

## THE INDIVIDUALIZED EDUCATION PROGRAM FOR:

Name: First	Middle	Last
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### STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address:		Phone:
Birth date: / / Age:	Student ID #/MOSIS#:	
Present Grade Level:	Resident District Home School:	

If the child is **Not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.

District/Agency Name:

School Name:

Address:

Phone:

Primary Language or Communication Mode(s):  English  Spanish  sign language  other (specify) \_\_\_\_\_

Educational Decision Maker is:  Parent  Legal Guardian  Educational Surrogate  Foster Parent  Child [aged 18+]  other \_\_\_\_\_

Name:

Address:

Phone:

Email:

Fax:

IEP Case Manager:

Case Manager phone number:

IEP Type  Initial  Annual

Date of most recent evaluation/reevaluation / /

Date of Previous IEP Review: / /

Projected date for next triennial evaluation / /

### IEP CONTENT (Required):

Date of IEP Meeting: / /	Initiation Date of IEP: / /
Projected Date of Annual IEP Review: / /	Parent(s)/Legal Guardian(s) provided copy of this IEP: / /

### PARTICIPANTS IN IEP MEETING AND ROLE(S)

The names and roles of individuals **participating in developing** the IEP meeting must be documented.

Name of Person and Role <small>Signatures are not required. If a signature is used it only indicates attendance, not agreement.</small>	Method of Attendance
Parent/Guardian	
Parent/Guardian	
Student	
LEA Representative	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Special Education Teacher	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Regular Classroom Teacher	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Individual Interpreting Instructional Implications of Evaluation Results	<input type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Part C Representative (if applicable)	
Representative of an agency which may provide postsecondary transition services (if applicable)	
Other:	

# 1. Present Level of Academic Achievement and Functional Performance

Present Level must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the child's disability will affect the child's ability to reach his/her post-secondary goals (what the child will do after high school).)
  
- The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the child's post-secondary goals.)
  
- Concerns of the parent/guardian for enhancing the education of the child (For students with transition plans, consider the parent/guardian's expectations for the child after the child leaves high school.)
  
- Changes in current functioning of the child since the initial or prior IEP (For students with transition plans, consider how changes in the child's current functioning will impact the child's ability to reach his/her post-secondary goal.)
  
- A summary of the most recent evaluation/re-evaluation results
  
- A summary of the results of the child's performance on:
  - Formal or informal age appropriate transition assessments:
  
- For students participating in alternative assessments, a description of benchmarks or short-term objectives
  - N/A Objectives/benchmarks are on goal page(s)
  
  - Objectives/benchmarks described below:

## 2. Special Considerations: Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

**Is the student blind or visually impaired?**

- No  
 Yes. If yes, complete Form A: Blind and Visually Impaired.

**Is the student deaf or hearing impaired?**

- No  
 Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

**Does the student exhibit behaviors that impede his/her learning or that of others?**

- No  
 Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP.

**Does the student have limited English proficiency?**

- No  
 Yes. The student's language needs are addressed in this IEP. Students who are English Language Learners (ELL) in grades K-12 take the state's annual English Language Proficiency assessment, WIDA-ACCESS.

**Does the student have communication needs?**

- No  
 Yes. The student's communication needs are addressed in this IEP.

**Does the student require Assistive Technology device(s) and/or services?**

- No  
 Yes. The student's assistive technology needs are addressed in this IEP.

**Extended School Year:**

- No. The student is not eligible for ESY services.  
 Yes. The student is eligible for ESY services. **Complete Form B**  
 The need for ESY services will be addressed at a later date. Will be addressed by     /     (month/year).

**Attach IEP Amendment page and Form B**

**Transfer of Rights:** Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- N/A for this student/IEP  
 Notification was given:     /     /     (month/day/year).

**State Assessments**

**IDEA requires students with disabilities to participate in state assessments.** WIDA-ACCESS is the annual English Language Proficiency assessment for ELL students in grades K-12. Grade-Level Assessment is administered in grades 3-8. MAP-A is administered in grades 3-8 and 10-11. For eligibility criteria for MAP-A see:

[http://www.dese.mo.gov/divimprove/assess/MAP\\_A/eligibility\\_criteria\\_10\\_07.pdf](http://www.dese.mo.gov/divimprove/assess/MAP_A/eligibility_criteria_10_07.pdf)

**End of Course Exams are administered to secondary students who have completed course level expectations or who are graduating or exiting secondary school due to age limits without completing course level expectations.** Does this student's grade placement or course of study during the time this IEP is in effect require consideration of participation in state assessments?

- No  
 Yes. If yes, **Complete Form D.**

**District-wide Assessments**

Are there district-wide assessments administered for this student's age/grade level?

- No  
 Yes. If yes, **Complete Form E.**

**Post-secondary Transition Services: (Must be included not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)**

Is a Post-secondary Transition Plan required?

- No (Child will not turn sixteen while this IEP is in effect.)  
 Yes (Child is/will be sixteen while this IEP is in effect.) **If yes, Complete Form C – Post-secondary Transition Plan**

### 3. IEP Goal

**Annual Measurable Goals**

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training       Employment       Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training       Employment       Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #: \_\_\_\_\_

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training       Employment       Independent Living

Progress toward the goal will be measured by: **(check all that apply)**

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

### 4. Reporting Progress

**When Progress will be reported to the parent(s)/guardian(s)**

- Quarterly   
  Bi-Quarterly   
  Semester   
  Annually   
  Other: \_\_\_\_\_

### 5. Services Summary

	Amount	Frequency	Location	Begin Date*	End Date*
<b>Special Education Services</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Related Services</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N/A					
<b>Supplementary Aids/Services</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N/A					
<b>Program Modifications and Accommodations</b>					
<input type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> N/A					
<b>Supports for School Personnel</b>					
<input type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> N/A					

*\*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.*

### 6. Transportation as a Related Service

- The student **does not** require transportation as a related service.  
 The student requires transportation as a necessary related service.  
 The student needs accommodations or modifications for transportation.  
 No     Yes  
 If yes, check any transportation accommodations/modifications that are needed.
- Wheelchair lift
  - Child safety restraint system. Specify: \_\_\_\_\_
  - Door to door pick-up and drop-off
  - Curb to curb pick-up and drop-off
  - Aide
  - Other. Specify: \_\_\_\_\_

## 7. Regular Education Participation

### Extent of Participation in Regular Education

**For Preschool:** Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities)?

Yes.

No. If no:

- a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP) \_\_\_\_\_
- b. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate.

**For K-12:** The regular education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment?

Yes.

No. If no, describe below to what extent the student will not participate **and** why full participation is not appropriate.

(child's name) \_\_\_\_\_ will participate in regular education \_\_\_\_\_% of the time. Full participation in regular education is not appropriate because:

### Participation in Physical Education

The student will participate in:

Regular physical education

Regular physical education with accommodations as addressed in this IEP

Adapted physical education (includes special PE, adapted PE, movement education and motor development)

No physical education activities are required for one of the following reasons:

Credit already earned     Credit waived     Child is preschool age     Other:

### Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

## 8. Placement Considerations and Decision

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

### Annual Consideration of Placement

**For ECSE:** At least annually the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

**For K-12:** At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

### Placement Continuum (K-12)

Considered	Selected	
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class at least 80% of time
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class 40% to 79% of time
<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class less than 40% of time
<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility
<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility
<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility
<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility
<input type="checkbox"/>	<input type="checkbox"/>	Homebound/hospital

### Placement Options (ECSE)

Considered	Selected	
<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
<input type="checkbox"/>	<input type="checkbox"/>	Home
<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
<input type="checkbox"/>	<input type="checkbox"/>	Separate school
<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home

**For K-12 students:** Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?

- Yes.
- No. If NO, explain why another school/setting is required.
- IEP team decision
  - Parent transfer request
  - Other:

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

## Form A: Blind and Visually Impaired

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

**No.** The student does not need Braille/Braille instruction. If no, complete the following.

The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

**Yes,** the student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:

Date on which Braille instruction will begin: \_\_\_ / \_\_\_ / \_\_\_ and duration of each session \_\_\_\_\_.

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

A referral to Rehabilitation Services for the blind has been discussed with the parent.

The parent:  agreed to  refused the referral.  Referral previously made.

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

**Form B: Extended School Year**

Determination of ESY eligibility and/or services can be conducted by:

- The IEP team determining ESY eligibility and/or services at the annual meeting
- The parent and authorized representative of the Local Educational Agency or the IEP team determining ESY eligibility and/or services at a later date by amending the IEP.
- Document ESY decisions on this page. Attach IEP Addendum Page to the front of the IEP to document ESY decisions made after the initial or annual IEP meeting amendment.

ESY Eligibility Decision:

- The student is not eligible for ESY services.
- The student is eligible for ESY services. (Document services below)

**Services to be provided during Extended School Year**

Goal #	Description of Services	Amount	Frequency	Location	Begin Date	End Date

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

## Form C: Post-Secondary Transition Plan

This plan was developed considering the individual student's needs, preferences and interests. This plan must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually.

### EDUCATION/TRAINING (REQUIRED)

<b>POSTSECONDARY GOAL(S)</b>	(What the child will do after graduation from high school.)
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<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal)
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<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
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School	
--------	--

Student	
---------	--

Parent	
--------	--

Outside Agency (specify agency) _____	
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<b><u>COURSE OF STUDY</u></b>	Attach four year plan or list courses below: (Courses enrolled in this school year)  (Courses to be completed before graduation)
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### EMPLOYMENT (REQUIRED)

<b>POSTSECONDARY GOAL(S)</b>	(What the child will do after graduation from high school.)
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<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal)
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<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
----------------------------------	---------------------------------

School	
--------	--

Student	
---------	--

Parent	
--------	--

Outside Agency (specify agency) _____	
---------------------------------------	--

<b><u>COURSE OF STUDY</u></b>	Attach four year plan or list courses below: (Courses enrolled in this school year)  (Courses to be completed before graduation)
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Student Name: \_\_\_\_\_

Date of IEP: \_\_\_\_\_

## **INDEPENDENT LIVING (IF APPROPRIATE, Refer to Independent Living Goal Worksheet)**

<b>POSTSECONDARY GOAL(S)</b>	(What the child will do after graduation from high school. )
<b>TRANSITION SERVICES</b>	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal)
<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
School	
Student	
Parent	
Outside Agency (specify agency) _____	
<b><u>COURSE OF STUDY</u></b>	Attach four year plan or list courses below (Courses enrolled in this school year)  (Courses to be completed before graduation)

Student will graduate by:  earning required credits  meeting IEP goals and objectives.

Anticipated month and year of graduation: \_\_\_\_/\_\_\_\_

## Form D-Part 1: State Assessments

### Grade-Level Assessment: Students in Grade 3-8

- The student will participate in the Grade-Level Assessment.
- Without accommodations
  - With accommodations (complete Part 2)
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A). (provide MAP-A information below)

### EOC: Students in Grades 9-12

- The student will participate in required End of Course (EOC) Assessments. (\*See Note 1 below)
- Without accommodations
  - With accommodations (complete Part 2)
- The IEP team has determined the student will participate in the following additional EOC Assessment(s): (\*See Note 2 below)
- Without accommodations
    - Geometry  English I  Algebra II  American History
  - With accommodations (complete Part 2)
    - Geometry  English I  Algebra II  American History
- The IEP team has determined the student is exempt from the following additional EOC Assessment(s):
- Geometry  English I  Algebra II  American History
- The student has been determined eligible for and will participate in the MAP-Alternate for grades 10-11 (MAP-A) (provide MAP-A information below)

### National Assessment of Educational Progress (NAEP) Grades 4, 8, and 12 (\*See Note 3 below)

- The student will participate in the NAEP (if selected).
- Without accommodations
  - With accommodations (complete Part 2)
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A); therefore, may be excluded from NAEP participation.

### WIDA-ACCESS; K-12 students that are identified for ELL services and enrolled in a Missouri public school or charter school (\*See note 4 below)

- Student will participate in the WIDA-ACCESS.
- Without accommodations
  - With accommodations (complete Part 3)

### **\*NOTES:**

- 1.) Required EOC Assessments:** Algebra I, Biology, English II (beginning 2008-09) and Government (beginning 2009-10)  
All students with disabilities except those eligible for MAP-A must take the required EOC Assessments. School personnel make the decision regarding when a student will take the required assessments. Students generally take the assessment when they have completed the course level expectations, but students with disabilities must take the assessments prior to graduation or exiting secondary school due to age limits, whether they have completed course level expectations or not.
- 2.) Additional EOC Assessments** (beginning 2009-2010): Geometry, English I, Algebra II, and American History  
For students with disabilities who do not qualify for MAP-A, the IEP team will decide whether the students will participate in or will be considered exempt from the additional EOC Assessments.
- 3.) NAEP (grades 4, 8, and 12)** is a national test administered to a statewide representative sample of students for national comparison. Thus, the NAEP sample includes students with disabilities and every effort must be made to ensure that selected students have an opportunity to participate in NAEP. The way in which students with disabilities are assessed on the NAEP should mirror as closely as possible the way they are tested on the state assessment: take NAEP 1) without accommodations; 2) with NAEP allowable accommodations; or 3) if assessed by the MAP-Alternate, may be excluded from taking NAEP. IEP teams are reminded that NAEP is not a high stakes test for students.
- 4) WIDA-ACCESS (Grades K-12)** Missouri uses ACCESS for English Language Learners (ELL) as its annual English Language Proficiency assessment. Students who are in monitored status for ELL do not take the assessment. More information is available at <http://dese.mo.gov/divimprove/assess/documents/asmt-wida-access-faq-2011.pdf>

### **MAP-A:**

- Include a statement of why the child cannot participate in the regular assessment (Grade-Level or EOC).
  
- Explain why the alternate assessment (MAP-A) is appropriate.

## Form D-Part 2: State Accommodations

**NOTE: For Instructional Accommodations and Modifications use Form F.**

### Accommodations

*Check all accommodations to be provided to this student*

	Accommodations	All Subjects	Comm Arts	Math	Science	Social Studies	NAEP, see Note 5
<b>Administration Accommodations</b>							
01	Braille edition of assessment	<input type="checkbox"/>					
02	Large-print edition of assessment	<input type="checkbox"/>					
04	Oral reading of assessment, see Note (1)	<input type="checkbox"/>					
05	Signing, see Note (1)	<input type="checkbox"/>					
06	Paraphrasing, see Note (2)	<input type="checkbox"/>	NA				
10	Other Administrative Accommodations	<input type="checkbox"/>					
	use of assistive devices	<input type="checkbox"/>					
	use of visual aids	<input type="checkbox"/>					
11	Oral reading in native language, See Note (1)	<input type="checkbox"/>	NA				
<b>Timing Accommodations</b>							
20	Extend time allotted to complete Terra Nova survey See Note (3) (Grade-Level Assessment only)	<input type="checkbox"/>					
21	Administer assessment using more than allotted periods	<input type="checkbox"/>					
22	Other: <i>Specify</i>	<input type="checkbox"/>					
<b>Response Accommodations</b>							
35	Use of scribe to record student response in test booklet	<input type="checkbox"/>					
	Student taped response	<input type="checkbox"/>	NA				
	Signed response	<input type="checkbox"/>					
	Pointing to respond	<input type="checkbox"/>					
	Oral response	<input type="checkbox"/>					
	Use of a Braille	<input type="checkbox"/>					
	Use of communication device	<input type="checkbox"/>					
	Use of computer/word processor/typewriter to respond	<input type="checkbox"/>					
39	Use of Calculator/Math tables/abacus	<input type="checkbox"/>					
43	Use of bilingual dictionary, See Note (1)	<input type="checkbox"/>					
44	Other: <i>Specify</i> . See Note (4)	<input type="checkbox"/>					
<b>Setting Accommodations</b>							
50	Testing individually	<input type="checkbox"/>					
51	Testing with small groups	<input type="checkbox"/>					
53	Other: <i>Specify</i>	<input type="checkbox"/>					

**Note (1):** Oral reading, oral reading in native language, or signing during the Communication Arts Assessment will result in the **LOSS** (Lowest Obtainable Scale Score). The use of a bilingual dictionary during the Communication Arts Assessment will result in the **LOSS** (Lowest Obtainable Scale Score). Students identified as blind/visually impaired (who do not read Braille) may use the oral reading accommodation if it is their primary instructional method.

**Note (2):** Paraphrasing of test questions **invalidates** all Grade-Level and EOC assessment student scores for accountability purposes.

**Note (3):** If used, the score cannot be compared with scores generated under standard conditions.

**Note (4):** Use of magnifying equipment, amplification equipment, graph paper and testing with the teacher facing the student are not listed as accommodations because these are not required to be reported as accommodations for the EOC assessments and no longer required to be reported as accommodations for the Grade-Level test.

**Note (5)** NAEP offers most of the accommodations that Missouri allows on state assessments; however, a few differences exist. The NAEP accommodations, as listed are of a general nature and may vary somewhat by year and content area being assessed. A current, more specific list of allowable NAEP accommodations will be included in the NAEP materials sent to schools selected for the NAEP sample.

For a more complete description of the accommodations list see <http://dese.mo.gov/divspeced/Compliance/documents/TAB-StateDistAssessment.pdf>.

For additional information regarding NAEP, visit our website at: <http://www.dese.mo.gov/divimprove/naep/>

## Form D-Part 3: State Accommodations for WIDA-ACCESS

Accommodations <i>Check all accommodations to be provided to this student</i>	Assessment Domains			
Test Directions	Listening	Reading	Writing	Speaking
<i>Test "directions" refers to all text in the Test Administrator's Script that is provided to explain logistics of the test, including all practice items. Directions include only what is scripted in the Test Administrator's Script. For Speaking and Listening, the directions end just before the test administrator reads "Part A".</i>				
Translation of directions into native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign directions to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of direction in English and/or native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use directions that have been marked by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Presentation Format	Listening	Reading	Writing	Speaking
<i>"Test" refers to test items (including introductory text and graphic support), but not scripted test directions (defined above).</i>				
Translation of test into native language (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation of test into sign language (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral reading of test in English (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral reading of test in native language (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of bilingual dictionary (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of highlights (yellow only) by student in test booklet text only; must not be used in answer area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Use of marker to maintain place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low vision aids or magnification device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio amplification device or noise buffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student reads questions or response aloud to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Student reads questions or responses aloud and records with tape recorder (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting Format	Listening	Reading	Writing	Speaking
<i>Test may be administered...</i>				
By school personnel familiar to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By special education personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By school personnel in non-school setting (e.g., home or hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a separate room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In study carrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
In space with special lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In space with special acoustics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With special furniture for student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With equipment or technology that the student uses for other tests and school work (e.g., pencils adapted in size or grip, slant board or wedge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing/Scheduling	Listening	Reading	Writing	Speaking
<i>Flexibility with timing of test is permitted for students who require extra time or have limited attention spans as documented on their IEPs.</i>				
More breaks as needed by student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

Short-segment testing (refers to administration of very brief sections of the test at a time, such as three or four items related to a common theme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended testing time within same school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended testing sessions over multiple days (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Response Format</b>				
	<b>Listening</b>	<b>Reading</b>	<b>Writing</b>	<b>Speaking</b>
<i>Certain devices or practices may be used to facilitate testing for students who have difficulty with bubbling or writing in the correct area of the test booklet.</i>				
Braille writers (See Note 1)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
Computer, word processor, or similar assistive device (spell check, grammar check, and dictionary/thesaurus must be turned off)	NA	NA	<input type="checkbox"/>	NA
Tape recorder for recording student responses (See Note 1)	NA	NA	<input type="checkbox"/>	NA
Scribes: all student responses must be transcribed verbatim, including spelling, punctuation, and paragraph breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Responses in native language (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer orally, point to answer (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>Other Administration Considerations for All Students</b>				
	<b>Listening</b>	<b>Reading</b>	<b>Writing</b>	<b>Speaking</b>
<i>Certain practices can reduce testing anxiety for students. For example, test administrators may...</i>				
Provide verbal praise or tangible reinforcement to increase motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer practice test or examples before the administration date of the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other accommodations not recommended by the WIDA Consortium at this Time (see below for more information)</b>				
	<b>Listening</b>	<b>Reading</b>	<b>Writing</b>	<b>Speaking</b>
Braille edition of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signing questions or answers (See Note 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note (1):** Use of this accommodation **invalidates** the WIDA-ACCESS assessment student scores

For additional information regarding WIDA-ACCESS accommodations visit the WIDA web site at:  
<http://wida.wceruw.org/assessment/ACCESS/accommodations.aspx>

## Form E: District-Wide Assessments

**The student WILL** participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level:

District Assessment	Accommodations
	Accommodations needed for the student to participate in this assessment are:
	Accommodations needed for the student to participate in this assessment are:

**The student WILL NOT** participate in the District-Wide Assessment(s) of Student Achievement administered at their grade but they will participate in the following District-wide Alternate Assessments for this student's grade level: **NOTE: Alternate assessment must assess the same areas as the District-wide assessment.**

Name of District-Wide Assessment:	Name/Description of Alternate Assessment:
<ul style="list-style-type: none"> <li>Statement of why the child cannot participate in the regular assessment</li> <li>Why the particular alternate assessment selected is appropriate.</li> </ul>	
<ul style="list-style-type: none"> <li>Statement of why the child cannot participate in the regular assessment</li> <li>How the particular alternative assessment is appropriate.</li> </ul>	

**Alternate Form F**

Indicate below the accommodations and modifications for the student to be used in general and/or special education and supports to be provided to school personnel.

Location											Modifications/Accommodations	Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:		Daily	Weekly	Monthly	Other:	Beg. Date	End Date
											<b>1. Grading</b>						
<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Use weekly grade checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
											<b>2. Text</b>						
<input type="checkbox"/>	Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Provide home set of textbooks/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Adapted or simplified text/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
											<b>3. Lectures</b>						
<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Preferential Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
											<b>4. Test/Exams</b>						
<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Extended time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Multiple sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Read test to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Record student responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Alternative setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
											<b>5. Environment</b>						
<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Alter physical room arrangement (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Adjustments for speech intelligibility/fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Study carrel for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
											<b>6. Assignments</b>						
<input type="checkbox"/>	Read or tape record directions to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Directions given in a variety of ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Allow student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Avoid penalizing for penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	Extended Time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Location											Modifications/ Accommodations	Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:		Daily	Weekly	Monthly	Other:	Beg. Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide structured time for organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7. Reinforcement</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use positive/concrete reinforcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check often for understanding/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent eye contact/proximity control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8. Pacing</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for oral responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for written responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>9. Other (Specify)</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>Supports for School Personnel</b>																	
Specialized Material (Specify)																	
Training (Specify)																	
Consultant Services (Specify)																	
Other:																	
Other:																	
Other:																	

Student Name: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

(Optional form)

## Data Collection Page

(For district use only—not a part of the IEP document)

### Student Ethnicity and Gender Codes (check one in each category)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American (Not Hispanic)
- Hispanic or Latino
- White (Not Hispanic)

### Gender

- Male
- Female

### Disability Category (check one)

- Autism
- Deaf/Blindness
- Emotional Disturbance
- Hearing Impairment and Deafness
- Mental Retardation/Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairments
- Specific Learning Disabilities
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment/Blind
- Young Child with a Developmental Delay

### Placement Code (check one)

#### Students ages 5K-21:

- Inside regular class more than 80% of time
- Inside regular class 40 to 79% of time
- Inside regular class less than 40% of time
- Public separate school (day) facility
- Private separate school (day) facility
- Homebound/hospital
- Public residential facility
- Private residential facility

#### Students ages 3-5:

- Early childhood setting
- Early childhood special education setting
- Home
- Part-time early childhood/part-time early childhood special education
- Residential facility
- Separate school
- Itinerant service outside the home

### Also check if in:

- State Board Operated Program:  MSB  MSD  SSSH
- Private Agency:  Publicly placed  District (IEP) placed
- Correctional facility:  State adult (DOC)  Adult local  Juvenile  DYS