

# **EXCENT TERA PROGRAM MANUAL UPDATE**

*STEP BY STEP INSTRUCTIONS  
FOR COMPLETING:*

**Individualized Education Plans**

**Evaluation Review Form**  
(soon to be the REED-  
Review of Existing Evaluation Data)

# Table of Contents

<b>GENERAL PROGRAM INFORMATION</b>		
Section		Page(s)
I.	Miscellaneous Reminders about Ineligible's, Finalizing, Reports and filing w/ SISS	4
I.	Additional Notes Area	5
I.	Status Changes List	6
I.	Quick Checklist Prior to Finalizing IEPs	7
<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b>		
II.	Excent Tera IEP Procedures	9
II.	Top of Form Page	10-12
II.	Present Level of Academic Achievement and Functional Performance (PLAAFP) Page - Instructions	13-16
II.	PLAAFP Page - Examples	17-18
II.	Transition Considerations Page	19
II.	Goals and Objectives Page	20
II.	Least Restrictive Environment (LRE) Page	21-25
II.	LRE-Support for writing Program/Service Time	26-27
II.	State and District-wide Assessments Page	28-30
II.	Signatures Page 1	31-33
II.	Signatures Page 2	34
II.	Progress Report Page	35
II.	Progress Report Page - Printing	36
Evaluation Review Form (new name coming!) <b>REVIEW OF EXISTING EVALUATION DATA (REED)</b>		
III.	Evaluation Review Form	38-41
<b>ADDENDUM</b>		
IV.	Review of corrections/changes	43-44

# GENERAL PROGRAM INFORMATION

# MISCELLANEOUS REMINDERS

- **Ineligible IEPs**– Duration of services on the “Top of Form” page should be the same date as the IEP date, indicate 80% or more in general education. The rest of the IEP form, except for Top of Form page and Signatures page should be blank. Remember to uncheck any boxes that are automatically checked.

**NOTE:** you will not be able to finalize the IEP. Send it to SISS and it will be finalized there.

- **Finalizing Documents** – Remember ALL documents must be finalized, not just IEPs. At the point the IEP is finalized, it is the IEP Facilitator’s/Case Manager’s responsibility to review the rest of the documents and ensure that all are finalized, including reports, MET forms, miscellaneous documents, etc.
- **Reports** – All reports should now be input into ET. It is still recommended to use Word to write the report in, but then it needs to be copy/pasted into ET. The exception to this are pictures, tables, graphs NOT done in Word (e.g. jpg). Those should be imported directly into ET once the text is already in.
- **Filing Original Documents**- Once an IEP meeting has concluded, the original document, including signatures, is to be sent to SISS. This applies to all documents in Excent Tera. NOTE: All documents should be finalized before sending them to SISS.

## NEW IN ET – ADDITIONAL NOTES AREA

The screenshot shows the ET software interface. On the left, the 'List of Student Documents' table is visible. A red circle '1' highlights the 'Document Name' column header. Below the table, the 'Documents' tab is selected, and the 'Selected Evaluation Review Plan and Parent Consent' section shows the document's date, status, and notes. A red circle '2' highlights a blue link that says 'Additional notes not available - Click here to add'. On the right, the 'Notes' area is open for the selected document. A red circle '3' highlights the 'Create New Note' icon in the top toolbar. Below this, a toolbar contains icons for editing notes, with red circles '4' through '8' highlighting the Edit, Save, Print, Cancel, and Delete icons respectively. A red circle '9' highlights the font formatting icons. A red circle '10' highlights the spellcheck icon, and a red circle '11' highlights the exit icon. A yellow text box at the bottom right of the screenshot contains the following text:

This is where you can create a new note. When you are finished, click the SAVE icon on the small icon bar above (third from the left).

Notes can now be included for documents in ET that only ET users can see.

#	TITLE	DESCRIPTION
1	<b>Main Document View</b>	Start in the main document view for any student and click on the document name on the left side you want to add notes to.
2	<b>Additional note information</b>	Click on the blue "Additional notes" line to add notes.
3	<b>Create New Note icon</b>	A new box will open and click on the "Create New Note" icon. The box will change so you can add your note information. You can create as many notes as needed for any document.
4	<b>Edit Note icon</b>	After a note has been saved, you can go back in to edit by clicking on this icon.
5	<b>Save icon</b>	After you have typed in a new note or edited a current note, click the "Save" icon.
6	<b>Print icon</b>	Print notes by clicking this icon.
7	<b>Cancel Changes icon</b>	Undue changes you don't want to keep by clicking this icon.
8	<b>Delete icon</b>	Click this icon to delete a note. If there is more than one note, you will need to click on the specific note you want to delete first.
9	<b>Font formatting icons</b>	You can make changes to font type, size, style and/or color.
10	<b>Spellcheck icon</b>	Use this icon to spellcheck your work.
11	<b>Exit icon</b>	As always, use the green door to exit this area.

## NEW IN ET – STATUS CHANGE INFORMATION

The screenshot displays the EXCENT@ Tera Teacher Edition interface for a student named Joe Sample. The main window is titled "Document Explorer for Joe Sample" and shows a list of documents under the "Image Archive" type. A specific document, "Selected document is IEP from 07/10/2009", is highlighted. Below this, a table shows the "Users who changed the status of this document":

Name	Date	Time	Status
Ellias, Alan	09/04/2009	02:49:01 PM	In Progress
Spitza, Lynn	07/20/2009	08:40:27 AM	Final
Ellias, Alan	07/10/2009	12:50:52 PM	Created

Another view of the same document is shown in a separate window, also highlighting the "Status Change" tab and its corresponding table:

Name	Date	Time	Status
Ellias, Alan	09/04/2009	02:49:01 PM	In Progress
Spitza, Lynn	07/20/2009	08:40:27 AM	Final
Ellias, Alan	07/10/2009	12:50:52 PM	Created

On the main document page for any given student, by first clicking on a specific document on the right side and then clicking the "Access Log" tab at the bottom of the page, you can see who else has been in the document. A fourth tab has been added which will also give you information on when there has been a status change to the document, such as when it was created, finalized and/or unfinalized.

# QUICK CHECKLIST PRIOR TO FINALIZING IEPs

USE ONLY BLUE OR BLACK INK.

## TOP OF FORM

- MET DATE - If MET was held the same day as IEP, is the MET date the same as the IEP date? It should be the date of the current IEP (e.g. NOT the previous date).
- INITIATION OF SERVICES and DURATION OF SERVICES – do these indicate the start and end of the actual IEP? They should align with the LRE Page of the IEP.
- INVITATION INFO – have you noted both when the invite was sent & by whom as well as the method used to set up meeting, by whom, the date and result?
- PRIMARY EDUCATION SETTING – does this reflect the correct amount of time and align with the LRE Page of the IEP

## LEAST RESTRICTIVE ENVIRONMENT

- In addition to the type of service provider, has the service provider name been added for all services and programs? Note: this is “behind the scenes” and does not show up on the printed IEP.
- Has the time for services and programs been calculated and included in the small boxes on the left (for reporting purposes) as well as the large box of information that will appear on the IEP?
- Do the initiation and duration dates on each program/service match the actual initiation and duration of the specific program/service? Do they align with the dates reported on the Top of Form page?

## SIGNATURES

- Have any changes to original attendee list been noted on Signatures Page? (e.g. different general-education teacher attended – should note original teacher did not attend and include the teacher who did attend).
- Do parent/student signatures indicate/include SOF (Signature on File) for attendance as well as any agreement/disagreement with IEP?  
**NOTE** – Do NOT type in “SOF” until AFTER parent has signed.
- Has the District Designee information been completed?

## REED

- Has all the mandatory information been included (Summary of past testing, present level of performance, teacher input, parent input)?

## MET

- Parent does not need to sign.

## FINALIZING

- Validating completed?
- All forms finalized? (i.e., not just IEP, also Invite, REED, MET, Reports, etc.)

## WHAT TO SEND TO SISS

- Send the complete IEP with original signatures. Send any other documents including METs, ERs, FBAs/BIPs, etc

# INDIVIDUALIZED EDUCATION PLAN (IEP)

## Excent Tera IEP Procedure for AAPS Staff

Case Manager starts documents, validates IEP, and finalizes the documents. The case manger is also responsible for coordination of all IEP activities.

### Invitation

1. Complete the *Invitation to Participate in an IEP Team Meeting*.
2. Finalize the Invitation.
3. Case Manager distributes Invitation to participants. The Invitation can be copied and emailed to participants; however, the ET Program does not connect directly to any email account.

### IEP

1. Open IEP (which links to the Invitation)
2. Develop a draft IEP document. IEP team members may contribute to the IEP by adding PLAAFP information, goals and objectives, programs and services, etc. Please be careful to save and not delete other team member comments.
3. The case manager will print a draft copy for parents and non-ET users for the IEP meeting. The case manager should review the draft before the meeting and clarify any information in the IEP needing clarification with the team member.
4. For the IEP Meeting, print the last page of the document, IEP participants sign-in. Be sure to add a few extra lines for additional participants.
5. If possible, the IEP should be projected for all team members, if a computer or projector is not available, write directly on your printed copy.
6. Appoint a scribe or typist Complete the IEP document during the IEP meeting.
7. Validate each page of the IEP document as the page is completed.
8. Obtain appropriate signatures on the printed Signature Page.
9. Provide copy of the IEP and Procedural Safeguards (needs to be given to parents once per year). If a parent would like to take the document home to review, make a copy for the parent and keep a copy of the completed IEP.
10. The teacher (case manager) will finalize the IEP (using ET) at the conclusion of the meeting and inform the supervisor via phone or email of the finalization.
11. If the supervisor or district representative did not sign (on the Signature Page) the IEP at the conclusion of the meeting, send the signature page to the supervisor. The signature page should be sent to the supervisor, no later than 3 school days after the completion of the IEP.
12. Copy to Parent, and original to. SISS

### Important Points To Remember

- Contact both the school secretary and SISS **immediately** with any student demographic information changes (e.g. address, phone numbers, etc.). The school will make changes in Power School, while SISS will make changes in ET.
- If the IEP is held but the parent did not attend, or the parent signature is not obtained at the IEP:
  - If the IEP is not an initial, the IEP may be implemented (unless a reconvene is agreed upon).
  - If the IEP is an initial, parent signature must be obtained before implementation.
- 30-Day placement for a student from another state – treat as a new referral (ISR).
- If you need **HELP with IEP**, contact your building SISS AD

# ET IEP - TOP OF FORM PAGE

STUDENT INFORMATION						
Date of Meeting 09/09/09	Initial/Most Recent Re-determination IEP Date: 10/09/08	Date of Last IEP 09/08/09	Birthdate 01/21/99	Ethnic Group White	Gender Female	Grade 10th Grade
1	2	3	4	5	6	7
Initiation of Services: 09/09/09		Duration of Services: 09/08/10		Age	15y 8m	
Student's Last Name A Sample		First Name Jenny		Initial	Student's ID#: 100906842	Student's UIC #:
Student's Home Address 123 Fake Rd			City Springport	State MI	Zip Code 49284	
Parent/Guardian/Surrogate Joseph Smith		Relationship to Student Parent	Parent: English	Native Language Student: English		
Address 123 Fake Rd, Springport, MI 49284			Email Address			
Phone Numbers Home:		Work:		Cell:		
Parent/Guardian/Surrogate		Relationship to Student	Parent: English	Native Language		
Address			Email Address			
Phone Numbers Home:		Work:		Cell:		
Resident District Ann Arbor Public Schools	Operating District Ann Arbor Public Schools	Residential Status All other resident students		Attending Building Huron High School		
15	16	17		18		

## PURPOSE

The purpose of this meeting includes:

Review and/or revise the IEP  
parent concerns

19

## INVITATION

A written invitation/notice, including purpose of meeting, role of participants and procedural safeguards was sent to parent/guardian/student:

By Susie Teacher Date 09/09/09

Additionally, the following effort was made to arrange a mutually agreeable time and place of meeting:

Method Invitation By Susie Teacher Date 09/09/09 Result will attend meeting

## ELIGIBILITY

This IEP team determines this student to be:

b ELIGIBLE due to: Cognitive Impairment / R340.1705

" INELIGIBLE

Primary Educational Setting: Inside General Education Classroom less than 40% of school day 23

## ET IEP – TOP OF FORM PAGE

**NOTE: IEPs need to be opened (with invitation completed) no later than two weeks prior to the IEP being held. Exceptions need to be addressed with the Director.**

#	TITLE	DESCRIPTION
1	<b>Date of Meeting</b>	Actual date of IEP Meeting-if IEP is reconvened, manually enter the additional dates in this area. <b>REMEMBER</b> the date the district designee signs the IEP is the date when the IEP is considered completed.  <b>THIS DATE MUST FALL WITHIN THE ONE YEAR TIMEFRAME TO BE IN COMPLIANCE, NOT THE DATE THE IEP IS STARTED.</b>
2	<b>Initial/Most Recent Re-determination IEP Date</b>	<b>IMPORTANT</b> -if a MET is being held the same date as the IEP, the most recent MET is the same as the meeting date, NOT the previous MET – this affects the ET system
3	<b>Date of Last IEP</b>	The previous IEP Meeting – It is possible to have an initial IEP and to still have a Date of Last IEP if a student had previously been evaluated and found ineligible for services. If this is the first IEP ever, leave blank (will give you warning during validation) or enter the same date as Date of Meeting
4	<b>Birthdate</b>	***Demographic Information-if incorrect contact SISS-cannot be changed on IEP
5	<b>Ethnic Group</b>	Confirm this is correct – do not leave blank
6	<b>Gender</b>	***Demographic Information-if incorrect contact SISS-cannot be changed on IEP
7	<b>Grade</b>	Confirm this is correct – do not leave blank
8	<b>Initiation of Services</b>	Generally the same date as the date of the meeting, though it is possible to be a later date (example if IEP was held in the summer and the IEP was not starting until the beginning of the next school year)
9	<b>Duration of Services</b>	The date automatically generated will be one year from the initiation of services, but this is not always correct. If student is ineligible, this date should be changed to the meeting date. If services are only running until the end of the year (i.e. student will be graduating), the date should be changed.
10	<b>Age</b>	Age is calculated for you based on birthdate. This can be changed manual if incorrect.
11	<b>Student Information Line</b>	Demographic Information-if incorrect contact SISS-cannot be changed on IEP
12	<b>Student Home Address</b>	This address will be generated from the primary parent/guardian address. Verify the information. It can be manually changed. <b>***The school secretary and SISS must be notified of all</b>

## ET IEP – TOP OF FORM PAGE

**NOTE: IEPs need to be opened (with invitation completed) no later than two weeks prior to the IEP being held. Exceptions need to be addressed with the Director.**

#	TITLE	DESCRIPTION
		<b>changes. Changes may not be made directly in the IEP.</b>
13	<b>Parent/ Guardian/Surrogate 1 Information</b>	Parent/Guardian information should be verified at each IEP. If there are two contacts, each should be listed separately, with one primary and one secondary, even if they live in the same home. This allows both contacts to automatically appear on the IEP. Double clicking the name will bring up a table with all the possible contacts that are currently listed in the system and where you can make changes to contact information. As there can be more than two contacts in the system, you can click on a different contact to change which contact(s) is showing. When you are outside of the IEP, you can also enter a new contact in the main area, using the left menu and clicking on “Contacts”.
14	<b>Parent/ Guardian/Surrogate 2 Information</b>	
15	<b>Resident District</b>	Even if School of Choice, this should show Ann Arbor School District. If a student is in a center program and from another district, then the Resident District will be the student’s Home District.
16	<b>Operating District</b>	The school district operating the classroom program or providing special education services.
17	<b>Residential Status</b>	This is the area where School of Choice will be noted or for a center program, it might show non-resident.
18	<b>Attending Building</b>	Current School Building
19	<b>The purpose of the meeting</b>	Include <b>ALL</b> appropriate purposes.
20	<b>IEP Invite information</b>	Specific to the invitation itself. <b>THIS MUST BE COMPLETED.</b>
21	<b>Meeting set-up information</b>	This line is specific to how parents were contacted prior to the invitation to set up a mutually agreeable time and place for the meeting-required by law to show attempt at contacting parents. <b>THIS MUST BE COMPLETED.</b>
22	<b>Eligibility (REVISED)</b>	Verify the eligibility already noted on the IEP. If this is an initial or re-evaluation with a student found ineligible, the eligibility category will need to be cleared and the ineligible box checked.
23	<b>Primary Educational Setting</b>	You will not know this at the start of the IEP and must come back to it once all the supplementary aids/ programs/services have been decided. <b>THIS MUST BE COMPLETED.</b>

**Note: Although some boxes may be pre-checked, all areas in the IEP must be addressed. Boxes may be unchecked and changed to reflect the decisions of the IEP team.**

# ET IEP – PLAAFP PAGE

## STUDENT PROFILE

In determining both eligibility and need for special education services or programs, the IEP team must consider each of the following:

Describe student's strengths and interests: <a href="#">Memo</a> » «	1
Describe parent concerns for enhancing student's education: <a href="#">Memo</a> » «	2
Address progress on IEP goals and objectives (attached): <a href="#">Memo</a> » «	3
Consider academic/pre-academic achievement results on most recent state- and/or district-wide assessments: <a href="#">Memo</a> » «	4

## PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

After reviewing the results of an initial evaluation or the most recent reevaluation of the student and the student's progress in the general education curriculum, describe the student's present level of academic achievement and functional performance.

[Memo](#)» « 5

BASELINE DATA	IMPACT AND RESULTING NEEDS
In <b>area(s) of need</b> , report baseline data with same-age peer comparison such as curriculum-based assessments, studentwork, teacher observations, parent input, and other data scores that have been collected over time. Explain how student accesses or makes progress in general education curriculum based on grade level content standards for the grade in which student is enrolled/would be enrolled based on need, or appropriate activities for preschool children.	In area(s) of need, describe how the student's academic, developmental, and functional levels impact involvement and progress in general education curriculum (or age-appropriate activities for preschool children) and resulting needs.
Reading: <a href="#">Memo</a> » « 6 <input type="checkbox"/> Not applicable	Impact: <a href="#">Memo</a> » « 7
Mathematics: <a href="#">Memo</a> » « 8 <input type="checkbox"/> Not applicable	Resulting Needs: <a href="#">Memo</a> » « 9
Written Expression: <a href="#">Memo</a> » « 10 <input type="checkbox"/> Not applicable	Impact: <a href="#">Memo</a> » « 11
	Resulting Needs: <a href="#">Memo</a> » «

### TRANSITION ASSESSMENT

*Age-appropriate related to training, education, employment, and independent living skills.*

Not applicable

<a href="#">Memo</a> » « 12	Impact: <a href="#">Memo</a> » « 13
	Resulting Needs: <a href="#">Memo</a> » «

### COMMUNICATION / SPEECH & LANGUAGE

*Articulation, language development, augmentative communication, etc.*

Not applicable

<a href="#">Memo</a> » « 14	<input type="checkbox"/> Language needs for students with limited English proficiency were considered. Other Communication / Language Needs:
	Impact: <a href="#">Memo</a> » « 15
	Resulting Needs: <a href="#">Memo</a> » «

### SOCIAL-EMOTIONAL / BEHAVIORAL

*Behavior that impedes student's learning or the learning of others, positive behavioral supports, strategies, etc.*

Not applicable

<a href="#">Memo</a> » « 16	<input type="checkbox"/> Positive behavior interventions, supports, and other strategies for behaviors impeding learning were considered. Other Socio/Behavioral Needs:
	Impact: <a href="#">Memo</a> » « 17
	Resulting Needs: <a href="#">Memo</a> » «

### PERCEPTION / MOTOR / MOBILITY - *Gross and fine motor coordination, balance, and limb/body mobility.*

Not applicable

<a href="#">Memo</a> » « 18	Impact: <a href="#">Memo</a> » « 19
	Resulting Needs: <a href="#">Memo</a> » «

### ADAPTIVE / INDEPENDENT LIVING SKILLS

*Skills for academic success and independent living (where appropriate).*

Not applicable

<a href="#">Memo</a> » « 20	Independence Level: <input type="checkbox"/> Full <input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation
	Impact: <a href="#">Memo</a> » « 21
	Resulting Needs: <a href="#">Memo</a> » «

### MEDICAL

*Health, vision, hearing, or other physical/medical issues.*

Not applicable

<a href="#">Memo</a> » « 22	<input type="checkbox"/> Language/communication needs for student who is deaf/hard of hearing were considered. <input type="checkbox"/> Braille instruction for student who is visually impaired/blind was considered. Other medical needs:
	Impact: <a href="#">Memo</a> » « 23
	Resulting Needs: <a href="#">Memo</a> » «

### ASSISTIVE TECHNOLOGY

*If previously assigned, indicate low-/high-tech supports, devices, etc.*

Not applicable

<a href="#">Memo</a> » « 24	<input checked="" type="checkbox"/> AT devices and service needs were considered (see also Supplemental Aids). Impact: <a href="#">Memo</a> » « 25
-----------------------------	---

## ET IEP - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP) PAGE

This page has been completely revised in ET as of 9/4/09. Each area that was previously listed in the Special Considerations areas on the “Top of Form” page is now addressed more completely as part of the new “PLAAFP” page, as well as more clearly defining the connection between prior data and student needs here.

Although the information has been reduced in this training manual to fit on one page, note that in the ET system it actually rolls onto a second page.

#	TITLE	DESCRIPTION
1	<b>Student’s Strengths and Weaknesses</b>	<b>This section needs to be discussed and completed at every IEP.</b>
2	<b>Parent Concerns</b>	<b>This section needs to be discussed and completed at every IEP.</b>
3	<b>Progress on IEP goals and objectives</b>	This section will generally be addressed by reviewing the final progress reports from the previous IEP and does not necessarily need to have any other information indicated.  Check the “N/A” box if it is an initial IEP, since in that case there would not be an previous goals.
4	<b>Academic/pre-academic achievement and/or state/district-wide assessments</b>	This is a summary area for the more recent results from past testing.
5	<b>Untitled Memo Box</b>	This area was originally intended for IEPs that were completed prior to the 9/4/09 ET upgrade. This will simply appear as a blank space on new IEPs. Because of the upgrade, prior IEPs will only be unfinalized in extreme circumstances. In these cases, the original PLAAFP may appear in this area.

**BASELINE DATA** – In area(s) of need, report baseline data with same-age peer comparison such as curriculum-based assessments, student work, teacher observations, parent input and other data scores that have been collected over time. Explain how student accesses or makes progress in general education curriculum based on grade level content standards for the grade in which student is enrolled/would be enrolled based on need, or appropriate activities for preschool children.

**IMPACT AND RESULTING NEEDS** – In area(s) of need, describe how the student’s academic, developmental and functional levels impact involvement and progress in general education curriculum (or age-appropriate activities for preschool children) and resulting needs.

Remember to receive special education support a student not only needs to meet eligibility but it needs to adversely affect their **educational performance**. This should be clearly indicated in one or more of the areas below. Also, there should be a correlation between any need indicated on this page and how it will be addressed in the rest of the IEP, in the transition considerations, supports, services and/or programs.

## ET IEP - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP) PAGE

This page has been completely revised in ET as of 9/4/09. Each area that was previously listed in the Special Considerations areas on the “Top of Form” page is now addressed more completely as part of the new “PLAAFP” page, as well as more clearly defining the connection between prior data and student needs here.

Although the information has been reduced in this training manual to fit on one page, note that in the ET system it actually rolls onto a second page.

#	TITLE	DESCRIPTION
6	<b>READING-Baseline Data</b>	Most often performance will be affected in at least one of the three academic areas – Reading, Mathematics and/or Written Expression.
7	<b>READING- Impact and Resulting Needs</b>	
8	<b>MATHEMATICS- Baseline Data</b>	-Is <b>educational performance</b> compromised? If not in an academic area, then where?
9	<b>MATHEMATICS- Impact and Resulting Needs</b>	
10	<b>WRITTEN EXPRESSION- Baseline Data</b>	-Does the baseline data support the impact and resulting needs? And has the impact and resulting needs been addressed in at least one area of the IEP?
11	<b>WRITTEN EXPRESSION- Impact and Resulting Needs</b>	
12	<b>TRANSITION ASSESSMENT- Baseline Data</b>	Generally for students with transition considerations at the high school level. However, there may be other times information is indicated here such as when a student is changing programs or when they are changing schools. Make a connection to <b>educational performance</b> .
13	<b>TRANSITION ASSESSMENT- Impact and Resulting Needs</b>	
14	<b>COMMUNICATION/ SPEECH &amp; LANGUAGE- Baseline Data</b>	Always used for speech & language students.  Clearly indicate how <b>educational performance</b> is affected.
15	<b>COMMUNICATION/ SPEECH &amp; LANGUAGE - Impact and Resulting Needs</b>	
16	<b>SOCIAL-EMOTIONAL / BEHAVIORAL- Baseline Data</b>	Some students, such as those with autism spectrum disorder, have social challenges in the school environment even though their academic achievement appears strong. In these cases, it is important to clearly document how this social aspect affects their <b>educational performance</b> .  -Will there be social work consultation or services included? -Is there a behavior plan in place or being developed?
17	<b>SOCIAL-EMOTIONAL / BEHAVIORAL - Impact and Resulting Needs</b>	
18	<b>PERCEPTION / MOTOR / MOBILITY- Baseline Data</b>	This area is used when occupational therapy and/or physical therapy is indicated.
19	<b>PERCEPTION / MOTOR /</b>	How is <b>educational performance</b> affected?

## ET IEP - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP) PAGE

This page has been completely revised in ET as of 9/4/09. Each area that was previously listed in the Special Considerations areas on the “Top of Form” page is now addressed more completely as part of the new “PLAAFP” page, as well as more clearly defining the connection between prior data and student needs here.

Although the information has been reduced in this training manual to fit on one page, note that in the ET system it actually rolls onto a second page.

#	TITLE	DESCRIPTION
	<b>MOBILITY- Impact and Resulting Needs</b>	
20	<b>ADAPTIVE / INDEPENDENT LIVING SKILLS- Baseline Data</b>	This area is used for students where adaptive / independent living skills get in the way of their <b>educational performance</b> , such as those students with cognitive impairments and autism spectrum disorder.
21	<b>ADAPTIVE / INDEPENDENT LIVING SKILLS - Impact and Resulting Needs</b>	
22	<b>MEDICAL- Baseline Data</b>	-Does the student have a medical condition that impacts his or her <b>educational performance</b> in the school setting?
23	<b>MEDICAL - Impact and Resulting Needs</b>	-Is there a medical plan needed?
24	<b>ASSISTIVE TECHNOLOGY- Baseline Data</b>	-Does the student need assistive technology?
25	<b>ASSISTIVE TECHNOLOGY - Impact and Resulting Needs</b>	-What is the reason that the student’s <b>educational performance</b> is affected?

# ET IEP – PLAAFP PAGE EXAMPLES

## STUDENT PROFILE

In determining both eligibility and need for special education services or programs, the IEP team must consider each of the following:

Describe **student's strengths** and interests:

- ✓ *Great discussion starter to begin the meeting on a positive note! ☺*
- ✓ *Begin the meeting on a personalized note*
- ✓ *School-related, based on input from student and team members*
- ✓ *No baseline data needed here*

Describe **parent concerns** for enhancing student's education:

- ✓ *Carefully word parent concerns if they exist (i.e. 'Parents are concerned that...' or 'Parents indicate that...')*
- ✓ *If there are none, write 'parents have no concerns at this time'*

Address **progress** on previous IEP goals and objectives (also attached):

N/A- This is an initial IEP.       Memo: *Indicate whether or not the student achieved prior IEP goals.*

Academic/Pre-Academic Achievement: **results on most recent state-** and/or district-wide assessments:

*4<sup>th</sup> Grade MEAP Fall 2008*

*Reading: Partially Proficient (Level 3)*

*Writing: Basic (Level 4)*

*Math: Proficient (Level 2)*

*District-Wide Benchmark Assessments- Quarter 4 2008-9*

*ELA: 12/20*

*Math: 19/20*

## PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

After reviewing the student's progress in general education curriculum and prior special education goals and objectives, describe the student's present level of academic achievement and functional performance.

**Memo:** *This field was originally intended to protect PLAAFP data from prior versions of IEP Manager.*

### BASELINE DATA

In **area(s) of need**, report baseline data with **same-age peer comparison**.

**Include:** curriculum-based assessments, student work, teacher observations, parent input, and other data scores that have been collected over time.

### IMPACT and RESULTING NEEDS

In **area(s) of need**, describe how the student's academic, developmental, and functional levels **impact involvement** and **progress in general education curriculum** (or age-appropriate activities for preschool children) and **resulting needs**.

### GENERAL EDUCATION CURRICULUM

*Explain how student accesses or makes progress in general education curriculum based on grade level content standards for the grade in which student is enrolled/would be enrolled based on need, or appropriate activities for preschool children.*

Reading:

Not applicable

*The Joe Friday approach: "Just the facts, Ma'am."*

*A typical 4<sup>th</sup> grader is expected to read 50 words per minute with zero errors. Johnny reads 27 words per minute with 2-3 errors.*

Impact: *(only complete if student has need in reading)*

*This impacts his ability to complete grade-level reading assignments in a timely fashion.*

*This impacts his ability to be successful in grade-level reading activities.*

Needs: *Johnny will need accommodations and specialized instruction to complete grade-level reading assignments and tests.*

Mathematics:

Not applicable

*Johnny struggles to process mathematical information in a sequential way, which is critical to the linear nature of algebra. Same-aged peers can complete simple algebraic equations that require combining unlike fractions/terms and solving for multiple variables. Johnny can complete single-variable equations with fractions with like denominators.*

Impact:

*Overall, because of his disability in math reasoning, Johnny is not achieving in the general curriculum on a level equivalent to his grade peers in the areas of writing.*

Needs: *Johnny will need specific algebraic models/examples and be expected to complete additional practice problems over time. He requires additional specialized instruction, with material presented in an alternate format to aid comprehension and application.*

Written

Not applicable

*Johnny's ADHD causes him to lose focus, thus making the writing process very difficult. A typical 4<sup>th</sup> grader is able to develop text with ten or more sentences in well-organized paragraphs.*

Language:

Impact:

*This impacts his ability to complete grade-level writing assignments.*

*This impacts his ability to be successful in grade-level writing activities.*

Needs: *Johnny will need accommodations and specialized*

## ET IEP – PLAAFP PAGE EXAMPLES

<b>TRANSITION ASSESSMENT</b> Age-appropriate related to training, education, employment, and independent living skills. <input type="checkbox"/> Not applicable	
✓ <i>ESTR-3 / ESTR-J / ESTR-S (areas of weakness)</i> ✓ <i>Student Interest Inventory</i> ✓ <i>Student Interview</i> ✓ <i>Career Cruising (EDP)</i> Based on the <i>ESTR-J</i> and teacher observation, Johnny is able to deposit and withdraw money from the bank. Same-aged peers use an ATM and bank online. ----- According to Johnny's <i>EDP</i> , he wants to be a video game designer. He plans to take video production classes at the HS.	Johnny needs to learn budgeting skills. ----- Johnny needs to develop his skills in the area of technology to support his dream of becoming a video game designer.
<b>COMMUNICATION/SPEECH &amp; LANGUAGE</b> Articulation, language development, augmentative communication, etc. <input type="checkbox"/> Not applicable	
Based on the <i>Goldman-Fristoe</i> , Johnny exhibits the following substitutions: /f/ for /ths/, /b/ for /p/, and the following omissions: all consonant blends. Same aged peers can produce these sounds in fluent speech. ----- Based on the <i>PLS-4</i> , Johnny utilizes pronouns incorrectly (i.e. 'me' for 'I'). In addition, he cannot categorize similar objects/ideas. Same-aged peers demonstrate this skill with ease, able to apply it in everyday conversation and writing samples.	<input type="checkbox"/> Language needs for students with limited English proficiency were considered. Other Communication/Language Needs: Johnny's speech is 50% unintelligible. This results in a reduced ability to communicate clearly with his general education peers. As a result, he needs specialized instruction from a speech therapist. Johnny needs specialized instruction in pronoun use and categorization skills in order to complete grade-level assignments and communicate clearly with his peers.
<b>SOCIO-EMOTIONAL/BEHAVIORAL</b> Behavior that impedes student's learning or the learning of others, positive behavioral supports, strategies, etc. <input type="checkbox"/> Not applicable	
	<input type="checkbox"/> Positive behavior interventions, supports, and other strategies for behaviors impeding learning were considered. Impact: Resulting Needs:
<b>PERCEPTION/MOTOR/MOBILITY</b> Gross and fine motor coordination, balance, and limb/body mobility. <input type="checkbox"/> Not applicable	
	Perception/Motor/Mobility Needs: Impact: Resulting Needs:
<b>ADAPTIVE/INDEPENDENT LIVING SKILLS</b> Skills for academic success and independent living (where appropriate). <input type="checkbox"/> Not applicable	
	Independence Level: <input type="checkbox"/> Full <input type="checkbox"/> Functional <input type="checkbox"/> Supported <input type="checkbox"/> Participation Impact: Resulting Needs:
<b>MEDICAL</b> Health, vision, hearing, or other physical/medical issues. <input type="checkbox"/> Not applicable	
Johnny's <i>ADHD</i> causes him to. . . (give specifics)	<input type="checkbox"/> Language/communication needs for student who is deaf/hard of hearing were considered. <input type="checkbox"/> Braille instruction for student who is visually impaired/blind was considered. <input type="checkbox"/> Other medical needs: Impact: Resulting Needs:
<b>ASSISTIVE TECHNOLOGY</b> (if previously assigned) If previously assigned, indicate low-/high-tech supports, devices, etc. <input type="checkbox"/> Not applicable	
	<input type="checkbox"/> AT devices and service needs were considered (see also <i>Supplemental Aids</i> ).

	Impact: Resulting Needs:
--	-----------------------------

# ET IEP—TRANSITION CONSIDERATIONS PAGE

▶ *If student is 13 or older, this Transition page **MUST** be completed* ◀

## TRANSITION CONSIDERATIONS

**Course of Study Addressing Post-School Transition Needs for Post-Secondary Adult Activities** – Consider the following for **any student who will reach age 14** during this IEP (consider at age 13 or younger if determined appropriate by the IEP Team, and review at each subsequent IEP). At this time the IEP Team has determined the student will be enrolled in classes with the future expectation to: [Graduation/Certificate](#) **USED TO BE A CHOICE OF TWO CHECKBOXES - NOW ONE DROP DOWN MENU.**

Comments: [Memo](#)»

IF A STUDENT IS NOT FOLLOWING THE GENERAL EDUCATION CURRICULUM AND/OR DOES NOT HAVE A PERSONAL CURRICULUM, STUDENT MAY NOT BE GETTING A DIPLOMA BUT A CERTIFICATE OF COMPLETION. VERIFY AT THE IEP. ADDITIONAL COMMENTS CAN BE ADDED HERE AS WELL.«

### Invitations and Contacts

Agencies Invited (if any)	Date
<a href="#">ENTER ANY OUTSIDE AGENCY ATTENDING (PARENT SHOULD HAVE AGREED TO ATTENDEES)</a>	<a href="#">06/23/09</a>

Student Invitation [IEP Facilitator](#) Method of [Invitation](#) Date [06/23/09](#)  
 By: Contact: e

If the student did not attend the IEP, the steps that were taken to ensure the consideration of the student's preferences and interests were: [Memo](#)»

EXPLANATION MAY INCLUDE WHY STUDENT COULD NOT ATTEND AND CAN NOTE THAT PARENTS AND SCHOOL STAFF WILL REVIEW IEP WITH STUDENT AFTER MEETING.«

**Needed Transition Services – By age 16** (consider at age 15 or younger if determined appropriate by the IEP Team) include a statement of needed transition services and review at each subsequent IEP.

#### GETTING READY FOR EMPLOYMENT\*

(Considerations: related education, vocational training, and work-study)

After you finish school, what kind of work do you want to have?

[Memo](#)» THIS INFORMATION SHOULD BE GATHERED BY THE CASELOAD TEACHER IN AN INTERVIEW WITH THE STUDENT PRIOR TO THE IEP AND REVIEWED BY THE CASELOAD TEACHER AT THE IEP.«

Our plan for this year:

[Memo](#)» PLAN SHOULD BE FORMULATED BETWEEN CASELOAD TEACHER AND STUDENT.«

Person/Agency Responsible

[Memo](#)» IF NOT APPLICABLE, NOTE "N/A".«

#### INSTRUCTION AND RELATED SERVICES\*

(Considerations: planning, academic adaptations, college readiness, and related services needed for transition)

After high school, what, if any, additional education or training do you want to pursue?

[Memo](#)» THIS INFORMATION SHOULD BE GATHERED BY THE CASELOAD TEACHER IN AN INTERVIEW WITH THE STUDENT PRIOR TO THE IEP AND REVIEWED BY THE CASELOAD TEACHER AT THE IEP.«

Our plan for this year:

[Memo](#)» PLAN SHOULD BE FORMULATED BETWEEN CASELOAD TEACHER AND STUDENT.«

Person/Agency Responsible

[Memo](#)» IF NOT APPLICABLE, NOTE "N/A".«

#### COMMUNITY INVOLVEMENT\*

(Considerations: recreation/leisure activities, development of personal/social skills, and awareness of community resources)

As an adult, what hobbies and activities do you want to have?

[Memo](#)» THIS INFORMATION SHOULD BE GATHERED BY THE CASELOAD TEACHER IN AN INTERVIEW WITH THE STUDENT PRIOR TO THE IEP AND REVIEWED BY THE CASELOAD TEACHER AT THE IEP.«

Our plan for this year:

[Memo](#)» PLAN SHOULD BE FORMULATED BETWEEN CASELOAD TEACHER AND STUDENT.«

Person/Agency Responsible

[Memo](#)» IF NOT APPLICABLE, NOTE "N/A".«

#### DAILY LIVING SKILLS\*

(Considerations: self-care, future housing options, mobility/transportation, income and finances, and medical needs)

As an adult, where do you want to live?

[Memo](#)» THIS INFORMATION SHOULD BE GATHERED BY THE CASELOAD TEACHER IN AN INTERVIEW WITH THE STUDENT PRIOR TO THE IEP AND REVIEWED BY THE CASELOAD TEACHER AT THE IEP.«

Our plan for this year:

[Memo](#)» PLAN SHOULD BE FORMULATED BETWEEN CASELOAD TEACHER AND STUDENT.«

Person/Agency Responsible

[Memo](#)» IF NOT APPLICABLE, NOTE "N/A".«

**\*Each of the above four areas must be addressed. If services are NOT needed, indicate rationale.**

Parental Rights and Age of Majority (Check all that apply):

- If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18.
- The student has turned age 18 and there is a guardian established by court order. The guardian is [Name](#)

# ET IEP—GOALS AND OBJECTIVES PAGE

Student Name: Joe Sample

IEP Date: 07/10/09

ID: 100900257

Reporting Progress:  The parent/guardian/surrogate will be regularly informed in writing of progress on goals and objectives of this IEP at the regular reporting periods applicable to general education students. Additional reporting: [Memo](#)» «

## ANNUAL GOALS AND SHORT-TERM OBJECTIVES

The purpose of these annual goals is to enable this student to be involved and progress in the general curriculum and/or to meet other educational needs resulting from his/her disability.

Area of need (PLAAPF): [Memo](#)» «

**One new item  
on this page**



This goal is based on the following Grade Level/High School Content Expectation: [Memo](#)» «

Measurable Annual Goal: [Memo](#)» «

Short-Term Objectives (at least two per goal)	Evaluation	Criterion	Schedules
<a href="#">Memo</a> » «	<a href="#">Evaluation</a>	<a href="#">Criterion</a>	<a href="#">Schedules</a>

**REMEMBER:** The “Goals and Objectives” Page will appear blue and you will not be able to enter any information on it until you have used the goal generator to input goals manually or using the goal bank (we suggest using the goal bank and editing).

You CANNOT simply cut and paste goals/objectives from a Word document right into this page. While you can cut and paste into the goal generator, we recommend editing after you save them to the actual IEP.

See the “Goals and Objectives” section below review how to input goals and objectives using the goal generator.

All goals should end with the following language: **as measured by the following objectives”**.

**NOTE:** There is a space to indicate the number of the GLCE/HSCE that each goal is based on. Many of you include this number in your goal. **It is only required for standards based IEPs.** If the goal does not correspond to a GLCE/HSCE, put “N/A”.

Goals still print on separate pages – they were not able to combine several goals onto one page at this time. However, by deleting “page breaks” you can still combine two or more goals onto one page manually (for printing purposes only). Remember, once you “RELOAD” the Goals and Objectives pages, it will add the page breaks back in.

# ET IEP—LEAST RESTRICTIVE ENVIRONMENT PAGE

## LEAST RESTRICTIVE ENVIRONMENT

- Except for the time spent in special education programs and/or services provided outside the general education classroom, will this student fully participate with non-disabled peers in a general education setting?  
 Yes  No (List exceptions)

[Memo»](#)

YOU MIGHT CHECK "NO" WHEN A STUDENT IS IN A SPECIALIZED CLASSROOM (i.e. Early On, ECSE, CENTER PROGRAM) AND **NEVER** PARTICIPATES IN GENERAL EDUCATION. IF A STUDENT PARTICIPATES IN THE GENERAL EDUCATION SETTING IN ANY WAY, THIS BOX IS CHECKED "YES".«

- Will this student be involved with and make progress in the general education curriculum?  
 Yes  No (List exceptions)

[Memo»](#)

ALTHOUGH WE MAY FOCUS MORE ON FUNCTIONAL SKILLS RATHER THAN ACADEMIC SKILLS IN SOME PROGRAMS, GOALS ARE STILL BASED ON THE GENERAL EDUCATION CURRICULUM AND THIS BOX SHOULD BE CHECKED "YES".«

- Will this student have the same opportunity as general education students to participate in non-academic/extra-curricular activities?  
 Yes  N (List exceptions)

o

[Memo»](#)

THESE OPPORTUNITIES ARE GENERALLY AVAILABLE TO ALL STUDENTS.«

## SUPPLEMENTARY AIDS AND SERVICES, PROGRAM MODIFICATIONS OR SUPPORTS FOR SCHOOL PERSONNEL

**These supplementary aids and services will be provided to enable this child to:** advance appropriately toward attaining the annual goals, be involved in and make progress in the general education curriculum, and be educated and participate in the activities above with other children, both with and without disabilities.

**NEW! -THIS AREA IS NOW BROKEN INTO SECTIONS**

**Remember to always ask yourself and the team: If a student does not need an accommodation in the classroom, why would they need it for state/district-wide assessments and vice-versa? These areas should align.**

None needed.

The IEP Team has determined that the following supplementary aids/services and supports are needed:

None needed

Ongoing Instruction and Assessment <i>(Timing/Scheduling, Setting, Presentation, Response, Guidance)</i>	Time, Frequency, Conditions, Circumstances	Setting <input type="checkbox"/>
<a href="#">Memo»</a> THIS SECTION WILL USUALLY BE USED FOR TYPES OF ACCOMMODATIONS THAT WOULD GENERALLY MATCH THOSE USED ON THE MEAP«	WHY, WHEN, WHERE, HOW OFTEN?  <a href="#">EXAMPLE:»</a> When tests are given in all core academic subjects«  <b>CANNOT USE "AS NEEDED" MUST BE SPECIFIC!</b>	<a href="#">Memo»</a> 4-General Education & Special Education Environments« <input type="checkbox"/>  <b>DO NOT INDICATE SPECIFIC SCHOOL-USE GENERIC ENVIRONMENT</b>

None needed

Curriculum Supports and Adjustments <i>(Curriculum,</i>	Time, Frequency, Conditions, Circumstances	Setting <input type="checkbox"/>
---	--	----------------------------------

<i>Directions, Grades, Assignments, Tests, Books, Guidance)</i>		

# ET IEP—LEAST RESTRICTIVE ENVIRONMENT PAGE (continued)

<input type="checkbox"/> None needed		
<b>Environmental Supports/Modifications</b> <i>(Classroom Environment, Health-Related/Physical Needs, Transition)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting</b> <input type="checkbox"/>

<input type="checkbox"/> None needed		
<b>Other Supports</b> <i>(Assistive Technology, Behavioral, Teacher, Social Interaction Supports, etc.)</i>	<b>Time, Frequency, Conditions, Circumstances</b>	<b>Setting</b> <input type="checkbox"/>

All supplementary aids/services and supports listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year: [Date](#)

GENERALLY NO CHANGES TO DATES IN THIS SECTION BUT CAN NOTE HERE IF NECESSARY

**Student Name:** Joe Sample

**IEP Date:** 07/10/09

**ID:** 100900257

GENERALLY NO CHANGES TO DATES IN THIS SECTION BUT CAN NOTE HERE

## STUDENT'S PROGRAMS AND SERVICES

The programs and services listed will follow the approved School District calendar, **and are pursuant to ISD plan**. Rationale for duration of program/service(s) (including extended school year), if different from regular school year: **▶ Include rationale for ESY ◀**

**Memo» 1**

THIS IS NOW THE AREA TO NOTE IF ANCILLARY SERVICES ARE BEGINNING THE SECOND WEEK OF SCHOOL AND ENDING ONE WEEK BEFORE THE END OF THE SCHOOL YEAR.

ALSO, THIS AREA **MUST** INCLUDE INFORMATION ON ANY EXTENDED SCHOOL YEAR (ESY) RECOMMENDATIONS FOLLOWING THE ESY GUIDELINES PROVIDED BY SPECIAL SERVICES.

If team determines that ESY is **NOT** appropriate, include the following:

Based on IEP goal data, Student had made progress throughout the year and has not experienced regression of skills during breaks in instructions. Therefore, Extended School Year (ESY) services are determined not to be necessary and Student will follow the regular school year calendar.

Refer to ESY guidelines from your Special Education Procedural Manual for further information. ◀

### SERVICES

Service	Amount of Time/Frequency	Provider	Initiation	Duration	Location/Setting
<a href="#">School Social Worker-310 / 34 CFR 300.24</a> <b>2</b>	<a href="#">90-120 minutes per month</a> <b>3</b>	<a href="#">Social Worker</a> <b>4</b>	<a href="#">07/10/09</a> <b>5</b>	<a href="#">07/09/10</a> <b>6</b>	<a href="#">4-General Education &amp; Special Education Environments</a> <b>7</b>
<a href="#">Speech &amp; Language-290 / R340.1745</a>	<a href="#">120-180 minutes per month</a>	<a href="#">Speech Language Pathologist</a>	<a href="#">07/10/09</a>	<a href="#">07/09/10</a>	<a href="#">4-General Education &amp; Special Education Environments</a>

### PROGRAMS ▶ Program Services are used in State Data submission ◀

Program	Amount of Time/Frequency	Provider	Initiation	Duration	Location/Setting
<a href="#">Elementary/Secondary Resource Room-194 / R340.1749a(2)/b(2) / R340.1832(e)</a> <b>8</b>	<a href="#">5-10 hours per week</a> <b>9</b>	<a href="#">Special Education Teacher</a> <b>10</b>	<a href="#">12/10/09</a> <b>11</b>	<a href="#">06/16/10</a> <b>12</b>	<a href="#">2-Special Education Environment</a> <b>13</b>
<a href="#">Elementary/Secondary Resource Room-194 / R340.1749a(2)/b(2) / R340.1832(e)</a>	<a href="#">4 hours 29 minutes - 8 hours 58 minutes per week</a>	<a href="#">Special Education Teacher</a>	<a href="#">09/08/10</a>	<a href="#">07/09/10</a>	<a href="#">2-Special Education Environment</a>

## ET IEP – LEAST RESTRICTIVE ENVIRONMENT PAGE

#	TITLE	DESCRIPTION
1	ESY	<b>MEMO BOX</b> for detailing extended school year (ESY) information.
<b>SERVICES</b>		
2	Service	<p>Drop down menu to choose appropriate service. Teacher Consultant Services:</p> <p><b>TC AI 200</b>-Teacher Consultant with an AI Endorsement  <b>TC CI 210</b>- Teacher Consultant with MI or CI Endorsement  <b>TC EI 220</b>- Teacher Consultant with Emotionally Impaired Endorsement  <b>TC LD 230</b>- Teacher Consultant with Learning Disabilities Endorsement  <b>TC HI 240</b>- Teacher Consultant with Hearing Impaired Endorsement  <b>TC VI 250</b>- Teacher Consultant with Visual Impaired Endorsement  <b>TC POHI 260</b>- Teacher Consultant with Physically Impaired or Otherwise Health Impaired Endorsement</p>
3	Amount of Time/Frequency	<p>When the link opens to complete the service time, remember you <b>MUST</b> complete the frequency information in the three small boxes on the left. Although this information does not appear on the IEP itself, it is used to calculate Full Time Equivalent (FTEs) which <b>impact special education funding</b>. See the following pages for how to appropriately write time using the enclosed “cheat sheet”.</p> <p>Remember that the high end of a service time range should be no more than 50% more than the low end of the service time range. Preference is to use monthly ranges for flexibility however this is not mandated.</p>
4	Provider	Although <b>you MUST include the service provider’s NAME</b> , it will not appear on the IEP itself. It will be used in verifying caseloads. Only service provider TYPE appears on the IEP.
5	Initiation	Most times this is the same date as the IEP meeting. However, if services are to begin at a later date, this must be changed. <b>Take extra care when moving from elementary to middle school or from middle school to high school.</b> Remember the IEP is a <b>LEGAL DOCUMENT</b> and dates need to be accurate.
6	Duration	Most times this is the same date as the duration of the IEP. However, if services are to end at an earlier date, this must be changed. <b>Take extra care when moving from elementary to middle school or from middle school to high school.</b> Remember the IEP is a <b>LEGAL DOCUMENT</b> and dates need to be accurate.

## ET IEP – LEAST RESTRICTIVE ENVIRONMENT PAGE

#	TITLE	DESCRIPTION
7	Location/Setting	<p><b>CONFUSING AREA:</b> When you open this link, you will see two drop down menus - Location and Building.</p> <p>1. You do <b>NOT</b> need to fill in the location. This will not show up on the IEP or collect any pertinent information.</p> <p>2. You <b>DO</b> need to fill in the “Building” line, HOWEVER, <b>DO NOT</b> indicate an actual building site. Use <b>ONLY</b> a generic environment, such as those that are listed at the top of the drop down menu. (i.e. Special Education Environment, General Education Environment)</p>

<b>PROGRAMS</b>		
<b>8</b>	<b>Program</b>	Drop down menu to choose appropriate program. Consult your special education administrator for program designation,
<b>9</b>	<b>Amount of Time/Frequency</b>	<p>When the link opens to complete the service time, remember you <b>MUST</b> complete the frequency information in the three small boxes on the left. Although this information does not appear on the IEP itself, it is used to calculate Full Time Equivalents (FTEs) which <b>impact special education funding</b>. See the following pages for how to appropriately write time using the enclosed “cheat sheet”.</p> <p>There is more flexibility in the program range than the service range, due to resource room classes and for center programs where ranges of general education also need to be taken into account.</p>
<b>10</b>	<b>Provider</b>	Although <b>you MUST include the service provider’s NAME</b> , it will not appear on the IEP itself. It will be used in verifying caseloads. Only service provider TYPE appears on the IEP.
<b>11</b>	<b>Initiation</b>	Most times this is the same date as the IEP meeting. However, if services are to begin at a later date, this must be changed. <b>Take extra care when moving from elementary to middle school or from middle school to high school.</b> Remember the IEP is a <b>LEGAL DOCUMENT</b> and dates need to be accurate.
<b>12</b>	<b>Duration</b>	Most times this is the same date as the duration of the IEP. However, if services are to end at an earlier date, this must be changed. <b>Take extra care when moving from elementary to middle school or from middle school to high school.</b> Remember the IEP is a <b>LEGAL DOCUMENT</b> and dates need to be accurate.
<b>13</b>	<b>Location/Setting</b>	<p><b>CONFUSING AREA:</b> When you open this link, you will see two drop down menus - Location and Building.</p> <p>3. You do <b>NOT</b> need to fill in the location. This will not show up on the IEP or collect any pertinent information.</p> <p>1. You <b>DO</b> need to fill in the “Building” line, <b>HOWEVER, DO NOT indicate an actual building site.</b> Use <b>ONLY</b> a generic environment, such as those that are listed at the top of the drop down menu. (i.e. Special Education Environment, General Education Environment)</p>

# ET IEP—LEAST RESTRICTIVE ENVIRONMENT PAGE

## HOW TO WRITE HOURS FOR PROGRAMS & SERVICES

Although we need to complete the range of service/program hours that appears on the IEP, it is **MANDATORY** to complete the “Frequency” information in the 3 boxes on the left as shown below. That is the information the ISD uses to calculate FTE’s (Full Time Equivalents) for special education services and state reporting. If those boxes are left blank, even if the information appears on the IEP, the FTE is calculated as “0”.

1. Find out what the range of time is going to be to complete the “Frequency” of the service or program.
2. Using the minimum amount of the range, enter this information in the 3 boxes on the left (*Minutes Per Day, Days Per Week, Weeks Per Month*). See attached chart for help.
3. In the larger box in the middle, highlight and replace the pre-populated information (it automatically appears when you complete the three boxes on the left) with the more parent friendly minimum-maximum range information.

### EXAMPLE – RANGE OF TIME IS 90-120 MINUTES PER MONTH

**Link: Related/Special Services Grid - Duration/Frequency - Including Minutes**

Frequency Minutes Per Day <input type="text" value="0"/>		Week days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Days Per Week <input type="text" value="0"/>	<input checked="" type="checkbox"/> Include in student time calculations	
Weeks Per Month <input type="text" value="4"/>		

**Link: Related/Special Services Grid - Duration/Frequency - Including Minutes**

Frequency Minutes Per Day <input type="text" value="22"/>		Week days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Days Per Week <input type="text" value="1"/>	<input checked="" type="checkbox"/> Include in student time calculations	
Weeks Per Month <input type="text" value="4"/>		

**Link: Related/Special Services Grid - Duration/Frequency - Including Minutes**

Frequency Minutes Per Day <input type="text" value="22"/>		Week days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Days Per Week <input type="text" value="1"/>	<input checked="" type="checkbox"/> Include in student time calculations	
Weeks Per Month <input type="text" value="4"/>		



# ET IEP—STATE / DISTRICT ASSESSMENTS PAGE

## OTHER CONSIDERATIONS

The IEP Team considered the need for a teacher with a particular endorsement. **1**

**Resource Program:** Is a Teacher Consultant with endorsement matching the student's disability needed?  No  Yes, explain: Hearing needs will be addressed by HI TC **2**

**Departmentalized Program:**  No  Yes **3**

**Nonpublic School Students** – Identify programs/services offered by the district but not provided because the parent elected to enroll the child in a nonpublic school: Not applicable **4**

**Transportation:** Is specialized transportation required? **5**

- No, general education transportation is sufficient to meet this student's needs, or no transportation is required.
- Yes, special transportation is required due to this student's: (*check any/all that apply*)
  - medical needs  health needs  developmental needs  behavioral needs
 Details: Provided by Ann Arbor Public Schools, curb to curb or closest spot for safety, safety vest worn at all times on the school bus.

## STATE / DISTRICT-WIDE ASSESSMENTS **6**

The student will participate in the Michigan Educational Assessment System and district-wide assessments as follows:

MEAP, MEAP-Access, MI-Access or MME is not given at the age/grade levels covered by this IEP (Grades Pre-K-2, 10, 12).

Assessment Area	Appropriate Assessment	Necessary Accommodations	<b>9</b> Standard Accommodation?	
			Yes	No
<b>Reading</b> (Gr. 3-8, 11)	Michigan Educational Assessment Program (MEAP) <b>7</b>	Clarify directions by asking student to restate them Place teacher / proctor near student. <b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b> (Gr. 4, 7)			<input type="checkbox"/>	<input type="checkbox"/>
<b>Math</b> (Gr. 3-8, 11)	Michigan Educational Assessment Program (MEAP)	None needed	<input type="checkbox"/>	<input type="checkbox"/>
<b>Science</b> (Gr. 5, 8, 11)			<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Studies</b> (Gr. 6, 9, 11)			<input type="checkbox"/>	<input type="checkbox"/>

\*Scores on assessments where nonstandard accommodations were used are not eligible for Michigan Merit awards.

District-wide assessments are not given at the age/grade levels covered by this IEP. **10**

District-Wide Assessment	District-Wide Assessment is Appropriate <b>?</b> <b>13</b>	If <b>not checked</b> , state the reason why the district-wide assessment is inappropriate and indicate the appropriate alternate assessment, if any.	<b>11</b> Accommodation
NWEA <b>12</b>	<input type="checkbox"/>	<b>14</b>	<b>15</b>

### ENGLISH LANGUAGE PROFICIENCY ASSESSMENT (ELPA)\*\* **16**

- The student is NOT an English Language Learner; therefore the ELPA will not be administered.
- The student IS an English Language Learner who has been in the United States for \_\_\_\_\_ years and \_\_\_\_\_ months.

Therefore, the student WILL participate in the ELPA.

\*\*The ELA portion of the MEAP may be replaced with the ELPA if a student has been in the United States for 12 months or less.

### ADDITIONAL COMMENTS

The occupational therapist, Ms. Jones, may be excused from the IEP meeting. She has provided a report of her services for Jenny to the parent's prior to the meeting. (parent initials). **17**

## ET IEP – STATE / DISTRICT ASSESSMENTS PAGE

#	TITLE	DESCRIPTION
1	<b>Teacher Endorsement</b>	<p>The default is that the box is checked as the IEP team must always consider the need for a particular endorsement.</p> <p><b>It is not required that the endorsement of the teacher match the eligibility.</b></p>
2	<b>Teacher Consultant Endorsement</b>	<p>The default on this is “no”. If a teacher consultant is needed, the endorsement of the teacher consultant does not need to match the eligibility of the student.</p>
3	<b>Departmentalized Program</b>	<p>This will generally only be checked at the secondary level.</p>
4	<b>Nonpublic School Students</b>	<p>If child is placed in a non-public/private school, you will need to note what additional services were considered and would be available to the student within in the public school setting which indicates the district satisfies FAPE (the district’s offer of a free, appropriate public education).</p>
5	<b>Transportation</b>	<p><b>REVISED!</b> This area is more detailed now. If the “yes” box is checked, check the appropriate boxes to indicate the reason(s) special transportation is needed.</p> <p><b>YOU MUST</b> double click on “Details” for a drop down menu to choose the specific transportation options. <b>It is imperative that you are specific and include everything that is needed!</b> (i.e., If student needs a safety vest and it is not indicated, transportation will not use vest.)</p>
<b>STATE ASSESSEMENTS</b>		
6	<b>If state assessments are not given at age/grade level</b>	<p>Check the box if no state assessments are needed at the given age/grade level.</p>
7	<b>Type of Assessment</b>	<p><b>REVISED!</b> This has been changed to a drop down menu. You will pick the appropriate assessment for each area.</p>
8	<b>Accommodations</b>	<p>Use the drop down menu or type in accommodations as written from the MEAS accommodation list.</p> <p>These accommodations should align with classroom accommodations.</p> <p>Remember to always ask yourself and the team: If a student does not need an accommodation in the classroom, why would they need it for state/district-wide assessments and vice-versa?</p>
9	<b>Are Accommodations Standard?</b>	<p>All accommodations should be standard. The “yes” box should be checked if accommodations are being given.</p>

## ET IEP – STATE / DISTRICT ASSESSMENTS PAGE

#	TITLE	DESCRIPTION
		**See MEAS Accommodations Chart
<b>DISTRICT-WIDE ASSESSMENTS</b>		
10	<b>If district-wide assessments are not given at age/grade level</b>	Check “no” if district-wide assessments are not given at age/grade level.
11	<b>Arrow to add lines</b>	District-wide assessment lines can be added based on how many assessments a given student will take during this IEP.
12	<b>Type of Assessment</b>	Use the drop down menu to choose the appropriate assessment(s). The assessments all indicate at which grade level they are given.
13	<b>Appropriate Assessment</b>	This box will generally be checked.
14	<b>Reason why assessment might be inappropriate</b>	If the IEP team deems assessment is not appropriate, a reason must be given and an alternate assessment <b>MUST</b> be given.
15	<b>Accommodations</b>	<p>Use the drop down menu or type in accommodations as written from the MEAS accommodation list.</p> <p>These accommodations should align with classroom accommodations.</p> <p>Remember to always ask yourself and the team: If a student does not need an accommodation in the classroom, why would they need it for state/district-wide assessments and vice-versa?</p>
<b>ENGLISH LANGUAGE PROFICIENCY ASSESSMENT (ELPA)</b>		
16	<b>English Language Proficiency Assessment</b>	<p><b>NEW!</b> This section has been added back to more clearly identify those English Language Learners (ELL) that need to take the ELPA.</p> <p>The IEP Facilitator should review the monthly ELL list to verify whether or not the student is on the list and needs to take the ELPA.</p> <p>Complete the section as indicated.</p>
17	<b>Additional Notes</b>	Any information you want included in the IEP that you do not think fits anywhere else can be included here.

# ET IEP—SIGNATURES PAGE 1

Student Name: Joe Sample

IEP Date: 07/10/09

ID: 100900257

## PARTICIPANT SIGNATURES

Check the box below indicating which IEP member has observed the student suspected of having a **learning disability** (initial/re-evals. ONLY)

Participant Signatures	Title	
<u>STUDENT NAME</u>	<u>IE STUDENT ATTENDING</u>	1 <input type="checkbox"/> <input checked="" type="checkbox"/>
<u>PARENT NAME</u>	<u>Parent</u>	2 <input type="checkbox"/> <input checked="" type="checkbox"/>
<u>GENERAL EDUCATION TEACHER NAME</u>	<u>General Education Teacher</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>SPECIAL EDUCATION TEACHER NAME</u>	<u>Special Education Teacher</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>IEP FACILITATOR/DISTRICT DESIGNEE</u>	<u>School Social Worker/Speech Therapist/Other Role</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>ADDITIONAL ATTENDEES</u>	<u>Additional Roles</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<u>THIS SHOULD ALWAYS INCLUDE A NAME</u>	An individual who can interpret the instructional implications of the most recent evaluation results	

Participant signatures are required to verify a determination regarding a suspected learning disability. Any member who disagrees must submit a separate statement presenting his or her conclusion.

## DISTRICT NOTICE REQUIREMENTS

The superintendent or designee of the district assures that:

- a to the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- b placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a general education class using supplementary aids and services cannot be satisfactorily achieved.
- c the placement for the student is as close as possible to his or her home.
- d unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if non-disabled.
- e in selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- f a child with a disability will not be removed from education in age-appropriate regular classrooms solely because of needed accommodations in the general education curriculum.

Staff responsible for implementation: 3 ENTER STAFF ROLE NOT INDIVIDUAL NAME Initial implementation site: 4 West Bloomfield High School  
 Beginning date (m/d/y): 5 07/10/09 Exit Date: 7 Date Ending Date (m/d/y): 6 07/09/10  
 Exit Reason: 8 reason

## IEP ADJOURNMENT

This IEP was adjourned. Parent/Guardian Initial: Text Date(s) Reconvened: Text

Reason for Adjournment:

9

**Memo»STARTING AND ADJOURNING AN IEP DOES NOT MEET COMPLIANCE REQUIREMENTS TO HOLD THE IEP WITHIN ONE YEAR FROM LAST IEP. ONCE THE IEP IS COMPLETED, THE DATE THE DISTRICT DESIGNEE SIGNS THE IEP IS THE DATE THAT IS USED TO COMPARE TO THE DATE OF THE LAST IEP.**

**THE PARENT DOES NOT HAVE TO SIGN BY THIS DATE BUT THE DISTRICT DOES.«**

## COMMITMENT SIGNATURES

**RESIDENT DISTRICT** – Resident district superintendent/designee (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Agrees with the IEP and its implementation  | <input type="checkbox"/> Disagrees with this IEP and:                    |
| <input type="checkbox"/> Authorizes the nonresident operating district to conduct subsequent IEP Team meetings | <input type="checkbox"/> Disagrees with this IEP and requests mediation* |
| <input type="checkbox"/> Agrees that the student is not eligible for special education                         |  |
- 10

Signed: \_\_\_\_\_ Name Date: \_\_\_\_\_ Date  
Resident District Superintendent or Designee (month/day/year)

**OPERATING DISTRICT (if other than Resident District)**– The superintendent/designee (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Agrees to provide the IEP program(s) and/or services          | <input type="checkbox"/> Disagrees with this IEP                         |
| <input type="checkbox"/> Agrees to conduct subsequent IEP Team meetings                | <input type="checkbox"/> Disagrees with this IEP and requests mediation* |
| <input type="checkbox"/> Agrees that the student is not eligible for special education |  |
- 11

Signed: \_\_\_\_\_ Name Date: \_\_\_\_\_ Date  
Operating District Superintendent or Designee (month/day/year)

## ET IEP – SIGNATURES PAGE 1

#	TITLE	DESCRIPTION
1	<b>Arrow used to add lines</b>	<p>If an invitation has been generated prior to the IEP being created, this section will automatically be populated with the information from the invitation.</p> <p>If you need to populate it yourself or make changes, double clicking the arrow will add a line. You can add as many lines as you need.</p>
2	<b>Attendee Names and Titles</b>	<p>Manually enter student, parent and general education teacher names and titles. Special education staff names and titles appear in the drop down menu where you can click on the names to add them.</p> <p>Students should be invited to their IEPs by age 14, if not sooner as appropriate.</p> <p>It is always a good idea to include a few blank lines in case additional people attend an IEP. (i.e. parent brings someone you weren't expecting, principal decides to stop in)</p> <p>The space for attendees to write their signatures in is fairly small. You can make this larger by placing your cursor next to any name and hitting the "enter" key to add an extra line.  <b>NOTE:</b> If you need to "RELOAD" the page, the extra spaces will disappear.</p> <p style="background-color: yellow;">After the IEP is completed and prior to finalizing, remember to add "SOF" (Signature On File) to student and parent(s) names if they attended and signed-in at the IEP.</p>
3	<b>Staff responsible for implementation</b>	<b>This should be the STAFF ROLE, NOT provider name. A drop down menu opens up with provider names – MANUALLY CHANGE THIS.</b>
4	<b>Initial Implementation Site</b>	Remember this is only the initial implementation site, the school at which the IEP begins.
5	<b>Beginning Date</b>	<p><b>These dates should not be changed on this page</b> (note they are black, not blue). They are pulled from the Top of Form page. If the IEP has already been opened and the beginning and ending date change, do the following:</p>
6	<b>Ending Date</b>	<ol style="list-style-type: none"> <li>1. On the "Top of Form" page, make the changes in the "Initiation of Services" (Beginning Date) and/or "Duration of Services" (Ending Date) date fields.</li> <li>2. Return to the "Signatures Page" and "RELOAD" the page. The beginning and/or ending dates should now correspond with the dates on the "Top of Form" page.</li> </ol>

## ET IEP – SIGNATURES PAGE 1

#	TITLE	DESCRIPTION
7	<b>Exit Date</b>	If the student has previously been eligible for special education services and is exiting special education, indicate the exit date.
8	<b>Exit Reason</b>	Use the drop down menu to choose the appropriate reason.
9	<b>IEP Adjournment</b>	<b>STARTING/ADJOURNING AN IEP ON THE IEP DUE DATE IS CONSIDERED AN <span style="background-color: yellow;">OUT OF COMPLIANCE</span> IEP! THE ONLY COMPLIANT IEP IS AN IEP <u>COMPLETED AND SIGNED</u> BY THE DISTRICT ON OR BEFORE THE ONE YEAR DUE DATE.</b>
10	<b>Resident District Commitment Signature</b>	This section is used by AAPS when we are the resident district.
11	<b>Operating District Commitment Signature</b>	This section is generally left blank. <i>Use only when student is from out of district and attends the an AAPS program.</i>

“SOF”, as well as Commitment Signatures names (including district designees and parents) should NOT be printed on the signature pages prior to completing the IEP.

# ET IEP—SIGNATURES PAGE 2

Student Name: Joe Sample

IEP Date: 07/10/09

ID: 100900257

**Parent/Guardian/Student Consent to Release Medicaid Information** 1

**Transition Age Students**

2  If student is/will be **16 or older** during this IEP, parent/guardian has been informed of possible agency involvement and consents to their participation at future meetings.

**ADULT PROVIDING IEP CONSENT** - 1) I understand the plan contents; 2) I have been fully informed of my procedural rights; 3) If needed, I have been given sources to contact to obtain assistance; and, : (choose all that apply)

I agree with this plan.

We elect to receive, if available, copies of selected paperwork via e-mail. Email Address: Memo 4

3  I understand the contents of this **initial IEP** but decline special education services for my child, including the programs and/or services offered in this IEP and the procedural protections that come with special education eligibility.

I do not agree with this plan but will allow it to be implemented.

I do not agree with this plan and request mediation.\*

Signed: \_\_\_\_\_ 5 Name  
Parent/Guardian/Surrogate/Student

Date: \_\_\_\_\_ 6 Date  
(month/day/year)

\* If a parent or public agency disagrees with this IEP, either party has the right to request a due process hearing.

#	TITLE	DESCRIPTION
1	<b>Medicaid Section</b>	We are not using this section on the IEP. It will not appear on the printed document. Remember to have the parent sign the separate Medicaid Consent form.
2	<b>Transition Age Students</b>	No change to this section. Only used at the high school and Laker as indicated on form.
3	<b>Adult Providing IEP Consent</b>	<b>IMPORTANT</b> – The drop down menu has been changed to bring up the “Contact List” instead of the Service Provider list.  Currently, a Contact name automatically populates the field. This is on the list to be corrected so that it starts out blank. Until it is fixed, you must clear the field prior to printing out the signature pages for the IEP. <b>The parent name CANNOT appear on the IEP before the IEP is held.</b>
4	<b>Email Address</b>	This is only a memo field and does not add the email address to the parent contact information. That needs to be done on the Top of Form page.
5	<b>Parent Signature</b>	After the IEP is completed and prior to finalizing, remember to enter the appropriate name and add “SOF” (Signature On File).
6	<b>Date Signed</b>	Date the parent signed the IEP. This may be different than the IEP date itself.

**“SOF”, as well as Commitment Signatures names (including district designees and parents) should NOT be printed on the signature pages prior to completing the IEP.**

# ET IEP—PROGRESS REPORT PAGE

## Progress Report

Student Name: Joe Sample

IEP Date: 07/10/09

ID: 100900257

### Progress Report Period Dates

Period	1	2	3	4	5	6
Date	<a href="#">Date</a>	<a href="#">Date</a>	<a href="#">Date</a>	<a href="#">Date</a>	<a href="#">Date</a>	<a href="#">Date</a>

### Progress Report Codes

Code	Description
1	Achieved/Maintained at agreed upon evaluation/criterion level
2	Progressing at rate needed to meet goal/objective
3	Progressing below rate needed to meet goal/objective
4	Not applicable during this reporting period
5	Other (specify in comments)
NOTE	GOALS/OBJECTIVES ARE MEASURED BASED ON AGREED UPON EVALUATION & CRITERION

Area of Need (PLAAFP):

»Behavior - On-Task«

Goal:

»Joe will exhibit age and grade level appropriate on task behaviors.«

Comment

»Memo« This is where comments will go. It is in a new location, below the goal the comments will relate to.

Objective:

»Joe will accept offers of assistance by saying "Yes, I could use some help."«

Period	1	2	3	4	5	6
Progress	<a href="#">2</a>	<a href="#">Progressing at rate needed to meet goal/objective</a>	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>

Objective:

»Joe will ask for clarification of directions, as needed.«

Period	1	2	3	4	5	6
Progress	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>	<a href="#">Progress</a>

#	TITLE	DESCRIPTION
1	<b>IEP Date</b>	This date should automatically generate. Prior to finalizing the IEP, if it does not appear, simply <b>“RELOAD”</b> the page and it will generate the date.
2	<b>Progress Report Period Dates</b>	Progress report period dates follow the same dates that general education teachers use to report progress.
3	<b>Progress Report Codes</b>	<b>NEW</b> – An additional code as been added “5-Other”. Although the actual evaluation/criterion from the “Goals and Objectives” pages could not be added to the “Progress Report” page, a reminder note for parents has been added.
4	<b>Area of Need, Goal, Objectives</b>	These areas will generate based on your goals and objectives. If there have not been any goals and objectives added, the page will appear blank and locked.  Remember even after the IEP is finalized, the “Progress Report” pages are still accessible.  If for any reason the page is not populated after goals and objectives have been added, <b>“RELOAD”</b> the page!
5	<b>Comments</b>	This section has been moved above the “Objectives” section.
6	<b>Progress</b>	You can choose to display this area as the code (number) or description. With the page in landscape format, the description does not take up as much room as before if you choose to include this.

# ET IEP—PRINTING PROGRESS REPORT PAGES

The screenshot shows the ET IEP software interface. The main window is titled 'Document Explorer for Abdulnoor, Mariel'. A 'Print Documents' dialog box is open, titled 'Print Latest Document Page'. The dialog box has two panes: 'Select Page to Print' and 'Select Students'. The 'Select Page to Print' pane shows a list of document types with 'Progress Report' selected. The 'Select Students' pane shows a list of student names and IDs with three students selected. A text box explains that student names are blocked out to respect privacy. The 'Print' button is visible at the bottom right of the dialog box.

Document Page Title	Student Name	Id
<input type="checkbox"/> Top of Form	<input type="checkbox"/> Abbo	700008365
<input type="checkbox"/> Present Level of Academic Achievement and Functional P...	<input type="checkbox"/> Abbo	700007771
<input type="checkbox"/> Transition Considerations	<input checked="" type="checkbox"/> Abdu	700023744
<input type="checkbox"/> Goals and Objectives	<input type="checkbox"/> Abdu	700008371
<input type="checkbox"/> Least Restrictive Environment	<input type="checkbox"/> Aber	700008372
<input type="checkbox"/> State / District Assessments	<input type="checkbox"/> Abro	700022802
<input type="checkbox"/> Signatures	<input type="checkbox"/> Abu-	700026557
<input checked="" type="checkbox"/> Progress Report	<input checked="" type="checkbox"/> Abu-	700023203
<input type="checkbox"/> Transportation/Nursing/Personal Care Services	<input checked="" type="checkbox"/> Acre	700006622
<input type="checkbox"/> Options Considered and Rejected	<input type="checkbox"/> Ader	700026736
	<input type="checkbox"/> Affel	700025154
	<input type="checkbox"/> Akas	700026134
	<input type="checkbox"/> Alch	700025727
	<input type="checkbox"/> Alch	700023030
	<input type="checkbox"/> Alch	700025138
	<input type="checkbox"/> Aldri	700021089
	<input type="checkbox"/> Aldri	700021542
	<input type="checkbox"/> Alex	700024180
	<input type="checkbox"/> Alfar	700024680
	<input type="checkbox"/> Alka	700023506

Each team should coordinate all progress report pages being delivered together to parents and not sent out individually. This resolves the problem of the Progress Report Codes Key only being generated on the first page.

**TIME SAVER** – Progress Reports can be printed as a group instead of for each student individually. Here are the steps to follow:

- Click on any students with an IEP
- Go to the main “Document View”
- Click on IEP in “Document Types” on the left side of the screen (not the right)
- Click “Print” on the large icon bar at the top of the screen
- Click on “Student Latest Documents”
- A new box will open as noted above – you can click the page/pages you want to print (in this case the “Progress Report” page)
- A list of all students will come up on the right side of the box – click on all the students for which you want to print the Progress Report pages
- Click on the “Print” button in the new box and complete the print process
- All of the progress reports will print at one time

# REVIEW OF EXISTING EVALUATION DATA (REED)

# SPECIAL EDUCATION EVALUATION REVIEW PLAN AND PARENT CONSENT

## PURPOSE 1

Develop a plan for:  conducting re-evaluation of eligibility  considering need for additional services  considering change in eligibility

## STUDENT INFORMATION 2

Date	Initial/Most Recent Re-determination IEP Date: 10/09/08	Date of Last IEP 09/08/09	Birthdate 01/21/94	Ethnic Group White	Gender F	Grade 11
Student's Last Name A Sample	First Name Jenny	Initial		Student's ID 100906842	UIC	
Student's Home Address 123 Fake Rd		City Ypsilanti	State MI	Zip Code 48197	Student's Certification Cognitive Impairment / R340.1705	

Parent/Guardian/Surrogate Joseph Smith	Relationship to Student Parent	Parent: English	Native Language Student: English
Address 123 Fake Rd, Ypsilanti, MI 48197			
Phone Numbers	Home:	Work:	Cell:

Parent/Guardian/Surrogate	Relationship to Student	Parent:	Native Language
Address			
Phone Numbers	Home:	Work:	Cell:

Resident District Washtenaw ISD	Operating District Washtenaw ISD	Attending Building Washtenaw ISD
------------------------------------	-------------------------------------	-------------------------------------

## EVALUATION REVIEW AND NEEDS-ELIGIBILITY FOR SPECIAL EDUCATION 3

- The evaluation review participants reviewed the existing evaluation data, including current classroom-based assessments and observations, and teacher and related services providers' observations. In addition, the participants reviewed information and any evaluation data provided by the parents. **Comments: 4**
  - Data reviewed by the team is sufficient to determine continued special education eligibility. No additional data is needed at this time to re-determine eligibility.
  - Or, to determine **continued eligibility** for special education, document needed evaluation in the EVALUATION PLAN section below.

## EVALUATION REVIEW AND NEEDS-ADDITIONAL PLANNING/IEP DATA NEEDED 5

- Data reviewed by the team is sufficient to determine present level of educational/functional performance, special education programs/and/or services.
- Indicate any of the following reasons for which additional evaluation is needed. (Check all that apply and document in the EVALUATION PLAN section below).
  - This student's present level of educational performance
  - This student's need for new or continuing special education programs/services
  - The need to modify special education programs/services for this student to meet goals and progress in the general education or modified curriculum

## EVALUATION PLAN (Complete when ANY additional data is needed) 6

The following staff may conduct the evaluation [please check the appropriate service(s)]:

- School Psychologist
- School Social Worker
- Teacher Consultant
- Speech/Language Therapist
- Teacher
- Physical Therapist
- Occupational Therapist

**Description of evaluation(s) that may be administered:**

- Intellectual
- Adaptive Behavior
- Vocational
- Speech and Language (specify):
- School Records Review
- Other, please specify:
- Achievement
- Social/Behavioral
- Classroom/School Observation
- School Performance Review
- Perceptual/Processing
- Staff/Student/Parent Interviews

Other

The results of this evaluation plan will be reviewed at an IEP Team meeting to be held on 10/08/11 <sup>7</sup> or before:

**EVALUATION REVIEW PARTICIPANTS <sup>8</sup>**  
*(REQUIRED: MET Representative, Parent, General Education Teacher, Special Education Teacher/Provider, District Representative)*

Participants	Title
	An individual who can interpret the instructional implications of evaluation results (MET Representative/Potential MET member)

<sup>9</sup> Parent participated:  in person;  by phone;  in writing;  
Date of parent contact: \_\_\_\_\_ By whom: \_\_\_\_\_  
Summary of parent input: \_\_\_\_\_

**CONSENT OF PARENT/GUARDIAN FOR EVALUATION <sup>10</sup>**

I, as parent/guardian, received a copy of the procedural safeguards and understand the contents of this plan and I understand that I may request a comprehensive evaluation related to the disability of my child and: (choose one)

- I **consent** to the proposed evaluation plan.
- I **do not consent** to the proposed evaluation plan. (Explain concerns) \_\_\_\_\_

Parent/Guardian/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_

## ET EVALUATION REVIEW PLAN AND PARENT CONSENT-PAGE 1

The Evaluation Review form has been replaced by the Review of Existing Evaluation Data (REED) form. We will be moving to the new form but were not able to have it ready for the beginning of the school year. The current form is able to capture all the necessary information. It is important to include all the necessary information regardless of what the form looks like.

#	TITLE	DESCRIPTION
1	<b>Purpose</b>	Check the appropriate box. When considering termination of services, check the “considering change in eligibility” box.
2	<b>Student Information</b>	This area should be complete and include the same information as an IEP would – exactly the same if being held with an IEP.
3	<b>Evaluation Review and Needs-Eligibility for Special Education</b>	This section is where the majority of the information reviewed by participants (do not have to participate in person) will be included.
4	<b>Memo area for above</b>	<p><b>You MUST include the following information in the memo box</b>, citing data sources used and summarizing data gathered:</p> <ol style="list-style-type: none"> <li>1) Review, describe and identify existing evaluations, including current classroom-based, local, or state assessments; and classroom-based observations.</li> <li>2) Review, describe and identify teacher and related service provider(s) observations</li> <li>3) Review, describe and identify evaluations and information provided by parents.</li> <li>4) Current parent information must be included on the form. You can include it here if you want, but there is a place on the second page as well. If you include current parent input on the first page, please note on the second page that it is included on the first page.</li> </ol> <p>When the new Review of Existing Evaluation Data (REED) form comes out, this information is all broken down into individual sections. Although this form is not as detailed, <b>all the above information is REQUIRED to be completed on the form.</b></p>

## ET EVALUATION REVIEW PLAN AND PARENT CONSENT-PAGE 2

The Evaluation Review form has been replaced by the Review of Existing Evaluation Data (REED) form. We will be moving to the new form but were not able to have it ready for the beginning of the school year. The current form is able to capture all the necessary information. It is important to include all the necessary information regardless of what the form looks like.

#	TITLE	DESCRIPTION
5	<b>Evaluation Review and Needs-Additional Planning / IEP Data Needed</b>	If additional evaluation is needed, generally all three boxes can be checked as they are all appropriate reasons.
6	<b>Evaluation Plan</b>	Check all the service providers who will possibly be included in the evaluation. <b>Do NOT include provider names.</b>  Check all the portions of the evaluation which might be included.
7	<b>Date Evaluation Plan must be completed by</b>	This date should be no later than one year from the date of the evaluation review plan.
8	<b>Evaluation Review Participants</b>	<b>NEW</b> - Participants no longer have to participate in person and an Evaluation Review/REED does not require signatures. Indicate next to participant names if they participated in person, by personal communication or by phone.
9	<b>Parent Contact Information</b>	Regardless of parent attendance, you <b>MUST</b> make every effort to obtain parent input. Efforts to obtain parent input <b>MUST</b> be documented in this section.  If parent input is included on the first page, note "See Page 1 of this Evaluation Review form for parent input".
10	<b>Consent of Parent/Guardian for Evaluation</b>	This is where parent agrees or disagrees with the evaluation by checking the appropriate box and signing the form.  If it is agreed that no further evaluation is needed, you <b>MUST</b> add the language below to the memo box:  "Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special educational and program needs.  <b>Include the reason (required) for this decision.</b> (i.e. Student has autism spectrum disorder which is a lifelong disability and therefore further evaluation is not needed.)  <b>NOTE:</b> The new form will include this as a separate section.

# IEP ADDENDUM

# IEP ADDENDUM

Partial view of Page 1 of the addendum

**Purpose:** The purpose of this addendum is to make **minor** changes to this student's most recent IEP.

**This addendum serves to modify:** [Programs and/or Services](#) **1**

**Note:** Either the parent or the school district may request a full IEP Team Meeting in lieu of this IEP Addendum.

**Participant Signatures** (Required IEP Team members **must be present** when this Addendum is developed.)

Check the box indicating the IEP Team member(s) who can explain the instructional implications and evaluation results.

Name	Title	Explain ?	↓
<a href="#">Sue Sample</a>	<a href="#">Parent</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Helen Sandelands</a>	<a href="#">Occupational Therapist</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Alan Elias</a>	<a href="#">School Social Worker</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In developing this IEP Addendum, the IEP Team members have considered the student strengths, parental concerns, the results of recent evaluations and assessments, as well as the need for program accommodations/modifications due to special factors as listed on the current IEP.

NEW!	ACCOMMODATIONS / SUPPLEMENTARY AIDS	CONDITIONS	LOCATION	↓
2	<a href="#">Memo</a> » Allow additional time (approximately 1 1/2 times the regular timeframe)«	<a href="#">Memo</a> » When tests are given in all general education classes«	<a href="#">4-General Education &amp; Special Education Environments</a>	<input checked="" type="checkbox"/>

NEW!	SERVICES / PROGRAMS	FREQUENCY	LOCATION	↓
	<a href="#">Occupational Therapy-360 / R340.1701(b)(d)</a>	<a href="#">90-120 minutes per month</a>	<a href="#">4-General Education &amp; Special Education Environments</a>	<input checked="" type="checkbox"/>

Special Transportation:  No  Yes Modification needed because: [Memo](#)» «

**Assessment:** Indicate any changes to assessment as described in the student's current IEP (including accommodations):

[Memo](#)» «

We have added a table of choices to **1** above.

The major revision to the Addendum is **2** which split the Accommodations/Supplementary Aids from the Services/Programs section.

Services/Programs now include a drop down menu with the appropriate choices for all Services/Programs.

The second page now has a header with the student name and date of birth on it like the first page.

Also, a link has been added on the second page for the "District Designee" line where it had been blank before.

For the parent signature line, the link still brings up the staff list (this will eventually be corrected). However, you can easily change this from within the list as noted on the next page.

## IEP ADDENDUM (continued)

The image shows two overlapping software windows. The left window, titled "Link: Document Participant Name", has a dropdown menu with "ExcentTera Users" selected (1). A right arrow button is circled (2). Below the dropdown, "Student Contacts" is highlighted (3). The right window, titled "Link: District Designee", has "Student Contacts" selected in its dropdown. A list of names is shown, with "Sample, Mark" highlighted (4). Below this list, the "New value" field contains "Mark Sample" (5). At the bottom right of this window, the "OK" button is circled (6).

When you open the link to enter the parent name, you will want the Student Contacts list, not the Excent Tera User List, To change the list, simply do the following:

- 1) Double click on the Parent/Guardian/Student Name to open the link.
- 2) Click on the right arrow.
- 3) Scroll down to the "Student Contacts" label and click on it.
- 4) Choose the appropriate contact name.
- 5) Add SOF to the name in the "New Value" box and click okay.