



# Example Transition Case Study & IEP Student B

March 2016

Adapted from: Transition Coalition (2007). *Missouri IEP Case Studies for Transition Planning: Kirk*. Lawrence, KS: University of Kansas, Transition Coalition.  
[www.transitioncoalition.org](http://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](mailto:secompliance@dese.mo.gov)

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Student B

Age: 16

Disability Category: Multiple Disabilities (Intellectual Disability and Cerebral Palsy)

Race/Ethnicity: Caucasian

Pertinent family characteristics: Lives at home with mother and sisters. His mother is a teacher at the local high school; His Father lives in the same town and works as a mechanic.

Student B is a 10<sup>th</sup> grade student in a suburban high school. He receives special education services as student identified with Multiple Disabilities (Intellectual Disability and Cerebral Palsy). Based on Stanford Binet-5, Student B has a full scale IQ of 50.

Student B's mother reports that at home, Student B likes to play Uno with his family, watch tv (sports), garden with his mom, and hang out with the family pets; a ferret and a dog. His jobs at home include helping to clean his room and feeding the pets, but she thinks he could do more to help out if she and his sisters supported him. Student B's sisters say that he likes to hang out with them at home, especially when they have friends over or are doing homework. Because Student B's mom works at the high school, Student B stays at school until she finishes her work day. During this time, Student B likes to watch the school athletic team's practice, especially volleyball (one of his sisters is on the team) and basketball. Though Student B does not live with his dad, he sees him most weekends and enjoys spending time at the auto shop where his father works. He likes to talk to the other mechanics and customers. Three days a week, a personal care attendant from United Cerebral Palsy comes into the home for three hours to assist Student B in his daily living needs including bathing and preparing for bed. Student B's mother provides these supports during the rest of the week.

Student B has strengths in the area of math. Student B is able to tell time with a digital clock and compute basic 1 and 2 digit addition and subtraction problems without regrouping. On the most recent MAP-A test, Student B scored proficient in social studies and in mathematics.

In the area of reading, Student B is able to pronounce one-syllable words. He has difficulty pronouncing multi-syllable words and words with consonant digraphs. Using a computer with an adaptive keyboard, Student B is able to spell out some one-syllable words and type simple sentences with some missing punctuation and capitalization.

Student B is able to manipulate his electric wheelchair semi-independently. He has difficulty maneuvering through tight spaces including classroom and store shopping aisles, and he often asks for help.

Student B receives instruction in both the general education and special education classrooms. He receives reading, writing, and math instruction in the special education classroom. Student B also participates in electives in the general education classroom. He has taken PE, food preparation, choir and weight training. He enjoys these classes and has paraprofessional support to interact with his peers. Student B enjoys attending all sporting events at the high school. He particularly likes basketball and can be found in the gym watching practice until his mother finishes her work at school. One of Student B's strengths is being social; the volleyball team members refer to Student B as their number one fan. Student B recently started as manager of the basketball team.

On the Picture Interest Career Survey (PICS) the pictures represent individuals working in a variety of settings and at various skill levels. The PICS user is asked to choose one picture out of the three presented in each item. Student B's main interest areas were Human Services (social) and Health Science (social). The Vineland Adaptive Behavior Scale was administered and Student B scored as follows: Communication, 40; Daily Living, 55; and Socialization, 50, Ab Quotient was 48. His highest areas were in receptive communication, play and leisure time, and gross motor skills. The areas he scored lowest on were socialization, expressive communication and written communication, community living skills, and fine motor skills.

Student B has had a few on-site work experiences through school. He is learning how to use the cash register at the school café, which is run by a vocational class for students with disabilities. He has also been a volunteer office assistant for the afterschool program secretary where he makes simple copies, and puts information in the teachers' mailboxes. His vocational teacher has set up a checklist system that he uses in order to stay on task and get all of his work done. At this time, Student B is not paid for either work experience, but he enjoys the tasks, especially if they include interaction with other people.

Student B and his family would like him to live in an apartment with appropriate supports after he graduates from high school. They would like to see him become more independent in his daily care skills and choose healthy foods for snacks and breakfast. His mom would also like to see him participate in community-based supported employment experiences that could lead to part-time paid job.

## 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, prepares and stores food; maintains healthy diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performs light household maintenance (e.g., cleaning, unclogging drains or toilets)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appropriately makes and receives telephone calls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Follows disaster safety routines for fire and natural disasters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Household & Money Management

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

### Transportation

	Yes	No	NA
Selects appropriate method of transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Possesses required transportation documentation (e.g., driver's license, bus pass)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Organizes transportation (e.g., carpool partners, door-to-door bus or cab service)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Navigates throughout community using preferred mode of transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If driving, knows of automotive maintenance schedules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Law & Politics

	Yes	No	NA
Knows how to participate in voting and political decision-making	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understands basic local, state, and national laws	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understands rights as a person with a disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Community Involvement

	Yes	No	NA
Locates & participates in leisure, recreation, and community activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates and uses community services (e.g., stores, banks, medical facilities, recreation facilities, health department, police department, social services)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completes paperwork for medical treatment, community services, insurance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plans and acquires wardrobe (e.g., select appropriate clothes, compare prices)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to environmental cues (e.g., signs, sirens)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Personal Safety and Interpersonal Relationships

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

### Self-Advocacy

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

### Health and Wellness

Knows how to obtain healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knows how to access healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practices healthy habits (exercise, eating, buckles seatbelt, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic medical care for common illness (colds, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Additional Independent Living Skills

	Yes	No	NA
____ Student B <u>has a basic sense of right and wrong</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Student B <u>can independently manipulate his electric wheelchair</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 B’s mother, feel that additional assessment information from an occupational therapist is needed in the area of home living.

What are the 3 most important independent living skills to be addressed in IEP?

1. Choosing healthy foods
2. Managing personal care independently
3. Responds appropriately to environmental cues such as: signs for personal care, street crossings, and emergency help.

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)?

Instruction in choosing healthy foods and cooking simple meals  
Training on personal hygiene and choosing his clothes at home with support  
Experience earning allowance by completing chores at home and spending his money on small items

What annual IEP goal(s) will enable the student to meet the postsecondary independent living goal?

When given two choices, Student B will choose the healthier food 70% of the time.  
When provided with support in PE, Student B will successfully navigate his electric wheelchair with 80% accuracy.

Missouri School District B  
1427 Sunshine Lane  
555-555-5551

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

Today's date 12/15/2014

Student's Name Student B

Parent's / Adult Student's Name(s) Parent B(1) & Parent B(2)

I hereby authorize and request Missouri School District B to invite  
School District

UCP Representative B with United Cerebral Palsy to attend the IEP meeting\* for me/my child,  
Name of person, if known Agency

Student B, 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 B(1) Parent B(1) 12/15/14  
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 485-963-4588. Please return completed and signed form in the provided envelope.

SPED Teacher B Special Education Teacher 12/15/14  
Name Title Date

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

# Missouri School District B

## STUDENT INVITATION TO A TRANSITION IEP MEETING

Date: 1/5/15

Dear Student B:

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

**Date:** 2/5/15      **Time:** 10:30AM      **Location:** Missouri High School B, Special Education 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
<input checked="" type="checkbox"/> Local Education Agency (LEA) Representative	LEA School B
<input checked="" type="checkbox"/> Special Education Teacher	SPED Teacher B
<input checked="" type="checkbox"/> Individual to Interpret Instructional Implications Of Evaluation Results	Interpreter B
<input checked="" type="checkbox"/> General Education Teacher	Teacher B
<input checked="" type="checkbox"/> Student	Student B
<input checked="" type="checkbox"/> Agency Representative(s) for Post-Secondary Transition	
Agency Name <u>United Cerebral Palsy</u>	UCP Representative B
Agency Name _____	_____
<input checked="" type="checkbox"/> Parent(s)	Parent B(1) and Parent B(2)
<input checked="" type="checkbox"/> Occupational/Physical Therapist	Therapist B
<input checked="" type="checkbox"/> Speech Language Pathologist	SLP B
<input checked="" type="checkbox"/> Assistive Technology Specialist	AT B

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 B  
Name

Special Education Teacher  
Title

1/5/15  
Date

# Missouri School District B NOTIFICATION OF MEETING

To: Parent B(1) & Parent B(2)

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 Feb. 5, 2015 (Date)

at 10:30AM at Missouri High School B, Special Education Conference Room

(Time) (Location)

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

<input type="checkbox"/> Review existing data as part of an initial evaluation or reevaluation	<input checked="" type="checkbox"/> Consider Post-secondary Transition
<input type="checkbox"/> Determine initial or continued eligibility	<input type="checkbox"/> Conduct Manifestation Determination
<input type="checkbox"/> Develop initial IEP	<input type="checkbox"/> Consider/conduct Functional Behavioral Assessment
<input checked="" type="checkbox"/> Review/Revise IEP	<input type="checkbox"/> Other: _____

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

Role	Name
Local Education Agency (LEA) Representative*	<u>LEA School B</u>
<input checked="" type="checkbox"/> Special Education Teacher*	<u>SPED Teacher B</u>
<input checked="" type="checkbox"/> Individual to interpret instructional implications* of evaluation results	<u>Interpreter B</u>
<input checked="" type="checkbox"/> General Education Teacher*	<u>Teacher B</u>
<input checked="" type="checkbox"/> Student	<u>Student B</u>
<input checked="" type="checkbox"/> Agency representative(s) for post-secondary transition	
Agency Name <u>United Cerebral Palsy</u>	<u>UCP Representative B</u>
Agency Name _____	_____
<input type="checkbox"/> Part C Representative (if applicable)**	
<input checked="" type="checkbox"/> Parent(s)	<u>Parent B(1) and Parent B(2)</u>
<input checked="" type="checkbox"/> Occupational/Physical Therapist	<u>Therapist B</u>
<input checked="" type="checkbox"/> Speech Language Pathologist	<u>SLP B</u>
<input checked="" type="checkbox"/> Assistive Technology Specialist	<u>AT B</u>

\* 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 555-555-5551 as soon as possible.  
(Phone)

Sincerely,

<u>SPED Teacher B</u>	<u>Special Education Teacher</u>	<u>1/05/15</u>
Name	Title	Date

## RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

1<sup>st</sup> Attempt

Date of contact: 1/05/15

Parent waived notification requirement\*

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: \_\_\_\_\_

PARENT/GUARDIAN RESPONSE

Do not want to attend (proceed with IEP meeting)  
 Cannot attend, please reschedule (proceed with 2<sup>nd</sup> attempt)  
 No response (proceed with 2<sup>nd</sup> attempt)  
 \*\*Yes, I'll be there

\* In general, reasonable notification is 10 days.

\*\*If parent does not attend meeting, proceed to 2<sup>nd</sup> attempt

2<sup>nd</sup> Attempt (must be a direct contact with parent)

Date of contact: \_\_\_\_\_

Parent waived notification requirement\*

Method of contact: (must be a direct contact)

Written:                         Regular mail  
 Certified mail  
 Verbal:                         Phone  
 Face to face contact

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 Student	Middle B.	Last
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### STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address: 11-CW, 17 <sup>th</sup> Court		Phone: 234-567-8912
Birth date: 02 / 01 / 99    Age: 16	Student ID #/MOSIS#: 456789	
Present Grade Level: 10	Resident District Home School: Missouri High School B	

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: Student B

Address: 111-CW, 17<sup>th</sup> Court

Phone: 485-897-1258

Email: parentb(1)@showmehighschool.edu

Fax: 555-555-5552

IEP Case Manager: SPED Teacher B

Case Manager phone number: 555-555-5551

IEP Type  Initial  Annual

Date of most recent evaluation/reevaluation 02 / 05 / 14

Date of Previous IEP Review: 02 / 05 / 14

Projected date for next triennial evaluation 02/05/17

### IEP CONTENT (Required):

Date of IEP Meeting: 02 / 05 / 15

Initiation Date of IEP: 02 / 06 / 15

Projected Date of Annual IEP Review: 02/05/16

Parent(s)/Legal Guardian(s) provided copy of this IEP: 02 / 07 / 15

### 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	Method of Attendance
Signatures are not required. If a signature is used it only indicates attendance, not agreement.	
Parent B(1) Parent/Guardian	<input checked="" type="checkbox"/> in person <input type="checkbox"/> did not participate <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
Parent B(2) Parent/Guardian	<input checked="" type="checkbox"/> in person <input type="checkbox"/> did not participate <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
Student B Student	<input checked="" type="checkbox"/> in person <input type="checkbox"/> did not participate <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
LEA School B LEA Representative	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
SPED Teacher B Special Education Teacher	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
Teacher B Regular Classroom Teacher	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
Interpreter B Individual Interpreting Instructional Implications of Evaluation Results	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable) <input type="checkbox"/> by phone other: ___
	Part C Representative (if applicable)
UCP Representative B Representative of an agency which may provide postsecondary transition services (if applicable) United Cerebral Palsy	In person
Therapist B SLP B AT B Other: Other: Occupational/Physical Therapist Speech-Language Pathologist Assistive Technology Specialist	In person

# 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 B has an educational identification of Multiple disabilities. The combination of his intellectual disability and Cerebral Palsy result in significant educational needs. Student B requires specialized instruction in all core curricular courses due to the intense need to build skills for reading, math, and written language. Student B is able to participate with his peers without disabilities in some courses for the purpose of increasing socialization skills.

- **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.)**

Student B enjoys being around others and being able to communicate with them particularly as a sport is being played. He is able to communicate his wants and needs appropriately to familiar peers and adults around him. Student B can conduct simple office tasks such as sorting and making copies. He is able to follow a checklist to stay on and complete a task that has been assigned to him; this will be very beneficial to him being able to work on his independent living skills.

- **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.)**

Student B's mother is concerned about his ability to survive the "real world". She would like to see him receive on the job training so he is able to work productively. She would also like for him to continue to receive guidance on self help skills regarding his independent living skills; he is still having trouble with his self care skills. She plans on having him continue to live with her until he graduates and has a job, continues education or appropriate daytime activities. Student B and his parents will start looking at supported living apartments in the community this year.

- **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.)**

Student B now works several hours a week in the school café. He is learning how to use the cash register, by making money. He is also working on his social and communication skills. Student B works in the front office as a volunteer office assistant: making copies, and distributing information to teachers via a mailbox system. He uses a checklist system to keep him systematic and on task. There are plans in place to help Student B learn to staple and file information within the next year. In learning these skills Student B will be able to transition this learning opportunity in jobs he has interest in pursuing. Student B continues to expand his verbal vocabulary. In the past year, he increased his expressive language using an AAC device from 55 words to 75 words. He uses his AAC device to further his communication with others with increasing his vocabulary he is expanding his social skills with individuals who are unfamiliar.

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

Student B's last diagnostic staffing was on 02/05/14. His full scale IQ score obtained using the Stanford-Binet-5 was 50, indicating Intellectual Disabilities. The Vineland Adaptive Behavior Scale scores were as follows: Communication, 40; Daily Living, 55; and Socialization, 50; Ab Quotient was 48. His highest areas were in receptive communication, play and leisure time, and gross motor skills. The areas he scored lowest on were socialization, expressive communication and written communication, community living skills, and fine motor skills. Student B continues with the medical diagnosis of Cerebral Palsy, with the combination of Intellectual Disabilities, Student B continues to meet the eligibility criteria of Multiple Disabilities. Student B scored proficient on the alternative MAP Assessment. It is noted that his reading level is mid-1<sup>st</sup> grade level and his math is beginning 2<sup>nd</sup> grade level. Based on the Woodcock-Johnson Revised, Student B was able to tell time and compute basic addition/subtraction problems without regrouping. In the area of reading, Student B is able to pronounce 65 one-syllable words and 10 two-syllable words. He has difficulty pronouncing multi-syllable words and words with consonant digraphs. Using an AAC device, Student B is able to spell some one-syllable words and type simple sentences with some missing punctuation and capitalization. Student B is able to manipulate his electric wheelchair semi-independently. He has difficulty maneuvering through tight spaces including classroom and shopping store aisles. On the Picture Interest Career Survey given in October, 2014, Student B's main interest areas were Human Services (social) and Health Science (social). These results are consistent with Student B's interests in working in an office or in the field of sports.

- **A summary of the results of the child's performance on:**

- **Formal or informal age appropriate transition assessments:**

He has been assessed using formal and informal assessment that address training, education, employment, and independent living, as needed. He was assessed using a student interview and the Career Interest Survey. On the Picture Interest Career Survey given in October, 2014, Student B's main interest areas were Human Services (social) and Health Science (social). On the Vineland Adaptive Behavior Scale, Student B's highest scores were in the areas of receptive communication, play and leisure time, and gross motor skills. His lowest scores were in the areas of expressive and written communication, community living skills, and fine motor skills. In an interview with Student B, he indicated that he would like a career in sports or work in an office. He also indicated that he eventually wants to live in his own place and hang out with friends and attend sporting events.

- **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, 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 05 /15 (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 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/spcedguidance.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 the 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**

## 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)

<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(What work the student will do after graduation from high school.) <b>After high school, I (Student B) will work in office.</b>
<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 Missouri High School B	Update the career interest inventory data using additional picture and situational assessments in Career Exploration class. Identify and evaluate work-based exploration experiences in Student B's interest and aptitude. Learn and practice social and communication skills (soft skills) for the workplace.
Student Student B	Participate in in-school jobs and practice interview skills in Work Experience. Participate in a work-based exploration program. Learn to identify appropriate resources for problem solving.
Parents Parent B(1) & Parent B(2)	Meet with supported employment agencies to identify and evaluate their services. Apply for Vocational Rehabilitation Services.
Outside Agency* (specify agency) <u>United Cerebral Palsy</u> * If appropriate, MUST be invited to IEP meeting with proper consent	Support Student B to increase his independence in sorting office supplies and putting them in the appropriate areas as directed.

### EDUCATION/TRAINING (REQUIRED)

<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(What education/training the student will complete after graduation from high school.) <b>After high school, I (Student B) will participate in class offered at the Center for Independent Living (CIL).</b>
<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 Missouri High School B	Visit CIL and identify how Student B can receive accommodations and support to attend and participate in educational classes of interest to him. Complete an assistive technology evaluation (completed by the OT) to determine what types of AT would be helpful to Student B in CIL.
Student Student B	Visit CIL, learn about, and visit some of the classes offered. Apply for eligibility with county transportation program.
Parent Parent B(1) & Parent B(2)	Visit CIL, learn about, and visit some of the classes offered. Learn about students' rights under ADA and Section 504 of Rehabilitation Act. Apply for eligibility with county transportation program.
Outside Agency* (specify agency)  * If appropriate, MUST be invited to IEP meeting with proper consent	

<b>INDEPENDENT LIVING</b> (IF APPROPRIATE - Refer to Independent Living Goal Worksheet )	
<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(How the student will live after graduation from high school.) <b>After high school, I (Student B) will live in an apartment with roommate(s) and supports, and manage my personal-care attendants.</b>
<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 Missouri High School B	Share information about community agencies that provide adult independent living skills training to Student B's parents. School district will provide contact and service information to the parent about the independent living center in the region.
Student Student B	Visit community agencies that provide adult independent living skills training. Complete chores at home with increasing independence.
Parent Parent B(1) & Parent B(2)	Visit the regional independent living center and residential provider.
Outside Agency* (specify agency) <b>United Cerebral Palsy</b> * If appropriate, MUST be invited to IEP meeting with proper consent	Assist Student B to increase his independence in choosing and preparing a healthy breakfast each day. Encourage Student B to verbalize needs and maneuver his wheelchair independently at home. Learn about and visit potential places in the community to shop for food, clothes, etc.



### 3. IEP Goal

#### Annual Measurable Goals

Annual Goal #:   1  

When given a word from his English word list, Student B will pronounce the word correctly in 8 out of 10 trials.

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 checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments: Student B is currently able to pronounce 55 words in a list of 100 high-frequency employment and daily living skills words.

**Measurable Benchmarks/Objectives:**

By 5/15, when given a list of high-frequency words, Student B will demonstrate decoding skills by pronouncing words with 50% accuracy on 8 out of 10 data collection days.

By 10/15, when given a list of high-frequency words, Student B will demonstrate decoding skills by pronouncing words with 70% accuracy on 8 out of 10 data collection days.

By 12/15, when given a list of high-frequency words, Student B will demonstrate decoding skills by pronouncing words with 80% accuracy on 8 out of 10 data collection days.

By 2/16, when presented with a sentence at a beginning first grade reading level, Student B will utilize and demonstrate decoding comprehension skills by orally reading the paragraph with expression with 50% accuracy on 8 out of 10 data collection days.

Annual Goal #:   2  

When given two choices, Student B will identify the healthier food 70% of the time on 3 out of 4 trials.

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 checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

**Comments:**

Student B's mother and the United Cerebral Palsy personal care assistant will assist with data collection in the home.

**Measurable Benchmarks/Objectives:**

By 5/15, Student B will identify his favorite foods as either healthy or not healthy with 70% accuracy on 3 out of 4 collection days.

By 10/15, Student B will place pictures of foods into healthy and not healthy categories with 70% accuracy on 3 out of 4 collection days.

By 12/15, when given two food choices, Student B will choose the healthier food with 50% accuracy on 3 out of 4 collection days.

By 2/16, when given two food choices, Student B will choose the healthier food with 70% accuracy on 3 out of 4 collection days.

Annual Goal #:   3  

Student B will verbally identify four adult services agencies in his community and the types of services they provide on 4 out 5 opportunities (Ex: Independent Living Center- cooking classes, information about housing for people with disabilities).

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 checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

**Comments:**

**Measurable Benchmarks/Objectives:**

By 10/15, Student B will verbally identify three adult services agencies in his community and the types of services they provide on 4 out 5 opportunities.

By 2/16, Student B will verbally identify four adult services agencies in his community and the types of services they provide on 4 out 5 opportunities.

Annual Goal #: 4 \_\_\_

Student B will independently navigate his electric wheelchair with 80% accuracy, including emergencies; i.e.: Tornado, fire, and earthquake.

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 checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Measurable Benchmarks/Objectives:

By 5/15, when cones are placed in a straight line, Student B will independently navigate the course with 80% accuracy on 3 out of 4 data collection days.

By 10/15, when cones are placed in a straight line with one corner, Student B will independently navigate the course with 80% accuracy on 3 out of 4 data collection days.

By 12/15, when cones are placed in a straight line with an obstacle to avoid, Student B will independently navigate the course with 50% accuracy on 3 out of 4 data collection days.

By 2/16, when cones are placed in a straight line with an obstacle to avoid, Student B will independently navigate the course with 80% accuracy on 3 out of 4 data collection days.

By 2/16, Student B will be aware of procedures of where to go and what to do in an event of a natural disaster with 100% accuracy.

Annual Goal #: \_\_\_5

Using his AAC device, Student B will produce simple sentences with 80% accuracy on a topic provided by his teacher in 3 out of 4 trials.

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 checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Measurable Benchmarks/Objectives:

By 5/15, when asked a question about a topic of interest, Student B will produce a simple sentence on his AAC device with 50% accuracy on 3 out of 4 data collection days.

By 10/15, when asked a question about a topic of interest, Student B will produce a simple sentence on his AAC device with 80% accuracy on 3 out of 4 data collection days.

By 12/15, when asked to write a question about a topic of interest, Student B will write a simple question with correct punctuation with 80% accuracy on 3 out of 4 data collection days.

By 2/16, when discussing a topic in class, Student B will write a simple sentence with correct punctuation with 80% accuracy on 3 out of 4 data collection days.

Annual Goal #: 6

When given a dollar amount, Student B will enter the amount into a cash register and then provide the change with 100% accuracy identified by the cash register.

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 checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments: Student B has limited experience using a cash register. He can identify coins and the amount they are worth.

Measurable Benchmarks/Objectives:

By 5/15, when given a dollar amount, Student B will enter the amount into the cash register with 90% accuracy on 3 of 4 data collection days.

By 10/15, when change under \$1.00 is identified by the cash register, Student B will count out exact change with 50% accuracy on 3 of 4 data collection days.

By 12/15, when change under \$1.00 is identified by the cash register, Student B will count out exact change with 70% accuracy on 3 of 4 data collection days.

By 2/16, when change under \$1.00 is identified by the cash register, Student B will count out exact change with 90% accuracy on 3 of 4 data collection days.

#### 4. Reporting Progress

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

Bi-Quarterly   
  Quarterly   
  Trimester   
  Semester   
  Other:

#### 5. Services Summary

Total Minutes for <i>Missouri High School B = 1975WKY</i>	Amount	Frequency	Location	Begin Date*	End Date*
<b>Special Education Services</b>					
<u>Specialized instruction in job skills</u>	<u>100min</u>	<u>Weekly</u>	<input checked="" type="checkbox"/> Community based	2/6/15	
<u>Specialized instruction on functional life skills</u>	<u>100 min</u>	<u>Daily</u>	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<u>Specialized instruction in communication skills</u>	<u>100 min</u>	<u>Daily</u>	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<u>Specialized instruction in math calculations</u>	<u>45 min</u>	<u>Daily</u>	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<b>Related Services</b>					
<u>Speech Therapy</u>	<u>90 min</u>	<u>Weekly</u>	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<u>Occupational Therapy</u>	<u>45 min</u>	<u>Daily</u>	<input checked="" type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<input type="checkbox"/> None					
<b>Supplementary Aids/Services</b>					
<u>Paraprofessional</u>	<u>660 min</u>	<u>Weekly</u>	<input checked="" type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	2/6/15	
<input type="checkbox"/> None					
<b>Program Modifications and Accommodations</b>					
<input checked="" type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> None					
<b>Supports for School Personnel</b>					
<input checked="" type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> 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: Transportation needed for work experience job sites only

## 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) 33%
- 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 B requires significant instructional and/or content modifications in his daily education. He requires assistance with expressive and written communication, community living skills, and fine motor skills. Student B also has trouble with manipulating his wheelchair in the classroom situations.

### 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)			Placement Options (ECSE)		
Considered	Selected		Considered	Selected	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inside regular class at least 80% of time	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inside regular class 40% to 79% of time	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inside regular class less than 40% of time	<input type="checkbox"/>	<input type="checkbox"/>	Home
<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility	<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility	<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility	<input type="checkbox"/>	<input type="checkbox"/>	Separate school
<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility	<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home
<input type="checkbox"/>	<input type="checkbox"/>	Homebound/hospital			

**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 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*	
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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Modify weight of course examinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Modify weight of course components	<input checked="" 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"/>	Use weekly grade checks	<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>2. Text</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"/>	Audio	<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"/>	Digital	<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"/>	Braille	<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"/>	Highlighted	<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 home set of textbooks/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"/>	Study Guides	<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"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adapted or simplified text/material	<input checked="" 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>3. Lectures</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"/>	Taped	<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"/>	Note taking assistance	<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"/>	Preferential Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teacher provides notes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Study Guides	<input checked="" 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>4. Test/Exams</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"/>	Oral	<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"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Extended time for completion	<input checked="" 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"/>	Taped	<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"/>	Multiple sessions	<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"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Open book exams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Read test to student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Modify Test Format	<input checked="" 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"/>	Record student 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"/>	Alternative setting	<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"/>	Read test to student using DVD or recorded format	<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>5. Environment</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"/>	Preferential seating	<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"/>	Alter physical room arrangement (describe)	<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"/>	Adjustments for speech intelligibility/fluency	<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"/>	Study carrel for independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other: <i>Hands-on Learning</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
										<b>6. Assignments</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Read or tape record directions to student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allow copying from paper/book	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lower difficulty level-shorten assignments	<input checked="" 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"/>	Directions given in a variety of ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reduce paper/pencil tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Give oral cues/prompts	<input checked="" 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 student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adapt worksheets and packets	<input checked="" 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"/>	Avoid penalizing for penmanship	<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"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Extended Time for completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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
<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"/>	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"/>	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"/>	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"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
										<b>7. Reinforcement</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use positive/concrete reinforcers	<input checked="" 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"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check often for understanding/review	<input checked="" 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"/>	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"/>	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"/>	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"/>	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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use Dyna Vox for communication and class participation	X					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dedicated Paraprofessional Aide	X					
										<b>Supports for School Personnel</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"/>	Specialized Material (Specify)						
<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"/>	Dyna Vox Communication Device (AAC device)						
<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"/>	Wheelchair						
<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"/>	Training (Specify)						
<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"/>	Consultant Services (Specify)						
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:
Foods 3 Personal Finance PE Weight Training	

## 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 Grade 11

- 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 4: Alternate Assessment (MAP-A)

- Missouri has determined that the MAP-A is the appropriate alternate assessment for the MAP based upon the educational curriculum focusing on essential skills and alternative learning standards for students with the most significant cognitive disabilities meeting the eligibility criteria to participate in the alternate assessment.

- Justification for why the child cannot participate in the regular assessment (Grade-Level or EOC) based upon the multiple criteria for eligibility to participate in the MAP-A:

Student B has an educational diagnosis of Multiple disabilities because the combination of his intellectual disability and orthopedic impairment cause such severe educational needs one cannot be accommodated in the special education program solely due to one of the impairments. Due to the need for individualized instruction in reading, math, and written language, Student B requires specialized instruction in all core curricular courses. This individualized education at Student B's instructional level is best provided in the special education classroom. With support and modification, Student B is able to participate with his peers in elective courses for the purposes of socialization skill building.

Student B is able to tell time with a digital clock and compute basic 1 and 2 digit addition and subtraction problems without regrouping.

In the area of reading, Student B is able to pronounce one-syllable words. He has difficulty pronouncing multi-syllable words and words with consonant digraphs. Using a computer with an adaptive keyboard, Student B is able to spell out some one-syllable words and type simple sentences with some missing punctuation and capitalization.

(Please refer to the alternate assessment decision making resources including the guidance document, flowchart and/or checklist when making justification for participation in the alternate assessment at the following link: <http://dese.mo.gov/college-career-readiness/assessment>.)

- Describe how the student demonstrates the most significant cognitive disabilities and limited adaptive skills that may be combined with physical or behavioral limitations:

A comprehensive review has included communication, self-care, dialing living, social skills, community access, self-direction, health & safety, functional academics, leisure and employment. Student B's adaptive skills were measured by tests of adaptive functioning. The tests were commensurate with the scores from the cognitive evaluation. The student is able to be taught basic life skills and perform simple tasks with supervision.

- Describe how the most significant cognitive disability impacts the student's access to the curriculum and requires specialized instruction:

Due to his disability, Student B requires significant instructional and/or content modifications, therefore a modified curriculum has been developed for Student B that consists of functional life skills including pre-academics, communication, self-care, daily living, employment and social skills. Student B requires information to be obtained primarily through methods other than reading due to his limited reading ability and also utilizes alternate methods to express or share oral or written ideas and information with others.

- Describe how the most significant cognitive disability impacts the student's post-school outcomes:

It is anticipated that Student B's post-school outcomes may include moderate to significant supervision in order to access the community for employment, and participate in education/training, recreation, and daily living activities. Student B's anticipated post-school outcomes for education/training will include on-the-job training for supported employment and possible community education courses, with support. Student B's anticipated post-school outcomes for employment will focus on supported, part-time employment.

- Describe additional factors considered (e.g. excessive absences; visual or auditory disabilities; or social, cultural, language or economic differences, etc.)

Student B's difficulty in the general education curriculum is not a result of excessive absences; visual or auditory disabilities or social, cultural language, or economic differences. Student B's difficulty in the general education curriculum is due primarily to the impact of his most significant cognitive disability, combined with limited adaptive skills.