Example Transition Case Study & IEP Student A

March 2016

Adapted from: Transition Coalition (2007). *Missouri IEP Case Studies for Transition Planning: Katie.* Lawrence, KS: University of Kansas, Transition Coalition. www.transitioncoalition.org

The contents of this IEP have been vetted by Missouri DESE, Office of Special Education Compliance. Please direct all compliance-related questions regarding this IEP to
secompliance@dese.mo.gov

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Name: Student A

Age: 17
Disability category: Intellectual disability (Down syndrome)
Race/ethnicity: Caucasian
Pertinent family characteristics: Lives at home with father; Student A and her father are planning to move her into a supported living apartment-based group home; Parents are separated; Mother is in and out of Student A's life; Father has had some college and is currently employed by the U.S. Postal Service

Student A is a 17-year-old student in 12th grade at her neighborhood high school. She is receiving special education services under the classification of intellectual disability. Her full scale IQ is 67 on the *Wechsler Adult Intelligence Scale*. Student A's overall score on measured adaptive behavior is consistent with her cognitive abilities.

Student A is cooperative, has good relationships with adults, and peers at school, enjoys helping others, and responds well to praise and encouragement. She attends school regularly and enjoys participating in some activities outside of school with her dad. She does have difficulty making and keeping close friends and compensates by attaching herself to the adults in her life. She has been seeing a therapist for depression for about 6 months but without noticeable improvement.

Student A is currently working in a paid position at the hospital. At the paid job, she was not supervised well and was given too much responsibility. She used poor judgment in several instances. Before this, she had been released from a paid and a volunteer position. At the volunteer job, she did not demonstrate good work habits. She did not call when she was going to be absent, and she was asked to leave. As a part of an open case, the vocational rehabilitation agency is beginning a formal, supported employment program with her in the hospital work setting.

In 2013, Student A completed a comprehensive vocational evaluation at her local vocational rehabilitation agency. On the Reading Free Vocational Interest Inventory-Revised (RFVII-R) Student A had high interest in the patient care category indicating a preference for occupations concerned with attending to the physical comfort, safety and appearance of patients, and performing routine tasks in hospitals, clinics, morgues, or health care related facilities. She completed work samples with good accuracy, paid close attention to her work and was not distracted. The results indicate that Student A would benefit from as much exposure to the world of work as possible. She would benefit from the use of a job developer and job coach in any new employment situations.

The school has recently contacted Independence First, the local Center for Independent Living. A meeting is set up next month at Independence First for Student A and her dad to learn about the programs they offer. In particular, they would like to learn more about the benefit planning and employment services Independence First offers.

Residential arrangements are being considered for Student A to live in a supported living apartment with two other female residents, as this is Student A's preference. Her mother has separated from her father and this causes stress in Student A's life. When Student A feels stress, she does not want her favorite teacher out of her sight and insists on having her personal attention.

Student A is due to graduate at the end of this school year by fulfilling the required credits to receive a high school diploma. While Student A continues to have an interest in obtaining a job related to health care, she also is interested in going to college like her sister. Information will be obtained to share with Student A and her father about two-year certificate programs available in some colleges for people who have intellectual disabilities. Someday, she would like to move into an supported living apartment. Since Student A will turn 18 by the time she graduates, her father is looking into the issue of guardianship and has already contacted MPACT for help answering some of his questions.

Independent Living Postsecondary Goal Worksheet

This model form is designed to help the IEP team decide if a student needs a postsecondary goal in the area of independent living. *Independent living includes the skills and knowledge an individual needs to direct his or her life at home and in the community.* Transition assessment information should be taken into account when completing this form and additional assessment may be necessary to adequately identify goal(s).

Review each statement, and consider whether the student possesses the identified skills.
> Yes – performs independently and consistently;
> No – performs inconsistently or not at all; consider an independent living goal
> NA – not an area of independence being considered at this time;

Home Living	Yes	No	NA
Follows daily living routine (e.g., personal hygiene, dressing, selecting clothes)	☒	☐	☐
Purchases, prepares and stores food; maintains healthy diet	☐	☒	☐
Performs light household maintenance (e.g., cleaning, unclogging drains or toilets)	☒	☐	☐
Appropriately makes and receives telephone calls	☒	☐	☐
Follows disaster safety routines for fire and natural disasters	☒	☐	☐

Household & Money Management	Yes	No	NA
Creates and maintains checking & savings accounts	☐	☒	☐
Manages money (e.g., counts money, makes change, budgets, pays taxes, and monthly bills)	☐	☒	☐
Evaluates cost of services (e.g., banking, telephone, leasing, credit cards, loans)	☐	☐	☒
Locates & acquires place to live (e.g., finds housing, understands rental agreements)	☐	☐	☒
Sets up living setting (e.g., organizes furniture, arranges for utilities and services)	☐	☐	☒
Understands the importance of a good credit rating, how to view and interpret a credit report, and methods to improve credit rating	☐	☐	☒

Transportation	Yes	No	NA
Selects appropriate method of transportation	☐	☒	☐
Possesses required transportation documentation (e.g., driver's license, bus pass)	☐	☒	☐
Organizes transportation (e.g., carpool partners, door-to-door bus or cab service)	☐	☒	☐
Navigates throughout community using preferred mode of transportation	☐	☒	☐
If driving, knows of automotive maintenance schedules and routines	☐	☐	☒

Law & Politics	Yes	No	NA
Knows how to participate in voting and political decision-making	☐	☒	☐
Understands basic local, state, and national laws	☐	☒	☐
Understands rights as a person with a disability	☐	☒	☐

Community Involvement	Yes	No	NA
Locates & participates in leisure, recreation, and community activities	☐	☒	☐
Locates and uses community services (e.g., stores, banks, medical facilities, recreation facilities, health department, police department, social services)	☐	☒	☐
Completes paperwork for medical treatment, community services, insurance, etc.	☐	☐	☒
Plans and acquires wardrobe (e.g., select appropriate clothes, compare prices)	☒	☐	☐
Responds appropriately to environmental cues (e.g., signs, sirens)	☒	☐	☐

Personal Safety and Interpersonal Relationships

	Yes	No	NA
Performs basic first aid and seeks medical assistance when appropriate	☐	☒	☐
Practices community safety routines (e.g., when to talk to strangers, avoiding unsafe locations, locking doors, asking for directions)	☒	☐	☐
Understands when it is appropriate to call 911	☒	☐	☐
Knows CPR and when it is necessary	☐	☐	☒
Maintains relationships with family and friends; establishes new friendships	☐	☒	☐
Understands the concepts of sexuality (e.g., physical self, reproductive process, dating, relationship, marriage).	☐	☒	☐
Makes informed choices regarding sexual behavior	☐	☒	☐
Demonstrates an understanding of basic parenting skills	☐	☒	☐

Self-Advocacy

	Yes	No	NA
Expresses strengths and needs; asks for accommodations when needed	☒	☐	☐
Expresses preferences appropriately, identifies long- and short-range goals, and takes steps to reach goals	☐	☒	☐
Assertively advocates for self in situations outside of school	☒	☐	☐
Responds appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks, etc.)	☒	☐	☐
Resolves conflicts through discussion, reasoning, & compromise	☐	☒	☐

Health and Wellness

	Yes	No	NA
Knows how to obtain healthcare	☐	☒	☐
Knows how to access healthcare	☐	☒	☐
Practices healthy habits (exercise, eating, buckles seatbelt, etc.)	☒	☐	☐
Demonstrates an understanding of basic medical care for common illness (colds, etc.)	☐	☒	☐

Additional Independent Living Skills

	Yes	No	NA
____Student A has a basic sense of right and wrong _____	☒	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

If "No" was answered for any of the skills identified above, a postsecondary goal should be considered for the area of independent living. The discussion questions below help further identify an appropriate goal.

Independent living goal(s) needed at this time?   ☒ Yes   ☐ No

Is additional assessment information needed in the area of independent living? Why?
> Appropriate assessments have been conducted in most areas of independent living; the IEP team, including Student A's father, feel that additional assessment information is needed in the area of sexual awareness.

What are the 3 most important independent living skills to be addressed in IEP?
> 1. Preparing food
> 2. Learning to independently use public transportation
> 3. Creating and maintaining relationships

How can we work on these particular skills throughout this coming year (i.e., instruction, related services, post-school living objectives, daily living skills, and/or functional vocational evaluation)?
> Food preparation coursework
> Training on transportation

What annual IEP goal(s) will enable the student to meet the postsecondary independent living goal?
> Student A will apply the FAST strategy for solving daily problems on 4 occasions with 100% accuracy as observed by the teacher or parent.
> Student A will purchase five items at the grocery store using a calculator to stay within a budget on four consecutive occasions.

Missouri School District A
123 Missouri District A Dr.
555-555-5555

Authorization for Release Of Information
Authorization to Invite Outside Agency to IEP Meeting

Today's date_____8-15-2014_____

Student's Name ___ Student A _____

Parent's / Adult Student's Name(s) ____Parent A_____

I hereby authorize and request_____Missouri School District A_____ to invite
　　　　　　　　　　　　　　　　　　　　School District

__VR Represenitive A _____ with Vocational Rehabilitation_____to attend the IEP meeting for me/my
　Name of person, if known　　　　　　　　　　　Agency

child, Student A __, in order to discuss transition needs and services.

Personally identifiable information from the following documents in the student's record may be disclosed as a result of the invitation to participate in IEP development:

☒ Evaluation Report

☒ IEP

☒ _Transition assessment results____(Other)

☐ _____ (Other)

Parent A　　　　　　　　　　　　*ParentA*　　　　　　　　　　　*8/20/2014*

Parent/Guardian Name　　　　　Signature of Parent/Guardian　　Date (M/D/Y)

_____
Adult Student Name (if applicable)　Signature of Adult Student　Date (M/D/Y)

If you have any questions regarding this request, please contact me at the following number
789-123-4567. Please return completed and signed form in the provided envelope.

___SPED Teacher A_____Special Education Teacher_____8-15-2014_____
Name　　　　　　　　　　　　　**Title**　　　　　　　　　　**Date**

*Note a separate Authorization is REQUIRED for each IEP meeting held.

<div align="center">

Missouri School District A
123 Missouri District A Dr.
555-555-5555

Authorization for Release Of Information
Authorization to Invite Outside Agency to IEP Meeting

</div>

Today's date_____8-15-2014_____

Student's Name ___ Student A _____

Parent's / Adult Student's Name(s) ____Parent A_____

I hereby authorize and request ____Missouri School District_A_____ to invite
<div align="center">School District</div>

__Independence representive A_ with Independence First_____ to attend the IEP meeting for me/my child,
Name of person, if known   Agency
___ Student A _____, in order to discuss transition needs and services.

Personally identifiable information from the following documents in the student's record may be disclosed as a result of the invitation to participate in IEP development:

☐ Evaluation Report

☒ IEP

☐ _____(Other)

☐ _____ (Other)

Parent A _____   *Parent A*_____   *8/20/2014*____
Parent/Guardian Name   Signature of Parent/Guardian Date (M/D/Y)

_____
Adult Student Name (if applicable)   Signature of Adult Student   Date (M/D/Y)

If you have any questions regarding this request, please contact me at the following number 789-123-4567. Please return completed and signed form in the provided envelope.

___SPED Teacher A _____   Special Education Teacher_____   8-15-2014_____
Name   **Title**   **Date**

*Note a separate Authorization is REQUIRED for each IEP meeting held.

Missouri School District A
STUDENT INVITATION TO A TRANSITION IEP MEETING

Date: 8/21/2014

Dear Student A:

You are invited to attend a meeting to review and revise your individualized education program (IEP). The meeting is scheduled for:

Date: 9/12/14   **Time: 3:00PM**   **Location:** Missouri High School A, Conference Room

At this meeting we would like to talk with you about how you are doing in school, what you would like to do when you complete school, and what activities your IEP should include. These activities will be added to your program to help you prepare for the future, and learn the skills that you will need as an adult to be successful in living, learning, and working after you complete school.

Before the meeting, please think and talk with others about what you want to do after you complete school, what you can do now to achieve those goals, what skills you still need to learn and what kind of help you will need. We would like you to come to the IEP meeting ready to share the following information:

- What kind of job do you want to have?
- Where do you want to live? On your own or with others?
- What will you do with your free time?
- How much money can you earn? How will you pay bills?
- How will you get around? By car? Public transportation? Walking?

At the IEP meeting you will also be getting information to help you make choices. The following people have been invited to your meeting:

Role	Name
☒ Local Education Agency (LEA) Representative	School LEA A
☒ Special Education Teacher	SPED Teacher A
☒ Individual to Interpret Instructional Implications Of Evaluation Results	Interpreter A
☒ General Education Teacher	Teacher A
☒ Student	Student A
☒ Agency Representative(s) for Post-Secondary Transition	
Agency Name Vocational Rehabilitation	VR Representive A
Agency Name Independence First	Independence representive A
☒ Parent(s)	Parent A
☐	
☐	

These people know you and have suggestions to make, or they know about different programs for you. *If you would like to invite anyone else to the meeting, please let us know.*

I look forward to seeing you at the meeting and assisting you in planning a good program for your future success.

Sincerely,

SPED Teacher A	Special Education Teacher	8/21/14
Name	Title	Date

Missouri High School A
NOTIFICATION OF MEETING

To: _____Mr. Parent A_____

☒ Parent(s)/Guardian(s)   ☐ Adult Student (age 18+ or emancipated minor)

☒ Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for   __9/12/2014_____
                                                                                (Date)

at __3:00 pm_____ at ___Conf room_____
         (Time)   (Location)

The purpose of this meeting is to: (check all that apply)

☐ Review existing data as part of an   ☒ Consider Post-secondary Transition
   initial evaluation or reevaluation   ☐ Conduct Manifestation Determination
☐ Determine initial or continued eligibility   ☐ Consider/conduct Functional Behavioral
☐ Develop initial IEP   Assessment
☒ Review/Revise IEP   ☐ Other:_____

The following individuals have been invited to participate in this meeting (name and/or role):

Role	Name
Local Education Agency (LEA) Representative*	School LEA A
☒ Special Education Teacher*	SPED Teacher A
☒ Individual to interpret instructional implications* of evaluation results	Interpreter A
☒ General Education Teacher*	Teacher A
☒ Student	Student A
☒ Agency representative(s) for post-secondary transition	
Agency Name Vocational Rehabilitation	VR Representive A
Agency Name _Independence First_	Independence representive A
☐ Part C Representative (if applicable) **	
☒ Parent(s)	Parent A
☐	

* For IEP and Review of Existing Data meetings, required participant. Participation in Review of Existing Data meeting does not have to be in person. Parent LEA may agree/consent in writing to excusal of IEP team members for IEP team meetings only.

This agency *AND* the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting.

**For the initial IEP meeting of children served in First Steps, the public agency must, at the request of the parent, send an invitation to the First Steps Service Coordinator or other representatives of the First Steps system to assist with the smooth transition of services at the initial IEP meeting.

If you are unable to attend this meeting, please contact me at 555-555-5555 as soon as possible.
                                                                     (Phone)
Sincerely,

SPED Teacher A	Special Education Teacher	8/21/14
Name	Title	Date

RECORD OF DISTRICT ATTEMPTS TO
SCHEDULE MEETING

☒ 1st Attempt	☐ 2nd Attempt (must be a direct contact with parent)
Date of contact: 8/21/14	Date of contact:
☐ Parent waived notification requirement*	☐ Parent waived notification requirement*
Method of contact:	Method of contact: (must be a direct contact)

1st Attempt

Method of contact:

☒ Written:
- ☐ Hand carried by student
- ☐ Regular mail
- ☐ Certified mail
- ☐ Fax
- ☒ E-mail
- ☐ Other: _____

☐ Verbal:
- ☐ Phone
- ☐ Voice mail/answering machine
- ☐ Face to face contact
- ☐ Other: _____

2nd Attempt

☐ Written:
- ☐ Regular mail
- ☐ Certified mail

☐ Verbal:
- ☐ Phone
- ☐ Face to face contact

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (proceed with IEP meeting).
☐ Cannot attend, please reschedule (proceed with 2nd attempt).
☐ No response (proceed with 2nd attempt).
☒ **Yes, I'll be there.

* In general, reasonable notification is 10 days.

**If parent does not attend meeting, proceed to 2nd attempt

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (proceed with meeting).
☐ Cannot attend   (proceed with meeting).
☐ No response (proceed with meeting).
☐ **Yes, I'll be there.

* In general, reasonable notification is 10 days

**If parent does not attend, agency may proceed with meeting.
.

THE INDIVIDUALIZED EDUCATION PROGRAM FOR:

Name: First	Middle	Last
Student	A.	Smith

STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address: 333 Maple Leaf Drive	Phone: 555-555-5551

Birth date: 03 / 01 / 97 Age: 17	Student ID #/MOSIS#: 2345678

Present Grade Level: 12	Resident District Home School: Missouri High School A

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: Parent A

Address: 333 Maple Leaf Drive
Phone: 789-123-4560   Email: parentA@geemail.com   Fax: none

IEP Case Manager: SPED Teacher A	Case Manager phone number: 789-123-4567

IEP Type ☐ Initial ☒ Annual	Date of most recent evaluation/reevaluation 09 / 13 / 12
Date of Previous IEP Review: 09 / 13 / 13	Projected date for next triennial evaluation NA

IEP CONTENT (Required):

Date of IEP Meeting: 09 / 12 / 14	Initiation Date of IEP: 09 / 13 / 14
Projected Date of Annual IEP Review: 09 / 12 / 15	Parent(s)/Legal Guardian(s) provided copy of this IEP: 09 / 13 / 14

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 Signatures are not required. If a signature is used it only indicates attendance, not agreement.		Method of Attendance
Parent A	Parent/Guardian	☒in person ☐did not participate ☐in writing (if applicable) ☐by phone ☐other:____
	Parent/Guardian	☐in person ☐did not participate ☐in writing (if applicable) ☐by phone ☐other:____
Student A	Student	☒in person ☐did not participate ☐in writing (if applicable) ☐by phone ☐other:____
School LEA A	LEA Representative	☒in person ☐did not participate ☐in writing (if applicable) ☐by phone ☐other:____
SPED Teacher A	Special Education Teacher	☒in person ☐excused ☐in writing (if applicable) ☐by phone ☐other:____
Teacher A	Regular Classroom Teacher	☒in person ☐excused ☐in writing (if applicable) ☐by phone ☐other:____
Interpreter A	Individual Interpreting Instructional Implications of Evaluation Results	☒in person ☐excused ☐in writing (if applicable) ☐by phone ☐other:____
VR Represenctive A VR Counselor	Part C Representative (if applicable)	
	Representative of an agency which may provide postsecondary transition services (if applicable)	In person
Independence representive A IL Counselor, Independence First	Other:	In person

10

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).)**

Student A has difficulty accessing the general education curriculum because of her intellectual disability. She is unable to read and comprehend material at the pace of her peers, requires small group instruction for her academic subjects, and support in her elective courses with the general population. Due to her academic needs, Student A requires modifications and accommodations to complete most of her coursework as well as some tasks related to her job at the hospital.

- **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.)**

Assessment indicates that Student A's strength is in the area of math. She can complete problems that involve time and money, and can multiply and divide using a calculator. She also displays strength in oral expression. Student A is good at speaking up for herself and expressing her wants and needs. She works well with people and communicates with adults well. She pays close attention to her work and stays focused while completing tasks. Her preferences indicate working in a patient-care setting and performing routine tasks that she has been properly trained to complete. She currently reads at a 4th grade level, but does not always comprehend what she has read. In an interview with her, she expressed being very excited about being a senior this year and participating in all of the activities that go along with this rite of passage.

- **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.)**

Mr. Parent A (Student A's father) indicates that Student A regularly helps him with tasks around the house (e.g. meal preparation, light housecleaning, yard work, etc.). He is concerned about financial planning for Student A in case something happens to him. Student A will turn 18 during this school year and he is researching guardianship possibilities. He is happy that Student A will be graduating from school at the end of this year and that she is becoming more independent. He and Student A are looking around at different supported living apartments in the town so she can choose where she would like to live in the future. Student A's father would like Student A to take a first aid/CPR course and learn more about sexuality and appropriate relationships so that she will be better prepared to live away from home. Student A's dad is concerned about financial planning for Student A in case something happens to him.

- **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.)**

Since her last IEP, Student A has maintained good grades. She has decided to take one more elective class in childcare with supports, and she participates well in class. She has recently started working in a paid position in the hospital with support from a school job coach and is expected to receive a new job coach from Vocational Rehabilitation (VR) soon. She and her teachers are continuing to work on the issue of improper attachment to other people. In the past Student A has become overly attached to a teacher and expects this individual to provide their full attention. These situations tend to occur when Student A is experiencing stress. Student A is being taught different ways to relax herself when she feels stress (counting to ten, going for a walk to get a drink of water). Teachers will encourage her to use the FAST strategy this year.

- **A summary of the most recent evaluation/re-evaluation results**

Student A scored in the below average range of intelligence as measured by the WISC-IV given in September 2014. She also performs significantly below her peers in adaptive behavior consistent with the range of intelligence. According to her recent academic evaluation scores, Student A is significantly below her peers in the areas of reading comprehension, written expression, and mathematics. Student A performed Below Basic in the MAP assessments in Communication Arts and Mathematics in 11th grade.

- **A summary of the results of the child's performance on:**
  - **Formal or informal age appropriate transition assessments:**

In 2013, Student A completed a comprehensive vocational evaluation at VR. On the Reading Free Vocational Interest Inventory-Revised (RFVII-R) she had high interest in the patient care category indicating a preference for occupations concerned with attending to the physical comfort, safety and appearance of patients, and performing routine tasks in hospitals, clinics, morgues, or health care related facilities. She completed several Valpar (size discrimination, numerical sorting, pre-vocational readiness battery, independent problem solving) and Micro-TOWER (message taking, making change, filing, mail sorting) work samples with good accuracy, paying close attention to her work. She would benefit from the use of a job developer and job coach in any new employment situation. Through an informal interview with Student A in September 2014, she identified interest in working in the medical field and living in an apartment with roommates. She would also like to take college courses that would help her reach these goals, as well as participate in community activities with friends.

- 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:

11

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, ACCESS for ELLs.

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: 09 / 13 / 13 (month/day/year).

State Assessments
IDEA requires students with disabilities to participate in the following state assessments.
 ACCESS for ELLs 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://dese.mo.gov/se/compliance/specedguidance.html
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 (refer to District Assessment Plan)?
☒ 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**

12

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.

EMPLOYMENT (REQUIRED)

MEASURABLE POST-SECONDARY GOAL(S)	(What work the student will do after graduation from high school.) **After high school, I (Student A) will work at the local hospital.**
TRANSITION SERVICES	(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.)
Responsible Agency/Person	**List Transition Services**
Missouri High School A	Provide instruction and practice in basic employment skills (e.g. how to call in sick, completing tasks, finding new tasks, greeting customers, etc) Determine transportation options within the community for getting to and from the work place. (e.g., city bus, taxi, carpool)
Student Student A	Participate in work experience at the hospital. Meet with VR counselor to develop Individual Plan of Employment.
Parent Parent A	Meet with VR counselor to develop Individual Plan of Employment with Student A. Open a bank account and pursue options for getting an automatic teller card with limits on expenditures per day.
Outside Agency* (specify agency) VR Representive A . Voc. Rehabilitation * If appropriate, MUST be invited to IEP meeting with proper consent	Develop Individual Plan of Employment with Student A and her father. Provide related service job coaching to assist in work at the hospital and job shadowing experiences.

EDUCATION/TRAINING (REQUIRED)

MEASURABLE POST-SECONDARY GOAL(S)	(What education/training the student will complete after graduation from high school.) **After high school, I (Student A) will take classes at a college that provides a certificate after completion of the program. Student A will receive on the job training at the local hospital.**
TRANSITION SERVICES	(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.)
Responsible Agency/Person	**List Transition Services**
Missouri High School A	Review registration process for courses at the two-year certificate programs in college with Student A and her father. Provide information about disabilities offices to support students attending college. Provide information about Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
Student Student A	Visit a college that offers a two-year certificate program and obtain admissions information.
Parent Parent A	Visit community college and meet with course advisors about enrolling in courses for health and wellness, life skills, and money management.
Outside Agency* (specify agency) _____ * If appropriate, MUST be invited to IEP meeting with proper consent	

INDEND LIVING (IF APPROPRIATE - Refer to Independent Living Goal Worksheet)	
MEASURABLE POST-SECONDARY GOAL(S)	(How the student will live after graduation from high school.) **After high school, I (Student A) will live in an apartment with roommates.**
TRANSITION SERVICES	(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.)
Responsible Agency/Person	**List Transition Services**
Missouri High School A	Provide community experience in a variety of environments. ie: adult service agencies, grocery store, government buildings in the community to provide opportunities to uses public transportation for the community experiences. Provide instruction for creating and managing a monthly budget.
Student Student A	Visit supported living apartment programs in community. Meet with Independence First (Center for Independent Living) to identify services.
Parent Parent A	Explore guardianship issues and estate planning.
Outside Agency* (specify agency) Independence representive A . Independence First * If appropriate, MUST be invited to IEP meeting with proper consent	Support Independence representative A and Student A to obtain a state ID card and to apply for Supplemental Security Income (SSI). Provide information to Independence representive A and Student A about apartment options.

Course of Study

Include a multi-year description of coursework aligned to the student's post-secondary goals.
Attach four-year plan or list courses below to be completed before graduation

NOTES

School Year 1: Semester One	Employment	Educ./Training	Ind. Living	Semester Two	Employment	Educ./Training	Ind. Living
Life Skills English	x	x		Life Skills English	x	x	
PE			x	PE			x
Life Skills Physical Science		x		Life Skills Physical Science		x	
Life Skills Math			x	Life Skills Math			x
Elective (Drawing I)			x	Elective (Keyboarding)			x
Elective (PreEmployment)	x			Elective (PreEmployment)	x		

School Year 2: Semester One				Semester Two			
Life Skills English	x	x		Life Skills English	x	x	
Life Skills Civics		x		Life Skills Civics		x	
Life Skills Biology		x	x	Life Skills Biology		x	x
Life Skills Math			x	Life Skills Math			x
Elective (Nutrition & Wellness)			x	Health		x	x
Elective (Careers)	x	x		Elective (Careers)	x	x	

School Year 3: Semester One				Semester Two			
Life Skills English	x	x		Life Skills English	x	x	
Life Skills Gov't		x	x	Life Skills Gov't			
Life Skills Chemistry		x		Life Skills Chemistry		x	
Life Skills Math		x	x	Life Skills Math		x	x
Work Experience	x			Work Experience	x		
Work Experience	x			Work Experience	x		

School Year 4: Semester One				Semester Two			
Life Skills English	x	x		Life Skills English	x	x	
Life Skills Citizenship			x	Life Skills Citizenship			x
Personal Finance			x	Elective (Human Growth & Development I)			x
Elective (Foods I)	x	x		Elective (Foods II)	x	x	
Work Experience	x			Work Experience	X		
Work Experience	x			Work Experience	x		

Student will graduate by: ☒ earning required credits ☐ meeting IEP goals and objectives.
Anticipated month and year of graduation: 5/15

3. IEP Goal

Annual Measurable Goals

Annual Goal #: __1___ (Written Expression)

Student A will select a current event from the newspaper each week and answer Who, What, When, Where and Why questions about the event with 80% accuracy on 3 out of 4 occasions.

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)**

☒ Work samples	☐ Curriculum based tests	☐ Portfolios	☐ Checklists
☒ Scoring guides	☐ Observation chart	☐ Reading record	☐ Other:

Comments:

Annual Goal #: _2____ (Mathematics)

Using a calculator, Student A will be able to purchase 5 items in the grocery store staying within a predetermined budget on 4 consecutive occasions.

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)**

☐ Work samples	☐ Curriculum based tests	☐ Portfolios	☒ Checklists
☒ Scoring guides	☒ Observation chart	☐ Reading record	☐ Other:

Comments:

Annual Goal #: __3____ (Independent Living)

Student A will write and recite the steps of the FAST (freeze and think, alternatives, solutions, try it) strategy 5 times with 100% accuracy each quarter.

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)**

☐ Work samples	☐ Curriculum based tests	☐ Portfolios	☐ Checklists
☐ Scoring guides	☒ Observation chart	☐ Reading record	☐ Other:

Comments:

Annual Goal #: __4____

Student A will apply the FAST strategy for solving daily problems on 4 occasions with 100% accuracy as observed by the teacher or parent.

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)

☐ Work samples	☒ Curriculum based tests	☐ Portfolios	☐ Checklists
☐ Scoring guides	☐ Observation chart	☐ Reading record	☐ Other:

Comments:

Annual Goal #: __5__ (Reading Comprehension)
Using a visual schedule, Student A will perform 70% of work task independently at a 90% accuracy level in the workplace.

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)**

☐ Work samples	☐ Curriculum based tests	☐ Portfolios	☐ Checklists
☐ Scoring guides	☒ Observation chart	☐ Reading record	☒ Other: *Employer Reports*

Comments:

Annual Goal #: __6__ (Written Expression)

Student A will independently write and state her personal information (name, address, birthday, phone number, etc.) with 100% accuracy.

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)

☒ Work samples	☐ Curriculum based tests	☐ Portfolios	☐ Checklists
☐ Scoring guides	☐ Observation chart	☐ Reading record	☐ Other:

Comments:

17

4. Reporting Progress

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

☐ Bi-Quarterly   ☒ Quarterly   ☐ Trimester   ☐ Semester   ☐ Other:

5. Services Summary

Total Building Minutes: = 1,875 min WKLY	Amount	Frequency	Location	Begin Date*	End Date*
Special Education Services Specialized instruction in written expression Specialized instruction in math calculations Specialized instruction in functional life skills Specialized instruction in reading comprehension Specialized instruction in work skills	 50 min 50 min 50 min 50 min 122 min	 Daily Daily Daily Daily Daily	 ☐reg ed ☒sped☐home ☐reg ed ☒sped☐home ☐reg ed ☒sped☐home ☐reg ed ☒sped☐home ☒community based		
Related Services _____ _____ _____ ☒ None	_____ _____ _____	_____ _____ _____	☐reg ed ☐sped☐home ☐reg ed ☐sped☐home ☐reg ed ☐sped☐home	_____ _____ _____ _____	_____ _____ _____ _____
Supplementary Aids/Services _____ _____ _____ ☒ None	_____ _____ _____	_____ _____ _____	☐reg ed ☐sped☐home ☐reg ed ☐sped☐home ☐reg ed ☐sped☐home	_____ _____ _____ _____	_____ _____ _____ _____
Program Modifications and Accommodations ☒ **Documented on alternate Form F** ☐ None					
Supports for School Personnel ☐ **Documented on alternate Form F** ☒ None					

*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: Provide transportation to/from Work Experience site during school hours.

DESE Example IEP: Student A   Revised March, 2016

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 the child.

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:

    a. To what extent will the child not participate in a regular education environment? (minutes or % of special education and related service minutes on the IEP in special education settings)_____47%_____

    b. Describe the reasons why the IEP team determined that provision of services in the regular education environment was not appropriate for the child.

Student A requires specialized instruction within a small group setting due to the intensity of the need to work on functional skills. She is unable to read and comprehend material at the pace of her peers, requires small group instruction for her academic subjects, and support in her elective courses with the general population. Due to her academic needs, Student A requires modifications and accommodations to complete most of her coursework, as well as some tasks related to her job at the hospital. Student A is also working on her personal skill in self-awareness.

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.

19

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	
☒	☐	Inside regular class at least 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
☐	☐	Public residential facility
☐	☐	Private residential facility
☐	☐	Homebound/hospital

Placement Options (ECSE)

Considered	Selected	
☐	☐	Early childhood setting
☐	☐	Early childhood special education
☐	☐	Home
☐	☐	Part-time early childhood/Part-time early childhood special education
☐	☐	Residential facility
☐	☐	Separate school
☐	☐	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:

Alternate Form F

Accommodations are changes in procedures or materials that increase equitable access. Accommodations generate comparable results for students who need them and allow these students to demonstrate what they know and can do. **Modifications** are changes in procedures or materials that change the construct of the educational task making it difficult to compare results with typical peer results. Modifications allow students to demonstrate what they know and can do in a non-standardized way.

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

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

21

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

* 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.

** Must describe "Other"

For LOCATION:	For FREQUENCY:
Jobsite	

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); therefore, is excluded from Grade-Level Assessment participation. (complete Part 4)

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

☐ The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A); therefore, is excluded from NAEP participation.

ACCESS FOR ELLS; 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 ACCESS FOR ELLS.
  ☐ Without accommodations
  ☐ With accommodations (complete Part 5)

EOC: Students in Grades 9-12 or, if appropriate, Grade 8

☐ The student will participate in DESE 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 LEA EOC Assessment(s): (*See Note 2 below)

  ☐ Without accommodations for
  ☐ Geometry   ☐ Algebra II   ☐ English I   ☐ American History

  ☒ With accommodations for (complete Part 2)
  ☐ Geometry   ☒ Algebra II   ☒ English I   ☐ American History

☒ The IEP team has determined the student is exempt from the following additional LEA EOC Assessment(s):
  ☒ Geometry   ☐ Algebra II   ☐ English I   ☒ American History

☐ The student has been determined eligible for and will participate in the MAP-Alternate for grade 11 (MAP-A); Therefore is excluded from EOC participation. (complete Part 4)

ACT®: Students in Grade11

☐ The student will participate in the ACT®
  ☐ Without accommodations
  ☐ With accommodations (complete Part 3)

☐ The student has been determined eligible for and will participate in the MAP-Alternate for grade 11 (MAP-A); therefore is excluded from ACT® participation. (complete Part 4)

*NOTES:

1.) DESE Required EOC Assessments: Algebra I, Biology, English II, Government, and Algebra II (if Algebra I was taken prior to grade 9 beginning with students graduating in 2016). 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.) LEA Optional EOC Assessments: Geometry, English I, American History, and Algebra II (unless Algebra I was taken prior to grade 9) are optional assessments beginning with the students graduating 2016. 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. NAEP offers most of the universal tools, designated supports and 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 additional information regarding NAEP, refer to : http://dese.mo.gov/college-career-readiness/assessment/naep

4) ACCESS FOR ELLS (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. For additional information, refer to:
http://dese.mo.gov/college-career-readiness/assessment/access-ells

Form D – Part 2B: End-of-Course (EOC) Assessment Accommodations

The End-of-Course Assessment features Universal Tools (available to ALL STUDENTS) and Accommodations (available only to students with an IEP/504 plan). Some Universal Tools and Accommodations are only for ELL students.

Universal Tools for ALL Students

Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to ALL students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document for the current school year at http://dese.mo.gov/college-career-readiness/assessment/end-course.

Break (Pause)	Graphing Tool	Mark For Review	Scribe
Calculator	Highlighter	Masking	Separate Setting
Color Contrast	Keyboard Navigation	Protractor	Strikethrough (Cross Off)
Color Overlay	Line Guide	Read Aloud (Not including ELA Reading Passages)	Thesaurus
English Dictionary	Magnifier	Ruler	Writing Tools
Grammar Handbook	Magnification – Assistive Technology	Scratch Paper (Sticky Notes)	

Additional Universal Tools for ELL Students

Bilingual Dictionary	Read Aloud (Not including ELA Reading Passages) – Native Language	Translation	Translation – Paper/Pencil

Accommodations for Students with an IEP/504

Accommodations are changes in procedures or materials that increase equitable access during the assessment. Accommodations generate valid assessment results for students who need them and allow these students to demonstrate what they know and can do. The IEP team must determine if an accommodation will be required during the administration of the assessment to the student. For detailed descriptions of each accommodation and any restrictions on the use of them, please see the Tools and Accommodations document for the current school year at http://dese.mo.gov/college-career-readiness/assessment/end-course. Accommodations marked with ** modify and change the construct of the assessment affecting the validity of the score for accountability purposes. Use of these accommodations will result in the student receiving the **Lowest Obtainable Scaled Score (LOSS)**.

Accommodation	All	ELA	Math	Science	Social Studies
Abacus	☐	☐	☐	☐	☐
Alternate Response Options	☐	☐	☐	☐	☐
Braille	☐	☐	☐	☐	☐
Large Print	☐	☐	☐	☐	☐
Multiplication Table			☐		
Paper Based Assessment	☐	☐	☐	☐	☐
Read Aloud (ELA Reading Passages) – Assistive Technology		☐			
Read Aloud (ELA Reading Passages) – Human Reader		☐			
Read Aloud (ELA Reading Passages) – Native Language (Only for ELL)		☐			
Read Aloud (ELA Reading Passages) – Blind Students		☐			
Specialized Calculator (For Calculator Allowed Items)			☒		
Speech-To-Text	☐	☐	☐	☐	☐
**Other (Describe):	☐	☐	☐	☐	☐