



Example Transition Case Study & IEP Student C

March 2016

Adapted from: Transition Coalition (2012). *Missouri IEP Case Studies for Transition Planning: Vu*. Lawrence, KS: University of Kansas, Transition Coalition.
www.transitioncoalition.org

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Case Study

Name: Student C

Age: 17

Disability category: Learning disability

Race/ethnicity: Asian

Pertinent family characteristics: His parents immigrated to U.S. prior to him being born, he is one of five children; Mother has a junior college degree; Father has no degree; Lives with mother and father. Entire family is able to communicate effectively in both Vietnamese and English.

Student C is a 17-year-old junior of average intelligence who has been diagnosed with a learning disability in the area of reading. He also has a medical diagnosis of attention-deficit/hyperactivity disorder (ADHD). He takes an extended release medication daily to treat his ADHD symptoms.

His parents emigrated from Vietnam prior to Student C being born and he is the middle of five children. He and his family live in an urban area. Student C is very artistic and has been involved in several commercial art projects. He is the assistant art director for the school yearbook and takes pride in seeing his work in school publications. He usually gets along well with peers, but peer and teacher conflicts occasionally develop from his impulsive and inappropriate actions typically as a result of trying to cover his reading disability. Sometimes he will act out in class to avoid responsibility, but he controls his behavior in a reasonable amount of time. He is primarily in general education classes, but reads at a 5.0 level which creates difficulty in some of his courses.

Student C's academic strengths are math and science, and he enjoys hands-on projects. He has a keen ability to note and remember detail which is evident in his artistic creations. His future he plans to join the Army Reserves and pursuing an art career, but Student C has not elaborated on any specific path. He is ambivalent about going to a 4-year college because he intensely dislikes traditional learning environments. He is aware of his academic strengths and needs, but he lacks an understanding of how these will affect future options for education and employment.

Student C has had little experience with cooking, doing laundry, and other day-to-day household activities. Student C works part-time in his father's store. He has two bank accounts (checking and savings) and prefers to save his money than spend it. He passed his driving test and is able to use one of the two cars the family owns. Generally, he is very helpful with driving his younger siblings to activities. His two older siblings, both girls, have gone on to pursue a college education.

During this school year, Student C has completed four transition assessments. In an informal interview, he reports that he gets along well with his family but he would like the opportunity to move out on his own after graduating school. On the educational interests section, he stated that if he does not go straight into the Army Reserves after high school he would like to work part-time and take specified courses at a community college in order to receive art training. He also completed an informal self-determination/self-advocacy checklist which helped him think about what he likes, values, strengths and weaknesses. While completing this assessment he realized that he does not know where to look for the support he needs, and that he does not know what his rights are as a person with a disability. He and his family were informed about Vocational Rehabilitation (VR) services during the IEP meeting last year, but because he was a sophomore, it wasn't appropriate to apply for services.

Currently, Student C works part time at his father's store. Student C's father would like for him to work full time in the family store when he graduates from high school. Student C would like to get an apartment with friends after he graduates but realizes that it would cost less to live at home, and his parents are fine with him living at home for a couple of years. Student C and his parents have had many discussions about the military and school, while they don't agree with Student C's plans to enlist in the military; they are willing to support Student C in his dreams. Student C has decided to enlist in the Army Reserves to help pay for community college where he plans to take art classes. Last fall Student C took the ASVAB and an informal assessment titled "What to Consider When Exploring Military Training." These assessments helped him identify his strengths related to military careers and research on his own the commitments involved in joining the military.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages money (e.g., counts money, makes change, budgets, pays taxes, and monthly bills)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates cost of services (e.g., banking, telephone, leasing, credit cards, loans)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locates & acquires place to live (e.g., finds housing, understands rental agreements)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets up living setting (e.g., organizes furniture, arranges for utilities and services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Transportation

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

Law & Politics

	Yes	No	NA
Knows how to participate in voting and political decision-making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands basic local, state, and national laws	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes paperwork for medical treatment, community services, insurance, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plans and acquires wardrobe (e.g., select appropriate clothes, compare prices)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes informed choices regarding sexual behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic parenting skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Advocacy

	Yes	No	NA
Expresses strengths and needs; asks for accommodations when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses preferences appropriately, identifies long- and short-range goals, and takes steps to reach goals	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts through discussion, reasoning, & compromise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and Wellness

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

Additional Independent Living Skills

	Yes	No	NA
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input 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?
No additional assessment information is needed at this time.

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

1. Understanding how to manage a personal budget
2. Understanding rights as a person with a disability
3. Managing household responsibilities

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 budgeting
- Instruction in rights and responsibilities with guided practice-asserting rights
- Instruction in managing and maintaining his daily living environment

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

- Will complete a personal budget based on an “assigned income” on three out of four occasions.
- Complete an application for college and housing with 90% accuracy.

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

Today's date February 14, 2014

Student's Name Student C

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

I hereby authorize and request Missouri High School C to invite
School District

VR Rep C with Vocational Rehabilitation to attend the IEP meeting for
Name of person, if known Agency
me/my child, Student C 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 C(2) February 26, 2014
Parent/Guardian Name Signature of Parent/Guardian Date (M/D/Y)

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

If you have any questions regarding this request, please contact me at the following number 555-555-5552. Please return completed and signed form in the provided envelope.

SPED Teacher C Special Education Teacher February 14, 2014
Name Title Date

Student's Name: Student C

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

Missouri District
STUDENT INVITATION TO A TRANSITION IEP MEETING

Date: 03/01/2014

Dear Student C :

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

Date: 04/01/2014 **Time: 8:00AM** **Location: Missouri High School C, Room 212**

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	<u>LEA C</u>
<input checked="" type="checkbox"/> Special Education Teacher	<u>SPED Teacher C</u>
<input checked="" type="checkbox"/> Individual to Interpret Instructional Implications Of Evaluation Results	<u>Interpreter C</u>
<input checked="" type="checkbox"/> General Education Teacher	<u>Teacher C</u>
<input checked="" type="checkbox"/> Student	<u>Student C</u>
<input checked="" type="checkbox"/> Agency Representative(s) for Post-Secondary Transition	
Agency Name <u>Vocational Rehabilitation</u>	<u>VR Rep C</u>
Agency Name _____	_____
<input checked="" type="checkbox"/> Parent(s)	<u>Parent C(1) & Parent C(2)</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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 C
Name

Special Education Teacher
Title

03/01/2014
Date

NOTIFICATION OF MEETING

To: Parent C(1) & Parent C(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 April 1, 2014
 (Date)

at 8:00AM at Missouri High School C, Room 212
 (Time) (Location)

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

Review existing data as part of an initial evaluation or reevaluation
 Determine initial or continued eligibility
 Develop initial IEP
 Review/Revise IEP

Consider Post-secondary Transition
 Conduct Manifestation Determination
 Consider/conduct Functional Behavioral Assessment
 Other: _____

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

Role	Name
<input checked="" type="checkbox"/> Local Education Agency (LEA) Representative*	<u>LEA C</u>
<input checked="" type="checkbox"/> Special Education Teacher*	<u>SPED Teacher C</u>
<input checked="" type="checkbox"/> Individual to interpret instructional implications* of evaluation results	<u>Interpreter C</u>
<input checked="" type="checkbox"/> General Education Teacher*	<u>Teacher C</u>
<input checked="" type="checkbox"/> Student	<u>Student C</u>
<input checked="" type="checkbox"/> Agency representative(s) for post-secondary transition Agency Name <u>Vocational Rehabilitation</u> Agency Name _____	<u>VR Rep C</u>
<input type="checkbox"/> Part C Representative (if applicable)**	_____
<input checked="" type="checkbox"/> Parent(s)	<u>Parent C(1) & Parent C(2)</u>
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

* 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 555-555-5552 as soon as possible.
 (Phone)

Sincerely,

SPED Teacher C
 Name

Special Education Teacher
 Title

3/1/2014
 Date

RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

1st Attempt

Date of contact: 3/3/2014

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 2nd attempt)
 No response (proceed with 2nd attempt)
 **Yes, I'll be there

Comment: Didn't hear so called to follow-up.
Original meeting still planned.

* In general, reasonable notification is 10 days.

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

2nd Attempt (must be a direct contact with parent)

Date of contact: 3/15/2014

Parent waived notification requirement*

Method of contact: (must be a direct contact)

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

TEACHER NOTE: Parents did not respond to letter, so teacher made phone call to follow up. Original meeting still planned.

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.

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 C has difficulty being involved in and accessing the general education curriculum due to his Specific Learning Disability in Basic Reading. Student C requires extra time to complete in-class and take-home reading and writing assignments, because He has trouble reading grade level materials at the pace of his peers. His listening comprehension is generally good when he is able to stay focused. Also, due to his medical diagnosis of ADHD, Student C also has difficulty staying on task in class and needs periodic reminders to stay focused. With Student C's plans to enlist in the military, his reading skills will have an impact on how he is able to read materials required by the military personal. Student C also plans to attend the local community college while pursuing classes in the area of Commercial Arts. Student C will be meeting with the recruiter and with the college advisor to go over any accommodations he will need in order to be successful.

- The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the child's post-secondary goals.)

Assessment indicates that Student C's strengths are in the areas of math, science, short-term and long-term memory, and creativity. Based on an informal interview with his resource teacher, Student C stated that he would like to enter the Army Reserves, and then after completing basic training, take art classes part-time at a local community college. Student C keeps an A average in his J-ROTC class and enjoys it. He stays focused throughout the entire class time and his teacher reports that he is one of the best students. Student C is very artistic and has been involved in several commercial art projects. He is the assistant art director for the school yearbook and takes pride in seeing his work in school publications.

- 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 C's parents are concerned with his reading skills. They feel his lack of reading skills will affect his ability to enter and complete coursework at a community college. His parents do not agree with Student C about his future plans to enter the Military, but are willing to support Student C if he chooses to enlist. Student C's parents agree he would be more successful in living with them as he is transitions from high school to community college.

- 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 affect the child's ability to reach his/her post-secondary goal.)

Since his last IEP, Student C has maintained a C average or higher in all his classes. On the Geometry EOC assessment, Student C scored Proficient with the accommodation of having text read to him. Sometimes he receives negative reports from his English teacher because of conflicts that arise due to his reading difficulties. Student C reads at a 5.0 level, which creates difficulty in some of his courses. When reading from an 11th grade text, Student C will omit unknown words and is unable to identify the main idea; however, when he listens to somebody reading the text he is accurate in reiterating the main idea and details of the story. Since his last IEP, Student C has increased his ability to recognize his own spelling errors. Due to his learning disability in the area of reading, Student C requires accommodations of the text being read to him and to have extended time in his general education classes to maintain a level of performance.

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

Student C has average intelligence, a Full Scale IQ of 103 as measured by the WISC-III given in January 2014. In Basic Reading Skills and Written Expression, he received a 77. According to his recent Woodcock Johnson III-Battery (January 2014), Student C scored at his grade level in all other academic areas.

- A summary of formal and/or informal age appropriate transition assessments based on the student's needs, preferences and interests (must be included no later than the first IEP to be in effect when the student turns age 16):

Informal interview with resource teacher: Student C mentioned that he does know he is in a special education program and he thinks it's because he's a terrible reader, but generally he doesn't consider himself any different than his peers. He is interested in leisure activities such as painting, drawing, skateboarding, riding bikes with his friends, and going to the movies. He values quality time spent with his friends and family members. His older sisters are both in college and he does not get to spend much time with them. His future plans are to enlist in the Army Reserves and take Art classes at the community college. He would like the opportunity to get his own apartment with friends but, currently he will stay living at home in order to save money.

Informal self-determination/self-advocacy checklist: Student C discovered that he does not know where to look for the support he needs and that he does not understand his rights as a person with a disability.

Independent Living Checklist: Student C, with his IEP team, identified food preparation, understanding rights as a person with a disability and acquiring and caring for a wardrobe as his primary independent living needs as identified on the Independent Living Checklist.

Informal inventory "What to Consider When Exploring Military Training": Student C is currently researching commitments involved in enlisting in the military and he has an appointment set up with a recruitment officer to discuss military options.

Rubric analysis of artwork: Student C's Drawing and Drawing II teacher graded all of his artwork on a rubric. Student C's strengths in art were identified as creativity/originality, skill in drawing, and attitude. His teacher did report that Student C shows some variance in consistency with a few pieces seeming rushed without his typical focus to detail.

Student C also took the ASVAB in 10th grade and his standard scored were as follows on his Career Exploration Scores Standard Score: Verbal Skills 46% , Math Skills 55% and Science and technical Skills 70% .

- For students participating in alternative assessments, a description of benchmarks or short-term objectives

N/A: The IEP team has determined this student is not MAP A eligible.

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 / (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: 04 / 15 / 2014(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 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)

MEASURABLE POST-SECONDARY GOAL(S)	(What work the student will do after graduation from high school.) Upon completion of high school, I, Student C, will join the Army Reserves.
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
Missouri High School	Provide resources and instruction on the Americans with Disabilities Act Provide practice in completing job applications and interviewing Help in preparing him to take the ASVAB
Student Student C	Take the ASVAB Conduct an informational interview with military branch officers
Parents Parent C(1) & Parent C(2)	Schedule a visit with and provide transportation to the Vocational Rehabilitation office to determine eligibility for services.
Outside Agency* (specify agency) <u>VR Counselor C</u> * If appropriate, MUST be invited to IEP meeting with proper consent	Schedule a visit the local VR office to determine eligibility for services Create an Individual Plan for Employment (IPE) Explain any new programs available in the preceding year. i.e.: Pre-Employment Transition Services

EDUCATION/TRAINING (REQUIRED)

MEASURABLE POST-SECONDARY GOAL(S)	(What education/training the student will complete after graduation from high school.) Upon completion of high school, I, Student C, will take art classes at a community college and gain training in the Army Reserves.
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
Missouri High School C	School will assist in setting up appointment with community college counselor to explore course options. Teach Student C about the decision making process and practice the skills.
Student Student C	Collect information about applying for art classes at community college. Apply for and take ACT testing with accommodations.
Parent Parent C(1) & Parent C(2)	Visit college campuses and meet with student support services with Student C. Provide transportation to and from appointment with community college counselor.
Outside Agency* (specify agency) <u>VR Counselor C</u> * If appropriate, MUST be invited to IEP meeting with proper consent	Take Student C to college campus visits if parents are unable to transport.

INDEPENDENT LIVING (IF APPROPRIATE - Refer to Independent Living Goal Worksheet)

MEASURABLE POST-SECONDARY GOAL(S)	(How the student will live after graduation from high school.) Upon completion of high school, I, Student C will live with my parents, managing my money and caring for my personal needs.
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
Missouri High School C	Instruction in consumer skills, rights and responsibilities, and cost comparisons for household items
Student Student C	Learn to identify appropriate resources for problem solving
Parent Parent C(1) & Parent C(2)	Skill training to demonstrate an understanding of cost saving techniques (comparison shopping, sale prices, discount stores vs. department stores.
Outside Agency* (specify agency) <u>VR Counselor C</u> * If appropriate, MUST be invited to IEP meeting with proper consent	Skills training to understand purchasing options when paying for large purchases in the community (credit cards, loans) Identify different living/housing options

Course of Study

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

NOTES

School Year 1: Semester One	Employment	Educ./Training	Ind. Living	Semester Two	Employment	Educ./Training	Ind. Living
English 1	x	x		English 1	x	x	
Geography	x	x		State History	x	x	
Physical Science		x		Physical Science		x	
Algebra I		x		Algebra 1		x	
PE	x	x		PE	x	x	x
Reading Resource	x	x	x	Reading Resource	x	x	x
Elective (J-ROTC)	x	x		Elective (J-ROTC)	x	x	

School Year 2:

Semester One	Employment	Educ./Training	Ind. Living	Semester Two	Employment	Educ./Training	Ind. Living
English 2	x	x		English 2	x	x	
US History		x		US History		x	
Biology		x		Biology		x	
Geometry	x	x		Geometry	x	x	
Elective (J-ROTC)	x	x		Elective (J-ROTC)	x	x	
Elective (Fine Arts)	x	x		Elective (Computer Graphics)	x	x	
Reading Resource	x	x	x	Reading Resource	x	x	x

School Year 3:

Semester One	Employment	Educ./Training	Ind. Living	Semester Two	Employment	Educ./Training	Ind. Living
English 3	x	x		English 3	x	x	
US Government		x	x	US Government		x	x
Algebra 2		x		Algebra 2		x	
Elective (J-ROTC)	x	x		Elective (J-ROTC)	x	x	
Elective (Health)		x	x	Personal Finance	x		x
Elective (Drawing I)	x	x		Elective (Drawing 2)	x	x	
Reading Resource	x	x	x	Reading Resource	x	x	x

School Year 4:

Semester One	Employment	Educ./Training	Ind. Living	Semester Two	Employment	Educ./Training	Ind. Living
English 4	x	x		English 4	x	x	
Elective (Foods 1)			x	Elective (Foods 2)			x
Chemistry		x		Chemistry		x	
Elective (J-ROTC)	x	x		Elective (J-ROTC)	x	x	
Elective (Career Exploration)	x			Elective (Career Exploration 2)	x		
Elective (Water Color)	x	x		Elective (Sculpture)	x	x	
Reading Resource	x	x	x	Reading Resource	x	x	x

Notes section with horizontal lines for writing.

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

Anticipated month and year of graduation: 05 / 2016

3. IEP Goal

Annual Measurable Goals

Annual Goal #1: (Reading Comprehension)

In Communication Arts, Student C will identify the main idea of a reading passage containing 100 words with 70% accuracy by May, 2015.

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

Comments:

Student C currently is able to identify the main idea of grade-level reading passages with 40% accuracy.

Annual Goal #2: Basic Reading Skills

Student C will use strategies to quickly decode unknown words when reading with 90% accuracy when reading a passage of 140 words.

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

Post-secondary Education/Training Employment Independent Living

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

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

Comments:

Annual Goal #3: Reading fluency

When reading grade-level text, Student C will read 140wpm Orally with 80% accuracy.

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

Post-secondary Education/Training Employment Independent Living

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

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

Comments:

Student C can read 140 words correctly in 1 minute with 28 or fewer errors.

4. Reporting Progress

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

Bi-Quarterly
 Quarterly
 Trimester
 Semester
 Other:

5. Services Summary

Missouri High total building minutes 1850	Amount	Frequency	Location	Begin Date*	End Date*
Special Education Services					
Basic Reading Skills	30 min	Daily	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home		
Reading Fluency	30 min	Daily	<input type="checkbox"/> reg ed <input checked="" type="checkbox"/> sped <input type="checkbox"/> home		
Related Services					
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
<input checked="" type="checkbox"/> None					
Supplementary Aids/Services					
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
_____	_____	_____	<input type="checkbox"/> reg ed <input type="checkbox"/> sped <input type="checkbox"/> home	_____	_____
<input checked="" type="checkbox"/> None					
Program Modifications and Accommodations					
<input checked="" type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> None					
Supports for School Personnel					
<input type="checkbox"/> Documented on alternate Form F					
<input checked="" 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: _____

7. Regular Education Participation

Extent of Participation in Regular Education

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

Yes.

No. If no:

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

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

Yes.

No. If no:

- 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) _____ 84% _____
- 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 C requires time special education teacher for individualized reading instruction due to his struggles in basic reading skills. He needs to have small group interaction for better focus and redirection.

Participation in Physical Education

The student will participate in:

Regular physical education

Regular physical education with accommodations as addressed in this IEP

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

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

Credit already earned Credit waived Child is preschool age Other:

Participation in Program Options, Nonacademic, and Extracurricular Activities

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

8. Placement Considerations and Decision

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

Annual Consideration of Placement

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

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

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

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

Placement Continuum (K-12)

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

Placement Options (ECSE)

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

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

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

Form F: Classroom Accommodations and Modifications

Differentiated Instruction refers to adjustments in teaching methods or materials to accommodate each student's learning needs and preferences and is available for all students. These instructional strategies should **not** be documented on Form F. **Accommodations** are changes in procedures or materials that increase equitable access in the classroom setting. 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
										1. Grading						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		
										2. Text						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<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"/>	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	Study Guides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<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"/>	Large Print	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		
										3. Lectures						
<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<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"/>	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"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	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"/>		
										4. Test/Exams						
<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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"/>		
										5. Environment						
<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>		
										6. Assignments						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input 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"/>	Allow student to record or type 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"/>	<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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/Personal Finance	Fine Arts	PE/Athletics	Reading	Related Services	Other:**			Daily	Weekly	Monthly	Other:**	Beg. Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide structured time for organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											7. Reinforcement						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use positive/concrete reinforcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Frequent eye contact/proximity control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											8. Pacing						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for written responses	<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"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
											9. Other (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"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
											Supports for School Personnel						
											Specialized Material (Specify)						
											Training (Specify)						
											Consultant Services (Specify)						
											Other:						
											Other:						
											Other:						

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

** Must describe "Other"

For LOCATION:	For FREQUENCY:

Form D – Part 1: State Assessment Participation

Grades 3-8: Grade-Level Assessment

- The student will participate in the Grade-Level Assessment **WITHOUT** accommodations.
- The student will participate in the Grade-Level Assessment **WITH** accommodations. (Complete Part 2A)
- 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)

Grades 9-12 or, if appropriate, earlier grades: End-of-Course (EOC) Assessment

<input checked="" type="checkbox"/> The student will participate in these End-of-Course Assessments WITHOUT accommodations. <input checked="" type="checkbox"/> Algebra I <input type="checkbox"/> Biology <input type="checkbox"/> English II <input type="checkbox"/> Government <input type="checkbox"/> Algebra II <input type="checkbox"/> Geometry <input checked="" type="checkbox"/> American History <input checked="" type="checkbox"/> English I <input type="checkbox"/> Physical Science	<input type="checkbox"/> The student will participate in these End-of-Course Assessments WITH accommodations. (Complete Part 2B) <input type="checkbox"/> Algebra I <input type="checkbox"/> Biology <input type="checkbox"/> English II <input type="checkbox"/> Government <input type="checkbox"/> Algebra II <input type="checkbox"/> Geometry <input type="checkbox"/> American History <input type="checkbox"/> English I <input type="checkbox"/> Physical Science	<input type="checkbox"/> The IEP team has determined the student is exempt from these optional EOC Assessments: <input type="checkbox"/> Algebra II <input type="checkbox"/> American History <input type="checkbox"/> English I <input type="checkbox"/> Geometry <input type="checkbox"/> Physical Science	<input type="checkbox"/> The student has been determined to be eligible for and will participate in the MAP-Alternate (MAP-A); therefore, is excluded from End-of-Course Assessment participation. (Complete Part 4)
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End-of-Course (EOC) Notes

DESE Required EOC Assessments: Algebra I (Algebra II if Algebra I was taken prior to grade 9), Biology, English II, and Government. 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.

LEA Optional EOC Assessments: Geometry, English I, American History, Physical Science and Algebra II (unless Algebra I was taken prior to grade 9) are optional assessments. 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.

Grades 4, 8 and 12: If selected for the National Assessment of Educational Progress (NAEP)

- The student will participate in the NAEP Assessment, if selected, **WITHOUT** accommodations.
- The student will participate in the NAEP Assessment, if selected, **WITH** accommodations. (See NAEP Notes)
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A); therefore, is excluded from NAEP Assessment participation. (Complete Part 4)

NAEP Notes

NAEP 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. 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>.

Grade 11: ACT®

- The student will participate in the ACT Assessment. (Complete Part 3)
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A); therefore, is excluded from ACT Assessment participation. (Complete Part 4)

K-12 ELL students (students marked LEP-RCV or LEP-NRC in Core Data): ACCESS For ELLs 2.0

- The student will participate in the ACCESS For ELLs 2.0 Assessment **WITHOUT** accommodations.
- The student will participate in the ACCESS for ELLs 2.0 Assessment **WITH** accommodations. (Complete Part 5)
- The student will participate in the Alternate ACCESS for ELLs 2.0 Assessment.
- The student has been determined eligible for and will participate in the MAP-Alternate (MAP-A); therefore, is excluded from ACCESS for ELLs 2.0 Assessment participation. (Complete Part 4)

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

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

Universal Tools for ALL Students

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

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

Additional Universal Tools for ELL Students

Bilingual Dictionary	Read Aloud (Not including ELA Reading Passages) – Native Language	Translation	Translation – Paper/Pencil
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Accommodations for Students with an IEP/504

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

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

Form D – Part 3: ACT® Accommodations

ACT® Accommodations

- The student will participate in the online administration of the ACT® Assessment. Note there are NO accommodations available for the online administration of the ACT®.
- The student will participate in the paper/pencil administration of the ACT® Assessment **WITHOUT** accommodations.
- The student will participate in the paper/pencil administration of the ACT® Assessment **WITH** accommodations consistent with the classroom accommodations noted on Form F.

ACT® Notes

The ACT® provides a variety of approved accommodations for the paper/pencil administration for students with IEPs and 504 plans. In Missouri, only these ACT®-Allowed accommodations are used so that assessments administered using ACT® will result in college reportable ACT® scores.

In order to receive accommodations on the ACT®, the district must submit a request supported by documentation to ACT®. Each request is reviewed by ACT® and the district is then notified via e-mail with an Accommodations Decision Notification. Only those accommodations approved by ACT® can be provided to the student during the administration of the ACT® at the district.

For more information on submitting ACT® Accommodations, please visit: <http://dese.mo.gov/college-career-readiness/assessment/act>.