

Instructions to Special Education Forms – August 2016

Form 1 - Notice of Meeting

This **Notice of Meeting** is used to inform parents of various types of meetings. If the **Notice of Meeting** is being used for more than one purpose (e.g. to review information and decide on special education eligibility and plan an Individualized Education Program) multiple boxes would need to be checked. On this form.

The check box entitled **Develop an Evaluation Plan** refers to a meeting that is convened to develop a plan to evaluate a student/child for special education eligibility, to evaluate the need for a significant change in placement or to gather additional information for programming purposes. An Evaluation Plan, with the exception of an initial evaluation, may also be developed through contact with parents and other school personnel without having a meeting. In this scenario, **Form 1 is not used** and, instead, **Form 3 (Notice of a Special Education Evaluation)** and **Form 3a (Consent to an Evaluation)** are provided to the parents. However, should a parent request a formal meeting to develop an Evaluation Plan, the Local Education Agency (LEA) is required to hold one. In contrast, all initial eligibility decisions must be made at formally convened meetings. For initial Evaluation Plans, a complete copy of the Parental Rights must be enclosed when this box is checked. For re-evaluations, the appropriate sections (Parts 2 and 3 of the Parental Rights) regarding Notices and Evaluations must be provided to parents.

The check box **Review information and decide special education eligibility** refers to a meeting at which the Evaluation and Planning Team (EPT) determines whether the student/child evaluated is eligible for special education, or is not eligible, under Vermont Special Education Regulations. The EPT also determines in this meeting whether the student/child has a disability that has an adverse effect on educational performance and if a need for special education services exists.

The check box **Develop, revise or annually review an Individualized Education Program (IEP)** indicates a meeting that will be held to develop programs or services or to modify the existing programs or services that address the student/child's special education needs. A copy of the Parental Rights section regarding IEPs must be enclosed when this box is checked to plan an initial IEP, to review an IEP **that is not considered to be** an annual review, or at the IEP annual review. A complete copy of Parental Rights must be offered to parents at the IEP annual review.

For students who will be turning age 16 (or younger, if appropriate) during the period covered by the IEP checking the box **Plan or review an Individualized Education Program (IEP)** requires that a **discussion and development of post-secondary transition services** be part of this meeting. The student and any agency that is likely to be responsible for providing or paying for transition services must be invited, with the consent of the parent, and listed in the **Name** and **Position** section of this form. There is no requirement for an outside agency representative to attend this meeting, but an invitation to the meeting must be documented by the LEA within the IEP.

The check box **Meeting for another reason** refers to meetings that are convened that do not relate to the descriptions listed above. Staff should follow supervisory union procedures regarding when to check this box. A description of the purpose for the meeting should be included on the line provided.

Form 1 - Notice of Meeting – continued

The lines under **Designated Evaluation or IEP Team Members** are to identify the required, designated members (including the student, if appropriate) invited to the meetings. All of the individuals identified in this section, except for the parent and the student, must attend the meeting and may be allowed to be absent or excused **only** when the requirements per the written agreement and written input are met as completed on **Form 5a**. For the evaluation plan, eligibility decisions, and IEP meetings, this must include:

- parent(s)/guardian or educational surrogate of the student/child
- the student or child, if appropriate
- the local education agency representative (LEA Representative)
- not less than one special educator or special education service provider of the student/child
- an individual who can interpret the instructional implications of evaluation results
- not less than one general education teacher (for students being served in a residential placement where there is no general education component in the programming or where there is an expectation that the student will not return to a general education program, there is no requirement for a general education teacher)

Other individuals must be invited to attend evaluation plan, eligibility decisions, and IEP meetings as follows:

- For children with suspected learning disabilities, an individual qualified to conduct diagnostic evaluations, such as a school psychologist, speech language pathologist, or remedial reading teacher.
- When the student's post-secondary transition needs or services will be considered, the student and other agency personnel that might provide or pay for transition services.

The lines under **Others invited to attend** are used to identify by **Name** and **Position/Affiliation** the non-required individuals who were also invited to attend the meeting. At the discretion of parents or LEAs, other person(s) or additional LEA personnel who have specific knowledge or expertise concerning either the student/child or the disability are invited to the meeting. Their absence or excusal from the meeting, however, does not mandate the use of **Form 5a**, nor its written agreement or written input requirement, although in some cases it may prove best practice to obtain written input if the individual invited cannot attend the meeting.

Form 1A Part C to Part B Transition and Initial IEP Notice

The Part C to Part B transition form is used to inform parents of a meeting to develop their child's first IEP as s/he transitions from the Children Integrated Services/Early Intervention (CIS/EI) program to the Early Childhood Special Education (ECSE) program. The IEP **must** be in effect on or before the child reaches three years of age. If not already invited to attend this meeting, the CIS/EI Program Coordinator must be invited upon the request of the parent.

Form 2 - Evaluation Plan and Report - REVISED August 2017

The Evaluation Plan and Report form is divided into a cover page, three numbered sections, and a final decision page.

Cover Page: In addition to the name of the Local Education Agency (LEA) and the student, the Child Count ID #, the grade, and date of birth, there are four important dates that must also be completed. The **Date of Referral** is the date when the responsible LEA personnel who determines whether to move the evaluation forward receives the request for a special education evaluation. The **Date of Planning Meeting** is the date of the meeting where the plan was completed or the date when the plan was sent to the parent, if no formal meeting took place. While not required, for initial evaluations it is considered best practice to conduct this meeting within 15 days from the date the responsible LEA personnel confirms that the referring party is requesting a special education evaluation. The **Date of Received Consent** is the date when the LEA received a signed consent, if required, from the parent(s) for the evaluation. The **Date of Eligibility Decision** refers to the date when the meeting was held to answer the questions and considerations documented in the evaluation plan, based upon the results of recommended evaluations and other information used to determine eligibility.

The second part of the **Cover Page** identifies the members of the Evaluation and Planning Team (EPT). Some individuals, such as the special educator, related service provider, and local educational agency representative, might fill multiple roles on the team. *Where an individual fills more than one role, his or her name must be listed in each category she or he represents; and she/he is requested to initial their agreement with the decision of the evaluation team for each role they fulfill.*

Section One: This is the Disability Determination section of the Evaluation Plan and Report. It has four parts, identified as letters A-D.

Part A is the section that asks for a list of the suspected disability categories being considered by the EPT. If more than one disability is suspected, it is recommended that one page should be completed for each disability category evaluated, so as to keep the questions and answers (**Part B**) for each category in a logical order. A concluding statement (**Part D**) must be made for each disability category evaluated. For the disability category of Developmental Delay, any question should refer to the demonstration of an observable and measured delay in one or more fundamental skill areas or a diagnosed medical condition which has a high probability of resulting in a significant delay by the time the child is six years old.

Reminder: A student/child may not be determined to have a disability if the determining factor in eligibility is limited English proficiency or a lack of instruction, including the essential components of reading, or math.

Part B is the section where the questions and answers used to reach the disability determination are to be documented. The form should cite questions that pertain to the disability category descriptions identified in the Vermont Special Education Regulations. Additional information can also be obtained, but may be more appropriately listed in either the Adverse Effect or Need sections. **Each question posed in this section must be answered and the specific tests or assessment procedures used to provide for the answer must be identified.**

Part C is the section where general areas to be evaluated and the procedure to be used in carrying out the evaluation are listed. The EPT is not asked to list specific tests, which are left to the individual or

Form 2 - Evaluation Plan and Report continued

personnel responsible for administering the test. **Teams are reminded that if they choose to list specific tests, that any test listed must be administered unless an explanation for its omission is provided.** The EPT must evaluate the student/child in all areas related to his or her suspected disability; including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

Part C also lists the personnel or person(s) responsible for administering the assessments, **by their professional title** (e.g. Speech Language Pathologist, Special Education Teacher) **or team role** (e.g.. Parent, LEA Representative). Should an EPT decide to list the person responsible for administering an assessment by title and name, that specific person must administer that assessment.

Part D states the EPT's conclusion regarding disability determination(s). The EPT must reach a conclusion for each disability category that was suspected and evaluated by the team.

NOTE: Prior to a re-evaluation to determine whether a child continues to be eligible for special education services, if an EPT decides that the eligibility decision can be limited to a review of existing data without having to use new data, the parents shall be notified of that determination and the reasons for it. In addition, a parent must be notified that he/she has the right to request and receive new testing and/or new data to help with the eligibility re-determination.

Section Two: This section addresses the question of **Adverse Effect on Educational Performance**. **This section also applies to children in Essential Early Education (EEE) programs but only when using disability categories other than Developmentally Delayed.** Adverse effect is determined as performance (in at least one of the basic skill areas) at or below the 15th percentile, or at least 1.0 standard deviation below the mean, on an assessment score, or the equivalent as reflected in at least three of the six measures described in Part B of this section.

The first box in Section Two explains some of the requirements in regard to Adverse Effect, including, where appropriate, for the IEP Team to assess the impact of functional skills and behavior on school performance measures. Adverse Effect can also not be determined using only three similar measures of school performance, at least four measures of school performance must indicate the lack of Adverse Effect before a student is declared ineligible in this section, and none of the six school performance measures can be required as a measure of Adverse Effect if at least three of the other five measures meet the Adverse Effect criteria.

The second box in Section Two requires the EPT to identify the basic skill areas to be considered in this evaluation. The basic skills include **oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, mathematics reasoning and motor skills**. Currently, for only those students suspected of a Specific Learning Disability could it also include **reading fluency**. To be considered a comprehensive evaluation, ALL of the appropriate basic skills identified by the Evaluation Planning Team (EPT) must be documented within this Evaluation Report (either all basic skills are documented within the Adverse Effect section or one basic skill is documented here and the other basic skills of concern are documented in the following Need for Special Education section). **The minimal requirement of the Adverse Effect section, however, is that documentation, using at least three of the six different school performance measures, has proven the student to have an Adverse Effect in at least one basic skill area.**

Form 2 - Adverse Effect Section continued

The third box on this page identifies the general evaluation areas, assessment procedures and other school performance measures that will be used to make the Adverse Effect determination. This may include tests, data, student work or other education records reviewed. This section also identifies the personnel or person(s) responsible by professional title or team role for conducting the evaluations or collecting the information used to determine Adverse Effect.

The following pages within the Adverse Effect section are where the EPT documents their findings relative to whether the student meets the IEP criteria. It asks for the basic skill area being measured and divides the results by the six measures of school performance. It asks for documentation of the evaluation results and also a summary of any discussion related to individual factors (such as functional performance measures) that may have affected these results (i.e. samples of student work in a large group versus a small group setting, the effects of testing under optimal one-to-one conditions versus classroom environments or the effects of poor social skills or behavioral issues). The chart on these pages further asks for documentation by the EPT if there was evidence of scores that fell in the lowest 15th percent or more than 1.0 standard deviation below the mean on a basic skill assessment, and their determination, based upon the combination of the evaluation results and EPT discussion whether each measure was considered to have an Adverse Effect on student performance.

The Adverse Effect section concludes with a n EPT determination that the student met the requirement of at least one basic skill demonstrating an Adverse Effect in three different measures of school performance.

Section Three: This section address the student/child's **Need for Special Education Services.**

Part A is used to inform the EPT of the need to document within this section how the student/child's need for specially designed instruction that cannot be provided within the LEA's standard instructional conditions or through the LEA's educational support system. For Early Special Education Services, if it is found that the child needs special education services, the statement should include justification that a delay is at such a level that without intervention prior to enrollment in elementary LEA, it would affect his/her future success in the home, school or community.

Part B is used to develop the questions and answers necessary for the EPT to determine whether the disability and adverse effect combine to result in a need for special education services. The first question asked is whether the child/student requires accommodations/modifications, including standard supports available to all students, necessary to demonstrate progress in the general education curriculum. The second question must inquire as to the need for specialized instruction that cannot be provided through the standard supports available to all students within the LEA or early education program. If a need is evident, then an Individualized Education Program (IEP) team must be convened to review this need and develop a plan to address the supports necessary for the student to progress in the general education curriculum. Should it be decided that a child/student has a disability but does not have an Adverse Effect nor a Need for Special Education Services, this information must be forwarded to their building principal who then must ensure that a Section 504 Team is convened to determine whether the development of a 504 Plan to inform staff of the student's need(s) is warranted.

Part C is used to identify the basic skill areas which were not documented within the Adverse Effect section but were discussed by the EPT in determining the additional basic skill needs and concerns

Form 2 - Need for Special Education Services continued

regarding the student. This information will be passed on to the IEP Team for consideration in their deliberations and development of the IEP for the student.

Part D is used to summarize the Evaluation and Planning Team's decision regarding the need for special education services.

Final Page: This section pertains to the decision of the Evaluation and Planning Team as to the disability determination. It requires a statement that identifies the disability category(ies) that the student/child meets or continues to meet. The primary disability, as determined by the EPT, should be listed on the first line with any additional or secondary categories on the lines that follow. In cases where the Team finds the student/child is not eligible, the reasons for determining the ineligibility **must** be stated on this page. This section explains to parents their right to an independent evaluation should they disagree with the evaluation used to make this determination. It also includes a statement formally seen on **Form 7** (now Form 7a) which describes the prior written notification requirement to parents. In order to fulfill this obligation, this form **must** be completed in full to provide parents with the district's eligibility decision regarding **all** evaluations and disability category determinations.

Form 3 – Notice of a Special Education Evaluation

This Notice is sent following a discussion with parents and after consultation with LEA personnel, or following a planning meeting of the EPT. Where appropriate, a copy of the proposed Evaluation Plan or is enclosed with this Notice. If the last checkbox on this page is used to obtain consent for additional information (but not to evaluate for eligibility under a new or additional disability category), only a letter must be attached to Form 3 and 3a describing the evaluations to be conducted for which the parent or adult student are providing consent. The discussion with a parent should include informing the parent this is to be a “**special education evaluation**” and **must inform the parent of Parental Rights** regarding the evaluation process. The form itself explains to parents the difference between the written consent (**Form 3a**) needed for conducting new evaluations (and re-evaluations that require new testing) and the evaluations and re-evaluations completed solely through record review.

The appropriate boxes must be checked to provide informed notice to the parents of the plan to evaluate and their need to indicate, if necessary, written consent. Where written consent is required, **Form 3a** must be attached with **Form 3**.

Form 3a – Consent for a Special Education Evaluation

This form is sent as an attachment to Form 3 – Notice of a Special Education Evaluation but only when written consent is required to conduct the evaluation. *Upon receipt of this form from the parents or adult student, the district must complete the section Date Received in District.* The **Date Received in District** is critical to the evaluation process as it serves as the starting point for the 60 calendar days during which the district **must** complete the initial evaluation.

Form 4 – Notice of Evaluation Delay

This notice is sent to the parent **prior** to the end of the 60-calendar day timeline for completion of the initial evaluation, when the evaluation will not be completed within that timeframe. The reason, an exceptional circumstance, for the delay must be explained, the schedule of pending evaluations must be listed, and the expected date for completion of the Evaluation Report must be identified. Exceptional circumstances are almost exclusively child or family-centered reasons that the evaluation plan was not completed within 60 days. This form is for use with delays in the completion of initial evaluations only and should not be used to document delays in the completion of triennial evaluations. **An expected date of completion for the evaluation must be identified on this form.**

If an initial evaluation report is being delayed for more than 60 days by some factor other than an exceptional circumstance, it is recommended that a formal meeting of the EPT regarding the current evaluation plan be held. A determination should be made on whatever existing information is available within the 60 day timeline. If, as a result of the lack of information, an initial disability determination, adverse effect or need for special education decision cannot be made without completion of the evaluations, the EPT should use Form 4 to document the reasons for the delay and the timelines for completion, even though the evaluation will be out of compliance with statutory timeline regulations.

Form 5 – Individualized Education Program (IEP) – continued

Annual Goals, Short-Term Objectives, Benchmarks: This section begins with an identification of the educational or functional performance area being addressed. It is expected that a separate page will be utilized for each educational or functional goal covered in the IEP. Where appropriate, the form asks to identify the standardized test results, the current classroom educational and functional levels related to this area, and the grade expectation for this particular educational or functional skill area. This section then identifies the goals (the estimated outcome one expects to see within an academic year) and the short-term objectives or benchmarks (the intermediate and measurable outcomes between the student/child's current performance level and the annual goal). Each goal should reflect a skill area in need of specialized instruction that was identified in the Evaluation Report, in the Present Levels of Educational Performance, or on the Services page of the IEP. Short-term objectives are listed when an annual goal is divided into discrete skill components. Benchmarks describe the amount of progress the student/child is expected to make within a specified period. Within the goals or objectives the IEP Team must identify the evaluation procedures used and personnel responsible to assess student progress on the goals and objectives. Progress review dates are listed here and IEP Teams are reminded that progress reports on the goals and objectives must be provided to parents at least as often as other students within the LEA receive progress reports.

Post-Secondary Transition Plan: These pages are required for students beginning with their first IEP in effect at age 16, or younger if deemed appropriate by the IEP Team. The first section of the Post-Secondary Transition Plan asks for documentation of the expected date of graduation, and current grade level. It next asks for documentation as to the method used for involving the student and, when appropriate, those outside agencies involved in supporting the student's Transition Plan. The first page of the Post-Secondary Transition Plan goes on further to ask for documentation of the Transition/Vocational Assessments used in developing the transition outcomes and goals. This includes the date the assessments were administered and a summary of the results of those age-appropriate assessments.

The subsequent sections, beginning on page one and following on page two of the Post-Secondary Transition Plan, requires the IEP Team to identify postsecondary goals in the areas of Employment and Education/Training and, where deemed appropriate, Independent Living. Post-secondary goals are the expectations for the student after graduation and must be written as such. Each section also includes a section to write annual goals that the LEA will work on with the student to assist them in reaching their post-secondary goal. These goals must include dates of review where progress information will be sent to the parent or adult student. Each section for the three areas concludes with a list of the transition services being provided to the student. (If the IEP Team determines that the student does not have an Independent Living goal that needs to be addressed it must be indicated with an N/A as a means to document that the IEP Team has discussed, and agreed, that it currently does not apply to this student's needs.)

The IEP Team **must** then provide a description of the course(s) of study (i.e. a listing of courses, curriculum, vocational or tutorial programs) needed to assist the student in meeting their transition goals. It is followed by a description of any the linkages to other agencies that will assist the student in postsecondary planning. The final section of the Post-Secondary Transition Plan includes an area to document that a student who will be reaching age 17, and their parents, have been informed in writing about the transfer of parental rights to the student upon reaching age 18. If not informed by written notice, it asks for documentation how the student and parents were informed.

Form 5 – Individualized Education Program (IEP) – continued

Special Education Services, Related Services, Transition Services, Parental Consent to Bill Medicaid:

This page has separate sections to describe the special education services, related services, transition services and extended school year services to be provided to the student, as well as its location, frequency, duration, personnel or provider, and group size. This page concludes with the Parental Consent to Bill Medicaid section. The Case Manager or LEA must review this provision with the parent and place a checkmark immediately following the appropriate statement regarding consent or refusal for the district to bill Medicaid for eligible special education services.

Least Restrictive Environment (LRE) Statement, Description of the Child's Placement, General Characteristics of the Placement, Accommodations/Modifications for Assessments:

This page begins with a section to describe, if applicable, why full participation is not possible in the regular classroom, extracurricular or other non-academic activities. The next section is a statement describing the student/child's educational environment (i.e. therapeutic, behavioral settings, etc.). This page also identifies the Child Count categories regarding the general characteristics of the student's educational environment along the continuum of general education and alternative placements. There are separate sections for ages 6-21 and ages 3-5. The final section on this page documents the accommodations, modifications and supplementary aids and supports needed for the student to participate in national, state, district-wide and LEA assessments or the alternative evaluation technique to be used if a student will not be participating in those assessments.

NOTE: The Documentation of Eligibility for Alternate Assessment for Science should be forwarded to Linda Moreno, Alternate Assessment Coordinator, Vermont Agency of Education, 219 North Main Street, Suite 402, Barre, VT 05641 by October 15th of each school year.

Program Modifications/Supports for the Student and LEA Personnel/Parents and Additional Student/Program Information: This section of the IEP first identifies the accommodations, modifications, and supplementary aids and supports necessary for the student/child to have access to the general education curriculum. This includes the unique supplies or equipment required specifically for this student. A check box is also made available to identify if the student is eligible for supports of Accessible Instructional Materials.

Next, the page identifies the program modifications or supports that will be provided for LEA personnel and parents to implement the IEP.

The final section of the IEP identifies the other options considered by the IEP team that were not included as part of this current IEP. It should include the reasons why the other considerations were not made part of this IEP or may refer to the Present Levels of Performance page to justify the decrease, elimination or decision not to include, particular services, accommodations, modifications, or supplementary aids as part of this IEP.

IEP Form - Definitions and Comments

Continuum of Alternative Placements: Each LEA shall ensure that a continuum of alternative placements is available to meet the needs of children who are receiving IEP services. The continuum includes instruction in regular classes, special classes, special schools, home instruction and instruction in hospitals and residential facilities.

Duration of Services: Special education and related services will be delivered during the school calendar year or on a schedule set forth in the IEP.

Annual Goals: A statement of the measurable annual goals including benchmarks or short-term objectives, related to meeting the student's needs that result from the student's disability which enable the student to be engaged and progress within the general curriculum.

Individualized Education Program (IEP): An IEP is the written document that is developed for a student/child who has been found eligible for special education services.

Individualized Education Program-Accountability: Each public agency must provide special education and related services to a student with a disability in accordance with an IEP. However, State and Federal regulations do not require that any agency, teacher, or other person be held accountable if a student does not achieve the growth projected in the annual goals and objectives.

Least Restrictive Environment: A student eligible for special education services shall be educated with his or her non-disabled chronological age peers, to the maximum extent appropriate, in the LEA he or she would attend if he or she did not have a disability.

Local Education Agency (LEA) Representative: The LEA Representative is a representative of the public agency who is knowledgeable about general curriculum, qualified to provide or supervise the provision of special education services and is knowledgeable about the availability of resources. A public agency may designate a current member of the IEP team to serve also as the LEA Representative, but only if the individual meets the criteria stated above.

General Education Teacher: Not less than one general education teacher must participate in the development of the IEP if the student is, or may be, participating in the general education environment.

Related Services: "Related Services" means transportation and such developmental, corrective and other supportive services as are required to assist a student with a disability to benefit from special education (for example: occupational therapy, physical therapy, speech, student counseling, parent counseling and training, etc.).

Skill Areas: Skill areas include Basic Skill Areas (e.g. reading, oral expression), Fundamental Skills (e.g. cognitive, social), or any other curriculum areas needed by the student (e.g. vocational, recreational, etc.). The student's needs for socialization, language and behavior development must be considered.

Special Education Teacher or Service Provider: Not less than one licensed special education teacher or related service personnel, (e.g. Essential Early Educator, Resource Room Teacher, Consulting Teacher/Learning Specialist, Speech-Language Pathologist, Occupational Therapist, Physical Therapist, etc.) is required to attend an IEP meeting.

IEP Form - Definitions and Comments

Special Education: Special Education means specially designed instruction that cannot be provided within the LEA's standard instructional conditions or provided through the LEA's educational support system, at no cost to the parent, to meet the unique needs of an eligible student with a disability.

Special Education Teacher or Service Provider: Not less than one licensed special education teacher or related service personnel, (e.g. Essential Early Educator, Resource Room Teacher, Consulting Teacher/Learning Specialist, Speech-Language Pathologist, Occupational Therapist, Physical Therapist, etc.) is required to attend an IEP meeting.

Student: The student with the disability is encouraged to participate in the development of the IEP whenever appropriate. Starting at the age of 16, the student is required to be invited when transition service needs or transition services will be discussed.

Post-Secondary Transition Services: These are the services, including courses of study, needed to assist the child in reaching age appropriate measurable postsecondary transition goals in Education/Training, Employment training, and, where appropriate, Independent Living skills. These must be in the IEP of a child who is going to turn age 16 while the IEP is in effect.

As you complete the IEP document, remember to:

- Discuss the applicable section of the Parental Rights in Special Education.
- Document how parent participation was obtained, if parents were not in attendance.
- Consider the communication needs of the student. These needs may be different than the needs of deaf and hard of hearing students.
- Record the date of initiation and duration of services on the cover page.
- Plan an adaptive physical education program for those students who cannot participate in the regular physical education program. (Not applicable for essential early education).
- Consider the related services necessary to assist a student with a disability to benefit from special education and related services. Include consideration of services such as audiology services, counseling, orientation and mobility services, parent counseling and training, physical and occupational therapy, psychological services, recreation, LEA health and nursing services, social work services, and transportation, etc.
- Include strategies, positive behavioral interventions, supports, other than or in addition to a behavior plan to address behavioral issues when the behavior interferes with the student's or other students' learning. Such strategies include conflict resolution, social skills, etc.
- Consider and include language needs of students with limited English proficiency as they relate to the student's IEP.

As you complete the IEP document, remember to:

- Describe how parents will be regularly informed of their student/child's progress toward the goals outlined in this IEP. This must occur at least as often as parents are informed of their non-disabled children's progress.
- Discuss and plan, if appropriate, an extended school year program and document on the service page.

Form 5a – Written Agreement for Not Attending An IEP Meeting

This form is used to document one of two cases in which an IEP team member may not be in attendance at the meeting. The form is signed prior to the IEP meeting by the district representative and the parent. LEAs may wish to develop local procedures as to when attendance may be excused. *The district must inform the parent that his/her agreement to this excusal or non-attendance is voluntary.*

Part A: If an IEP team member's area of curriculum or related service is not being modified or discussed, the member not in attendance is recorded on the form and the agreement or disagreement box is checked. The LEA representative and parent sign the form acknowledging the said agreement.

Part B: If an IEP team member's area of curriculum or related service is being discussed, the same process as in Part A above is followed. In addition, the excused member is required to submit to the parent and IEP team any input **prior** to the development of the IEP.

Form 5b – Agreement to Revise the IEP Between Annual Review Meetings

The Vermont IEP Form 5b, Agreement to Revise the Individualized Education Program (IEP) between Annual Review Meetings, has been revised to drop the requirement that a parent/guardian sign the form regarding a change without holding a formal meeting. The revised Form 5b now requires the Local Education Agency (LEA) to identify the date and to describe the method used to contact the parent about the proposed change. A signature from an authorized LEA staff member confirming that he/she informed the parent of their right to choose not to enter into this agreement and, instead, to have a formal meeting to discuss this proposed change must be provided. Direct contact is personal communication and does not include voice mails, but may include e-mails if a response from the parent is documented..

The new Form 5b removes the multiple check boxes and potential areas of change in lieu of space for the LEA to summarize and justify the change(s) to be made to the IEP in a few sentences. There must be an adequate amount of time, determined by the LEA, between the date the parent was informed of the proposed change and the Effective Date of the IEP revision. This period must allow enough time for the parent/guardian to receive the Form 5b notice prior to the implementation of the new IEP.

LEAs are reminded that, with the use of this Form 5b, parents and other IEP Team members must still receive copies of the newly revised IEP pages. For the purposes of special education funding, the correct initiation and duration dates of any new or revised service must accurately reflect the dates when this revision goes into effect. Under no circumstances will LEAs be allowed to back-date a Form 5b that seeks to acquire special education funding on a service that was initiated prior to the proper notification to parents.

Form 5b – Agreement to revise an IEP continued

As was previous practice, corrections made to IEPs that do not change either the student's educational placement, level of service, goals, objectives, evaluative information, or initiation/duration dates may be completed without the use of Form 5b or a formal meeting.

Form 5c – Revision of the IEP Between Annual Review Meetings

Form 5c is to be used when a revision is made through the use of a formal meeting of the IEP Team between Annual Reviews. Vermont State Form 7a can be used in lieu of State Form 5c but cannot be used in place of Form 5b. The purpose of the form is to provide written documentation to the parent of the changes proposed as a result of an IEP meeting held between annual reviews.

Form 6 - Consent for Initial Provision of Special Education

This form is used to obtain written consent from parents for the initial provision of special education services. It also informs the parents that **special education services will not begin without their written consent**. The third checkbox on this page is for parents of a student who is transitioning from Part C (birth to age 3) to Part B (ages 3-21) services. The fourth checkbox reflects parents who are not providing consent for initial services to begin but may be seeking other services through a services plan because they have decided to either home school their child or place their child unilaterally in an independent school. It concludes with a contact number or address where the parent can ask questions, and **the date the written consent was received in the district**, assuring that services were not provided prior to receipt of the written consent.

Form 7 - Notice of Local Educational Agency Refusal

In order to ensure that LEAs comply with the federal regulations governing parental notice, Form 7 includes all the information required to fully inform parents when an LEA intends to decline a request(s) for a student's (1) identification, (2) evaluation, (3) educational placement or (4) the provision of FAPE as defined by an IEP. (For purposes of the prior written notice requirement, a change in "identification" means a change in the eligibility category. A change in "evaluation" means a refusal to initiate or change an evaluation plan.)

The prior written notice requirement assumes that the following situations will be "refusals to changes in educational placement." (1) where the change would require a change in the IEP; (2) where the change would result in moving a student to a more or less restrictive educational environment; (3) where the student's opportunities to participate in nonacademic and extracurricular activities would be reduced or expanded; and (4) where the new placement option is not the same option on the continuum of alternative placements. Refusals to change methodology or personnel require prior written notice only when they fall within one of the above situations.

The purpose of the prior written notice requirement is to give parents information about LEA refusals in time to consider the decision and to determine how to respond. Form 7 does not apply when an LEA has not decided, in advance of a scheduled meeting, to make specific proposals, or to decline specific parental

Form 7 – LEA Decision to refuse A Request continued

requests. In those cases, Form 7 would be used only after the LEA decision has been made, possibly at the end of the meeting or shortly thereafter. For example, if a meeting is scheduled simply to review progress, and a decision is proposed during the meeting to change the IEP, but does not reach consensus. Form 7 would be used at the end of the meeting or shortly thereafter if the decision of the LEA was to refuse this change and, therefore, would not be documented in amendments to the current IEP. In any case, either through the refusal using Form 7, or the documentation of changes using Form 2, Form 5 and Form 5b, prior written notice must be given before a decision is scheduled for implementation. During this period, the parent has time to consider the significance and impact of the district's decision.

Form 7a – Notice of Local Education Agency Decision

This form is used to document prior written notice to parents regarding local education agency decisions to either change or not to change information about a child in the areas of evaluation, identification, educational placement and the provision of a Free and Appropriate Public Education. The form goes on to further document the reasons for such decisions, the tests or evaluation information on which the decision was made, any other options considered prior to this decision, and any other factors which might have an effect of the decision that was reached. It concludes with a section explaining to parents where additional resources can be found to help explain any concerns they may have regarding the information contained in this form.

A 2009 change to this form was the inclusion at the upper right hand corner to identify the date that this form was completed.

Form 8 – Written Agreement Between Parents and District – Re-evaluations

This form is used when a parent and LEA agree that a re-evaluation is unnecessary. *The parent must be informed that they do not have to enter into this agreement.* The form documents the current due date and the reasons not to conduct the re-evaluation. The form needs to be signed by both LEA staff and parent. The next triennial evaluation is due no later than three years from the date of the parent signature on this form.

Form 9- Completion of An Evaluation of A Transfer Student

This form is used when a student moves from one district to another while in the midst of either an initial or triennial evaluation and, despite efforts to promptly seek information from the previous LEA, the current LEA will not complete the initial evaluation within the 60 day time limit or the triennial prior to the three year anniversary of the previous evaluation. *Note: Districts must explain to the parent that their agreement is voluntary.*

Initial evaluation: Document the date that the evaluation will be completed and ask the parent and the LEA Representative to sign in the first section.

Triennial evaluation: Document the date that the re-evaluation will be completed and ask the parent and LEA Representative to sign in the second section.

Form 10 – Written Affirmation of Consultation for Parentally Placed Private School Students

This form has two pages and is broken into five numbered sections. At the top of the form, the name of the school district and the date of the form are recorded. This form is completed after the LEA responsible for the independent schools within the geographic boundaries of the supervisory union consults with a representative of the private/independent school. The completed sections document the results of the decisions reached.

1. Child Find: Check boxes are provided to document all of the ways that the student(s) shall be identified or referred. As well, there are boxes to document all of the ways that parents, teachers and private school officials are notified of child find process.

2. Determination of Proportionate Amount of Federal Funds: Check boxes are provided to document how private schools were informed of what Federal funds are available to them through the responsible LEA and how the LEA arrived at this dollar amount.

3. Consultation Process: Checkboxes are provided to document how consultation between the LEA and private school was conducted initially and throughout the school year.

4. Determination of Services: This section has a space to record the date of review regarding services and check boxes to document the specific services offered. As well, there are check boxes to document how services will be provided.

5. How services will be apportioned if funds are insufficient to serve all children and how and when those decisions will be made: This section begins with a date by which the LEA will make a decision regarding the apportionment of funds.

There are two choices: Either there are insufficient funds and no services will be provided or funds are sufficient and the district will check the boxes for the services to be provided. If there is agreement between the LEA and the private school, representatives from both will sign and date the form. If the private school representative can not agree with services to be provided by the school district, they should sign and date the bottom of the form.

Notice of Meeting

Local Education Agency: _____ **Date:** ____/____/____

Dear _____:

This letter is to invite you to a meeting for _____ in order to:

- Develop a special education Evaluation Plan (an initial evaluation or re-evaluation)
- Review information and decide special education eligibility or a proposed change to the child/student's identification/disability.
- Develop, revise or annually review an Individualized Education Program (IEP) (this may include a discussion of a proposed change in an educational placement or the provision of a Free Appropriate Public Education and a discussion of postsecondary goals and services)
- Meet for another reason, as described: _____

If you would like to receive copies of documents (i.e. evaluation reports, test results) or any other portion of your child's educational record prior to the meeting, please contact me.

The meeting is scheduled for ____/____/____ from _____ at _____.

If the time or location is not convenient, please contact me by ____/____/____ at _____ or write to me at this address: _____ so we may either reschedule or talk about other ways that you can participate in the meeting.

In addition to you, the following people have been invited by the school (**parents also have the right to invite others, in their opinion, with knowledge or expertise of the child**) to attend this meeting:

Designated Evaluation or IEP Team Members

Position/Affiliation

Student (when appropriate)
Local Education Agency Representative
Special Educator or Service Provider
General Education Teacher
Individual to interpret educational implications
Individual who conducts diagnostic evaluations

Others invited to attend with knowledge of the student and/or for Post-Secondary Transition Planning.

Name

Position/Affiliation

Sincerely,

Signature: _____

Printed Name and Position: _____

Enclosures:

Form 1

Special Education Evaluation Plan and Report – Cover Page

Local Education Agency: _____ Dates: _____
 Student Name: _____ of Request for Eval ____/____/____
 Child Count ID #: _____ of Planning Meeting ____/____/____
 Grade: _____ Date of Birth: ____/____/____ of Received Consent ____/____/____
 of Eligibility Decision ____/____/____

Evaluation and Planning Team (EPT) Members

The Evaluation Plan must be developed through conversation, correspondence or a formal meeting. Once the evaluation is completed, if you agree with the eligibility decision, **please initial in the last column where your name is listed.** If you disagree, please ask to have attached to this report a separate statement indicating your reasons and conclusion.

Name	Role	Involved in Plan	Agreed with Decision
	<input type="checkbox"/> Parent <input type="checkbox"/> Educational Surrogate <input type="checkbox"/> Guardian <input type="checkbox"/> Adult Student		
	Student (when appropriate)		
	Local Education Agency Representative		
	Special Education Teacher or Service Provider		
	General Education Teacher		
	Individual who can interpret instructional implications		
	Individual who can conduct diagnostic examinations (SLD requirement)		

Some individuals on the Team may serve multiple roles.

	Other:		

Disability Determination - Section One

A. The following information will be used to determine whether a student/child has a disability. The EPT is developing this plan to assess the following suspected disability area(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Loss | | |

B. Questions:

Answers:

C.	Assessment Areas/Evaluation Procedure	Professional or Team Role Responsible
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

Does the Evaluation and Planning Team conclude that the student met the disability determination in the area of _____? Yes No

Adverse Effect - Section Two

Adverse effect on educational performance is determined by a review of school performance measures. In addition, where appropriate, the Evaluation Planning Team is required to assess the impact of functional skills and behavior on school performance measures. The following rules apply when determining whether an adverse effect on educational performance exists:

- At least one basic skill must be determined to have an adverse effect on educational performance using a minimum of three of the six individual measures of school performance. A student is not found to have an adverse effect if one basic skill is identified using only three similar measures of school performance (i.e. three reading comprehension scores from three versions of individually administered achievement tests).
- All six measures of school performance must be reviewed until either three measures are determined to meet the adverse effect criteria or at least four of the measures are determined not to have met the adverse effect criteria. (Documentation is required whenever any of the six individual school performance measures may not be applicable due to the student’s age or grade level.)
- No single school performance measure can be required to prove adverse effect. For example, even if the student does not demonstrate an adverse effect from a review of an individually administered achievement test, the student can be determined to have an adverse effect if at least three of the other five school performance measures meet the adverse effect criteria.

Basic Skill Area(s): Basic Reading Skills Reading Comprehension Reading Fluency (SLD only)
 Motor Skills Mathematics Calculation Mathematics Reasoning
 Written Expression Listening Comprehension Oral Expression

The documentation requirement for this section is the one basic skill and a minimum of three school performance measures. However, if the student has additional educational or functional needs they **MUST** be addressed in the needs section of this Evaluation Report. Once a student has been found eligible in one adverse effect basic skill category, their additional special education services may be offered based upon the needs of the student or the appropriateness of other standard supports available within their school. In addition, if a student is found not to have an adverse effect in any one of the basic skills assessed, it would be necessary to document each additional basic skill area to prove ineligibility.

Assessment Areas/Evaluation Procedure	Professional or Team Role Responsible
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Basic Skill Area:			
Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15 th Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
Measure 1 Individually administered nationally-normed achievement test	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Summarize discussion related to any individual factors observed during testing that impacted these results. 		
Measure 2 Normed group-administered achievement tests or normed curriculum-based measures	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Summarize discussion related to any individual factors observed during testing that impacted these results. 		
Measure 3 Grades or other measures of educational proficiency	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how the student's functional skills affect grades or other measures of educational performance. 		

Basic Skill Area:			
Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15th Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
Measure 4 Curriculum-based such as benchmark assessments or progress monitoring	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how the student's functional skills affect progress in the general education curriculum for their grade level. 		
Measure 5 Criterion-referenced assessments	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how the student's functional skills affect progress in the general education curriculum for their grade level. 		
Measure 6 Other measures of school performance (Student work samples, classroom observations or portfolios)	Results: 	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how the student's functional skills affect grades or other measures of educational performance. 		
Does the Evaluation and Planning Team conclude that the student met the adverse effect requirement in three (3) out of six (6) measures for one basic skill area? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Need for Special Education Services - Section Three

A. This section seeks to provide justification that the student/child:

1. requires specially designed instruction that cannot be provided through the educational support system or through the school's standard instructional conditions; or
2. for Early Childhood Special Education, a justification that a delay is at a level that would affect future success in the home, school, or community without intervention prior to enrollment in elementary school.

B. Questions

1. What accommodations and modifications, if any, are necessary for the student to demonstrate progress within the general education (including early childhood) curriculum?
2. In what areas does the student require specially designed instruction that cannot be provided through the educational support system, or through the standard instructional conditions, supplementary aids and services within the school?
3. If the student is experiencing educational difficulty in a basic skill area, but does not qualify for special education under adverse effect or need, what additional information needs to be provided as part of the referral to the Section 504 Team or Educational Support Team?

Answers:

C. Identify additional educational and functional performance needs of the student not documented in the Adverse Effect section that were assessed and may need to be addressed either by the IEP Team, the Section 504 Team or the school's multi-tiered system of support or other standard supports available to students through the school.

Additional area(s) requiring consideration:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency (SLD only) | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Mathematics calculation | <input type="checkbox"/> Mathematics reasoning | <input type="checkbox"/> Written expression | <input type="checkbox"/> Functional Performance |
| <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Social/Emotional/Behavioral | |

For Early Childhood Special Education:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Development | <input type="checkbox"/> Cognitive Skills |
| <input type="checkbox"/> Speech and language Development | <input type="checkbox"/> Social or Emotional Development |
| <input type="checkbox"/> Physical Development (fine or gross motor skills) | <input type="checkbox"/> Medical condition(s) (please describe) |

Summarize areas of consideration:

D. Does the team conclude that the student has a need for special education services? Yes No

Decision of the Evaluation and Planning Team Regarding Eligibility- Final Page

Based upon the results of this Evaluation Plan and Report, the Evaluation and Planning Team has determined that:

(Student/Child's Name)

meets or continues to meet the special education eligibility requirements under the disability category(ies):

OR

did not meet or did not continue to meet the special education eligibility requirements. The reason(s) for determining this ineligibility is/are:

Reminder: If a child/student has a documented disability but does not demonstrate either an adverse effect or a need for special education services, they must be referred to their building principal who then ensures that a 504 Team reviews the student/child's eligibility and supports.

Procedural Safeguards To Protect Parent Rights

If you do not agree with the evaluations used to make this decision, you may request an independent educational evaluation. The criteria for selecting an evaluator for an independent evaluation, including the location and qualification of the evaluator, must meet the same standard as used by the school district. If you cannot find an evaluator, ask the school district to provide you with information about where you can get such an evaluation. The independent evaluation must be done at public expense, unless the school district asks for a due process hearing to prove their evaluation was appropriate. If the hearing officer agrees with the school district, the independent evaluation would be completed at your own expense.

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, **please contact:**

School Staff: _____

by phone at: _____

or write to me at: _____

Enclosures:

Notice of A Special Education Evaluation

School District: _____ **Date:** ____/____/____

Dear _____:

On ____/____/____ we had a meeting or a discussion about a special education evaluation plan. The school district plans to evaluate:

Student/Child's Name

- to determine if he or she is eligible, or continues to be eligible, for special education services.
- to obtain additional information on a student/child already receiving special education services
- Other : _____

Enclosed you will find an Evaluation Plan (Form 2) and appropriate Parental Rights sections. Included in the Plan are the questions to be answered in order for us to determine eligibility for special education services and/or an appropriate education program. The enclosed Plan indicates:

- we have agreed to determine eligibility, or continued eligibility, for special education services by conducting new testing or by using other evaluation methods (such as a classroom observation). We must, therefore, have your written consent to begin this evaluation. **Please complete and return the enclosed "Consent for A Special Education Evaluation" (Form 3a).** If this is an initial evaluation, we have 60 calendar days from the date we receive this written consent form to complete the evaluation.
- we have agreed to determine eligibility, or continued eligibility, for special education services by reviewing existing educational records. If this is a re-determination of eligibility, you have the right to request new testing be done. We are required to give you this Notice before we begin the review of the records. If this is an initial evaluation we have 60 days from the date we have sent you this notice to complete the record review.

OR

- We have agreed there is a need to obtain additional information through new testing or other evaluation methods. In order to complete this testing we are asking for your written consent. (Attach documentation identifying the evaluations to be completed.) **Please complete and return the enclosed "Consent for A Special Education Evaluation" (Form 3a).**

If you have any questions or would like to discuss this further, please contact me:

by phone at : _____

or write to me at: _____

Sincerely,

Signature: _____

Printed Name and Position: _____

Enclosures: Parental Rights in Special Education
Special Education Evaluation Plan (Form 2)

Form 3

Consent for A Special Education Evaluation

School District: _____ **Date:** ____/____/____

This is to request your consent to a special education evaluation of:

I **give** my consent for the special education evaluation.

The evaluation process and my parental rights have been explained to me. I understand that giving my consent is voluntary and may be revoked at any time. If I do choose to withdraw my consent, I understand this withdrawal will not apply to any testing that may have already been completed.

Signature of the Parent/Guardian/Surrogate/Adult Student Date

Printed Name: _____

I **do not give** my consent for a special education evaluation.

I understand that not granting my consent is voluntary and that I may change my decision at any time. If I do not grant this consent to determine whether there is an eligibility for an individual education program, I understand that should my child (or myself) be involved in a major disciplinary situation my child (or myself) would not receive the protections available only to those students with a disability or suspected of having a disability and are in the process of being evaluated.

Signature of the Parent/Guardian/Surrogate/Adult Student Date

Printed Name: _____

If this is an evaluation to determine if a student continues to be eligible for special education services, my failure to respond to this request for consent will result in the school district proceeding with the special education evaluation as described in the Evaluation Plan.

If you have any questions or would like to discuss this further, please contact me:

by phone at : _____

or write to me at: _____

Sincerely,
Signature: _____

Printed Name and Position: _____

Date Received in District: ____/____/____

Notice of An Evaluation Delay

School District: _____ **Date:** ____/____/____

Dear _____:

We are in the process of completing an initial comprehensive special education evaluation for:

Although we expected to complete this evaluation by ____/____/____, we find that we are unable to meet this deadline. This delay is due to the following exceptional circumstance(s):

The following is a schedule of the evaluation activities yet to be completed:

We expect that the Evaluation Report will be completed by ____/____/____.

If you have any questions or would like to discuss this further, please contact me:

by phone at : _____

or write to me at: _____

Sincerely,

Signature: _____

Printed Name and Position: _____

Individualized Education Program (IEP)

School District: _____ Annual Meeting Date: ___/___/___

IEP Case Manager: _____ Effective date of Revision : ___/___/___

Next 3-year Re-evaluation Date: ___/___/___ Next Annual Review Date: ___/___/___

Student/Child's Name: _____ Date of Birth: ___/___/___

Disability Category: _____ Child Count ID #: _____

School or Program: _____ Grade Assigned: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____

Initiation and Duration of the IEP: _____ to _____

_____ to _____

Initiation and Duration of Extended Year: _____ to _____

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	Parent(s)/Guardian/Surrogate/Adult Student (circle one) <input type="checkbox"/>
Name:	Student (when appropriate) <input type="checkbox"/>
Name:	Local Education Agency (LEA) Representative <input type="checkbox"/>
Name:	Special Education Teacher or Service Provider <input type="checkbox"/>
Name:	General Education Teacher <input type="checkbox"/>
Name:	Individual who can interpret the instructional implications of evaluation results <input type="checkbox"/>
Name:	Individual who can conduct diagnostic Examinations (SLD requirement) <input type="checkbox"/>

Others with knowledge of the child*	Position/Agency
Name:	<input type="checkbox"/>

***Including individuals for Part C Early Intervention or Post-Secondary Transition Planning**

**Individualized Education Program
Present Levels of Educational and Functional Performance**

Student Name: _____ **IEP Meeting Date:** ____/____/____

This section should provide a concise overview of student's current skills and serve as the basis of the student's program for the upcoming year. Describe the student's **present levels of educational performance including the student's functional performance, abilities, acquired skills and strengths relative to standards and/or grade level expectations**. Briefly highlight how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, participation in age appropriate activities. As appropriate, address the following areas.

DISABILITY/IMPACT ON STUDENT LEARNING: *(Identify the disability and areas of impact, e.g academic, social-emotional, behavioral)*

MEDICAL: *(Health, vision, hearing, or other medical issues)*

STUDENT STRENGTHS: *(Academic, social-emotional, personal interests, perceptual-motor, communication, environment)*

STUDENT NEEDS: *(Academic, social-emotional, perceptual-motor, communication, environment)*

OTHER CONSIDERATIONS: *(Areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student or family input, mobility, transportation, disability awareness, self-advocacy needs)*

IEP for _____

IEP Meeting Date: ____/____/____

Present Level of Educational/Functional Performance for the Area of: _____

Standardized Test Results:

Current Classroom Level of Educational Performance:

Current Classroom Level of Functional Performance:

Grade Expectation for Educational/Functional Performance:

**Measurable Annual Goals, Short-term Objectives,
Benchmarks, Evaluation Procedures and Personnel Responsible**

Progress Review Dates

	Progress Review Dates							

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

IEP for _____

IEP Meeting Date: ____/____/____

**Measurable Annual Goals, Short-term Objectives,
Benchmarks, Evaluation Procedures and Personnel Responsible**

Progress Review Dates

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

Individualized Education Program Post Secondary Transition Plan, Page One

Student Name: _____ **IEP Meeting Date:** ____/____/____

Current Grade Level: _____ **Expected Date of Graduation:** ____/____/____

Evidence of involving student & related agencies: *Example- student was invited by case manager on 2/2; Voc rehab counselor was invited via phone on 2/2.*

Age Appropriate Transition Assessments performed *(State the assessment and date, then identify the student's preferences, interests, strengths and needs then link that information to post secondary goals.) See NSTTAC case studies for specific examples.*

Definitions-

Measurable Post Secondary Goals- *A post secondary goal is a statement of the desired outcome for the student after leaving high school.*

Measurable Annual Transition Goals- *Goals that address the skills that the student will be focusing on during the life of the annual IEP in order for the student to reach his/her post secondary goals.*

Education and Training (Required)

Post Secondary Goal(s) for Education and Training (Required):

Example- After graduation from high school, student will enroll at XYZ College (a technical school) and take a business math class to improve his work related math skills and to advance his career in business.

Annual Transition Goal(s) for Education and Training (Required):

Example- Given direct instruction in the high school Business Math course and guided practice, student will (a) use an adding machine, and (b) create spreadsheets using money management software with 85% accuracy throughout the Spring semester of this IEP.

Progress Review Dates

<i>10-31</i>	<i>11-5</i>	<i>3-30</i>	<i>6-22</i>

Progress Review Dates

List Transition Services related to Education and Training: *Examples- job shadow experiences, visit college campus, meet with student support office at college*

Individualized Education Program Post Secondary Transition Plan, Page Two

Employment (Required)

Post Secondary Goal(s) for Employment (Required):

Example- After finishing high school student will increase his work hours from 10 hours per week to 20 hours per week in the business department of a local office supply store with temporary supports provided through Vocational Rehabilitation.

Annual Transition Goal(s) for Employment (Required):

Example- Given whole task instruction using a task analysis and a weekly work schedule, Alex will follow the steps necessary to complete a time sheet of the hours worked at his community-based vocational training site with 90% accuracy for the duration of his IEP.

Progress Review Dates

10-31	11-5	3-30	6-22

Progress Review Dates

List Transition Services related to Employment: *Examples-social skills training, on the job safety instruction, community based instructional experiences, work based instruction*

Independent Living (as appropriate)

Post Secondary Goal(s) for Independent Living: *Example- After graduating high school, student will travel to and from work using the public transportation system with time-limited supports of a job coach or transition service provider.*

Annual Transition Goal(s) for Independent Living:

Example- Given direct instruction and guided practice, student will identify which public bus route she will need to ride in order to get from her house to the grocery store, target, and community college 4 out of 4 opportunities by April of 2009.

Progress Review Dates

10-31	11-5	3-30	6-22

List Transition Services related to Independent Living: *Examples-social skills training, travel training, community based instructional experiences*

Course(s) of Study: *A description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year. Requirement: List the course(s) of study needed to assist the student in reaching his/her post secondary goals or attach a list of courses. Course of study may also be listed in a narrative format.*

Describe the Coordinated Interagency Linkages and Responsibilities (services provided or paid for from another agency and a timeline for completion):

**If the student will be reaching age 17 during the duration of this IEP, he/she and their parents must have been notified, in writing, that parental rights will transfer to the student upon reaching the age of 18. Yes
If not completed in writing, please specify how they were notified:**

**Individualized Education Program
Multi-Year Plan (Alternative Credit Accrual Plan)**

Student Name: _____ IEP Meeting Date: ____/____/____

Document the alternative credit courses/programming necessary for the student to complete their graduation requirements.

School Year	Grade Level	Graduation Requirements the student can not master	Details as to why the student can not master the requirements	Alternative Course Or Activity/Credits Given
2010-2011	10	Algebra I	<i>Student's cognitive level prevents him from accessing the curriculum in a timely manner.</i>	<i>Life Skills Math/ 0.5 credits</i>

When credits are being offered through a Multi-year Plan, this page must be signed by the superintendent or his designee.

Superintendent or Designee Signature

____/____/____
Date

Individualized Education Program Special Education Services, Related Services, Consent to Bill Medicaid

Student Name: _____ IEP Meeting Date: ____/____/____

Special Education Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Reading Comprehension</i>	4-28 2010	4-27 2011	5x wk	30 min	Resource Room	Special Educator	Sm Group
<i>(For EEE, one or more of the five domains)</i>							
<i>Cognitive Development</i>	4-28 2010	4-27 2011	3x wk	20 min	Early Childhood Program	Essential Early Educator	1:1

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Speech Therapy</i>	4-28 2010	6-18 2010	2x	30 min	Therapist's Room	SLP	1:1

Transition Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Job Coach</i>	8-27 2010	4-27 2011	5x	120 min	Community Employment	Paraeducator	1:1

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
<i>Reading Comprehension</i>	7-6 2010	8-5 2010	3x	30 min	Resource Room	SLP	1:1

Parental Consent to Bill Medicaid: For parents and legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in this Individualized Education Program and to release any necessary special education records to a physician/nurse practitioner in order for them to reach a determination that the services are medically necessary. Release of information is also granted to Agency of Education and Human Services personnel charged with processing Medicaid billing for those IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until consent is revoked or until the student reaches the age of 18 (at which time consent must be obtained from the student) or when the student graduates. Refusal to consent does not affect the school district's responsibility to provide these services to the student at no cost to the family. I understand that I may revoke consent at any time and when I revoke consent it will apply to billing for any services from that date forward.

Individualized Education Program
Educational Environment/Placement, Accommodations/Modifications for Assessments

Student Name: _____ **IEP Meeting Date:** ____/____/____

If the student cannot participate full-time with non-disabled children in the general education class, extracurricular or other non-academic activities explain why full participation is not possible:

Description of the student/child's educational environment/placement:

The general characteristics of the student/child's educational environment/placement (check one, ages 6-21):

- | | |
|---|--|
| <input type="checkbox"/> Inside regular class at least 80% of the time | <input type="checkbox"/> Inside regular class 40% to 79% of the time |
| <input type="checkbox"/> Inside regular class less than 40% of the time | <input type="checkbox"/> Separate day school – public or private |
| <input type="checkbox"/> Residential facility | <input type="checkbox"/> Homebound/Hospital |

The general characteristics of the child's educational environment/placement (ages 3-5):

- Child is attending a regular early childhood program 10 or more hours per week.
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
 - a separate special class
 - a separate school
 - a residential facility
 - their home
 - the service provider's location or another location

Accommodations, Modifications and Supplementary Aids

State-level assessment (please check appropriate box or boxes):

- The team has determined that the student will be taking the on-level State assessment with no accommodations, modifications or supplementary aids.
- The team has determined that the student will be taking the on-level State assessment with the approved accommodations, modifications or supplementary aids identified below.
- The student's educational team has completed the required eligibility form(s) and has determined that the student will participate in the alternate assessment based on alternate achievement standards (AA-AAS). Check all that apply.
 - Dynamic Learning Maps English Language Arts (grades 3-8, 11)
 - Dynamic Learning Maps Mathematics (grades 3-8, 11)
 - Vermont Alternate Assessment Portfolio (VTAAP) for Science (grades 4, 8, 11)

Identify the accommodations, modifications and supplementary aids and services needed to participate in national, state, district-wide, and school assessments:

**Program Modifications/Supports for the Student, School Personnel and Parents
as well as Other Options Considered by the IEP Team**

Student Name: _____ **IEP Meeting Date:** ____/____/____

Identify other accommodations, modifications, or supplementary aids (such as extended time, assistive technology, peer tutors) and services needed for the student:

The IEP Team has determined that the student is eligible for the supports of Accessible Instructional Materials which have met the National Instructional Materials Accessibility Standards for print disabilities.

Identify the program modifications or supports that will be provided for school personnel and parents to implement the IEP:

Other Options Considered (include reasons why they were not included):

Individualized Education Program (IEP)

School District: _____ **Annual Meeting Date:** ___/___/___
IEP Case Manager: _____ **Next Annual Review Date:** ___/___/___
Next 3-year Re-evaluation Date: ___/___/___ **Effective date of Revision :** ___/___/___

Child's Name: _____ Date of Birth: ___/___/___
 Disability Category: _____ Child Count ID #: _____
 School or Program: _____ Grade Assigned: _____
 Parent/Guardian: _____ Telephone #: _____
 Address: _____

<p align="center">Initiation and Duration of the IEP:</p> <p>___/___/___ to ___/___/___ ___/___/___ to ___/___/___</p>	<p align="center">Initiation and Duration of Extended Year Services:</p> <p>___/___/___ to ___/___/___</p>
--	---

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	Parent(s)/Guardian/Educational Surrogate (circle one) <input type="checkbox"/>
Name:	Child (when appropriate) <input type="checkbox"/>
Name:	Local Education Agency (LEA) Representative <input type="checkbox"/>
Name:	Special Education Teacher or Service Provider <input type="checkbox"/>
Name:	Early Childhood Education Teacher <input type="checkbox"/>
Name:	Individual who can interpret the instructional implications of evaluation results <input type="checkbox"/>
Name:	Other: <input type="checkbox"/>

Others with knowledge of the child*	Position/Agency/Community-based Childcare Setting
Name:	
Name:	
Name:	

**With parental consent, include individuals from CIS/Early Intervention if child is transitioning from EI services to EEE at age 3*

Transition from Part C to Part B Data Collection

Only complete this section for children who have received Part C CIS/EI services and are eligible for Part B EEE services at age 3

Action	Date written notification from Part C (CIS/EI) was received in district	Transition Meeting Held >90 days prior to 3 rd B-day	Late Referral Notification <90 days prior to 3 rd B-day	Date IEP was developed	Parental consent was received (Form 6)
Date Completed					



**Individualized Education Program
Present Levels of Educational and Functional Performance**

Child's Name: _____ **IEP Meeting Date:** ____/____/____

This section should provide a concise overview of the child's current skills and serve as the basis of the child's program planning and service delivery for the upcoming year. Describe the child's present levels of development across each global outcome area including functional performance, abilities, acquired skills and strengths relative to the Vermont Early Learning Standards and/or developmentally appropriate expectations. As appropriate, address the following areas:

Briefly describe the child, his/her interests, and how the child's developmental delay or medical condition affects his/her access to and participation in age appropriate activities.

MEDICAL History: *(physical, hearing, vision, CDC report, etc.) Briefly describe how the child's disability or medical condition affects his/her access to and participation in age appropriate activities.*

Child STRENGTHS: *Consider child's strengths across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child CONCERNS: *Consider child's concerns across the three early childhood outcome (ECO) areas:*

- A. Social emotional skills and relationship:**
*If behavior is a concern, has a functional behavior assessment been considered and/or conducted?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

Child NEEDS: *(consider and prioritize the necessary supports in order for the child to access and participate in age appropriate activities within a regular early childhood setting with his/her same-age peers and/or within their home environment.)*

- A. Social emotional skills and relationship:**
*If behavior is a concern, is an FBA intervention plan needed?**
- B. Acquisition and use of knowledge and skills:**
- C. Taking action to meet needs:**

OTHER CONSIDERATIONS: *(safety/health; school district partnerships with community-based early childhood programs (Act 62); functional behavior assessment (FBA)*; private early childhood programs; home-visiting; community-based child and family resources (Children's Integrated Services, transportation; disability awareness; advocacy needs, etc)*

Early Childhood Outcomes *Considering the child strengths, concerns and needs complete an ECO culminating statement for each of the three Early Childhood Outcome areas. ECO reporting is required upon entry and exit of EEE services.*

ECO A. Social-emotional skills and relationships: **ECO B. Acquisition & use of knowledge and skills:** **ECO C. Take action to meet needs:**

*Foundations for Early Learning (FEL) Functional Behavior Assessment Forms can be located on-line at www.vt.gov



IEP for _____

IEP Meeting Date: ____/____/____

Global Outcome Area:

Please check one or more of the domain areas that you are addressing within this outcome area:

- social/emotional adaptive communication fine/gross motor cognitive skills

Current developmental skill level:

Current functional ability: *(Consider how the child uses discrete skills (as stated above) ‘in order to’ or ‘so that’ it is meaningful, intentional and functional within the context of everyday activities, routines and transitions. Focus on the child’s engagement, approaches to learning and independence in developmentally appropriate activities across a variety of settings.)*

Vermont Early Learning Standards:

1. Goal:

Progress Review

Progress is reported as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.

Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

a)

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child’s skills in this area are not evidenced.
				Child’s skills are emerging but inconsistently demonstrated.
				Child’s skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

--

IEP for _____

IEP Meeting Date: ____/____/____

Global outcome cont'd:

Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible

Progress Review cont'd

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

b)

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child's skills in this area are not evidenced.
				Child's skills are emerging but inconsistently demonstrated.
				Child's skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

c)

For review of this outcome/goal and progress monitoring data, we, the team, have evidence that demonstrates the:

Review 1 Date:	Review 2 Date:	Review 3 Date:	Review 4 Date:	
				Child's skills in this area are not evidenced.
				Child's skills are emerging but inconsistently demonstrated.
				Child's skills are progressing and being maintained across <i>some</i> settings/adults/peers/materials
				The child has mastered this outcome/goal across multiple settings/adults/peers/materials

Comments:

**Individualized Education Program
Special Education Services, Related Services, Consent to Bill Medicaid**

Child's Name: _____ **IEP Meeting Date:** ____/____/____

The IEP team determines the special education, related services, and supplementary aids and services based on peer reviewed research, to the extent practical, that are needed for the child to receive FAPE.

Special Education Services <small>(Specify ECO area & specific developmental domain(s) being addressed) Service: (List service e.g., Case Management, specialized instruction, speech/language therapy, 1:1 support, etc.)</small>	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service: Case Management							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							
ECO <input type="checkbox"/> Developmental Domain <input type="checkbox"/> Service:							

Parental Consent to Bill Medicaid

For parents/legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in the Individual Education Plan (IEP) and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach determination that the services are medically necessary and to individuals within the Agency of Education and the Agency of Human Services charged with processing Medicaid bills for IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until I revoke my consent or until the student reaches the age of 18 (after which the student must consent) or the student graduates. Refusal to consent AOE's not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

**Individualized Education Program
Early Childhood Educational Environment/Placement**

Child's Name: _____ **IEP Meeting Date:** ____/____/____

Describe the child's early childhood educational environment/placement:

An explanation of the extent, if any, to which the preschooler will not participate with same age peers in a regular early childhood setting:

- The general characteristics of the child's early childhood education environment/placement (ages 3-5):**
- Child is attending a regular early childhood program **10 or more** hours per week.
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
 - Child is attending a regular early childhood program **less than 10** hours per week
 - and receives at least 50% of their special education services in the regular early childhood program
 - and receives at least 50% of their special education services in some other location
 - Child is not attending a regular early childhood program and receives special education services in:
 - a separate special class
 - a separate school
 - a residential facility
 - their home
 - the service provider's location or another location

Accommodations, Modifications, Assistive Technology and/or Supplementary Aids

Identify environmental accommodations, curriculum modifications, supplementary aids, assistive technology etc. that will support the child's access to and participation in a regular early childhood setting and/or in age appropriate activities.

Program Modifications/Supports for the Child, Preschool Personnel and Parents as well as Other Options Considered by the IEP Team

Identify the program modifications, supports and training that will be provided for preschool personnel and family to implement the IEP:

Early Childhood Outcomes and PreK (Act 62) Assessment Data Collection and Reporting

Child's Name: _____ IEP Meeting Date: ____/____/____

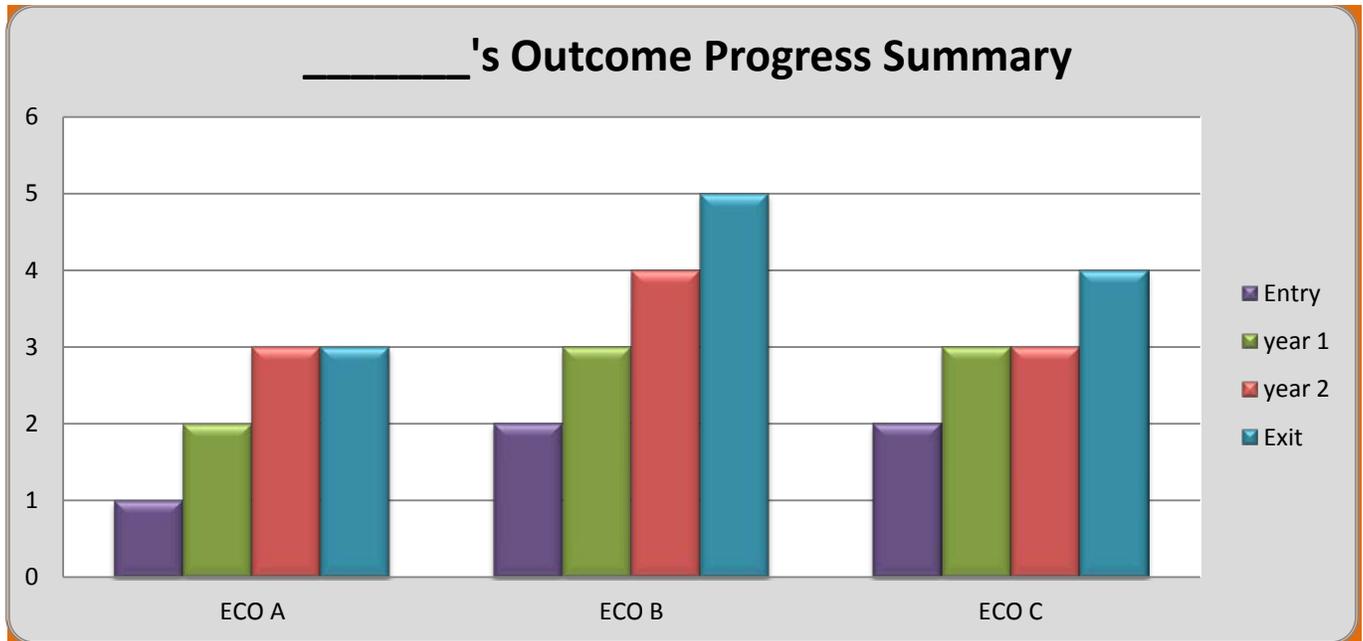
PreK (Act 62) Assessment and Early Childhood Outcomes Reporting (please check appropriate box or boxes)

For VT AOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using the GOLD (required statewide PreK assessment measurement)

For VT AOE reporting purposes, the IEP team has determined that the child's annual progress will be assessed using an alternative assessment measure e.g., Battelle Developmental Inventory (BDI); Trans-disciplinary Play-based Assessment (TPBA); Assessment, Evaluation and Programming System (AEPS), etc.

Early Childhood Outcomes Entry, Exit and Progress Data Collection

	Outcome Area	Entry *	Annual Review	Annual Review	Exit *	Progress at exit?
*EEE Entry Date: <input type="text"/> *EEE Exit Date: <input type="text"/>	a. Positive Social Emotional Skills					▼
	b. Acquisition and use of new knowledge/skills					▼
	c. Taking action to meet needs					▼



Written Agreement for Not Attending An IEP Meeting

School District: _____ **Case Manager:** _____

Student Name: _____ **Date of Birth:** ____/____/____

The authorized District staff has explained to the parent that there is no requirement to enter into this agreement.

_____/_____/_____
Authorized District Staff – Printed Name Date

A. WHEN A DESIGNATED TEAM MEMBER WILL BE ABSENT FROM THE IEP MEETING

Member(s) not in attendance:

I **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on ____/____/____, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting.

I **do not agree** for an Individualized Education Program (IEP) member to not attend the meeting scheduled on ____/____/____, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting. This meeting will be rescheduled for ____/____/____.

Signature of the Parent/Guardian/Surrogate/Adult Student Date

Signature of the Authorized District Staff Date

B. WHEN A DESIGNATED TEAM MEMBER WILL BE EXCUSED FROM THE IEP MEETING

Member(s) excused from the meeting:

I **agree** for the following Individualized Education Program (IEP) team member to be excused from the meeting scheduled on ____/____/____, in whole or in part, despite the member's area of curriculum or related service being modified or discussed at this meeting. I understand this agreement requires the excused member submit in writing to the Team their input into the development of the IEP prior to the meeting.

I **do not agree** for an Individualized Education Program (IEP) team member to be excused from the meeting scheduled on ____/____/____, in whole or in part, because the member's area of curriculum or related service is being modified or discussed at this meeting. This meeting will be rescheduled for ____/____/____.

Signature of the Parent/Guardian/Surrogate/Adult Student Date

Signature of the Authorized District Staff Date

Revision of the IEP Between Annual Review Meetings

Local Education Agency _____ Case Manager _____

Student Name _____ Date of Birth ____/____/____ Child Count ID # _____

DOCUMENTATION OF THE IEP MEETING DECISION:

An annual IEP meeting was held on ____/____/____. The Local Education Agency (LEA) and the Parent would like to revise the IEP and have agreed at a formal IEP meeting held on ____/____/____ to make the following changes.

Summary and justification for the revisions:

The Effective Date of the IEP revision(s) will be: ____/____/____.

If you have additional questions regarding this IEP revision, or would like to discuss this further, please contact me by phone at: _____ or write to me at:

Printed Name and Position: _____

Mailing Address: _____

Enclosures: Revised IEP pages (*provided to Parents and IEP Team Members*)

Form 5c

Consent for Initial Provision of Special Education Services

School District: _____ Date: ____/____/____

Dear _____:

In order for the initial special education and related services to begin, please review, check one of the statements below, sign, and return this form to the school. (Use this Form for children and students ages 3-21 and use Form 6b for only those children transitioning from Part C, ages 0-3 years of age, to Part B services.)

- I **give** my consent for all initial services in the IEP to begin. Should you change your mind ***prior*** to the start of these initial IEP services, you must notify your school contact (shown below) so that services will not commence. If you wish to revoke your consent ***after*** the initial IEP services have begun, revocation of consent shall be in writing, on Form 6a provided by the LEA or in any other written form, and should indicate the date of revocation.

- I **do not** give my consent for any of the initial IEP services to begin. I understand should my child be involved in a major disciplinary situation my child would not receive the special education protections available only to students with a disability or suspected of having a disability. (Please be aware that if you refuse all IEP services, the school may attempt to resolve the matter through an informal meeting with you, or by requesting mediation, a re-evaluation, or a review of existing data to determine if your child is not eligible for IEP services.)

- I **do not** give my consent to the initial IEP services to begin. However, due to the current home schooling status, or our decision to place our child in an independent school, we may be seeking some initial special education services through a service plan with the school district or supervisory union. We understand the district or supervisory union is not required to provide such special education services and that any or all services may be limited to the amount of federal monies currently available to serve this population of students.

Date: ____/____/____

Signature of Parent/Guardian/Surrogate/Adult Student

Printed Name: _____

If you have any questions regarding this consent form, please contact me:

by calling _____

or write me at the following address: _____

Sincerely,

Signature: _____

Printed Name/Position: _____

Date Received in District: ____/____/____

Enclosures: Individualized Education Program

Form 6

Revocation of Consent for Provision of Special Education Services

Student Name _____ Birth Date ____/____/____ Student ID # _____

School District _____ Case Manager _____

- I hereby **revoke** my consent for the provision of special education and related services.
- I understand that once I revoke consent for my child to receive special education and related services, my child is considered a general education student and my parental rights in special education will end.
- I understand that should my child be involved in a major disciplinary situation my child would not receive the special education protections available only to students with a disability or suspected of having a disability.
- I understand that after I revoke consent for my child, the school district is not required to amend my child's records to remove any references to my child's receipt of special education and related services.
- I understand that after revoking consent for my child, I maintain the right to subsequently request an initial evaluation to determine if my child is a child with a disability who needs special education and related services.

Signature of Parent/Guardian

Date: ____/____/____

Printed Name: _____

This is to provide you with written notice that the school district has received your revocation of consent for special education and related services for your child. In response, the school district will take the following action(s):

- your child will no longer be identified as having a disability under the Individuals with Disabilities Education Act (IDEA)
- your child's educational placement will be changed to _____
- The district will have no authority to provide, and will not provide, special education and related services to your child

Effective Date of Action(s) : ____/____/____

The following is an explanation of the action(s) listed above (include any evaluation procedures, tests, reports, other factors and other options considered and not implemented that are relevant to the actions):

Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the actions or decisions the school district intends to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully. If you have any questions regarding your rights, please contact the school representative listed below or any of the available resources listed in section 8 of the Parents Rights document.

Sincerely,

Signature: _____

Date: ____/____/____

Printed Name/Position: _____ Phone: (____) _____

Enclosures: Procedural Safeguards

Form 6a

IDEA Part C to B Transition
Determination of a Child's Eligibility for
Early Childhood Special Education Services at age 3

School District: _____ **Date:** ____/____/____

Dear _____,

Your child's Children's Integrated Service/Early Intervention (CIS/EI) Part C program has notified the local school district/local education agency (LEA) that your child may be *potentially* eligible for Part B Early Childhood Special Education services when your child turns 3 years old. The school district team will use the following eligibility *criteria* as well as *evidence* presented by the CIS/EI team during the 90 day transition meeting, to determine your child's eligibility to receive Early Childhood Special Education and related services.

Criteria→ Eligibility criteria used for determining child's eligibility for
 Part B/Early Childhood Special Education Services at age 3:

1. Your child demonstrates a 25% delay in one or more developmental domains as measured by ongoing assessment and use of a state approved assessment tool, **or**
2. Your child has a medical condition diagnosed by a licensed physician that may result in significant delays by his/her sixth birthday, **and**
3. Prior to your child's 3rd birthday, your child received consistent specialized instruction, developmental therapy services or speech and language services as specified on the One Plan/Individual Family Service Plan (IFSP).

The following sections are to be completed by the LEA

Evidence→ The LEA will review, consider and determine your child's eligibility to receive
 Part B/Early Childhood Special Education services based on the following
 evidence:

1. **Please check the state approved all domain assessment tool that was used to determine 25% delay:**
 - Assessment, Evaluation, and Programming System (AEPS)
 - Infant-Toddler Developmental Assessment (IDA)
 - Hawaii Early Learning Profile (HELP)
 - Trans-Disciplinary Play-based Assessment (TPBA)
 - Tool(s) used, in addition to the state approved tools listed above, may provide evidence in support of a 25% delay in specific domain areas (e.g., speech/articulation, gross motor, etc.)
 Please state name of tool(s) or other measurement: _____
 - N/A (Proceed to #2 -child has diagnosed medical condition)

OR

2. The child has a diagnosed medical condition that may result in significant delays by the child's sixth birthday as evidenced by:

- Written medical diagnosis from child's pediatrician or family medical doctor, **or**
- Medical report stating diagnosis from Child Development Clinic, **or**
- Other, please specify _____
- N/A (Complete #1 to review evidence of 25% delay)

AND

3. Evidence that child received consistent CIS/EI services prior to their 3rd birthday:

It is important to consider that what constitutes consistency in service delivery may be affected by family priorities and/or availability. The family has an active role in Early Intervention and may be identified as the 'who'* (as specified on the One Plan Child Outcome page) to implement strategies and activities across routines of the day. The EI provider is responsible for providing families with information, skills and support related to enhancing the skill development of the child. [Vermont Special Education Rule §2360.5.1(23)(iii)]

LEA will consider the following One Plan/IFSP evidence:

- One Plan/IFSP Service Grid:
 - Early intervention services listed
 - Frequency (number of days/sessions service is provided)
 - Length of time during each session
- One Plan/IFSP Child Outcome page(s):
 - Outcome(s) identified
 - Listed strategies and activities designed to promote a child's acquisition of skills per outcome
 - Evidence of who* is implementing strategies/activities
 - Evidence of when and where strategies/activities occur
- One Plan/IFSP Outcome Review (typically reported at six month intervals)
 - The most recent child progress update(s)

Additional Notes: _____

LEA Part B Eligibility Determination

Based on criteria for potential eligibility listed above and all evidence presented at the 90 Day Transition Meeting, the Local Education Agency representative has determined that:

(Child's Name)

- meets the Part B/Early Childhood Special Education eligibility requirements
2361.2 (a)(1)(i)(ii)(iii) under the disability category of Developmental Delay

OR

- does not meet the Part B/Early Childhood Special Education eligibility requirements.
The reason(s) for determining ineligibility is/are:

Parental Consent

If your child was determined eligible to receive Part B/Early Childhood Special Education Services, the school district requires your written consent for your child's placement in Part B and for the initial early childhood special education and related services to begin when your child turns 3. Please review, check appropriate statements below, sign, and return this form to the school.

Parent Consent for placement in IDEA Part B/Early Childhood Special Education Services:

- My child is transitioning from Part C (birth to age 3) to Part B (ages 3 to 21) services and has met eligibility criteria requirements as stated above. I give consent for my child's placement under Part B Early Childhood Special Education (age 3-5) and related services.

Parent Consent for Initial Provision of Services:

- I give my consent for all initial services in the IEP to begin. Should you change your mind **prior** to the start of these initial IEP services, they will not commence. If you wish to revoke your consent **after** the initial IEP services have begun, the revocation of consent shall be in writing, on Form 6a provided by the LEA or in any other written form, and should indicate the date of revocation.
- I do not give my consent for any of the initial IEP services to begin. Please be aware that if you refuse all IEP services, the LEA may attempt to resolve the matter through an informal meeting with you, or by requesting mediation, a re-evaluation, or a review of existing data to determine if your child continues to be eligible for special education services.

X _____ Date: ____/____/____

Signature of Parent/Guardian/Educational Surrogate

Printed Name: _____

If you have any questions regarding this consent form, please contact:

Phone: (____) _____-_____

Mailing Address: _____

Email: _____@_____._____

Sincerely,

Signature: _____

Printed Name: _____ Position: _____

Date Parental Consent Received by District: ____/____/____

Notice of Local Educational Agency Refusal

School District: _____ **Date Form Completed:** ____/____/____

Student Name: _____ **Date of Birth:** ____/____/____

Dear _____:

This letter is to provide you with written notice that the school district refuses to initiate or change the:

- special education evaluation of a child or student
- identification of a child or student as having a disability
- educational placement of a student or child with a disability
- provision of a Free Appropriate Public Education for the child or student

The following is a description of the request and an explanation as to why the school district has made this decision:

The evaluation procedures, tests, records, reports and other factors upon which this decision was based were:

Other options, if any, that the district considered and reasons why those options were not chosen:

Other factors, if any, that are relevant to this action:

Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, please contact:

_____ by phone at _____

or write to this person at: _____

Sincerely,
Signature: _____

Printed Name/Position: _____

Prior Written Notice of Decision

Local Education Agency: _____ **Date Form Completed:** ____/____/____

Student Name: _____ **DOB:** ____/____/____ **Child Count ID#:** _____

Dear _____:

The Local Education Agency (LEA) must, by law, provide you written notice whenever it:

- Proposes to begin or change the identification, evaluation or educational placement of your child or the provision of a free and appropriate public education to your child, AND/OR
- Refuses to begin or change the identification, evaluation or educational placement of your child, or the provision of a free and appropriate public education to your child.

This notice is sent to you for that purpose.

A description of the action(s) the LEA proposes or refuses to take:

An explanation of why the LEA proposes or refuses to take the action(s):

A description of each evaluation procedure, assessment, record or report the LEA used in deciding to propose or refuse the action(s):

Other options, if any, that the district considered, and the reasons why those options were not chosen:

A description of other reasons (if any) why the district is proposing or refusing the action(s):

The Effective Date of this proposal or refusal decision will be: ____/____/____.

Procedural Safeguards to Protect Parent Rights

Resources that you may contact for help in understanding the special education law are located at the back of the Procedural Safeguards (Parental Rights) booklet put out by the Vermont Agency of Education:

To obtain a copy of your "Parental Rights in Special Education," which describe your rights, including procedural safeguard protections under special education law, or if you have any questions about this notice or the Parental Rights, please contact me at: _____ (Tel.) or write to me at:

Mailing Address: _____

Printed Name/Position: _____

Enclosures:

Form 7a

Written Agreement Between Parents and District – Re-evaluations

School District _____ Case Manager _____

Student Name _____ Date of Birth: ____/____/____ Child Count ID # _____

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement. Your child’s special education services will not be affected by entering into this agreement.

_____/_____/_____
Authorized District Staff Name – Title Date

School Name

THREE YEAR RE-EVALUATION

The School District and the Parent have agreed that the School District will not conduct the three-year re-evaluation

that is currently due on: ____/____/____.
Date

The reason(s) for this decision is (are):

_____/_____/_____
Authorized District Staff Signature Date

_____/_____/_____
Parent/Guardian/Surrogate/Adult Student Signature Date

(The date of the parent signature will be considered the date from which the next triennial will be due.)

Note: Prior Written Notice about Evaluation/Consent for Evaluation is not required.

Completion of An Evaluation of A Transfer Student

School District _____ Case Manager _____

Student Name _____ Date of Birth ____/____/____ Child Count ID # _____

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement.

Authorized District Staff Name - Title

____/____/____
Date

School Name

The 60 day evaluation timeline for completing an initial evaluation does not apply if:

The first school district initiates an evaluation of the student and the student moves into a second school district after the 60 days starts but before the initial evaluation has been completed. If the new school district is promptly seeking information from the previous district and promptly completing the evaluation, the new school district and the Parent then have to agree that the initial evaluation will be completed by a specific date that exceeds the original 60 day timeline.

We agree that the initial evaluation for this student will be completed by: ____/____/____
Date

Parent/Guardian/Surrogate/Adult Student Signature

____/____/____
Date

Authorized District Staff Signature

____/____/____
Date

The three year reevaluation timeline for completing a triennial evaluation does not apply if:

The first school district initiates a reevaluation of the student and the student moves into a second school district after the reevaluation starts but before the reevaluation has been completed. If the new school district is promptly seeking information from the previous district and promptly completing the evaluation, the new school district and the Parent then have to agree that the reevaluation will be completed by a specific date that exceeds the three year anniversary date.

We agree that the reevaluation for this student will be completed by: ____/____/____
Date

Parent Signature

____/____/____
Date

Authorized District Staff Signature

____/____/____
Date

Note: Prior Written Notice about Evaluation/Consent for Evaluation is not required.

Form 9

Written Affirmation of Consultation for Parentally Placed Private School Students

School District: _____ Date ____/____/____

This affirms that the _____ School District/Supervisory Union has engaged in timely and meaningful consultation with representatives of private schools located in the district and with representatives of students attending those schools.

The consultation process included required components through the following:

1. Child Find

Students will be identified and referred by (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Referral by private school teacher or administrators |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Written Correspondence | <input type="checkbox"/> Notice in Public Places |
| <input type="checkbox"/> Other | |

Parents, teachers and private school officials are notified of the child find process by (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Postings at private schools | <input type="checkbox"/> Postings in the community |
| <input type="checkbox"/> Public announcements | <input type="checkbox"/> Other |

2. Determination of Proportionate Amount of Federal Funds

Private school representatives are informed of the amount of Federal funds available and how this is determined by (check all that apply):

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Review LEAP calculation of proportionate amount | <input type="checkbox"/> Other |
|--|--------------------------------|

3. Consultation Process

Timely and meaningful consultation was conducted in the following ways (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Written Correspondence | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Other | |

Consultation throughout the school year to ensure that parentally-placed private school students with disabilities identified through the child find process can, when a services plan is offered, meaningfully participate in special education and related services will be accomplished by (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Written Correspondence | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Other | |

Written Affirmation of Consultation for Parentally Placed Private School Students - page 2

4. Determination of Services

The method and timeline for how, where and by whom special education and related services will be provided and the types of services, including direct services and alternate delivery mechanisms:

LEA will review the following by ____/____/____ (date) in order to make determinations regarding services:

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Child Count | <input type="checkbox"/> LEAP | <input type="checkbox"/> Services Plans |
| <input type="checkbox"/> Staff Availability | <input type="checkbox"/> Other | |

Services will be provided through:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Direct Services by LEA | <input type="checkbox"/> Through a third party contractor | <input type="checkbox"/> Other |
| <input type="checkbox"/> On-site at private school | <input type="checkbox"/> Written Correspondence | |

In all cases safeguards will ensure that the instruction is secular, in a neutral place, non-ideological, and supplemental.

5. How services will be apportioned if funds are insufficient to serve all children and how and when these decisions will be made:

LEA will make decisions regarding apportionment of funds by ____/____/____ (date) using the following information:

- | | |
|--|--|
| <input type="checkbox"/> Funds are not sufficient - No services are to be provided | <input type="checkbox"/> Funds are sufficient to allow the following to be provided: |
| | <input type="checkbox"/> As needed by each child through a services plan |
| | <input type="checkbox"/> Multiple services/consultation to the school |
| | <input type="checkbox"/> One service/consultation to the school |
| | <input type="checkbox"/> Other; described in an attachment |

As a result of the consultation process, we agree.

Signature, LEA Representative **Date** ____/____/____

Signature, Private School Representative: **Date** ____/____/____

As a result of the consultation process I do not agree to the following services provided by the _____ School District/Supervisory Union for parentally placed students who are eligible for special education.

Services	Location	Provider

Signature, Private School Representative **Date** ____/____/____