty with letter sound correspondence hinders accuracy and fluency
- ❖ Work Completion...Slow processing and difficulty with task initiation hinders timely work completion
- ❖ Impulse Control...Difficulty self-regulating behavior in small groups with peers



Impact Statement

“A statement of **how** the student’s disability affects their involvement and progress in the general education curriculum...”

IDEA, 2004 § 614 (d) (1) (A) (i) (I) (aa), 20 U.S.C. § 1401



Sample Impact Statement

Think in terms of “if... then” Statements

1. IF the concern is: sequencing of information/ideas

2. The underlying area of need is: understanding of temporal relationships (first, next, last, etc.)

3. THEN the impact statement is:

Difficulty with understanding temporal relationships impacts the student’s ability to retell stories, follow directions in order, and complete multi-step math problems.

EQUITY. EXCELLENCE. EDUCATION



Impact Statement Sentence Builder

Deficits in _____ (specify the concern that underlies the disability) impact the student's ability to _____ (specify the manifestation of the deficit relative to access, participation, and progress in relation to general education standards).

Remember: The statement of impact should explicitly lead to the development of IEP goals and objectives, which describe the student's specially designed instruction.



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