



Developing the IEP

Connecticut Parent Advocacy Center

1-800-445-2722

www.cpacinc.org



Connecticut's Resource for Children with Disabilities;
EMPOWERING AND EDUCATING FAMILIES

Connecticut Parent Advocacy Center

- The information in this workshop is brought to you by Connecticut Parent Advocacy Center (CPAC)
- Connecticut's federally funded Parent Training and Information (PTI) Center
- CPAC is a statewide non-profit organization that offers information and support regarding special education law to families of children with disabilities.

Outcomes...

Participants will:

- Learn the key components of an Individualized Education Program (IEP)
- Increase their understanding of how parents should be actively involved in the development of the IEP
- Learn to use information about the child to ensure an appropriate program in the Least Restrictive Environment (LRE)

Developing the IEP as a Team

- Begins with an understanding of the laws governing education
 - Every Student Succeeds Act (ESSA)
 - Individuals with Disabilities Education Improvement Act (IDEA '04)



Framework

Every Student Succeeds Act (ESSA) is designed for all students, including students with disabilities.

We need to view our children within this context and help everyone else to see them as children first, then their special needs.

Every Student Succeeds Act (ESSA)



1. Accountability for results
2. An emphasis on doing what works based on scientific research
3. Parent involvement and choice
4. Highly qualified teachers

(formerly Elementary and Secondary Education Act and No Child Left Behind)

IDEA '04

- The Individuals with Disabilities Education Improvement Act (IDEA '04) guarantees a **free appropriate public education** (FAPE) to each child with a disability. Parents are expected to participate as full members of the team that develops of their child's Individual Educational Program (IEP).

Themes of IDEA '04

- Free Appropriate Public Education (FAPE)
- Appropriate Evaluation
- Least Restrictive Environment (LRE)
- Parent and Student Participation in Decision Making
- Procedural Safeguards
- Individual Education Program (IEP)

What is an IEP?

- The Individualized Education Program is the written plan that details each child's special education and related services
- The IEP is the centerpiece of IDEA '04
- All students receiving special education services must have an IEP
- The IEP must be reviewed annually

Developing an IEP

- The Planning and Placement Team (PPT) meeting
 - Where families and school staff members together decide on an educational program
- The IEP document
 - Which puts the decisions from the PPT meeting in writing
 - Lists the services and supports the child will receive

CT's IEP Forms (ED620)

- The CT State Department of Education has created a standard set of forms for districts use
- Forms were updated 12/2015
- Available online at the CT SDE website:
www.state.ct.us/sde



Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Age: _____ Current Grade: _____ H.S. Credits: _____ Grade Next Yr: _____ Gender: Female Male

Current Home School: _____ School Next Year: _____ Home School Next Year: _____

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ Yes No NA

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

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

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

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

Surrogate Address: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____
mm/dd/yyyy mm/dd/yyyy

Most Recent Annual Review Date: _____ Next Annual Review Date: _____
mm/dd/yyyy mm/dd/yyyy

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

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

The next projected PPT meeting date is: _____
mm/dd/yyyy

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

If YES, what is the date of the IEP being amended? _____
mm/dd/yyyy

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____
Parent/Guardian: _____ School Psych: _____ PT: _____
Parent/Guardian: _____ Social Work: _____ Agency: _____
Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____
Student: _____ Guidance: _____ Other: (specify) _____
Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

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

Student: _____

Last Name, First Name

DOB: _____

mm/dd/yyyy

District: _____

Meeting Date: _____

mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

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

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date these actions will be implemented
	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	
Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)		
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information	
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other: (specify) _____ _____ _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other: (specify) _____ _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____	

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections **was made available previously this school year (date) _____** **is enclosed with this document**. A copy of Procedural Safeguards in Special Education is available on school district website: <http://www> [Delete if not available on line]. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730>.

Components of an IEP

IEPs must include:

- Present levels of academic achievement and functional performance
- Should align with the goals and objectives
- Must include parent and student input and concerns



Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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

Parent and Student
input and concerns

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

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Communication: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Vocational/Transition: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Health and Development including Vision And Hearing: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Fine and Gross Motor: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Activities of Daily Living: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Other: <input type="checkbox"/> Age Appropriate _____ _____	_____ _____	_____ _____	_____ _____

IEP: Secondary Transition

- Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the team, and updated annually, thereafter, the IEP must include:
- At least two Post-School Outcome Goal Statements and annual goals with short-term objectives related to:
 - Postsecondary Education or Training
 - Employment
 - Independent living skills (which may include Community Participation), if appropriate
- Transfer of Rights (age 18)
- Summary of Performance (upon exiting)

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

TRANSITION PLANNING

1. **Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.**
 This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.
2. **Student Preferences/Interests – document the following:**
 - a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? Yes No
 - b) Did the student attend? Yes No
 - c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
 Personal Interviews Comments at Meeting Functional Vocational Evaluations Age appropriate transition assessments Other _____
 - d) Summarize student preferences/interests as they relate to planning for transition services: _____

3. **Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered)** _____

4. **Agency Participation:**
 - a) Were any outside agencies invited to attend the PPT meeting? Yes with written consent No (If No, MUST specify reason as listed in the IEP Manual) _____
 - b) If yes, did the agency's representative attend? Yes No
 - c) Has any participating agency agreed to provide or pay for services/linkages? Yes No (If Yes, specify) _____
5. **Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP**
 - a) **Post-School Outcome Goal Statement - Postsecondary Education or Training:** _____
 Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP
 - b) **Post-School Outcome Goal Statement – Employment:** _____
 Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP
 - c) **Post-School Outcome Goal Statement - Independent Living Skills (if appropriate):** _____
 Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)
6. **Please select ONLY one:**
 The course of study needed to assist the child in reaching the transition goals and related objectives **will include** (including general education activities):
 Student has completed academic requirements; no academic course of study is required – student's IEP includes **only** transition goals and services.
7. **At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**
 NA (Student will not be 17 within one year) The student has been informed of her/his rights under IDEA which will transfer at age 18 No IDEA rights will transfer
8. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)** _____

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.

Components of an IEP

- A statement of **measurable** annual goals, including both academic and functional goals
 - In CT, the IEP must also include measurable short-term objectives or benchmarks
 - Goals and objectives should relate directly to the present level of academic achievement and functional performance and align with the grade level general education curriculum standards

SMART Goals & Objectives

- **Specific**
- **Measurable**
- **Action Words**
- **Relevant**
- **Time-based**



Progress Reporting

Child's Progress Toward Goals and Reporting Progress

- **IEPs are required to include:**
 - A description of how progress toward meeting annual goals will be measured
 - A description of when progress reports will be provided to parents
- **Reporting may include:**
 - Quarterly reports or other periodic reports sent at least as often as regular report cards

Accommodations and Modifications

- Must be specific and appropriate to meet the needs of the child as defined in the IEP
- Accommodations are changes made to instructions (such as materials, content enhancements, and tasks) that change **how** a student learns
- Modifications are changes to the content, which affect **what** the student learns

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

Accommodations and Modifications to be provided to enable the child:

- To advance appropriately toward attaining his/her annual goals;
- To be involved in and make progress in the general education curriculum;
- To participate in extracurricular and other non-academic activities, and
- To be educated and participate with other children with and without disabilities.

**Sites/Activities Where
Required and Duration**

Accommodations may include Assistive Technology Devices and Services

Materials/Books/Equipment: _____

Tests/Quizzes/Assessments: _____

Grading: _____

Organization: _____

Environment: _____

Behavioral Interventions
and Support: _____

Instructional Strategies: _____

Other: _____

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: _____

STATE AND DISTRICT TESTING AND ACCOMMODATIONS

STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS

Check the grade the student will be in when the test is given.

Grade 3 Grade 4 Grade 5 Grade 6

Grade 7 Grade 8 Grade 10 CAPT Science Only Grades PK-2, 9 or 12; testing not required

Grade 11

DISTRICTWIDE ASSESSMENTS

Check the grade(s) the student will be in when the tests are given.

Grade Pre-K Grade K Grade 1 Grade 2 Grade 3

Grade 4 Grade 5 Grade 6 Grade 7 Grade 8

Grade 9 Grade 10 Grade 11 Grade 12

Standard Assessments and Alternate Assessment

Smarter Balanced Assessments; Connecticut SAT and the CTAA include English Language Arts and Mathematics. ALL students in grades 5 & 8 will also take the CMT Science Test or CMT Skills Checklist Science. Students in Grade 10 will ONLY take the CAPT Science or CAPT Skills Checklist Science.

Assessment Options: (Select Only ONE Option.)

1. Smarter Balanced Assessments (Includes CMT Science for grades 5 & 8)

2. CTAA - CT Alternate Assessment* (Includes CMT Skills Checklist Science for grades 5 & 8)

3. Grade 10 ONLY (Select ONE): CAPT Science CAPT Skills Checklist Science

4. Grade 11 ONLY Connecticut SAT

Administration Options: (Select Only ONE Option.) Accommodations will be provided.

DISTRICTWIDE ASSESSMENTS
(Select all appropriate options.)

N/A - No districtwide assessments are scheduled during the term of this IEP.

Alternate Assessment(s)

Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

<input type="checkbox"/> Yes	The student is participating in the Smarter Balanced Assessments or CAPT Science and requires designated supports and/or accommodations**
<input type="checkbox"/> Yes	The student is participating in the Connecticut SAT and will request accommodations***

* CTAA for grades 3-8 & 11 and CMT/CAPT Science Skills Checklists Eligibility & Learner Characteristics Inventory (LCI) should be used for guidance on eligibility requirements. Provide a completed copy of the LCI to the district test coordinator for required registration of students assessed with the CT Alternate Assessment (CTAA) and the CMT/CAPT Science Skills Checklists. A PPT decision to assess the student using the CTAA and/or the CMT/CAPT Science Skills Checklists must be recorded on page 3 of the IEP, Prior Written Notice.

**If accommodations are given, attach a copy of the Test Supports/Accommodations Form to the IEP and provide a copy to the district test coordinator for required registration.

*** Please note: There are two options for requesting accommodations. One option is through the College Board (CB) process: If all accommodations are approved through the CB process, test scores can be used for college admission and state accountability. The other option is through the State Allowed Accommodations (SAA) process: If accommodations are approved through the SAA process, test scores can ONLY be used for state accountability and NOT for college admission. Please make sure to discuss these options at a PPT meeting before completing this page of the IEP.

Select one of the following options:

No accommodations will be provided, OR

Accommodations will be provided as specified on Page 8, OR

Accommodations will be provided as specified below.

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

CONSIDERATION OF SPECIAL FACTORS:

- For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 NA A behavioral intervention plan has been developed. IEP Goals and Objectives have been developed to address the behavior. Other (specify): _____
- For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 NA Recommendation: (specify) _____
- For students who are blind/visually impaired (VI): NA Instruction in braille or use of braille is being provided, as required. The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.
- For students with print-related disabilities (such as SLD/Dyslexia, blind/VI, physical limitations or organic dysfunction): NA The PPT has considered accessible instructional/educational material (AEM) and/or accommodations noted on page 8 of the IEP— if so which format/accommodation utilized: Large Print Digital Text Audio Other (Specify): _____
- For students who are deaf or hard of hearing: NA See attached **required** *Language and Communication Plan* (Form ED638) – The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

PROGRESS REPORTING

- A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
 Quarterly Consistent with grade level report cards Other (specify): _____

EXIT CRITERIA

- Exit Criteria: Student will be exited from Special Education upon: (Check One) Ability to succeed in Regular Education without Special Education support Graduation Age 21 Other: (specify) _____

INFORMATION ON IEPs and SECONDARY TRANSITION

- Parents, including Surrogate Parents and the student if 18 or older have been provided (electronically or in hard copy) with relevant information and resources relating to IEPs created by the CSDE (including, but not limited to, information relating to transition resources and services for high school students) immediately upon the formal identification of any child as a child requiring special education and at each PPT meeting thereafter: *Building a Bridge* *Parent's Guide to Special Education* *IEP Manual* OTHER: _____
- The *Transition Bill of Rights* has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services: Transition Bill of Rights:
 is available on the school district website; is enclosed with this document; was already provided, reviewed and discussed this school year (date) _____

Services and Supports

- **Special Education, Related Services and Other Supports & Services for a child to:**
 - Advance toward annual goals
 - Progress in general curriculum
 - Participate in extra-curricular activities and non-academic activities
 - Be educated and participate with children who do not have disabilities

IEP Services

- Must be based on peer reviewed research, to the extent practicable
- Refer to the child's involvement and progress in the general education curriculum
- IEPs must include a statement of the projected date for the beginning of the services, the frequency, location and duration of services

Related Services

- Are developmental, corrective, or supportive services required to assist a student with a disability benefit from special education



So what are Related Services?

- **Including:** speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training, etc., etc., etc.

Unless...



The related service required by the child is considered special education rather than a related service under State standards

Least Restrictive Environment (LRE)

- To the maximum extent appropriate, children with disabilities, ...Are educated with children who are
- Nondisabled; and
- (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular
- Educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Placement

- Program before placement
- First consideration to general education placement (specials, PE, Lunch...) with appropriate supports and services
- If "least restrictive environment" is not the general education classroom the team must include an explanation as to why in the IEP

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. Yes No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

- Late referral (less than 90 days before 3rd birthday) Moved into district late Other (Specify) _____
 Child initially found not eligible at age 3 (re-referred to district at a later date) Parent Choice FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):

1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _____

2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:

- Regular E.C. Preschool or Kindergarten Program
 E.C. Special Education Program in **Separate Class**
 E.C. Special Education Program in **Separate School**
 E.C. Special Education Program in **Residential Facility**
 Home
 Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. Does the student live at any of the following locations?

- None of these locations (Default - 00)
 Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)
 Hospital (03)
 Private Residential Facility (09)

Changes, Consolidation and Amendments

- Changes to an IEP can be made without a team meeting if parents and district agree and develop a written document to amend or modify the current IEP
- Districts shall encourage the consolidation of reevaluation meetings and other PPT meetings
- Amendments to the IEPs can be made by either the PPT or the parents and the district and that the IEP can be amended, rather than redrafting the entire document
- **A parent may request a copy of the revised IEP (with the amendments incorporated)**

Putting it all Together

The IEP is the primary vehicle for:

- Describing student's needs/strengths
- Defining appropriate services and supports
- Monitoring student progress towards meeting IEP goals



Putting it all Together

- It can serve as **one way** for parents and school personnel to communicate. It enables them, as equal partners, to make joint educational decisions.
- Resulting in:
 - Effective PPT meetings
 - Shared information - used to develop appropriate IEPs
 - Disagreements are less likely to end in dispute
 - Positive outcomes for students

For More Information

- **Contact your School or District**
- **CT Parent Advocacy Center**
338 Main Street,
Niantic, CT 06357
1-800-445-2722
www.cpacinc.org
- **State Department of Education**
860-713-6912
www.state.ct.us/sde