

# Mastering the Maze

The Special Education Process



Alabama Department of Education  
Instructional Services  
Special Education Services  
July, 2010

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## ACRONYMS

AAA - Alabama Alternate Assessment	AYP - Adequate Yearly Progress	GT - Gifted
AAC - <i>Alabama Administrative Code</i>	BBSST - Building Based Student Support Team	HI - Hearing Impairment
ADA - <i>Americans with Disabilities Act</i>	BIP - Behavioral Intervention Plan	IAES - Interim Alternative Educational Setting
ADAW - Alabama Direct Assessment of Writing	CRS - Children's Rehabilitation Services	IDEA - <i>Individuals with Disabilities Education Act</i>
ADD - Attention Deficit Disorder	DB - Deaf-Blindness	IEE - Independent Educational Evaluations
ADHD - Attention Deficit Hyperactivity Disorder	DD - Developmental Delay	IEP - Individualized Education Program
ADRS - Alabama Department of Rehabilitation Services	DIBELS - Dynamic Indicators of Basic Early Literacy Skills	IFSP - Individualized Family Service Plan
AEIS - Alabama's Early Intervention System	DPH - Due Process Hearing	LEA - Local Education Agency
AHSGE - Alabama High School Graduation Exam	ED - Emotional Disturbance	LEP - Limited English Proficiency
AMSI - Alabama Middle School Initiative	eGAP - Electronic Grant Application Process	LRE - Least Restrictive Environment
AMSTI - Alabama Math, Science & Technology Initiative	EI - Early Intervention	MD - Multiple Disabilities
AOD - Alabama Occupational Diploma	EIS – Early Intervening Services	MR - Mental Retardation
APR - Annual Performance Report	ELL - English Language Learners	NCLB - <i>No Child Left Behind Act of 2001</i>
ARFI - Alabama Reading First Initiative	ESA – Educational Service Agency	OHI - Other Health Impairment
ARI - Alabama Reading Initiative	ESY - Extended School Year	OI - Orthopedic Impairment
ARMT - Alabama Reading & Mathematics Test	FACE - Functional Assessment of the Classroom Environment	O&M - Orientation and Mobility
ART - Accountability Roundtable	FAPE - Free Appropriate Public Education	OSEP - Office of Special Education Programs
AT - Assistive Technology	FBA – Functional Behavioral Assessment	OT - Occupational Therapy/Therapist
AUT - Autism	GEP - Gifted Education Plan	PBS - Positive Behavior Supports

PT - Physical Therapy/Therapist	SIG - State Improvement Grant	TA - Technical Assistance
RIC - Regional Inservice Center	SLD - Specific Learning Disability	TBI - Traumatic Brain Injury
SAT-10 - Stanford Achievement Test - 10 <sup>th</sup> Edition	SLI - Speech or Language Impairment	UCP - United Cerebral Palsy
SDE - State Department of Education	SLP - Speech Language Pathologist	VI - Visual Impairment
SEA - State Education Agency	SPP - State Performance Plan	VRS - Vocational Rehabilitation Service
	SSR - Student Services Review	
SES - Special Education Services	STI - Software Technology Incorporated	

## **IEP TEAM MEMBERSHIP**

The **IEP Team** is composed of the following:

**1. The parent of the student with a disability.**

**2. Not less than one regular education teacher of the student** if the student is, or may be, participating in the regular education environment. The regular education teacher must, to the extent appropriate, participate in the development, review, and revision of the student's IEP, including assisting in the determination of appropriate positive behavioral interventions and supports and other strategies for the student and the determination of supplementary aids and services, program modifications, and supports for school personnel.

**3. Not less than one special education teacher of the student** or, where appropriate, not less than one special education provider of the student.

**4. A representative of the public agency** who: • is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities; • is knowledgeable about the general curriculum; and • is knowledgeable about the availability of resources of the public agency. • has the authority to commit agency resources and be able to ensure that IEP services will be provided. A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the criteria for serving as a public agency representative are met.

**5. An individual who can interpret the instructional implications of evaluations results**, who may be a member of the IEP Team that is described in this section of required members of an IEP Team.

**6. At the discretion of the parent or the agency**, other individuals who have knowledge or special expertise regarding the student, including related services personnel, as appropriate. The determination of the knowledge or special expertise of any individual is made by the party (parents or public agency) who invites the individual to be a member of the IEP Team.

**7. Whenever appropriate, the student with a disability.**

**8. Secondary Transition Services Participants.** In addition to the participants specified above, if a purpose of the meeting is the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals, the public agency must invite the student and, with the consent of the parents or a student who has reached the age of majority, a representative of any other agency that is likely to be responsible for providing or paying for transition services. If the student does not attend the IEP Team meeting, the public agency must take other steps to ensure that the student's preferences and interests are considered.

**9. Early Intervention Representatives.** In the case of a child who was previously served under Part C/ Early Intervention (EI), an invitation to the initial IEP Team meeting must, at the request of the parent, be sent to the EI service coordinator or other representatives of the EI system, to assist with the smooth transition of services.



## EARLY INTERVENTION TO PRESCHOOL TRANSITION PLANNING MEETING DOCUMENTATION

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

DATE LETTER OF NOTIFICATION RECEIVING  
FROM EI RECEIVED: \_\_\_\_\_ LEA: \_\_\_\_\_

Was the *Services for Alabama's Children with Disabilities Ages Birth through Five* handbook provided to parents? ☐ YES ☐ NO

Services student received through Early Intervention (EI) Program:

Where were services provided? (Home/Daycare/Clinic/Other) \_\_\_\_\_

Does the student attend?: Daycare ☐ Mother's Day Out ☐ Nursery School ☐ Other ☐

Days/Times Student Attends: \_\_\_\_\_

Name/Address of Program: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Medication Taken: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Strengths of the Child: \_\_\_\_\_

Needs of the Child: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Current Evaluations	Examiner	Agency	Date

POSITION	PARTICIPANTS	DATE
Parent(s)		
EI Service Provider		
LEA Representative		
Other		
Other		

☐ **I GIVE PERMISSION** for my child to be referred to the LEA.

☐ **I DO NOT GIVE PERMISSION** for my child to be referred to the LEA.

☐ Parent(s) agreed or requested to have the referral meeting today (IEP Team is required).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date of Signature

## DIRECTIONS FOR EARLY INTERVENTION (EI) TO PRESCHOOL TRANSITION PLANNING MEETING DOCUMENTATION

### **Purpose(s) of this form:**

- To document transition from Early Intervention (Part C) to the public agency (Part B).
- To document compliance of timelines.
- To verify that the parent has given permission to refer the student to the public agency.
- To document that all required persons (Parent, EI representative, LEA representative) attended the meeting.
- To obtain general information about the preschool student.

### **When to use this form:**

- When a student is transitioning from EI to the public agency, a mutually agreed upon meeting time is scheduled between the EI representative, the parent, and the public agency representative.

### **Things to remember when completing this form:**

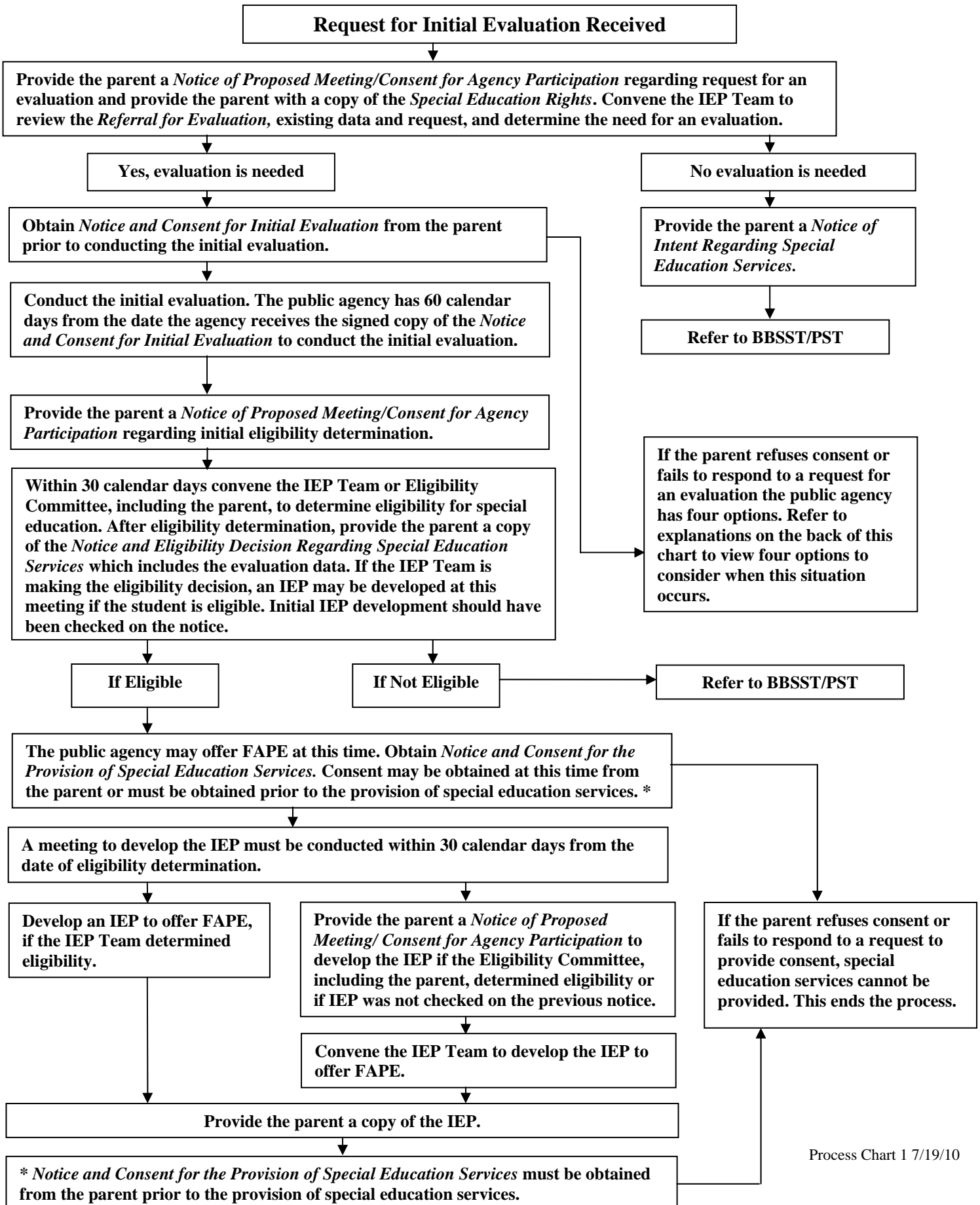
- All fields must be completed. Indicate N/A if not applicable.
- Participants must include a parent, public agency representative, and EI representative.
- All required signatures must be on this form.
- A copy of this form should be provided to Early Intervention when appropriate.
- The form documents that the parent, EI, and the public agency discussed transition.
- If the parent does not attend the meeting, the referral process cannot proceed.
- The parent must give permission before the student is referred to the public agency.
- The parent must sign and date the form and indicate that he/she gives permission for the referral to proceed.

### **What happens next:**

- If the parent checks **I give permission for my child to be referred to the LEA**, and signs the form, the public agency proceeds with the referral process.
- If the parent checks **I do not give permission for my child to be referred to the LEA**, the public agency **may not** proceed with the referral process.



# **Process Chart 1** **SPECIAL EDUCATION PROCESS** **Referral Through IEP Implementation**



## PROCESS CHART 1 SPECIAL EDUCATION PROCESS

### Referral through IEP Implementation

#### Things to Remember When Going Through This Process

##### REMEMBER:

1. Existing data includes any information collected prior to a referral; SAT scores, concerns of parent, teachers, and the student, etc.
2. If a parent refuses consent or fails to respond to a request to provide consent for the initial evaluation, the IEP Team has the following four options:
  - The IEP Team may request that the parent participate in a conference to discuss his/her decision.
  - The public agency may ask for mediation from the SDE.
  - The public agency may initiate a due process hearing to have an impartial hearing officer to order an initial evaluation to be conducted over the parent's objections.
  - The public agency may decide to accept the parent's refusal and not pursue the override procedures mentioned in the preceding bullet.

Note: If a parent of a child who is home schooled or placed in a private school by a parent at their own expense does not provide consent for the initial evaluation, or the parent fails to respond to a request to provide consent, the public agency may not use the mediation and/or due process override procedures; and the public agency is not required to consider the child as eligible for services.

3. The *Alabama Administrative Code* requires minimum evaluative components to determine eligibility. It is the responsibility of the IEP Team to determine if additional evaluation data are needed.
4. Upon completion of the evaluation, a team of qualified professionals (Eligibility Committee), which includes the parent or the IEP Team must determine if the student has a disability and if the student is in need of special education services (specially designed instruction) and related services.
5. The public agency has 60 calendar days from the date of receipt of the signed copy of the *Notice and Consent for Initial Evaluation* to conduct an evaluation. The public agency has 30 calendar days from the completion of the evaluation to determine whether the student is a student with a disability. Public agencies should document the date the agency receives the signed *Notice and Consent for Initial Evaluation* from the parent. A meeting to develop the IEP must be conducted within 30 calendar days from the date of eligibility determination.
6. For a transfer student who entered the process in one public agency before the initial evaluation was completed in the previous agency, the parent and the receiving public agency may agree to a specific timeline. The agreed upon timeline must be documented in writing on the *Initial or Reevaluation Written Agreement(s) between the Parent and the Public Agency* form.
7. If a parent refuses consent or fails to respond to a request to provide consent for the provision of services, the process ends. The public agency must document at least two attempts to obtain consent if they get no response. The public agency may not initiate a due process hearing to override the parent's refusal to give consent for the provision of special education services.

Referral was made by:  
☐ Phone  
☐ Mail  
☐ Conference  
 on \_\_\_\_\_ (date).

## REFERRAL FOR EVALUATION

### STUDENT INFORMATION

Student's Complete Legal Name: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ School/Service Provider: \_\_\_\_\_  
 Parent's Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Work Phone (Mother): \_\_\_\_\_  
 Primary Language in Home: \_\_\_\_\_ Work Phone (Father): \_\_\_\_\_  
 Person Referring: \_\_\_\_\_ Position: \_\_\_\_\_  
**Reason for Referral (List specific concerns):**  
 \_\_\_\_\_

**The referral is based on concerns checked below and/or continuing concerns following interventions:**

INSTRUCTIONAL CONCERNS		BEHAVIORAL CONCERNS	
<input type="checkbox"/> Poor progress acquiring pre-literacy skills	<input type="checkbox"/>	<input type="checkbox"/> Poor attention and concentration	<input type="checkbox"/>
<input type="checkbox"/> Poor progress acquiring basic reading skills	<input type="checkbox"/>	<input type="checkbox"/> Noncompliance with teacher directives	<input type="checkbox"/>
<input type="checkbox"/> Poor progress acquiring pre-numeracy skills	<input type="checkbox"/>	<input type="checkbox"/> Excessively high/low activity level	<input type="checkbox"/>
<input type="checkbox"/> Poor progress acquiring basic math skills	<input type="checkbox"/>	<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/>
<input type="checkbox"/> Difficulty in spelling	<input type="checkbox"/>	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/>
<input type="checkbox"/> Difficulty producing written work	<input type="checkbox"/>	<input type="checkbox"/> Extreme mood swings	<input type="checkbox"/>
<input type="checkbox"/> Few appropriate cognitive learning strategies	<input type="checkbox"/>	<input type="checkbox"/> Difficulty working with peers	<input type="checkbox"/>
<input type="checkbox"/> Poor progress acquiring communication skills	<input type="checkbox"/>	<input type="checkbox"/> Difficulty staying on task	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Limited adaptive behavioral skills	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Inappropriate social interaction skills	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> None _____	<input type="checkbox"/>	<input type="checkbox"/> None _____	<input type="checkbox"/>

### MEDICAL INFORMATION

- Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? ☐ Yes ☐ No  
 \_\_\_\_\_
- Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? ☐ Yes ☐ No  
 \_\_\_\_\_
- Does student currently wear glasses? ☐ Yes ☐ No
- Does student currently wear a hearing aid? ☐ Yes ☐ No
- Is the student receiving any medication at school and/or at home? If yes, what? ☐ Yes ☐ No  
 \_\_\_\_\_
- Does this student currently use an assistive technology device? If yes, what? ☐ Yes ☐ No  
 \_\_\_\_\_

## REFERRAL FOR EVALUATION

### **Purpose(s) of this form:**

- To provide detailed information regarding the reason(s) for referral.
- To provide adequate information for the IEP Team to determine whether or not to provide an individual comprehensive evaluation to determine eligibility for special education services.
- To document that the required IEP Team members participated in making this decision.

### **When to use this form:**

- When a student is referred for an evaluation because he/she is suspected of having a disability.
- This form may be completed upon acceptance of an out-of-state IDEA transfer student.

### **Things to remember when considering a referral:**

- Include all required IEP Team members when meeting to discuss the referral for an evaluation.
- Prior to the meeting, gather any needed information that is available (e.g., BBSST/PST information, medical information, copies of the report card, cumulative record, work samples, recent evaluations, FACE).
- BBSST/PST or other school personnel referring a general education student must have completed the entire *REFERRAL FOR EVALUATION* form with attached documentation before submitting a referral.
- At the meeting, allow all IEP Team members, including the parent, an opportunity to provide further information (e.g., reason for referral; instructional/behavioral concerns; medical information; environmental, cultural and/or economic concerns).
- Intervention strategies *may* be waived for:
  - A student who has severe problems that require immediate attention.
  - Three- and four-year olds, and for five-year-olds who have not been in kindergarten.
  - A student with articulation, voice, or fluency problems only.
  - A student with a medical diagnosis of traumatic brain injury.
  - A student who has been referred by his/her parent.

### **Things to remember when completing this page:**

- The IEP Team, including the parent, must be convened to complete this form and to make the recommendations required of this form.
- The statement written in the Reason for Referral section should clearly explain why the referring person suspects that this is a student with a disability.
- For preschool students, the sections titled Instructional Concerns, Behavioral Concerns, and Historical Information are not required for completion.
- If none is checked under Instructional Concerns or Behavioral Concerns, a text explanation is required. You may indicate "NA" as the text explanation.

### **What happens next:**

- If a student is referred and the IEP Team decides not to accept the referral for evaluation, the student goes back to the BBSST/PST for further interventions. If the BBSST/PST refers the student back to the IEP Team after a minimum of eight weeks of intervention strategies, a new referral form needs to be completed.
- If the referral is accepted, obtain signed consent and proceed with the evaluation.

## HISTORICAL INFORMATION

Have the following been considered?

- |  |                       |
|--|-----------------------|
| 1. Latest report card.   | [ ] Yes [ ] No [ ] NA |
| 2. Cumulative records containing grades and attendance.  | [ ] Yes [ ] No [ ] NA |
| 3. Current work samples.   | [ ] Yes [ ] No [ ] NA |
| 4. Current interventions and supporting documentation.   | [ ] Yes [ ] No [ ] NA |
| 5. Relevant information.*  | [ ] Yes [ ] No [ ] NA |
| 6. Relevant evaluations including state assessment results (e.g., <i>Pre-Graduation Exam</i> , <i>Stanford Achievement Test</i> ). [ ] Yes [ ] No [ ] NA |                       |
- 
- |  |   |
|--|---|
| 7. Student's grades have:<br>[ ] Improved each year<br>[ ] Stayed about the same each year<br>[ ] Declined each year<br>[ ] Dropped suddenly<br>[ ] Data not available | 8. Student's grades in the indicated area(s) of concern are:<br>[ ] Above Average<br>[ ] Average<br>[ ] Below Average<br>[ ] Data not available |
|--|---|
- 
9. Compared to last year, this student has been absent: [ ] More [ ] Less [ ] About the same [ ] NA
10. Out of \_\_\_\_\_ school days for year to date, the student has been:
- |                             |       |       |
|-----------------------------|-------|-------|
| Absent                      | _____ | days  |
| Tardy                       | _____ | times |
| Checked out                 | _____ | times |
| Failing to attend class(es) | _____ | times |
11. Has this student ever repeated a grade? If yes, which one(s)/how many times? [ ] Yes [ ] No [ ] NA  
\_\_\_\_\_
12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain. [ ] Yes [ ] No [ ] NA  
\_\_\_\_\_
13. Has this student been previously referred for special education services? If yes, note previous referral date: [ ] Yes [ ] No [ ] NA  
\_\_\_\_\_
14. Did this student qualify for special education services? [ ] Yes [ ] No [ ] NA
15. Has the student received other services such as, Title I, Migrant, 504, ESL, etc.? If yes, which ones [ ] Yes [ ] No [ ] NA  
\_\_\_\_\_

### \* OTHER RELEVANT INFORMATION (FROM PARENT/SCHOOL/OTHER AGENCIES)

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**REFERRAL FOR EVALUATION  
(HISTORICAL INFORMATION)**

**Things to remember when completing this page:**

- This section does not apply to preschool students and five-year olds who have not attended kindergarten. STISETS will automatically block completion of the form for these students.
- For other students, the IEP Team should consider this page and indicate NA (not applicable) if none of the items apply.

## ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting on a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there are environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math.

**Check each that applies to student.**

### ENVIRONMENTAL CONCERNS

- ☐ Limited experiential background.
- ☐ Irregular attendance (for reasons other than verified personal illness).
- ☐ Transience in school years.
- ☐ Home responsibilities interfering with learning activities.

### LANGUAGE CONCERNS

- ☐ Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
- ☐ Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences).
- ☐ Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).

### CULTURAL CONCERNS

- ☐ Limited cultural experiences (student does not participate in community activities).

### ECONOMIC CONCERNS

- ☐ The student qualifies for Federal Programs enrollment (e.g., Title I, Migrant, Even Start, Homeless, other).
- ☐ Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs.

- ☐ **NONE OF THE ABOVE APPLY.**

**REFERRAL FOR EVALUATION  
(ENVIRONMENTAL, CULTURAL, AND /OR ECONOMIC CONCERNS)**

**Purpose(s) of this form:**

- To determine if there are environmental, cultural, and /or economic concerns that have affected the student's opportunity to learn.
- To identify any environmental, language, cultural, and/or economic factors that the IEP Team needs to consider when selecting evaluation procedures for a particular student.
- To rule out environmental, cultural, and/or economic concerns as the primary cause of the impairment.

**When to use this form:**

- Complete this page as part of the referral form.

**Things to remember when completing this form:**

- Check each statement that is true about the student being referred.
- The IEP Team should discuss each area checked to determine what impact, if any, the factor has on learning and/or the type of intelligence test to administer, and/or whether lack of academic instruction is a contributing factor.
- Give thoughtful consideration to each of the items listed to ensure that each student's background is accurately represented.
- Remember that a lack of appropriate instruction in reading or math or the student's limited English proficiency may NOT be the determining factor in identifying a student as having a disability.
- If there are no concerns, check "None of the Above Apply" at the bottom of the page.

**What happens next:**

- The IEP Team should utilize information from this form to plan appropriate evaluations for the student so that nondiscriminatory procedures are used that best reflect the student's ability ( ex: nontraditional assessments).
- **Record information from this checklist on the *Notice and Eligibility Decision Regarding Special Education Services form*.** Do not write "See Attached" or indicate the number of checks on the *Notice and Eligibility Decision Regarding Special Education Services*. Describe how specific factors may have influenced the student's educational performance. If there are no checks, that information should be included on the *Notice and Eligibility Decision Regarding Special Education Services*.



FOR IEP TEAM USE ONLY		
1.	Does the data support that the reason for referral has a direct impact on the student's educational performance, or for a preschool child, participation in age appropriate activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the data support the severity of the reason for referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the data support the duration of the reason for referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Does the data support the valid implementation of intervention(s) for the referral concern(s)? (e.g., appropriate target behavior, relationship of intervention to target behavior, duration of intervention, integrity of implementation, data collection procedures) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5.	Does the data support the ineffectiveness of the intervention(s) for the referral concern(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6.	Does the data include multiple sources of information about the reason for referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IEP TEAM RECOMMENDATIONS		
<input type="checkbox"/> <b>ACCEPTED FOR EVALUATION.</b> Education agency must obtain a signed <i>Notice and Consent for Initial Evaluation</i> prior to conducting the evaluation.		
<input type="checkbox"/> <b>NOT ACCEPTED FOR EVALUATION.</b> Education agency must provide the parent with <i>Notice of Intent Regarding Special Education Services</i> .		
POSITION	IEP TEAM MEMBER'S SIGNATURE	DATE
<u>Parent</u>		
<u>Parent</u>		
<u>LEA Representative</u>		
<u>Special Education Teacher</u>		
<u>General Education Teacher</u>		

**REFERRAL FOR EVALUATION**  
**(FOR IEP TEAM USE ONLY/ IEP TEAM RECOMMENDATIONS/SIGNATURES)**

**Things to remember when completing this page:**

- The answer to each question should be **YES** if the IEP Team decides to accept the referral for further evaluation.
- Questions 5 and 6 apply only to those referrals that require intervention strategies. Check **NA** if intervention strategies were waived.
- IEP Team members that participate in the meeting must sign this page.

**What happens next:**

- The IEP Team should carefully review all information presented. If the referral is accepted for evaluation, be sure to check **“Accepted for Evaluation”**. The LEA must then obtain a signed *Notice and Consent for Initial Evaluation*.
- If the IEP Team decides not to evaluate the student, check **“Not Accepted for Evaluation.”** Provide the parent with the *Notice of Intent Regarding Special Education Services* that explains why the IEP Team did not accept the referral for evaluation. Refer the student to the BBSST.
- All IEP Team meeting participants should sign the referral form to document his/her attendance in the referral meeting. Type in the name of each IEP Team participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

## RECORD OF ACCESS TO STUDENT RECORDS

STUDENT'S NAME: \_\_\_\_\_

It is the policy of the Board of Education, in accordance with IDEA, to provide procedural safeguards that protect the individual confidentiality of all student records. The Board of Education authorizes the following categories of persons to review any personally identifiable data relating to students with disabilities:

### CATEGORIES OF PERSONS AUTHORIZED TO REVIEW DATA

1. Parents
2. Student
3. State Department of Education Representatives
4. Federal Education Agency Representatives
5. Local Education Agency Representatives\*
6. Other State Agency Representatives\*

\* Limited to those representatives who have a legitimate educational interest in the student's special education program.

Signature of Person Reviewing Record	Category 1-6	Reason for Review	Date of Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

## RECORD OF ACCESS TO STUDENT RECORDS

### **Purpose(s) of this form:**

- To document the name of the person reviewing the record, the reason for the review, and the date of the review.

### **When to use this form:**

- When a request is made for access to and disclosure of a special education student's records.

### **Things to remember when completing this form:**

- The special education records are confidential and must be kept in a secure location.
- Each special education student record must contain a *Record of Access to Student Records* form.
- The parent may inspect and review all educational records relating to identification, evaluation, and educational placement of their child that are collected, maintained, or used by the education agency.
- After providing written authorization to the education agency, the parent may have a representative review their child's records under the same access rights afforded to them.
- The local education agency is responsible for maintaining a log of each request for access to and disclosure of special education records.
- The parent, the student's teacher, and local education agency representatives are not required to sign each and every time the file is reviewed.
- If the records of a student contain information on more than one student, the parent or eligible student may inspect and review or be informed of only the specific information about that student.

### **What happens next:**

- The education agency must retain a copy of the student's records containing personally identifiable information for a period of five (5) years after the termination of the special education program for which they were used.
- At the end of the five-year retention period, special education records may be destroyed. To meet the notice requirement regarding the destruction of records, the education agency must inform the parent and student (that has reached the age of majority). This may be in the form of a public notice or in a letter to the parent and student (age 19 and older). Notice must include the years of the records that will be destroyed and the date of destruction.
- The education agency is not prohibited from retaining records indefinitely as long as confidentiality is ensured.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### **Purpose(s) of this form:**

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### **When to use this form:**

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### **Things to remember when completing this form:**

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### **What happens next:**

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
*(Continued)*

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).





**SPECIAL EDUCATION RIGHTS  
UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

To \_\_\_\_\_ Date Provided \_\_\_\_\_

**You are receiving a copy of *Special Education Rights* (procedural safeguards) for the following reason(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> Required annual copy                                 | <input type="checkbox"/> Parental request                                |
| <input type="checkbox"/> Initial referral/Parental request for evaluation     | <input type="checkbox"/> 1 <sup>st</sup> State complaint filed           |
| <input type="checkbox"/> Disciplinary action resulting in change of placement | <input type="checkbox"/> 1 <sup>st</sup> Request for due process hearing |

**If you have questions or need further assistance in understanding these rights, please contact:**

at

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

Federal and state laws create specific rights for those eligible for special education services. A copy of those rights must be given to parents only one time a year, except that a copy must also be given to the parents upon initial referral or parental request for evaluation, upon the first State complaint in a school year and upon the first request for a due process hearing in a school year, when a decision is made to the disciplinary action that constitutes a change of placement, and upon request by a parent. The following is an explanation of those rights. If you would like a further explanation of any of these rights, you may contact the individual named above; your school principal; the special education coordinator in your school system; or your superintendent of schools. You may access another copy of your rights at the State Department of Education (SDE) Web site [www.alsde.edu](http://www.alsde.edu). Once in the Web site, Click on Sections; scroll down to select Special Education; click on Forms, scroll down to select *Special Education Rights*. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact the individual named above.

**PRIOR WRITTEN NOTICE**

Your education agency must provide you with prior written notice within a reasonable time before it proposes or refuses to initiate or change the identification, evaluation, educational placement, or the provision of a free appropriate public education. The notice must include a full explanation of all of the procedural safeguards available to you; a description of the action proposed or refused by the education agency; an explanation of why your education agency proposes or refuses to take the action; a description of other options considered by the Individualized Education Program (IEP) Team and the reasons why those options were rejected; a description of each evaluation procedure, assessment, record, or report the education agency used as a basis for the proposal or refusal; a description of any other factors which are relevant to the education agency's proposal or refusal; sources to contact to obtain assistance in understanding the rights for special education; a statement indicating that you have protection under the procedural safeguards; and if the notice sent to you is not the first referral for evaluation, the way by which you may obtain a copy of the procedural safeguards. The written notice must be understandable to the general public and provided in your native language or other mode of communication, unless it is clearly not feasible to do so. If your native language or other mode of communication is not a written language, your education agency must take steps to ensure that the notice is translated orally or by other means to you in your native language or other mode of communication; that you understand the content of the notice; that you are provided sources to contact to obtain assistance in understanding the information; and that there is written evidence that these requirements have been met. If your education agency offers parents the choice of receiving documents by e-mail, you may choose to receive prior written notice by e-mail. Written notice must be provided to you when your child graduates from high school with a regular diploma or exits because he or she has exceeded the age of eligibility for a free appropriate public education.

## **PARENTAL CONSENT**

Your education agency must obtain your informed written consent before conducting an initial evaluation, before the initial provision of special education and related services, or before obtaining additional data as part of a reevaluation. Your consent to an initial evaluation must not be construed as consent for initial provision of special education services and related services. The education agency may, but is not required to use the State procedures for mediation and due process hearings to determine whether initial evaluations or reevaluations may be conducted when you have refused informed written consent. If the hearing officer upholds your education agency, the education agency may evaluate subject to your rights to appeal the decision and the child must remain in the current educational placement awaiting the decision of the appeal unless you and the education agency agree otherwise. If the parent of a child refuses to give consent to the initial provision of special education and related services, or fails to respond to a request for consent, the education agency shall not provide special education and related services to the child by utilizing due process hearing or mediation procedures. In this instance, the education agency will not be considered to be in violation of the requirement to make available a free appropriate public education to the child and is not required to convene an IEP Team meeting or develop an IEP for the child. The same applies if, subsequent to the initial provision of special education and related services, the parent revokes consent in writing and the public agency provides prior written notice before ceasing services. If the parent revokes consent in writing after the initial provision of services, the public agency is not required to amend the child's education record to remove any references to the child's receipt of special education and related services because of the revocation of consent.

Your education agency must obtain your informed consent before it reevaluates your child, unless your education agency can demonstrate that it took reasonable steps to obtain your consent for your child's reevaluation and you did not respond. If you refuse to consent to your child's reevaluation, the education agency may, but is not required to, pursue your child's reevaluation by using the mediation and/or due process hearing procedures to seek to override your refusal to consent to your child's reevaluation. As with initial evaluations, your education agency does not violate its obligations under Part B of the IDEA if it declines to pursue the reevaluation in this manner. However, if after at least two attempts to obtain your consent for reevaluation you have not responded, the education agency may proceed with the reevaluation. Your consent is not required before your education agency may review existing data as part of your child's evaluation or a reevaluation, or give your child a test or other evaluation that is given to all children unless, before that test or evaluation, consent is required from all parents of all children. An education agency may not use a parent's refusal to consent to one service or activity regarding initial evaluation for special education services to deny the parent or child any other service, benefit, or activity offered by the education agency for all children, except as required by this part. If you are the parent of a child who is home schooled or placed in a private school at your own expense, and you do not provide your informed written consent for your child's initial evaluation or your child's reevaluation, or you fail to respond to a request to provide your informed written consent, the education agency shall not use its consent override procedures and it is not required to consider your child as eligible to receive equitable services. Your informed written consent or the informed written consent of an eligible child who has reached the age of majority (Age 19), must be obtained prior to an IEP Team meeting before representatives of participating agencies who may be responsible for providing or paying for transition services may be invited to the IEP Team meeting.

## **TRANSFER OF PARENTAL RIGHTS AT AGE OF MAJORITY**

When a child with a disability reaches the age of majority under State law (Age 19) that applies to all children (except for a child with a disability who has been determined to be incompetent under State law) the education agency must provide any notice required by this part to both the child and the parents; and all rights accorded to parents under Part B of the IDEA transfer to the child; all rights accorded to parents under Part B of the IDEA transfer to children who are incarcerated in an adult or juvenile, State or local correctional institution; and whenever the rights have been transferred, the agency must notify the child and the parents of the transfer of rights.

## **INDEPENDENT EDUCATIONAL EVALUATION**

You have the right to an independent educational evaluation at public expense if you disagree with an evaluation obtained by your education agency. However, your education agency may request a due process hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, you still have the right to an independent educational evaluation, but not at public expense. If you obtain an independent educational evaluation at private expense, the results of the evaluation must be considered by your education agency (if it meets agency criteria) in any decision made with respect to the provision of a free appropriate public education and may be presented as evidence at a due process hearing. If a due process hearing officer requests an independent educational

evaluation as part of a hearing, the cost of the evaluation will not be at your expense. Each education agency shall provide you, on request, information about where an independent educational evaluation may be obtained and the criteria for the independent educational evaluation. Whenever an independent educational evaluation is at public expense, the standards under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the standards that the education agency uses when it conducts an evaluation. A parent is entitled to only one independent educational evaluation at public expense each time the public agency conducts an evaluation with which the parent disagrees.

### **DIFFERENCE BETWEEN STATE COMPLAINT AND DUE PROCESS HEARING PROCEDURES**

The regulations for Part B of IDEA set forth separate procedures for State complaints and for due process hearings. As explained below, any individual or organization may file a State complaint alleging a violation of any Part B requirement by an education agency, the SDE, or any other public agency. Only you or an education agency may file a due process hearing request on any matter relating to a proposal or a refusal to initiate or change the identification, evaluation, or educational placement of a child with a disability, or the provision of a free appropriate public education to the child. While staff of the SDE generally must resolve a State complaint within a 60 calendar day timeline, unless the timeline is properly extended, an impartial due process hearing officer must hear a due process hearing (if not resolved through a resolution meeting or through mediation) and issue a written decision within 45 calendar days after the end of the resolution period, unless the hearing officer grants a specific extension of the timeline at your request or the education agency's request.

### **STATE COMPLAINT PROCEDURES**

Any individual or organization has a right to file a signed written complaint alleging that a school system has violated the IDEA or 34 CFR Part 300 and the facts on which the statement is based; to present allegation(s) that occurred not more than one year prior to the date that the complaint is received; to submit additional information either orally or in writing about the allegations in the complaint; to a written decision within 60 calendar days that addresses each allegation in the complaint and contains findings of fact and conclusions and the reasons for the final decision; to an extension of the time limit only if exceptional circumstances exist with respect to a particular complaint; and to procedures for effective implementation of the final decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance. It is permissible for the timeline to be extended if the parent and the education agency agree to extend the timeline in order to participate in mediation to resolve the state complaint. The education agency will respond to the complaint allegations, at the discretion of the education agency, a proposal to resolve the complaint. An independent onsite investigation will occur as determined appropriate by the SDE, Special Education Services.

If requested, the SDE, Special Education Services, will provide you with a sample form for filing a State complaint. The sample form may also be accessed through the SDE Web site at [www.alsde.edu](http://www.alsde.edu). Click on Sections; scroll down to select Special Education; click on Dispute Resolution; click on *60-Day Special Education Complaint Letter*.

You are not required to use the sample form, however your complaint must include: (1) A statement that a public agency has violated a requirement of Part B of the IDEA or of this part; (2) The facts on which the statement is based; (3) The signature and contact information for the complainant; and (4) If alleging violations with respect to a specific child: (a) The name and address of the residence of the child; (b) The name of the school the child is attending; (c) In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), available contact information for the child, and the name of the school the child is attending; (d) A description of the nature of the problem of the child, including facts relating to the problem; and (e) A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

The party filing the complaint must forward a copy of the complaint to the LEA or public agency serving the child at the same time the party files the complaint with the State Education Agency (SEA).

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved using the time limit and procedures required. If an issue raised in a complaint filed under this section has previously been decided in a due process hearing involving the same parties the due process hearing decision is binding on that issue; and the SEA must inform the complainant to that effect. A

complaint alleging a public agency's failure to implement a due process hearing decision must be resolved by the SEA.

### **STATE MEDIATION PROCEDURES**

You have the right to participate in mediation to resolve disagreements under IDEA with an education agency, whether or not you have requested a due process hearing or have filed a State complaint. The voluntary mediation will be scheduled by the SDE at no cost to you. A qualified impartial mediator trained in effective mediation techniques and selected by rotation will be provided and each mediation session will be scheduled in a timely manner and held in a location convenient to the parties in the dispute. The SDE must have a list of qualified mediators and the mediators must be knowledgeable of the laws and regulations relating to special education and related services. The mediators may not be employees of the SDE or the education agency involved in the education or care of your child and must not have a personal or professional conflict of interest. You may participate without denial or delay of any other rights. If an agreement is reached, a legally binding written agreement that is signed by the parent and a representative of the education agency that has the authority to bind the education agency will state the resolution. All parties sign a confidentiality pledge prior to the beginning of the mediation process to assure confidentiality of mediation discussions and assurance that discussions may not be used as evidence in any later due process hearings or civil proceedings. The mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. The education agency may develop procedures that offer an opportunity to meet with a disinterested party at a time and location convenient to you if you have chosen not to participate in mediation. The benefits of mediation will be explained by the disinterested party to encourage the use of mediation.

### **DUE PROCESS HEARING PROCEDURES**

You may request a due process hearing regarding the education agency's proposal or refusal to initiate or change the identification, evaluation, educational placement, or the provision of a free appropriate public education. If you request a hearing, you or your attorney must provide a copy of the written request (that must be kept confidential) to the other party and to the SDE. If requested, the SDE, Special Education Services, will provide you with a sample form for requesting a due process hearing. The sample form may also be accessed through the SDE Web site at [www.alsde.edu](http://www.alsde.edu). Click on Sections; scroll down to select Special Education; click on Dispute Resolution; click on *Due Process Hearing Request Form*.

You are not required to use the sample form, however your request must include: (1) The name of the child; (2) The address of the residence of the child or available contact information in the case of a homeless child; (3) The name of the school the child is attending; (4) A description of the nature of the problem including facts relating to the problem that occurred within two years of the date the parent or the education agency knew or should have known about the alleged action that is the basis for the hearing request; and (5) A proposed resolution of the problem to the extent known and available to you at the time you requested the hearing. The timeline shall not apply to a parent if the parent was prevented from requesting the hearing due to specific misrepresentations by the education agency that it had resolved the problem forming the basis of the written request; or the education agency's withholding of information from the parent that was required under this part to be provided to the parent. You or the education agency may not have a due process hearing until you (or your attorney), or the education agency, files a due process hearing request that includes all of the information listed above.

The party requesting the hearing shall not be allowed to raise issues at the hearing that were not raised in the written request for a hearing unless the other party agrees otherwise.

The education agency must inform you of any free or low-cost legal and other relevant services available in the area if you request the information or if you or the education agency requests a hearing.

In order for a due process hearing to go forward, the request must be considered sufficient. The due process request will be considered sufficient (to have met the content requirements above) unless the party receiving the due process complaint (you or the education agency) notifies the hearing officer and the other party in writing, within 15 calendar days of receiving the complaint, that the receiving party believes that the due process complaint does not meet the requirements listed above. Within 5 calendar days of receiving the notification that the receiving party (you or the education agency) considers a due process request insufficient, the hearing officer must decide if the due process request meets the content requirements, and notify you and the education agency in writing immediately.

You or the education agency may make changes to the hearing request only if the other party approves of the changes in writing and is given the chance to resolve the due process request through a resolution meeting, or no later than five days before the due process hearing begins, the hearing officer grants permission for the changes. If the complaining party makes changes to the due process request, the timelines for the resolution meeting and the time period for resolution start again on the date the amended request is filed.

Within 10 calendar days of receiving a copy of your request for a hearing, the education agency will provide you written notice addressing the concerns of the request for hearing, if it has not previously done so. The response must include an explanation of why the education agency proposed or refused to take the action raised in the due process request, a description of other options that the child's IEP Team considered and the reasons why those options were rejected, a description of each evaluation procedure, assessment, record, or report the education agency used as the basis for the proposed or refused action, and a description of the other factors that are relevant to the educational agency's proposed or refused action. However, providing this information does not prevent the education agency from asserting that the due process request was insufficient.

If the education agency files the due process hearing request, you must, within 10 calendar days of receiving the request, send the education agency a response that specifically addresses the issues in the complaint.

Prior to the opportunity for a hearing, the education agency, within 15 calendar days of receiving the parents' request for a hearing, will convene a meeting with the parents and the relevant member or members of the IEP Team (as determined by the education agency and the parent), including a member who has decision-making authority on behalf of the education agency, and who have specific knowledge of the facts identified in the written request for a hearing. The education agency may not include an attorney of the education agency if an attorney does not accompany the parent. The purpose of the meeting is for the parents of the child to discuss their hearing issues and the facts that form the basis of the hearing request. The education agency is then provided the opportunity to resolve the hearing issues unless the parents and the education agency agree in writing to waive such meeting, or agree to use the mediation process. If a resolution is reached at the resolution meeting or mediation, the parties shall execute a legally binding agreement that is signed by both the parent and a representative of the education agency who has the authority to bind the education agency. This agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. If the parties execute such an agreement, a party may void such agreement within three business days of the agreement's execution. If the education agency has not resolved the hearing issues to the satisfaction of the parents within 30 days of the receipt of the written request for a hearing, the hearing may occur and all the applicable timelines for a hearing will commence. A final hearing decision will be reached within 45 calendar days after the hearing timeline commences (i.e., after the 30-day timeline to resolve the issues has expired unless the hearing officer grants a specific extension at the request of either party). A copy of the decision is mailed to each of the parties.

Except where you and the education agency have both agreed to waive the resolution process or to use mediation, failure of the parent to participate in the resolution meeting will delay the timelines for the resolution process and the due process hearing until the parent's agree to participate in a meeting. If after making reasonable efforts and documenting such efforts, the education agency is not able to obtain the parent's participation in the resolution meeting, the education agency may, at the end of the 30 calendar day resolution period, request that a hearing officer dismiss your due process request. Documentation of such efforts must include a record of the education agency's attempts to arrange a mutually agreed upon time and place, such as detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent and any responses received; and detailed records of visits made to the home or place of employment and the results of those visits. If the education agency fails to hold the resolution meeting within 15 calendar days of receiving notice of the parent's due process request or fails to participate in the resolution meeting, the parent may ask a hearing officer to order that the 45 calendar day due process hearing timeline begin.

If the parent and the education agency agree in writing to waive the resolution meeting, then the 45 calendar day timeline for the due process hearing starts the next day. After the start of mediation or the resolution meeting and before the end of the 30 calendar day resolution period, if the parent and the education agency agree in writing that

no agreement is possible, then the 45 calendar day timeline for the due process hearing starts the next day. If the parent and the education agency agree to use the mediation process, at the end of the 30 calendar day resolution period, both parties can agree in writing to continue the mediation until an agreement is reached. However, if either party withdraws from the mediation process, then the 45 calendar day timeline for the due process hearing starts the next day.

At a minimum a hearing officer must not be an employee of the state education agency or the local education agency that is involved in the education or care of the child, or any person having a personal or professional interest that would conflict with his or her objectivity in the hearing. A person who otherwise qualifies to conduct a hearing is not an employee of the education agency solely because he or she is paid by the education agency to serve as a hearing officer. He or she must possess the knowledge and the ability to: understand the provisions of the IDEA, Federal and State regulations pertaining to the IDEA, and legal interpretations by Federal and State courts; conduct hearings in accordance with appropriate, standard legal practice; and render and write decisions in accordance with appropriate, standard legal practice.

Each education agency shall keep a list of the persons who serve as due process hearing officers. The list must include a statement of the qualifications of each of those persons.

Any party to a hearing has the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities except state law prohibits non-attorney representation; present evidence and confront, cross-examine, and compel the attendance of witnesses; prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five business days before the hearing; obtain a written or electronic verbatim record of the hearing; and obtain written, or at the option of the parents, electronic findings of fact and decisions at no cost. In addition, you have the right to have the child present; open the hearing to the public; and have the hearing conducted at a time and place, which is reasonably convenient to you at no cost. At least five business days prior to the hearing, each party shall disclose to all other parties all evaluations completed by that date and the recommendations based on the offering party's evaluation that the party intends to use at the hearing. A hearing officer may prevent any party that fails to comply with this requirement from introducing the relevant evaluations or recommendations at the hearing without the consent of the other party.

## **CIVIL ACTION**

The decision of the hearing officer is final except that any party aggrieved by the findings and decision made in a due process hearing has the right to bring a civil action in any state court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. An aggrieved party must file a notice of intent to file a civil action with all parties to the hearing within 30 calendar days upon receipt of the decision of the hearing officer. A civil action in a court of competent jurisdiction must be filed within 30 days of the filing of the notice of intent to file a civil action.

A hearing officer's decision on whether the child received a free appropriate public education must be based on substantive grounds. In matters alleging a procedural violation, a hearing officer may find that the child did not receive free appropriate public education only if the procedural inadequacies interfered with the child's right to free appropriate public education, significantly interfered with the parent's opportunity to participate in the decision-making process regarding the provision of free appropriate public education to the child, or caused a deprivation of an educational benefit.

None of the provisions described above can be interpreted to prevent a hearing officer from ordering an education agency to comply with the procedural safeguards requirements.

Nothing in this part should be interpreted to prevent the parent from submitting a separate due process hearing request on an issue separate from a due process request already filed.

## **CHILD'S STATUS DURING PROCEEDINGS**

During the pendency of the resolution period, a due process hearing, or judicial proceeding, unless you and the state or your education agency agree otherwise, the child must remain in his or her current educational placement. If the

hearing officer agrees with the parent that a change of placement is appropriate, that placement must be treated as an agreement between the State and the parent.

If the hearing involves an application for initial admission to public school, the child, with parental consent, must be placed in the public school until the completion of all the proceedings. If the hearing involves an application for initial services under Part B from a child transitioning from Part C to Part B and is no longer eligible for Part C services because the child turned three, the education agency is not required to provide the Part C services that the child was receiving. If the child is found eligible for special education and related services under Part B, and the parent consents to the initial provision of special education and related services, then the educational agency must provide those special education and related services that are not in dispute. However, if a parent requests a due process hearing regarding a disciplinary action, placement remains in the alternative education setting pending the decision of the hearing officer or until the expiration of the time period unless the parent and the education agency agree otherwise. A request for expedited hearing for discipline matters must occur within 20 school days of the date the hearing is requested and the hearing officer must make a determination within 10 school days after the hearing.

**State Enforcement Mechanisms.** For judicial enforcement of a written agreement reached as a result of mediation or a resolution meeting, there is nothing in this part that would prevent the State Education Agency (SEA) from using other mechanisms to seek enforcement of that agreement, provided that use of those mechanisms is not mandatory and does not delay or deny a party the right to seek enforcement of the written agreement in a State court of competent jurisdiction or in a district court of the United States.

#### **AWARD OF ATTORNEYS' FEES**

In any action or proceeding brought under Part B of the IDEA, the court may award reasonable attorneys' fees to a prevailing party who is the parent of a child with a disability; or to a prevailing party who is a state or local education agency against the attorney of a parent who files a hearing request or court case that is frivolous, unreasonable, or without foundation, or against the attorney of a parent who continued to litigate after the litigation clearly became frivolous, unreasonable, or without foundation; or to a prevailing State or local education agency against the attorney of a parent, or against the parent if the parent's request or subsequent cause of action was presented for any improper purpose, such as to harass, to cause unnecessary delay, or needlessly increase the cost of litigation. The fee shall be based on rates prevailing in the community in which the action or proceeding arose for the kind and quality of services furnished.

Attorneys' fees may not be awarded and related costs may not be reimbursed for services performed subsequent to the time of a written offer of settlement to the parent if the offer is made to the parent 10 calendar days prior to the hearing; the offer is not accepted by the parent within 10 calendar days; and hearing officer or court finds that the hearing decision obtained by the parents was not more favorable to the parents than the offer of settlement. Also, fees may not be awarded for attendance at any IEP Team meeting unless the meeting is convened as a result of the hearing officer's decision or court action. However, an award of attorneys' fees and related costs may be made to a parent who is the prevailing party and who was substantially justified in rejecting the settlement offer. A resolution meeting is not considered an administrative hearing or court action for purposes of the attorney's fees provisions.

The amount of attorneys' fees awarded may be reduced if the parent or parent's attorney, during the course of the action or proceeding, unreasonably protracted the final resolution of the controversy; the amount of the attorneys' fees otherwise authorized to be awarded unreasonably exceeds the hourly prevailing rate in the community for similar services by attorneys of reasonably comparable skill, reputation, and experience; the time spent and legal services furnished were excessive considering the nature of the action or proceedings; or the attorney representing the parent did not provide to the education agency the appropriate information in the due process hearing request. The preceding items will not apply in any action or proceeding if the court finds that the state or local education agency unreasonably protracted the final resolution of the action or proceeding or there was a violation of these rules.

#### **ACCESS TO RECORDS**

Your education agency must permit you to inspect and review all education records of your child, that are collected, maintained, or used by the participating agency under Part B of the IDEA. The participating agency must comply with a request without unnecessary delay and before any meeting regarding an individualized education program or hearing relating to the identification, evaluation, educational placement, or provision of a free appropriate public

education, and in no case more than 45 days after the request has been made. Your right to inspect and review records includes your right to a response from the participating agency to reasonable requests for explanations and interpretations of the records; to have your representative inspect and review the records; and to request that the participating agency provide copies of the records containing the information if failure to provide those copies would effectively prevent you from exercising your right to inspect and review the records. The participating agency may not charge a fee to search for or to retrieve information under this part, but may charge a fee for copies of records which are made for you under this part if the fee does not effectively prevent you from exercising your right to inspect and review those records. The agency may presume that you have authority to inspect and review records unless the agency has been advised that you do not have the authority under applicable State law governing such matters as guardianship, or separation, and divorce. If any education record includes information on more than one child, you may review only the information relating to your situation or be informed of that specific information. The participating agency must provide you, on request, a list of the types and locations of education records collected, maintained, or used by the participating agency. The participating agency must keep a record of parties obtaining access to education records collected, maintained, or used (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to review the records.

### **RIGHTS FOR CHILDREN**

Education agencies must afford to the child, rights of privacy similar to those afforded to parents regarding records taking into consideration the age of the child and type and severity of the disability. Although the rights of parents under the IDEA transfer to the child at the age of majority (Age 19), the rights of parents regarding educational records under the *Family Educational Rights and Privacy Act* (FERPA) at 34 CFR Part 99 transfer to the child at age 18.

### **CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION**

Your consent must be obtained before personally identifiable information is disclosed to parties other than officials of participating agencies. Except under the circumstances below your consent is not required before personally identifiable information is released to officials of participating agencies for purposes of meeting a requirement of Part B of the IDEA.

Your consent or the consent of an eligible child who has reached the age of 19 must be obtained before personally identifiable information is released to officials of participating agencies responsible for providing or paying for transition services.

Also, if your child is in, or is going to go to a private school that is not located in the same LEA you reside in, your consent must be obtained before any personally identifiable information about your child is released between officials in the LEA where the private school is located and officials in the LEA where you reside.

### **AMENDMENT OF RECORDS AT PARENT'S REQUEST**

If you believe that information in your child's education records collected, maintained, or used under Part B of the IDEA is inaccurate, misleading, or violates the privacy or other rights of the child, you may request that the education agency that maintains the information amend the information. The participating agency must decide whether to amend the information in accordance with your request within a reasonable period of time of receipt of the request. If the participating agency decides to refuse to amend the information in accordance with the request, it must inform you of the refusal and advise you of your right to a hearing. The participating agency shall, on request, provide an opportunity for a hearing, which complies with FERPA procedures, to challenge information in your child's education records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights. If, as a result of the hearing, it is determined that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the participating agency must amend the information accordingly and so inform you in writing. If, as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights, the participating agency must inform you of the right to place in the records it maintains on your child, a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the participating agency. Any explanation placed in the records must be maintained by the participating agency as part of the record as long as the record or the contested portion is maintained by the participating agency. If the records or the contested portion are disclosed by the participating agency to any party, the explanation must also be disclosed to the party.



## **DESTRUCTION OF INFORMATION**

You must be informed by the public agency when personally identifiable information collected, maintained, or used under Part B of the IDEA is no longer needed to provide education services to your child. The information must be destroyed at your request. However, a permanent record of a student's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation. Information must be destroyed in a manner that maintains confidentiality.

## **CHILDREN WITH DISABILITIES ENROLLED BY THEIR PARENTS IN PRIVATE SCHOOLS WHEN FREE APPROPRIATE PUBLIC EDUCATION IS AT ISSUE**

Part B of the IDEA does not require an LEA to pay for the cost of education, including special education and related services, of your child with a disability at a private school or facility if the LEA made a free appropriate public education (free appropriate public education) available to your child and you choose to place the child in a private school or facility. However, the public agency where the private school is located must include your child in the population whose needs are addressed under the Part B provisions regarding children who have been placed by their parents in a private school. Disagreements between the parents and the public agency regarding the availability of a program appropriate for the child, and the question of financial reimbursement, are subject to the due process procedures. If the parents of a child with a disability who previously received special education and related services under the authority of an public agency enroll the child in a private elementary or secondary school without the consent of or referral by the public agency, a court or a hearing officer may require the agency to reimburse the parents for the cost of that enrollment if the court or hearing officer finds that the agency had not made a free appropriate public education available to the child in a timely manner prior to that enrollment. The cost of reimbursement may be reduced or denied if at the most recent IEP meeting that the parents attended before removal of the child from the public agency, the parents did not inform the IEP Team that they were rejecting the placement proposed by the public agency to provide a free appropriate public education to their child, including stating their concerns and their intent to enroll their child in a private school at public expense; or at least 10 business days (including any holidays that occur on a business day) prior to the removal of the child from the public agency, the parents did not give written notice to the public agency that they were rejecting the offered placement; or prior to the parents' removal of the child, the public agency informed the parents of its intent to evaluate the child (including a statement of the purpose of the evaluation that was appropriate and reasonable), but the parents did not make the child available for such evaluation; or a judicial finding of unreasonableness with respect to actions taken by the parents is found. **EXCEPTION:** The cost of reimbursement shall not be reduced or denied for a parent's failure to provide such notice if the school prevented the parent from providing such notice, the parent had not received this document, or compliance with this requirement would likely result in physical harm to the child; and may in the discretion of a court or hearing officer not be reduced or denied for failure to provide such notice if the parent is not literate and cannot write in English; or compliance would likely result in serious emotional harm to the child.

## **DISCIPLINE**

**Authority of School Personnel.** School personnel may consider any unique circumstances on a case-by-case basis when determining whether a change in placement, consistent with the other requirements of this section, is appropriate for a child with a disability who violates a code of student conduct.

School personnel under this section may remove a child with a disability who violates a code of student conduct from his or her current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 consecutive school days (to the extent those alternatives are applied to children without disabilities), and for additional removals of not more than 10 consecutive school days in that same school year for separate incidents of misconduct (as long as those removals do not constitute a change of placement).

After a child with a disability has been removed from his or her current placement for 10 school days in the same school year, during any subsequent days of removal the education agency must provide services to the child with a disability who is removed from the child's current placement. The child must continue to receive educational services, so as to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child's IEP, and receive, as appropriate, a functional behavioral assessment, and behavioral intervention services and modifications, that are designed to address the behavior violation so that it does not recur.

For disciplinary changes in placement that would exceed 10 consecutive school days, if the behavior that gave rise to the violation of the school code is determined not to be a manifestation of the child's disability, school personnel may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to children without disabilities, except that the child must continue to receive educational services. The educational services may be provided in an interim alternative setting.

An education agency is only required to provide services during periods of removal to a child with a disability who has been removed from his or her current placement for 10 school days or less in that school year, if it provides services to a child without disabilities who is similarly removed.

After a child with a disability has been removed from his or her current placement for 10 school days in the same school year, if the current removal is for not more than 10 consecutive school days and is not a change of placement, school personnel, in consultation with at least one of the child's teachers, determine the extent to which services are needed so as to enable the child to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child's IEP.

If the removal is a change of placement, the child's IEP Team determines appropriate services.

**Change of Placement Because of Disciplinary Removals.** The child's IEP Team determines the interim alternative educational setting for services. For purposes of removals of a child with a disability from the child's current educational placement, a change of placement occurs if the removal is for more than 10 consecutive school days, including partial school days of a half day or more, or the child has been subjected to a series of removals that constitute a pattern because the series of removals total more than 10 school days in a school year, because the child's behavior is substantially similar to the child's behavior in previous incidents of misconduct that resulted in the series of removals, and because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another. The education agency (a minimum of an administrator and the student's special education teacher) determines on a case-by-case basis whether a pattern of removals constitutes a change of placement. This determination is subject to review through due process and judicial proceedings.

**Notification.** On the date on which the decision is made to make a removal that constitutes a change of placement of a child with a disability because of a violation of a code of student conduct, the education agency must notify the parents of that decision, and provide the parents with a copy of the *Special Education Rights*.

**Manifestation Determination.**

1. Within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the education agency, the parent, and relevant members of the child's IEP Team (as determined by the parent and the education agency) must review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability, or if the conduct in question was the direct result of the education agency's failure to implement the IEP.

2. The conduct must be determined to be a manifestation of the child's disability if the education agency, the parent, and relevant members of the child's IEP Team determine that either condition is met.

3. If the education agency, the parent, and relevant members of the child's IEP Team determine that there was a failure to implement the IEP, the education agency must take immediate steps to remedy those deficiencies.

**Determination that Behavior was a Manifestation.** If the education agency, the parent, and relevant members of the IEP Team make the determination that the conduct was a manifestation of the child's disability, the IEP Team must:

1. Conduct a functional behavioral assessment, unless the education agency had conducted a functional behavioral assessment during the previous 18 months before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the child, or

2. If a behavioral intervention plan already has been developed, review the behavioral intervention plan, and modify it, as necessary, to address the behavior, and

3. Return the child to the placement from which the child was removed, unless the parent and the education agency agree to a change of placement as part of the modification of the behavioral intervention plan.

**Special Circumstances.** School personnel may remove a student to an interim alternative educational setting for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability, if the child:

1. Carries a weapon to or possesses a weapon at school, on school premises, or to or at a school function under the jurisdiction of the Department of Education or an education agency,
2. Knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function under the jurisdiction of the Department of Education or an education agency, or
3. Has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function under the jurisdiction of the Department of Education or an education agency.

**Definitions.** For purposes of this section, the following definitions apply:

1. Controlled substance means a drug or other substance identified under schedules I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).
2. Illegal drug means a controlled substance; but does not include a controlled substance that is legally possessed or used under the supervision of a licensed health-care professional or that is legally possessed or used under any other authority under that Act or under any other provision of Federal law.
3. Serious bodily injury has the meaning given the term "serious bodily injury" under paragraph (3) of subsection (h) of section 1365 of title 18, United States Code.
4. Weapon has the meaning given the term "dangerous weapon" under paragraph (2) of the first subsection (g) of section 930 of title 18, United States Code.

**Appeal.** The parent of a child with a disability who disagrees with any decision regarding disciplinary placement or the manifestation determination, or an LEA that believes that maintaining the current placement of the child is substantially likely to result in injury to the child or others, may appeal the decision by requesting a due process hearing.

**Authority of Hearing Officer.** A hearing officer hears, and makes a determination regarding an appeal under this section. In making the determination, the hearing officer may return the child with a disability to the placement from which the child was removed if the hearing officer determines that the removal was a violation of disciplinary requirements, or that the child's behavior was a manifestation of the child's disability, or order a change of placement of the child with a disability to an appropriate interim alternative educational setting for not more than 45 school days if the hearing officer determines that maintaining the current placement of the child is substantially likely to result in injury to the child or to others. The procedures may be repeated, if the education agency believes that returning the child to the original placement is substantially likely to result in injury to the child or to others.

**Expedited Due Process Hearing.** Whenever a hearing is requested, the parents or the education agency involved in the dispute must have an opportunity for a due process hearing.

1. The Department of Education is responsible for arranging the expedited due process hearing due to disciplinary action, which must occur within 20 school days of the date the hearing request is filed. The hearing officer must make a determination within 10 school days after the hearing.
2. Unless the parents and education agency agree in writing to waive the resolution meeting, or agree to use the mediation process, a resolution meeting must occur within seven calendar days of receiving notice of the due process hearing request, and
3. The due process hearing may proceed unless the matter has been resolved to the satisfaction of both parties within 15 calendar days of the receipt of the due process hearing request.
4. The decisions on expedited due process hearings are appealable.

**Placement During Appeals.** When an appeal has been made by either the parent or the educational agency, the child must remain in the interim alternative educational setting pending the decision of the hearing officer or until the expiration of the time period, whichever occurs first, unless the parent and education agency agree otherwise.

**Protections for Children Not Determined Eligible for Special Education and Related Services.** A child who has not been determined to be eligible for special education and related services under this part and who has engaged in behavior that violated a code of student conduct, may assert any of the protections provided for in this

part if the education agency had knowledge, as specified below, that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred.

A public agency must be deemed to have knowledge that a child is a child with a disability if before the behavior that precipitated the disciplinary action occurred if:

1. The parent of the child expressed concern in writing to supervisory or administrative personnel of the appropriate educational agency, or a teacher of the child, that the child is in need of special education and related services,
2. The parent of the child requested an evaluation of the child, or
3. The teacher of the child, or other personnel of the education agency, expressed specific concerns about a pattern of behavior demonstrated by the child directly to the director of special education of the agency or to other supervisory personnel of the agency.

Exception. A public agency would not be deemed to have knowledge if the parent of the child has not allowed an evaluation of the child, or has refused services under this part, or the child has been evaluated and determined to not be a child with a disability under this part.

Conditions that Apply if No Basis of Knowledge.

1. If a public agency does not have knowledge that a child is a child with a disability prior to taking disciplinary measures against the child, the child may be subjected to the disciplinary measures applied to children without disabilities who engage in comparable behaviors.
2. If a request is made for an evaluation of a child during the time period in which the child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, the child remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services.
3. If the child is determined to be a child with a disability, taking into consideration information from the evaluation conducted by the education agency and information provided by the parents, the education agency must provide special education and related services in accordance with this part.

**Referral to and Action by Law Enforcement and Judicial Authorities.** Nothing in this part prohibits an agency from reporting an alleged crime committed by a child with a disability to appropriate authorities or prevents State law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by a child with a disability.

Whenever law enforcement or judicial authorities are contacted by a public agency personnel reporting an alleged crime committed by a child with a disability, the IEP Team must, within two weeks of the child's return to school setting:

1. Conduct a functional behavioral assessment unless the LEA has conducted a functional behavioral assessment during the previous 18 months before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the child, or
2. If the behavioral intervention plan already has been developed, review the behavioral intervention plan and modify it, as necessary, to address the behavior.

Transmittal of Records. (1) An agency reporting an alleged crime committed by a child with a disability must ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom the agency reports the crime. (2) An agency reporting an alleged crime under this section may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Rights and Privacy Act.

## SPECIAL EDUCATION RIGHTS UNDER THE IDEA

### **Purpose(s) of this form:**

- To inform the parent or student (age 19 and older) of his/her rights. The parent or student (age 19 and older) should be fully informed of their rights.

### **When to use this form:**

- The parent or student (age 19 and older) must be given a copy of the rights:
  - When a student is initially referred for an evaluation or when the parent requests an evaluation.
  - Upon receipt of the first State complaint in a school year.
  - Upon receipt of the first due process hearing request in a school year.
  - Not later than the date on which the decision is made to take disciplinary action resulting in a change of placement.
  - Upon request by a parent.
  - At least once a year (the SDE is requesting that LEAs provide a copy of the *Special Education Rights* at the annual IEP Team meeting and document the date provided on the signature page of the IEP).
- LEAs are no longer required to provide a copy of *Special Education Rights* with each notice.



# NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- ☐ Identification                      ☐ Evaluation                      ☐ Placement                      ☐ Other  
☐ LEA Response to DPH Request    ☐ Provision of Free Appropriate Public Education    ☐ Other

## DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

## BASIS FOR DECISION

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
- When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
- When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
- When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
- Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
- Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
- Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
- This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
- This form may be used to document minor corrections found during internal monitoring /SDE monitoring.  
**Seek guidance from the local Special Education Coordinator.** Examples are as follows:
  - A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

### **What happens next:**

- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.



## NOTICE AND CONSENT FOR INITIAL EVALUATION

**Student:** \_\_\_\_\_

The IEP Team met to discuss the request and/or referral for an evaluation for your child. The IEP Team, after reviewing existing information, has determined that an individual evaluation is needed to determine possible eligibility for special education and related services.

The LEA/agency proposes to conduct this evaluation for the following checked reasons:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To determine developmental level  | <input type="checkbox"/> Behavior concerns                     | <input type="checkbox"/> To determine current academic performance |
| <input type="checkbox"/> To determine functional level   | <input type="checkbox"/> Speech/language inconsistent with age |  |
| <input type="checkbox"/> To determine eligibility under <i>Alabama Administrative Code</i> for out of state transfer |  | <input type="checkbox"/> _____                                     |

Descriptions of other options considered and why the options were rejected.

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

The evaluation may also include assessments indicated in the following checked areas:

- |                                       |   |                                |       |
|---------------------------------------|---|--------------------------------|-------|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation          | <input type="checkbox"/> Motor | _____ |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech               | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language             | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Interview            | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other | _____ |

*If you consent to an evaluation the LEA/agency will provide the evaluation at no cost to you. Giving consent for an evaluation does not give consent for services. If you refuse consent for an initial evaluation, the LEA/agency may request a mediation and/or a due process hearing. If you give consent, you may revoke your consent at any time but not after the evaluation has been conducted.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- ☐ I **GIVE PERMISSION** for the evaluation that has been proposed.
- ☐ I **DO NOT GIVE PERMISSION** for the evaluation that has been proposed. Please explain.

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have information that can assist in this evaluation, have questions regarding this evaluation or your rights, or wish to schedule a conference, please contact: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_ Address: \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_  
(Name)

at

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

\_\_\_\_\_  
Date Provided/Sent

Results of 1<sup>st</sup> Attempt: \_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Attempt Date

\_\_\_\_\_  
Action

Results of 2<sup>nd</sup> Attempt: \_\_\_\_\_

\_\_\_\_\_  
Date Signed Consent Received by Public Agency

## NOTICE AND CONSENT FOR INITIAL EVALUATION

### **Purpose(s) of this form:**

- To provide written documentation to the parent and student (age 19 and older) of the reasons for the evaluation.
- To provide written documentation to the parent and student (age 19 and older) of the information used to recommend a formal evaluation.
- To obtain written consent from the parent or student (age 19 and older) for administration of the proposed individualized evaluation.
- To document that the parent and student (age 19 and older) have been offered notice in his/her native language.
- To document the beginning of the 60 calendar day timeline to complete the initial evaluation.
- To document that an IDEA eligible student transferred from out-of-state and needs to be evaluated to determine if he/she meets the *Alabama Administrative Code* criteria.

### **When to use this form:**

- After the IEP Team determines a need for an initial evaluation and prior to conducting any assessments/evaluations that will be used in determining eligibility.

### **Things to remember when completing this form:**

- Describe other options considered and why they were rejected. Examples are provided below:
  - Not testing – academic/behavior difficulties persist after interventions.
  - 504 considerations – academic/behavior problems require specially designed instruction for educational benefit.
  - Classroom accommodations – academic/behavior problems have not shown improvement following accommodations in the classroom.
  - Counseling – behavior problems persist.
  - Behavior plan – behavior problems persist, etc.
- Indicate what areas of assessments or procedures may be completed by education agency personnel.
- Obtain parent signature at the referral meeting. **Note: The receipt of a signed Notice and Consent for Initial Evaluation begins the 60-day timeline to complete the initial evaluation. The date of receipt may be different from the date the parent signs the consent form.**
- Type in the name of the parent or student (age 19 and older) on the signature line when completing the form in STISETS. Type in the name of the person signing as the education agency official in the spaces provided when completing the form in STISETS.
- Maintain a printed copy to be kept on file.
- Record the date that the notice was provided/sent and results. If there is no response after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact should be documented.
- An evaluation for an out of state transfer student is considered to be an initial evaluation. Refer to transfer student process charts. A referral is not required for an out-of-state transfer student that was eligible for services in another state.

### **What happens next:**

- If the parent or student (age 19 and older) checks **I GIVE PERMISSION** for the evaluation that has been proposed, the evaluation proceeds.
- If the parent or student (age 19 and older) checks **I DO NOT GIVE PERMISSION** for the evaluation that has been proposed, the education agency **may not** proceed with the evaluations. The education agency may request that the parent or student (age 19 and older) participate in a conference to discuss their decision. If the parent or student (age 19 and older) does not change his/her mind after the conference, the education agency may request mediation or due process. However, evaluations **may not** be conducted unless the parent or student (age 19 and older) signs the consent or a due process hearing officer orders the evaluation.
- If the parent or student (age 19 and older) does not want to sign at the meeting, he/she may take the form and return it at a later time. **Note: The receipt of a signed Notice and Consent for Initial Evaluation begins the 60-day timeline to complete the initial evaluation. The date of receipt may be different from the date the parent or student (age 19 and older) signs the consent form.**
- The parent or student (age 19 and older) must sign and date the form and check **I GIVE PERMISSION** before evaluations may be conducted.

## VISION SCREENING FORM

STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**KEY: P = PASS F = FAIL**

SCREENING DATE: _____			RECHECK DATE: _____	
	FAR	NEAR	FAR	NEAR
BOTH EYES				
RIGHT EYE				
LEFT EYE				

Examiner: \_\_\_\_\_ Examiner: \_\_\_\_\_

Instrument used: \_\_\_\_\_ Instrument used: \_\_\_\_\_

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Recheck  
\_\_\_\_\_ With Glasses  
\_\_\_\_\_ Needs Referral

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Recheck  
\_\_\_\_\_ With Glasses  
\_\_\_\_\_ Needs Referral

Resolution of Problem: \_\_\_\_\_

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.

Date: \_\_\_\_\_  
Pass: \_\_\_\_\_ Fail: \_\_\_\_\_  
Examiner: \_\_\_\_\_

## HEARING SCREENING FORM

STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**HEARING CRITERIA:** Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

**KEY: P = PASS F = FAIL**

Screening Date: _____					Recheck Date: _____				
EAR	HL	FREQUENCY HZ			EAR	HL	FREQUENCY HZ		
		1000	2000	4000			1000	2000	4000
RE	20				RE	20			
LE	20				LE	20			

Examiner: \_\_\_\_\_  
Audiometer: \_\_\_\_\_  
Last Calibration Date: \_\_\_\_\_

Examiner: \_\_\_\_\_  
Audiometer: \_\_\_\_\_  
Last Calibration Date: \_\_\_\_\_

Tympanometry: RE \_\_\_\_\_  
LE \_\_\_\_\_

Tympanometry: RE \_\_\_\_\_  
LE \_\_\_\_\_

REMARKS:

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Rescreen (within two weeks)

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Rescreen (within two weeks)

Resolution of Problem: \_\_\_\_\_

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: \_\_\_\_\_  
Pass: \_\_\_\_\_ Fail: \_\_\_\_\_  
Examiner: \_\_\_\_\_

Optional Form for Required Procedure/Evaluation.

# OBSERVATION FORM

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF OBSERVATION \_\_\_\_\_

OBSERVER'S SIGNATURE \_\_\_\_\_

NAME OF OBSERVER \_\_\_\_\_ POSITION \_\_\_\_\_

TIME STARTED \_\_\_\_\_ TIME COMPLETED \_\_\_\_\_

The observation **MUST** include activity/class and **MAY** include other items such as student's response, teacher's response and peer response.

**OBSERVATION FORM**  
**(Optional form for required procedure/evaluation)**

**Purpose(s) of this form:**

- To document in narrative form the actual observation of behavior/academic performance demonstrated by a student in a natural, age-appropriate, or educational environment.

**When to use this form:**

- This form may be used when a student is suspected of having a disability in the area of Emotional Disturbance or Specific Learning Disability.
- This form may be used at reevaluation for any disability area if the IEP Team determines that additional data are needed.
- Do not use this form when observing a 3-5 year old being evaluated for preschool services. Use the *Natural Environment Survey*.

**Things to remember when completing this form:**

- All blanks on the top of the form must be filled in completely with the indicated information.
  - The person completing the observation must sign as the observer.
  - Type in the name of the observer on the signature line when completing the form in STISSETS.
- The report must include the activity/class where the observation took place.
  - Requirements for determining eligibility in the area of Emotional Disturbance include observations in at least two educational environments. A third observation may be used as documentation that the emotional disturbance has been exhibited over a long period of time. The observation must be conducted by a qualified professional.
  - Requirements for determining eligibility in the area of Specific Learning Disability include at least one observation of the student's academic performance in the regular classroom setting. The observation should be directed to the specific area(s) of the suspected learning disability. The observation must be conducted by at least one member of the IEP Team or Eligibility Committee (whichever group is responsible for determining whether a child has a Specific Learning Disability).
- Requirements for determining eligibility in the area of Autism :
  - include observation in both a structured and an unstructured school environment or natural setting and a structured interview with the parent/primary caregiver for all students in Grades K-12.
  - An observation in a natural setting and a structured interview with the parents/primary caregiver for all preschool aged children.

**What happens next:**

- Analyze the observation report and record what is relevant in determining eligibility on the *Notice and Eligibility Decision Regarding Special Education Services* form. Do not write "See Attached" on the eligibility report.

## NATURAL ENVIRONMENT SURVEY

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DOE: \_\_\_\_\_  
 EXAMINER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 RESPONDENT: \_\_\_\_\_ RELATIONSHIP TO THE CHILD: \_\_\_\_\_  
 EDUCATIONAL ENVIRONMENT (Preschool/daycare/home) \_\_\_\_\_

### **COMMUNICATION DEVELOPMENT**

<b>YES</b>	<b>NO</b>
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

1. Does the child say at least 50 recognizable words?
2. Does the child say his/her first and last name?
3. Does the child use 2 to 3-word phrases?
4. Does the child follow simple commands (come here, sit down)?
5. Does the child point to common objects when named?
6. Does the child respond to simple "yes/no" questions?
7. Does the child make his/her wants/needs known verbally?
8. Does the child make his/her wants/needs known with gestures?

Additional Information: \_\_\_\_\_

### **ADAPTIVE BEHAVIOR/DAILY LIVING DEVELOPMENT**

<b>YES</b>	<b>NO</b>
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

1. Does the child eat with a spoon/fork skillfully?
2. Does the child eat a variety of foods?
3. Is child potty-trained?
4. Does the child express the need to use the bathroom?
5. Does the child take off/put on simple clothing?
6. Does the child sleep at appropriate times (nap, night)?

Additional Information: \_\_\_\_\_

### **SOCIAL/EMOTIONAL DEVELOPMENT**

<b>YES</b>	<b>NO</b>
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

1. Does the child play cooperatively in groups of two to three children?
2. Does the child share toys with peers?
3. Does the child wait his/her turn when playing in group games?
4. Does the child choose to play with other children (not alone)?
5. Does the child help put things away?
6. Does the child seem overly active as compared to same aged peers?
7. Does the child exhibit any violent and/or aggressive behaviors (bite, hit)?

Additional Information: \_\_\_\_\_

**MOTOR DEVELOPMENT**

**YES**

**NO**

- |   |     |     |
|---|-----|-----|
| 1. Does the child scribble on paper with a crayon/pencil?               | [ ] | [ ] |
| 2. Does the child pick up small objects using a neat pincer grasp?      | [ ] | [ ] |
| 3. Does the child open a door by turning a doorknob?                    | [ ] | [ ] |
| 4. Does the child fasten clothing (button, zip, snap...) independently? | [ ] | [ ] |
| 5. Does the child kick a ball forward without falling?                  | [ ] | [ ] |
| 6. Does the child walk up/down stairs independently using a handrail?   | [ ] | [ ] |
| 7. Does the child climb on playground equipment?                        | [ ] | [ ] |

Additional Information: \_\_\_\_\_

**COGNITIVE DEVELOPMENT**

**YES**

**NO**

- |  |     |     |
|--|-----|-----|
| 1. Does the child rote count 1-5?  | [ ] | [ ] |
| 2. Does the child match an object to its picture?                            | [ ] | [ ] |
| 3. Does the child recognize basic colors?                                    | [ ] | [ ] |
| 4. Does the child name/point to at least six large body parts?               | [ ] | [ ] |
| 5. Does the child know the function of familiar objects (spoon, shoe, bed)?  | [ ] | [ ] |
| 6. Does the child attend to a learning task or story for at least 5 minutes? | [ ] | [ ] |

Additional Information: \_\_\_\_\_



**NATURAL ENVIRONMENT SURVEY**  
**(Required Form - Not in STI)**

**Purpose(s) of this form:**

- To document strengths and needs of the child based on the observation in a natural, age-appropriate environment.

**When to use this form:**

- To provide required documentation for eligibility for Developmental Delay.
  - This form is required for preschool children (three, four and five year olds who have not entered Kindergarten) referred for Developmental Delay.
  - This form may be used for school-age children referred for Developmental Delay or an observation form may be substituted.
  - This form may be used to gather information as required for eligibility in other areas of disability.

**Things to remember when completing this form:**

- All fields must be completed; write N/A if not applicable.
- Must be completed by parent, guardian and/or childcare provider.

**What happens next:**

- Information from this form must be documented on the eligibility report for the disability area of Developmental Delay for preschool children and may be used for other areas as appropriate.
- Information from the *Natural Environment Survey* should be considered when determining services and/or LRE.
- There should be a direct relationship between the *Natural Environment Survey* and the development of the IEP.



## FAMILY FOCUS INTERVIEW

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and priorities. It can be completed by a parent, grandparent, guardian, etc.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool/Daycare/School Child Attends: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Who does the child live with? ☐ Parent(s) ☐ Other Relative(s) ☐ Custodian  
☐ Guardian ☐ Other

Birth History (Explain any illnesses/injuries/complications during pregnancy): \_\_\_\_\_

Was the child born prematurely? ☐ Yes ☐ No If yes, how many weeks/months early? \_\_\_\_\_

Were there any problems after the birth? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

How long was the child in the hospital after birth? \_\_\_\_\_

What is your child's major means of communication? \_\_\_\_\_

☐ Speech ☐ Signing ☐ Communication Device

☐ Gestures ☐ Vocalizations ☐ Combination of Modes

☐ Other (Specify) \_\_\_\_\_

What are some of your child's likes/interests? \_\_\_\_\_

Are there any foods your child cannot eat (include allergies)? ☐ Yes ☐ No If yes, list foods: \_\_\_\_\_

Are there any foods your child does not eat? ☐ Yes ☐ No If yes, list foods: \_\_\_\_\_

Does your child currently take any medication? ☐ Yes ☐ No If yes, explain. \_\_\_\_\_

Has your child been evaluated and/or received any special services? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

List any recent progress or changes you have seen in your child. \_\_\_\_\_

Please check all areas that apply to your child:

**Socialization:**

- |  |  |
|--|--|
| <input type="checkbox"/> Plays well with other children  | <input type="checkbox"/> Works in a group      |
| <input type="checkbox"/> Separates easily from parent    | <input type="checkbox"/> Prefers to play alone |
| <input type="checkbox"/> Included by peers in activities |  |

**Speech/Language:**

- |  |  |
|--|--|
| <input type="checkbox"/> Speech is unclear and garbled       | <input type="checkbox"/> Expresses wants and needs         |
| <input type="checkbox"/> Uses incomplete language structures | <input type="checkbox"/> Needs instructions repeated often |

**Self-Help:**

- |  |  |
|--|--|
| <input type="checkbox"/> Has no toileting difficulties | <input type="checkbox"/> Needs assistance with toileting |
| <input type="checkbox"/> Feeds self independently      | <input type="checkbox"/> Needs assistance with feeding   |
| <input type="checkbox"/> Dresses self independently    | <input type="checkbox"/> Needs assistance with dressing  |

**Attention:**

- |  |   |
|--|---|
| <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Has appropriate attention span |
| <input type="checkbox"/> Stays with task until completed | <input type="checkbox"/> Makes eye contact              |

**Motor:**

- |  |  |
|--|--|
| <input type="checkbox"/> Has appropriate control of body movements | <input type="checkbox"/> Has difficulty using cutting or writing tools |
| <input type="checkbox"/> Has appropriate hand/eye coordination     | <input type="checkbox"/> Is clumsy                                     |

**Behavior:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Has tantrums            | <input type="checkbox"/> Unable to accept limits               | <input type="checkbox"/> Hits or hurts others |
| <input type="checkbox"/> Excitable               | <input type="checkbox"/> Disinterested in people               | <input type="checkbox"/> Unaware of danger    |
| <input type="checkbox"/> Overactive              | <input type="checkbox"/> Interacts well with peers             | <input type="checkbox"/> Quiet/withdrawn      |
| <input type="checkbox"/> Follows requests        | <input type="checkbox"/> Obeys rules or complies with requests |   |
| <input type="checkbox"/> Fearful of (list fears) |  |   |
- 

Check the following items your child uses at home:

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Crayons    | <input type="checkbox"/> Scissors     | <input type="checkbox"/> Pencil             |
| <input type="checkbox"/> Paste/glue | <input type="checkbox"/> Finger paint | <input type="checkbox"/> Play dough         |
| <input type="checkbox"/> Paper      | <input type="checkbox"/> Blocks       | <input type="checkbox"/> Bicycles/tricycles |

### Home and Family History (Optional)

Mother: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents:

☐ Married ☐ Divorced ☐ Separated  
☐ Single ☐ Deceased

Other children in household:

Name	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Name (other than Parent/Guardian): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Are there any other known or suspected disabilities in the family? ☐ Yes ☐ No If yes, explain.

Child's Doctor: \_\_\_\_\_ Date of last exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY FOCUS INTERVIEW  
(Required Form - Not in STI)**

**Purpose(s) of this form:**

- To provide home and family history of the student.
- To identify assessments and services that are responsive to concerns and priorities of the family.
- To provide required documentation for eligibility for Developmental Delay.
- This form is required for preschool children (3, 4 and 5 year olds who have not entered Kindergarten) referred for Developmental Delay.
- This form may be used for school-age children referred for Developmental Delay to document concerns and priorities of the family.
- This form may be used to gather information as required for eligibility in other areas of disability.

**When to use this form:**

- This form must be completed when evaluating for the suspected disability area of Developmental Delay for preschool children.

**Things to remember when completing this form:**

- All fields must be completed; write N/A if not applicable.
- Home and Family History (Page 3) is optional.
- Information should be provided by a parent/guardian.

**What happens next:**

- Information from this form must be documented on the eligibility report for the disability area of Developmental Delay and may be used for other areas as appropriate.
- Information from the *Family Focus Interview* should be considered when determining services and/or LRE.
- There should be a direct relationship between the *Family Focus Interview* and development of the IEP.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### **Purpose(s) of this form:**

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### **When to use this form:**

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### **Things to remember when completing this form:**

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### **What happens next:**

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.



**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
(Continued)

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES

STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
Date this report was given or sent to parent (student @ age 19) \_\_\_\_\_

<b>Check One:</b>	<b>Initial Eligibility</b>	<b>Reevaluation</b>
	<b>Vision Screening</b>	<b>Hearing Screening</b>
	<b>Date                      Result</b>	<b>Date                      Result</b>

**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

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**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

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**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Final Completion Date of ALL Evaluations:** \_\_\_\_\_

## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document all assessments and results used in the evaluation/reevaluation process.
- To document that required evaluations were administered for areas of suspected disability.
- To document that a copy of the eligibility decision was given/sent to the parent and student (age 19 and older).
- To document that a copy of the eligibility report was given/sent to the parent and student (age 19 and older):
  - when additional data are needed
  - when the student's disability area changed
  - when a student is determined to no longer be eligible for special education services

### **When to use this form:**

- For initial eligibility, the form is completed after all initial assessments are conducted and all other relevant data are reviewed.
- For reevaluations, SES recommends completing this form each time a reevaluation occurs.

### **Things to remember:**

- Type in the date each time a copy of this form is given/sent to the parent and student (age 19 and older).
- Check whether the form is being completed for initial eligibility or reevaluation.
- Include vision and hearing screening results under **"Other Scores."**
- List all assessment information, including reports provided by the parents or other agencies that will be used in determining eligibility.
- Include the name of the assessment **AND** the results.
- For observations, teacher checklists, medical reports, work samples, documentation of appropriate instruction, etc., provide a summary statement on the form under **"Other Scores."**
- Document two attempts to obtain the home version of an adaptive behavior scale on the form under **"Other Scores."**
- Test scores must be reported as standard scores with a mean of 100 and a standard deviation of 15. If a test does not yield standard scores, you must convert the score by using the conversion tables/charts available on our web page in the programs link.
- If an assessment used as supporting documentation does not yield scores that can be converted to standard scores, enter results under **"Other Scores."**
- For reevaluations, if the IEP Team determines that no additional data are needed and the student remains eligible in the same disability area, the *Notice of IEP Team's Decision Regarding Reevaluation* should be attached to the previous *Notice and Eligibility Decision Regarding Special Education Services* and a copy given to the parent and student (age 19 and older). Even though this is allowable, SES strongly encourages the completion of a new eligibility report every time eligibility is determined.
- The **Final Completion Date of ALL Evaluations** is the date used to determine if the initial evaluation was completed 60 calendar days from the date the public agency received the signed copy of the *Notice and Consent for Initial Evaluation*. Therefore, all evaluations should be dated on or before the final completion date.



STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**SLD ONLY SECTION – For each option checked below, include documentation of a specific learning disability in the assessment section of this report.**

☐ **Option 1: Response(s) to Intervention.**

☐ **Option 2: Pattern of strengths and weaknesses.**

☐ **Option 3: Severe Discrepancy (SD) Documentation.**

A. If using the predicted achievement model (regression to the mean effective 7/1/98):

IQ score: \_\_\_\_\_

Predicted Achievement (PA) score: \_\_\_\_\_

**Obtained Achievement (OA) score(s)  
determined one of two ways:**

One Achievement Test \_\_\_\_\_  
Total test score

**OR**

Two Composites OR Two Subtests \_\_\_\_\_

Scores from two different achievement tests that measure the same deficit skill area (i.e., Composite Reading scores from two different tests; Subtest Calculation scores from two different tests)

PA \_\_\_\_\_ - OA \_\_\_\_\_ = SD \_\_\_\_\_

PA \_\_\_\_\_ - OA \_\_\_\_\_ = SD \_\_\_\_\_

(SD must be 16 points  
or greater for all ages)

**Severe discrepancy (SD) between ability and achievement:** ☐ **YES** ☐ **NO**

B. If using the simple standard score method (only for students identified before July 1, 1998):

IQ Score \_\_\_\_\_ - Achievement Score \_\_\_\_\_ = SD \_\_\_\_\_  
(SD must be 15 or greater to 11 years; must be 23 or greater for 11 years and older)

**Complete for all students suspected of SLD, regardless of option(s) chosen above.**

1. For educationally relevant behaviors noted during the classroom observation(s) and educationally relevant medical findings (if any), please refer to page(s) \_\_\_\_\_ of this report.

2. Student behavior or difficulty that affects his/her academic functioning:

\_\_\_\_\_

3. The following factors have been ruled out as the primary cause of the impairment (all must be considered and checked to qualify for SLD):

☐ Environmental/Cultural/Economic Concerns ☐ Visual/Hearing Disabilities  
☐ Mental Retardation ☐ Emotional Disturbance ☐ Motor Disabilities

**NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES  
(SLD Section Only)**

**Purpose(s) of this page:**

- To document that appropriate procedures were used in determining the presence of a Specific Learning Disability.
- To document each option used to determine eligibility for SLD.

**Things to remember when completing this page:**

- For all students *suspected* of having a Specific Learning Disability, the **SLD ONLY SECTION** must be completed in its entirety, using Option 1, Option 2, Option 3, or the combination of options.
- For Option 1, document all interventions that were used and the response or lack of response observed in the student's performance in the classroom. Include the amount of time the interventions were utilized.
- Option 2 section should be used for the pattern option and should include documentation of a pattern of strengths and weaknesses in performance, achievement, or both.
- For Option 3, document the appropriate scores that are being used to determine the presence of a severe discrepancy.
- In STISETS, if these items are not completed, an error message will result.
- Complete all three items in the box at the bottom of the page whether using Option 1, Option 2, Option 3, or the combination of options. **THESE FACTORS MUST BE CONSIDERED and CHECKED AS BEING RULED OUT** as the primary cause of the impairment.



STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## E L I G I B I L I T Y   D E C I S I O N

**ELIGIBLE:**    ☐ YES    ☐ NO

**AREA OF DISABILITY:** \_\_\_\_\_

If the selected area of disability is Multiple Disabilities, list at least two disability areas for which the student is eligible.

Explanation (if needed):  
\_\_\_\_\_  
\_\_\_\_\_

**Complete for all students:**

Was lack of appropriate instruction in math and/or reading, including the essential components of reading instruction (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965) or limited English proficiency the determining factor in the decision?    ☐ YES    ☐ NO  
(See documentation included in this report.)

### DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THEY WERE REJECTED

**CHECK ONE:**      **Eligibility Committee**    ☐                      **IEP Team**    ☐

I **AGREE** with the conclusions written in this report

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Evaluation Results Interpreter		
Student		
Other		

I **DO NOT AGREE** with the conclusions written in this report. The attached statement represents my conclusions in this area.

Position	Signature	Date

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Education Agency Official

## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES (Eligibility Decision)

### **Purpose(s) of this form:**

- To document that the eligibility decision was determined based on the evaluation information.
- To document the eligibility decision and area of disability with an explanation (i.e., to document when one of the options for the first reevaluation for ED is being used).
- To document that eligibility criteria for Multiple Disabilities has been met in two or more areas and is documented in the explanation section.
- To document lack of appropriate instruction in math or reading or limited English proficiency was/was not the determining factor(s) in the eligibility decision. This must be documented on the form, not just checked in the box.
- To document a description of other options considered. This section **must** be completed.
- To document whether an IEP Team or Eligibility Committee is used.
- To document that the required IEP Team or Eligibility Committee members attended and participated in a meeting to determine eligibility. The LEA plan must specify whether an IEP Team or Eligibility Committee is used to determine eligibility.
- To document IEP Team or Eligibility Committee members, agreement/disagreement with the eligibility decision.

### **Things to remember when completing this page:**

- Check the IEP Team's or Eligibility Committee's decision regarding eligibility.
- Indicate the area of disability. Do not list secondary disability areas.
- The student must meet criteria in the *Alabama Administrative Code* for eligibility.
- If the student is eligible for Multiple Disabilities, specify the two or more disabilities in the Explanation section. The student must meet eligibility criteria in both or all disability areas.
- Determine whether the lack of appropriate instruction in math or reading or the student's limited English proficiency was the determining factor in the eligibility decision. Check "**yes**" or "**no**" in the appropriate box. If **YES** is checked, the student should not be determined eligible. Include data on the eligibility report to support this decision.
- A description of other options that were considered must be listed with the reasons they were rejected.
- IEP Team or Eligibility Committee members that participate in the meeting must sign this page.
- Each person attending the eligibility meeting must sign the last page either in the **I AGREE** or **I DO NOT AGREE** section.
- Type in the name of each IEP Team or Eligibility Committee participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.
- If a signature appears in the **I DO NOT AGREE** section, a statement should be attached to the eligibility report indicating why the person does not agree with the eligibility decision.
- The name of the contact person should be indicated at the bottom of the page as well as the signature of an agency official.

### **What happens next:**

- If the student is eligible, the IEP Team must meet within 30 calendar days of the initial eligibility determination to develop the IEP.
- If a student is not eligible, refer the student to the BBSST/PST.

## NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES

The LEA/agency requests your consent to provide special education services for:

STUDENT'S NAME: \_\_\_\_\_

Basis for decision: \_\_\_\_\_

Description of other options considered and why the options were rejected: \_\_\_\_\_

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

<input type="checkbox"/> Vision	<input type="checkbox"/> Observation	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Other Agency Information
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Work Samples	<input type="checkbox"/> State Assessments
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Motor	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Other _____
<input type="checkbox"/> Achievement	<input type="checkbox"/> Interview	<input type="checkbox"/> Attendance Reports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Behavior	<input type="checkbox"/> Grades	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Other _____

*The LEA/agency must obtain your consent prior to providing any special education services to your child. If you refuse consent for the provision of services or fail to respond to a request to give consent, the LEA/agency shall not be in violation of the requirement to make a free appropriate public education available to your child.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- ☐ I **GIVE PERMISSION** for the school system to provide special education services
- ☐ I **DO NOT GIVE PERMISSION** for the school system to provide special education services. Please explain.

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have questions regarding this decision, your rights, or wish to schedule a conference, please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_ Address \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent \_\_\_\_\_

Results of 1<sup>st</sup> Attempt \_\_\_\_\_

2<sup>nd</sup> Attempt Date \_\_\_\_\_ Action \_\_\_\_\_

Results of 2<sup>nd</sup> Attempt: \_\_\_\_\_

## **NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES**

### **Purpose(s) of this form:**

- To obtain consent from the parent or student (age 19 and older) for the provision of special education services.
- To document dates and results of attempts to obtain consent for the provision of special education services.

### **When to use this form:**

- This form is completed only after initial eligibility has been determined.
- This form may be completed anytime after initial eligibility determination, but must be completed before the IEP can be implemented.
- This form may be completed after the initial IEP has been developed, but must be completed prior to the initiation of special education and related services if it was not obtained previously.

### **Things to remember when completing this form:**

- Complete all portions of the form.
- Type in the name of the parent or student (age 19 and older) on the signature line when completing the form in STISETS. Type in the name of the person signing as the education agency official in the spaces provided when completing the form in STISETS. Maintain a printed copy to be kept on file.
- Record the date that the notice was provided/sent and results. If there is no response after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact should be documented.

### **What happens next:**

- If the parent or student (age 19 and older) checks “**I GIVE PERMISSION**”, the IEP Team may proceed with the development/implementation of the IEP.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE PERMISSION**”, the education agency may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision. However, if the parent or student (age 19 and older) does not give permission, the education agency no longer has the right to request due process. Special education services **may not** be provided to students without the parent’s or student’s (age 19 and older) knowledge and informed consent.
- A parent or student (age 19 and older) has the right to revoke consent for the continued provision of special education and related services. In order for services to stop, the parent or student (age 19 and older) must complete the *Notice of Revocation of Consent for Continued Provision of Special Education and Related Services* form and the public agency must provide the *Notice of Intent Regarding Special Education Services*.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### **Purpose(s) of this form:**

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### **When to use this form:**

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### **Things to remember when completing this form:**

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### **What happens next:**

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
*(Continued)*

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).





INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ GRADE \_\_\_\_\_ - \_\_\_\_\_

IEP INITIATION/DURATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE ONE)

### Purpose(s) of this page:

- To document the duration of the IEP.
- To describe the strengths and needs of the student and how the student's disability affects his/her involvement and progress in the general education curriculum and, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- To document concerns of the parent, teacher(s), and student.
- To document assessment information.
- To document transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP should be written within 30 calendar days of initial eligibility determination and before any special education and related services are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or student (age 19 and older), or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2010 or 2010-2011, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the date of the beginning of school year to the end of the school year. Example: 08/09/10 – 05/27/11. **IEP INITIATION/DURATION DATES** may also be staggered. Example: 09/06/10 – 09/05/11 or 03/08/10 – 03/07/11, etc. (Staggering dates would require the IEP Team to develop goals for the two grades the IEP covers). If the IEP covers two grades, general education standards or the extended standards for both grades must be included in the IEP. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP meeting date. The date of signatures on the **SIGNATURE PAGE** determines when the next annual IEP meeting must be held. Example: **IEP INITIATION/DURATION DATES** 08/09/10 – 05/27/11. If the date of signatures is 05/06/10, the next annual IEP meeting should be held no later than 05/05/11.
- Unless noted in **extended school year services**, IEPs are *not* implemented when school is not in session.
- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.
- For preschool children transitioning from Early Intervention:  
The IEP must be written and ready to implement by the child's third birthday; If a parent refers their preschool age child for services, the IEP Team follows the 90 calendar day timeline for the initial evaluation process; If the child's third birthday falls during the summer months, the IEP Team will determine when special education services begin.

The **STUDENT PROFILE** might include general statements regarding:

- The strengths of the student.
- How the student's disability affects his/her involvement and progress in the general education curriculum or, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- The concerns of the parent for enhancing the education of the student.
- Information obtained from parent, teacher(s), and the student regarding needs, preferences, and interests.
- The results of the initial or most recent evaluations of the student.
- As appropriate, the results of the student's performance on any general curriculum-based, state, or district wide assessments.
- Transition needs that focus on preparing the student for his/her post-school transition goals.

### What happens next:

- There should be a direct link between the profile and other elements of the IEP.  
The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.

## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

### SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs (deaf or hearing impaired only)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP with an annual goal(s)?	<input type="checkbox"/>	<input type="checkbox"/>

### TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? ☐ YES ☐ NO

Does the student need accommodations or modifications for transportation? ☐ YES ☐ NO

If yes, check any transportation accommodations/modifications that are needed.

☐ Bus driver is aware of student's behavioral and/or medical concerns

☐ Wheelchair lift

☐ Restraint system.

Specify:

☐ Other.

Specify:

### NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

☐ YES.

☐ YES, with supports. Describe:

☐ NO. Explanation must be provided:

### METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE TWO)

### Purpose(s) of this page:

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION AS A RELATED SERVICE**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
- The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES, MUST** be addressed through **MEASURABLE ANNUAL GOALS**, and/or **SPECIAL EDUCATION AND RELATED SERVICES**, the transition plan, and/or a behavioral intervention plan.

**NOTE:** Regarding the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

- **Yes** or **No** must be selected for **TRANSPORTATION AS A RELATED SERVICE**. If **No** is checked regarding the student's need for transportation accommodations/modifications, the student will receive the same transportation services provided to nondisabled children. If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially-equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student. Check all items that apply. If the student requires transportation as a related service, the statement, **Bus driver is aware of student's behavioral and/or medical concerns**, should ALWAYS be checked. If **Wheelchair Lift** is checked, the student must be secured in a safe wheelchair before boarding the lift. If **Restraint System** is checked, please specify in the space provided. The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for that student, with input from the Transportation Department. If **Other** is checked, please specify in the space provided. Include the need for any necessary supports (i.e., assigned seat, peer helper, loading/unloading assistance, bus attendant, nurse, BIP, emergency plan of action) or special equipment (i.e., oxygen tank, epipen, diabetic supplies, augmentative communication system/device, service animal), as well as any medical conditions which could impact the student during the service delivery and for which the driver might need additional training. Complete the *Persons Responsible for IEP Implementation* form and ensure the bus driver is aware of his/her responsibility for implementing the IEP. Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation).

**NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.**

- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every 9 weeks, every 6 weeks).

**What happens next:**

- There should be a direct link between the profile and other elements of the IEP.



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

☐ Yes ☐ No This student was invited to the IEP Team meeting.

☐ Yes ☐ No After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

☐ This student is in a middle school **course of study** that will help prepare him/her for transition.

## **EXIT OPTIONS (Complete for students in grades 9-12)**

☐ Alabama High School Diploma ☐ Graduation Certificate **Anticipated Date of Exit:**  
☐ Alabama Occupational Diploma ☐ Other \_\_\_\_\_ Month \_\_\_\_\_ Year

## **PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES				
Alabama High School Diploma								
Alabama Occupational Diploma								
Graduation Certificate								

## **TRANSITION**

(Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter)

### **Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):**

☐ Transition Planning Assessments ☐ Interest Inventory ☐ Other \_\_\_\_\_

### **Transition Goals:**

#### **Postsecondary Education/Employment Goal**

If **Other** is selected, specify

#### **Community/Independent Living Goal**

If **Other** is selected, specify

### **Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)**

☐ Vocational Evaluation (VE) ☐ Personal Management (PM) ☐ Community Experiences (CE)  
☐ Employment Development (ED) ☐ Transportation (T) ☐ Medical (M)  
☐ Postsecondary Education (PE) ☐ Living Arrangements (LA) ☐ Linkages to Agencies (L)  
☐ Financial Management (FM) ☐ Advocacy/Guardianship (AG) ☐ Other \_\_\_\_\_

## **TRANSFER OF RIGHTS**

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 \_\_\_\_\_

## INDIVIDUALIZED EDUCATION PROGRAM (TRANSITION)

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter. Transition may be addressed for younger students if determined appropriate by the IEP Team. **NOTE: If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**
- You do not have to address transition for a student in middle school if the student is younger than age 16 (if the student is 15 when the IEP is being developed and will turn 16 during implementation of the IEP, transition must be addressed).
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: middle school **course of study**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in grades 9-12, the following must be addressed: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- For all students entering 9<sup>th</sup> grade, regardless of their age, the IEP Team must address: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.

### Purpose(s) of this page:

- To document that the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for transition services were invited to the IEP Team meeting.
- To document **course of study** for students that are in middle school.
- To document diploma/**EXIT OPTIONS** for students in grades 9- 12.
- To document **ANTICIPATED DATE OF EXIT** for students in grades 9- 12.
- To document program credits to be earned for students in grades 9- 12.
- To document **TRANSITION ASSESSMENTS** used to determine the student's measurable **TRANSITION GOALS**.
- To document appropriate measurable post-school **TRANSITION GOALS** related to postsecondary education/employment, and community/independent living.
- To document the **TRANSITION SERVICES** (including agency linkages) needed to assist the student in reaching his/her goals.

### When to use this page:

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter.
- Transition may be addressed for younger students if determined appropriate by the IEP Team.

### Things to remember when completing this page:

- "Yes" must always be checked for "This student was invited to the IEP Team meeting" beginning not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team. The invitation to the student must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form.
- "Yes" must always be checked for "After prior consent of the parent or student (age 19) was obtained, other agency representatives were invited to the IEP Team meeting" if the parent or student (age 19 and older) gave consent to invite other agency representatives for transition to the IEP Team meeting. Consent to invite other agency representatives that may be responsible for providing or paying for transition services must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form. If consent to invite the other agency representatives for transition was not obtained leave the box blank at the top of this page. Without consent from the parent or student (age 19 and older) agency representatives for transition cannot attend the IEP Team meeting.



**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

- Check “This student is in a middle school **course of study** that will help prepare him/her for transition” for students who are 16 and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**
- This page must be completed for students who will turn 16 during the implementation year of the IEP.
- The student’s post-school **TRANSITION GOALS** are to be based on the individual student’s strengths, needs, preferences, and interests.

**EXIT OPTIONS: (Complete for students in Grades 9 – 12)**

- This section must be completed prior to entering ninth grade.
- Identify and select the highest, most appropriate option to allow access to maximum post-school opportunities.
- Review annually, and revise the selected exit option as appropriate.
- For students who participate in a graduation ceremony but return for additional years of twelfth grade, continue to mark the same exit option unless the returning student is working toward an option that is different than what was received in the ceremony. For instance, if a student receives a certificate and returns to work toward the AOD, mark AOD as the exit option. If a student receives a certificate and returns, but is not working toward an AOD, continue to mark certificate.

**ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9 – 12)**

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21<sup>st</sup> birthday by August 1<sup>st</sup> are entitled to receive services up to age 21. A student who turns 21 on or after August 1<sup>st</sup> is entitled to begin and complete the school year.
- Students that turn 21 before August 1<sup>st</sup> are not entitled to services the following school year.

**PROGRAM CREDIT TO BE EARNED: (Complete for students in Grades 9 – 12)**

**(Record current year only): IEP Teams should code the PROGRAM CREDIT TO BE EARNED based on the following:**

- General education courses should be coded on the **Alabama High School Diploma** line.
- **Alabama Occupational Diploma** courses should be coded on the **AOD** line.
- Extended standards courses should be coded on the **Graduation Certificate** line.
- **Accommodations** lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When **accommodations** are made for the student with disabilities, the content has not been altered and the student **can** earn course credit.
- **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is **modified**, the student is not pursuing the content prescribed in the applicable course of study and **cannot** earn course credit.
- Students who participate in a graduation ceremony but return for additional years of twelfth grade should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits in those additional years of twelfth grade.

**TRANSITION ASSESSMENTS:**

- **TRANSITION ASSESSMENTS** must be used to determine the student’s postsecondary education/employment and community/independent living goals, and transition needs and services.
- Check the assessments used.
- If other is checked, indicate the name of the assessment.
- Include appropriate documentation of assessments in the student’s file.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**TRANSITION GOALS:**

**POSTSECONDARY EDUCATION/EMPLOYMENT GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- Other: Write an appropriate goal for the student based on the needed transition services.

**COMMUNITY/INDEPENDENT LIVING GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live **semi-independently** with **ongoing infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed **TRANSITION SERVICES**.

**TRANSITION SERVICES:**

- Identify the **TRANSITION SERVICES** needed for the student to reach his or her postsecondary education/employment and community/independent living goals-
- One or more **TRANSITION SERVICE(S)** must be addressed each year for students age 16 or earlier if appropriate and updated annually thereafter.
- All **TRANSITION SERVICES** checked on the transition page of the IEP must be supported through an annual goal.
- An annual goal may address more than one **TRANSITION SERVICE** area checked.
- The annual goal(s) must be measureable and include the **Present Level of Academic Achievement and Functional Performance, Type(s) of Evaluation for Annual Goal, Benchmarks** (if required), and **Special Education and Related Service(s)**.
- Evidence of **TRANSITION SERVICES** and student progress must be collected.

**TRANSFER OF RIGHTS:**

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed not later than the IEP that will be in effect when the student reaches 18.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**What happens next:**

- The exit option is reviewed annually and revised as necessary.
- **TRANSITION ASSESSMENT** information and progress towards goals are reviewed annually and the **TRANSITION SERVICES** are revised as necessary.
- The *Summary of Academic and Functional Performance* (SOP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate).



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

☐ This goal is related to the student's transition services needs.

**MEASURABLE ANNUAL GOAL related to meeting the student's needs:**

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

- ☐ Curriculum Based Assessment    ☐ Teacher/Text Test    ☐ Teacher Observation    ☐ Grades  
☐ Data Collection    ☐ State Assessment(s)    ☐ Work Samples  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <u>Date of Mastery:</u> _____ |

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/ Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

## INDIVIDUALIZED EDUCATION PROGRAM (MEASURABLE ANNUAL GOAL PAGE)

### Purpose(s) of this page:

- To document the following required components of the IEP:
  - The **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
  - A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
  - The goal is related to the student's **transition services** needs indicated on the transition page of the IEP.
  - A statement of the **MEASURABLE ANNUAL GOAL**.
  - **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
  - **DATE OF MASTERY**.
  - **BENCHMARKS** for all students being assessed by the Alabama Alternate Assessment.
- A statement of **SPECIAL EDUCATION AND RELATED SERVICES** that will be provided to include the **Anticipated Frequency of Service(s), Amount of Time, Beginning/Ending Date, and Location of Service(s)**.

### When to use this page:

- Use one page for each **MEASURABLE ANNUAL GOAL** that the IEP Team addresses and to document **DATE OF MASTERY** of **MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time a goal, and/or benchmarks, and/or services are revised/changed.

### Things to remember when completing this page:

- **The IEP Team should determine and prioritize the students' needs for special education services.**
- Goals for preschool students ages 3 through 5 (who are not in Kindergarten) are based on the *Developmental Standards for Preschool Children with Disabilities*.
- Check **"This goal is related to the student's transition services needs"** to indicate that this goal is written in support of **transition services** indicated on the transition page of the IEP. This box must be checked on at least one goal page in support of **transition services** indicated on the transition page of the IEP or you will not be able to mark the transition page complete in STISETS.
- Academic goals are based on content standards listed in the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Extended Standards*.

### **AREA:**

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., Math, Science) or a functional **AREA** (e.g., community participation, behavior).

### **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

- Must state how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

### **MEASURABLE ANNUAL GOAL:**

- Must focus on the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum.
- Describe what a student can reasonably be expected to accomplish within one school year.
- Should address the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Be measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.

**INDIVIDUALIZED EDUCATION PROGRAM**  
**(MEASURABLE ANNUAL GOAL PAGE)**  
*(Continued)*

- All **transition services** indicated on the transition page of the IEP must be supported through a **MEASURABLE ANNUAL GOAL**.
- An annual goal may address more than one transition services area.
- The annual goal(s) must be a complete goal that addresses all **transition service** areas indicated and include the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, TYPE(S) OF EVALUATION(S)**, and the type of services needed to reach this goal.

**TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:**

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked please describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASUREABLE ANNUAL GOAL** do not require parental consent.

**DATE OF MASTERY:**

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

**BENCHMARKS:**

**BENCHMARKS** should be written if applicable. **BENCHMARKS** are no longer required for all students.

**NOTE:** Include **BENCHMARKS** for students participating in the Alabama Alternate Assessment (AAA) or for students in public agencies that require **BENCHMARKS**.

- Must be included for all students participating in the AAA. For each student participating in the AAA, each content area which includes: Reading, Math, Science, Language Arts, and Social Studies must be addressed.
- Must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
  - Content to be learned or skills to be performed.
  - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.

**SPECIAL EDUCATION AND RELATED SERVICE(S):**

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. Include **Anticipated Frequency of Service(s)** which is how often the service(s) will be provided (e.g., annual, bi-monthly, daily). To complete **Amount of Time** enter minutes per session. **Beginning/Ending Date** is the start to finish of service(s) and may be different from **IEP Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., general education classroom, resource room, school bus, lunch room, gym).

- **Special Education** must be completed for all students with an IEP and should include the content, and delivery of instruction to address the unique needs of the student that result from his/her disability. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services*, enter Speech or Language services in the special education section. **Accommodations alone do not constitute special education services.**  
**Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district wide, or state assessments.**

- **Program Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district wide assessments. The only accommodations that are allowed for State assessments are those accommodations that are listed on the "IEP Accommodations Checklist". There must be documentation that the same or similar accommodations needed for State and district wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.

**Related Services** should be indicated if these supportive services are necessary for the student to benefit from special education. Examples include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

- **Assistive Technology** should be indicated if a device(s) and/or service(s) is being provided. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should be indicated when training or support is being provided to public agency staff regarding the student's specific need(s). Examples include the LANGUAGE! workshop, training on a specific syndrome or technique, training on an assistive technology device, content area workshop, etc.

**What happens next:**

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, if appropriate, are mastered.

**If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the general education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.**



# FOR STATE TESTING FORMS

- GO TO: [www.alsde.edu](http://www.alsde.edu)
- Click on “Sections”
- Click on “Assessment and Accountability”
- Click on “Publications”
- Go to *Policies and Procedures Special Populations Revised*

Please call Student Assessment at 334-242-8038 regarding any questions pertaining to state assessments.



STUDENT'S NAME: \_\_\_\_\_

**GENERAL FACTORS****HAS THE IEP TEAM CONSIDERED:****YES****NO**

- The strengths of the child? ☐ YES ☐ NO
- The concerns of the parents for enhancing the education of the child? ☐ YES ☐ NO
- The results of the initial or most recent evaluations of the child? ☐ YES ☐ NO
- As appropriate, the results of performance on any State or districtwide assessments? ☐ YES ☐ NO
- The academic, developmental, and functional needs of the child? ☐ YES ☐ NO
- The need for extended school year services? ☐ YES ☐ NO

**LEAST RESTRICTIVE ENVIRONMENT**

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

(Select one from the drop-down box.)

**Secondary LRE** (only if LRE above is Private School-Parent Placed)**COPY OF IEP****COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the IEP given to parent/student (age 19) at the IEP meeting?

☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP meeting?☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19) \_\_\_\_\_**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

Position	Signature	Date
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

Position	Name	Date

## INDIVIDUALIZED EDUCATION PROGRAM (SIGNATURE PAGE)

### Purpose(s) of this page:

To document:

- The consideration of **GENERAL FACTORS**.
- **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom.
- **Secondary LRE** for parentally placed private school students.
- A copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- A copy of the ***Special Education Rights*** was given/sent to the parent or student (age 19 and older).
- A copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- All required IEP Team members participated in the development of the IEP.
- The consideration of information from persons not in attendance.

### When to use this page:

Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.

### Things to remember when completing this page:

#### **GENERAL FACTORS**

- The IEP Team is required to consider each of these factors as the IEP is developed; therefore, the answer should always be **YES**.
- Answering **YES** to the extended school year services question does not mean that services must be provided; rather it means that services were considered.

#### **LRE:**

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate general education classroom solely because of needed modifications in the general education curriculum.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the general education classroom. The explanation should not be based on the disability area of the student.
- For **6-21 YEARS OF AGE**, and **3-5 YEARS OF AGE**, select the appropriate LRE from the drop down box.
- Please refer to the *Child Count Help Document* located on our Web page in the statistical information link for specific information regarding LRE.

#### **COPY OF IEP:**

- Check **YES** or **NO**. If **NO** is checked enter the date in the space provided that the **COPY OF IEP** was sent to the parent or student (age 19 and older).

#### **COPY OF SPECIAL EDUCATION RIGHTS:**

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that the **COPY OF SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) have reason to suspect that the IEP needs revision, an IEP meeting may be requested at anytime. The public agency must conduct the IEP meeting **within 30 calendar days** upon the receipt of the request.

**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)  
(Continued)**

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:**

The annual IEP review date is determined by the signature date. Example: If the current annual IEP Team meeting signatures are dated May 6, 2010, the next annual IEP Team meeting must be held by May 5, 2011, regardless of IEP INTIATION/DURATION DATES.

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by a phone conference the attendance should be documented by that person's name. For example, "parent participated by phone" should be written in the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE:**

If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be recorded in the space provided.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, or student (age 19 and older) in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member.

**What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the IEP.
- Implement the IEP as written.
- School personnel who have any responsibility to implement the IEP must be informed of the specific accommodations, modifications, and supports that must be provided for the student; must be informed of his/her specific responsibilities related to implementing the IEP; and must have access to the IEP. The *PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION* form must be signed by school personnel that have responsibility for the implementation of the student's IEP.



## NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES

The LEA/agency requests your consent to provide special education services for:

STUDENT'S NAME: \_\_\_\_\_

Basis for decision: \_\_\_\_\_

Description of other options considered and why the options were rejected: \_\_\_\_\_

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

<input type="checkbox"/> Vision	<input type="checkbox"/> Observation	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Other Agency Information
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Work Samples	<input type="checkbox"/> State Assessments
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Motor	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Other _____
<input type="checkbox"/> Achievement	<input type="checkbox"/> Interview	<input type="checkbox"/> Attendance Reports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Behavior	<input type="checkbox"/> Grades	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Other _____

*The LEA/agency must obtain your consent prior to providing any special education services to your child. If you refuse consent for the provision of services or fail to respond to a request to give consent, the LEA/agency shall not be in violation of the requirement to make a free appropriate public education available to your child.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- ☐ I **GIVE PERMISSION** for the school system to provide special education services
- ☐ I **DO NOT GIVE PERMISSION** for the school system to provide special education services. Please explain.

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have questions regarding this decision, your rights, or wish to schedule a conference, please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_ Address \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent \_\_\_\_\_

Results of 1<sup>st</sup> Attempt \_\_\_\_\_

2<sup>nd</sup> Attempt Date \_\_\_\_\_ Action \_\_\_\_\_

Results of 2<sup>nd</sup> Attempt: \_\_\_\_\_

## **NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES**

### **Purpose(s) of this form:**

- To obtain consent from the parent or student (age 19 and older) for the provision of special education services.
- To document dates and results of attempts to obtain consent for the provision of special education services.

### **When to use this form:**

- This form is completed only after initial eligibility has been determined.
- This form may be completed anytime after initial eligibility determination, but must be completed before the IEP can be implemented.
- This form may be completed after the initial IEP has been developed, but must be completed prior to the initiation of special education and related services if it was not obtained previously.

### **Things to remember when completing this form:**

- Complete all portions of the form.
- Type in the name of the parent or student (age 19 and older) on the signature line when completing the form in STISETS. Type in the name of the person signing as the education agency official in the spaces provided when completing the form in STISETS. Maintain a printed copy to be kept on file.
- Record the date that the notice was provided/sent and results. If there is no response after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact should be documented.

### **What happens next:**

- If the parent or student (age 19 and older) checks “**I GIVE PERMISSION**”, the IEP Team may proceed with the development/implementation of the IEP.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE PERMISSION**”, the education agency may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision. However, if the parent or student (age 19 and older) does not give permission, the education agency no longer has the right to request due process. Special education services **may not** be provided to students without the parent’s or student’s (age 19 and older) knowledge and informed consent.
- A parent or student (age 19 and older) has the right to revoke consent for the continued provision of special education and related services. In order for services to stop, the parent or student (age 19 and older) must complete the *Notice of Revocation of Consent for Continued Provision of Special Education and Related Services* form and the public agency must provide the *Notice of Intent Regarding Special Education Services*.



## Persons Responsible for IEP Implementation

(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for \_\_\_\_\_ (student's name) for the \_\_\_\_\_ school year.

DATE

SIGNATURE

## POSITION

Signature and position of person responsible for informing school personnel of their responsibility.

SDE Approved 2/2/2007

**PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION**  
**(Required Form in STI)**

**Purpose(s) of this page:**

- To document that each regular education teacher, special education teacher, case manager, related service provider (e.g., bus driver, OT, PT, etc.) and any other service provider who is responsible for implementation of the IEP has access to the student's IEP.
- To document that each teacher and service provider has been informed of his or her specific responsibilities related to implementing the student's IEP.
- To document that each teacher and service provider has been informed of specific accommodations, modifications, and supports that must be provided for the student.

**When to use this form:**

- This form must be completed for every student who has an IEP.
- This form may be completed at the end of an IEP Team meeting. If not completed at the IEP Team meeting, the form should be completed immediately following the meeting.
- This form must be completed when teachers and/or service providers change to ensure that the person now responsible for implementing the IEP has been informed of his/her responsibilities and he/she understands access to the student's IEP must be made available (e.g., amend the IEP, change of schedules).

**Things to remember when completing this form:**

- Be sure to inform every service provider and teacher of his/her responsibilities for implementing the IEP.
- Be sure every teacher and service provider understands they have access to the IEP. This does not require that every teacher and service provider be provided a copy of the IEP. However, every teacher and/or service provider must have access to the IEP and may receive a copy of the IEP in whole or in part that reflects the teacher and/or service provider's area of responsibility in implementing the IEP. The IEP is a confidential record and must be protected.
- Be sure to include the student's name in the space provided on this page.
- Be sure to include the school year in the space provided on this page.
- Be sure each person who signs this page includes the date of signature and his/her position.
- Be sure the person responsible for informing school personnel of their responsibility signs in the space provided on this page.
  - All service providers who are responsible for implementation of the IEP must sign this page.
  - Type in the name of each person responsible for implementing the IEP in the space provided when completing the form in STISETS. Maintain a printed copy to be kept on file.

**What happens next:**

- Implement the IEP as written.
- If the IEP is revised and/or amended, persons responsible for IEP implementation should be informed and new signatures obtained.

**Student Name:** \_\_\_\_\_  
**Student ID Number:** \_\_\_\_\_  
**Date Sent:** \_\_\_\_\_

**IEP Initiation/Duration Dates From:** \_\_\_\_\_ **to** \_\_\_\_\_  
**School Year:** \_\_\_\_\_  
**IEP Annual Review Date:** \_\_\_\_\_

Use the legends below to evaluate the student's progress toward the annual goals. The 1<sup>st</sup> column should indicate the *Report of Progress* using the numbers 1-4. The 2<sup>nd</sup> column should indicate the *Extent of Progress* using the numbers 1-4.

1. Goal has been met.
2. Some progress made.
3. Very little progress made.
4. No progress made.

1. Goal mastered.
2. Anticipate mastery.
3. Do not anticipate mastery.
4. *NA* Not applicable during this grading period.

### Measurable Annual Goals

[illegible]

6/1/2006

## Annual Goal Progress Report

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Reporting Periods	Comments

Special Education Teacher/  
Case Manager Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\* Hard copy should be placed in student's special education record. \*\*\*

School System  
School Name

## ANNUAL GOAL PROGRESS REPORT

### **Purpose(s) of this page:**

- To document student progress toward annual IEP goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the school year.

### **When to use this form:**

- This form must be completed for every student who has an IEP.
- This form must be completed and sent to the parent or student (age 19 and older) to report extent of progress concurrent with the issuance of report cards as scheduled by the public agency.

### **Things to remember when completing this page:**

- **Student Name**, and **Student ID Number** will automatically be populated from the student's IEP.
- **Comments** must be entered manually. (Please Note: If amendments to IEP goals have been made, in the **Comments** section state the date of reporting period the amendments were made and if the actual wording of a goal was changed or the goal was completely deleted write what the original goal stated in this section).
- **Special Education/Case Manager Name** will populate from STISETS program.
- **Telephone Number** must be entered manually.
- **Parent/Guardian Signature**, and **Date Signed** are for public agencies requiring signatures.

### **What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the *Annual Goal Progress Report* each reporting period concurrent with the issuance of report cards.
- A hard copy of the *Annual Goal Progress Report* should be placed in the student's special education file each reporting period concurrent with the issuance of report cards.



# NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- ☐ Identification                      ☐ Evaluation                      ☐ Placement                      ☐ Other  
☐ LEA Response to DPH Request    ☐ Provision of Free Appropriate Public Education    ☐ Other

## DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

## BASIS FOR DECISION

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
- When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
- When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
- When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
- Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
- Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
- Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
- This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
- This form may be used to document minor corrections found during internal monitoring /SDE monitoring.  
**Seek guidance from the local Special Education Coordinator.** Examples are as follows:
  - A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

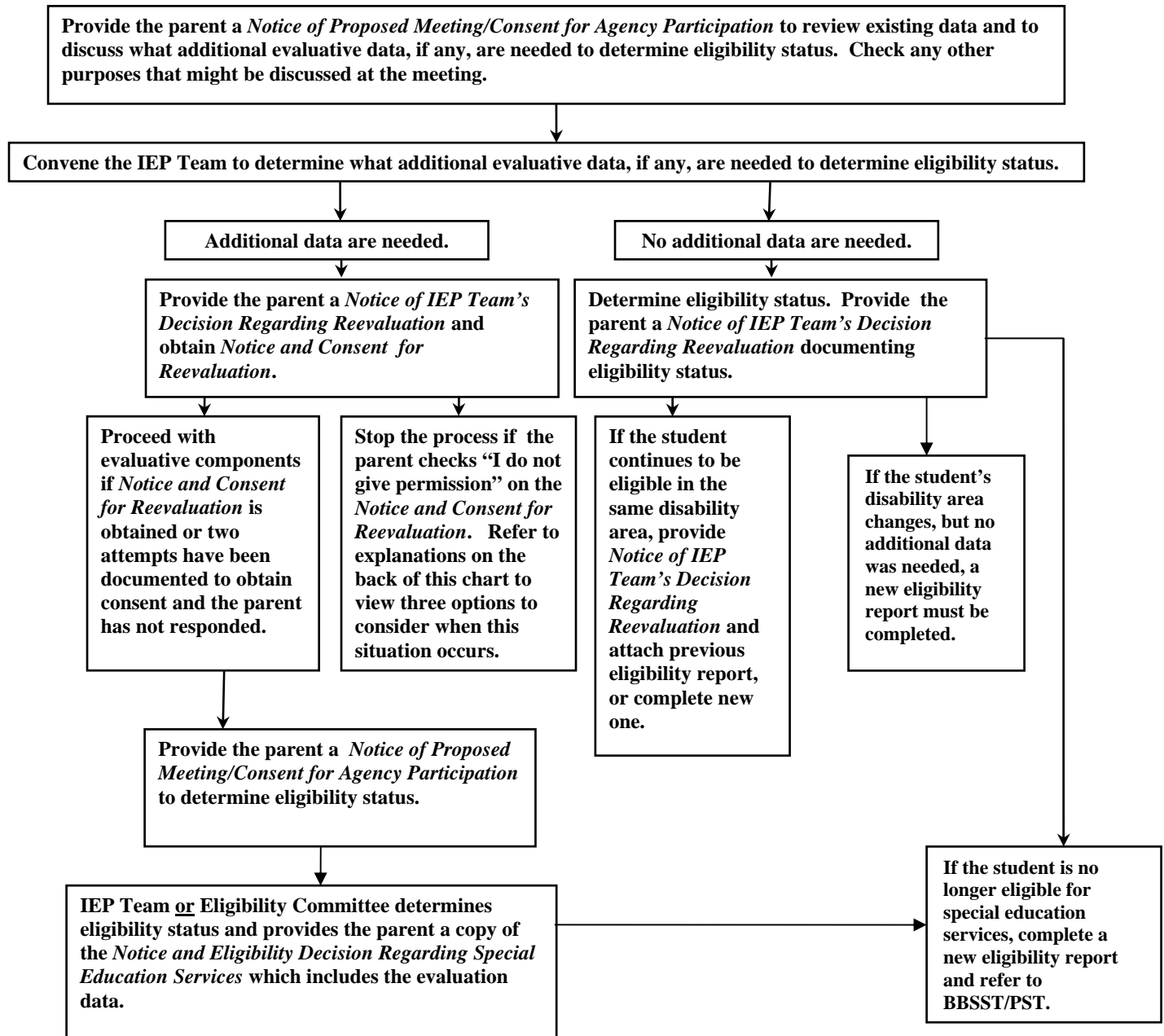
### **What happens next:**

- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.



## Process Chart 2

### REEVALUATION TO DETERMINE CONTINUED ELIGIBILITY



If the IEP Team or Eligibility Committee determined continued eligibility, provide the parent with a *Notice of Proposed Meeting/Consent for Agency Participation* to review and/or amend IEP, if needed. Provide parent with a copy of the IEP. Refer to process chart 4 or 5.

## PROCESS CHART 2

### REEVALUATION TO DETERMINE CONTINUED ELIGIBILITY

#### Things to Remember When Going Through This Process

#### REMEMBER:

1. A reevaluation of a student must occur at least once every three years unless the parent or student (age 19 and older) and the public agency agree that a reevaluation is not necessary. To determine the three year due date, use the signature date on the *Notice and Eligibility Decision Regarding Special Education Services* or the signature date on the *Notice of IEP Team's Decision Regarding Reevaluation* if no additional data was needed and the student remained eligible in the SAME disability area and a new eligibility report was not developed. SES strongly encourages the completion of a new eligibility report each time eligibility is determined.
2. The two attempts documented on the *Notice of Proposed Meeting/Consent for Agency Participation* cannot be used as the two attempts to obtain *Notice and Consent for Reevaluation*.
3. If the parent or student (age 19 and older) fails to respond to a request to provide consent for the reevaluation, the public agency may proceed with the evaluation as long as it has made two documented attempts.
4. If the parent or student (age 19 and older) refuses to provide consent for the reevaluation, the IEP Team has three options:
  - The IEP Team may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision.
  - The IEP Team may reconsider whether or not the additional evaluative data are absolutely necessary in order to make a decision regarding continued eligibility.
  - The public agency may ask for mediation from the SDE or the public agency may initiate a due process hearing in order to have an impartial hearing officer to order a reevaluation to be administered over the parent's or student's (age 19 and older) objection but is not required to do so. The public agency does not violate its child find or evaluation obligations if it declines to pursue the evaluation.

Note: If a parent of a child who is home schooled or placed in a private school by the parent at their own expense does not provide consent for the reevaluation, or the parent fails to respond to a request to provide consent, the public agency may not use the mediation and/or due process override procedures; and the public agency is not required to consider the child as eligible for services.
5. A new eligibility report must be developed anytime additional data are requested, anytime a student's disability area changes and anytime the student is determined ineligible.
6. If the IEP needs to be revised or amended after a decision has been made regarding continued eligibility, please refer to process chart 4 or 5.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____	
Results of 1 <sup>st</sup> Attempt _____	
2 <sup>nd</sup> Attempt Date _____	Action _____
Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____	via _____
Agency was notified on _____	via _____
Agency was notified on _____	via _____

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### Purpose(s) of this form:

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### When to use this form:

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### Things to remember when completing this form:

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### What happens next:

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

(Continued)

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



**NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION**

STUDENT'S NAME: \_\_\_\_\_

**IEP TEAM REEVALUATION DECISION**[ ] **ADDITIONAL DATA** are needed.

[ ] To appropriately determine eligibility status.

[ ] To determine if changes need to be made to the IEP.

[ ] **NO ADDITIONAL DATA** are needed.

[ ] The student continues to be eligible for special education services in a disability area.

Disability Area: \_\_\_\_\_

[ ] The student is ineligible for special education services based on existing data.

[ ] The current IEP meets the student's needs at this time.

[ ] The current IEP needs to be revised.

**BASIS FOR DECISION****EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION**

[ ] Vision	[ ] Observation	[ ] Interview	[ ] Medical Records
[ ] Hearing	[ ] Speech	[ ] Developmental Scales	[ ] Other Agency Information
[ ] Intellectual	[ ] Language	[ ] Work Samples	[ ] State Assessments
[ ] Achievement	[ ] Motor	[ ] Discipline Records	[ ] Other _____
[ ] Behavior	[ ] Grades	[ ] Attendance Reports	[ ] Other _____

**DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED****THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE IEP MEETING**

POSITION	IEP TEAM MEMBERS' SIGNATURE	DATE
Parent	_____	_____
General Education Teacher	_____	_____
Special Education Teacher	_____	_____
LEA Representative	_____	_____
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	_____	_____
Student	_____	_____
Career/Technical Education Representative	_____	_____
Other Agency Representative	_____	_____

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

POSITION	NAME	DATE
_____	_____	_____
_____	_____	_____

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

(Name)

(Telephone)

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION

### **Purpose(s) of this form:**

- To document whether additional data/no additional data are needed to determine the eligibility and/or IEP status.
- To document that the parent and student (age 19 and older) have been informed of the IEP Team's decision regarding reevaluation.

### **When to use this form:**

- When the IEP Team makes a decision that additional/no additional data are needed to determine continued eligibility.
- When the IEP Team makes a decision that additional/no additional data are needed to revise/maintain current services on the IEP.

### **Things to remember when completing this form:**

#### **IEP TEAM REEVALUATION DECISION**

- **Additional data are needed.** This decision means that sufficient information is **not** currently available to ensure that the student continues to be eligible for special education services and/or that additional information is necessary to determine if changes need to be made to the IEP.
- **No additional data are needed.** This decision means that existing data (tests, scores, reports, work samples, parent information, observational data, etc.) is sufficient to support continued eligibility in a disability area, to determine that the student is ineligible for special education services, to maintain or revise the current IEP. The IEP Team completes this form and provides a copy of the information to the parent.

#### **BASIS FOR DECISION**

- **Must be completed to reflect the data used to determine whether additional/no additional data was needed. DO NOT LEAVE BLANK.**

*Examples of responses if additional data are needed:*

- The IEP Team determined that a new evaluation of cognitive ability is needed to obtain a current indication of the student's intellectual performance. Previous evaluations are inconsistent.
- The IEP Team determined that the student has made significant progress and may no longer need specially designed instruction. The IEP Team is requesting a current evaluation.
- The IEP Team determined that the student may be in need of physical therapy and is proposing an evaluation by a physical therapist.
- The student currently receives services in the area of speech or language impairment and the IEP Team suspects the student may have a reading problem and is proposing a formal reading assessment at this time.

*Examples of responses if no additional data are needed:*

- After reviewing previous eligibility, educational data, and determinations, and current educational evaluation data, the IEP Team has determined that the student continues to have a significant disability that has an adverse effect on his/her educational performance.
- The IEP Team has reviewed all existing data (previous eligibility reports, SAT scores, curriculum based assessments, grades, etc.) and has determined that he/she continues to be in need of specially designed instruction.
- The IEP Team has reviewed the IEP and has determined the IEP is currently appropriate in providing educational benefit.
- The IEP Team has existing evaluation data that documents a need for the IEP to be revised.

#### **EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION**

- Check the type of evaluation information that the IEP Team used in making the decision. The IEP Team must have supporting data for any area checked.

#### **DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THEY WERE REJECTED**

*Examples of responses:*

- The IEP Team considered evaluating the student in the area of intelligence but determined that the three previous assessments were consistent and are accurate indicators of his/her functioning at this time.
- The IEP Team considered not evaluating the student and dismissing him/her from special education but wanted confirmation and therefore proposed a comprehensive evaluation.
- The IEP Team determined that more current behavior rating scales were needed for this student with Emotional Disturbance. The behavior rating scales were not significant. The IEP Team has decided to use the option of continued eligibility at this first reevaluation.



**NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION**  
*(Continued)*

- The student qualifies for both SLD and SLI. The IEP Team has determined that SLD is the area of disability that has the most adverse affect at this time.

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE IEP MEETING**

- IEP Team members that participate in the meeting must sign this page.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file. If a participant participates by phone, state that on the signature line.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

- If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be reported in the space provided.

**What happens next:**

- If additional data are needed:
  - The IEP Team obtains written consent from the parent or student (age 19 and older).
  - Additional data are collected.
  - At the eligibility meeting, a new *Notice and Eligibility Decision Regarding Special Education Services* must be completed and a copy given/sent to the parent and student (age 19 and older).
- If no additional data are needed and the parent or student (age 19 and older) is present and is in agreement (or if appropriate prior notice was provided on the *Notice of Proposed Meeting/Consent for Agency Participation*):
  - The IEP Team determines continued eligibility and/or develops the IEP.
  - The completed *Notice of IEP Team's Decision Regarding Reevaluation* is attached to the most recent *Notice and Eligibility Decision Regarding Special Education Services* form to be kept on file.
  - If the student continues to be eligible in the same disability area, a new eligibility report is not required by SES at this time, but may be completed if the LEA requires a new form each time eligibility is determined.
  - If the disability area changed, a new eligibility report must be completed.
  - All required assessments for the new disability area must be transferred from the previous eligibility report in order to change from one disability area to another.
  - If the student is determined to be ineligible, a new eligibility report must be completed.
- Parent or student (age 19 and older) is not present:
  - The IEP Team may determine the decision regarding eligibility or IEP status (if appropriate notice had been provided on the *Notice of Proposed Meeting/Consent for Agency Participation*).
  - The IEP Team must send the *Notice of IEP Team's Decision Regarding Reevaluation* to the parent and student (age 19 and older).
  - The IEP Team must send the *Notice of IEP Team's Decision Regarding Reevaluation* and either the previous or new *Notice and Eligibility Decision Regarding Special Education Services* to the parent and student (age 19 and older) if the decision was in regard to eligibility status. If the meeting was in regard to IEP changes, a copy of the revised IEP must be sent to the parent or student (age 19 and older). A new eligibility report is not required if no additional data are needed and the student remains eligible in the same disability area. Even though this is allowable, SES strongly encourages the completion of a new eligibility report each time eligibility is determined. A new eligibility report is required each time additional data are required, when a student changes disability area(s), and when a student is determined to be ineligible for services.



## NOTICE AND CONSENT FOR REEVALUATION

**Student:** \_\_\_\_\_

The IEP Team met to discuss a reevaluation of your child. After reviewing existing information they have determined that additional data is needed to determine continued eligibility for special education and related services and/or appropriate services.

The reevaluation will include new assessments in the following checked areas:

<input type="checkbox"/> Vision	<input type="checkbox"/> Observation	<input type="checkbox"/> Motor _____
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Other _____
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Language	<input type="checkbox"/> Other _____
<input type="checkbox"/> Achievement	<input type="checkbox"/> Interview	<input type="checkbox"/> Other _____
<input type="checkbox"/> Behavior	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Other _____

*If you give consent, the reevaluation will be provided to you at no cost. If you fail to respond, the LEA/agency may proceed with the reevaluation after two documented attempts to obtain your consent. If you refuse consent, the LEA/agency may request a mediation and/or a due process hearing.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- ☐ I **GIVE PERMISSION** for the reevaluation that has been proposed.  
☐ I **DO NOT GIVE PERMISSION** for the reevaluation that has been proposed. Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have information that can assist in this reevaluation, have questions regarding this reevaluation or your rights, or wish to schedule a conference, please contact: Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_ Address: \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_  
(Name) at \_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent \_\_\_\_\_  
Results of 1<sup>st</sup> Attempt

\_\_\_\_\_  
2<sup>nd</sup> Attempt Date \_\_\_\_\_ Action \_\_\_\_\_  
Results of 2<sup>nd</sup> Attempt:

\_\_\_\_\_  
Date Signed Consent Received by Public Agency

## NOTICE AND CONSENT FOR REEVALUATION

### **Purpose(s) of this form:**

- To obtain consent from the parent or student ( age 19 and older) when the IEP Team has determined that additional data collection/evaluations are required to:
  - Determine continued eligibility status.
  - Determine if changes need to be made to the IEP.

### **When to use this form:**

- To obtain parent or student ( age 19 and older) consent prior to obtaining any additional data/evaluations to determine continued eligibility status or to determine if changes need to be made to the IEP.

### **Things to remember when completing this form:**

- Type in the name of the parent or student (age 19 and older) on the signature line when completing the form in STISETS. Type in the name of the person signing as the education agency official in the spaces provided when completing the form in STISETS. Maintain a printed copy to be kept on file.
- Complete the box at the bottom of the page documenting the education agency's attempt(s) to obtain consent. The two attempts documented on the *Notice of Proposed Meeting/Consent for Agency Participation* cannot be used as the two attempts to obtain *Notice and Consent for Reevaluation*.
- Document the date the signed consent was received by the public agency.
- Consent is **not** required for assessments that the IEP Team determines appropriate at the IEP meeting for evaluating the goals as documented on the IEP (i.e., data collection, teacher/text tests, work samples, teacher observations, grades, and state assessments).

### **What happens next:**

- If the parent or student (age 19 and older) checks "**I GIVE PERMISSION**", the education agency completes the evaluations.
- If the IEP Team makes two attempts to get parental or student (age 19 and older) consent and the parent or student (age 19 and older) does not respond, the evaluation may proceed.
- If the parent or student (age 19 and older) checks "**I DO NOT GIVE PERMISSION**", the education agency **may not** proceed with the evaluations. If the parent or student (age 19 and older) refuses to provide consent, the IEP Team has three options to consider:
  - The IEP Team may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision.
  - The IEP Team may reconsider whether the additional data are necessary to make a decision regarding eligibility status.
  - The public agency may request mediation from the SDE or initiate a due process hearing.

## VISION SCREENING FORM

STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**KEY: P = PASS F = FAIL**

SCREENING DATE: _____			RECHECK DATE: _____	
	FAR	NEAR	FAR	NEAR
BOTH EYES				
RIGHT EYE				
LEFT EYE				

Examiner: \_\_\_\_\_ Examiner: \_\_\_\_\_

Instrument used: \_\_\_\_\_ Instrument used: \_\_\_\_\_

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Recheck  
\_\_\_\_\_ With Glasses  
\_\_\_\_\_ Needs Referral

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Recheck  
\_\_\_\_\_ With Glasses  
\_\_\_\_\_ Needs Referral

Resolution of Problem: \_\_\_\_\_

If the child cannot be conditioned to traditional vision screening, a functional vision screener may be used.

Date: \_\_\_\_\_  
Pass: \_\_\_\_\_ Fail: \_\_\_\_\_  
Examiner: \_\_\_\_\_

## HEARING SCREENING FORM

STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**HEARING CRITERIA:** Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

**KEY: P = PASS F = FAIL**

Screening Date: _____					Recheck Date: _____				
EAR	HL	FREQUENCY HZ			EAR	HL	FREQUENCY HZ		
		1000	2000	4000			1000	2000	4000
RE	20				RE	20			
LE	20				LE	20			

Examiner: \_\_\_\_\_

Audiometer: \_\_\_\_\_

Last Calibration Date: \_\_\_\_\_

Tympanometry: RE \_\_\_\_\_  
LE \_\_\_\_\_

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Rescreen (within two weeks)

Resolution of Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Audiometer: \_\_\_\_\_

Last Calibration Date: \_\_\_\_\_

Tympanometry: RE \_\_\_\_\_  
LE \_\_\_\_\_

REMARKS:

\_\_\_\_\_ Within Normal Limits  
\_\_\_\_\_ Needs Rescreen (within two weeks)

# OBSERVATION FORM

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF OBSERVATION \_\_\_\_\_

OBSERVER'S SIGNATURE \_\_\_\_\_

NAME OF OBSERVER \_\_\_\_\_ POSITION \_\_\_\_\_

TIME STARTED \_\_\_\_\_ TIME COMPLETED \_\_\_\_\_

The observation **MUST** include activity/class and **MAY** include other items such as student's response, teacher's response and peer response.

**OBSERVATION FORM**  
**(Optional form for required procedure/evaluation)**

**Purpose(s) of this form:**

- To document in narrative form the actual observation of behavior/academic performance demonstrated by a student in a natural, age-appropriate, or educational environment.

**When to use this form:**

- This form may be used when a student is suspected of having a disability in the area of Emotional Disturbance or Specific Learning Disability.
- This form may be used at reevaluation for any disability area if the IEP Team determines that additional data are needed.
- Do not use this form when observing a 3-5 year old being evaluated for preschool services. Use the *Natural Environment Survey*.

**Things to remember when completing this form:**

- All blanks on the top of the form must be filled in completely with the indicated information.
  - The person completing the observation must sign as the observer.
  - Type in the name of the observer on the signature line when completing the form in STISETS.
- The report must include the activity/class where the observation took place.
  - Requirements for determining eligibility in the area of Emotional Disturbance include observations in at least two educational environments. A third observation may be used as documentation that the emotional disturbance has been exhibited over a long period of time. The observation must be conducted by a qualified professional.
  - Requirements for determining eligibility in the area of Specific Learning Disability include at least one observation of the student's academic performance in the regular classroom setting. The observation should be directed to the specific area(s) of the suspected learning disability. The observation must be conducted by at least one member of the IEP Team or Eligibility Committee (whichever group is responsible for determining whether a child has a Specific Learning Disability).
- Requirements for determining eligibility in the area of Autism :
  - include observation in both a structured and an unstructured school environment or natural setting and a structured interview with the parent/primary caregiver for all students in Grades K-12.
  - An observation in a natural setting and a structured interview with the parents/primary caregiver for all preschool aged children.

**What happens next:**

- Analyze the observation report and record what is relevant in determining eligibility on the *Notice and Eligibility Decision Regarding Special Education Services* form. Do not write "See Attached" on the eligibility report.



## ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Name _____	Grade _____	Date _____
School _____		
Name of Person Completing Form _____		
Position of Person Completing Form _____		
<p>Use this checklist:</p> <ol style="list-style-type: none"> <li>(1) To determine factors impacting on a student's learning and therefore excluding him/her from being identified as a student with a disability.</li> <li>(2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there are environmental, language, cultural, and/or economic concerns checked.</li> <li>(3) To consider if there has been a lack of appropriate instruction in reading and/or math.</li> </ol>		
<p><b>Check each that applies to student.</b></p> <p><b>ENVIRONMENTAL CONCERNS</b></p> <p><input type="checkbox"/> Limited experiential background.</p> <p><input type="checkbox"/> Irregular attendance (for reasons other than verified personal illness).</p> <p><input type="checkbox"/> Transiency in school years.</p> <p><input type="checkbox"/> Home responsibilities interfering with learning activities.</p> <p><b>LANGUAGE CONCERNS</b></p> <p><input type="checkbox"/> Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).</p> <p><input type="checkbox"/> Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences).</p> <p><input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).</p> <p><b>CULTURAL CONCERNS</b></p> <p><input type="checkbox"/> Limited cultural experiences (student does not participate in community activities).</p> <p><b>ECONOMIC CONCERNS</b></p> <p><input type="checkbox"/> The student qualifies for Federal Programs enrollment (e.g., Title I, Migrant, Even Start, Homeless, other).</p> <p><input type="checkbox"/> Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs.</p>		
<p><input type="checkbox"/> <b>NONE OF THE ABOVE APPLY.</b></p>		

**ENVIRONMENTAL, CULTURAL, AND /OR ECONOMIC CONCERNS  
(For Reevaluation)**

**Purpose(s) of this form:**

- To determine if there are environmental, cultural, and /or economic concerns that have affected the student's opportunity to learn.
- To identify any environmental, language, cultural, and/or economic factors that the IEP Team needs to consider when selecting evaluation procedures for a particular student.
- To rule out environmental, cultural, and/or economic concerns as the primary cause of the impairment.

**When to use this form:**

- When the IEP team determines that the checklist needs to be updated at reevaluation. (This information is required for eligibility determination in the areas of Mental Retardation and Specific Learning Disabilities.)

**Things to remember when completing this form:**

- Check each statement that is true about the student being referred.
- The IEP Team should discuss each area checked to determine what impact, if any, the factor has on learning and/or the type of intelligence test to administer, and/or whether lack of academic instruction is a contributing factor.
- Give thoughtful consideration to each of the items listed to ensure that each student's background is accurately represented. Obtain documentation for any area checked and summarize on *Notice and Eligibility Decision Regarding Special Education Services*.
- Remember that a lack of instruction in reading or math or the student's limited English proficiency may NOT be the determining factor in identifying a student as having a disability.
- If there are no concerns, check "None of the Above Apply" at the bottom of the page.

**What happens next:**

- The IEP Team should utilize information from this form to plan appropriate evaluations of the student so that nondiscriminatory procedures are utilized that best reflect the student's ability ( ex: nontraditional assessments).
- Record information from this checklist on the *Notice and Eligibility Decision Regarding Special Education Services* form. Do not write "See Attached" or indicate the number of checks on the *Notice and Eligibility Decision Regarding Special Education Services*. Describe how specific factors may have influenced his/her educational performance.

## NATURAL ENVIRONMENT SURVEY

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DOE: \_\_\_\_\_

EXAMINER: \_\_\_\_\_ POSITION: \_\_\_\_\_

RESPONDENT: \_\_\_\_\_ RELATIONSHIP TO THE CHILD: \_\_\_\_\_

EDUCATIONAL ENVIRONMENT (Preschool/daycare/home) \_\_\_\_\_

### **COMMUNICATION DEVELOPMENT**

**YES****NO**

- |   |     |     |
|---|-----|-----|
| 1. Does the child say at least 50 recognizable words?           | [ ] | [ ] |
| 2. Does the child say his/her first and last name?              | [ ] | [ ] |
| 3. Does the child use 2 to 3-word phrases?                      | [ ] | [ ] |
| 4. Does the child follow simple commands (come here, sit down)? | [ ] | [ ] |
| 5. Does the child point to common objects when named?           | [ ] | [ ] |
| 6. Does the child respond to simple "yes/no" questions?         | [ ] | [ ] |
| 7. Does the child make his/her wants/needs known verbally?      | [ ] | [ ] |
| 8. Does the child make his/her wants/needs known with gestures? | [ ] | [ ] |

Additional Information: \_\_\_\_\_

### **ADAPTIVE BEHAVIOR/DAILY LIVING DEVELOPMENT**

**YES****NO**

- |  |     |     |
|--|-----|-----|
| 1. Does the child eat with a spoon/fork skillfully?        | [ ] | [ ] |
| 2. Does the child eat a variety of foods?                  | [ ] | [ ] |
| 3. Is child potty-trained?                                 | [ ] | [ ] |
| 4. Does the child express the need to use the bathroom?    | [ ] | [ ] |
| 5. Does the child take off/put on simple clothing?         | [ ] | [ ] |
| 6. Does the child sleep at appropriate times (nap, night)? | [ ] | [ ] |

Additional Information: \_\_\_\_\_

### **SOCIAL/EMOTIONAL DEVELOPMENT**

**YES****NO**

- |  |     |     |
|--|-----|-----|
| 1. Does the child play cooperatively in groups of two to three children?       | [ ] | [ ] |
| 2. Does the child share toys with peers?                                       | [ ] | [ ] |
| 3. Does the child wait his/her turn when playing in group games?               | [ ] | [ ] |
| 4. Does the child choose to play with other children (not alone)?              | [ ] | [ ] |
| 5. Does the child help put things away?  | [ ] | [ ] |
| 6. Does the child seem overly active as compared to same aged peers?           | [ ] | [ ] |
| 7. Does the child exhibit any violent and/or aggressive behaviors (bite, hit)? | [ ] | [ ] |

Additional Information: \_\_\_\_\_

**MOTOR DEVELOPMENT**

**YES**

**NO**

- |   |     |     |
|---|-----|-----|
| 1. Does the child scribble on paper with a crayon/pencil?               | [ ] | [ ] |
| 2. Does the child pick up small objects using a neat pincer grasp?      | [ ] | [ ] |
| 3. Does the child open a door by turning a doorknob?                    | [ ] | [ ] |
| 4. Does the child fasten clothing (button, zip, snap...) independently? | [ ] | [ ] |
| 5. Does the child kick a ball forward without falling?                  | [ ] | [ ] |
| 6. Does the child walk up/down stairs independently using a handrail?   | [ ] | [ ] |
| 7. Does the child climb on playground equipment?                        | [ ] | [ ] |

Additional Information: \_\_\_\_\_

**COGNITIVE DEVELOPMENT**

**YES**

**NO**

- |  |     |     |
|--|-----|-----|
| 1. Does the child rote count 1-5?  | [ ] | [ ] |
| 2. Does the child match an object to its picture?                            | [ ] | [ ] |
| 3. Does the child recognize basic colors?                                    | [ ] | [ ] |
| 4. Does the child name/point to at least six large body parts?               | [ ] | [ ] |
| 5. Does the child know the function of familiar objects (spoon, shoe, bed)?  | [ ] | [ ] |
| 6. Does the child attend to a learning task or story for at least 5 minutes? | [ ] | [ ] |

Additional Information: \_\_\_\_\_

**NATURAL ENVIRONMENT SURVEY**  
**(Required Form - Not in STI)**

**Purpose(s) of this form:**

- To document strengths and needs of the child based on the observation in a natural, age-appropriate environment.

**When to use this form:**

- To provide required documentation for eligibility for Developmental Delay.
  - This form is required for preschool children (three, four and five year olds who have not entered Kindergarten) referred for Developmental Delay.
  - This form may be used for school-age children referred for Developmental Delay or an observation form may be substituted.
  - This form may be used to gather information as required for eligibility in other areas of disability.

**Things to remember when completing this form:**

- All fields must be completed; write N/A if not applicable.
- Must be completed by parent, guardian and/or childcare provider.

**What happens next:**

- Information from this form must be documented on the eligibility report for the disability area of Developmental Delay for preschool children and may be used for other areas as appropriate.
- Information from the *Natural Environment Survey* should be considered when determining services and/or LRE.
- There should be a direct relationship between the *Natural Environment Survey* and the development of the IEP.



## FAMILY FOCUS INTERVIEW

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and priorities. It can be completed by a parent, grandparent, guardian, etc.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool/Daycare/School Child Attends: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Who does the child live with? ☐ Parent(s) ☐ Other Relative(s) ☐ Custodian  
☐ Guardian ☐ Other

Birth History (Explain any illnesses/injuries/complications during pregnancy): \_\_\_\_\_

Was the child born prematurely? ☐ Yes ☐ No If yes, how many weeks/months early? \_\_\_\_\_

Were there any problems after the birth? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

How long was the child in the hospital after birth? \_\_\_\_\_

What is your child's major means of communication? \_\_\_\_\_

☐ Speech ☐ Signing ☐ Communication Device

☐ Gestures ☐ Vocalizations ☐ Combination of Modes

☐ Other (Specify) \_\_\_\_\_

What are some of your child's likes/interests? \_\_\_\_\_

Are there any foods your child cannot eat (include allergies)? ☐ Yes ☐ No If yes, list foods: \_\_\_\_\_

Are there any foods your child does not eat? ☐ Yes ☐ No If yes, list foods: \_\_\_\_\_

Does your child currently take any medication? ☐ Yes ☐ No If yes, explain. \_\_\_\_\_

Has your child been evaluated and/or received any special services? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

List any recent progress or changes you have seen in your child. \_\_\_\_\_

Please check all areas that apply to your child:

**Socialization:**

- |  |  |
|--|--|
| <input type="checkbox"/> Plays well with other children  | <input type="checkbox"/> Works in a group      |
| <input type="checkbox"/> Separates easily from parent    | <input type="checkbox"/> Prefers to play alone |
| <input type="checkbox"/> Included by peers in activities |  |

**Speech/Language:**

- |  |  |
|--|--|
| <input type="checkbox"/> Speech is unclear and garbled       | <input type="checkbox"/> Expresses wants and needs         |
| <input type="checkbox"/> Uses incomplete language structures | <input type="checkbox"/> Needs instructions repeated often |

**Self-Help:**

- |  |  |
|--|--|
| <input type="checkbox"/> Has no toileting difficulties | <input type="checkbox"/> Needs assistance with toileting |
| <input type="checkbox"/> Feeds self independently      | <input type="checkbox"/> Needs assistance with feeding   |
| <input type="checkbox"/> Dresses self independently    | <input type="checkbox"/> Needs assistance with dressing  |

**Attention:**

- |  |   |
|--|---|
| <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Has appropriate attention span |
| <input type="checkbox"/> Stays with task until completed | <input type="checkbox"/> Makes eye contact              |

**Motor:**

- |  |  |
|--|--|
| <input type="checkbox"/> Has appropriate control of body movements | <input type="checkbox"/> Has difficulty using cutting or writing tools |
| <input type="checkbox"/> Has appropriate hand/eye coordination     | <input type="checkbox"/> Is clumsy                                     |

**Behavior:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Has tantrums            | <input type="checkbox"/> Unable to accept limits               | <input type="checkbox"/> Hits or hurts others |
| <input type="checkbox"/> Excitable               | <input type="checkbox"/> Disinterested in people               | <input type="checkbox"/> Unaware of danger    |
| <input type="checkbox"/> Overactive              | <input type="checkbox"/> Interacts well with peers             | <input type="checkbox"/> Quiet/withdrawn      |
| <input type="checkbox"/> Follows requests        | <input type="checkbox"/> Obeys rules or complies with requests |   |
| <input type="checkbox"/> Fearful of (list fears) |  |   |
- 

Check the following items your child uses at home:

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Crayons    | <input type="checkbox"/> Scissors     | <input type="checkbox"/> Pencil             |
| <input type="checkbox"/> Paste/glue | <input type="checkbox"/> Finger paint | <input type="checkbox"/> Play dough         |
| <input type="checkbox"/> Paper      | <input type="checkbox"/> Blocks       | <input type="checkbox"/> Bicycles/tricycles |



### Home and Family History (Optional)

Mother: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents:

☐ Married ☐ Divorced ☐ Separated  
☐ Single ☐ Deceased

Other children in household:

Name	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Name (other than Parent/Guardian): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Are there any other known or suspected disabilities in the family? ☐ Yes ☐ No If yes, explain.

Child's Doctor: \_\_\_\_\_ Date of last exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY FOCUS INTERVIEW  
(Required Form - Not in STI)**

**Purpose(s) of this form:**

- To provide home and family history of the student.
- To identify assessments and services that are responsive to concerns and priorities of the family.
- To provide required documentation for eligibility for Developmental Delay.
- This form is required for preschool children (3, 4 and 5 year olds who have not entered Kindergarten) referred for Developmental Delay.
- This form may be used for school-age children referred for Developmental Delay to document concerns and priorities of the family.
- This form may be used to gather information as required for eligibility in other areas of disability.

**When to use this form:**

- This form must be completed when evaluating for the suspected disability area of Developmental Delay for preschool children.

**Things to remember when completing this form:**

- All fields must be completed; write N/A if not applicable.
- Home and Family History (Page 3) is optional.
- Information should be provided by a parent/guardian.

**What happens next:**

- Information from this form must be documented on the eligibility report for the disability area of Developmental Delay and may be used for other areas as appropriate.
- Information from the *Family Focus Interview* should be considered when determining services and/or LRE.
- There should be a direct relationship between the *Family Focus Interview* and development of the IEP.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### Purpose(s) of this form:

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### When to use this form:

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### Things to remember when completing this form:

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### What happens next:

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

(Continued)

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES

STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
Date this report was given or sent to parent (student @ age 19) \_\_\_\_\_

<b>Check One:</b>	<b>Initial Eligibility</b>	<b>Reevaluation</b>
	<b>Vision Screening</b>	<b>Hearing Screening</b>
	<b>Date                      Result</b>	<b>Date                      Result</b>

**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

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**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_  
**Other Scores:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

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**Area of Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_  
\_\_\_\_\_

**Standard Scores (Total):** \_\_\_\_\_

**Other Scores:** \_\_\_\_\_

**Final Completion Date of ALL Evaluations:** \_\_\_\_\_



## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document all assessments and results used in the evaluation/reevaluation process.
- To document that required evaluations were administered for areas of suspected disability.
- To document that a copy of the eligibility decision was given/sent to the parent and student (age 19 and older).
- To document that a copy of the eligibility report was given/sent to the parent and student (age 19 and older):
  - when additional data are needed
  - when the student's disability area changed
  - when a student is determined to no longer be eligible for special education services

### **When to use this form:**

- For initial eligibility, the form is completed after all initial assessments are conducted and all other relevant data are reviewed.
- For reevaluations, SES recommends completing this form each time a reevaluation occurs.

### **Things to remember:**

- Type in the date each time a copy of this form is given/sent to the parent and student (age 19 and older).
- Check whether the form is being completed for initial eligibility or reevaluation.
- Include vision and hearing screening results under **"Other Scores."**
- List all assessment information, including reports provided by the parents or other agencies that will be used in determining eligibility.
- Include the name of the assessment **AND** the results.
- For observations, teacher checklists, medical reports, work samples, documentation of appropriate instruction, etc., provide a summary statement on the form under **"Other Scores."**
- Document two attempts to obtain the home version of an adaptive behavior scale on the form under **"Other Scores."**
- Test scores must be reported as standard scores with a mean of 100 and a standard deviation of 15. If a test does not yield standard scores, you **must** convert the score by using the conversion tables/charts available on our web page in the programs link.
- If an assessment used as supporting documentation does not yield scores that can be converted to standard scores, enter results under **"Other Scores."**
- For reevaluations, if the IEP Team determines that no additional data are needed and the student remains eligible in the same disability area, the *Notice of IEP Team's Decision Regarding Reevaluation* should be attached to the previous *Notice and Eligibility Decision Regarding Special Education Services* and a copy given to the parent and student (age 19 and older). Even though this is allowable, SES strongly encourages the completion of a new eligibility report every time eligibility is determined.
- The **Final Completion Date of ALL Evaluations** is the date used to determine if the initial evaluation was completed 60 calendar days from the date the public agency received the signed copy of the *Notice and Consent for Initial Evaluation*. Therefore, all evaluations should be dated on or before the final completion date.



STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**SLD ONLY SECTION – For each option checked below, include documentation of a specific learning disability in the assessment section of this report.**

☐ **Option 1: Response(s) to Intervention.**

☐ **Option 2: Pattern of strengths and weaknesses.**

☐ **Option 3: Severe Discrepancy (SD) Documentation.**

A. If using the predicted achievement model (regression to the mean effective 7/1/98):

IQ score: \_\_\_\_\_

Predicted Achievement (PA) score: \_\_\_\_\_

**Obtained Achievement (OA) score(s)  
determined one of two ways:**

One Achievement Test \_\_\_\_\_  
Total test score

**OR**

Two Composites OR Two Subtests \_\_\_\_\_

Scores from two different achievement tests that measure the same deficit skill area  
(i.e., Composite Reading scores from two different tests; Subtest Calculation scores  
from two different tests)

**Severe discrepancy (SD) between ability and achievement:** ☐ **YES** ☐ **NO**

B. If using the simple standard score method (only for students identified before July 1, 1998):

IQ Score \_\_\_\_\_ - Achievement Score \_\_\_\_\_ = SD \_\_\_\_\_  
(SD must be 15 or greater to 11 years; must be 23 or greater for 11 years and older)

**Complete for all students suspected of SLD, regardless of option(s) chosen above.**

1. For educationally relevant behaviors noted during the classroom observation(s) and educationally relevant medical findings (if any), please refer to page(s) \_\_\_\_\_ of this report.

2. Student behavior or difficulty that affects his/her academic functioning:

\_\_\_\_\_

3. The following factors have been ruled out as the primary cause of the impairment (all must be considered and checked to qualify for SLD):

☐ Environmental/Cultural/Economic Concerns ☐ Visual/Hearing Disabilities  
☐ Mental Retardation ☐ Emotional Disturbance ☐ Motor Disabilities

**NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES  
(SLD Section Only)**

**Purpose(s) of this page:**

- To document that appropriate procedures were used in determining the presence of a Specific Learning Disability.
- To document each option used to determine eligibility for SLD.

**Things to remember when completing this page:**

- For all students *suspected* of having a Specific Learning Disability, the **SLD ONLY SECTION** must be completed in its entirety, using Option 1, Option 2, Option 3, or the combination of options.
- For Option 1, document all interventions that were used and the response or lack of response observed in the student's performance in the classroom. Include the amount of time the interventions were utilized.
- Option 2 section should be used for the pattern option and should include documentation of a pattern of strengths and weaknesses in performance, achievement, or both.
- For Option 3, document the appropriate scores that are being used to determine the presence of a severe discrepancy.
- In STISETS, if these items are not completed, an error message will result.
- Complete all three items in the box at the bottom of the page whether using Option 1, Option 2, Option 3, or the combination of options. **THESE FACTORS MUST BE CONSIDERED and CHECKED AS BEING RULED OUT** as the primary cause of the impairment.

STUDENT'S NAME: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## E L I G I B I L I T Y   D E C I S I O N

**ELIGIBLE:**    ☐ YES    ☐ NO

**AREA OF DISABILITY:** \_\_\_\_\_

If the selected area of disability is Multiple Disabilities, list at least two disability areas for which the student is eligible.

Explanation (if needed):

**Complete for all students:**

Was lack of appropriate instruction in math and/or reading, including the essential components of reading instruction (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965) or limited English proficiency the determining factor in the decision?    ☐ YES    ☐ NO  
(See documentation included in this report.)

### DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THEY WERE REJECTED

**CHECK ONE:**      Eligibility Committee    ☐                      IEP Team    ☐

I **AGREE** with the conclusions written in this report

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Evaluation Results Interpreter		
Student		
Other		

I **DO NOT AGREE** with the conclusions written in this report. The attached statement represents my conclusions in this area.

Position	Signature	Date

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Education Agency Official

## NOTICE AND ELIGIBILITY DECISION REGARDING SPECIAL EDUCATION SERVICES (Eligibility Decision)

### **Purpose(s) of this form:**

- To document that the eligibility decision was determined based on the evaluation information.
- To document the eligibility decision and area of disability with an explanation (i.e., to document when one of the options for the first reevaluation for ED is being used).
- To document that eligibility criteria for Multiple Disabilities has been met in two or more areas and is documented in the explanation section.
- To document lack of appropriate instruction in math or reading or limited English proficiency was/was not the determining factor(s) in the eligibility decision. This must be documented on the form, not just checked in the box.
- To document a description of other options considered. This section **must** be completed.
- To document whether an IEP Team or Eligibility Committee is used.
- To document that the required IEP Team or Eligibility Committee members attended and participated in a meeting to determine eligibility. The LEA plan must specify whether an IEP Team or Eligibility Committee is used to determine eligibility.
- To document IEP Team or Eligibility Committee members, agreement/disagreement with the eligibility decision.

### **Things to remember when completing this page:**

- Check the IEP Team's or Eligibility Committee's decision regarding eligibility.
- Indicate the area of disability. Do not list secondary disability areas.
- The student must meet criteria in the *Alabama Administrative Code* for eligibility.
- If the student is eligible for Multiple Disabilities, specify the two or more disabilities in the Explanation section. The student must meet eligibility criteria in both or all disability areas.
- Determine whether the lack of appropriate instruction in math or reading or the student's limited English proficiency was the determining factor in the eligibility decision. Check "yes" or "no" in the appropriate box. If **YES** is checked, the student should not be determined eligible. Include data on the eligibility report to support this decision.
- A description of other options that were considered must be listed with the reasons they were rejected.
- IEP Team or Eligibility Committee members that participate in the meeting must sign this page.
- Each person attending the eligibility meeting must sign the last page either in the **I AGREE** or **I DO NOT AGREE** section.
- Type in the name of each IEP Team or Eligibility Committee participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.
- If a signature appears in the **I DO NOT AGREE** section, a statement should be attached to the eligibility report indicating why the person does not agree with the eligibility decision.
- The name of the contact person should be indicated at the bottom of the page as well as the signature of an agency official.

### **What happens next:**

- If the student is eligible, the IEP Team must meet within 30 calendar days of the initial eligibility determination to develop the IEP.
- If a student is not eligible, refer the student to the BBSST/PST.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### Purpose(s) of this form:

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### When to use this form:

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### Things to remember when completing this form:

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### What happens next:

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.



## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

(Continued)

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ GRADE \_\_\_\_\_ - \_\_\_\_\_

IEP INITIATION/DURATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE ONE)

### Purpose(s) of this page:

- To document the duration of the IEP.
- To describe the strengths and needs of the student and how the student's disability affects his/her involvement and progress in the general education curriculum and, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- To document concerns of the parent, teacher(s), and student.
- To document assessment information.
- To document transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP should be written within 30 calendar days of initial eligibility determination and before any special education and related services are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or student (age 19 and older), or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2010 or 2010-2011, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the date of the beginning of school year to the end of the school year. Example: 08/09/10 – 05/27/11. **IEP INITIATION/DURATION DATES** may also be staggered. Example: 09/06/10 – 09/05/11 or 03/08/10 – 03/07/11, etc. (Staggering dates would require the IEP Team to develop goals for the two grades the IEP covers). If the IEP covers two grades, general education standards or the extended standards for both grades must be included in the IEP. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP meeting date. The date of signatures on the **SIGNATURE PAGE** determines when the next annual IEP meeting must be held. Example: **IEP INITIATION/DURATION DATES** 08/09/10 – 05/27/11. If the date of signatures is 05/06/10, the next annual IEP meeting should be held no later than 05/05/11.
- Unless noted in **extended school year services**, IEPs are *not* implemented when school is not in session.
- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.
- For preschool children transitioning from Early Intervention:  
The IEP must be written and ready to implement by the child's third birthday; If a parent refers their preschool age child for services, the IEP Team follows the 90 calendar day timeline for the initial evaluation process; If the child's third birthday falls during the summer months, the IEP Team will determine when special education services begin.

The **STUDENT PROFILE** might include general statements regarding:

- The strengths of the student.
- How the student's disability affects his/her involvement and progress in the general education curriculum or, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- The concerns of the parent for enhancing the education of the student.
- Information obtained from parent, teacher(s), and the student regarding needs, preferences, and interests.
- The results of the initial or most recent evaluations of the student.
- As appropriate, the results of the student's performance on any general curriculum-based, state, or district wide assessments.
- Transition needs that focus on preparing the student for his/her post-school transition goals.

### What happens next:

- There should be a direct link between the profile and other elements of the IEP.  
The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.

## INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

### SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs (deaf or hearing impaired only)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP with an annual goal(s)?	<input type="checkbox"/>	<input type="checkbox"/>

### TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? ☐ YES ☐ NO

Does the student need accommodations or modifications for transportation? ☐ YES ☐ NO

If yes, check any transportation accommodations/modifications that are needed.

☐ Bus driver is aware of student's behavioral and/or medical concerns

☐ Wheelchair lift

☐ Restraint system.

Specify:

☐ Other.

Specify:

### NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

☐ YES.

☐ YES, with supports. Describe:

☐ NO. Explanation must be provided:

### METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

**INDIVIDUALIZED EDUCATION PROGRAM  
(PROFILE PAGE TWO)**

**Purpose(s) of this page:**

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION AS A RELATED SERVICE**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

**When to use this page:**

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
- The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

**Things to remember when completing this page:**

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES, MUST** be addressed through **MEASURABLE ANNUAL GOALS**, and/or **SPECIAL EDUCATION AND RELATED SERVICES**, the transition plan, and/or a behavioral intervention plan.

**NOTE:** Regarding the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

- **Yes** or **No** must be selected for **TRANSPORTATION AS A RELATED SERVICE**. If **No** is checked regarding the student's need for transportation accommodations/modifications, the student will receive the same transportation services provided to nondisabled children. If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially-equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student. Check all items that apply. If the student requires transportation as a related service, the statement, **Bus driver is aware of student's behavioral and/or medical concerns**, should ALWAYS be checked. If **Wheelchair Lift** is checked, the student must be secured in a safe wheelchair before boarding the lift. If **Restraint System** is checked, please specify in the space provided. The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for that student, with input from the Transportation Department. If **Other** is checked, please specify in the space provided. Include the need for any necessary supports (i.e., assigned seat, peer helper, loading/unloading assistance, bus attendant, nurse, BIP, emergency plan of action) or special equipment (i.e., oxygen tank, epipen, diabetic supplies, augmentative communication system/device, service animal), as well as any medical conditions which could impact the student during the service delivery and for which the driver might need additional training. Complete the *Persons Responsible for IEP Implementation* form and ensure the bus driver is aware of his/her responsibility for implementing the IEP. Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation).

**NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.**

- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every 9 weeks, every 6 weeks).

**What happens next:**

- There should be a direct link between the profile and other elements of the IEP.





## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

☐ Yes ☐ No This student was invited to the IEP Team meeting.

☐ Yes ☐ No After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

☐ This student is in a middle school **course of study** that will help prepare him/her for transition.

### **EXIT OPTIONS (Complete for students in grades 9-12)**

☐ Alabama High School Diploma ☐ Graduation Certificate **Anticipated Date of Exit:** \_\_\_\_\_  
☐ Alabama Occupational Diploma ☐ Other \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### **PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES				
Alabama High School Diploma								
Alabama Occupational Diploma								
Graduation Certificate								

### **TRANSITION**

(Beginning not later than the first IEP to be in effect when the student is 16,  
or earlier if appropriate, and updated annually thereafter)

#### **Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):**

☐ Transition Planning Assessments ☐ Interest Inventory ☐ Other \_\_\_\_\_

#### **Transition Goals:**

##### **Postsecondary Education/Employment Goal**

If **Other** is selected, specify \_\_\_\_\_

##### **Community/Independent Living Goal**

If **Other** is selected, specify \_\_\_\_\_

#### **Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)**

☐ Vocational Evaluation (VE) ☐ Personal Management (PM) ☐ Community Experiences (CE)  
☐ Employment Development (ED) ☐ Transportation (T) ☐ Medical (M)  
☐ Postsecondary Education (PE) ☐ Living Arrangements (LA) ☐ Linkages to Agencies (L)  
☐ Financial Management (FM) ☐ Advocacy/Guardianship (AG) ☐ Other \_\_\_\_\_

### **TRANSFER OF RIGHTS**

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 \_\_\_\_\_

## INDIVIDUALIZED EDUCATION PROGRAM (TRANSITION)

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter. Transition may be addressed for younger students if determined appropriate by the IEP Team. **NOTE: If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**
- You do not have to address transition for a student in middle school if the student is younger than age 16 (if the student is 15 when the IEP is being developed and will turn 16 during implementation of the IEP, transition must be addressed).
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: middle school **course of study**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in grades 9-12, the following must be addressed: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- For all students entering 9<sup>th</sup> grade, regardless of their age, the IEP Team must address: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.

### Purpose(s) of this page:

- To document that the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for transition services were invited to the IEP Team meeting.
- To document **course of study** for students that are in middle school.
- To document diploma/**EXIT OPTIONS** for students in grades 9- 12.
- To document **ANTICIPATED DATE OF EXIT** for students in grades 9- 12.
- To document program credits to be earned for students in grades 9- 12.
- To document **TRANSITION ASSESSMENTS** used to determine the student's measurable **TRANSITION GOALS**.
- To document appropriate measurable post-school **TRANSITION GOALS** related to postsecondary education/employment, and community/independent living.
- To document the **TRANSITION SERVICES** (including agency linkages) needed to assist the student in reaching his/her goals.

### When to use this page:

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter.
- Transition may be addressed for younger students if determined appropriate by the IEP Team.

### Things to remember when completing this page:

- "Yes" must always be checked for "This student was invited to the IEP Team meeting" beginning not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team. The invitation to the student must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form.
- "Yes" must always be checked for "After prior consent of the parent or student (age 19) was obtained, other agency representatives were invited to the IEP Team meeting" if the parent or student (age 19 and older) gave consent to invite other agency representatives for transition to the IEP Team meeting. Consent to invite other agency representatives that may be responsible for providing or paying for transition services must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form. If consent to invite the other agency representatives for transition was not obtained leave the box blank at the top of this page. Without consent from the parent or student (age 19 and older) agency representatives for transition cannot attend the IEP Team meeting.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

- Check “This student is in a middle school **course of study** that will help prepare him/her for transition” for students who are 16 and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**
- This page must be completed for students who will turn 16 during the implementation year of the IEP.
- The student’s post-school **TRANSITION GOALS** are to be based on the individual student’s strengths, needs, preferences, and interests.

**EXIT OPTIONS: (Complete for students in Grades 9 – 12)**

- This section must be completed prior to entering ninth grade.
- Identify and select the highest, most appropriate option to allow access to maximum post-school opportunities.
- Review annually, and revise the selected exit option as appropriate.
- For students who participate in a graduation ceremony but return for additional years of twelfth grade, continue to mark the same exit option unless the returning student is working toward an option that is different than what was received in the ceremony. For instance, if a student receives a certificate and returns to work toward the AOD, mark AOD as the exit option. If a student receives a certificate and returns, but is not working toward an AOD, continue to mark certificate.

**ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9 – 12)**

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21<sup>st</sup> birthday by August 1<sup>st</sup> are entitled to receive services up to age 21. A student who turns 21 on or after August 1<sup>st</sup> is entitled to begin and complete the school year.
- Students that turn 21 before August 1<sup>st</sup> are not entitled to services the following school year.

**PROGRAM CREDIT TO BE EARNED: (Complete for students in Grades 9 – 12)**

**(Record current year only): IEP Teams should code the PROGRAM CREDIT TO BE EARNED based on the following:**

- General education courses should be coded on the **Alabama High School Diploma** line.
- **Alabama Occupational Diploma** courses should be coded on the **AOD** line.
- Extended standards courses should be coded on the **Graduation Certificate** line.
- **Accommodations** lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When **accommodations** are made for the student with disabilities, the content has not been altered and the student **can** earn course credit.
- **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is **modified**, the student is not pursuing the content prescribed in the applicable course of study and **cannot** earn course credit.
- Students who participate in a graduation ceremony but return for additional years of twelfth grade should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits in those additional years of twelfth grade.

**TRANSITION ASSESSMENTS:**

- **TRANSITION ASSESSMENTS** must be used to determine the student’s postsecondary education/employment and community/independent living goals, and transition needs and services.
- Check the assessments used.
- If other is checked, indicate the name of the assessment.
- Include appropriate documentation of assessments in the student’s file.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**TRANSITION GOALS:**

**POSTSECONDARY EDUCATION/EMPLOYMENT GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- Other: Write an appropriate goal for the student based on the needed transition services.

**COMMUNITY/INDEPENDENT LIVING GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live **semi-independently** with **ongoing infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed **TRANSITION SERVICES**.

**TRANSITION SERVICES:**

- Identify the **TRANSITION SERVICES** needed for the student to reach his or her postsecondary education/employment and community/independent living goals-
- One or more **TRANSITION SERVICE(S)** must be addressed each year for students age 16 or earlier if appropriate and updated annually thereafter.
- All **TRANSITION SERVICES** checked on the transition page of the IEP must be supported through an annual goal.
- An annual goal may address more than one **TRANSITION SERVICE** area checked.
- The annual goal(s) must be measureable and include the **Present Level of Academic Achievement and Functional Performance, Type(s) of Evaluation for Annual Goal, Benchmarks** (if required), and **Special Education and Related Service(s)**.
- Evidence of **TRANSITION SERVICES** and student progress must be collected.

**TRANSFER OF RIGHTS:**

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed not later than the IEP that will be in effect when the student reaches 18.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**What happens next:**

- The exit option is reviewed annually and revised as necessary.
- **TRANSITION ASSESSMENT** information and progress towards goals are reviewed annually and the **TRANSITION SERVICES** are revised as necessary.
- The *Summary of Academic and Functional Performance* (SOP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate).



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

☐ This goal is related to the student's transition services needs.

**MEASURABLE ANNUAL GOAL related to meeting the student's needs:**

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

- ☐ Curriculum Based Assessment   
 ☐ Teacher/Text Test   
 ☐ Teacher Observation   
 ☐ Grades  
☐ Data Collection   
 ☐ State Assessment(s)   
 ☐ Work Samples  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <u>Date of Mastery:</u> _____ |

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)**

**Purpose(s) of this page:**

- To document the following required components of the IEP:
  - The **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
  - A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
  - The goal is related to the student's **transition services** needs indicated on the transition page of the IEP.
  - A statement of the **MEASURABLE ANNUAL GOAL**.
  - **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
  - **DATE OF MASTERY**.
  - **BENCHMARKS** for all students being assessed by the Alabama Alternate Assessment.
- A statement of **SPECIAL EDUCATION AND RELATED SERVICES** that will be provided to include the **Anticipated Frequency of Service(s), Amount of Time, Beginning/Ending Date, and Location of Service(s)**.

**When to use this page:**

- Use one page for each **MEASURABLE ANNUAL GOAL** that the IEP Team addresses and to document **DATE OF MASTERY** of **MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time a goal, and/or benchmarks, and/or services are revised/changed.

**Things to remember when completing this page:**

- **The IEP Team should determine and prioritize the students' needs for special education services.**
- Goals for preschool students ages 3 through 5 (who are not in Kindergarten) are based on the *Developmental Standards for Preschool Children with Disabilities*.
- Check **"This goal is related to the student's transition services needs"** to indicate that this goal is written in support of **transition services** indicated on the transition page of the IEP. This box must be checked on at least one goal page in support of **transition services** indicated on the transition page of the IEP or you will not be able to mark the transition page complete in STISETS.
- Academic goals are based on content standards listed in the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Extended Standards*.

**AREA:**

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., Math, Science) or a functional **AREA** (e.g., community participation, behavior).

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

- Must state how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

**MEASURABLE ANNUAL GOAL:**

- Must focus on the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum.
- Describe what a student can reasonably be expected to accomplish within one school year.
- Should address the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Be measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.



**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

- All **transition services** indicated on the transition page of the IEP must be supported through a **MEASURABLE ANNUAL GOAL**.
- An annual goal may address more than one transition services area.
- The annual goal(s) must be a complete goal that addresses all **transition service** areas indicated and include the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, TYPE(S) OF EVALUATION(S)**, and the type of services needed to reach this goal.

**TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:**

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked please describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASUREABLE ANNUAL GOAL** do not require parental consent.

**DATE OF MASTERY:**

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

**BENCHMARKS:**

**BENCHMARKS should be written if applicable. BENCHMARKS** are no longer required for all students.

**NOTE:** Include **BENCHMARKS** for students participating in the Alabama Alternate Assessment (AAA) or for students in public agencies that require **BENCHMARKS**.

- Must be included for all students participating in the AAA. For each student participating in the AAA, each content area which includes: Reading, Math, Science, Language Arts, and Social Studies must be addressed.
- Must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
  - Content to be learned or skills to be performed.
  - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.

**SPECIAL EDUCATION AND RELATED SERVICE(S):**

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. Include **Anticipated Frequency of Service(s)** which is how often the service(s) will be provided (e.g., annual, bi-monthly, daily). To complete **Amount of Time** enter minutes per session. **Beginning/Ending Date** is the start to finish of service(s) and may be different from **IEP Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., general education classroom, resource room, school bus, lunch room, gym).

- **Special Education** must be completed for all students with an IEP and should include the content, and delivery of instruction to address the unique needs of the student that result from his/her disability. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services*, enter Speech or Language services in the special education section. **Accommodations alone do not constitute special education services.**  
**Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district wide, or state assessments.**

- **Program Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district wide assessments. The only accommodations that are allowed for State assessments are those accommodations that are listed on the "IEP Accommodations Checklist". There must be documentation that the same or similar accommodations needed for State and district wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.

**Related Services** should be indicated if these supportive services are necessary for the student to benefit from special education. Examples include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

- **Assistive Technology** should be indicated if a device(s) and/or service(s) is being provided. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should be indicated when training or support is being provided to public agency staff regarding the student's specific need(s). Examples include the LANGUAGE! workshop, training on a specific syndrome or technique, training on an assistive technology device, content area workshop, etc.

**What happens next:**

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, if appropriate, are mastered.

**If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the general education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.**

# FOR STATE TESTING FORMS

- GO TO: [www.alsde.edu](http://www.alsde.edu)
- Click on “Sections”
- Click on “Assessment and Accountability”
- Click on “Publications”
- Go to *Policies and Procedures Special Populations Revised*

Please call Student Assessment at 334-242-8038 regarding any questions pertaining to state assessments.



STUDENT'S NAME: \_\_\_\_\_

**GENERAL FACTORS****HAS THE IEP TEAM CONSIDERED:****YES****NO**

- The strengths of the child? ☐ YES ☐ NO
- The concerns of the parents for enhancing the education of the child? ☐ YES ☐ NO
- The results of the initial or most recent evaluations of the child? ☐ YES ☐ NO
- As appropriate, the results of performance on any State or districtwide assessments? ☐ YES ☐ NO
- The academic, developmental, and functional needs of the child? ☐ YES ☐ NO
- The need for extended school year services? ☐ YES ☐ NO

**LEAST RESTRICTIVE ENVIRONMENT**Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

(Select one from the drop-down box.)

**Secondary LRE** (only if LRE above is Private School-Parent Placed)**COPY OF IEP****COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the IEP given to parent/student (age 19) at the IEP meeting?

☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP meeting?☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19) \_\_\_\_\_**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

Position	Signature	Date
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

Position	Name	Date

## INDIVIDUALIZED EDUCATION PROGRAM (SIGNATURE PAGE)

### Purpose(s) of this page:

To document:

- The consideration of **GENERAL FACTORS**.
- **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom.
- **Secondary LRE** for parentally placed private school students.
- A copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- A copy of the **Special Education Rights** was given/sent to the parent or student (age 19 and older).
- A copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- All required IEP Team members participated in the development of the IEP.
- The consideration of information from persons not in attendance.

### When to use this page:

Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.

### Things to remember when completing this page:

#### **GENERAL FACTORS**

- The IEP Team is required to consider each of these factors as the IEP is developed; therefore, the answer should always be **YES**.
- Answering **YES** to the extended school year services question does not mean that services must be provided; rather it means that services were considered.

#### **LRE:**

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate general education classroom solely because of needed modifications in the general education curriculum.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the general education classroom. The explanation should not be based on the disability area of the student.
- For **6-21 YEARS OF AGE**, and **3-5 YEARS OF AGE**, select the appropriate LRE from the drop down box.
- Please refer to the *Child Count Help Document* located on our Web page in the statistical information link for specific information regarding LRE.

#### **COPY OF IEP:**

- Check **YES** or **NO**. If **NO** is checked enter the date in the space provided that the **COPY OF IEP** was sent to the parent or student (age 19 and older).

#### **COPY OF SPECIAL EDUCATION RIGHTS:**

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that the **COPY OF SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) have reason to suspect that the IEP needs revision, an IEP meeting may be requested at anytime. The public agency must conduct the IEP meeting **within 30 calendar days** upon the receipt of the request.

**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)  
(Continued)**

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:**

The annual IEP review date is determined by the signature date. Example: If the current annual IEP Team meeting signatures are dated May 6, 2010, the next annual IEP Team meeting must be held by May 5, 2011, regardless of IEP INTIATION/DURATION DATES.

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by a phone conference the attendance should be documented by that person's name. For example, "parent participated by phone" should be written in the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE:**

If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be recorded in the space provided.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, or student (age 19 and older) in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member.

**What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the IEP.
- Implement the IEP as written.
- School personnel who have any responsibility to implement the IEP must be informed of the specific accommodations, modifications, and supports that must be provided for the student; must be informed of his/her specific responsibilities related to implementing the IEP; and must have access to the IEP. The *PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION* form must be signed by school personnel that have responsibility for the implementation of the student's IEP.





## Persons Responsible for IEP Implementation

(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for \_\_\_\_\_ (student's name) for the \_\_\_\_\_ school year.

DATE \_\_\_\_\_

SIGNATURE

## POSITION

Signature and position of person responsible for informing school personnel of their responsibility.

## **PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION** **(Required Form in STI)**

### **Purpose(s) of this page:**

- To document that each regular education teacher, special education teacher, case manager, related service provider (e.g., bus driver, OT, PT, etc.) and any other service provider who is responsible for implementation of the IEP has access to the student's IEP.
- To document that each teacher and service provider has been informed of his or her specific responsibilities related to implementing the student's IEP.
- To document that each teacher and service provider has been informed of specific accommodations, modifications, and supports that must be provided for the student.

### **When to use this form:**

- This form must be completed for every student who has an IEP.
- This form may be completed at the end of an IEP Team meeting. If not completed at the IEP Team meeting, the form should be completed immediately following the meeting.
- This form must be completed when teachers and/or service providers change to ensure that the person now responsible for implementing the IEP has been informed of his/her responsibilities and he/she understands access to the student's IEP must be made available (e.g., amend the IEP, change of schedules).

### **Things to remember when completing this form:**

- Be sure to inform every service provider and teacher of his/her responsibilities for implementing the IEP.
- Be sure every teacher and service provider understands they have access to the IEP. This does not require that every teacher and service provider be provided a copy of the IEP. However, every teacher and/or service provider must have access to the IEP and may receive a copy of the IEP in whole or in part that reflects the teacher and/or service provider's area of responsibility in implementing the IEP. The IEP is a confidential record and must be protected.
- Be sure to include the student's name in the space provided on this page.
- Be sure to include the school year in the space provided on this page.
- Be sure each person who signs this page includes the date of signature and his/her position.
- Be sure the person responsible for informing school personnel of their responsibility signs in the space provided on this page.
  - All service providers who are responsible for implementation of the IEP must sign this page.
  - Type in the name of each person responsible for implementing the IEP in the space provided when completing the form in STISETS. Maintain a printed copy to be kept on file.

### **What happens next:**

- Implement the IEP as written.
- If the IEP is revised and/or amended, persons responsible for IEP implementation should be informed and new signatures obtained.

**IEP Annual Review Date:** \_\_\_\_\_

6/1/2006

## Annual Goal Progress Report

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Reporting Periods	Comments

Special Education Teacher/  
Case Manager Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\* Hard copy should be placed in student's special education record. \*\*\*

School System  
School Name

## ANNUAL GOAL PROGRESS REPORT

### **Purpose(s) of this page:**

- To document student progress toward annual IEP goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the school year.

### **When to use this form:**

- This form must be completed for every student who has an IEP.
- This form must be completed and sent to the parent or student (age 19 and older) to report extent of progress concurrent with the issuance of report cards as scheduled by the public agency.

### **Things to remember when completing this page:**

- **Student Name**, and **Student ID Number** will automatically be populated from the student's IEP.
- **Comments** must be entered manually. (Please Note: If amendments to IEP goals have been made, in the **Comments** section state the date of reporting period the amendments were made and if the actual wording of a goal was changed or the goal was completely deleted write what the original goal stated in this section).
- **Special Education/Case Manager Name** will populate from STISETS program.
- **Telephone Number** must be entered manually.
- **Parent/Guardian Signature**, and **Date Signed** are for public agencies requiring signatures.

### **What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the *Annual Goal Progress Report* each reporting period concurrent with the issuance of report cards.
- A hard copy of the *Annual Goal Progress Report* should be placed in the student's special education file each reporting period concurrent with the issuance of report cards.



## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- |  |   |                                    |                                |
|--|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Identification              | <input type="checkbox"/> Evaluation                                     | <input type="checkbox"/> Placement | <input type="checkbox"/> Other |
| <input type="checkbox"/> LEA Response to DPH Request | <input type="checkbox"/> Provision of Free Appropriate Public Education | <input type="checkbox"/> Other     |                                |

### DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

### BASIS FOR DECISION

### DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

### THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

#### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
  - When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
  - When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
  - When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
  - Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
  - Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
  - Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
  - This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
  - This form may be used to document minor corrections found during internal monitoring /SDE monitoring.
- Seek guidance from the local Special Education Coordinator.** Examples are as follows:
- A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

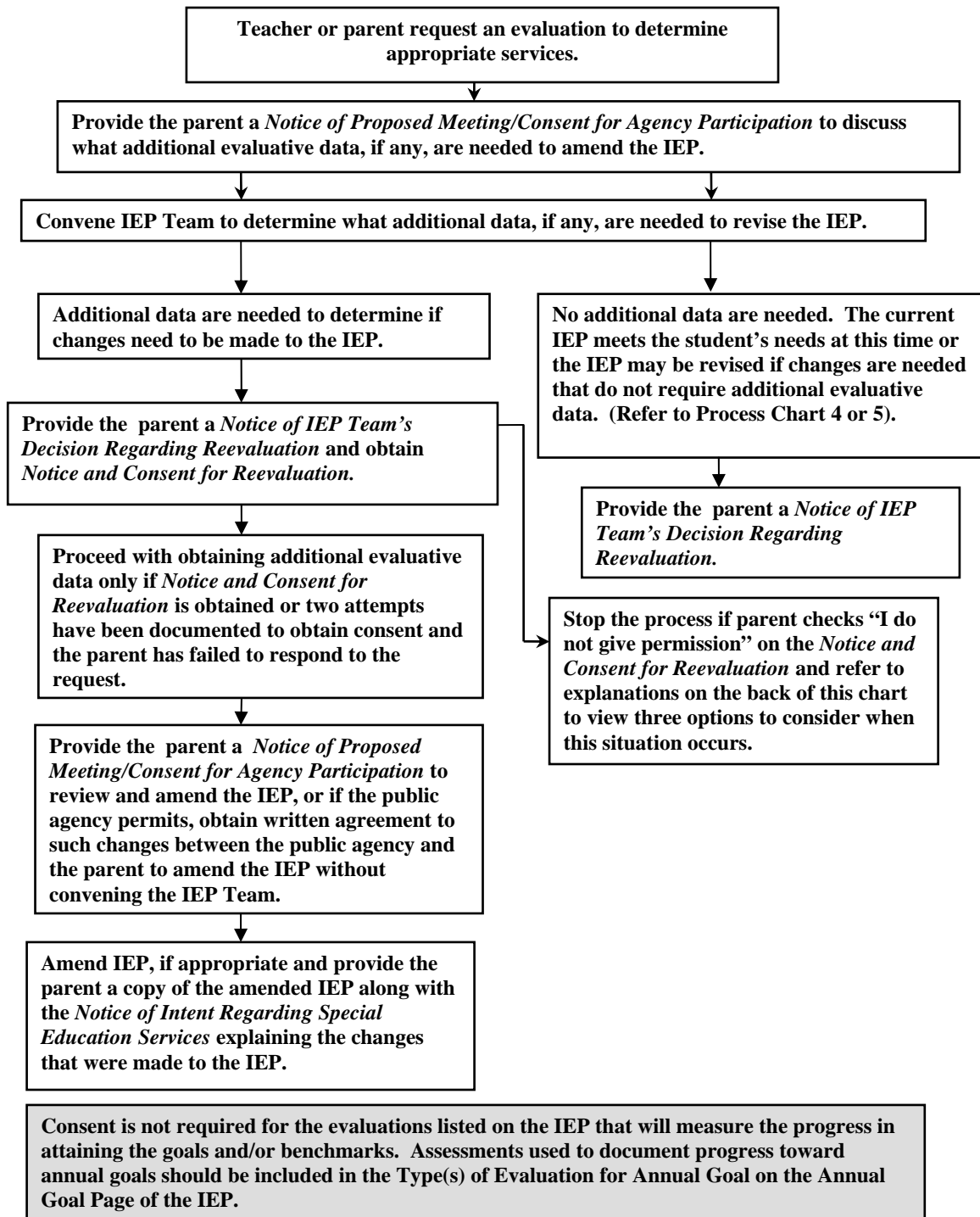
### **What happens next:**

- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.



### Process Chart 3

## REEVALUATION TO DETERMINE IF CHANGES NEED TO BE MADE TO THE IEP



## **PROCESS CHART 3**

### **REEVALUATION TO DETERMINE IF CHANGES NEED TO BE MADE TO THE IEP**

#### **Things to Remember When Going Through This Process**

#### **REMEMBER:**

1. Use this process any time an IEP Team member requests an evaluation to determine if changes need to be made to the IEP. Examples include a request for an evaluation for occupational therapy, physical therapy, assistive technology, an evaluation for an academic or functional area(s) not covered in the current IEP, etc.
2. If the parent or student (age 19 and older) refuse to provide consent for the reevaluation, the IEP Team has three options:
  - The IEP Team may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision.
  - The IEP Team may determine that the additional evaluative data is not absolutely necessary in order to make changes to the IEP.
  - The public agency may ask for mediation from the SDE or the public agency may initiate a due process hearing in order to have an impartial hearing officer order an evaluation to be conducted over the parent or student's (age 19 and older) objections.
3. If the parent or student (age 19 and older) fails to respond to a request to provide consent for the reevaluation, the public agency may proceed with the evaluation as long as it has made two documented attempts.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### **Purpose(s) of this form:**

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### **When to use this form:**

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### **Things to remember when completing this form:**

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### **What happens next:**

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
*(Continued)*

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed Notice and Consent for Initial Evaluation begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



**NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION**

STUDENT'S NAME: \_\_\_\_\_

**IEP TEAM REEVALUATION DECISION**[ ] **ADDITIONAL DATA** are needed.

[ ] To appropriately determine eligibility status.

[ ] To determine if changes need to be made to the IEP.

[ ] **NO ADDITIONAL DATA** are needed.

[ ] The student continues to be eligible for special education services in a disability area.

Disability Area: \_\_\_\_\_

[ ] The student is ineligible for special education services based on existing data.

[ ] The current IEP meets the student's needs at this time.

[ ] The current IEP needs to be revised.

**BASIS FOR DECISION****EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION**

[ ] Vision	[ ] Observation	[ ] Interview	[ ] Medical Records
[ ] Hearing	[ ] Speech	[ ] Developmental Scales	[ ] Other Agency Information
[ ] Intellectual	[ ] Language	[ ] Work Samples	[ ] State Assessments
[ ] Achievement	[ ] Motor	[ ] Discipline Records	[ ] Other _____
[ ] Behavior	[ ] Grades	[ ] Attendance Reports	[ ] Other _____

**DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED****THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE IEP MEETING**

POSITION	IEP TEAM MEMBERS' SIGNATURE	DATE
Parent	_____	_____
General Education Teacher	_____	_____
Special Education Teacher	_____	_____
LEA Representative	_____	_____
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	_____	_____
Student	_____	_____
Career/Technical Education Representative	_____	_____
Other Agency Representative	_____	_____

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

POSITION	NAME	DATE
_____	_____	_____
_____	_____	_____

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

(Name)

(Telephone)

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION

### **Purpose(s) of this form:**

- To document whether additional data/no additional data are needed to determine the eligibility and/or IEP status.
- To document that the parent and student (age 19 and older) have been informed of the IEP Team's decision regarding reevaluation.

### **When to use this form:**

- When the IEP Team makes a decision that additional/no additional data are needed to determine continued eligibility.
- When the IEP Team makes a decision that additional/no additional data are needed to revise/maintain current services on the IEP.

### **Things to remember when completing this form:**

#### **IEP TEAM REEVALUATION DECISION**

- **Additional data are needed.** This decision means that sufficient information is **not** currently available to ensure that the student continues to be eligible for special education services and/or that additional information is necessary to determine if changes need to be made to the IEP.
- **No additional data are needed.** This decision means that existing data (tests, scores, reports, work samples, parent information, observational data, etc.) is sufficient to support continued eligibility in a disability area, to determine that the student is ineligible for special education services, to maintain or revise the current IEP. The IEP Team completes this form and provides a copy of the information to the parent.

#### **BASIS FOR DECISION**

- **Must be completed to reflect the data used to determine whether additional/no additional data was needed. DO NOT LEAVE BLANK.**

*Examples of responses if additional data are needed:*

- The IEP Team determined that a new evaluation of cognitive ability is needed to obtain a current indication of the student's intellectual performance. Previous evaluations are inconsistent.
- The IEP Team determined that the student has made significant progress and may no longer need specially designed instruction. The IEP Team is requesting a current evaluation.
- The IEP Team determined that the student may be in need of physical therapy and is proposing an evaluation by a physical therapist.
- The student currently receives services in the area of speech or language impairment and the IEP Team suspects the student may have a reading problem and is proposing a formal reading assessment at this time.

*Examples of responses if no additional data are needed:*

- After reviewing previous eligibility, educational data, and determinations, and current educational evaluation data, the IEP Team has determined that the student continues to have a significant disability that has an adverse effect on his/her educational performance.
- The IEP Team has reviewed all existing data (previous eligibility reports, SAT scores, curriculum based assessments, grades, etc.) and has determined that he/she continues to be in need of specially designed instruction.
- The IEP Team has reviewed the IEP and has determined the IEP is currently appropriate in providing educational benefit.
- The IEP Team has existing evaluation data that documents a need for the IEP to be revised.

#### **EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION**

- Check the type of evaluation information that the IEP Team used in making the decision. The IEP Team must have supporting data for any area checked.

#### **DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THEY WERE REJECTED**

*Examples of responses:*

- The IEP Team considered evaluating the student in the area of intelligence but determined that the three previous assessments were consistent and are accurate indicators of his/her functioning at this time.
- The IEP Team considered not evaluating the student and dismissing him/her from special education but wanted confirmation and therefore proposed a comprehensive evaluation.
- The IEP Team determined that more current behavior rating scales were needed for this student with Emotional Disturbance. The behavior rating scales were not significant. The IEP Team has decided to use the option of continued eligibility at this first reevaluation.



**NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION**  
*(Continued)*

- The student qualifies for both SLD and SLI. The IEP Team has determined that SLD is the area of disability that has the most adverse affect at this time.

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE IEP MEETING**

- IEP Team members that participate in the meeting must sign this page.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file. If a participant participates by phone, state that on the signature line.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

- If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be reported in the space provided.

**What happens next:**

- If additional data are needed:
  - The IEP Team obtains written consent from the parent or student (age 19 and older).
  - Additional data are collected.
  - At the eligibility meeting, a new *Notice and Eligibility Decision Regarding Special Education Services* must be completed and a copy given/sent to the parent and student (age 19 and older).
- If no additional data are needed and the parent or student (age 19 and older) is present and is in agreement (or if appropriate prior notice was provided on the *Notice of Proposed Meeting/Consent for Agency Participation*):
  - The IEP Team determines continued eligibility and/or develops the IEP.
  - The completed *Notice of IEP Team's Decision Regarding Reevaluation* is attached to the most recent *Notice and Eligibility Decision Regarding Special Education Services* form to be kept on file.
  - If the student continues to be eligible in the same disability area, a new eligibility report is not required by SES at this time, but may be completed if the LEA requires a new form each time eligibility is determined.
  - If the disability area changed, a new eligibility report must be completed.
  - All required assessments for the new disability area must be transferred from the previous eligibility report in order to change from one disability area to another.
  - If the student is determined to be ineligible, a new eligibility report must be completed.
- Parent or student (age 19 and older) is not present:
  - The IEP Team may determine the decision regarding eligibility or IEP status (if appropriate notice had been provided on the *Notice of Proposed Meeting/Consent for Agency Participation*).
  - The IEP Team must send the *Notice of IEP Team's Decision Regarding Reevaluation* to the parent and student (age 19 and older).
  - The IEP Team must send the *Notice of IEP Team's Decision Regarding Reevaluation* and either the previous or new *Notice and Eligibility Decision Regarding Special Education Services* to the parent and student (age 19 and older) if the decision was in regard to eligibility status. If the meeting was in regard to IEP changes, a copy of the revised IEP must be sent to the parent or student (age 19 and older). A new eligibility report is not required if no additional data are needed and the student remains eligible in the same disability area. Even though this is allowable, SES strongly encourages the completion of a new eligibility report each time eligibility is determined. A new eligibility report is required each time additional data are required, when a student changes disability area(s), and when a student is determined to be ineligible for services.



## NOTICE AND CONSENT FOR REEVALUATION

**Student:** \_\_\_\_\_

The IEP Team met to discuss a reevaluation of your child. After reviewing existing information they have determined that additional data is needed to determine continued eligibility for special education and related services and/or appropriate services.

The reevaluation will include new assessments in the following checked areas:

<input type="checkbox"/> Vision	<input type="checkbox"/> Observation	<input type="checkbox"/> Motor _____
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Other _____
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Language	<input type="checkbox"/> Other _____
<input type="checkbox"/> Achievement	<input type="checkbox"/> Interview	<input type="checkbox"/> Other _____
<input type="checkbox"/> Behavior	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Other _____

*If you give consent, the reevaluation will be provided to you at no cost. If you fail to respond, the LEA/agency may proceed with the reevaluation after two documented attempts to obtain your consent. If you refuse consent, the LEA/agency may request a mediation and/or a due process hearing.*

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- ☐ I **GIVE PERMISSION** for the reevaluation that has been proposed.  
☐ I **DO NOT GIVE PERMISSION** for the reevaluation that has been proposed. Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Student (Age 19)**

\_\_\_\_\_  
**Date of Signature**

If you have information that can assist in this reevaluation, have questions regarding this reevaluation or your rights, or wish to schedule a conference, please contact: Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_ Address: \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_  
(Name) at \_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent \_\_\_\_\_  
Results of 1<sup>st</sup> Attempt

\_\_\_\_\_  
2<sup>nd</sup> Attempt Date \_\_\_\_\_ Action \_\_\_\_\_  
Results of 2<sup>nd</sup> Attempt:

\_\_\_\_\_  
Date Signed Consent Received by Public Agency

## NOTICE AND CONSENT FOR REEVALUATION

### **Purpose(s) of this form:**

- To obtain consent from the parent or student ( age 19 and older) when the IEP Team has determined that additional data collection/evaluations are required to:
  - Determine continued eligibility status.
  - Determine if changes need to be made to the IEP.

### **When to use this form:**

- To obtain parent or student ( age 19 and older) consent prior to obtaining any additional data/evaluations to determine continued eligibility status or to determine if changes need to be made to the IEP.

### **Things to remember when completing this form:**

- Type in the name of the parent or student (age 19 and older) on the signature line when completing the form in STISETS. Type in the name of the person signing as the education agency official in the spaces provided when completing the form in STISETS. Maintain a printed copy to be kept on file.
- Complete the box at the bottom of the page documenting the education agency's attempt(s) to obtain consent. The two attempts documented on the *Notice of Proposed Meeting/Consent for Agency Participation* cannot be used as the two attempts to obtain *Notice and Consent for Reevaluation*.
- Document the date the signed consent was received by the public agency.
- Consent is **not** required for assessments that the IEP Team determines appropriate at the IEP meeting for evaluating the goals as documented on the IEP (i.e., data collection, teacher/text tests, work samples, teacher observations, grades, and state assessments).

### **What happens next:**

- If the parent or student (age 19 and older) checks "**I GIVE PERMISSION**", the education agency completes the evaluations.
- If the IEP Team makes two attempts to get parental or student (age 19 and older) consent and the parent or student (age 19 and older) does not respond, the evaluation may proceed.
- If the parent or student (age 19 and older) checks "**I DO NOT GIVE PERMISSION**", the education agency **may not** proceed with the evaluations. If the parent or student (age 19 and older) refuses to provide consent, the IEP Team has three options to consider:
  - The IEP Team may request that the parent or student (age 19 and older) participate in a conference to discuss his/her decision.
  - The IEP Team may reconsider whether the additional data are necessary to make a decision regarding eligibility status.
  - The public agency may request mediation from the SDE or initiate a due process hearing.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### **Purpose(s) of this form:**

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### **When to use this form:**

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### **Things to remember when completing this form:**

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### **What happens next:**

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
*(Continued)*

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed Notice and Consent for Initial Evaluation begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).





INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ GRADE \_\_\_\_\_ - \_\_\_\_\_

IEP INITIATION/DURATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE ONE)

### Purpose(s) of this page:

- To document the duration of the IEP.
- To describe the strengths and needs of the student and how the student's disability affects his/her involvement and progress in the general education curriculum and, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- To document concerns of the parent, teacher(s), and student.
- To document assessment information.
- To document transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP should be written within 30 calendar days of initial eligibility determination and before any special education and related services are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or student (age 19 and older), or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2010 or 2010-2011, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the date of the beginning of school year to the end of the school year. Example: 08/09/10 – 05/27/11. **IEP INITIATION/DURATION DATES** may also be staggered. Example: 09/06/10 – 09/05/11 or 03/08/10 – 03/07/11, etc. (Staggering dates would require the IEP Team to develop goals for the two grades the IEP covers). If the IEP covers two grades, general education standards or the extended standards for both grades must be included in the IEP. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP meeting date. The date of signatures on the **SIGNATURE PAGE** determines when the next annual IEP meeting must be held. Example: **IEP INITIATION/DURATION DATES** 08/09/10 – 05/27/11. If the date of signatures is 05/06/10, the next annual IEP meeting should be held no later than 05/05/11.
- Unless noted in **extended school year services**, IEPs are *not* implemented when school is not in session.
- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.
- For preschool children transitioning from Early Intervention:  
The IEP must be written and ready to implement by the child's third birthday; If a parent refers their preschool age child for services, the IEP Team follows the 90 calendar day timeline for the initial evaluation process; If the child's third birthday falls during the summer months, the IEP Team will determine when special education services begin.

The **STUDENT PROFILE** might include general statements regarding:

- The strengths of the student.
- How the student's disability affects his/her involvement and progress in the general education curriculum or, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- The concerns of the parent for enhancing the education of the student.
- Information obtained from parent, teacher(s), and the student regarding needs, preferences, and interests.
- The results of the initial or most recent evaluations of the student.
- As appropriate, the results of the student's performance on any general curriculum-based, state, or district wide assessments.
- Transition needs that focus on preparing the student for his/her post-school transition goals.

### What happens next:

- There should be a direct link between the profile and other elements of the IEP.  
The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.

## INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

### SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs (deaf or hearing impaired only)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP with an annual goal(s)?	<input type="checkbox"/>	<input type="checkbox"/>

### TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? ☐ YES ☐ NO

Does the student need accommodations or modifications for transportation? ☐ YES ☐ NO

If yes, check any transportation accommodations/modifications that are needed.

☐ Bus driver is aware of student's behavioral and/or medical concerns

☐ Wheelchair lift

☐ Restraint system.

Specify:

☐ Other.

Specify:

### NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

☐ YES.

☐ YES, with supports. Describe:

☐ NO. Explanation must be provided:

### METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE TWO)

### Purpose(s) of this page:

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION AS A RELATED SERVICE**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
- The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES, MUST** be addressed through **MEASURABLE ANNUAL GOALS**, and/or **SPECIAL EDUCATION AND RELATED SERVICES**, the transition plan, and/or a behavioral intervention plan.

**NOTE:** Regarding the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

- **Yes** or **No** must be selected for **TRANSPORTATION AS A RELATED SERVICE**. If **No** is checked regarding the student's need for transportation accommodations/modifications, the student will receive the same transportation services provided to nondisabled children. If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially-equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student. Check all items that apply. If the student requires transportation as a related service, the statement, **Bus driver is aware of student's behavioral and/or medical concerns**, should ALWAYS be checked. If **Wheelchair Lift** is checked, the student must be secured in a safe wheelchair before boarding the lift. If **Restraint System** is checked, please specify in the space provided. The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for that student, with input from the Transportation Department. If **Other** is checked, please specify in the space provided. Include the need for any necessary supports (i.e., assigned seat, peer helper, loading/unloading assistance, bus attendant, nurse, BIP, emergency plan of action) or special equipment (i.e., oxygen tank, epipen, diabetic supplies, augmentative communication system/device, service animal), as well as any medical conditions which could impact the student during the service delivery and for which the driver might need additional training. Complete the *Persons Responsible for IEP Implementation* form and ensure the bus driver is aware of his/her responsibility for implementing the IEP. Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation).

**NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.**

- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every 9 weeks, every 6 weeks).

**What happens next:**

- There should be a direct link between the profile and other elements of the IEP.



## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

☐ Yes ☐ No This student was invited to the IEP Team meeting.

☐ Yes ☐ No After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

☐ This student is in a middle school **course of study** that will help prepare him/her for transition.

### **EXIT OPTIONS (Complete for students in grades 9-12)**

☐ Alabama High School Diploma ☐ Graduation Certificate **Anticipated Date of Exit:** \_\_\_\_\_  
☐ Alabama Occupational Diploma ☐ Other \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### **PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES				
Alabama High School Diploma								
Alabama Occupational Diploma								
Graduation Certificate								

### **TRANSITION**

(Beginning not later than the first IEP to be in effect when the student is 16,  
or earlier if appropriate, and updated annually thereafter)

#### **Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):**

☐ Transition Planning Assessments ☐ Interest Inventory ☐ Other \_\_\_\_\_

#### **Transition Goals:**

##### **Postsecondary Education/Employment Goal**

\_\_\_\_\_

If **Other** is selected, specify \_\_\_\_\_

##### **Community/Independent Living Goal**

\_\_\_\_\_

If **Other** is selected, specify \_\_\_\_\_

#### **Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)**

☐ Vocational Evaluation (VE) ☐ Personal Management (PM) ☐ Community Experiences (CE)  
☐ Employment Development (ED) ☐ Transportation (T) ☐ Medical (M)  
☐ Postsecondary Education (PE) ☐ Living Arrangements (LA) ☐ Linkages to Agencies (L)  
☐ Financial Management (FM) ☐ Advocacy/Guardianship (AG) ☐ Other \_\_\_\_\_

### **TRANSFER OF RIGHTS**

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 \_\_\_\_\_

## INDIVIDUALIZED EDUCATION PROGRAM (TRANSITION)

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter. Transition may be addressed for younger students if determined appropriate by the IEP Team. **NOTE: If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**
- You do not have to address transition for a student in middle school if the student is younger than age 16 (if the student is 15 when the IEP is being developed and will turn 16 during implementation of the IEP, transition must be addressed).
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: middle school **course of study**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in grades 9-12, the following must be addressed: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- For all students entering 9<sup>th</sup> grade, regardless of their age, the IEP Team must address: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.

### Purpose(s) of this page:

- To document that the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for transition services were invited to the IEP Team meeting.
- To document **course of study** for students that are in middle school.
- To document diploma/**EXIT OPTIONS** for students in grades 9- 12.
- To document **ANTICIPATED DATE OF EXIT** for students in grades 9- 12.
- To document program credits to be earned for students in grades 9- 12.
- To document **TRANSITION ASSESSMENTS** used to determine the student's measurable **TRANSITION GOALS**.
- To document appropriate measurable post-school **TRANSITION GOALS** related to postsecondary education/employment, and community/independent living.
- To document the **TRANSITION SERVICES** (including agency linkages) needed to assist the student in reaching his/her goals.

### When to use this page:

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter.
- Transition may be addressed for younger students if determined appropriate by the IEP Team.

### Things to remember when completing this page:

- "Yes" must always be checked for "This student was invited to the IEP Team meeting" beginning not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team. The invitation to the student must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form.
- "Yes" must always be checked for "After prior consent of the parent or student (age 19) was obtained, other agency representatives were invited to the IEP Team meeting" if the parent or student (age 19 and older) gave consent to invite other agency representatives for transition to the IEP Team meeting. Consent to invite other agency representatives that may be responsible for providing or paying for transition services must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form. If consent to invite the other agency representatives for transition was not obtained leave the box blank at the top of this page. Without consent from the parent or student (age 19 and older) agency representatives for transition cannot attend the IEP Team meeting.



**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

- Check “This student is in a middle school **course of study** that will help prepare him/her for transition” for students who are 16 and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**
- This page must be completed for students who will turn 16 during the implementation year of the IEP.
- The student’s post-school **TRANSITION GOALS** are to be based on the individual student’s strengths, needs, preferences, and interests.

**EXIT OPTIONS: (Complete for students in Grades 9 – 12)**

- This section must be completed prior to entering ninth grade.
- Identify and select the highest, most appropriate option to allow access to maximum post-school opportunities.
- Review annually, and revise the selected exit option as appropriate.
- For students who participate in a graduation ceremony but return for additional years of twelfth grade, continue to mark the same exit option unless the returning student is working toward an option that is different than what was received in the ceremony. For instance, if a student receives a certificate and returns to work toward the AOD, mark AOD as the exit option. If a student receives a certificate and returns, but is not working toward an AOD, continue to mark certificate.

**ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9 – 12)**

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21<sup>st</sup> birthday by August 1<sup>st</sup> are entitled to receive services up to age 21. A student who turns 21 on or after August 1<sup>st</sup> is entitled to begin and complete the school year.
- Students that turn 21 before August 1<sup>st</sup> are not entitled to services the following school year.

**PROGRAM CREDIT TO BE EARNED: (Complete for students in Grades 9 – 12)**

**(Record current year only): IEP Teams should code the PROGRAM CREDIT TO BE EARNED based on the following:**

- General education courses should be coded on the **Alabama High School Diploma** line.
- **Alabama Occupational Diploma** courses should be coded on the **AOD** line.
- Extended standards courses should be coded on the **Graduation Certificate** line.
- **Accommodations** lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When **accommodations** are made for the student with disabilities, the content has not been altered and the student **can** earn course credit.
- **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is **modified**, the student is not pursuing the content prescribed in the applicable course of study and **cannot** earn course credit.
- Students who participate in a graduation ceremony but return for additional years of twelfth grade should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits in those additional years of twelfth grade.

**TRANSITION ASSESSMENTS:**

- **TRANSITION ASSESSMENTS** must be used to determine the student’s postsecondary education/employment and community/independent living goals, and transition needs and services.
- Check the assessments used.
- If other is checked, indicate the name of the assessment.
- Include appropriate documentation of assessments in the student’s file.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**TRANSITION GOALS:**

**POSTSECONDARY EDUCATION/EMPLOYMENT GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- Other: Write an appropriate goal for the student based on the needed transition services.

**COMMUNITY/INDEPENDENT LIVING GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live **semi-independently** with **ongoing infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed **TRANSITION SERVICES**.

**TRANSITION SERVICES:**

- Identify the **TRANSITION SERVICES** needed for the student to reach his or her postsecondary education/employment and community/independent living goals-
- One or more **TRANSITION SERVICE(S)** must be addressed each year for students age 16 or earlier if appropriate and updated annually thereafter.
- All **TRANSITION SERVICES** checked on the transition page of the IEP must be supported through an annual goal.
- An annual goal may address more than one **TRANSITION SERVICE** area checked.
- The annual goal(s) must be measureable and include the **Present Level of Academic Achievement and Functional Performance, Type(s) of Evaluation for Annual Goal, Benchmarks** (if required), and **Special Education and Related Service(s)**.
- Evidence of **TRANSITION SERVICES** and student progress must be collected.

**TRANSFER OF RIGHTS:**

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed not later than the IEP that will be in effect when the student reaches 18.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**What happens next:**

- The exit option is reviewed annually and revised as necessary.
- **TRANSITION ASSESSMENT** information and progress towards goals are reviewed annually and the **TRANSITION SERVICES** are revised as necessary.
- The *Summary of Academic and Functional Performance* (SOP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate).



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

AREA: \_\_\_\_\_

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

☐ This goal is related to the student's transition services needs.

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

☐ Curriculum Based Assessment    ☐ Teacher/Text Test    ☐ Teacher Observation    ☐ Grades  
☐ Data Collection    ☐ State Assessment(s)    ☐ Work Samples  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

DATE OF MASTERY: \_\_\_\_\_

BENCHMARKS:

1. \_\_\_\_\_ Date of Mastery: \_\_\_\_\_  
2. \_\_\_\_\_ Date of Mastery: \_\_\_\_\_  
3. \_\_\_\_\_ Date of Mastery: \_\_\_\_\_  
4. \_\_\_\_\_ Date of Mastery: \_\_\_\_\_

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/ Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)**

**Purpose(s) of this page:**

- To document the following required components of the IEP:
  - The **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
  - A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
  - The goal is related to the student's **transition services** needs indicated on the transition page of the IEP.
  - A statement of the **MEASURABLE ANNUAL GOAL**.
  - **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
  - **DATE OF MASTERY**.
  - **BENCHMARKS** for all students being assessed by the Alabama Alternate Assessment.
- A statement of **SPECIAL EDUCATION AND RELATED SERVICES** that will be provided to include the **Anticipated Frequency of Service(s), Amount of Time, Beginning/Ending Date, and Location of Service(s)**.

**When to use this page:**

- Use one page for each **MEASURABLE ANNUAL GOAL** that the IEP Team addresses and to document **DATE OF MASTERY** of **MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time a goal, and/or benchmarks, and/or services are revised/changed.

**Things to remember when completing this page:**

- **The IEP Team should determine and prioritize the students' needs for special education services.**
- Goals for preschool students ages 3 through 5 (who are not in Kindergarten) are based on the *Developmental Standards for Preschool Children with Disabilities*.
- Check **"This goal is related to the student's transition services needs"** to indicate that this goal is written in support of **transition services** indicated on the transition page of the IEP. This box must be checked on at least one goal page in support of **transition services** indicated on the transition page of the IEP or you will not be able to mark the transition page complete in STISETS.
- Academic goals are based on content standards listed in the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Extended Standards*.

**AREA:**

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., Math, Science) or a functional **AREA** (e.g., community participation, behavior).

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

- Must state how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

**MEASURABLE ANNUAL GOAL:**

- Must focus on the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum.
- Describe what a student can reasonably be expected to accomplish within one school year.
- Should address the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Be measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

- All **transition services** indicated on the transition page of the IEP must be supported through a **MEASURABLE ANNUAL GOAL**.
- An annual goal may address more than one transition services area.
- The annual goal(s) must be a complete goal that addresses all **transition service** areas indicated and include the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, TYPE(S) OF EVALUATION(S)**, and the type of services needed to reach this goal.

**TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:**

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked please describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASUREABLE ANNUAL GOAL** do not require parental consent.

**DATE OF MASTERY:**

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

**BENCHMARKS:**

**BENCHMARKS should be written if applicable. BENCHMARKS** are no longer required for all students.

**NOTE:** Include **BENCHMARKS** for students participating in the Alabama Alternate Assessment (AAA) or for students in public agencies that require **BENCHMARKS**.

- Must be included for all students participating in the AAA. For each student participating in the AAA, each content area which includes: Reading, Math, Science, Language Arts, and Social Studies must be addressed.
- Must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
  - Content to be learned or skills to be performed.
  - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.

**SPECIAL EDUCATION AND RELATED SERVICE(S):**

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. Include **Anticipated Frequency of Service(s)** which is how often the service(s) will be provided (e.g., annual, bi-monthly, daily). To complete **Amount of Time** enter minutes per session. **Beginning/Ending Date** is the start to finish of service(s) and may be different from **IEP Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., general education classroom, resource room, school bus, lunch room, gym).

- **Special Education** must be completed for all students with an IEP and should include the content, and delivery of instruction to address the unique needs of the student that result from his/her disability. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services*, enter Speech or Language services in the special education section. **Accommodations alone do not constitute special education services.**  
**Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district wide, or state assessments.**

- **Program Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district wide assessments. The only accommodations that are allowed for State assessments are those accommodations that are listed on the "IEP Accommodations Checklist". There must be documentation that the same or similar accommodations needed for State and district wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.

**Related Services** should be indicated if these supportive services are necessary for the student to benefit from special education. Examples include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

- **Assistive Technology** should be indicated if a device(s) and/or service(s) is being provided. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should be indicated when training or support is being provided to public agency staff regarding the student's specific need(s). Examples include the LANGUAGE! workshop, training on a specific syndrome or technique, training on an assistive technology device, content area workshop, etc.

**What happens next:**

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, if appropriate, are mastered.

**If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the general education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.**



# FOR STATE TESTING FORMS

- GO TO: [www.alsde.edu](http://www.alsde.edu)
- Click on “Sections”
- Click on “Assessment and Accountability”
- Click on “Publications”
- Go to *Policies and Procedures Special Populations Revised*

Please call Student Assessment at 334-242-8038 regarding any questions pertaining to state assessments.



STUDENT'S NAME: \_\_\_\_\_

**GENERAL FACTORS****HAS THE IEP TEAM CONSIDERED:****YES****NO**

- The strengths of the child? ☐ YES ☐ NO
- The concerns of the parents for enhancing the education of the child? ☐ YES ☐ NO
- The results of the initial or most recent evaluations of the child? ☐ YES ☐ NO
- As appropriate, the results of performance on any State or districtwide assessments? ☐ YES ☐ NO
- The academic, developmental, and functional needs of the child? ☐ YES ☐ NO
- The need for extended school year services? ☐ YES ☐ NO

**LEAST RESTRICTIVE ENVIRONMENT**Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

(Select one from the drop-down box.)

**Secondary LRE** (only if LRE above is Private School-Parent Placed)**COPY OF IEP****COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the IEP given to parent/student (age 19) at the IEP meeting?

☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP meeting?☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19) \_\_\_\_\_**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

Position	Signature	Date
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

Position	Name	Date

## INDIVIDUALIZED EDUCATION PROGRAM (SIGNATURE PAGE)

### **Purpose(s) of this page:**

To document:

- The consideration of **GENERAL FACTORS**.
- **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom.
- **Secondary LRE** for parentally placed private school students.
- A copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- A copy of the ***Special Education Rights*** was given/sent to the parent or student (age 19 and older).
- A copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- All required IEP Team members participated in the development of the IEP.
- The consideration of information from persons not in attendance.

### **When to use this page:**

Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.

### **Things to remember when completing this page:**

#### **GENERAL FACTORS**

- The IEP Team is required to consider each of these factors as the IEP is developed; therefore, the answer should always be **YES**.
- Answering **YES** to the extended school year services question does not mean that services must be provided; rather it means that services were considered.

#### **LRE:**

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate general education classroom solely because of needed modifications in the general education curriculum.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the general education classroom. The explanation should not be based on the disability area of the student.
- For **6-21 YEARS OF AGE**, and **3-5 YEARS OF AGE**, select the appropriate LRE from the drop down box.
- Please refer to the *Child Count Help Document* located on our Web page in the statistical information link for specific information regarding LRE.

#### **COPY OF IEP:**

- Check **YES** or **NO**. If **NO** is checked enter the date in the space provided that the **COPY OF IEP** was sent to the parent or student (age 19 and older).

#### **COPY OF SPECIAL EDUCATION RIGHTS:**

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that the **COPY OF SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) have reason to suspect that the IEP needs revision, an IEP meeting may be requested at anytime. The public agency must conduct the IEP meeting **within 30 calendar days** upon the receipt of the request.

**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)  
(Continued)**

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:**

The annual IEP review date is determined by the signature date. Example: If the current annual IEP Team meeting signatures are dated May 6, 2010, the next annual IEP Team meeting must be held by May 5, 2011, regardless of IEP INTIATION/DURATION DATES.

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by a phone conference the attendance should be documented by that person's name. For example, "parent participated by phone" should be written in the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE:**

If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be recorded in the space provided.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, or student (age 19 and older) in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member.

**What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the IEP.
- Implement the IEP as written.
- School personnel who have any responsibility to implement the IEP must be informed of the specific accommodations, modifications, and supports that must be provided for the student; must be informed of his/her specific responsibilities related to implementing the IEP; and must have access to the IEP. The *PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION* form must be signed by school personnel that have responsibility for the implementation of the student's IEP.



## Persons Responsible for IEP Implementation

(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for \_\_\_\_\_ (student's name) for the \_\_\_\_\_ school year.

DATE

SIGNATURE

## POSITION

Signature and position of person responsible for informing school personnel of their responsibility.

SDE Approved 2/2/2007

**PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION**  
**(Required Form in STI)**

**Purpose(s) of this page:**

- To document that each regular education teacher, special education teacher, case manager, related service provider (e.g., bus driver, OT, PT, etc.) and any other service provider who is responsible for implementation of the IEP has access to the student's IEP.
- To document that each teacher and service provider has been informed of his or her specific responsibilities related to implementing the student's IEP.
- To document that each teacher and service provider has been informed of specific accommodations, modifications, and supports that must be provided for the student.

**When to use this form:**

- This form must be completed for every student who has an IEP.
- This form may be completed at the end of an IEP Team meeting. If not completed at the IEP Team meeting, the form should be completed immediately following the meeting.
- This form must be completed when teachers and/or service providers change to ensure that the person now responsible for implementing the IEP has been informed of his/her responsibilities and he/she understands access to the student's IEP must be made available (e.g., amend the IEP, change of schedules).

**Things to remember when completing this form:**

- Be sure to inform every service provider and teacher of his/her responsibilities for implementing the IEP.
- Be sure every teacher and service provider understands they have access to the IEP. This does not require that every teacher and service provider be provided a copy of the IEP. However, every teacher and/or service provider must have access to the IEP and may receive a copy of the IEP in whole or in part that reflects the teacher and/or service provider's area of responsibility in implementing the IEP. The IEP is a confidential record and must be protected.
- Be sure to include the student's name in the space provided on this page.
- Be sure to include the school year in the space provided on this page.
- Be sure each person who signs this page includes the date of signature and his/her position.
- Be sure the person responsible for informing school personnel of their responsibility signs in the space provided on this page.
  - All service providers who are responsible for implementation of the IEP must sign this page.
  - Type in the name of each person responsible for implementing the IEP in the space provided when completing the form in STISETS. Maintain a printed copy to be kept on file.

**What happens next:**

- Implement the IEP as written.
- If the IEP is revised and/or amended, persons responsible for IEP implementation should be informed and new signatures obtained.



## Annual Goal Progress Report

Student Name: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_

IEP Initiation/Duration Dates From: \_\_\_\_\_ to \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 IEP Annual Review Date: \_\_\_\_\_

Use the legends below to evaluate the student's progress toward the annual goals. The 1<sup>st</sup> column should indicate the *Report of Progress* using the numbers 1-4. The 2<sup>nd</sup> column should indicate the *Extent of Progress* using the numbers 1-4.

### Report of Progress on Annual Goals

1. Goal has been met.
2. Some progress made.
3. Very little progress made.
4. No progress made.

### Extent of Progress Toward Meeting the Annual Goals

1. Goal mastered.
2. Anticipate mastery.
3. Do not anticipate mastery.
4. *NA* Not applicable during this grading period.

Measurable Annual Goals

		Report/Extent of Progress					
		Record Date of Reporting Periods					

School System  
 School Name

## Annual Goal Progress Report

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Reporting Periods	Comments

Special Education Teacher/  
Case Manager Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\* Hard copy should be placed in student's special education record. \*\*\*

School System  
School Name

## ANNUAL GOAL PROGRESS REPORT

### **Purpose(s) of this page:**

- To document student progress toward annual IEP goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the school year.

### **When to use this form:**

- This form must be completed for every student who has an IEP.
- This form must be completed and sent to the parent or student (age 19 and older) to report extent of progress concurrent with the issuance of report cards as scheduled by the public agency.

### **Things to remember when completing this page:**

- **Student Name**, and **Student ID Number** will automatically be populated from the student's IEP.
- **Comments** must be entered manually. (Please Note: If amendments to IEP goals have been made, in the **Comments** section state the date of reporting period the amendments were made and if the actual wording of a goal was changed or the goal was completely deleted write what the original goal stated in this section).
- **Special Education/Case Manager Name** will populate from STISETS program.
- **Telephone Number** must be entered manually.
- **Parent/Guardian Signature**, and **Date Signed** are for public agencies requiring signatures.

### **What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the *Annual Goal Progress Report* each reporting period concurrent with the issuance of report cards.
- A hard copy of the *Annual Goal Progress Report* should be placed in the student's special education file each reporting period concurrent with the issuance of report cards.



# NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- ☐ Identification
 ☐ Evaluation
 ☐ Placement
 ☐ Other  
☐ LEA Response to DPH Request
 ☐ Provision of Free Appropriate Public Education
 ☐ Other

## DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

## BASIS FOR DECISION

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
- When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
- When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
- When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
- Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
- Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
- Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
- This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
- This form may be used to document minor corrections found during internal monitoring /SDE monitoring.  
**Seek guidance from the local Special Education Coordinator.** Examples are as follows:
  - A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

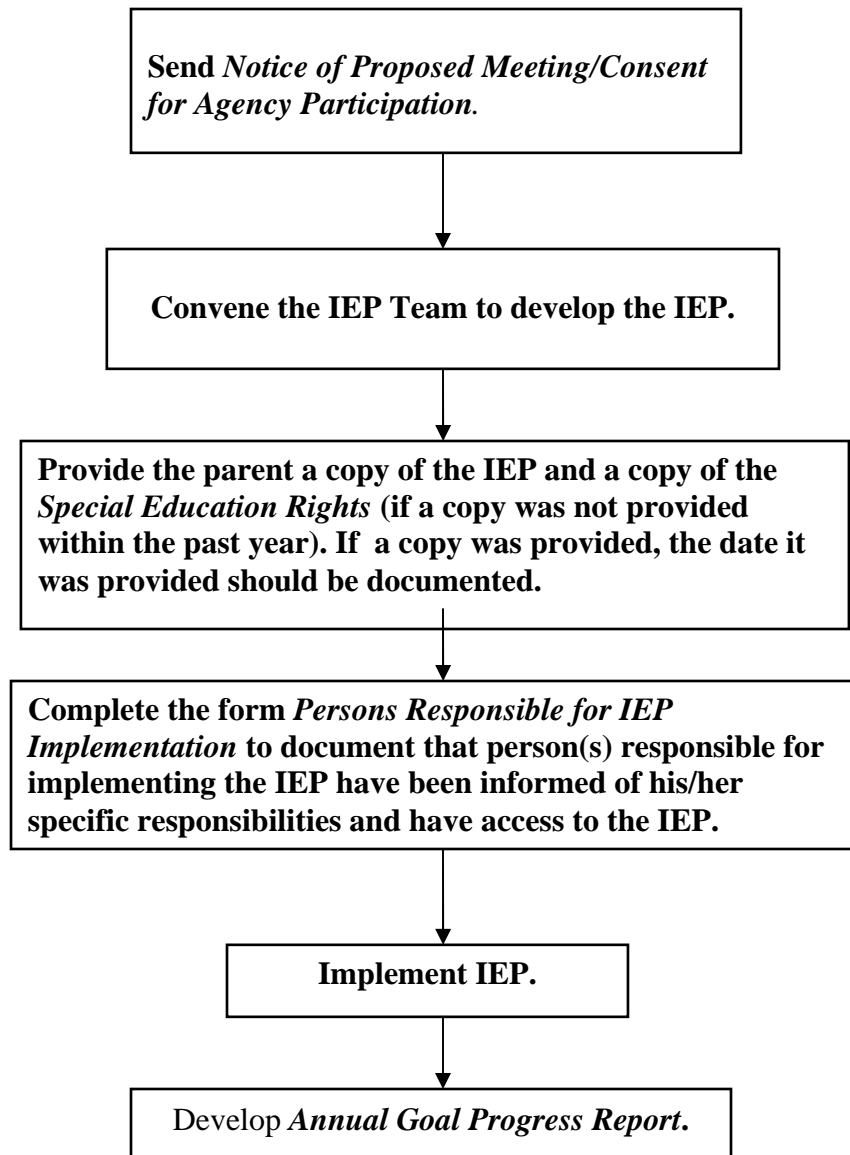
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

### **What happens next:**

- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.

## Process Chart 4

### ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP



## PROCESS CHART 4

### ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

#### Things to Remember When Going Through This Process

##### REMEMBER:

1. The required members of an IEP Team are outlined on page 4 of this document.
2. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP review date. The date of signatures on the SIGNATURE PAGE determines when the next annual IEP meeting must be held. Amendment signature dates cannot be used as the annual review date.
3. **IEP Team Attendance**
  - a. A public agency member of the required IEP Team is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.
  - b. A public agency member of the required IEP Team may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent or student (age 19 and older), in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member. Note: Be sure to inform each teacher and service provider of his/her responsibilities for implementing the child's IEP and document that this has been done by having each person responsible sign the *Persons Responsible for IEP Implementation* form.
4. Develop *Annual Goal Progress Report*.



## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### Purpose(s) of this form:

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### When to use this form:

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### Things to remember when completing this form:

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### What happens next:

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
(Continued)

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ GRADE \_\_\_\_\_ - \_\_\_\_\_

IEP INITIATION/DURATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE ONE)

### Purpose(s) of this page:

- To document the duration of the IEP.
- To describe the strengths and needs of the student and how the student's disability affects his/her involvement and progress in the general education curriculum and, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- To document concerns of the parent, teacher(s), and student.
- To document assessment information.
- To document transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP should be written within 30 calendar days of initial eligibility determination and before any special education and related services are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or student (age 19 and older), or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2010 or 2010-2011, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the date of the beginning of school year to the end of the school year. Example: 08/09/10 – 05/27/11. **IEP INITIATION/DURATION DATES** may also be staggered. Example: 09/06/10 – 09/05/11 or 03/08/10 – 03/07/11, etc. (Staggering dates would require the IEP Team to develop goals for the two grades the IEP covers). If the IEP covers two grades, general education standards or the extended standards for both grades must be included in the IEP. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP meeting date. The date of signatures on the **SIGNATURE PAGE** determines when the next annual IEP meeting must be held. Example: **IEP INITIATION/DURATION DATES** 08/09/10 – 05/27/11. If the date of signatures is 05/06/10, the next annual IEP meeting should be held no later than 05/05/11.
- Unless noted in **extended school year services**, IEPs are *not* implemented when school is not in session.
- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.
- For preschool children transitioning from Early Intervention:  
The IEP must be written and ready to implement by the child's third birthday; If a parent refers their preschool age child for services, the IEP Team follows the 90 calendar day timeline for the initial evaluation process; If the child's third birthday falls during the summer months, the IEP Team will determine when special education services begin.

The **STUDENT PROFILE** might include general statements regarding:

- The strengths of the student.
- How the student's disability affects his/her involvement and progress in the general education curriculum or, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- The concerns of the parent for enhancing the education of the student.
- Information obtained from parent, teacher(s), and the student regarding needs, preferences, and interests.
- The results of the initial or most recent evaluations of the student.
- As appropriate, the results of the student's performance on any general curriculum-based, state, or district wide assessments.
- Transition needs that focus on preparing the student for his/her post-school transition goals.

### What happens next:

- There should be a direct link between the profile and other elements of the IEP.  
The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.

**INDIVIDUALIZED EDUCATION PROGRAM**

**STUDENT'S NAME:** \_\_\_\_\_

**SPECIAL INSTRUCTIONAL FACTORS**

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	[ ]	[ ]
• Does the student have limited English proficiency?	[ ]	[ ]
• Does the student need instruction in Braille and the use of Braille?	[ ]	[ ]
• Does the student have communication needs (deaf or hearing impaired only)?	[ ]	[ ]
• Does the student need assistive technology devices and/or services?	[ ]	[ ]
• Does the student require specially designed P.E.?	[ ]	[ ]
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	[ ]	[ ]
• Are transition services addressed in this IEP with an annual goal(s)?	[ ]	[ ]

**TRANSPORTATION AS A RELATED SERVICE**

Does the student require transportation as a related service? [ ] YES [ ] NO

Does the student need accommodations or modifications for transportation? [ ] YES [ ] NO

If yes, check any transportation accommodations/modifications that are needed.

[ ] Bus driver is aware of student's behavioral and/or medical concerns

[ ] Wheelchair lift

[ ] Restraint system.

Specify: \_\_\_\_\_

[ ] Other. \_\_\_\_\_

Specify: \_\_\_\_\_

**NONACADEMIC and EXTRACURRICULAR ACTIVITIES**

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

[ ] YES.

[ ] YES, with supports. Describe: \_\_\_\_\_

[ ] NO. Explanation must be provided: \_\_\_\_\_

**METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS**

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE TWO)

### Purpose(s) of this page:

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION AS A RELATED SERVICE**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
- The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES, MUST** be addressed through **MEASURABLE ANNUAL GOALS**, and/or **SPECIAL EDUCATION AND RELATED SERVICES**, the transition plan, and/or a behavioral intervention plan.

**NOTE:** Regarding the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

- **Yes** or **No** must be selected for **TRANSPORTATION AS A RELATED SERVICE**. If **No** is checked regarding the student's need for transportation accommodations/modifications, the student will receive the same transportation services provided to nondisabled children. If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially-equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student. Check all items that apply. If the student requires transportation as a related service, the statement, **Bus driver is aware of student's behavioral and/or medical concerns**, should ALWAYS be checked. If **Wheelchair Lift** is checked, the student must be secured in a safe wheelchair before boarding the lift. If **Restraint System** is checked, please specify in the space provided. The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for that student, with input from the Transportation Department. If **Other** is checked, please specify in the space provided. Include the need for any necessary supports (i.e., assigned seat, peer helper, loading/unloading assistance, bus attendant, nurse, BIP, emergency plan of action) or special equipment (i.e., oxygen tank, epipen, diabetic supplies, augmentative communication system/device, service animal), as well as any medical conditions which could impact the student during the service delivery and for which the driver might need additional training. Complete the *Persons Responsible for IEP Implementation* form and ensure the bus driver is aware of his/her responsibility for implementing the IEP. Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation).

**NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.**



- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every 9 weeks, every 6 weeks).

**What happens next:**

- There should be a direct link between the profile and other elements of the IEP.



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

☐ Yes ☐ No This student was invited to the IEP Team meeting.

☐ Yes ☐ No After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

☐ This student is in a middle school **course of study** that will help prepare him/her for transition.

## **EXIT OPTIONS (Complete for students in grades 9-12)**

☐ Alabama High School Diploma ☐ Graduation Certificate **Anticipated Date of Exit:**  
☐ Alabama Occupational Diploma ☐ Other \_\_\_\_\_ Month \_\_\_\_\_ Year

## **PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES				
Alabama High School Diploma								
Alabama Occupational Diploma								
Graduation Certificate								

## **TRANSITION**

(Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter)

### **Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):**

☐ Transition Planning Assessments ☐ Interest Inventory ☐ Other \_\_\_\_\_

### **Transition Goals:**

#### **Postsecondary Education/Employment Goal**

If **Other** is selected, specify

#### **Community/Independent Living Goal**

If **Other** is selected, specify

### **Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)**

☐ Vocational Evaluation (VE) ☐ Personal Management (PM) ☐ Community Experiences (CE)  
☐ Employment Development (ED) ☐ Transportation (T) ☐ Medical (M)  
☐ Postsecondary Education (PE) ☐ Living Arrangements (LA) ☐ Linkages to Agencies (L)  
☐ Financial Management (FM) ☐ Advocacy/Guardianship (AG) ☐ Other \_\_\_\_\_

## **TRANSFER OF RIGHTS**

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 \_\_\_\_\_

## INDIVIDUALIZED EDUCATION PROGRAM (TRANSITION)

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter. Transition may be addressed for younger students if determined appropriate by the IEP Team. **NOTE: If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**
- You do not have to address transition for a student in middle school if the student is younger than age 16 (if the student is 15 when the IEP is being developed and will turn 16 during implementation of the IEP, transition must be addressed).
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: middle school **course of study**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in grades 9-12, the following must be addressed: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- For all students entering 9<sup>th</sup> grade, regardless of their age, the IEP Team must address: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.

### Purpose(s) of this page:

- To document that the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for transition services were invited to the IEP Team meeting.
- To document **course of study** for students that are in middle school.
- To document diploma/**EXIT OPTIONS** for students in grades 9- 12.
- To document **ANTICIPATED DATE OF EXIT** for students in grades 9- 12.
- To document program credits to be earned for students in grades 9- 12.
- To document **TRANSITION ASSESSMENTS** used to determine the student's measurable **TRANSITION GOALS**.
- To document appropriate measurable post-school **TRANSITION GOALS** related to postsecondary education/employment, and community/independent living.
- To document the **TRANSITION SERVICES** (including agency linkages) needed to assist the student in reaching his/her goals.

### When to use this page:

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter.
- Transition may be addressed for younger students if determined appropriate by the IEP Team.

### Things to remember when completing this page:

- "Yes" must always be checked for "This student was invited to the IEP Team meeting" beginning not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team. The invitation to the student must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form.
- "Yes" must always be checked for "After prior consent of the parent or student (age 19) was obtained, other agency representatives were invited to the IEP Team meeting" if the parent or student (age 19 and older) gave consent to invite other agency representatives for transition to the IEP Team meeting. Consent to invite other agency representatives that may be responsible for providing or paying for transition services must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form. If consent to invite the other agency representatives for transition was not obtained leave the box blank at the top of this page. Without consent from the parent or student (age 19 and older) agency representatives for transition cannot attend the IEP Team meeting.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

- Check “This student is in a middle school **course of study** that will help prepare him/her for transition” for students who are 16 and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**
- This page must be completed for students who will turn 16 during the implementation year of the IEP.
- The student’s post-school **TRANSITION GOALS** are to be based on the individual student’s strengths, needs, preferences, and interests.

**EXIT OPTIONS: (Complete for students in Grades 9 – 12)**

- This section must be completed prior to entering ninth grade.
- Identify and select the highest, most appropriate option to allow access to maximum post-school opportunities.
- Review annually, and revise the selected exit option as appropriate.
- For students who participate in a graduation ceremony but return for additional years of twelfth grade, continue to mark the same exit option unless the returning student is working toward an option that is different than what was received in the ceremony. For instance, if a student receives a certificate and returns to work toward the AOD, mark AOD as the exit option. If a student receives a certificate and returns, but is not working toward an AOD, continue to mark certificate.

**ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9 – 12)**

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21<sup>st</sup> birthday by August 1<sup>st</sup> are entitled to receive services up to age 21. A student who turns 21 on or after August 1<sup>st</sup> is entitled to begin and complete the school year.
- Students that turn 21 before August 1<sup>st</sup> are not entitled to services the following school year.

**PROGRAM CREDIT TO BE EARNED: (Complete for students in Grades 9 – 12)**

**(Record current year only): IEP Teams should code the PROGRAM CREDIT TO BE EARNED based on the following:**

- General education courses should be coded on the **Alabama High School Diploma** line.
- **Alabama Occupational Diploma** courses should be coded on the **AOD** line.
- Extended standards courses should be coded on the **Graduation Certificate** line.
- **Accommodations** lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When **accommodations** are made for the student with disabilities, the content has not been altered and the student **can** earn course credit.
- **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is **modified**, the student is not pursuing the content prescribed in the applicable course of study and **cannot** earn course credit.
- Students who participate in a graduation ceremony but return for additional years of twelfth grade should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits in those additional years of twelfth grade.

**TRANSITION ASSESSMENTS:**

- **TRANSITION ASSESSMENTS** must be used to determine the student’s postsecondary education/employment and community/independent living goals, and transition needs and services.
- Check the assessments used.
- If other is checked, indicate the name of the assessment.
- Include appropriate documentation of assessments in the student’s file.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**TRANSITION GOALS:**

**POSTSECONDARY EDUCATION/EMPLOYMENT GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- Other: Write an appropriate goal for the student based on the needed transition services.

**COMMUNITY/INDEPENDENT LIVING GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live **semi-independently** with **ongoing infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed **TRANSITION SERVICES**.

**TRANSITION SERVICES:**

- Identify the **TRANSITION SERVICES** needed for the student to reach his or her postsecondary education/employment and community/independent living goals-
- One or more **TRANSITION SERVICE(S)** must be addressed each year for students age 16 or earlier if appropriate and updated annually thereafter.
- All **TRANSITION SERVICES** checked on the transition page of the IEP must be supported through an annual goal.
- An annual goal may address more than one **TRANSITION SERVICE** area checked.
- The annual goal(s) must be measureable and include the **Present Level of Academic Achievement and Functional Performance, Type(s) of Evaluation for Annual Goal, Benchmarks** (if required), and **Special Education and Related Service(s)**.
- Evidence of **TRANSITION SERVICES** and student progress must be collected.

**TRANSFER OF RIGHTS:**

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed not later than the IEP that will be in effect when the student reaches 18.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**What happens next:**

- The exit option is reviewed annually and revised as necessary.
- **TRANSITION ASSESSMENT** information and progress towards goals are reviewed annually and the **TRANSITION SERVICES** are revised as necessary.
- The *Summary of Academic and Functional Performance* (SOP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate).





## INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

☐ This goal is related to the student's transition services needs.

**MEASURABLE ANNUAL GOAL related to meeting the student's needs:**

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

☐ Curriculum Based Assessment    ☐ Teacher/Text Test    ☐ Teacher Observation    ☐ Grades

☐ Data Collection    ☐ State Assessment(s)    ☐ Work Samples

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <u>Date of Mastery:</u> _____ |

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/ Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)**

**Purpose(s) of this page:**

- To document the following required components of the IEP:
  - The **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
  - A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
  - The goal is related to the student's **transition services** needs indicated on the transition page of the IEP.
  - A statement of the **MEASURABLE ANNUAL GOAL**.
  - **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
  - **DATE OF MASTERY**.
  - **BENCHMARKS** for all students being assessed by the Alabama Alternate Assessment.
- A statement of **SPECIAL EDUCATION AND RELATED SERVICES** that will be provided to include the **Anticipated Frequency of Service(s), Amount of Time, Beginning/Ending Date, and Location of Service(s)**.

**When to use this page:**

- Use one page for each **MEASURABLE ANNUAL GOAL** that the IEP Team addresses and to document **DATE OF MASTERY** of **MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time a goal, and/or benchmarks, and/or services are revised/changed.

**Things to remember when completing this page:**

- **The IEP Team should determine and prioritize the students' needs for special education services.**
- Goals for preschool students ages 3 through 5 (who are not in Kindergarten) are based on the *Developmental Standards for Preschool Children with Disabilities*.
- Check **"This goal is related to the student's transition services needs"** to indicate that this goal is written in support of **transition services** indicated on the transition page of the IEP. This box must be checked on at least one goal page in support of **transition services** indicated on the transition page of the IEP or you will not be able to mark the transition page complete in STISETS.
- Academic goals are based on content standards listed in the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Extended Standards*.

**AREA:**

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., Math, Science) or a functional **AREA** (e.g., community participation, behavior).

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

- Must state how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

**MEASURABLE ANNUAL GOAL:**

- Must focus on the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum.
- Describe what a student can reasonably be expected to accomplish within one school year.
- Should address the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Be measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

- All **transition services** indicated on the transition page of the IEP must be supported through a **MEASURABLE ANNUAL GOAL**.
- An annual goal may address more than one transition services area.
- The annual goal(s) must be a complete goal that addresses all **transition service** areas indicated and include the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, TYPE(S) OF EVALUATION(S)**, and the type of services needed to reach this goal.

**TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:**

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked please describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASUREABLE ANNUAL GOAL** do not require parental consent.

**DATE OF MASTERY:**

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

**BENCHMARKS:**

**BENCHMARKS should be written if applicable. BENCHMARKS** are no longer required for all students.

**NOTE:** Include **BENCHMARKS** for students participating in the Alabama Alternate Assessment (AAA) or for students in public agencies that require **BENCHMARKS**.

- Must be included for all students participating in the AAA. For each student participating in the AAA, each content area which includes: Reading, Math, Science, Language Arts, and Social Studies must be addressed.
- Must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
  - Content to be learned or skills to be performed.
  - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.

**SPECIAL EDUCATION AND RELATED SERVICE(S):**

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. Include **Anticipated Frequency of Service(s)** which is how often the service(s) will be provided (e.g., annual, bi-monthly, daily). To complete **Amount of Time** enter minutes per session. **Beginning/Ending Date** is the start to finish of service(s) and may be different from **IEP Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., general education classroom, resource room, school bus, lunch room, gym).

- **Special Education** must be completed for all students with an IEP and should include the content, and delivery of instruction to address the unique needs of the student that result from his/her disability. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services*, enter Speech or Language services in the special education section. **Accommodations alone do not constitute special education services.**  
**Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district wide, or state assessments.**

- **Program Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district wide assessments. The only accommodations that are allowed for State assessments are those accommodations that are listed on the "IEP Accommodations Checklist". There must be documentation that the same or similar accommodations needed for State and district wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.

**Related Services** should be indicated if these supportive services are necessary for the student to benefit from special education. Examples include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

- **Assistive Technology** should be indicated if a device(s) and/or service(s) is being provided. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should be indicated when training or support is being provided to public agency staff regarding the student's specific need(s). Examples include the LANGUAGE! workshop, training on a specific syndrome or technique, training on an assistive technology device, content area workshop, etc.

**What happens next:**

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, if appropriate, are mastered.

**If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the general education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.**

# FOR STATE TESTING FORMS

- GO TO: [www.alsde.edu](http://www.alsde.edu)
- Click on “Sections”
- Click on “Assessment and Accountability”
- Click on “Publications”
- Go to *Policies and Procedures Special Populations Revised*

Please call Student Assessment at 334-242-8038 regarding any questions pertaining to state assessments.



STUDENT'S NAME: \_\_\_\_\_

**GENERAL FACTORS****HAS THE IEP TEAM CONSIDERED:****YES****NO**

- The strengths of the child? ☐ YES ☐ NO
- The concerns of the parents for enhancing the education of the child? ☐ YES ☐ NO
- The results of the initial or most recent evaluations of the child? ☐ YES ☐ NO
- As appropriate, the results of performance on any State or districtwide assessments? ☐ YES ☐ NO
- The academic, developmental, and functional needs of the child? ☐ YES ☐ NO
- The need for extended school year services? ☐ YES ☐ NO

**LEAST RESTRICTIVE ENVIRONMENT**

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

(Select one from the drop-down box.)

**Secondary LRE** (only if LRE above is Private School-Parent Placed)**COPY OF IEP****COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the IEP given to parent/student (age 19) at the IEP meeting?

☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP meeting?☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19) \_\_\_\_\_**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

Position	Signature	Date
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

Position	Name	Date

## INDIVIDUALIZED EDUCATION PROGRAM (SIGNATURE PAGE)

### Purpose(s) of this page:

To document:

- The consideration of **GENERAL FACTORS**.
- **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom.
- **Secondary LRE** for parentally placed private school students.
- A copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- A copy of the **Special Education Rights** was given/sent to the parent or student (age 19 and older).
- A copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- All required IEP Team members participated in the development of the IEP.
- The consideration of information from persons not in attendance.

### When to use this page:

Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.

### Things to remember when completing this page:

#### **GENERAL FACTORS**

- The IEP Team is required to consider each of these factors as the IEP is developed; therefore, the answer should always be **YES**.
- Answering **YES** to the extended school year services question does not mean that services must be provided; rather it means that services were considered.

#### **LRE:**

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate general education classroom solely because of needed modifications in the general education curriculum.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the general education classroom. The explanation should not be based on the disability area of the student.
- For **6-21 YEARS OF AGE**, and **3-5 YEARS OF AGE**, select the appropriate LRE from the drop down box.
- Please refer to the *Child Count Help Document* located on our Web page in the statistical information link for specific information regarding LRE.

#### **COPY OF IEP:**

- Check **YES** or **NO**. If **NO** is checked enter the date in the space provided that the **COPY OF IEP** was sent to the parent or student (age 19 and older).

#### **COPY OF SPECIAL EDUCATION RIGHTS:**

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that the **COPY OF SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) have reason to suspect that the IEP needs revision, an IEP meeting may be requested at anytime. The public agency must conduct the IEP meeting **within 30 calendar days** upon the receipt of the request.



**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)  
(Continued)**

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:**

The annual IEP review date is determined by the signature date. Example: If the current annual IEP Team meeting signatures are dated May 6, 2010, the next annual IEP Team meeting must be held by May 5, 2011, regardless of IEP INTIATION/DURATION DATES.

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by a phone conference the attendance should be documented by that person's name. For example, "parent participated by phone" should be written in the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE:**

If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be recorded in the space provided.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, or student (age 19 and older) in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member.

**What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the IEP.
- Implement the IEP as written.
- School personnel who have any responsibility to implement the IEP must be informed of the specific accommodations, modifications, and supports that must be provided for the student; must be informed of his/her specific responsibilities related to implementing the IEP; and must have access to the IEP. The *PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION* form must be signed by school personnel that have responsibility for the implementation of the student's IEP.



## Persons Responsible for IEP Implementation

(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for \_\_\_\_\_ (student's name) for the \_\_\_\_\_ school year.

DATE \_\_\_\_\_

SIGNATURE

## POSITION

Signature and position of person responsible for informing school personnel of their responsibility.

SDE Approved 2/2/2007

**PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION**  
**(Required Form in STI)**

**Purpose(s) of this page:**

- To document that each regular education teacher, special education teacher, case manager, related service provider (e.g., bus driver, OT, PT, etc.) and any other service provider who is responsible for implementation of the IEP has access to the student's IEP.
- To document that each teacher and service provider has been informed of his or her specific responsibilities related to implementing the student's IEP.
- To document that each teacher and service provider has been informed of specific accommodations, modifications, and supports that must be provided for the student.

**When to use this form:**

- This form must be completed for every student who has an IEP.
- This form may be completed at the end of an IEP Team meeting. If not completed at the IEP Team meeting, the form should be completed immediately following the meeting.
- This form must be completed when teachers and/or service providers change to ensure that the person now responsible for implementing the IEP has been informed of his/her responsibilities and he/she understands access to the student's IEP must be made available (e.g., amend the IEP, change of schedules).

**Things to remember when completing this form:**

- Be sure to inform every service provider and teacher of his/her responsibilities for implementing the IEP.
- Be sure every teacher and service provider understands they have access to the IEP. This does not require that every teacher and service provider be provided a copy of the IEP. However, every teacher and/or service provider must have access to the IEP and may receive a copy of the IEP in whole or in part that reflects the teacher and/or service provider's area of responsibility in implementing the IEP. The IEP is a confidential record and must be protected.
- Be sure to include the student's name in the space provided on this page.
- Be sure to include the school year in the space provided on this page.
- Be sure each person who signs this page includes the date of signature and his/her position.
- Be sure the person responsible for informing school personnel of their responsibility signs in the space provided on this page.
  - All service providers who are responsible for implementation of the IEP must sign this page.
  - Type in the name of each person responsible for implementing the IEP in the space provided when completing the form in STISETS. Maintain a printed copy to be kept on file.

**What happens next:**

- Implement the IEP as written.
- If the IEP is revised and/or amended, persons responsible for IEP implementation should be informed and new signatures obtained.

## Annual Goal Progress Report

Student Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Date Sent: \_\_\_\_\_

IEP Initiation/Duration Dates From: \_\_\_\_\_ to \_\_\_\_\_  
School Year: \_\_\_\_\_  
IEP Annual Review Date: \_\_\_\_\_

Use the legends below to evaluate the student's progress toward the annual goals. The 1<sup>st</sup> column should indicate the *Report of Progress* using the numbers 1-4. The 2<sup>nd</sup> column should indicate the *Extent of Progress* using the numbers 1-4.

### Report of Progress on Annual Goals

1. Goal has been met.
2. Some progress made.
3. Very little progress made.
4. No progress made.

### Extent of Progress Toward Meeting the Annual Goals

1. Goal mastered.
2. Anticipate mastery.
3. Do not anticipate mastery.
4. NA Not applicable during this grading period.

Measurable Annual Goals	Report/Extent of Progress					
	Record Date of Reporting Periods					

School System  
School Name

## Annual Goal Progress Report

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Reporting Periods	Comments

Special Education Teacher/  
Case Manager Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\* Hard copy should be placed in student's special education record. \*\*\*

School System  
School Name

## ANNUAL GOAL PROGRESS REPORT

### Purpose(s) of this page:

- To document student progress toward annual IEP goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the school year.

### When to use this form:

- This form must be completed for every student who has an IEP.
- This form must be completed and sent to the parent or student (age 19 and older) to report extent of progress concurrent with the issuance of report cards as scheduled by the public agency.

### Things to remember when completing this page:

- **Student Name**, and **Student ID Number** will automatically be populated from the student's IEP.
- **Comments** must be entered manually. (Please Note: If amendments to IEP goals have been made, in the **Comments** section state the date of reporting period the amendments were made and if the actual wording of a goal was changed or the goal was completely deleted write what the original goal stated in this section).
- **Special Education/Case Manager Name** will populate from STISETS program.
- **Telephone Number** must be entered manually.
- **Parent/Guardian Signature**, and **Date Signed** are for public agencies requiring signatures.

### What happens next:

- The parent or student (age 19 and older) must be provided a copy of the *Annual Goal Progress Report* each reporting period concurrent with the issuance of report cards.
- A hard copy of the *Annual Goal Progress Report* should be placed in the student's special education file each reporting period concurrent with the issuance of report cards.





# Summary of Academic Achievement and Functional Performance (SOP)

Student Name: \_\_\_\_\_

Exit Document: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

The Summary of Academic Achievement and Functional Performance (SOP) documents academic achievement and functional performance and accommodations during high school. It is completed at the end of the student's exiting year. This critical information will be useful as the student transitions from high school to higher education, training, employment, and/or adult services.

- Part 1: Transition Goal Progress Report**
- Postsecondary Education/Employment
  - Community/Independent Living

- Part 2: Summary of Progress and Accommodations**
- Summary of Academic Performance
  - Summary of Functional Performance
  - Summary of Accommodations
  - Present Level of Performance  
(Academic/Functional)

- Part 3: Student Input/Comments**

Case Manager Name \_\_\_\_\_

School Name \_\_\_\_\_

School Phone # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date Given/Sent to Student

Student Name \_\_\_\_\_  
School \_\_\_\_\_  
Case Manager \_\_\_\_\_  
Date \_\_\_\_\_

## Transition Goal Progress Report

### POSTSECONDARY EDUCATION/EMPLOYMENT GOAL:

- ☐ Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- ☐ Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- ☐ Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- ☐ Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- ☐ Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_

### Report of Progress on Goal:

- ☐ Goal has been met.
- ☐ Some progress made.
- ☐ Very little progress made.
- ☐ No progress made.

### If goal was NOT met, recommendations for meeting goal:

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### Comments:

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Student Name \_\_\_\_\_  
School \_\_\_\_\_  
Case Manager \_\_\_\_\_  
Date \_\_\_\_\_

## Transition Goal Progress Report

### COMMUNITY/INDEPENDENT LIVING GOAL:

- ☐ Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- ☐ Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- ☐ Student will be prepared to participate in community activities and live **semi-independently** with **ongoing, infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- ☐ Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- ☐ Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_

### Report of Progress on Goal:

- ☐ Goal has been met.
- ☐ Some progress made.
- ☐ Very little progress made.
- ☐ No progress made.

### If goal was NOT met, recommendations for meeting goal:

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### Comments:

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# Summary of Progress and Accommodations

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Area(s):**

**Reading**

<p><b>Present Level of Performance:</b></p>          <p><b>Effective Accommodations and Support:</b></p>          
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**Math**

<p><b>Present Level of Performance:</b></p>          <p><b>Effective Accommodations and Support:</b></p>          
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**Written Language**

<p><b>Present Level of Performance:</b></p>          <p><b>Effective Accommodations and Support:</b></p>          
--

**Functional Performance**

- Personal Social
- Daily Living
- Employment and Training

<p><b>Present Level of Performance:</b></p>          <p><b>Effective Accommodations and Support:</b></p>          
--

Name \_\_\_\_\_

# Student Input Form

**This section may be filled out independently by the student or completed with the student through an interview.**

**How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?**

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**In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?**

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**Which of these accommodations and supports has worked best for you?**

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**Which of these accommodations and supports has not worked?**

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**What strengths and needs should professionals know about you as you enter the college or work environment?**

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (SOP)

### **Purpose(s) of this page:**

- To document academic achievement and functional performance progress.
- To document recommendations for meeting the goal(s) for postsecondary education /employment or community/independent living goal(s) not met.
- To document successful accommodations during high school.
- To document the student's strengths.
- To document the student's needs.

### **When to use this page:**

- At the end of the student's exiting year.
- The SOP must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school. (e.g., AOD, graduation certificate)

### **Things to remember when completing this page:**

- Public Agencies may choose to add to the SOP, however, the statewide forms provided for the *Alabama Summary of Performance, Transition Goal Progress Report*, and *Student Input Form* MUST be used along with anything the public agency chooses to use.
- The case manager and student; and as appropriate, the parent and other agency personnel should meet to complete the *Transition Goal Progress Report*, and *Student Input Form*.
- Although high school credit/grades will not be finalized until the end of the senior year, copies of the most current credit /grades and other parts of the SOP should be made available to the student as needed to assist with post secondary opportunities.
- The case manager is responsible for providing the complete SOP, including the cover page, the *Transition Goal Progress Report*, copy of high school credits/grades, and documentation of accommodations to the student upon exit from high school.

### **Parts of this document:**

- *Summary of Academic Achievement and Functional Performance* cover page.
- Part 1: Transition Goal Progress Report
  - Postsecondary Education and Employment
  - Community/Independent Living
- Part 2: Summary of Progress and Accommodations
  - Summary of Academic Performance
  - Summary of Functional Performance
  - Summary of Accommodations
  - Present Level of Performance (Academic/Functional)
- Part 3: Student Input/Comments

### **Transition Goal Progress Report:**

- The *Transition Goal Progress Report* documents progress on the measurable postsecondary education/employment and community/independent living goals.
- In an effort to ensure a connection between postsecondary goals and outcomes, recommendations for meeting goals are REQUIRED for students who do not meet the identified postsecondary goals by graduation. These recommendations are one of the most important parts of the SOP.
- Recommendations and/or comments may also be appropriate for students who have met his/her goals.

### **Summary of Academic Performance**

- This section is divided into Reading, Math, and Written Language.
- To complete this section you must indicate the Present Level of Performance for each area. This information may be curriculum-based assessments, standardized test scores, achievement test scores, standards-based assessments, classroom observations, and/or performance evaluations.
- To complete this section you must provide effective accommodations and supports needed for each area. This information may come from the student's records that include the IEP, eligibility reports, as well as the accommodations for state assessments.
- Please indicate if no accommodations are needed. DO NOT LEAVE BLANK.

## SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (SOP) (Continued)

### **Summary of Functional Performance**

- Provide Present Level of Performance in the areas of Personal, Social, Daily Living, and Employment and Training. This information may be curriculum based- assessments, standardized test scores, achievement test scores, standards-based assessments, classroom observations and/or performance evaluations.

### **Student Input/Comments**

- Complete the *Student Input Form*. The form may be completed with the assistance of the parent and teachers as needed.

### **What happens next:**

- Place a copy of all parts of the completed SOP in the Student's file.
- Provide the completed SOP to the student: SOP Cover page, *Student Input Form*, *Transition Goal Progress Reports*, *Summary of Progress and Accommodations*, and a copy of High School Credits/Grades. The SOP should serve as a resource guide for students to compile all high school information (e.g., transcripts, postsecondary goals) into a file to have when needed to provide information when applying for continuing education programs and/or when applying for a job.





# NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- ☐ Identification
 ☐ Evaluation
 ☐ Placement
 ☐ Other  
☐ LEA Response to DPH Request
 ☐ Provision of Free Appropriate Public Education
 ☐ Other

## DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

## BASIS FOR DECISION

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
- When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
- When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
- When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
- Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
- Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
- Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
- This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
- This form may be used to document minor corrections found during internal monitoring /SDE monitoring.  
**Seek guidance from the local Special Education Coordinator.** Examples are as follows:
  - A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

### **What happens next:**

- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.

**SPECIAL EDUCATION RIGHTS  
UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

To \_\_\_\_\_ Date Provided \_\_\_\_\_

**You are receiving a copy of *Special Education Rights* (procedural safeguards) for the following reason(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> Required annual copy                                 | <input type="checkbox"/> Parental request                                |
| <input type="checkbox"/> Initial referral/Parental request for evaluation     | <input type="checkbox"/> 1 <sup>st</sup> State complaint filed           |
| <input type="checkbox"/> Disciplinary action resulting in change of placement | <input type="checkbox"/> 1 <sup>st</sup> Request for due process hearing |

**If you have questions or need further assistance in understanding these rights, please contact:**

at

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

Federal and state laws create specific rights for those eligible for special education services. A copy of those rights must be given to parents only one time a year, except that a copy must also be given to the parents upon initial referral or parental request for evaluation, upon the first State complaint in a school year and upon the first request for a due process hearing in a school year, when a decision is made to the disciplinary action that constitutes a change of placement, and upon request by a parent. The following is an explanation of those rights. If you would like a further explanation of any of these rights, you may contact the individual named above; your school principal; the special education coordinator in your school system; or your superintendent of schools. You may access another copy of your rights at the State Department of Education (SDE) Web site [www.alsde.edu](http://www.alsde.edu). Once in the Web site, Click on Sections; scroll down to select Special Education; click on Forms, scroll down to select *Special Education Rights*. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact the individual named above.

**PRIOR WRITTEN NOTICE**

Your education agency must provide you with prior written notice within a reasonable time before it proposes or refuses to initiate or change the identification, evaluation, educational placement, or the provision of a free appropriate public education. The notice must include a full explanation of all of the procedural safeguards available to you; a description of the action proposed or refused by the education agency; an explanation of why your education agency proposes or refuses to take the action; a description of other options considered by the Individualized Education Program (IEP) Team and the reasons why those options were rejected; a description of each evaluation procedure, assessment, record, or report the education agency used as a basis for the proposal or refusal; a description of any other factors which are relevant to the education agency's proposal or refusal; sources to contact to obtain assistance in understanding the rights for special education; a statement indicating that you have protection under the procedural safeguards; and if the notice sent to you is not the first referral for evaluation, the way by which you may obtain a copy of the procedural safeguards. The written notice must be understandable to the general public and provided in your native language or other mode of communication, unless it is clearly not feasible to do so. If your native language or other mode of communication is not a written language, your education agency must take steps to ensure that the notice is translated orally or by other means to you in your native language or other mode of communication; that you understand the content of the notice; that you are provided sources to contact to obtain assistance in understanding the information; and that there is written evidence that these requirements have been met. If your education agency offers parents the choice of receiving documents by e-mail, you may choose to receive prior written notice by e-mail. Written notice must be provided to you when your child graduates from high school with a regular diploma or exits because he or she has exceeded the age of eligibility for a free appropriate public education.

## **PARENTAL CONSENT**

Your education agency must obtain your informed written consent before conducting an initial evaluation, before the initial provision of special education and related services, or before obtaining additional data as part of a reevaluation. Your consent to an initial evaluation must not be construed as consent for initial provision of special education services and related services. The education agency may, but is not required to use the State procedures for mediation and due process hearings to determine whether initial evaluations or reevaluations may be conducted when you have refused informed written consent. If the hearing officer upholds your education agency, the education agency may evaluate subject to your rights to appeal the decision and the child must remain in the current educational placement awaiting the decision of the appeal unless you and the education agency agree otherwise. If the parent of a child refuses to give consent to the initial provision of special education and related services, or fails to respond to a request for consent, the education agency shall not provide special education and related services to the child by utilizing due process hearing or mediation procedures. In this instance, the education agency will not be considered to be in violation of the requirement to make available a free appropriate public education to the child and is not required to convene an IEP Team meeting or develop an IEP for the child. The same applies if, subsequent to the initial provision of special education and related services, the parent revokes consent in writing and the public agency provides prior written notice before ceasing services. If the parent revokes consent in writing after the initial provision of services, the public agency is not required to amend the child's education record to remove any references to the child's receipt of special education and related services because of the revocation of consent.

Your education agency must obtain your informed consent before it reevaluates your child, unless your education agency can demonstrate that it took reasonable steps to obtain your consent for your child's reevaluation and you did not respond. If you refuse to consent to your child's reevaluation, the education agency may, but is not required to, pursue your child's reevaluation by using the mediation and/or due process hearing procedures to seek to override your refusal to consent to your child's reevaluation. As with initial evaluations, your education agency does not violate its obligations under Part B of the IDEA if it declines to pursue the reevaluation in this manner. However, if after at least two attempts to obtain your consent for reevaluation you have not responded, the education agency may proceed with the reevaluation. Your consent is not required before your education agency may review existing data as part of your child's evaluation or a reevaluation, or give your child a test or other evaluation that is given to all children unless, before that test or evaluation, consent is required from all parents of all children. An education agency may not use a parent's refusal to consent to one service or activity regarding initial evaluation for special education services to deny the parent or child any other service, benefit, or activity offered by the education agency for all children, except as required by this part. If you are the parent of a child who is home schooled or placed in a private school at your own expense, and you do not provide your informed written consent for your child's initial evaluation or your child's reevaluation, or you fail to respond to a request to provide your informed written consent, the education agency shall not use its consent override procedures and it is not required to consider your child as eligible to receive equitable services. Your informed written consent or the informed written consent of an eligible child who has reached the age of majority (Age 19), must be obtained prior to an IEP Team meeting before representatives of participating agencies who may be responsible for providing or paying for transition services may be invited to the IEP Team meeting.

## **TRANSFER OF PARENTAL RIGHTS AT AGE OF MAJORITY**

When a child with a disability reaches the age of majority under State law (Age 19) that applies to all children (except for a child with a disability who has been determined to be incompetent under State law) the education agency must provide any notice required by this part to both the child and the parents; and all rights accorded to parents under Part B of the IDEA transfer to the child; all rights accorded to parents under Part B of the IDEA transfer to children who are incarcerated in an adult or juvenile, State or local correctional institution; and whenever the rights have been transferred, the agency must notify the child and the parents of the transfer of rights.

## **INDEPENDENT EDUCATIONAL EVALUATION**

You have the right to an independent educational evaluation at public expense if you disagree with an evaluation obtained by your education agency. However, your education agency may request a due process hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, you still have the right to an independent educational evaluation, but not at public expense. If you obtain an independent educational evaluation at private expense, the results of the evaluation must be considered by your education agency (if it meets agency criteria) in any decision made with respect to the provision of a free appropriate public education and may be presented as evidence at a due process hearing. If a due process hearing officer requests an independent educational

evaluation as part of a hearing, the cost of the evaluation will not be at your expense. Each education agency shall provide you, on request, information about where an independent educational evaluation may be obtained and the criteria for the independent educational evaluation. Whenever an independent educational evaluation is at public expense, the standards under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the standards that the education agency uses when it conducts an evaluation. A parent is entitled to only one independent educational evaluation at public expense each time the public agency conducts an evaluation with which the parent disagrees.

### **DIFFERENCE BETWEEN STATE COMPLAINT AND DUE PROCESS HEARING PROCEDURES**

The regulations for Part B of IDEA set forth separate procedures for State complaints and for due process hearings. As explained below, any individual or organization may file a State complaint alleging a violation of any Part B requirement by an education agency, the SDE, or any other public agency. Only you or an education agency may file a due process hearing request on any matter relating to a proposal or a refusal to initiate or change the identification, evaluation, or educational placement of a child with a disability, or the provision of a free appropriate public education to the child. While staff of the SDE generally must resolve a State complaint within a 60 calendar day timeline, unless the timeline is properly extended, an impartial due process hearing officer must hear a due process hearing (if not resolved through a resolution meeting or through mediation) and issue a written decision within 45 calendar days after the end of the resolution period, unless the hearing officer grants a specific extension of the timeline at your request or the education agency's request.

### **STATE COMPLAINT PROCEDURES**

Any individual or organization has a right to file a signed written complaint alleging that a school system has violated the IDEA or 34 CFR Part 300 and the facts on which the statement is based; to present allegation(s) that occurred not more than one year prior to the date that the complaint is received; to submit additional information either orally or in writing about the allegations in the complaint; to a written decision within 60 calendar days that addresses each allegation in the complaint and contains findings of fact and conclusions and the reasons for the final decision; to an extension of the time limit only if exceptional circumstances exist with respect to a particular complaint; and to procedures for effective implementation of the final decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance. It is permissible for the timeline to be extended if the parent and the education agency agree to extend the timeline in order to participate in mediation to resolve the state complaint. The education agency will respond to the complaint allegations, at the discretion of the education agency, a proposal to resolve the complaint. An independent onsite investigation will occur as determined appropriate by the SDE, Special Education Services.

If requested, the SDE, Special Education Services, will provide you with a sample form for filing a State complaint. The sample form may also be accessed through the SDE Web site at [www.alsde.edu](http://www.alsde.edu). Click on Sections; scroll down to select Special Education; click on Dispute Resolution; click on *60-Day Special Education Complaint Letter*.

You are not required to use the sample form, however your complaint must include: (1) A statement that a public agency has violated a requirement of Part B of the IDEA or of this part; (2) The facts on which the statement is based; (3) The signature and contact information for the complainant; and (4) If alleging violations with respect to a specific child: (a) The name and address of the residence of the child; (b) The name of the school the child is attending; (c) In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), available contact information for the child, and the name of the school the child is attending; (d) A description of the nature of the problem of the child, including facts relating to the problem; and (e) A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

The party filing the complaint must forward a copy of the complaint to the LEA or public agency serving the child at the same time the party files the complaint with the State Education Agency (SEA).

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved using the time limit and procedures required. If an issue raised in a complaint filed under this section has previously been decided in a due process hearing involving the same parties the due process hearing decision is binding on that issue; and the SEA must inform the complainant to that effect. A

complaint alleging a public agency's failure to implement a due process hearing decision must be resolved by the SEA.

### **STATE MEDIATION PROCEDURES**

You have the right to participate in mediation to resolve disagreements under IDEA with an education agency, whether or not you have requested a due process hearing or have filed a State complaint. The voluntary mediation will be scheduled by the SDE at no cost to you. A qualified impartial mediator trained in effective mediation techniques and selected by rotation will be provided and each mediation session will be scheduled in a timely manner and held in a location convenient to the parties in the dispute. The SDE must have a list of qualified mediators and the mediators must be knowledgeable of the laws and regulations relating to special education and related services. The mediators may not be employees of the SDE or the education agency involved in the education or care of your child and must not have a personal or professional conflict of interest. You may participate without denial or delay of any other rights. If an agreement is reached, a legally binding written agreement that is signed by the parent and a representative of the education agency that has the authority to bind the education agency will state the resolution. All parties sign a confidentiality pledge prior to the beginning of the mediation process to assure confidentiality of mediation discussions and assurance that discussions may not be used as evidence in any later due process hearings or civil proceedings. The mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. The education agency may develop procedures that offer an opportunity to meet with a disinterested party at a time and location convenient to you if you have chosen not to participate in mediation. The benefits of mediation will be explained by the disinterested party to encourage the use of mediation.

### **DUE PROCESS HEARING PROCEDURES**

You may request a due process hearing regarding the education agency's proposal or refusal to initiate or change the identification, evaluation, educational placement, or the provision of a free appropriate public education. If you request a hearing, you or your attorney must provide a copy of the written request (that must be kept confidential) to the other party and to the SDE. If requested, the SDE, Special Education Services, will provide you with a sample form for requesting a due process hearing. The sample form may also be accessed through the SDE Web site at [www.alsde.edu](http://www.alsde.edu). Click on Sections; scroll down to select Special Education; click on Dispute Resolution; click on *Due Process Hearing Request Form*.

You are not required to use the sample form, however your request must include: (1) The name of the child; (2) The address of the residence of the child or available contact information in the case of a homeless child; (3) The name of the school the child is attending; (4) A description of the nature of the problem including facts relating to the problem that occurred within two years of the date the parent or the education agency knew or should have known about the alleged action that is the basis for the hearing request; and (5) A proposed resolution of the problem to the extent known and available to you at the time you requested the hearing. The timeline shall not apply to a parent if the parent was prevented from requesting the hearing due to specific misrepresentations by the education agency that it had resolved the problem forming the basis of the written request; or the education agency's withholding of information from the parent that was required under this part to be provided to the parent. You or the education agency may not have a due process hearing until you (or your attorney), or the education agency, files a due process hearing request that includes all of the information listed above.

The party requesting the hearing shall not be allowed to raise issues at the hearing that were not raised in the written request for a hearing unless the other party agrees otherwise.

The education agency must inform you of any free or low-cost legal and other relevant services available in the area if you request the information or if you or the education agency requests a hearing.

In order for a due process hearing to go forward, the request must be considered sufficient. The due process request will be considered sufficient (to have met the content requirements above) unless the party receiving the due process complaint (you or the education agency) notifies the hearing officer and the other party in writing, within 15 calendar days of receiving the complaint, that the receiving party believes that the due process complaint does not meet the requirements listed above. Within 5 calendar days of receiving the notification that the receiving party (you or the education agency) considers a due process request insufficient, the hearing officer must decide if the due process request meets the content requirements, and notify you and the education agency in writing immediately.

You or the education agency may make changes to the hearing request only if the other party approves of the changes in writing and is given the chance to resolve the due process request through a resolution meeting, or no later than five days before the due process hearing begins, the hearing officer grants permission for the changes. If the complaining party makes changes to the due process request, the timelines for the resolution meeting and the time period for resolution start again on the date the amended request is filed.

Within 10 calendar days of receiving a copy of your request for a hearing, the education agency will provide you written notice addressing the concerns of the request for hearing, if it has not previously done so. The response must include an explanation of why the education agency proposed or refused to take the action raised in the due process request, a description of other options that the child's IEP Team considered and the reasons why those options were rejected, a description of each evaluation procedure, assessment, record, or report the education agency used as the basis for the proposed or refused action, and a description of the other factors that are relevant to the educational agency's proposed or refused action. However, providing this information does not prevent the education agency from asserting that the due process request was insufficient.

If the education agency files the due process hearing request, you must, within 10 calendar days of receiving the request, send the education agency a response that specifically addresses the issues in the complaint.

Prior to the opportunity for a hearing, the education agency, within 15 calendar days of receiving the parents' request for a hearing, will convene a meeting with the parents and the relevant member or members of the IEP Team (as determined by the education agency and the parent), including a member who has decision-making authority on behalf of the education agency, and who have specific knowledge of the facts identified in the written request for a hearing. The education agency may not include an attorney of the education agency if an attorney does not accompany the parent. The purpose of the meeting is for the parents of the child to discuss their hearing issues and the facts that form the basis of the hearing request. The education agency is then provided the opportunity to resolve the hearing issues unless the parents and the education agency agree in writing to waive such meeting, or agree to use the mediation process. If a resolution is reached at the resolution meeting or mediation, the parties shall execute a legally binding agreement that is signed by both the parent and a representative of the education agency who has the authority to bind the education agency. This agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. If the parties execute such an agreement, a party may void such agreement within three business days of the agreement's execution. If the education agency has not resolved the hearing issues to the satisfaction of the parents within 30 days of the receipt of the written request for a hearing, the hearing may occur and all the applicable timelines for a hearing will commence. A final hearing decision will be reached within 45 calendar days after the hearing timeline commences (i.e., after the 30-day timeline to resolve the issues has expired unless the hearing officer grants a specific extension at the request of either party). A copy of the decision is mailed to each of the parties.

Except where you and the education agency have both agreed to waive the resolution process or to use mediation, failure of the parent to participate in the resolution meeting will delay the timelines for the resolution process and the due process hearing until the parent's agree to participate in a meeting. If after making reasonable efforts and documenting such efforts, the education agency is not able to obtain the parent's participation in the resolution meeting, the education agency may, at the end of the 30 calendar day resolution period, request that a hearing officer dismiss your due process request. Documentation of such efforts must include a record of the education agency's attempts to arrange a mutually agreed upon time and place, such as detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent and any responses received; and detailed records of visits made to the home or place of employment and the results of those visits. If the education agency fails to hold the resolution meeting within 15 calendar days of receiving notice of the parent's due process request or fails to participate in the resolution meeting, the parent may ask a hearing officer to order that the 45 calendar day due process hearing timeline begin.

If the parent and the education agency agree in writing to waive the resolution meeting, then the 45 calendar day timeline for the due process hearing starts the next day. After the start of mediation or the resolution meeting and before the end of the 30 calendar day resolution period, if the parent and the education agency agree in writing that

no agreement is possible, then the 45 calendar day timeline for the due process hearing starts the next day. If the parent and the education agency agree to use the mediation process, at the end of the 30 calendar day resolution period, both parties can agree in writing to continue the mediation until an agreement is reached. However, if either party withdraws from the mediation process, then the 45 calendar day timeline for the due process hearing starts the next day.

At a minimum a hearing officer must not be an employee of the state education agency or the local education agency that is involved in the education or care of the child, or any person having a personal or professional interest that would conflict with his or her objectivity in the hearing. A person who otherwise qualifies to conduct a hearing is not an employee of the education agency solely because he or she is paid by the education agency to serve as a hearing officer. He or she must possess the knowledge and the ability to: understand the provisions of the IDEA, Federal and State regulations pertaining to the IDEA, and legal interpretations by Federal and State courts; conduct hearings in accordance with appropriate, standard legal practice; and render and write decisions in accordance with appropriate, standard legal practice.

Each education agency shall keep a list of the persons who serve as due process hearing officers. The list must include a statement of the qualifications of each of those persons.

Any party to a hearing has the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities except state law prohibits non-attorney representation; present evidence and confront, cross-examine, and compel the attendance of witnesses; prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five business days before the hearing; obtain a written or electronic verbatim record of the hearing; and obtain written, or at the option of the parents, electronic findings of fact and decisions at no cost. In addition, you have the right to have the child present; open the hearing to the public; and have the hearing conducted at a time and place, which is reasonably convenient to you at no cost. At least five business days prior to the hearing, each party shall disclose to all other parties all evaluations completed by that date and the recommendations based on the offering party's evaluation that the party intends to use at the hearing. A hearing officer may prevent any party that fails to comply with this requirement from introducing the relevant evaluations or recommendations at the hearing without the consent of the other party.

### **CIVIL ACTION**

The decision of the hearing officer is final except that any party aggrieved by the findings and decision made in a due process hearing has the right to bring a civil action in any state court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. An aggrieved party must file a notice of intent to file a civil action with all parties to the hearing within 30 calendar days upon receipt of the decision of the hearing officer. A civil action in a court of competent jurisdiction must be filed within 30 days of the filing of the notice of intent to file a civil action.

A hearing officer's decision on whether the child received a free appropriate public education must be based on substantive grounds. In matters alleging a procedural violation, a hearing officer may find that the child did not receive free appropriate public education only if the procedural inadequacies interfered with the child's right to free appropriate public education, significantly interfered with the parent's opportunity to participate in the decision-making process regarding the provision of free appropriate public education to the child, or caused a deprivation of an educational benefit.

None of the provisions described above can be interpreted to prevent a hearing officer from ordering an education agency to comply with the procedural safeguards requirements.

Nothing in this part should be interpreted to prevent the parent from submitting a separate due process hearing request on an issue separate from a due process request already filed.

### **CHILD'S STATUS DURING PROCEEDINGS**

During the pendency of the resolution period, a due process hearing, or judicial proceeding, unless you and the state or your education agency agree otherwise, the child must remain in his or her current educational placement. If the



hearing officer agrees with the parent that a change of placement is appropriate, that placement must be treated as an agreement between the State and the parent.

If the hearing involves an application for initial admission to public school, the child, with parental consent, must be placed in the public school until the completion of all the proceedings. If the hearing involves an application for initial services under Part B from a child transitioning from Part C to Part B and is no longer eligible for Part C services because the child turned three, the education agency is not required to provide the Part C services that the child was receiving. If the child is found eligible for special education and related services under Part B, and the parent consents to the initial provision of special education and related services, then the educational agency must provide those special education and related services that are not in dispute. However, if a parent requests a due process hearing regarding a disciplinary action, placement remains in the alternative education setting pending the decision of the hearing officer or until the expiration of the time period unless the parent and the education agency agree otherwise. A request for expedited hearing for discipline matters must occur within 20 school days of the date the hearing is requested and the hearing officer must make a determination within 10 school days after the hearing.

**State Enforcement Mechanisms.** For judicial enforcement of a written agreement reached as a result of mediation or a resolution meeting, there is nothing in this part that would prevent the State Education Agency (SEA) from using other mechanisms to seek enforcement of that agreement, provided that use of those mechanisms is not mandatory and does not delay or deny a party the right to seek enforcement of the written agreement in a State court of competent jurisdiction or in a district court of the United States.

## **AWARD OF ATTORNEYS' FEES**

In any action or proceeding brought under Part B of the IDEA, the court may award reasonable attorneys' fees to a prevailing party who is the parent of a child with a disability; or to a prevailing party who is a state or local education agency against the attorney of a parent who files a hearing request or court case that is frivolous, unreasonable, or without foundation, or against the attorney of a parent who continued to litigate after the litigation clearly became frivolous, unreasonable, or without foundation; or to a prevailing State or local education agency against the attorney of a parent, or against the parent if the parent's request or subsequent cause of action was presented for any improper purpose, such as to harass, to cause unnecessary delay, or needlessly increase the cost of litigation. The fee shall be based on rates prevailing in the community in which the action or proceeding arose for the kind and quality of services furnished.

Attorneys' fees may not be awarded and related costs may not be reimbursed for services performed subsequent to the time of a written offer of settlement to the parent if the offer is made to the parent 10 calendar days prior to the hearing; the offer is not accepted by the parent within 10 calendar days; and hearing officer or court finds that the hearing decision obtained by the parents was not more favorable to the parents than the offer of settlement. Also, fees may not be awarded for attendance at any IEP Team meeting unless the meeting is convened as a result of the hearing officer's decision or court action. However, an award of attorneys' fees and related costs may be made to a parent who is the prevailing party and who was substantially justified in rejecting the settlement offer. A resolution meeting is not considered an administrative hearing or court action for purposes of the attorney's fees provisions.

The amount of attorneys' fees awarded may be reduced if the parent or parent's attorney, during the course of the action or proceeding, unreasonably protracted the final resolution of the controversy; the amount of the attorneys' fees otherwise authorized to be awarded unreasonably exceeds the hourly prevailing rate in the community for similar services by attorneys of reasonably comparable skill, reputation, and experience; the time spent and legal services furnished were excessive considering the nature of the action or proceedings; or the attorney representing the parent did not provide to the education agency the appropriate information in the due process hearing request. The preceding items will not apply in any action or proceeding if the court finds that the state or local education agency unreasonably protracted the final resolution of the action or proceeding or there was a violation of these rules.

## **ACCESS TO RECORDS**

Your education agency must permit you to inspect and review all education records of your child, that are collected, maintained, or used by the participating agency under Part B of the IDEA. The participating agency must comply with a request without unnecessary delay and before any meeting regarding an individualized education program or hearing relating to the identification, evaluation, educational placement, or provision of a free appropriate public

education, and in no case more than 45 days after the request has been made. Your right to inspect and review records includes your right to a response from the participating agency to reasonable requests for explanations and interpretations of the records; to have your representative inspect and review the records; and to request that the participating agency provide copies of the records containing the information if failure to provide those copies would effectively prevent you from exercising your right to inspect and review the records. The participating agency may not charge a fee to search for or to retrieve information under this part, but may charge a fee for copies of records which are made for you under this part if the fee does not effectively prevent you from exercising your right to inspect and review those records. The agency may presume that you have authority to inspect and review records unless the agency has been advised that you do not have the authority under applicable State law governing such matters as guardianship, or separation, and divorce. If any education record includes information on more than one child, you may review only the information relating to your situation or be informed of that specific information. The participating agency must provide you, on request, a list of the types and locations of education records collected, maintained, or used by the participating agency. The participating agency must keep a record of parties obtaining access to education records collected, maintained, or used (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to review the records.

### **RIGHTS FOR CHILDREN**

Education agencies must afford to the child, rights of privacy similar to those afforded to parents regarding records taking into consideration the age of the child and type and severity of the disability. Although the rights of parents under the IDEA transfer to the child at the age of majority (Age 19), the rights of parents regarding educational records under the *Family Educational Rights and Privacy Act* (FERPA) at 34 CFR Part 99 transfer to the child at age 18.

### **CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION**

Your consent must be obtained before personally identifiable information is disclosed to parties other than officials of participating agencies. Except under the circumstances below your consent is not required before personally identifiable information is released to officials of participating agencies for purposes of meeting a requirement of Part B of the IDEA.

Your consent or the consent of an eligible child who has reached the age of 19 must be obtained before personally identifiable information is released to officials of participating agencies responsible for providing or paying for transition services.

Also, if your child is in, or is going to go to a private school that is not located in the same LEA you reside in, your consent must be obtained before any personally identifiable information about your child is released between officials in the LEA where the private school is located and officials in the LEA where you reside.

### **AMENDMENT OF RECORDS AT PARENT'S REQUEST**

If you believe that information in your child's education records collected, maintained, or used under Part B of the IDEA is inaccurate, misleading, or violates the privacy or other rights of the child, you may request that the education agency that maintains the information amend the information. The participating agency must decide whether to amend the information in accordance with your request within a reasonable period of time of receipt of the request. If the participating agency decides to refuse to amend the information in accordance with the request, it must inform you of the refusal and advise you of your right to a hearing. The participating agency shall, on request, provide an opportunity for a hearing, which complies with FERPA procedures, to challenge information in your child's education records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights. If, as a result of the hearing, it is determined that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the participating agency must amend the information accordingly and so inform you in writing. If, as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights, the participating agency must inform you of the right to place in the records it maintains on your child, a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the participating agency. Any explanation placed in the records must be maintained by the participating agency as part of the record as long as the record or the contested portion is maintained by the participating agency. If the records or the contested portion are disclosed by the participating agency to any party, the explanation must also be disclosed to the party.

## **DESTRUCTION OF INFORMATION**

You must be informed by the public agency when personally identifiable information collected, maintained, or used under Part B of the IDEA is no longer needed to provide education services to your child. The information must be destroyed at your request. However, a permanent record of a student's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation. Information must be destroyed in a manner that maintains confidentiality.

## **CHILDREN WITH DISABILITIES ENROLLED BY THEIR PARENTS IN PRIVATE SCHOOLS WHEN FREE APPROPRIATE PUBLIC EDUCATION IS AT ISSUE**

Part B of the IDEA does not require an LEA to pay for the cost of education, including special education and related services, of your child with a disability at a private school or facility if the LEA made a free appropriate public education (free appropriate public education) available to your child and you choose to place the child in a private school or facility. However, the public agency where the private school is located must include your child in the population whose needs are addressed under the Part B provisions regarding children who have been placed by their parents in a private school. Disagreements between the parents and the public agency regarding the availability of a program appropriate for the child, and the question of financial reimbursement, are subject to the due process procedures. If the parents of a child with a disability who previously received special education and related services under the authority of an public agency enroll the child in a private elementary or secondary school without the consent of or referral by the public agency, a court or a hearing officer may require the agency to reimburse the parents for the cost of that enrollment if the court or hearing officer finds that the agency had not made a free appropriate public education available to the child in a timely manner prior to that enrollment. The cost of reimbursement may be reduced or denied if at the most recent IEP meeting that the parents attended before removal of the child from the public agency, the parents did not inform the IEP Team that they were rejecting the placement proposed by the public agency to provide a free appropriate public education to their child, including stating their concerns and their intent to enroll their child in a private school at public expense; or at least 10 business days (including any holidays that occur on a business day) prior to the removal of the child from the public agency, the parents did not give written notice to the public agency that they were rejecting the offered placement; or prior to the parents' removal of the child, the public agency informed the parents of its intent to evaluate the child (including a statement of the purpose of the evaluation that was appropriate and reasonable), but the parents did not make the child available for such evaluation; or a judicial finding of unreasonableness with respect to actions taken by the parents is found. **EXCEPTION:** The cost of reimbursement shall not be reduced or denied for a parent's failure to provide such notice if the school prevented the parent from providing such notice, the parent had not received this document, or compliance with this requirement would likely result in physical harm to the child; and may in the discretion of a court or hearing officer not be reduced or denied for failure to provide such notice if the parent is not literate and cannot write in English; or compliance would likely result in serious emotional harm to the child.

## **DISCIPLINE**

**Authority of School Personnel.** School personnel may consider any unique circumstances on a case-by-case basis when determining whether a change in placement, consistent with the other requirements of this section, is appropriate for a child with a disability who violates a code of student conduct.

School personnel under this section may remove a child with a disability who violates a code of student conduct from his or her current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 consecutive school days (to the extent those alternatives are applied to children without disabilities), and for additional removals of not more than 10 consecutive school days in that same school year for separate incidents of misconduct (as long as those removals do not constitute a change of placement).

After a child with a disability has been removed from his or her current placement for 10 school days in the same school year, during any subsequent days of removal the education agency must provide services to the child with a disability who is removed from the child's current placement. The child must continue to receive educational services, so as to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child's IEP, and receive, as appropriate, a functional behavioral assessment, and behavioral intervention services and modifications, that are designed to address the behavior violation so that it does not recur.

For disciplinary changes in placement that would exceed 10 consecutive school days, if the behavior that gave rise to the violation of the school code is determined not to be a manifestation of the child's disability, school personnel may apply the relevant disciplinary procedures to children with disabilities in the same manner and for the same duration as the procedures would be applied to children without disabilities, except that the child must continue to receive educational services. The educational services may be provided in an interim alternative setting.

An education agency is only required to provide services during periods of removal to a child with a disability who has been removed from his or her current placement for 10 school days or less in that school year, if it provides services to a child without disabilities who is similarly removed.

After a child with a disability has been removed from his or her current placement for 10 school days in the same school year, if the current removal is for not more than 10 consecutive school days and is not a change of placement, school personnel, in consultation with at least one of the child's teachers, determine the extent to which services are needed so as to enable the child to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child's IEP.

If the removal is a change of placement, the child's IEP Team determines appropriate services.

**Change of Placement Because of Disciplinary Removals.** The child's IEP Team determines the interim alternative educational setting for services. For purposes of removals of a child with a disability from the child's current educational placement, a change of placement occurs if the removal is for more than 10 consecutive school days, including partial school days of a half day or more, or the child has been subjected to a series of removals that constitute a pattern because the series of removals total more than 10 school days in a school year, because the child's behavior is substantially similar to the child's behavior in previous incidents of misconduct that resulted in the series of removals, and because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another. The education agency (a minimum of an administrator and the student's special education teacher) determines on a case-by-case basis whether a pattern of removals constitutes a change of placement. This determination is subject to review through due process and judicial proceedings.

**Notification.** On the date on which the decision is made to make a removal that constitutes a change of placement of a child with a disability because of a violation of a code of student conduct, the education agency must notify the parents of that decision, and provide the parents with a copy of the *Special Education Rights*.

**Manifestation Determination.**

1. Within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the education agency, the parent, and relevant members of the child's IEP Team (as determined by the parent and the education agency) must review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability, or if the conduct in question was the direct result of the education agency's failure to implement the IEP.

2. The conduct must be determined to be a manifestation of the child's disability if the education agency, the parent, and relevant members of the child's IEP Team determine that either condition is met.

3. If the education agency, the parent, and relevant members of the child's IEP Team determine that there was a failure to implement the IEP, the education agency must take immediate steps to remedy those deficiencies.

**Determination that Behavior was a Manifestation.** If the education agency, the parent, and relevant members of the IEP Team make the determination that the conduct was a manifestation of the child's disability, the IEP Team must:

1. Conduct a functional behavioral assessment, unless the education agency had conducted a functional behavioral assessment during the previous 18 months before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the child, or

2. If a behavioral intervention plan already has been developed, review the behavioral intervention plan, and modify it, as necessary, to address the behavior, and

3. Return the child to the placement from which the child was removed, unless the parent and the education agency agree to a change of placement as part of the modification of the behavioral intervention plan.

**Special Circumstances.** School personnel may remove a student to an interim alternative educational setting for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability, if the child:

1. Carries a weapon to or possesses a weapon at school, on school premises, or to or at a school function under the jurisdiction of the Department of Education or an education agency,
2. Knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function under the jurisdiction of the Department of Education or an education agency, or
3. Has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function under the jurisdiction of the Department of Education or an education agency.

**Definitions.** For purposes of this section, the following definitions apply:

1. Controlled substance means a drug or other substance identified under schedules I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).
2. Illegal drug means a controlled substance; but does not include a controlled substance that is legally possessed or used under the supervision of a licensed health-care professional or that is legally possessed or used under any other authority under that Act or under any other provision of Federal law.
3. Serious bodily injury has the meaning given the term "serious bodily injury" under paragraph (3) of subsection (h) of section 1365 of title 18, United States Code.
4. Weapon has the meaning given the term "dangerous weapon" under paragraph (2) of the first subsection (g) of section 930 of title 18, United States Code.

**Appeal.** The parent of a child with a disability who disagrees with any decision regarding disciplinary placement or the manifestation determination, or an LEA that believes that maintaining the current placement of the child is substantially likely to result in injury to the child or others, may appeal the decision by requesting a due process hearing.

**Authority of Hearing Officer.** A hearing officer hears, and makes a determination regarding an appeal under this section. In making the determination, the hearing officer may return the child with a disability to the placement from which the child was removed if the hearing officer determines that the removal was a violation of disciplinary requirements, or that the child's behavior was a manifestation of the child's disability, or order a change of placement of the child with a disability to an appropriate interim alternative educational setting for not more than 45 school days if the hearing officer determines that maintaining the current placement of the child is substantially likely to result in injury to the child or to others. The procedures may be repeated, if the education agency believes that returning the child to the original placement is substantially likely to result in injury to the child or to others.

**Expedited Due Process Hearing.** Whenever a hearing is requested, the parents or the education agency involved in the dispute must have an opportunity for a due process hearing.

1. The Department of Education is responsible for arranging the expedited due process hearing due to disciplinary action, which must occur within 20 school days of the date the hearing request is filed. The hearing officer must make a determination within 10 school days after the hearing.
2. Unless the parents and education agency agree in writing to waive the resolution meeting, or agree to use the mediation process, a resolution meeting must occur within seven calendar days of receiving notice of the due process hearing request, and
3. The due process hearing may proceed unless the matter has been resolved to the satisfaction of both parties within 15 calendar days of the receipt of the due process hearing request.
4. The decisions on expedited due process hearings are appealable.

**Placement During Appeals.** When an appeal has been made by either the parent or the educational agency, the child must remain in the interim alternative educational setting pending the decision of the hearing officer or until the expiration of the time period, whichever occurs first, unless the parent and education agency agree otherwise.

**Protections for Children Not Determined Eligible for Special Education and Related Services.** A child who has not been determined to be eligible for special education and related services under this part and who has engaged in behavior that violated a code of student conduct, may assert any of the protections provided for in this

part if the education agency had knowledge, as specified below, that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred.

A public agency must be deemed to have knowledge that a child is a child with a disability if before the behavior that precipitated the disciplinary action occurred if:

1. The parent of the child expressed concern in writing to supervisory or administrative personnel of the appropriate educational agency, or a teacher of the child, that the child is in need of special education and related services,
2. The parent of the child requested an evaluation of the child, or
3. The teacher of the child, or other personnel of the education agency, expressed specific concerns about a pattern of behavior demonstrated by the child directly to the director of special education of the agency or to other supervisory personnel of the agency.

Exception. A public agency would not be deemed to have knowledge if the parent of the child has not allowed an evaluation of the child, or has refused services under this part, or the child has been evaluated and determined to not be a child with a disability under this part.

Conditions that Apply if No Basis of Knowledge.

1. If a public agency does not have knowledge that a child is a child with a disability prior to taking disciplinary measures against the child, the child may be subjected to the disciplinary measures applied to children without disabilities who engage in comparable behaviors.
2. If a request is made for an evaluation of a child during the time period in which the child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, the child remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services.
3. If the child is determined to be a child with a disability, taking into consideration information from the evaluation conducted by the education agency and information provided by the parents, the education agency must provide special education and related services in accordance with this part.

**Referral to and Action by Law Enforcement and Judicial Authorities.** Nothing in this part prohibits an agency from reporting an alleged crime committed by a child with a disability to appropriate authorities or prevents State law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by a child with a disability.

Whenever law enforcement or judicial authorities are contacted by a public agency personnel reporting an alleged crime committed by a child with a disability, the IEP Team must, within two weeks of the child's return to school setting:

1. Conduct a functional behavioral assessment unless the LEA has conducted a functional behavioral assessment during the previous 18 months before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan for the child, or
2. If the behavioral intervention plan already has been developed, review the behavioral intervention plan and modify it, as necessary, to address the behavior.

Transmittal of Records. (1) An agency reporting an alleged crime committed by a child with a disability must ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom the agency reports the crime. (2) An agency reporting an alleged crime under this section may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Rights and Privacy Act.

## **SPECIAL EDUCATION RIGHTS UNDER THE IDEA**

### **Purpose(s) of this form:**

- To inform the parent or student (age 19 and older) of his/her rights. The parent or student (age 19 and older) should be fully informed of their rights.

### **When to use this form:**

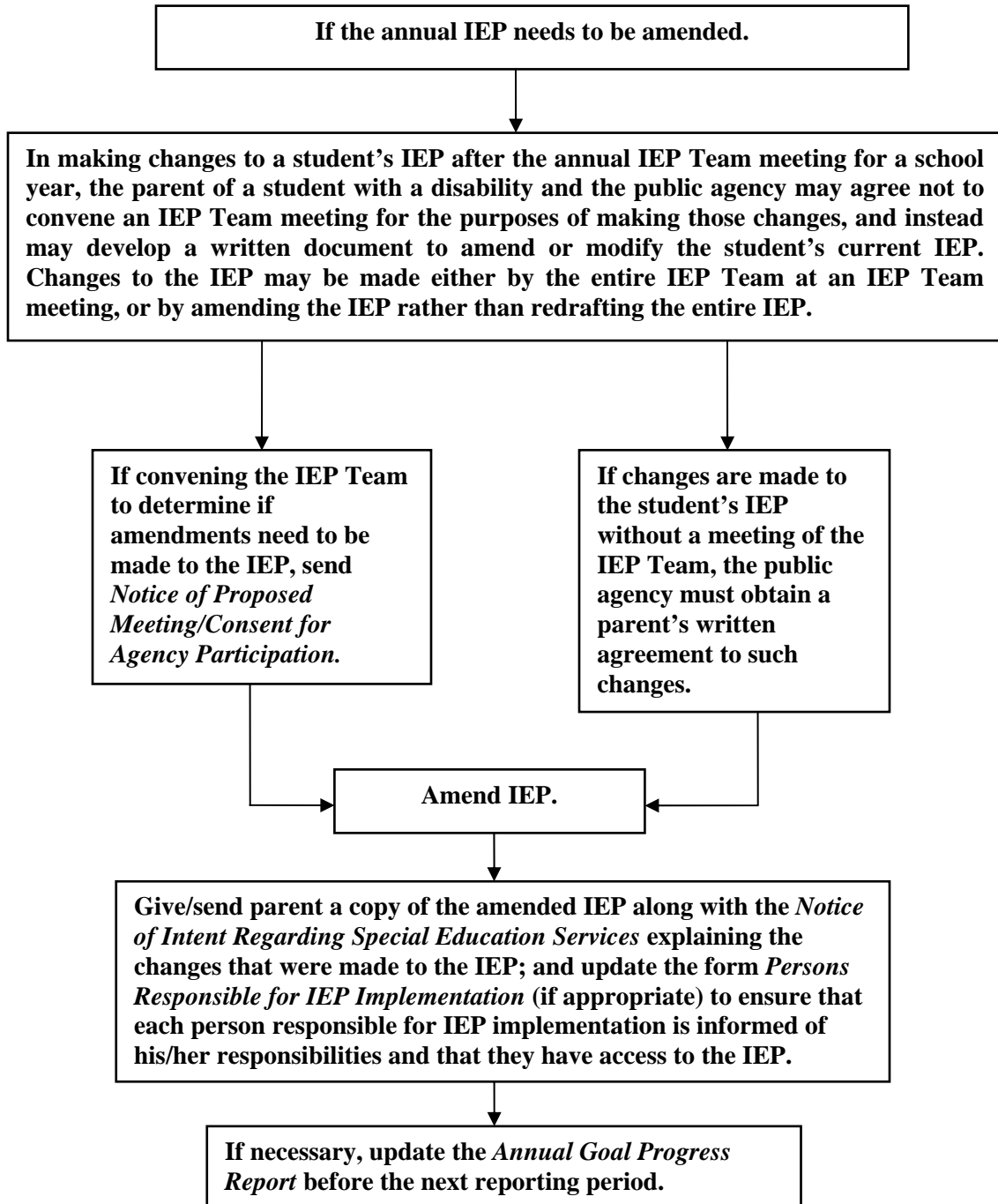
- The parent or student (age 19 and older) must be given a copy of the rights:
  - When a student is initially referred for an evaluation or when the parent requests an evaluation.
  - Upon receipt of the first State complaint in a school year.
  - Upon receipt of the first due process hearing request in a school year.
  - Not later than the date on which the decision is made to take disciplinary action resulting in a change of placement.
  - Upon request by a parent.
  - At least once a year (the SDE is requesting that LEAs provide a copy of the *Special Education Rights* at the annual IEP Team meeting and document the date provided on the signature page of the IEP).
- LEAs are no longer required to provide a copy of *Special Education Rights* with each notice.





## Process Chart 5

### AMENDMENTS TO THE ANNUAL IEP



## PROCESS CHART 5

### AMENDMENTS TO THE ANNUAL IEP

#### Things to Remember When Going Through This Process

##### REMEMBER:

1. The required members of an IEP Team are outlined on page 4 of this document.
2. In making changes to a student's IEP after the annual IEP Team meeting for a school year, the parent of a child with a disability or student (age 19 and older) and the public agency may agree not to convene an IEP Team meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the student's current IEP. Changes to the IEP may be made either by the entire IEP Team at an IEP Team meeting, or by amending the IEP rather than by redrafting the entire IEP. If changes are made to the student's IEP without a meeting of the IEP Team, the public agency must obtain a parent's or student's (age 19 and older) written agreement to such changes and must ensure that the student's IEP Team is informed of those changes. The proposed changes to the IEP must be enclosed with the *Written Agreement between the Parent and the Public Agency to Amend IEP*. The parent or student (age 19 and older) shall be provided with a revised copy of the IEP with the amendments incorporated. The parent and student (age 19 and older) shall be provided with a copy of the signed written agreement form and the *Notice of Intent Regarding Special Education Services* form explaining the revisions.
3. Amendments to the Annual IEP can be made to the existing IEP form.
4. Be sure to inform each teacher and service provider of his/her responsibilities for implementing the child's IEP and document that this has been done by having each person responsible sign the *Persons Responsible for IEP Implementation* form.
5. Develop *Annual Goal Progress Report*.  
If amendments to the **Measurable Annual Goals** have been made, in the Comments section of the *Annual Goal Progress Report* enter the date of the reporting period the amendments were made and if the actual wording of a **Measurable Annual Goal** was changed or the **Measurable Annual Goal** was completely deleted write what the original **Measurable Annual Goal** stated in this section.

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____	
DATE: _____	TIME: _____ LOCATION: _____
<b>The purpose of this meeting is to:</b> <input type="checkbox"/> Determine If Referral Requires Evaluation* <input type="checkbox"/> Discuss The Need For Additional Data Collection <input type="checkbox"/> Determine Initial Or Continued Eligibility <input type="checkbox"/> Develop Initial IEP Or Review/Revise IEP <input type="checkbox"/> Conduct Manifestation Determination <input type="checkbox"/> Develop Functional Behavioral Assessment Plan <input type="checkbox"/> Develop/Revise Behavioral Intervention Plan <input type="checkbox"/> Discuss Transition/Postsecondary Services <input type="checkbox"/> Conduct a Resolution Session <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>The following people will be invited to meet with us:</b> <input type="checkbox"/> Local Education Agency Representative <input type="checkbox"/> Someone Who Can Interpret The Instructional Implications Of The Evaluation Results <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Career/Technical Representative <input type="checkbox"/> Other Agency Representative(s) For Transition** Agency Name _____ Agency Name _____ <input type="checkbox"/> _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

Signature of Education Agency Official

\* Enclosure: *Special Education Rights*

PARENT - STUDENT	
Please <b>check one</b> of the following boxes, sign, date, and return this form to _____ _____ before _____	
<input type="checkbox"/> <b>I WILL BE ABLE TO MEET WITH YOU.</b> <input type="checkbox"/> <b>I CANNOT</b> meet at the date and time indicated. Please contact me to arrange another time. <input type="checkbox"/> <b>I WILL NOT BE ABLE TO MEET WITH YOU.</b> I will contact you if I want more information.	
Please <b>check one</b> of the following boxes if agencies** are indicated above:	
<input type="checkbox"/> <b>I GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting. (EXCLUDING the following agencies: _____)	
<input type="checkbox"/> <b>I DO NOT GIVE CONSENT</b> for representatives from other transition agencies indicated above to attend the meeting.	
_____ <b>Signature of Parent or Student (Age 19)</b>	_____ <b>Date</b>
Documented attempts to contact parent/student (age 19) for IEP meeting.	
Date Notice Sent _____ Results of 1 <sup>st</sup> Attempt _____ 2 <sup>nd</sup> Attempt Date _____ Action _____ Results of 2 <sup>nd</sup> Attempt _____	
Documented attempts to contact student/agency for IEP meeting regarding transition services.	
Student was notified on _____ via _____ Agency was notified on _____ via _____ Agency was notified on _____ via _____	

## NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

### Purpose(s) of this form:

- To notify the parent and student (age 19 and older) of the purpose(s) of the IEP Team meeting and provide the parent or student (age 19 and older) with an opportunity to attend, participate by phone, etc.
- To document that the parent and student (age 19 and older) have been provided written notice of an IEP Team meeting within a time frame that allows the parent or student (age 19 and older) time to respond and reschedule if necessary.
- To provide documentation that all required persons were invited to the meeting.
- To verify that the parent and student (age 19 and older) have received notice in their native language.
- To document attempts to contact the parent or student (age 19 and older) regarding the meeting.
- To inform the parent or student (age 19 and older) who to call to make arrangements if they would like to participate in the meeting by phone.
- To notify the parent of the right to have a representative from Part C attend the initial IEP Team meeting for a child transitioning from Early Intervention to preschool. The parent is responsible for inviting the representative.
- To document consent of the parent or student (age 19 and older) to invite or exclude other agency representatives who may be responsible for providing or paying for transition services if one of the purposes of the meeting is to consider transition services.

### When to use this form:

- Send this form to the parent and student (age 19 and older) every time an IEP Team meeting is scheduled.
- Purposes of meetings:
  - Determine If Referral Requires Evaluation
  - Discuss The Need For Additional Data Collection
  - Determine Initial Or Continued Eligibility
  - Develop Initial IEP Or Review/Revise IEP
  - Conduct Manifestation Determination
  - Develop Functional Behavioral Assessment Plan
  - Develop/Revise Behavioral Intervention Plan
  - Discuss Transition/Postsecondary Services
  - Conduct a Resolution Session

### Things to remember when completing this form:

- The date, time, and location of the meeting should be documented at the top of the page.
- Check all possible purposes of the meeting before sending the notice. Issues for which the parent or student (age 19 and older) has not been provided prior notice may not be addressed unless the parent or student (age 19 and older) is in attendance and agree to discuss the unchecked item(s). If this occurs it should be documented.
- Invite all IEP Team members required for the purpose(s) of the meeting.
- If the parent or student (age 19 and older) requests to participate by phone, ask the parent or student (age 19 and older) to check **“I WILL BE ABLE TO MEET WITH YOU”**. Ensure that you have the number where the parent or student (age 19 and older) can be reached at the scheduled time of the meeting.
- Include a copy of *Special Education Rights* if the purpose of the meeting is to determine if the referral requires an evaluation.
- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.
- Record the date that the notice was sent to the parent and student (age 19 and older) and the results. If there is no response (or if the response is to reschedule the meeting) after the first notice is sent, a second contact must be made and the date of the contact recorded on this form. The action and results of the second contact must be documented.
- Record the date that the notice was sent to the student and/or agency and how they were notified.
- **Agency representatives for transition who may be providing or paying for transition services may not be invited without consent from the parent or student (age 19 and older).**

### What happens next:

- If the parent or student (age 19 and older) checks **“I WILL BE ABLE TO MEET WITH YOU”**, no further action is required. If the parent or student (age 19 and older) checks this option, but does not attend the meeting or is not available by phone as scheduled, the meeting may be held with the other required IEP Team members.

**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**  
*(Continued)*

- If the parent or student (age 19 and older) checks “**I CANNOT** meet at the date and time indicated. Please contact me to arrange another time.” Document this in the **Result** space and reschedule the meeting at a mutually agreed upon time and place.
- If the parent or student (age 19 and older) checks “**I WILL NOT BE ABLE TO MEET WITH YOU.** I will contact you if I want more information.” Hold the meeting as scheduled with the other required IEP Team members.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) the public agency may conduct the meeting.
- If the parent or student (age 19 and older) checks “**I GIVE CONSENT FOR OTHER AGENCY REPRESENTATIVES** to be invited.” The public agency should invite the transition agency representatives to attend the meeting. If the parent or student (age 19 and older) checks this option, but the transition agency representatives do not attend the meeting as scheduled, the meeting may be held with the other required IEP Team members.
- If the parent or student (age 19 and older) checks “**I DO NOT GIVE CONSENT**” the transition agency representative may not be invited to attend the meeting.
- If the parent or student (age 19 and older) does not respond to two attempts (first and second notice) regarding consent for transition agency representatives to attend the meeting the public agency may conduct the meeting but must not invite the agency representatives for transition.
- If the purpose of the meeting is to discuss a referral, and the referral is accepted, the parent or student (age 19 and older) must sign the *Notice and Consent for Initial Evaluation* before any evaluation(s) may be conducted. **Note: The date the public agency receives a signed *Notice and Consent for Initial Evaluation* begins the 60 calendar day timeline to complete the initial evaluation.**
- If the purpose of the meeting is to determine eligibility and/or continued eligibility, a copy of the *Notice and Eligibility Decision Regarding Special Education Services* must be provided to the parent and student (age 19 and older).
- If the purpose of the meeting is to discuss reevaluation, the parent and student (age 19 and older) must also be provided a copy of the *Notice of IEP Team’s Decision Regarding Reevaluation*. If additional data collection/evaluation(s) are required, the parent or student (age 19 and older) must then sign the *Notice and Consent for Reevaluation* form unless two attempts to gain consent with no response can be documented.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_ GRADE \_\_\_\_\_ - \_\_\_\_\_

IEP INITIATION/DURATION DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE ONE)

### Purpose(s) of this page:

- To document the duration of the IEP.
- To describe the strengths and needs of the student and how the student's disability affects his/her involvement and progress in the general education curriculum and, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- To document concerns of the parent, teacher(s), and student.
- To document assessment information.
- To document transition information beginning no later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.
- The first IEP should be written within 30 calendar days of initial eligibility determination and before any special education and related services are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or student (age 19 and older), or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- When completing the **STUDENT PROFILE** page, the **STUDENT'S NAME** should be entered as the student's first, middle, and last name.
- Enter the student's **DATE OF BIRTH**.
- **SCHOOL YEAR** should be written as the indicated year(s). Example: 2010 or 2010-2011, etc.
- **GRADE** should be written as the indicated grade(s). Example: 6 or 6-7.
- **IEP INITIATION/DURATION DATES** may be written from the date of the beginning of school year to the end of the school year. Example: 08/09/10 – 05/27/11. **IEP INITIATION/DURATION DATES** may also be staggered. Example: 09/06/10 – 09/05/11 or 03/08/10 – 03/07/11, etc. (Staggering dates would require the IEP Team to develop goals for the two grades the IEP covers). If the IEP covers two grades, general education standards or the extended standards for both grades must be included in the IEP. The **IEP INITIATION/DURATION DATES** do not constitute the annual IEP meeting date. The date of signatures on the **SIGNATURE PAGE** determines when the next annual IEP meeting must be held. Example: **IEP INITIATION/DURATION DATES** 08/09/10 – 05/27/11. If the date of signatures is 05/06/10, the next annual IEP meeting should be held no later than 05/05/11.
- Unless noted in **extended school year services**, IEPs are *not* implemented when school is not in session.
- The **Student Profile** is the result of the IEP Team's review of assessment data and other information to develop a descriptive summary of the student's performance, strengths, and needs.
- For preschool children transitioning from Early Intervention:  
The IEP must be written and ready to implement by the child's third birthday; If a parent refers their preschool age child for services, the IEP Team follows the 90 calendar day timeline for the initial evaluation process; If the child's third birthday falls during the summer months, the IEP Team will determine when special education services begin.

The **STUDENT PROFILE** might include general statements regarding:

- The strengths of the student.
- How the student's disability affects his/her involvement and progress in the general education curriculum or, for preschool students, how the disability affects the student's participation in age-appropriate activities.
- The concerns of the parent for enhancing the education of the student.
- Information obtained from parent, teacher(s), and the student regarding needs, preferences, and interests.
- The results of the initial or most recent evaluations of the student.
- As appropriate, the results of the student's performance on any general curriculum-based, state, or district wide assessments.
- Transition needs that focus on preparing the student for his/her post-school transition goals.

### What happens next:

- There should be a direct link between the profile and other elements of the IEP.  
The student's strengths, needs, and parental concerns noted in the **STUDENT PROFILE** should be considered when determining and prioritizing services and/or LRE.



## INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

### SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs (deaf or hearing impaired only)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the Alabama Alternate Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
• Are transition services addressed in this IEP with an annual goal(s)?	<input type="checkbox"/>	<input type="checkbox"/>

### TRANSPORTATION AS A RELATED SERVICE

Does the student require transportation as a related service? ☐ YES ☐ NO

Does the student need accommodations or modifications for transportation? ☐ YES ☐ NO

If yes, check any transportation accommodations/modifications that are needed.

☐ Bus driver is aware of student's behavioral and/or medical concerns

☐ Wheelchair lift

☐ Restraint system.

Specify:

☐ Other.

Specify:

### NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

☐ YES.

☐ YES, with supports. Describe:

☐ NO. Explanation must be provided:

### METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

## INDIVIDUALIZED EDUCATION PROGRAM (PROFILE PAGE TWO)

### Purpose(s) of this page:

- To address **SPECIAL INSTRUCTIONAL FACTORS**.
- To address **TRANSPORTATION AS A RELATED SERVICE**.
- To address **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES**.
- To address **ANNUAL GOAL PROGRESS REPORTS**.

### When to use this page:

- Use this page for the initial IEP, each annual IEP, and if necessary, when making amendments to the IEP.
- The first IEP must be written within 30 calendar days of initial eligibility determination and before any **SPECIAL EDUCATION AND RELATED SERVICES** are provided.
- IEPs must be reviewed annually. The annual review date is determined by the date of signatures on the **SIGNATURE PAGE** of the IEP.
- Amendments to the IEP can be made at any time at the request of the parent, or teacher(s) during the duration of the annual IEP. **The amendment signature date(s) cannot be used as the annual review date.**

### Things to remember when completing this page:

- **Yes** or **No** must be selected for each **SPECIAL INSTRUCTIONAL FACTOR**. Any **SPECIAL INSTRUCTIONAL FACTOR** checked **YES, MUST** be addressed through **MEASURABLE ANNUAL GOALS**, and/or **SPECIAL EDUCATION AND RELATED SERVICES**, the transition plan, and/or a behavioral intervention plan.

**NOTE:** Regarding the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

- **Yes** or **No** must be selected for **TRANSPORTATION AS A RELATED SERVICE**. If **No** is checked regarding the student's need for transportation accommodations/modifications, the student will receive the same transportation services provided to nondisabled children. If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. During the discussion, consideration should be given to the entire continuum of services available, including accommodations/modifications on a regular bus; services on a smaller capacity, specially-equipped bus; or some other form of transportation, such as a private vehicle if a parent contract is appropriate for the individual student. Check all items that apply. If the student requires transportation as a related service, the statement, **Bus driver is aware of student's behavioral and/or medical concerns**, should ALWAYS be checked. If **Wheelchair Lift** is checked, the student must be secured in a safe wheelchair before boarding the lift. If **Restraint System** is checked, please specify in the space provided. The need for a restraint system should be carefully considered and documented for each individual student, as well as the type of restraint necessary and appropriate for that student, with input from the Transportation Department. If **Other** is checked, please specify in the space provided. Include the need for any necessary supports (i.e., assigned seat, peer helper, loading/unloading assistance, bus attendant, nurse, BIP, emergency plan of action) or special equipment (i.e., oxygen tank, epipen, diabetic supplies, augmentative communication system/device, service animal), as well as any medical conditions which could impact the student during the service delivery and for which the driver might need additional training. Complete the *Persons Responsible for IEP Implementation* form and ensure the bus driver is aware of his/her responsibility for implementing the IEP. Transportation does not need to be addressed elsewhere in the IEP unless instruction is being provided (e.g., teaching a student how to use public transportation).

**NOTE: Students may not have a shortened school day due to transportation or other administrative conveniences.**

- **NONACADEMIC AND EXTRACURRICULAR ACTIVITIES** must have at least one item checked. If **YES** is checked this indicates the general notion that the student will have some opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers, but not necessarily *all* of those activities and at *all* times. Obviously, a student must be deemed to be “otherwise qualified” to participate in the activity and meet the same criteria for participation that applies to other students. There may be circumstances where the student is not qualified to participate, which will be decided on a case-by-case basis. If **YES, with supports** is checked, please describe the supports in the space provided. If **NO** is checked, please write an explanation in the space provided.
- **ANNUAL GOAL PROGRESS REPORT** will be sent to the parent or student (age 19 and older) each time report cards are issued. Indicate how often the **ANNUAL GOAL PROGRESS REPORT** will be sent home by recording the number of weeks in the space provided (e.g., every 9 weeks, every 6 weeks).

**What happens next:**

- There should be a direct link between the profile and other elements of the IEP.



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

☐ Yes ☐ No This student was invited to the IEP Team meeting.

☐ Yes ☐ No After prior consent of the parent or student (Age 19) was obtained, other agency representatives were invited to the IEP Team meeting.

☐ This student is in a middle school **course of study** that will help prepare him/her for transition.

## **EXIT OPTIONS (Complete for students in grades 9-12)**

☐ Alabama High School Diploma ☐ Graduation Certificate **Anticipated Date of Exit:**  
☐ Alabama Occupational Diploma ☐ Other \_\_\_\_\_ Month \_\_\_\_\_ Year

## **PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

For each course taken, indicate program credit to be earned.	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES				
Alabama High School Diploma								
Alabama Occupational Diploma								
Graduation Certificate								

## **TRANSITION**

(Beginning not later than the first IEP to be in effect when the student is 16, or earlier if appropriate, and updated annually thereafter)

### **Transition Assessments (Check the assessment(s) used to determine the student's measurable transition goals):**

☐ Transition Planning Assessments ☐ Interest Inventory ☐ Other \_\_\_\_\_

### **Transition Goals:**

#### **Postsecondary Education/Employment Goal**

If **Other** is selected, specify

#### **Community/Independent Living Goal**

If **Other** is selected, specify

### **Transition Services: (Based on this student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals.)**

☐ Vocational Evaluation (VE) ☐ Personal Management (PM) ☐ Community Experiences (CE)  
☐ Employment Development (ED) ☐ Transportation (T) ☐ Medical (M)  
☐ Postsecondary Education (PE) ☐ Living Arrangements (LA) ☐ Linkages to Agencies (L)  
☐ Financial Management (FM) ☐ Advocacy/Guardianship (AG) ☐ Other \_\_\_\_\_

## **TRANSFER OF RIGHTS**

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 \_\_\_\_\_

## INDIVIDUALIZED EDUCATION PROGRAM (TRANSITION)

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter. Transition may be addressed for younger students if determined appropriate by the IEP Team. **NOTE: If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**
- You do not have to address transition for a student in middle school if the student is younger than age 16 (if the student is 15 when the IEP is being developed and will turn 16 during implementation of the IEP, transition must be addressed).
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in middle school, you must address: middle school **course of study**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- If the IEP Team addresses transition for a student younger than age 16 (for example, age 14) and the student is in grades 9-12, the following must be addressed: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.
- For all students entering 9<sup>th</sup> grade, regardless of their age, the IEP Team must address: **EXIT OPTIONS**, **ANTICIPATED DATE of EXIT**, **PROGRAM CREDIT TO BE EARNED**, **TRANSITION ASSESSMENTS**, **TRANSITION GOALS**, **TRANSITION SERVICES**, and a **MEASUREABLE ANNUAL GOAL(s)** related to the **TRANSITION SERVICES**.

### Purpose(s) of this page:

- To document that the student was invited to the IEP Team meeting.
- To document that other agency representatives that may be responsible for providing or paying for transition services were invited to the IEP Team meeting.
- To document **course of study** for students that are in middle school.
- To document diploma/**EXIT OPTIONS** for students in grades 9- 12.
- To document **ANTICIPATED DATE OF EXIT** for students in grades 9- 12.
- To document program credits to be earned for students in grades 9- 12.
- To document **TRANSITION ASSESSMENTS** used to determine the student's measurable **TRANSITION GOALS**.
- To document appropriate measurable post-school **TRANSITION GOALS** related to postsecondary education/employment, and community/independent living.
- To document the **TRANSITION SERVICES** (including agency linkages) needed to assist the student in reaching his/her goals.

### When to use this page:

- Transition must be addressed no later than the first IEP to be in effect when the student turns 16 and updated annually thereafter.
- Transition may be addressed for younger students if determined appropriate by the IEP Team.

### Things to remember when completing this page:

- "Yes" must always be checked for "This student was invited to the IEP Team meeting" beginning not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP Team. The invitation to the student must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form.
- "Yes" must always be checked for "After prior consent of the parent or student (age 19) was obtained, other agency representatives were invited to the IEP Team meeting" if the parent or student (age 19 and older) gave consent to invite other agency representatives for transition to the IEP Team meeting. Consent to invite other agency representatives that may be responsible for providing or paying for transition services must be documented on the *Notice of Proposed Meeting/Consent for Agency Participation* form. If consent to invite the other agency representatives for transition was not obtained leave the box blank at the top of this page. Without consent from the parent or student (age 19 and older) agency representatives for transition cannot attend the IEP Team meeting.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

- Check “This student is in a middle school **course of study** that will help prepare him/her for transition” for students who are 16 and older in middle school, or for younger students, if the IEP Team has determined that transition will be addressed for the student. **(Do not check the middle school course of study box if transition will not be addressed for the student).**
- This page must be completed for students who will turn 16 during the implementation year of the IEP.
- The student’s post-school **TRANSITION GOALS** are to be based on the individual student’s strengths, needs, preferences, and interests.

**EXIT OPTIONS: (Complete for students in Grades 9 – 12)**

- This section must be completed prior to entering ninth grade.
- Identify and select the highest, most appropriate option to allow access to maximum post-school opportunities.
- Review annually, and revise the selected exit option as appropriate.
- For students who participate in a graduation ceremony but return for additional years of twelfth grade, continue to mark the same exit option unless the returning student is working toward an option that is different than what was received in the ceremony. For instance, if a student receives a certificate and returns to work toward the AOD, mark AOD as the exit option. If a student receives a certificate and returns, but is not working toward an AOD, continue to mark certificate.

**ANTICIPATED DATE OF EXIT: (Complete for students in Grades 9 – 12)**

- Identify the month and year the student is expected to exit high school.
- Students who have not earned an Alabama High School Diploma and who have not reached their 21<sup>st</sup> birthday by August 1<sup>st</sup> are entitled to receive services up to age 21. A student who turns 21 on or after August 1<sup>st</sup> is entitled to begin and complete the school year.
- Students that turn 21 before August 1<sup>st</sup> are not entitled to services the following school year.

**PROGRAM CREDIT TO BE EARNED: (Complete for students in Grades 9 – 12)**

**(Record current year only): IEP Teams should code the PROGRAM CREDIT TO BE EARNED based on the following:**

- General education courses should be coded on the **Alabama High School Diploma** line.
- **Alabama Occupational Diploma** courses should be coded on the **AOD** line.
- Extended standards courses should be coded on the **Graduation Certificate** line.
- **Accommodations** lessen the impact of the student’s disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When **accommodations** are made for the student with disabilities, the content has not been altered and the student **can** earn course credit.
- **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student’s disability. When course content is **modified**, the student is not pursuing the content prescribed in the applicable course of study and **cannot** earn course credit.
- Students who participate in a graduation ceremony but return for additional years of twelfth grade should continue to work toward earning course credit. These students might be working toward fewer credits and there might be less variety in the subjects, but they should still be working toward credits in those additional years of twelfth grade.

**TRANSITION ASSESSMENTS:**

- **TRANSITION ASSESSMENTS** must be used to determine the student’s postsecondary education/employment and community/independent living goals, and transition needs and services.
- Check the assessments used.
- If other is checked, indicate the name of the assessment.
- Include appropriate documentation of assessments in the student’s file.

**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**TRANSITION GOALS:**

**POSTSECONDARY EDUCATION/EMPLOYMENT GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in **postsecondary education/training** based on completion of graduation requirements and submission of application for enrollment.
- Student will be prepared to participate in **competitive employment with no need for support** based on successful completion of career exploration, community-based work, and/or cooperative education experience.
- Student will be prepared to participate in **competitive employment with time-limited support** based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
- Student will be prepared to participate in **supported employment** based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
- Student will be prepared to participate in **day/activity training program** based on successful completion of school-based career exploration experiences and application for adult services.
- Other: Write an appropriate goal for the student based on the needed transition services.

**COMMUNITY/INDEPENDENT LIVING GOAL (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live **independently** based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live **independently** based on independent living skill level achieved and identification of community/living options and support options.
- Student will be prepared to participate in community activities and live **semi-independently** with **ongoing infrequent support** based on independent living skill level achieved, identification of options, and/or application for adult services.
- Student will be prepared to live in a **group home or other supported environment with full-time support** based on independent living skill level achieved and application for adult services.
- Student will be prepared to live with **parents, guardian, or relatives** based on parental preference and independent living skill level achieved.
- Other: Write an appropriate goal for the student based on the needed **TRANSITION SERVICES**.

**TRANSITION SERVICES:**

- Identify the **TRANSITION SERVICES** needed for the student to reach his or her postsecondary education/employment and community/independent living goals-
- One or more **TRANSITION SERVICE(S)** must be addressed each year for students age 16 or earlier if appropriate and updated annually thereafter.
- All **TRANSITION SERVICES** checked on the transition page of the IEP must be supported through an annual goal.
- An annual goal may address more than one **TRANSITION SERVICE** area checked.
- The annual goal(s) must be measureable and include the **Present Level of Academic Achievement and Functional Performance, Type(s) of Evaluation for Annual Goal, Benchmarks** (if required), and **Special Education and Related Service(s)**.
- Evidence of **TRANSITION SERVICES** and student progress must be collected.

**TRANSFER OF RIGHTS:**

- Record the date the student **was informed** that the rights under the IDEA will transfer at the age of 19.
- This section must be completed not later than the IEP that will be in effect when the student reaches 18.
- The date that the student was first informed that the rights will transfer to him/her at age 19 is the date that should be recorded in any subsequent IEPs.
- All notices must be sent to both the parent and the student (age 19 and older) when the student reaches the age of majority (age 19).



**INDIVIDUALIZED EDUCATION PROGRAM  
(TRANSITION)  
(Continued)**

**What happens next:**

- The exit option is reviewed annually and revised as necessary.
- **TRANSITION ASSESSMENT** information and progress towards goals are reviewed annually and the **TRANSITION SERVICES** are revised as necessary.
- The *Summary of Academic and Functional Performance* (SOP) must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate).



# INDIVIDUALIZED EDUCATION PROGRAM

**STUDENT'S NAME:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

☐ This goal is related to the student's transition services needs.

**MEASURABLE ANNUAL GOAL related to meeting the student's needs:**

**TYPE(S) OF EVALUATION FOR ANNUAL GOAL:**

- ☐ Curriculum Based Assessment    ☐ Teacher/Text Test    ☐ Teacher Observation    ☐ Grades  
☐ Data Collection    ☐ State Assessment(s)    ☐ Work Samples  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**DATE OF MASTERY:** \_\_\_\_\_

**BENCHMARKS:**

- |    |                               |
|----|-------------------------------|
| 1. | <u>Date of Mastery:</u> _____ |
| 2. | <u>Date of Mastery:</u> _____ |
| 3. | <u>Date of Mastery:</u> _____ |
| 4. | <u>Date of Mastery:</u> _____ |

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/ Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)**

**Purpose(s) of this page:**

- To document the following required components of the IEP:
  - The **AREA** for which the **MEASURABLE ANNUAL GOAL** is written.
  - A statement of the student's **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in relation to the **AREA**.
  - The goal is related to the student's **transition services** needs indicated on the transition page of the IEP.
  - A statement of the **MEASURABLE ANNUAL GOAL**.
  - **TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL**.
  - **DATE OF MASTERY**.
  - **BENCHMARKS** for all students being assessed by the Alabama Alternate Assessment.
- A statement of **SPECIAL EDUCATION AND RELATED SERVICES** that will be provided to include the **Anticipated Frequency of Service(s), Amount of Time, Beginning/Ending Date, and Location of Service(s)**.

**When to use this page:**

- Use one page for each **MEASURABLE ANNUAL GOAL** that the IEP Team addresses and to document **DATE OF MASTERY** of **MEASURABLE ANNUAL GOAL** and, if appropriate, **BENCHMARKS**.
- Use this page any time a goal, and/or benchmarks, and/or services are revised/changed.

**Things to remember when completing this page:**

- **The IEP Team should determine and prioritize the students' needs for special education services.**
- Goals for preschool students ages 3 through 5 (who are not in Kindergarten) are based on the *Developmental Standards for Preschool Children with Disabilities*.
- Check **"This goal is related to the student's transition services needs"** to indicate that this goal is written in support of **transition services** indicated on the transition page of the IEP. This box must be checked on at least one goal page in support of **transition services** indicated on the transition page of the IEP or you will not be able to mark the transition page complete in STISETS.
- Academic goals are based on content standards listed in the *Alabama Course of Study*; academic goals for students with significant cognitive disabilities are based on *Alabama Extended Standards*.

**AREA:**

- Identify the **AREA** the **MEASURABLE ANNUAL GOAL** will address. The **AREA** may be an academic **AREA** (e.g., Math, Science) or a functional **AREA** (e.g., community participation, behavior).

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

- Must state how the student's disability affects his/her involvement and progress in the general education curriculum for that particular **AREA** of instruction, or for preschool students, how the disability affects the student's participation in age-appropriate activities.
- Should be stated in a readily understandable way that is precise enough to understand what the student can do and in relation to what the student should be able to do in that **AREA** of instruction.
- There must be a direct relationship between the **AREA**, the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and other components of the IEP, such as a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, and **SPECIAL EDUCATION AND RELATED SERVICE(S)**.

**MEASURABLE ANNUAL GOAL:**

- Must focus on the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum.
- Describe what a student can reasonably be expected to accomplish within one school year.
- Should address the needs written in the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**.
- Be measurable to the extent that they can be used to monitor the student's progress and assess the appropriateness of the special education services.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

- All **transition services** indicated on the transition page of the IEP must be supported through a **MEASURABLE ANNUAL GOAL**.
- An annual goal may address more than one transition services area.
- The annual goal(s) must be a complete goal that addresses all **transition service** areas indicated and include the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, TYPE(S) OF EVALUATION(S)**, and the type of services needed to reach this goal.

**TYPE(S) OF EVALUATION(S) FOR ANNUAL GOAL:**

- Check each type of evaluation that will be used to evaluate the **MEASURABLE ANNUAL GOAL**. At least one must be chosen.
- If **Other** is checked please describe in the space provided. Evaluations listed on the IEP used to measure progress toward attaining the **MEASUREABLE ANNUAL GOAL** do not require parental consent.

**DATE OF MASTERY:**

- Record the actual dates that the student masters the **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**.

**BENCHMARKS:**

**BENCHMARKS should be written if applicable. BENCHMARKS** are no longer required for all students.

**NOTE:** Include **BENCHMARKS** for students participating in the Alabama Alternate Assessment (AAA) or for students in public agencies that require **BENCHMARKS**.

- Must be included for all students participating in the AAA. For each student participating in the AAA, each content area which includes: Reading, Math, Science, Language Arts, and Social Studies must be addressed.
- Must be included if required by the public agency.
- If **BENCHMARKS** are written they must contain the following:
  - Content to be learned or skills to be performed.
  - Measurable, intermediate steps or targeted sub skills between the **PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** and the **MEASURABLE ANNUAL GOAL**.

**SPECIAL EDUCATION AND RELATED SERVICE(S):**

Describe the specially designed instruction that addresses the unique need(s) of the student. The **SPECIAL EDUCATION AND RELATED SERVICE(S)** in the IEP must be based on peer-reviewed research, which means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer-reviewed research also applies to nonacademic areas such as behavioral interventions. Include **Anticipated Frequency of Service(s)** which is how often the service(s) will be provided (e.g., annual, bi-monthly, daily). To complete **Amount of Time** enter minutes per session. **Beginning/Ending Date** is the start to finish of service(s) and may be different from **IEP Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., general education classroom, resource room, school bus, lunch room, gym).

- **Special Education** must be completed for all students with an IEP and should include the content, and delivery of instruction to address the unique needs of the student that result from his/her disability. **NOTE:** For students whose area of disability is Speech or Language Impairment, as documented on the most current *Notice and Eligibility Decision Regarding Special Education Services*, enter Speech or Language services in the special education section. **Accommodations alone do not constitute special education services.**  
**Supplementary Aids and Services** should include accommodations that consist of aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with their least restrictive environment. Examples include tutoring, adult assistance, note-taking, peer helper, preteaching/reteaching or reinforcing concepts, behavior management plan, point sheet, assigned seating, etc.

**INDIVIDUALIZED EDUCATION PROGRAM  
(MEASURABLE ANNUAL GOAL PAGE)  
(Continued)**

When accommodations are made for the student with disabilities, the content standards are the same and the student can earn course credits. **This section should not include accommodations for classroom, district wide, or state assessments.**

- **Program Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.
- **Accommodations Needed for Assessments** should be completed for all students taking classroom and district wide assessments. The only accommodations that are allowed for State assessments are those accommodations that are listed on the "IEP Accommodations Checklist". There must be documentation that the same or similar accommodations needed for State and district wide assessments are provided on an on-going basis for classroom assessments that students take throughout the school year. Examples of **Accommodations Needed for Assessments** include additional time for tasks, organizational aids, highlighter, mnemonics, adapting assignments/tasks, reformatting assessments, audio tapes, large print books, Braille, calculators, word processor, special seating, etc. Record all accommodations the student needs for assessments regardless of whether the accommodations are allowed on state assessments.

**Related Services** should be indicated if these supportive services are necessary for the student to benefit from special education. Examples include audiology services, counseling services, including rehabilitation counseling services, early identification and assessment of disabilities in children, interpreting services, medical services (for diagnostic or evaluation purposes only), occupational therapy, parent counseling and training, physical therapy, psychological services, recreation, including therapeutic recreation, speech-language pathology (as an additional service), social work services in schools, school nurse services, school health services, and orientation and mobility services. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

- **Assistive Technology** should be indicated if a device(s) and/or service(s) is being provided. Examples include voice output devices, word processors, electronic books, talking calculators, alternate computer keyboards, switches, adapted chair, sidelyer, stander, screen magnifier, FM system, adaptive sporting equipment, walker, etc. Assistive Technology does not include a medical device that is surgically implanted, or the replacement of such device.
- **Support for Personnel** should be indicated when training or support is being provided to public agency staff regarding the student's specific need(s). Examples include the LANGUAGE! workshop, training on a specific syndrome or technique, training on an assistive technology device, content area workshop, etc.

**What happens next:**

- Data must be maintained on each **MEASURABLE ANNUAL GOAL** to evaluate whether services are providing educational benefit. **Date of Mastery** should be noted when a **MEASURABLE ANNUAL GOAL** and **BENCHMARKS**, if appropriate, are mastered.

**If the IEP Team determines that there is no need for specially designed instruction and/or the student can work successfully in the general education environment without specially designed instruction, the IEP Team should discuss the need for reevaluation to determine if this student continues to be a student in need of special education services.**

# FOR STATE TESTING FORMS

- GO TO: [www.alsde.edu](http://www.alsde.edu)
- Click on “Sections”
- Click on “Assessment and Accountability”
- Click on “Publications”
- Go to *Policies and Procedures Special Populations Revised*

Please call Student Assessment at 334-242-8038 regarding any questions pertaining to state assessments.





STUDENT'S NAME: \_\_\_\_\_

**GENERAL FACTORS****HAS THE IEP TEAM CONSIDERED:****YES****NO**

- The strengths of the child? ☐ YES ☐ NO
- The concerns of the parents for enhancing the education of the child? ☐ YES ☐ NO
- The results of the initial or most recent evaluations of the child? ☐ YES ☐ NO
- As appropriate, the results of performance on any State or districtwide assessments? ☐ YES ☐ NO
- The academic, developmental, and functional needs of the child? ☐ YES ☐ NO
- The need for extended school year services? ☐ YES ☐ NO

**LEAST RESTRICTIVE ENVIRONMENT**

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? ☐ Yes ☐ No

If no, explain:

Does this student receive all special education services with nondisabled peers? ☐ Yes ☐ No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

☐ 6-21 YEARS OF AGE☐ 3-5 YEARS OF AGE

(Select one from the drop-down box.)

**Secondary LRE** (only if LRE above is Private School-Parent Placed)**COPY OF IEP****COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the IEP given to parent/student (age 19) at the IEP meeting?

☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP meeting?☐ Yes ☐ No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19) \_\_\_\_\_**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

Position	Signature	Date
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

Position	Name	Date

**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)**

**Purpose(s) of this page:**

To document:

- The consideration of **GENERAL FACTORS**.
- **LEAST RESTRICTIVE ENVIRONMENT (LRE)** and the explanation of any removal from the regular education classroom.
- **Secondary LRE** for parentally placed private school students.
- A copy of the **IEP** was given/sent to the parent or student (age 19 and older).
- A copy of the ***Special Education Rights*** was given/sent to the parent or student (age 19 and older).
- A copy of the **amended** IEP was given/sent to the parent or student (age 19 and older).
- All required IEP Team members participated in the development of the IEP.
- The consideration of information from persons not in attendance.

**When to use this page:**

Use this page for the initial IEP, each annual IEP, and if necessary when making amendments to the IEP.

**Things to remember when completing this page:**

**GENERAL FACTORS**

- The IEP Team is required to consider each of these factors as the IEP is developed; therefore, the answer should always be **YES**.
- Answering **YES** to the extended school year services question does not mean that services must be provided; rather it means that services were considered.

**LRE:**

The LRE must be based on the IEP, determined by the IEP Team at least annually, be as close as possible to the student's home, and in the school that he/she would attend if nondisabled, unless the IEP requires some other arrangement. A student with a disability cannot be removed from his/her age-appropriate general education classroom solely because of needed modifications in the general education curriculum.

- Check **YES** or **NO** for each statement under LRE. If **NO** is checked explain in the space provided stating why the student is being removed from the general education classroom. The explanation should not be based on the disability area of the student.
- For **6-21 YEARS OF AGE**, and **3-5 YEARS OF AGE**, select the appropriate LRE from the drop down box.
- Please refer to the *Child Count Help Document* located on our Web page in the statistical information link for specific information regarding LRE.

**COPY OF IEP:**

- Check **YES** or **NO**. If **NO** is checked enter the date in the space provided that the **COPY OF IEP** was sent to the parent or student (age 19 and older).

**COPY OF SPECIAL EDUCATION RIGHTS:**

- Check **YES** or **NO**. If **NO** is checked, enter the date in the space provided that the **COPY OF SPECIAL EDUCATION RIGHTS** was sent to the parent or student (age 19 and older) within the past year.

A copy of the **amended** IEP must be sent to the parent or student (age 19 and older) and the date the amended IEP was sent must be recorded in the space provided.

If the parent, or student (age 19 and older), or teacher(s) have reason to suspect that the IEP needs revision, an IEP meeting may be requested at anytime. The public agency must conduct the IEP meeting **within 30 calendar days** upon the receipt of the request.

**INDIVIDUALIZED EDUCATION PROGRAM  
(SIGNATURE PAGE)  
(Continued)**

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:**

The annual IEP review date is determined by the signature date. Example: If the current annual IEP Team meeting signatures are dated May 6, 2010, the next annual IEP Team meeting must be held by May 5, 2011, regardless of IEP INTIATION/DURATION DATES.

Each student's IEP Team must include all required IEP Team members to develop the IEP.

- IEP Team members who participate in the meeting must sign this page. If a person participates in the IEP Team meeting by a phone conference the attendance should be documented by that person's name. For example, "parent participated by phone" should be written in the signature line. Do not collect signatures at a later date.
- Type in the name of each IEP Team member participant on the individual signature lines when completing the form in STISETS. Maintain a printed copy to be kept on file.

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE:**

If information is submitted from someone unable to attend, that person's position, name, and date the information was received should be recorded in the space provided.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members), is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability or student (age 19 and older) and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

A member of the IEP Team, (as listed in the federal regulations and AAC as required IEP Team members) may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, or student (age 19 and older) in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent or student (age 19 and older) and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent or student (age 19 and older) for the excusal of the required IEP Team member.

**What happens next:**

- The parent or student (age 19 and older) must be provided a copy of the IEP.
- Implement the IEP as written.
- School personnel who have any responsibility to implement the IEP must be informed of the specific accommodations, modifications, and supports that must be provided for the student; must be informed of his/her specific responsibilities related to implementing the IEP; and must have access to the IEP. The *PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION* form must be signed by school personnel that have responsibility for the implementation of the student's IEP.



## Persons Responsible for IEP Implementation

(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for \_\_\_\_\_ (student's name) for the \_\_\_\_\_ school year.

DATE

SIGNATURE

## POSITION

Signature and position of person responsible for informing school personnel of their responsibility.

SDE Approved 2/2/2007

## **PERSONS RESPONSIBLE FOR IEP IMPLEMENTATION** **(Required Form in STI)**

### **Purpose(s) of this page:**

- To document that each regular education teacher, special education teacher, case manager, related service provider (e.g., bus driver, OT, PT, etc.) and any other service provider who is responsible for implementation of the IEP has access to the student's IEP.
- To document that each teacher and service provider has been informed of his or her specific responsibilities related to implementing the student's IEP.
- To document that each teacher and service provider has been informed of specific accommodations, modifications, and supports that must be provided for the student.

### **When to use this form:**

- This form must be completed for every student who has an IEP.
- This form may be completed at the end of an IEP Team meeting. If not completed at the IEP Team meeting, the form should be completed immediately following the meeting.
- This form must be completed when teachers and/or service providers change to ensure that the person now responsible for implementing the IEP has been informed of his/her responsibilities and he/she understands access to the student's IEP must be made available (e.g., amend the IEP, change of schedules).

### **Things to remember when completing this form:**

- Be sure to inform every service provider and teacher of his/her responsibilities for implementing the IEP.
- Be sure every teacher and service provider understands they have access to the IEP. This does not require that every teacher and service provider be provided a copy of the IEP. However, every teacher and/or service provider must have access to the IEP and may receive a copy of the IEP in whole or in part that reflects the teacher and/or service provider's area of responsibility in implementing the IEP. The IEP is a confidential record and must be protected.
- Be sure to include the student's name in the space provided on this page.
- Be sure to include the school year in the space provided on this page.
- Be sure each person who signs this page includes the date of signature and his/her position.
- Be sure the person responsible for informing school personnel of their responsibility signs in the space provided on this page.
  - All service providers who are responsible for implementation of the IEP must sign this page.
  - Type in the name of each person responsible for implementing the IEP in the space provided when completing the form in STISETS. Maintain a printed copy to be kept on file.

### **What happens next:**

- Implement the IEP as written.
- If the IEP is revised and/or amended, persons responsible for IEP implementation should be informed and new signatures obtained.

## Annual Goal Progress Report

Student Name: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_

IEP Initiation/Duration Dates From: \_\_\_\_\_ to \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 IEP Annual Review Date: \_\_\_\_\_

Use the legends below to evaluate the student's progress toward the annual goals. The 1<sup>st</sup> column should indicate the *Report of Progress* using the numbers 1-4. The 2<sup>nd</sup> column should indicate the *Extent of Progress* using the numbers 1-4.

### Report of Progress on Annual Goals

1. Goal has been met.
2. Some progress made.
3. Very little progress made.
4. No progress made.

### Extent of Progress Toward Meeting the Annual Goals

1. Goal mastered.
2. Anticipate mastery.
3. Do not anticipate mastery.
4. *NA* Not applicable during this grading period.

Measurable Annual Goals

		Report/Extent of Progress					
		Record Date of Reporting Periods					

School System  
 School Name

## Annual Goal Progress Report

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Reporting Periods	Comments

Special Education Teacher/  
Case Manager Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\* Hard copy should be placed in student's special education record. \*\*\*

School System  
School Name



## ANNUAL GOAL PROGRESS REPORT

### Purpose(s) of this page:

- To document student progress toward annual IEP goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the school year.

### When to use this form:

- This form must be completed for every student who has an IEP.
- This form must be completed and sent to the parent or student (age 19 and older) to report extent of progress concurrent with the issuance of report cards as scheduled by the public agency.

### Things to remember when completing this page:

- **Student Name**, and **Student ID Number** will automatically be populated from the student's IEP.
- **Comments** must be entered manually. (Please Note: If amendments to IEP goals have been made, in the **Comments** section state the date of reporting period the amendments were made and if the actual wording of a goal was changed or the goal was completely deleted write what the original goal stated in this section).
- **Special Education/Case Manager Name** will populate from STISETS program.
- **Telephone Number** must be entered manually.
- **Parent/Guardian Signature**, and **Date Signed** are for public agencies requiring signatures.

### What happens next:

- The parent or student (age 19 and older) must be provided a copy of the *Annual Goal Progress Report* each reporting period concurrent with the issuance of report cards.
- A hard copy of the *Annual Goal Progress Report* should be placed in the student's special education file each reporting period concurrent with the issuance of report cards.



# NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

The IEP Team considered a request to initiate or change the following checked item(s) regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- ☐ Identification
 ☐ Evaluation
 ☐ Placement
 ☐ Other  
☐ LEA Response to DPH Request
 ☐ Provision of Free Appropriate Public Education
 ☐ Other

## DECISION

**If action is required by the education agency regarding this decision, it will be implemented immediately or without unnecessary delay after the date of this letter.**

## BASIS FOR DECISION

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

### EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

at

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_

## NOTICE OF INTENT REGARDING SPECIAL EDUCATION SERVICES

### **Purpose(s) of this form:**

- To document the IEP Team's decision **not** to accept a referral for an evaluation to determine eligibility for special education.
- To document the IEP Team's decision not to provide the special education/related service an IEP Team member is requesting to be included in the IEP.
- To document the IEP Team's decision to change the placement of the student.
- To document that the student will not be returning to school the next school year because the student:
  - Will be graduating from high school with the Alabama High School Diploma.
  - Will be age twenty-one prior to August 1 of the next school year.
  - To document that the parent and student who has reached the age of majority (age 19) have been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services if eligible, to age 21.
- To document the LEAs response to a DPH request when the public agency did not provide a notice prior to the DPH request.
- To document minor changes on an IEP (i.e., misspelled words, grammatical errors). Check with you local special education coordinator for permission to use this process to make minor changes to the IEP.
- To document corrective actions after an internal/SDE monitoring review.
- To document that the parent or student (age 19 and older) has revoked consent for the provision of special education services.

### **When to use this form:**

- Give the completed form to the parent and student (age 19 and older) at the IEP Team meeting or send to both the parent and student if they are not in attendance:
- When the IEP Team has decided not to evaluate the student when the student is initially referred for an evaluation (check identification and check evaluation).
- When the IEP Team refuses to provide a service requested by an IEP Team member (check FAPE).
- When the IEP Team is proposing to change the placement of the student (Check placement and FAPE).
- Use this form to provide prior notice of the student exiting school because of graduating with the Alabama High School Diploma or reaching age twenty-one prior to August 1. (Check Placement and FAPE).
- Use this form to provide documentation to the parent and student who has reached the age of majority (age 19) that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.
- Give the completed form to the parent and student (age 19 and older) when a DPH request is received and this form has not been provided prior to the DPH request (check all that applies).
- This form may be used to document minor changes on an IEP. Seek guidance from the local Special Education Coordinator.
- This form may be used to document minor corrections found during internal monitoring /SDE monitoring.  
**Seek guidance from the local Special Education Coordinator.** Examples are as follows:
  - A required evaluation was administered and considered by the IEP Team or Eligibility Committee, but was omitted from the eligibility report.
  - A copy of the eligibility report was not given or sent to the parent and student (age 19 and older).
  - A copy of the IEP was not given or sent to the parent and student (age 19 and older).
  - The date of birth was recorded incorrectly on the IEP.
- Do **not** use this form to request additional data collection/evaluation. For this request, the IEP Team must meet and document the decision on the *Notice of IEP Team's Decision Regarding Reevaluation*.

### **Things to remember when completing this form:**

- Type the name of the person signing as the education agency official in the space provided when completing the form in STISETS.

### **What happens next:**

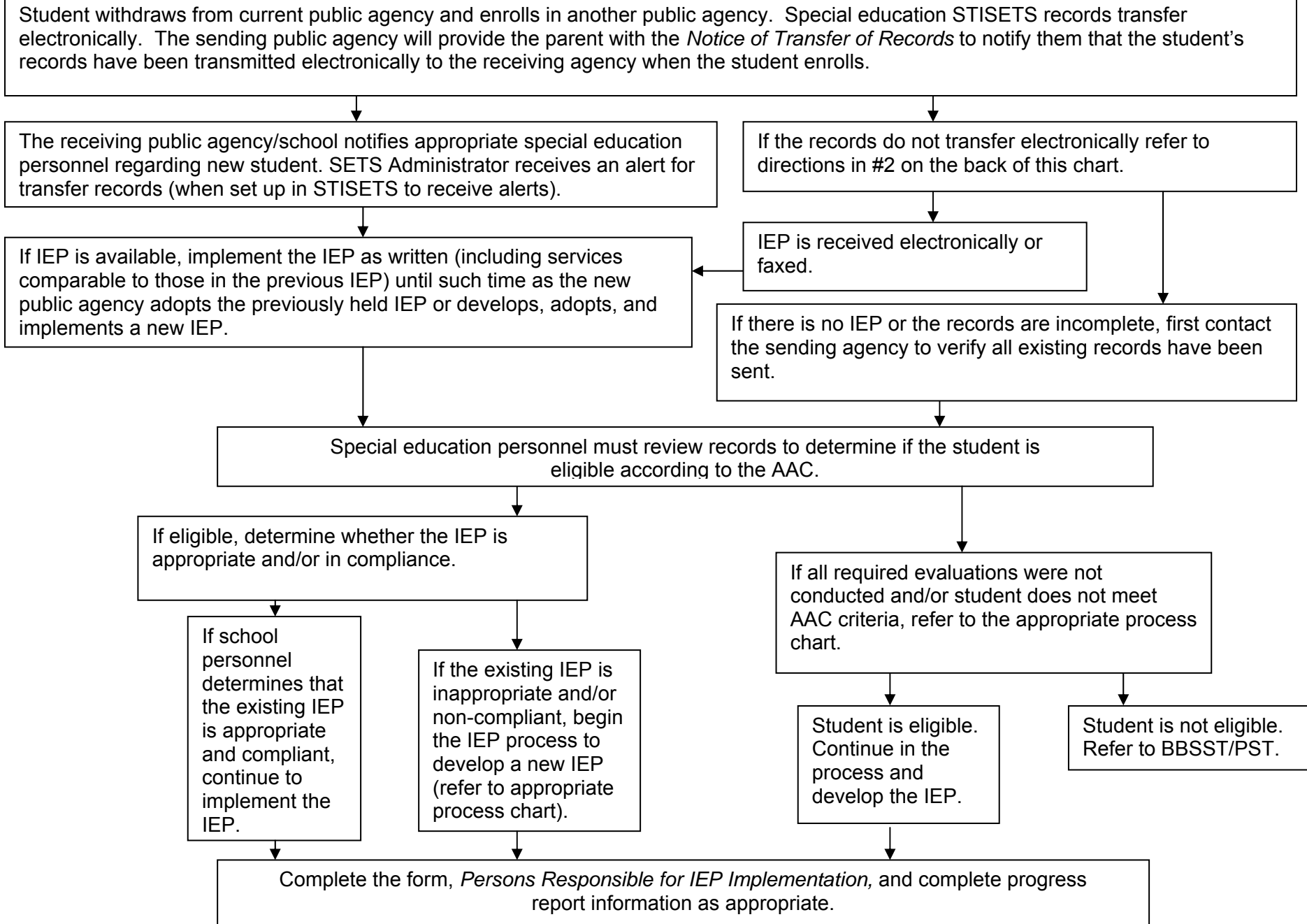
- If action is required by the public agency regarding the decision, the action will be implemented immediately or without unnecessary delay after the date of the notice.
- Give/send the completed form to the parent and student (age 19 and older) when the public agency proposes to, or refuses to, initiate or change the identification, evaluation, placement, and/or the provision of a free appropriate public education.

# APPENDICES

- **In-State Student Transfer Process**
- **Notice of Transfer of Records**
- **Out-of-State Student Transfer Process**
- **Notice and Consent Regarding Payment from Medicaid Benefits**
- **Notice of Revocation of Consent for Continued Provision of Special Education and Related Services**
- **Initial or Reevaluation Written Agreement(s) Between the Parent and the Public Agency**
- **Written Agreement Between the Parent and the Public Agency to Amend IEP**
- **Questions and Answers**
- **Optional Forms**



# IN-STATE STUDENT TRANSFER PROCESS



## IN-STATE STUDENT TRANSFER PROCESS

1. Refer to the *Notice of Transfer of Records* form available on [www.alsde.edu](http://www.alsde.edu).
2. STISETS records will electronically transfer upon enrollment in the new agency, except under the following conditions:
  - If the receiving agency is not operating on the same version of STISETS as the sending agency, the records will not transfer until such time as the receiving agency has updated to the same version. This will occur primarily around the release of a STISETS update.
  - The sending agency did not put forms into STISETS. In this case, contact the sending agency and request faxed copies. (At a minimum the receiving agency must enter the most current eligibility process that includes an eligibility report and the most current IEP process, as well as a copy of the *Notice and Consent for Provision of Special Education Services*).
  - Contact your technology coordinator to verify the SETS STATE ENROLLMENT SERVICE is running with no errors on the SQL server. If there are errors, contact STI support.
  - For students enrolled as an E99 (not withdrawn from the sending agency) records will be delayed until resolved.
  - The sending agency archived the student folder.
3. Each public agency should designate personnel to review records for compliance with AAC.
4. If records received were incomplete, first contact the sending agency to verify all existing records have been sent. In some cases, hard copies of records have been completed but have not been entered into STISETS at the time the student transferred to another public agency.
  - If the student was in the middle of the referral process in STISETS, complete any required documentation in the referral process.
  - If the student's most recent documentation was in any other process, complete any required documentation in that process.
5. **PLEASE NOTE:** Receiving agencies that only receive hard copies of records are responsible for entering the minimal data into STISETS. (The most current eligibility process that includes an eligibility report and the most current IEP process, as well as a copy of the *Notice and Consent for Provision of Special Education Services*).
6. If the receiving agency receives electronic records for a student that was previously enrolled in the same agency, it will result in duplicate records. The receiving agency must review the records and archive one folder and change the other folder to active status.



(Print on public education agency letterhead)

Notice of Transfer of Records

Dear Parent/Guardian:

This is to notify you that the education records, including the IEP and supporting documents and other records related to the provision of special education or related services for (student name)\_\_\_\_\_ have been transferred from (previous public education agency)\_\_\_\_\_ to electronic storage on (date)\_\_\_\_\_.

Should the student enroll in another public education agency in Alabama, the records will be electronically sent to the receiving public education agency upon enrollment. Should the student enroll in a public education agency in another state, a hard copy of the records should be requested by the public agency in the new state from the last public education agency attended in Alabama.

The confidentiality of the records will be maintained according to federal regulations, the Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99 and state regulations, the *Alabama Administrative Code* 290-8-9(2)(e).

Should you have questions or need assistance, please contact:

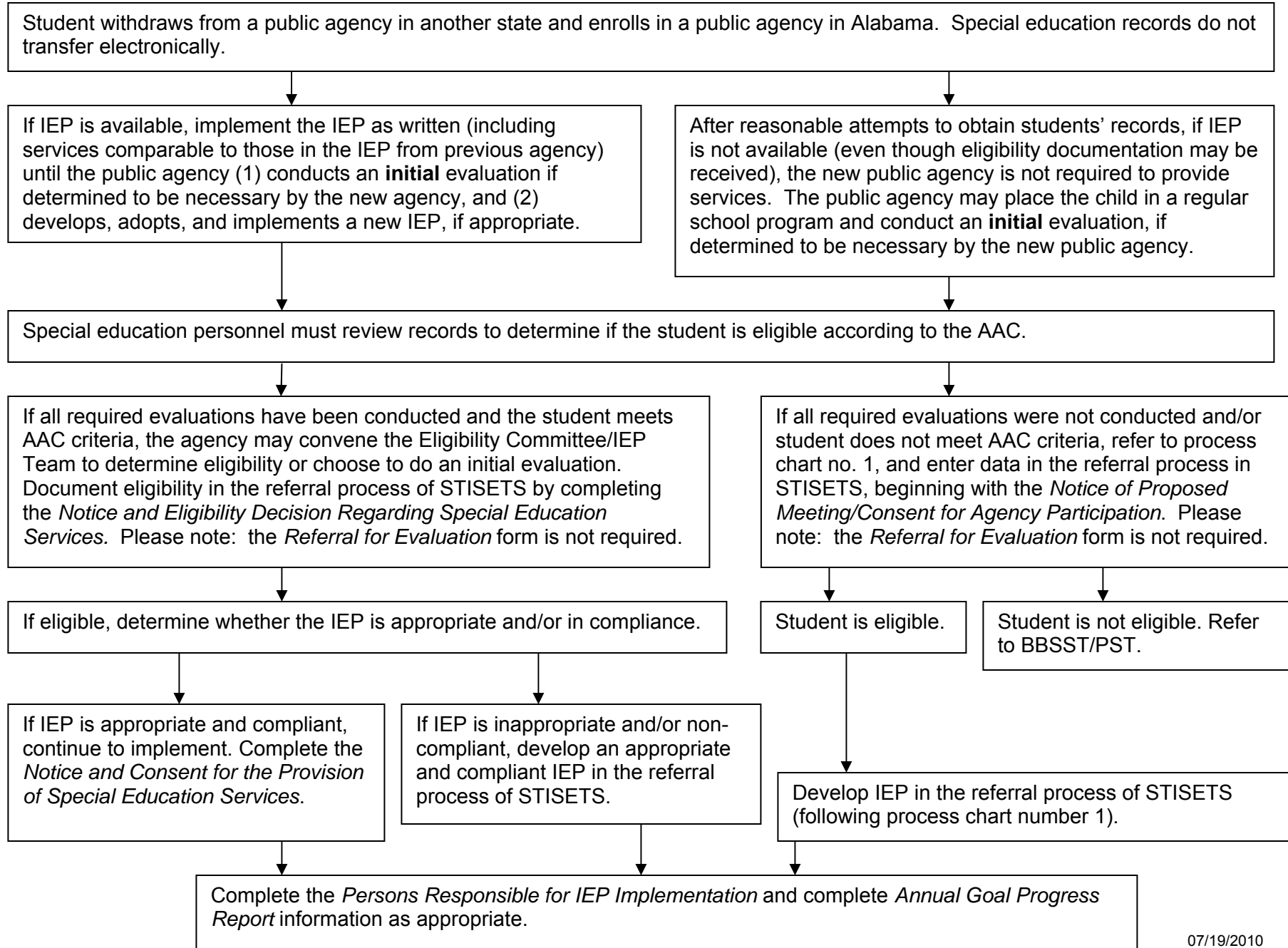
\_\_\_\_\_  
Public Education Agency Official

\_\_\_\_\_  
Telephone:

7/19/07



# OUT-OF-STATE STUDENT TRANSFER PROCESS



## OUT-OF-STATE STUDENT TRANSFER PROCESS

1. Do not enter any out-of-state data into STISETS unless you are entering it as a part of the process to determine initial eligibility and services to be provided (e.g., the referral process).
2. If an IEP is available, implement the hard copy of the IEP as written (including services comparable to those in the previous IEP) until such time that the receiving agency determines eligibility according to AAC criteria.
3. If the parent and the new public agency agree on services that the student needs until records are received from the previous public agency, those agreed upon services can be provided. If the parent and the public agency do not agree on the services to be provided, the student is enrolled in the regular education program along with any special education and related services on which the parent and the public agency agree.
4. Complete the *Notice of Intent Regarding Special Education Services* form to document that the IEP (or comparable services) from the other State is being implemented until eligibility in Alabama has been determined. Also, complete the *Persons Responsible for IEP Implementation* form. The *Annual Goal Progress Report* information should be completed on a hard copy form until an IEP is entered into STISETS.
5. The receiving agency may always choose to do an initial evaluation to determine eligibility according to the AAC and/or they may choose to use the out-of-state evaluations at their own discretion to determine initial eligibility.
6. If the child is determined to be eligible according to AAC criteria, obtain consent to provide services and develop an IEP using information obtained from the previous IEP and information gathered since the child entered your LEA.
7. Each public agency should designate personnel to review records for compliance with AAC.

## Notice and Consent Regarding Payment from Medicaid Benefits

The rules under the *Individuals With Disabilities Education Improvement Act of 2004* (IDEA) regarding the use of public benefits, such as Medicaid, require schools to obtain consent from a parent before accessing a child's Medicaid benefits. IDEA and the *Family Educational Rights and Privacy Act* (FERPA) also require schools to obtain parental consent before disclosing information from a child's education records to outside parties such as Medicaid or another public health insurance agency.

"Consent" means that the parent has been fully informed of all relevant information in his or her native language or other mode of communication; that the parent understands and agrees in writing; that the consent describes what the school system seeks to do and lists the records that will be released and to whom; and that the parent understands that giving consent is voluntary and that he or she can change his/her mind at any time. Parents must have advance notice of the school's efforts to use a child's public benefits to pay for special education services and an opportunity to prevent any related disclosure of information from the child's education records.

Prior to accessing a child's Medicaid benefits, the school system must make sure that using the child's Medicaid benefits will *not*:

- Decrease available lifetime coverage or any other insured benefit.
- Result in the family paying for services that the child needs outside of school and that otherwise would be covered by the public benefits.
- Increase premiums or lead to discontinuation of benefits.
- Risk loss of eligibility for home and community-based waivers based on total health-related expenditures.

School officials must inform the parent of the school's interest in utilizing Medicaid benefits as well as the above-listed constraints; seek from the parent (and other relevant sources) the information necessary for the school system to utilize Medicaid benefits; solicit any parental concerns; and give parents a meaningful opportunity to express any relevant concerns about the process.

School officials may not require parents to sign up for Medicaid benefits as a condition for their child receiving services under IDEA. Nor may they require parents whose children *are* enrolled in Medicaid to incur any out-of-pocket expenses, such as paying a deductible or co-payment.

Authorization for \_\_\_\_\_ School Year  
Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ (day before the upcoming school year begins)

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ (the "School System") to disclose personally identifiable information of \_\_\_\_\_ (the student) to the Alabama State Medicaid Agency and its contractors ("Medicaid"), for the purposes of determining the student's Medicaid status. If the student is determined to be covered by Medicaid, I authorize the school system to bill Medicaid for Medicaid-covered health services provided to the student that are in the student's Individualized Education Plan (IEP). I understand that, upon request, I may receive copies of the student's educational records that are disclosed as a result of this authorization. I understand that this consent must be renewed annually. I also understand that my refusal to allow access to the Medicaid benefits does not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

Notice and Consent Regarding Payment from Medicaid Benefits 8/25/2006

## **Notice and Consent Regarding Payment from Medicaid Benefits**

Reference: 34CFR 300.154(d)

### **Purpose(s) of this form:**

- To document that notice has been provided to the parent(s) regarding the public agency billing Medicaid for certain necessary health services provided by the public agency to the student(s) served by Medicaid.
- To document that the parent provided informed consent for the public agency, in the process of billing for Medicaid services, to provide educational information about the student with a disability who is served by Medicaid.

### **When to use this form:**

- Use this form at an annual IEP meeting or an update meeting for students served by Medicaid or who may become eligible for Medicaid.
- The public agency may use this form to provide notice and obtain consent to bill for Medicaid eligible services provided by the current public agency up to a year prior to the date of authorization.
- If this consent is not obtained during an IEP Team meeting or a parent conference, under extenuating circumstances, the public agency may provide the notice and consent form along with a cover letter of explanation and public agency contact information for questions the parent may have.

### **Things to remember when completing this form:**

- Enter the School Year for the period of authorization. Authorization is good for up to one year.
- Enter the date of expiration, which is the day before the upcoming school year begins. It should be entered in the format mm/dd/yy, where m is month, d is day and y is year.
- Enter the name of the parent or guardian providing authorization.
- Enter the name of the school system seeking authorization.
- Enter the child's full name as it appears on school enrollment.
- Signature of the person providing authorization must be the parent or guardian.
- Enter the relationship to the student of the person providing authorization.
- Enter the date the authorization was signed.
- Upon completion of the form, open the student's folder in STISETS and check the "Permission to Bill Medicaid" box located on the screen labeled "Other" tab. The date of expiration should also be entered in the adjoining fields in the mm/dd/yy format.
- If for any reason the form is completed not using STISETS, the information should be entered in STISETS as soon as possible after completing the process of obtaining consent. The information must be entered in STISETS to begin the billing process and for auditing purposes.

### **What happens next:**

- The billing process may be implemented.

## NOTICE OF REVOCATION OF CONSENT FOR CONTINUED PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

Dear Parent:

It is our understanding that you no longer want your child, \_\_\_\_\_, to receive special education and related services.

By revoking consent for the continued provision of special education and related services, you must understand that the public agency:

1. May not continue to provide special education and related services to the child, but must provide prior written notice before ceasing the provision of special education and related services.
2. May not use the Mediation or Due Process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. Will not be considered to be in violation of the requirement to make free appropriate public education available to the child because of the failure to provide the child with further special education and related services.
4. Is not required to convene an Individualized Education Program (IEP) Team meeting or develop an IEP for the child for further provision of special education and related services.
5. Will no longer provide services to your child as of the date the public agency provides written notice.
6. Is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

If you have questions regarding this decision, your rights, or wish to schedule a conference, please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this form to: \_\_\_\_\_

Address: \_\_\_\_\_

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at [www.alsde.edu](http://www.alsde.edu). Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

- ☐ Yes, I want to revoke my consent for the continued provision of special education services.
- ☐ No, after understanding the provisions above, I do not want to revoke my consent. I want my child to continue to receive special education and related services.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

**Date Notice Received by Public Agency** \_\_\_\_\_

## **Notice of Revocation of Consent for Continued Provision of Special Education and Related Services**

### **Purpose(s) of the form:**

- To document in writing the parent's or student's (age 19 and older) request to revoke consent for the continued provision of special education and related services.
- To inform the parent or student (age 19 and older) of the provisions that the public agency has to adhere to should a parent or student (age 19 and older) revoke consent for the continued provision of special education and related services.

### **When to use this form:**

- This form is used when a parent requests that his/her child no longer receive special education and related services. A student (age 19 and older) may also request that they no longer receive special education and related services.

### **Things to remember:**

- The revocation of services must be in writing.  
If the parent or student (age 19 and older) has checked no, "I do not want to revoke my consent" at the bottom of the form, the student must continue receiving special education and related services.
- Upon receipt of a signed copy of the *Notice of Revocation of Consent for Continued Provision of Special Education and Related Services* form indicating the parent or student (age 19 and older) does want to revoke consent, the public agency must provide/send a copy of the *Notice of Intent Regarding Special Education Services* informing the parent and student (age 19 and older) that the student will no longer receive special education and related services at the request of the parent or student (age 19 and older).
- The public agency must discontinue services.
- If a referral for an evaluation is made at a later date for this child, the evaluation will be an initial evaluation.



**INITIAL OR REEVALUATION WRITTEN AGREEMENT(S) BETWEEN THE PARENT AND THE PUBLIC AGENCY**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSID # \_\_\_\_\_  
 Attending School \_\_\_\_\_ Case Manager \_\_\_\_\_

**Authorized public agency staff have explained to the parent that he/she is not required to enter these agreements.**

---

**[ ] Waiver of 60 Day Timeline for the Completion of an Initial Evaluation of a Transfer Student**

The 60 calendar day evaluation timeline for completing the initial evaluation does not apply if:

A public agency initiates an evaluation of the student; and the student moves to another public agency before the evaluation has been completed;

and the new public agency is promptly seeking information from the previous public agency and promptly completing the evaluation;

and the new public agency and you agree that the evaluation will be completed by a specific date.

I agree with the public agency that the initial evaluation will be completed by: \_\_\_\_\_

---

**[ ] Three Year Reevaluation** Due on \_\_\_\_\_

I agree with the public agency that a three-year reevaluation is not necessary at this time.

---

Parent/Student (Age 19) Signature

---

Date

---

Authorized Public Agency Staff Signature

---

Date

## **INITIAL OR REEVALUTION WRITTEN AGREEMENT(S) BETWEEN THE PARENT AND THE PUBLIC AGENCY**

### **Purpose(s) of this form:**

- To have documentation in writing from the parent or student (age 19 and older) to waive the 60 day timeline for the completion of an initial evaluation for a transfer student and to agree to a specific date to complete the evaluation. *Alabama Administrative Code 290-8.9.02(1)(b) EXCEPTION: (1) (2)*
- To have documentation in writing from the parent or student (age 19 and older) that a three year reevaluation will not be conducted because the parent or student (age 19 and older) and the public agency agree it is not necessary.
- If either of the above options are used, this form must be used to document the decision.

### **When to use this form:**

- To document waiving the 60 day timeline for the completion of an initial evaluation for a transfer student. See specifics under the *Alabama Administrative Code 290-8.9.02(1)(b) EXCEPTION: (1) (2)*
- To document agreement between the public agency and the parent or student (age 19 and older) that a three year reevaluation is not necessary.

### **Things to remember when completing this form:**

#### **Initial Evaluation:**

- Specifics as to when a waiver of the 60 calendar day timeline may be used are listed in the AAC. This waiver does not apply unless the specific criteria are met.

#### **Reevaluation:**

- If the public agency and the parent or student (age 19 and older) have a written agreement not to conduct a three year reevaluation, the reevaluation process does not need to take place.
- A public agency should not agree to not conducting a three year reevaluation if all required assessments have not been administered and/or the child does not meet current AAC criteria.
- According to the commentary to the federal regulations, OSEP states that the opportunity for a parent and the public agency to agree that a reevaluation is not necessary occurs before a reevaluation begins. OSEP goes on to say that a reevaluation begins with the review of existing data. OSEP believes that in reaching an agreement, the parent and the public agency will discuss advantages and disadvantages of conducting a reevaluation as well as what effect a reevaluation might have on the child's educational program. Therefore, if the LEA is considering this option, SES strongly suggest that this discussion would take place at the very beginning of the meeting prior to discussing the reevaluation needs. If the parent and the public agency agree that a reevaluation is not necessary, the *INITIAL OR REEVALUTION WRITTEN AGREEMENT(S) BETWEEN THE PARENT AND THE PUBLIC AGENCY* form must be signed by both parties to show agreement. A copy of the signed agreement along with a *Notice of Intent Regarding Special Education Services* explaining the decision must be provided to the parent.  
If there is not agreement, the reevaluation process must be followed. (i.e., *Notice of IEP Team's Decision Regarding Reevaluation, Notice and Consent for Reevaluation, Notice and Eligibility Decision Regarding Special Education Services*).
- Remember, the parent may request a reevaluation at anytime.
- It is not appropriate to automatically state that this option will be used or limited to a specific group of students.
- SES heavily emphasizes that LEAs or public agencies use extreme caution if they choose to use this option.

### **What happens next:**

- A copy of a signed written agreement(s) between the parent or student (age 19 and older) and the public agency should be given to the parent or student (age 19 and older). Document the date the agreement was provided to the parent or student (age 19 and older) and the date of the next three year reevaluation for continued eligibility date in the annotate process.

## WRITTEN AGREEMENT BETWEEN THE PARENT AND THE PUBLIC AGENCY TO AMEND IEP

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Student ID # \_\_\_\_\_  
 School \_\_\_\_\_ Case Manager \_\_\_\_\_

In making changes to a student's IEP, the parent of a student with a disability and the public school system may agree not to convene an IEP Team meeting, and instead may develop a written document to amend or modify the student's IEP.

In order to make this proposed change to the IEP and not convene the IEP Team, your written agreement to make this change is needed. If you agree to the proposed change(s), your student's IEP Team members will be informed of the change(s). You will receive a copy of the revised IEP with the change(s) incorporated. Please check, sign, and date below, and return this form to your student's teacher.

**[ ] I approve the proposed enclosed change(s) to the annual IEP, and I do not wish to have a meeting.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

You have the right to request an IEP Team meeting to discuss this with school personnel. If you wish to have a meeting, please check, sign, and date below, and return this form to your student's teacher.

**[ ] I wish to request an IEP Team meeting to discuss this change.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Please return this form by** \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Education Agency Official

\_\_\_\_\_  
 Telephone Number

Date this form was provided/sent to the parent/student (age 19) \_\_\_\_\_

## **WRITTEN AGREEMENT BETWEEN THE PARENT AND THE PUBLIC AGENCY TO AMEND IEP**

### **Purpose of this form:**

- To have documentation in writing from the parent or student (age 19 and older) that revisions may be made to the IEP other than at the annual IEP meeting without convening the IEP Team.
- If this option is used, this form must be completed to document the decision.
- To document agreement to the proposed revisions.

### **When to use this form:**

- To document making changes to the IEP other than at the annual IEP meeting without convening the IEP Team.

### **Things to remember when completing this form:**

- When making revisions to the IEP other than at the annual IEP meeting, the parent of a child with a disability or the student (age 19 and older) and the public agency agree not to convene an IEP Team meeting for the purposes of making changes to the annual IEP. If changes are made to the child's IEP without a meeting of the IEP Team, the public agency must obtain a parent's or student's (age 19 and older) written agreement to such changes before any changes are implemented.
- When making revisions to the IEP other than at the annual IEP meeting, the IEP revision(s) must be written on the student's IEP and dated. A completed copy of the IEP with the amendments incorporated must be filed with the student's education records, and the parent or student (age 19 and older) shall be provided with a revised copy of the IEP with the amendments incorporated, a copy of the signed written agreement form and the *Notice of Intent Regarding Special Education Services* form explaining the revisions.
- When making revisions to the IEP other than at the annual IEP meeting, the IEP Team as well as anyone responsible for implementing the IEP must be informed of changes to the IEP. The form, *Persons Responsible for IEP Implementation* must be updated to reflect any changes in service providers and/or his/her responsibilities.

### **What happens next:**

- A copy of a written agreement between the parent or student (age 19 and older) and the public agency should be given to the parent or the student (age 19 and older).
- Document the date a copy was provided at the bottom of the form.

# **Q & A**

## **SPECIAL EDUCATION PROCESS**

- **INTERVENTION STRATEGIES**
- **REFERRAL**
- **INITIAL EVALUATION**
- **ELIGIBILITY**
- **REEVALUATION**



## **INTERVENTION STRATEGIES**

**1. Do intervention strategies in the general education classroom apply to students referred for speech or language impairments?**

Intervention strategies are required for students referred for a suspected language disability but may be waived for students suspected of having articulation, voice, or fluency problems.

**2. Is progress monitoring in the regular education classroom required for students referred for a speech or language impairment?**

Progress monitoring does not include initial articulation, voice, or fluency referrals but does include language referrals since children referred for suspected language problems must participate in RtI.

**3. If a student is SLI for articulation only and is experiencing academic difficulties, does he/she need to go through the BBSST/PST and interventions before doing further testing?**

No. The student has already been determined eligible for special education services and is, therefore, eligible for any service that the IEP Team determines is required after appropriate evaluations have been completed (Process Chart 3). The IEP Team may determine that the reevaluation process (Process Chart 2) would be appropriate to determine if a different disability area more accurately represents the difficulties the child is experiencing.

**4. How do you handle summer referrals by parents?**

Remember that intervention strategies in the general education classroom may be waived for parent referrals. **The IEP Team does need to meet to act on parent referrals in the summer.** If the IEP Team believes that more information is needed, the interventions can be implemented when school begins. Otherwise, the public agency proceeds with the evaluation. The public agency needs to document the decision in the student folder.

**5. How do you determine whether accommodations and supports have been attempted in private school?**

There is no exemption delineated for private schools. The principal/headmaster of the private school and a teacher from the same school may serve as a team to provide and monitor instructional interventions. Public schools have the responsibility to provide the required forms. Remember, intervention strategies may be waived for a parent request for an evaluation.

**6. Who do you suggest complete the Functional Assessment of the Classroom Environment (FACE) prior to a referral for an evaluation?**

The functional assessment of the classroom environment should be completed by individuals prescribed by the publishers of the assessment tool. We suggest the manual be carefully checked for qualifications of assessment administrators. Once these requirements have been considered, it is a public agency's decision.

**7. Can children who have less than eight weeks of interventions be referred for special education services?**

The waiver rule states: *Any child referred December 1, 2000, and after must have documentation of intervention strategies and a functional assessment of the classroom environment completed for every referral. This rule may be waived for a child who has severe problems that require immediate attention, for three and four year olds, for five year olds who have not been in kindergarten, for children with articulation, voice, or fluency problems only, for children with a medical diagnosis of traumatic brain injury, and for a child who has been referred by his or her parents. Alabama Administrative Code 290-8-9.01(4).*

**8. How long should interventions be implemented for those students who need immediate help? (Example: severe behavior problems)**

The rule of intervention strategies may be waived for a child who has severe problems that require immediate attention. *Alabama Administrative Code*, Chapter 290-8-9-.01-(4).

**9. When a parent contacts school personnel about concerns or a referral for the child, can the public agency talk to the parent about intervention strategies before an actual referral?**

Yes, school personnel are strongly encouraged to discuss the options with parents on a case-by-case basis. However, keep in mind that the interventions may be waived for a parent referral per the *Alabama Administrative Code*, Chapter 290-8-9-.01 (4). In addition, SES recommends intervention strategies be provided during the evaluation process if a determination is made to proceed with an initial evaluation.

**10. What types of information should be included in the "Parent information" section of the *Referral for Evaluation* Form?**

This section may include any relevant information such as independent evaluation results, medical reports, observations, etc. Any information supporting the need for referral would be appropriate.

**11. Can interventions be done for four weeks if the school is on the block schedule?**

No. The *Alabama Administrative Code* does not allow for shortening the length of time for intervention strategies.



**12. Are intervention strategies required for three- and four-year-olds?**

No, intervention strategies may be waived for this age group and for five-year-olds who have not been in kindergarten. *Alabama Administrative Code* 290-8-9.01(4).

## **REFERRAL**

- 1. If a public agency receives a referral without intervention strategies in the regular education classroom or a functional assessment of the classroom environment, does the timeline start?**

The timeline starts when the public agency receives a signed consent for initial evaluation from the parent.

- 2. If the parent insists that interventions be waived due to the serious nature of their child's problems can the referral be accepted without intervention strategies?**

Yes, intervention strategies may be waived for a child who has severe problems that require immediate attention.

Waiver of intervention strategies is addressed in the *Alabama Administrative Code* at 290-8-9-.01 (4). Remember, however, that the IEP Team (not one member) makes the decision regarding the need to evaluate the student. If the IEP Team believes there is reason to suspect a disability and the situation is one included in the waiver statement, the IEP Team may proceed without intervention strategies.

- 3. Who can make a referral?**

A parent of a child or a public agency may initiate a request for an initial evaluation to determine if the child is a child with a disability.

- 4. What are the avenues for making a referral?**

A referral may be made in several different ways, some of which include the following:

- A referral may be made over the phone, whereby the public agency would be responsible for completing a *Referral for Evaluation*.
- A referral may be received through the mail. When this occurs, the public agency should call the referring person and complete a *Referral for Evaluation*.
- A referral may be made during a personal conference. When this occurs, public agency personnel should complete a *Referral for Evaluation*.
- A *Referral for Evaluation* may be submitted by school personnel, e.g., classroom teacher, guidance counselor, bus driver, etc.
- A public agency must obtain information and complete a written referral for any parent who is unable to complete a written referral.

- 5. If a parent makes a referral directly to an individual school via phone, mail, and/or conference, is the local school allowed to refer them elsewhere? For example: may a public agency direct the referring person to the special education central office?**

This is a public agency decision. SES suggests that each school have someone who is knowledgeable about the referral process.

- 6. When a school-based secretary receives a phone call from a parent wishing to have his/her child tested for special education services does this mean that the referral has officially been received and the 60-day timeline begins?**

No. The 60 day timeline begins when the public agency receives parental consent for the initial evaluation.

- 7. May a public agency wait until a child's third birthday to act upon a referral? Example: A public agency receives a referral on a 30-month-old child. Would the public agency wait until the child is three years of age before acting on the referral?**

No. A public agency must act upon all referrals in a timely manner once received. Children transitioning from EI must be evaluated and if eligible, must have an IEP in effect on the child's third birthday.

- 8. When does a referral become official?**

The referral becomes official on the date it is received via phone, mail, conference, or when a written referral form is submitted to any education personnel (e.g., secretary, guidance counselor, principal, etc.).

- 9. When does the 60 calendar day timeline begin?**

The public agency has 60 calendar days to complete the initial evaluation. Day one of the timeline is the day the public agency receives a signed *Notice and Consent for Initial Evaluation* form from the parent. The initial evaluation must be completed on or before Day 60. SES uses the field Final Completion Date of All Evaluations to determine if the timeline was met. The public agency has 30 calendar days from the completion of the initial evaluation to determine eligibility. The public agency has 30 calendar days from eligibility determination to develop an IEP.

- 10. After the public agency receives a referral, is there a timeline between the receipt and the acceptance of the referral?**

No, but it should be acted on in a timely manner.

- 11. May the public agency stop receiving referrals for special education evaluations in the spring?**

No. Referrals are to be received and acted upon year round by the public agency.

- 12. Must the public agency receive a referral from a parent when there is no clear evidence of a problem?**

Yes. The public agency must receive a referral from a parent when submitted. Once submitted, an IEP Team meeting is scheduled to discuss the referral. The parent is a member of the IEP Team and must be invited to participate in this meeting. The IEP Team reviews the referral and existing data and determines if there is a need for an evaluation.

**13. What happens if the IEP Team determines that the referral is not substantiated?**

If the IEP Team determines that the student does not need to be evaluated for special education services, the *Notice of Intent Regarding Special Education Services* must document the IEP Team's decision not to accept the referral for evaluation and be given to the parent and student (age 19 and older).

**14. Must the public agency keep documentation on a student who is not going to be evaluated?**

Yes. It is a requirement that the public agency keep documentation on all students who are referred for an evaluation for special education, even if it was determined by the IEP Team that an evaluation was not necessary at that time. The public agency should keep the original referral form and a copy of the *Notice of Intent Regarding Special Education Services* form to document the process.

**15. How can we document appropriate instruction in Reading and Math?**

The length of time instruction has taken place and how the student responds to instruction is critical information in documenting appropriate instruction in reading and math. One example of a response might be a researched-based reading and math programs were implemented, the length of time it each was implemented, and how the student responded to instruction. Public agencies need to review a student's instructional day when determining eligibility and be able to document that appropriate instruction in reading and math has been provided. In providing this documentation, think about courses of study, curriculum guides, extended standards, highly qualified teachers, progress monitoring, interventions tried, remedial/tutorial programs, models such as the three tiered reading model, etc. These types of examples should be implemented throughout the day to show that the public agency has indeed provided appropriate instruction in reading and math for the student and that the lack of appropriate instruction is not the determining factor in the decision to qualify the student for special education.

The eligibility report has required documentation that the Eligibility Committee or IEP Team rule out the lack of appropriate instruction in Reading and Math since 1997. The information should be recorded in the drop-down box for documentation of appropriate instruction.

**16. Will the *Natural Environment Survey* and *Family Focus Interview* be added to STISETS?**

There are no plans to add the two items to STISETS. The forms are designed to be used in situations where computer access may not be available (i.e., daycare centers) or where it would be awkward to use a computer (i.e., during a parent interview).

**17. Will STISETS have special transfer forms for out-of-state students in the transfer process?**

No. If an evaluation is necessary for an out-of-state transfer it is an initial evaluation; if an evaluation is necessary for in-state transfers for students who are already IDEA eligible, it is a reevaluation. Therefore, an evaluation for an out-of-state student will be documented in the Referral Process. An evaluation for in-state transfers will be documented in the Reevaluation Process.

**18. What is the best way to obtain an ECEC Checklist?**

The most appropriate time would be at the referral meeting with the parent and the rest of the IEP Team.

**19. What process do you use on an out-of-state transfer that meets Alabama criteria?**

The initial process.

**20. How do we document parent participation in a meeting if they participated by phone?**

In hard copy forms and in STISETS, on the parent signature line write, "parent participated by phone."

**21. How do we document the parent chose to participate by phone but at the time of the meeting they did not answer the phone?**

If the parent said they were going to participate in the meeting by phone and did not participate, document that the parent was unavailable by phone and the meeting may proceed.

## **INITIAL EVALUATION**

- 1. If there is one check on the *Referral for Evaluation, Environmental Cultural, and/or Economic Concerns Checklist (ECEC)* section, does that disqualify the student for special education services?**

Not necessarily. If there are checks on the ECEC section of the *Referral for Evaluation*, the IEP Team should carefully consider whether these factors, rather than a learning deficit, inhibit the learning process. If the IEP Team determines that it does, then the checked areas may be a disqualifying factor for special education services.

- 2. On the ECEC Checklist, how many items must be checked and in how many areas before saying that the disability is related to environment, culture, or economic concerns?**

Any and all areas checked on the *Environmental Cultural, and/or Economic Concerns Checklist* are worthy of consideration. No single area or number is required in order to indicate that there is a problem or to identify a child with a disability.

- 3. Does the functional assessment of the classroom environment take the place of (or can it be substituted for) the required classroom observation during the evaluation/ reevaluation process?**

Maybe. The Functional Assessment of the Classroom Environment (FACE) is a general education function. The FACE must be included with a *Referral for Evaluation*. The classroom observation is a required evaluation for some disability areas after the referral has been accepted for evaluation and after consent has been obtained from the parent. For students suspected of having a specific learning disability, the regulations allow the decision to be left up to the IEP Team to use an observation of the child prior to the request for an evaluation or complete another observation.

- 4. What if adaptive behavior scale scores that come from home and school are very high scores when determining eligibility for mental retardation (MR)?**

The total score on at least one adaptive behavior scale must be at least two standard deviations below the mean (70 or below).

- 5. What happens after two attempts are made to get the parent to come in to do the parent interview for adaptive behavior and the parent does not show up?**

The public agency may try a home visit, parent teacher conference, telephone interview or other mutually agreed upon arrangements. The public agency must make two attempts to have the parent complete the home version of the adaptive behavior scale within sixty (60) days of receiving parental consent for initial evaluation and document such attempts on the eligibility report. However, the absence of a home version of the adaptive behavior scale must not delay the evaluation determination timeline. If a home version of the adaptive behavior scale is not obtained, a second school version must be completed.

**6. Can we send the adaptive behavior scale home to be completed?**

Yes. The home version may be sent home if it is mutually agreed upon by both the parent or guardian and the public agency and if the scale does not require a face to face interview. If a home version of the adapted behavior scale is not completed after two documented attempts, a second school version of the adapted behavior scale must be completed.

**7. Is it true that both the IQ score and adaptive behavior score must be 65 when determining eligibility for MR?**

No. The criteria for both measures are at least two standard deviations below the mean, usually 70 or below.

**8. If a parent demands that a student be evaluated, do you have to do the battery of formal assessments including an IQ test, or can you use informal screeners (e.g., Slosson, K-BIT) and achievement tests (i.e. WRAT, PIAT) while gathering information?**

Even though intervention strategies are being implemented, the evaluations outlined in the *Alabama Administrative Code* are the required minimum evaluative components. Screeners and short (or brief) forms are **not** sufficient to determine eligibility. Screeners only indicate what areas need to be evaluated further.

**9. Can the UNIT be used to help determine eligibility for mental retardation or for a specific learning disability?**

Yes. The UNIT is a nontraditional intelligence test that may be used for any disability area if determined appropriate. Remember, the IQ score is just one part of an evaluation.

**10. What assessment instruments may be used to determine eligibility for Developmental Delay for older students since many developmental scales do not go beyond age seven?**

The IEP Team makes the decision as to the specific assessment instruments which follow the evaluation criteria in the *Alabama Administrative Code*. All five domains must be evaluated using a standardized, norm-referenced instrument(s). The IEP Team may choose to use a different instrument for each domain if a single instrument is not available. For students, ages 7-8, the IEP Team may have to use separate tests for each domain or consider another disability area.

**11. May the Vineland Adaptive Behavior Scale be used as a multi-domain instrument to evaluate motor, communication, social, and adaptive skills?**

No, the Vineland Adaptive Behavior Scale is a standardized, norm-referenced measure of adaptive behavior skills only. The social, motor, and communication scores are subtests that comprise adaptive behavior on this instrument.

**12. If you get consent for evaluation from a parent in one public agency and the student moves to another public agency, is the consent still in effect?**

Yes, if the consent was from another public agency in Alabama.

**13. Do evaluations have to be conducted in the summer?**

The referral-to-placement process continues in the summer. The public agency may need to make arrangements to have personnel available during the summer months to serve on IEP Teams and Eligibility Committees in the event referrals are received during the summer and consent to begin the evaluation process is received from the parent.

**14. How long may the public agency wait for the parent to obtain a follow-up evaluation on a vision or hearing screening failure?**

It is not the responsibility of the parent to obtain follow-up evaluations from hearing or eye specialists. It is the responsibility of the public agency to schedule, arrange, and secure any necessary follow-up.

**15. What if a failure in vision and/or hearing screening causes the evaluation process to exceed the 60 calendar day timeline?**

The public agency will be overdue with the timeline. Unless, EXCEPTION: The timeline does not apply if the parent of a child repeatedly fails or refuses to produce the child for the evaluation. Follow-up evaluations must be completed when a student fails a vision or hearing screening. Every effort must be made to complete all evaluations within the 60-day timeline. If there are delays, the actions taken to obtain evaluation information need to be documented in the student's record.

**16. Does the public agency have the responsibility to obtain hearing aids or glasses that are recommended by a specialist?**

If the items are necessary to complete the required evaluations and for the student to have FAPE then it is the responsibility of the public agency to ensure that corrective measures are provided. When corrective measures (i.e., glasses, hearing aids, or other appropriate remediation) are indicated, these must be provided before any further evaluations are attempted to ensure valid results. The cost for any evaluations and/or corrective measures becomes the responsibility of the public agency. The public agency should contact other local agencies for assistance in providing glasses/hearing aids (Children's Rehabilitation Services, Lion's Club, etc.) before paying for the devices.

**17. At the three-year reevaluation, is a vision and hearing screening required?**

Not necessarily. It would not be necessary to administer further evaluations for vision or hearing unless the IEP Team determines that conditions warrant a more current evaluation. The results of vision and hearing screenings and any follow-up must be documented on the eligibility report.



**18. When is it appropriate to administer a functional vision or hearing screener?**

A functional vision/auditory response screener is appropriate if the student:

- fails vision/hearing screening and rescreening is unwarranted due to the functioning level of the student;
- cannot follow directions;
- is unable to be conditioned for the testing situation;
- is unable to adapt to the screening situation; or
- refuses to cooperate in the screening situation.

**19. Can a public agency use results from mass vision and hearing screening for initial eligibility purposes?**

Yes. If the screening has been done within one year, the results may be used for an initial evaluation. If there is a question about hearing or vision, a screening will need to be repeated before the other assessments are administered and/or completed to ensure that results obtained are valid.

**20. Is the public agency expected to complete three behavior rating scales on students suspected of having an emotional disturbance?**

Yes. The administration of three of the same behavior rating scales must be completed by three or more independent raters, one of whom may be the parent or the child and who have had knowledge of the child for at least six weeks.

**21. May parents revoke their consent for evaluation at any time?**

Parents have the right to revoke consent at any time; however, revoking consent does not take away an action that has already occurred. If the parent revokes consent for an evaluation, the public agency has two options:

- Accept the parent's justification as valid,
- Request mediation, and/or an impartial due process hearing to override the revocation if the public agency continues to believe the child is a child with a disability who is in need of special education and/a related services. However, the agency does not violate its obligations for Child Find if it does not pursue the evaluation.

**22. What is the difference between speech or language disabilities?**

Speech refers to communication disorders in the area of articulation, voice, and/or fluency. Language refers to a language disability that adversely affects a child's educational performance. Language usually involves syntax, semantics, and/or pragmatic errors.

**23. When a student transfers from another State do you have to honor the IEP from the other State?**

If a student with a disability (who had an IEP that was in effect in a previous public agency in another State) transfers to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide the student with FAPE (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency-----

- Conducts an evaluation (if determined to be necessary by the new public agency); and
- Develops, adopts, and implements a new IEP, if appropriate.

**24. What options are available when an out-of-state transfer student cannot produce an IEP, and the parent is the source for identifying "comparable" services?**

The federal regulations require that, to facilitate the transition for a student the new public agency in which the student enrolls must take reasonable steps to promptly obtain the student's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the student, from the previous public agency in which the student was enrolled, and the previous public agency in which the student was enrolled must take reasonable steps to promptly respond to the request from the new public agency. If, after taking reasonable steps to obtain the student's records from the public agency in which the student was previously enrolled, including the IEP and any other records relating to the provision of special education or related services to the student, the new public agency is not able to obtain the IEP from the previous public agency or from the parent, the new public agency is not required to provide services to the student. This is because the new public agency, in consultation with the parents, would be unable to determine what constitutes comparable services for the student, since that determination must be based on the services contained in the student's IEP from the previous public agency. However, the new public agency must place the student in the regular school program and conduct an evaluation pursuant to, if determined to be necessary by the new public agency. If there is a dispute between the parent and the new public agency regarding whether an evaluation is necessary or regarding what special education and related services are needed to provide FAPE to the student, the dispute could be resolved through the mediation procedures in or, as appropriate, the due process procedures. Once a due process complaint notice requesting a due process hearing is filed, the student would remain in the regular school program during the pendency of the due process proceedings.

**25. What if a student transfers to a new public agency without a copy of an IEP, yet it is obvious he/she is in need of special education services?**

If the parent and the new public agency agree on services that the student needs until records are received from the previous public agency, those agreed upon services may be provided. If the parent and the public agency do not agree on the services to provide, the student is enrolled in the regular education program along with any special education and related services on which the parent and the public agency agree. Also, the public agency can always ask the parent for consent to conduct an initial evaluation.

**26. Is it permissible for a public agency to require that a student with a disability who transfers from another State with a current IEP that is provided to the new public agency remain at home without receiving services until a new IEP is developed by the public agency?**

No. If a student with a disability (who had an IEP that was in effect in a previous public agency in another State) transfers to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide the student with FAPE (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency----

- Conducts an evaluation (if determined to be necessary by the new public agency); and
- Develops, adopts, and implements a new IEP, if appropriate.

Thus, the public agency must provide FAPE to the student when the student enrolls in the school in the public agency in the new State, and may not deny services to the student pending the development of a new IEP.

**27. Do you have to get consent from the parents to request records from the public agency the student has transferred from?**

Parental consent is not required for the transmission of special education records between public agencies. Parental notice is required. A sample form is on the SES web site under [Forms](#).

**28. Do public agencies have a time limit on facilitating the transfer of student records?**

The new public agency in which the student enrolls must take reasonable steps to promptly obtain the student's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the student, from the previous public agency in which the student was enrolled, and the previous public agency in which the student was enrolled must take reasonable steps to promptly respond to the request from the new public agency. If paper copies of records are requested by the new public agency, SES recommends the records be delivered within **ten** days of the request. With the transfer process installed in STISSETS hopefully there will not be a need to transfer hard copies of records.

**29. What is the timeline for the receiving public agency to adopt an IEP from a previous public agency or to develop and implement a new IEP?**

The federal regulations do not establish timelines for the new public agency to adopt the student's IEP from the previous public agency; or to develop, adopt, and implement a new IEP. However, the new public agency must take these steps within a reasonable period of time to avoid any undue interruption in the provision of required services.

**30. Will STISETS kick out observations that are dated prior to the referral date?**

No. STISETS should not kick out observations that are dated prior to the referral date. However, the public agency will need to make sure the observation is within one year of the IEP Team meeting to discuss the referral.

**31. Who should make the decision as to the battery of tests to be administered when looking at testing specific areas of achievement?**

The IEP Team decides which type of testing is needed (e.g. intellectual, achievement, speech) and the psychometrist chooses the most appropriate assessment for the student after reviewing information provided by the IEP Team. The IEP Team may recommend particular instruments to be used.

**32. Do you complete a referral form on a child who transfers from out-of-state?**

A referral form is not required. The initial referral process should be followed. However, the public agency may require a referral form to be completed. Refer to the out-of-state transfer charts to determine where to begin in the referral process.

**33. Does evaluate mean retest or just go through the old "MET" process and determine no additional data are needed?**

We no longer use a "MET". Evaluation means the review of existing data and only means "test" if the IEP Team determines that additional data is necessary to determine continued eligibility status.

**34. Can the *Family Focus Interview* be used for eligibility as the structured interview with autism?**

Yes.

**35. How do we document parent participation in a meeting if they participated by phone?**

In hard copy forms and in STISETS, on the parent signature line write, "parent participated by phone."

**36. How do we document the parent chose to participate by phone but at the time of the meeting they did not answer the phone?**

If the parent said they were going to participate in the meeting by phone and did not participate, document that the parent was unavailable by phone.

**37. Under the *IDEA*, what must occur during the 60-day time period after the public agency receives parental consent for an initial evaluation? Must a public agency determine eligibility and begin providing special education and related services within this *IDEA* 60-day initial evaluation timeline?**

The federal regulations state, an initial evaluation must be conducted within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. The *IDEA* 60-day timeline applies only to the initial evaluation. Public agencies are not required to make the eligibility determination, obtain parental consent for the initial provision of special education and related services, conduct the initial meeting of the IEP Team to develop the child's IEP, or initially provide special education and related services to a child with a disability during the *IDEA* 60-day initial evaluation timeline.

**38. May a foster parent provide consent for an initial evaluation even if the biological parent refuses to provide such consent?**

If the biological parent of the child refuses consent for an initial evaluation of the child, and the parental rights of the biological parent have not been terminated in accordance with State law, or a court has not designated a foster parent to make educational decisions for the child in accordance with State law, a foster parent may not provide consent for an initial evaluation.

## **ELIGIBILITY PROCESS**

### **1. Who makes the eligibility decision?**

There are two choices in team selection for making eligibility decisions. If the choice is the Eligibility Committee it must be comprised of qualified professionals including the parent. This will necessitate an additional meeting by the IEP Team to develop the IEP for an eligible student. If the IEP Team is used to determine eligibility and the student is determined eligible, that team may also develop the IEP at the same meeting if the *Notice of Proposed Meeting/Consent for Agency Participation* informed the parent this might take place by checking it as a purpose of the meeting or if the parent is in attendance and in agreement to move forward. All purposes of the meeting must be documented.

### **2. Can a student receive special education services during the evaluation process while the system is waiting to determine eligibility?**

The only way a student may receive services during the evaluation process is if they are an out-of-state transfer student and the LEA is implementing the previous IEP until eligibility has been determined.

### **3. How many assessments must be available to determine eligibility?**

The IEP Team determines what evaluations the student will receive; however, at a minimum, the required evaluative components outlined in the AAC must be administered.

### **4. What are the requirements for the eligibility determination of students suspected of having a specific learning disability?**

When determining whether a child has a specific learning disability, a public agency will not be required to take into consideration whether a child has a severe discrepancy between intellectual ability and achievement. A public agency may use a process based on the child's response to scientific, research-based intervention (RTI). A public agency may use other alternative research-based procedures for determining whether a child has a specific learning disability. Refer to the *Alabama Administrative Code*, 290-8-9.03(10) for all the requirements.

### **5. When must students with disabilities who become three years old be served?**

For children who are transitioning from Part C (Early Intervention) to Part B (preschool programs), the public agency is required to make FAPE available to each eligible child residing in their jurisdiction no later than the child's third birthday and have an IEP in effect for the child by that date. If the child's birthday occurs during the summer months, the child's IEP Team will determine when special education services will begin. The public agency must participate in a transition planning conference arranged by the Early Intervention (EI) service provider in order to experience a smooth and effective transition to preschool programs in a timely manner.

**6. When do services begin if a parent referral is made on a child who is older than 30 months?**

If the referral is made on a preschool student who is older than 30 months, the public agency has 60 calendar days from receipt of parental consent to complete the initial evaluation. The public agency has 30 calendar days from completion of evaluation to determine eligibility, and 30 calendar days from eligibility determination to complete the IEP process. The timeline begins once the public agency receives consent from the parent for the initial evaluation. This may mean the services begin after age three.

**7. Can a student be eligible in the area of spelling for a specific learning disability?**

No. Spelling is not one of the areas listed in the criteria for SLD.

**8. If a student receives an extremely low IQ score (52), but a high adaptive behavior score (85-93), and in addition, the parent does not want special education services but instead insists on a Section 504 plan, what do you suggest?**

If a student does not meet the eligibility criteria for mental retardation or any other disability area outlined in the *Alabama Administrative Code*, the student must be determined ineligible for special education services.

Ineligibility for special education does not automatically qualify a student for protection under Section 504 of the Rehabilitation Act of 1973.

Even though the parent is a member of the IEP Team, the school system is ultimately responsible for determining whether a student is eligible for special education services and/or protection from discrimination under Section 504. The parent may refuse services but the parent does not get to choose between IDEA or Section 504. The Office for Civil Rights (OCR) has stated that it is impermissible for a student's parents to refuse to accept IDEA services and require the district to develop an IEP under Section 504. OCR states a rejection of the services offered under IDEA amounts to a rejection of services offered under Section 504. [Letter to McKethan, 25 IDLER 295 (OCR, 1996)].

**9. May a student at any age up to nine years old be considered for eligibility in the area of Developmental Delay?**

Yes, a child may be determined eligible under the category of Developmental Delay at age three. A child identified with a developmental delay must be reevaluated prior to his or her ninth birthday to determine continued eligibility for special education services.

**10. May a student who is eight years old be determined eligible for Developmental Delay as an initial eligibility decision and/or as a reevaluation decision?**

Yes, however the IEP Team may want to consider another area of disability since the student can no longer be eligible for Developmental Delay at age nine. A student determined eligible for Developmental Delay at age eight would have to go through the reevaluation process prior to the ninth birthday to determine eligibility for another area of disability in special education.

**11. Regarding eligibility determination, does the IEP Team/Eligibility Committee decision have to be unanimous?**

No. However, any member stating that the report does not reflect his or her conclusions must submit a separate statement presenting his or her conclusions.

**12. What is the process if there is dissension among the IEP Team/Eligibility Committee members regarding eligibility determination?**

Eligibility determination is a team decision. Any member in disagreement may sign in the appropriate place on the eligibility report and attach a dissenting statement.

**13. How does the LEA respond when a parent or teacher requests that a student be removed from special education?**

If a teacher makes the request for a student to be exited from special education, the request must be forwarded to the IEP Team for resolution. The IEP Team/Eligibility Committee must meet to consider eligibility or ineligibility for special education. If it is determined that the student is no longer eligible for special education services, the student is exited from special education. However, if the IEP Team/Eligibility Committee finds that the student continues to be eligible for special education services, the student remains in his or her current placement. If the parent makes the request to remove the child from special education, the LEA must obtain a signed *Notice of Revocation of Consent for Continued Provision of Special Education and Related Services* and provide notice to the parents before ceasing services.

**14. Are there eligibility exceptions to the transition requirements for incarcerated students in adult prisons?**

Yes, transition services are not required if the incarcerated individual's eligibility for services will end, because of his or her age, prior to their release from prison based on consideration of his or her sentence and eligibility for early release.

**15. What kind of documentation is needed with the Eligibility Decision where it says "see documentation included in this report"?**

On the eligibility report, you must show evidence of appropriate instruction. One example would be a researched based reading program, the length of time the program was implemented, how the student responded to the instruction, etc.



- 16. Is it true that the Multiple Disabilities exceptionality is intended only for children who have severe and profound disabilities or can it mean merely those who qualify for two or more disability areas?**

Multiple Disabilities means concomitant impairments (such as mental retardation-blindness, or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

- 17. Do we need to do a new eligibility report if we need to add something?**

Yes, if additional data is being collected to determine eligibility. Yes, if the student is eligible in a different disability. No, if existing data is used. If no new eligibility report is required (student qualifies in the same area of disability and no additional data is being obtained), the IEP Team needs to document the basis for decision on the *Notice of IEP Team's Decision Regarding Reevaluation*. Even though this is allowable, SES strongly encourages the completion of a new eligibility report each time eligibility is determined.

- 18. How do we document parent participation in a meeting if they participated by phone?**

In hard copy forms and in STISETS, on the parent signature line write, "parent participated by phone."

- 19. How do we document the parent chose to participate by phone but at the time of meeting they did not answer the phone?**

If the parent said they were going to participate in the meeting by phone and did not participate document that the parent was unavailable by phone.

## **REEVALUATION PROCESS**

### **1. Must an IEP Team meeting be held for every student who is due for a reevaluation?**

Yes. SES recommends an IEP Team meeting even if the public agency is considering asking the parent to agree that a three year reevaluation is not necessary.

### **2. What are the criteria for continued eligibility?**

The *Alabama Administrative Code* outlines the required minimum evaluative components and eligibility criteria for each disability area. These criteria must be met at initial eligibility **as well as at each three-year reevaluation** to determine continued eligibility.

### **3. Is parental consent required for reevaluation?**

Parental consent is not required prior to the IEP Team convening to review existing data and to determine what additional data, if any, is necessary. Parents must be given the opportunity to attend the IEP Team meeting to determine what additional data is needed. If the IEP Team determines that additional data is needed in order to determine continued eligibility, parental consent must be obtained. If the parents do not respond to a request for consent to reevaluation, the public agency may proceed after reasonable efforts (at least two attempts) have been made and documented.

Parental consent is not necessary if additional data that needs to be obtained is for teacher and related service provider observations, ongoing classroom evaluations, or the administration of or review of the results of adapted or modified assessments that are administered to all children in a class, grade, or school.

### **4. Is it necessary to complete a new eligibility report when the IEP Team determines that additional data is needed in order to determine that a student continues to have a disability and continues to be in need of special education?**

Yes. A new eligibility report must be completed and include any existing data that was used as well as any additional data that was collected. Bottom Line: the eligibility report must cover all areas of required minimum evaluative components whether existing data and/or additional data are used.

**5. Is it necessary to complete a new eligibility report if the IEP Team determines no additional data is needed in order to make an eligibility decision?**

No, not if the child remains eligible in the same disability area as listed on the current eligibility report. If the disability area changed and/or if the student is determined ineligible, a new eligibility report is required. The new eligibility report must include data in all of the required minimum evaluative components. The IEP Team should not just copy the previous eligibility report. The team should use information on the previous report, as well as any information collected over the last three years: observational data, work samples, grades, SAT scores, parental input, teacher input, student input. Remember, the purpose of a three-year reevaluation is to determine whether or not the student continues to be a student with a disability and continues to be in need of special education. Therefore, current information should be included on the new eligibility report supporting the decision of the IEP Team. SES strongly encourages the completion of a new eligibility report each time the student is reevaluated.

**6. What happens if the IEP Team is unable to get parental consent to conduct a three-year reevaluation?**

If the IEP Team makes two attempts to get parental consent and the parent does not respond, the IEP Team may proceed with the reevaluation, as long as the IEP Team notifies the parent of the decision. If the IEP Team gets a "no" from the parent, the IEP Team has the following options:

- The IEP Team may reconsider whether or not the additional data is absolutely necessary in order to make a decision regarding continued eligibility.
- The IEP Team may request that the parent participate in a conference to discuss his or her decision.
- The public agency may ask for mediation from the SDE or the agency may initiate a due process hearing in order to have an impartial hearing officer to order a reevaluation to be administered over the parents' objections. The public agency does not violate its child find obligations or evaluation obligations if it does not pursue mediation and/or a due process hearing.

**7. What evaluation procedures are required for a student who is suspected of no longer having a disability?**

The reevaluation for continued eligibility process should be initiated. The IEP Team must convene to consider existing data on the student and determine what additional data, if any, are needed to determine whether the student continues to have a disability and continues to be in need of special education and related services. A new eligibility report must be completed.

**8. What documentation is required when an IEP Team determines that a student no longer has a disability?**

Process 2, reevaluation for continued eligibility must be followed. When an IEP Team determines that a student no longer has a disability an eligibility report must be completed with all existing data as well as any updated and/or additional data. A copy of the eligibility report must be provided to the parents. The public agency must complete all sections of the eligibility report including a description of other options considered and the information used to make the decision. Bottom line: the eligibility report must document all required minimum evaluative components.

**9. What forms are required for the reevaluation process?**

The following forms are required for the reevaluation process:

*Notice of Proposed Meeting/ Consent for Agency Participation*

This form invites the parents to attend the IEP Team meeting. Indicate on the form that the purpose of the meeting is to determine if additional data is needed and, if appropriate, to determine continued eligibility.

*Notice of IEP Team's Decision Regarding Reevaluation*

This form informs parents of the IEP Team's decision as to whether or not additional data is needed to determine continued eligibility.

*Notice and Consent for Reevaluation (if appropriate)*

The parent must give consent if additional data is necessary to determine continued eligibility or two attempts to obtain the parent's consent must be documented on the form.

*Notice and Eligibility Decision Regarding Special Education Services*

This form documents the IEP Team's or Eligibility Committee's decision regarding continued eligibility. This form must be completed anytime additional data is obtained, anytime a child's area of disability area changes, and when the child is determined to be ineligible. SES encourages LEAs to complete a new eligibility report even if no additional data was obtained and the child remained eligible in the same disability area. The reason why SES recommends a new report is because current data should be included on the eligibility report.

**10. Do we have to send the *Notice and Eligibility Decision Regarding Special Education Services* and the *Notice of Intent Regarding Special Education Services* every time we make an eligibility determination?**

The *Notice and Eligibility Decision Regarding Special Education Services* is sufficient if all sections are completed accurately. This form is a notice and therefore must meet the notice requirements, including other options considered, etc.

**11. Do the same timelines apply to reevaluations as initial referrals?**

No. Reevaluations must be conducted at least every three years to determine continued eligibility. Three years from the signature date of the last eligibility report is the date by which each three year reevaluation should be completed. If a new eligibility report was not completed, the date on the *Notice of IEP Team's Decision Regarding Reevaluation* form is used to determine the three year date.

**12. On the pull down “student no longer eligible for services” date box, what date will go in that box?**

The date the Eligibility Committee or IEP Team met to determine that the student was no longer eligible for special education services.

**13. If no additional data is needed for continued eligibility, do we just put the old data on a new eligibility form and sign and date it?**

No. All required evaluation data that was used to determine eligibility status must be documented as well as any existing data that has been collected since the last reevaluation to document the student continues to remain eligible. Remember at reevaluation time you are documenting that the student continues to be eligible, not that he or she was eligible three years ago. SES recommends completing a new eligibility report every time the student is reevaluated.

**14. After the eligibility meeting is held for continued eligibility, must the IEP be reviewed?**

No, not automatically. It may be necessary to review the IEP and make changes based on continued eligibility. The IEP Team decides if the IEP needs to be reviewed.

**15. If a child is aging out of Developmental Delay (DD), is it required that we do further testing to determine that the student is no longer eligible or can we use DIBELS scores and grades to make the determination that he/she is no longer eligible?**

This is an IEP Team decision. The reevaluation process must be completed. The IEP Team may use existing data to dismiss the student.

**16. Can secondary SLI be discontinued in the profile page without a new eligibility form?**

LEAs have been discouraged from indicating secondary disability areas on the eligibility report since 1997. However, if the LEA where you work has persisted in adding secondary disability areas and SLI was actually indicated on the eligibility form as a secondary disability area, you must exit through the eligibility process. If SLI services were added through the IEP process and not as a secondary disability area, you must exit through the IEP process.

**17. When a student transfers from another public agency within the State do you have to honor the IEP from the other agency?**

If a student with a disability (who had an IEP that was in effect in a previous public agency in Alabama) transfers to a new public agency in Alabama, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the student (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency either:

- Adopts the student's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP.

**18. What if a student whose IEP has not been subject to a timely annual review, but who continues to receive services under that IEP, transfers to another public agency in the same State? Is the new public agency required to provide FAPE from the time the student arrives?**

If a student with a disability was receiving special education and related services pursuant to an IEP in a previous public agency, even if that public agency failed to meet the annual review requirements, and transfers to a new public agency in the same State and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the student (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency either:

- Adopts the student's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP.

**19. Does consent have to be obtained from the parents to request records from the public agency from which the student transferred?**

Parental consent is not required for the transmission of special education records between public agencies. Parental notice is required. A sample form is on the SES web site under [Forms](#).

**20. Do public agencies have a time limit on facilitating the transfer of student records?**

The new public agency in which the student enrolls must take reasonable steps to promptly obtain the student's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the student, from the previous public agency in which the student was enrolled, and the previous public agency in which the student was enrolled must take reasonable steps to promptly respond to the request from the new public agency. If paper copies of records are requested by the new public agency, SES recommends the records be delivered within ten days of the request.

**21. What is the timeline for the receiving public agency to adopt an IEP from a previous public agency or to develop and implement a new IEP?**

The federal regulations do not establish timelines for the new public agency to adopt the student's IEP from the previous public agency, or to develop, adopt, and implement a new IEP. However, the new public agency must take these steps within a reasonable period of time to avoid any undue interruption in the provision of required services. With the electronic transfer of data, the IEP should be implemented within days of the transfer.

**22. If no temporary consent or temporary IEP is required and a student transfers from another state, is it necessary to get the consent for services signed?**

Yes, once the student is determined to be eligible in Alabama. If the student transfers into the receiving public education with an IEP that was in effect in the previous public agency in another state, the receiving public agency, in consultation with the parents, must provide comparable services to those described in the previously held IEP, until the new public agency conducts a new evaluation (if necessary) to determine eligibility. If the parents refuse consent for the initial (new) evaluation, the receiving public agency may not evaluate. The public agency may pursue the evaluation through mediation and/or due process but is not required to do so.

**23. If a student transfers from out-of-state and there is no IEP and the student is placed in the general education classroom, should the IEP Team decision form be completed?**

No. The public agency should send out the "*Notice of Proposed Meeting/Consent for Agency Participation*" form, indicating that the purpose of the meeting is to discuss the need for additional data collection. Then the IEP Team meets and reviews any existing data and makes the decision regarding additional data. If additional data is needed, the *Notice and Consent for Initial Evaluation* is completed and the needed assessments are conducted. If no additional data is needed, the IEP Team may use existing data to determine eligibility under Alabama criteria.

**24. Can a student be determined ineligible for special education (upon reevaluation) by documenting and reviewing existing data?**

Yes, but a new eligibility report must be developed to document all required evaluations and all existing data used to make that decision.

**25. Is parental consent required for a reevaluation if the IEP team has determined the students records indicate that the reevaluation can be determined by a review of records?**

No.

**26. Do appropriate evaluations constitute a reevaluation or are these covered under a previous “consent to evaluate”?**

Anytime you obtain additional appropriate evaluations, you must get parental consent to evaluate unless the parent fails to respond to a request (at least two attempts) for consent to reevaluate.

**27. Are we completing new eligibility reports at all reevaluations?**

A new eligibility report is required if the IEP Team requested additional data, if the child’s area of disability changes, or if the child is determined to be ineligible. A new eligibility report is not required if no additional data are needed and the student remains eligible in the same disability area. Even though this is allowable, SES strongly encourages the completion of a new eligibility report each time eligibility is determined. A review of eligibility reports by SES during the summer of 2009 showed the LEAs are not documenting all required evaluations on the eligibility report.

**28. How do we document parent participation in a meeting if they participated by phone?**

In hard copy forms and in STISETS, on the parent signature line write, “parent participated by phone.”

**29. How do we document the parent chose to participate by phone but at the time of the meeting they did not answer the phone?**

If the parent said they were going to participate in the meeting by phone and did not participate document that the parent was unavailable by phone.



# **Q & A**

## **INDIVIDUALIZED EDUCATION PROGRAM**



# **1. When must an IEP be in effect for a student with a disability?**

- At the beginning of each school year, each public agency must have in effect, for each student with a disability within its jurisdiction, an IEP.
- A meeting to develop an IEP for a student is conducted within 30 days of a determination that the student needs special education and related services; and
- As soon as possible following development of the IEP, special education and related services are made available to the student in accordance with the student's IEP. The IEP may be developed at the same meeting at which eligibility is determined, as long as prior written notice was provided.

# **2. Who are the required members of an IEP Team?**

- The parent of a child;
- Not less than one regular education teacher of the student (if the student is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the student, or where appropriate, not less than one special education provider of the student;
- A representative of the public agency who-  
Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities;  
Is knowledgeable about the general education curriculum and;  
Is knowledgeable about the availability of resources of the public agency;  
Has the authority to commit agency resources and be able to ensure that IEP services will be provided.  
A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the above criteria are satisfied.
- An individual who can interpret the instructional implications of evaluation results, who may already be a member of the team that is described under this section of required members of an IEP Team;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the student, including related services personnel, as appropriate. The determination of the knowledge and special expertise of any individual must be made by the party (parent or public agency) who invited the individual to be a member of the IEP Team and;
- Whenever appropriate, the student with a disability. The public agency must invite a student with a disability to attend the student's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals;
- To the extent appropriate, with the consent of the parent or a student who has reached the age of majority, the public agency must invite a representative of any agency that is likely to be responsible for providing or paying for transition services.

**3. Must those invited to the IEP Team meeting be present for the entire IEP meeting?**

A member of the required IEP Team is not required to attend an IEP Team meeting, in whole or in part, if the parent of a student with a disability and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. A member of the required IEP Team may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, in writing, and the public agency consent to the excusal; and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to obtaining consent from the parent for the excusal of the required IEP Team member.

**4. If service providers such as Occupational Therapists (OTs) and Physical Therapists (PTs) cannot attend the IEP Team meeting, do they have to get consent in writing to be excused from IEP Team meetings?**

No. Only the required public agency IEP Team members must have written consent to be excused from the IEP Team meeting. The required public agency IEP Team members are as follows---

- Not less than one regular education teacher of the student (if the student is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the student, or where appropriate, not less than one special education provider of the student;
- A representative of the public agency who-
  - Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities;
  - Is knowledgeable about the general education curriculum and;
  - Is knowledgeable about the availability of resources of the public agency; has the authority to commit agency resources and be able to ensure that IEP services will be provided.

A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the above criteria are satisfied.
- An individual who can interpret the instructional implications of evaluation results, who may already be one of the above mentioned IEP Team members. The IEP Team is encouraged to seek input from service providers who do not attend. Each public agency must ensure the student's IEP is accessible to each service provider who is responsible for its implementation and is informed of his or her specific responsibilities related to the implementation of the student's IEP; and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.

**5. Who can serve as a public agency representative?**

A representative of the public agency who:

- Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities.
- Is knowledgeable about the general education curriculum; and
- Is knowledgeable about the availability of resources of the public agency.
- Has the authority to commit agency resources and be able to ensure that IEP services will be provided.

A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the above criteria are satisfied.

**6. Must there be a public agency representative present at each IEP Team meeting?**

A representative of the public agency should be in attendance for each annual IEP Team meeting. However, according to the excusal clause a public agency representative is a member which may be excused. SES **highly** recommends public agency representatives attend **all** IEP Team meetings.

**7. Which regular education teachers should attend the IEP Team meeting?**

A regular education teacher who has knowledge of the general education curriculum for the grade the student will be in during the implementation of the IEP and who may be a regular education teacher of the student (if the student is or may be participating in the regular education environment) should participate as a team member in the development, review, and revision of the IEP. If more than one regular education teacher will be working with the student, the public agency representative may designate who will attend the meeting. The IEP Team is encouraged to seek input from teachers who do not attend. Each public agency must ensure the student's IEP is accessible to each regular education teacher who is responsible for its implementation and is informed of his or her specific responsibilities related to implementing the student's IEP; and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.

**8. Who should be invited as the regular education teacher for a preschool student with disabilities?**

The requirement is to have the teacher of the child. If a child attends a program in the community, a licensed provider of the child (i.e., Head Start Teacher, Day Care Provider, Church Personnel) must be invited. If there is not a regular teacher of the child, someone who meets state certification requirements such as a kindergarten teacher or other qualified personnel who can provide services to this age group must be invited.

**9. Preschool teachers are invited to attend IEP Team meetings but may not be able to attend. How do we go about meeting the requirement to have a general education teacher at the IEP Team meeting?**

The requirement is to have the teacher of the child. However, if this person cannot attend the IEP Team meeting, or participate by conference call, the public agency would need to ask the parent if the regular education teacher could be excused.

The IEP Team should have input from the teacher of the child. Teacher input may be gained through such methods as the *Natural Environment Survey*, *Family Focus Interview*, teacher records, etc.

**10. What is the role of the regular education teacher at an IEP Team meeting?**

A regular education teacher of the child (if the child is, or may be, participating in the regular education environment) who has knowledge of the general education curriculum for the grade the student will be in during the implementation of the IEP should participate as an IEP Team member in the development, review, and revision of the IEP. The regular education teacher should assist in the determination of appropriate positive behavioral interventions and supports and other strategies for the student; and supplementary aids and services, program modifications, and or accommodations and supports for school personnel if necessary.

**11. Which related services provider should be invited to the IEP Team meeting?**

Any service provider(s) who is responsible for implementing services identified in the IEP may be invited to the IEP Team meeting. If the service provider(s) does not attend the meeting, the IEP Team should seek input from the service provider(s). The public agency must ensure that the service provider(s) is informed of his or her specific responsibilities related to implementing the student's IEP.

**12. Can an OT or a PT serve as the special education teacher at an IEP Team meeting?**

No. In Alabama, we do not consider OT or PT as special education like some States do. Therefore, an OT or a PT may not serve in the capacity of a required IEP Team member.

**13. Does a parent and public agency have the option of inviting any individual of their choice to be participants on a student's IEP Team?**

The parent or the public agency, may include individuals who have knowledge or special expertise regarding the student. The determination as to whether an individual has knowledge or special expertise shall be made by the parent or public agency who has invited the individual. The public agency must get consent from the parent or a student who has reached the age of majority to invite transition agency representatives who would be responsible for providing or paying for transition services. The public agency also determines which individuals from the public agency will fill the required IEP Team member's position.

- 14. If the parent indicates on the request to attend an IEP Team meeting that he/she will attend, but then calls the day before the meeting and wants to reschedule, what is the public agency's responsibility?**

The public agency has the responsibility to hold the IEP meeting at a mutually agreed upon time and location. Therefore, if the parent informs the public agency before the scheduled meeting that the time, date, or location needs to be changed, the public agency has the responsibility to reschedule the meeting. If after attempts to reschedule with the parent the rescheduling would prohibit the public agency from meeting a timeline (i.e., before the IEP lapses), the public agency should inform the parent that the IEP Team must meet before the IEP expires.

- 15. If the parent indicates on the request to attend an IEP Team meeting that he/she will attend, but then does not come to the meeting, what is the public agency's responsibility?**

If the parent checks that he or she will meet as scheduled but does not attend, the meeting may be held as scheduled with the other required IEP Team members. Only the purposes of the meeting checked on the *Notice of Proposed Meeting/Consent for Agency Participation* may be discussed.

- 16. What are the requirements for public agencies in regard to parent participation in the IEP Team meeting?**

Each public agency must take steps to ensure that one or both of the parents of a child with a disability are present at each IEP Team meeting or are afforded the opportunity to participate, including notifying the parent of the meeting early enough to ensure that he/she will have an opportunity to attend; and scheduling the meeting at a mutually agreed on time and place. If neither parent can attend an IEP Team meeting, the public agency must use other methods to ensure parent participation, including individual or conference telephone calls or alternative means such as video conferences. A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parent that he/she should attend. In this case, the public agency must keep a record of reasonable efforts (at least two attempts) to arrange a mutually agreed on time and place such as detailed records of telephone calls made or attempted and the results of those calls, copies of correspondence sent to the parent and any responses received, and detailed records of visits made to the parent's home or place of employment and the results of those visits. The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting including arranging for an interpreter for a parent with deafness or whose native language is other than English. The public agency must provide the parent a copy of the child's IEP at no cost to the parent.

**17. What if a parent continues to check “I want to reschedule a meeting” time after time and the timeline is running out?**

Document all attempts to schedule a mutually agreed upon time for an IEP Team meeting. If neither parent can participate in a meeting where a decision is to be made relating to the educational placement of their child, the public agency must use other methods to ensure their participation, including individual or conference telephone calls or a video conference. If rescheduling prohibits the public agency from meeting a specified timeline, the public agency should inform the parent that they must determine eligibility by a certain date or they must have an IEP Team meeting by a certain date before the IEP lapses.

**18. What is the role of the parent at an IEP Team meeting?**

The parent should participate as an equal partner with school personnel in developing, reviewing, and revising the IEP. This is an active role in which the parent (1) provides critical information regarding the strengths of the child and expresses concerns for enhancing the education of the child; (2) participates in discussions about the student’s need for special education and related services; and (3) joins with other participants in deciding how the student will be involved in the general education curriculum and participate in State and district-wide assessments, and what services will be provided and in what setting.

**19. At what age can a student attend the IEP Team meeting?**

Whenever appropriate, and at the discretion of the parent, the student with a disability should be invited to attend the IEP Team meeting. The public agency must invite a student with a disability to attend the student’s IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals.

**20. What must be considered when an IEP is developed, reviewed, or revised?**

In developing each student’s IEP, the IEP Team must consider the strengths of the student; the concerns of the parent for enhancing the education of the child; the results of the initial or most recent evaluation of the student; and the academic, developmental, and functional needs of the student. The IEP Team must also consider “special instructional factors” for the student each time the IEP is reviewed.



- 21. Does a student continue to receive special education services even though he or she is making A's and B's but may have some areas in the standards where he or she is below grade level?**

In order to be eligible for special education, a student must have a disability that has an adverse effect on educational performance and is in need of special education and related services. Educational performance means academic, social/emotional, and /or communication skills. Each public agency must ensure that FAPE is available to any individual student with a disability who needs special education and related services, even though the student has not failed or been retained in a course or a grade, and is advancing from grade to grade. The determination that a student is eligible must be made on an individual basis by the group responsible within the student's public agency for making eligibility determinations.

- 22. If a student qualifies for services in the area of Developmental Delay in one domain, is that the only domain that may be addressed in the IEP for services?**

No. Once the student is eligible for special education services, he or she may receive any service(s) that the IEP Team deems appropriate after appropriate evaluations have been completed.

- 23. At what point in the IEP process is the least restrictive environment (LRE) determined for a student?**

The LRE should be determined when the IEP Team meets and identifies the type and amount of services for the student and determines how and where those services will be implemented. The IEP Team must consider each LRE option and move down the continuum to determine the appropriate LRE.

- 24. What information should be included in the profile of a student's IEP.**

The profile must include:

- the strengths of the student,
- any concerns the parent may have,
- the results of the initial or most recent evaluation of the student,
- the needs of the student and how their needs affect their progress involvement in regular education,
- for those students who will receive transition services at age 16 or younger, transition must be addressed in the profile. This may include the transition assessments, the student's interests, preferences, agency linkages, etc.

- 25. Should medical information be included in the profile?**

Medical information should be included in the profile when it is pertinent to the student's progress and involvement in his or her educational program or if it is a concern of the parent.

**26. If an area of concern is addressed in the profile, do we need goals for that area?**

Any needs addressed on the profile page must be addressed as either a goal or in other components of the IEP. If the student's needs are more than what could realistically be addressed in one academic year, the IEP Team should prioritize the student's needs in the profile.

**27. What do we mean by the term *general education curriculum*?**

The general education curriculum is the curriculum for nondisabled students. The general education curriculum in Alabama is centered on the Alabama Courses of Study in each academic content area. For preschool age children, the **Developmental Standards** are used as the curriculum.

**28. Is it necessary for a student's IEP to address involvement in the general education curriculum regardless of the nature and severity of the student's disability and the setting in which the student is educated?**

Yes. The IEPs of all students with disabilities must address the extent to which the student will be involved and progress in the general education curriculum. *Individuals with Disabilities Education Act* (IDEA) recognizes that some students with disabilities have educational needs which cannot be fully met by the general education curriculum; therefore, the IEP Team must make an individualized decision as to the extent appropriate for the student to participate in the general education curriculum and whether the student has other educational needs which cannot be met by the general education curriculum.

**29. Does lunch and break time count as time "inside the general education environment"?**

Yes, if indeed the student is with nondisabled peers during lunch and break.

**30. Can a student with a disability be in a general education classroom with different but related work/activities?**

Yes.

**31. Is the goal now for children with severe cognitive delays to spend 80% of their time in the regular education classroom?**

The goal is to include all students with disabilities in the regular education environment to the greatest extent appropriate. The LRE is an IEP Team decision that should be based on the individual needs of the student. The Office of Special Education Programs (OSEP) has asked States to work toward having all students with disabilities spend at least 80% of his or her time in the regular education environment. This is a goal to work toward. LRE decisions should be made on a case by case basis according to the student's individual needs.

**32. Why do special education students have to be taught by highly qualified teachers?**

Both *No Child Left Behind Act of 2001* (NCLB) and the IDEA are federal laws that require all students to have access to the general education curriculum. Additionally, current federal laws state that students with disabilities who are taught the core academic subjects must be taught by a highly qualified teacher.

**33. Will the Student Profile continue to address state testing?**

The **Student Profile** should include the results of the initial or most recent evaluation(s) of the student stated in meaningful terms as they relate to the needs of the student in order to write an appropriate standards-based IEP.

**34. How can state assessment data be useful in writing standard-based IEPs?**

State assessments are designed to measure progress toward academic content standards therefore, results from state assessments can be used to identify concerns to be addressed when developing a standards-based IEP.

**35. What are some types of progress monitoring?**

There are several progress monitoring tools that may be used to collect data on student progress over time. Examples include performance assessments, DIEBELS, and curriculum-based measures (CBMs). CBMs are generally brief, one to ten minutes quizzes, often referred to as probes. These types of measures provide a link between the IEP and classroom instruction. Research indicates that when teachers monitor progress and adjust their instruction accordingly, there is a positive increase in student achievement.

**36. Can teacher-made tests be considered progress monitoring data?**

Yes. A teacher made test is the simplest form of gathering data on the progress the student is making toward the curriculum being taught and is one way to monitor progress. A teacher- made test should not be the only data used in determining progress.

**37. Who administers progress monitoring measures?**

School personnel trained to administer a progress monitoring tool are qualified to administer these types of assessments. The assessment(s) can be used to monitor progress for all students in the classroom.

**38. When should school personnel begin using progress monitoring tools?**

School personnel can begin progress monitoring at the beginning of the school year. The first results from the progress monitoring tools can be used in determining instructional levels and/or for IEP review, and revisions. The data, over time, will provide information for identifying the skills that are partially acquired, or that need to be taught in a different way. As the data from progress monitoring is assessed, school personnel will be able to adjust classroom instruction based on student progress.

**39. Can you elaborate on the collection of discipline referrals and attendance reports for making data based IEP decisions?**

In the case of a student whose behavior impedes the student's learning or the learning of others, positive behavioral interventions and supports, and other strategies to address that behavior should be developed and implemented. If a student has discipline referrals, the IEP Team should consider and discuss the need for behavior goals and/or a behavioral intervention plan (BIP) or other services to address the behavior. If a student has truancy problems, that too should be addressed by the IEP Team.

**40. What is meant by "consideration of special instructional factors"?**

**Special Instructional factors** must be reviewed and considered at each annual IEP Team meeting and may be reviewed and considered if a revision is being made to the IEP. If "yes" is checked on any one of the **Special Instructional Factors** it should be addressed in the IEP.

**41. Under Special Instructional Factors if *behavior* is checked how does behavior have to be addressed in the IEP?**

If a behavior problem is noted in the **Special Instructional Factors**, the behavior must be addressed and the IEP Team must consider the use of positive behavioral interventions, supports, and/or other strategies to address that behavior. Additionally, the IEP Team may address the behavior through annual goals in the IEP. The child's IEP may include modifications in his or her program, support for his or her teachers, and any related services necessary to achieve those behavioral goals.

**42. If a student has a behavior problem and a BIP will be written, is the BIP considered part of the IEP?**

According to OSEP, for a child with a disability whose behavior impedes his or her learning or that of others, and for whom the IEP Team has decided that a BIP is appropriate, or for a child with a disability whose violation of the code of student conduct is a manifestation of the child's disability, the IEP Team must include a BIP in the child's IEP to address the behavioral needs of the child.

- 43. If a student's behavior in the regular education classroom would significantly impair the learning of others, can the IEP Team determine that placement in the regular education classroom is inappropriate for that student?**

The IEP Team is required to consider positive behavioral interventions, and supports, and other strategies to address the behavior of a student with a disability whose behavior impedes his or her learning or the learning of others. The determination of appropriate placement for a student whose behavior is interfering with the education of others requires careful consideration of whether the student can appropriately function in the regular education classroom if provided appropriate behavioral interventions, supports, and strategies. If the student can function in the regular classroom if provided appropriate behavioral interventions, supports, and strategies, placement in a more restrictive environment would be inconsistent with the LRE provisions of the IDEA.

- 44. If you mark yes for transportation, do you need to address it elsewhere in the IEP?**

Transportation does not need to be addressed any further unless instruction is being provided. (e.g., teaching a student how to use public transportation).

- 45. Should the bus driver be aware of the IEP?**

If **Yes** is checked regarding the student's need for transportation accommodations/modifications, a representative from the Transportation Department should be included in the discussion and decision-making for this section of the IEP. Each public agency must ensure that the student's IEP is accessible to any service provider who is responsible for its implementation; and each provider is informed of his or her specific responsibilities related to implementing the student's IEP; and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP. Therefore, if the student has a medical, behavioral, or other need of which the bus driver should be made aware, it is the public agency's responsibility to inform the bus driver of his or her responsibilities to implement the student's IEP and any specific accommodations, modifications, and/or supports the student may need.

- 46. In the area of Nonacademic and Extracurricular Activities, what do you check if the student is a private school student only receiving speech services through the public school?**

If a student is a private school student and only receiving speech or language services from the public agency based on the public agency's private school plan, **Nonacademic and Extracurricular Activities** should be addressed as "No" with an explanation provided that the student only receives speech or language services from the public agency based on the public agency's private school plan.

**47. If nondisabled students receive progress reports every 4.5 weeks, should students with disabilities receive progress reports on the same frequency?**

Students with disabilities should receive progress reports the same as students without disabilities. However, progress of annual goals on the IEP only need to be provided concurrent with the issuance of report cards.

**48. What must be addressed in the *Annual Goal Progress Report*?**

The following must be addressed in the **Annual Goal Progress Report**:

- A description of how the student's progress toward meeting the annual goals will be measured and when periodic reports on the progress the student is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.
- IEP goals must be addressed. The report is in addition to, not instead of, the usual report card and grades given for participation in regular education classes.

**49. Could teachers and service providers who are in charge of implementing an IEP be involved in a due process hearing primarily because the student did not master all of the IEP goals written for the duration of an IEP?**

It is possible. However, the agency, teacher, or other persons who are responsible for implementing the IEP are not held accountable if a student with a disability does not achieve the growth projected in the annual goal(s), as long as good faith efforts are made to assist the student toward achieving those goal(s). Public agencies providing special education services to a student with a disability must provide the services in accordance with the IEP and should keep documentation of the services provided to individual students.

**50. Does the transition page of the IEP have to be a part of the IEP if it is not applicable for a student?**

If a student will not be 16 or older during the implementation of an IEP and the IEP Team does not think transition should be addressed for a student not yet 16, the transition page does not have to be included with the IEP.

**51. What are the transition requirements at age 16?**

Beginning not later than the first IEP to be in effect when the student turns 16, **or younger** if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must include appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills, and transition services (including courses of study) needed to assist the student in reaching those goals. **If transition is being addressed before age 16 the same transition requirements that apply for students age 16 and older apply to younger students as well.**

**52. Do requirements for transition services apply to eligible students in adult prisons?**

The requirements apply to the same extent as for eligible students in public schools with one exception. Transition planning and services do not apply to students whose eligibility will end, because of their age, before they will be eligible to be released from prison based on consideration of their sentence and eligibility for early release.

**53. Can you check the box for exit option on the transition page of the IEP if the student is not yet 16?**

If the student is in the ninth grade and earning program credits the answer is yes. If a student is still in middle school and not earning program credits the statement, **“This student is in a middle school course of study that will help prepare him/her for transition”** should be checked in lieu of **exit option, anticipated date of exit, and program credit to be earned.**

**54. If a student is age 16 or older and is receiving speech services only, does the transition page have to be included in the file? If yes, what has to be completed?**

Yes, a student who is eligible for speech or language impairment is considered to be a student with a disability under the IDEA. Therefore, beginning not later than the first IEP to be in effect when the student turns 16 the entire transition page must be completed.

**55. If a student is working toward the Alabama Occupational Diploma (AOD) and is successful in the program and has the transition page completed in the IEP, is it appropriate to have an IEP without a goal page?**

No. Even if the transition goals on the transition page are addressed, every IEP must include at least one goal(s) page that addresses the academic or unique needs of the student. And, there must be a goal to address any **Transition Services** that are checked on the transition page.

**56. Once you fill out the transition page, are transition goals still required on the goal page of the IEP?**

Yes. **Transition Services** that have been identified on the transition page of the IEP require a **Measurable Annual Goal** to be written.

**57. Who can pursue the AOD?**

A student who can pursue the AOD is a student who qualifies for special education services and the IEP Team determines the AOD is the appropriate diploma option. Each student with a disability that is pursuing the AOD must be provided the opportunity to continue working toward earning the AOD if that student is determined, through the reevaluation process, to no longer qualify for special education services.

**58. How do you document “program credit to be earned”?**

IEP Teams should code program credit according to the credit earned. General education courses should be coded on the Alabama High School Diploma line. AOD courses should be coded on the AOD line. Extended standards should be coded on the Graduation Certificate line.

**59. How should the transfer of rights at the age of majority be documented on the transition page of the IEP?**

Beginning not later than the IEP that will be in effect when the student reaches 18 years of age, the student should be informed of his or her rights and that the rights will transfer to him or her upon reaching the age of majority which is age 19. Document the date that the student is informed of the rights being transferred to him or her. The initial date that the student is informed of the rights being transferred should be used and carried over in subsequent IEPs.

**60. Can a parent deny their child the process of transferring rights due to the student’s low cognitive skills?**

When a student with a disability reaches age 19 which is the age of majority in Alabama (except for a student with a disability who has been determined to be incompetent under Alabama law), the public agency shall provide all notices to both the adult student and the parent. All other rights accorded to the parent transfer to the student. The public agency shall notify the student and the parent of the transfer of rights. If, under Alabama law, a student with a disability who has reached the age of 19, who has not been determined to be incompetent, but who is determined not to have the ability to provide informed consent with respect to the educational program of the student, the State shall establish procedures for appointing the parent of their child, or if the parent is not available, another appropriate individual, to represent the educational interests of the student throughout the period of eligibility of the student. Those procedures can be found on our web site under programs in a document titled *Procedures for Determining Inability to Provide Informed Consent*.

**61. If a student has a birthday of August 31, and turns 21 on that date, can the student attend school in the fall?**

Yes. Students with disabilities who have not earned an Alabama High School Diploma and who have not reached their twenty-first birthday by August 1 are entitled to services up to age 21, even if it means that instruction is provided in excess of 12 years. A student who turns 21 on or after August 1 is entitled to begin and complete the school year.



**62. Has a process been set up for the exit IEP Team conference that is mandated by IDEA 2004?**

IDEA 2004 does not require an exit IEP Team meeting. In Alabama, the *Summary of Academic Achievement and Functional Performance (SOP)* must be completed for every student that exits with a high school diploma, or who will be exceeding the age of eligibility for FAPE. The SES strongly encourages public agencies to complete the SOP for all other students exiting high school (e.g., AOD, graduation certificate). Also, the *Notice of Intent Regarding Special Education Services* must be completed to document that the student will not be returning to school the next school year because:

- the student will be graduating from high school with the Alabama High School Diploma;
- the student will be age twenty-one prior to August 1.
- To document that the parent or student who has reached the age of majority has been notified that the student who is exiting school with an AOD or before age 21 has the right to receive services to age 21.

**63. If a student exits school at age 18 with an AOD or a graduation certificate, may he/she return to school to work toward completing the requirements to earn a regular diploma?**

Yes. The AOD and a graduation certificate are not considered to be terminal diplomas which cease services. A student with disabilities is entitled to FAPE up to the age of 21. A student who turns 21 on or after August 1 is entitled to begin and complete the school year. Students with disabilities who have graduated from high school with a regular high school diploma no longer have a right to FAPE.

**64. If the student does not attend the IEP Team meeting, when are transition services discussed?**

The public agency should take steps to ensure the IEP Team is aware of the student's needs, interests, and preferences because these must be considered in order to develop an appropriate transition plan. Also, after the meeting there should be a follow-up meeting with the student to let him/her know what was discussed at the IEP Team meeting if the student was not in attendance.

**65. What happens if the parent or student who has reached the age of majority (age 19) does not give consent for a transition agency representative to participate in the IEP Team meeting?**

If the public agency is unable to get consent from the parent or student (age 19 and older) to invite transition agency representatives after two attempts, the agencies responsible for transition services may not be invited to the IEP meeting. If the parent or student (age 19 and older) check on the *Notice of Proposed Meeting/Consent for Agency Participation* "**I DO NOT GIVE CONSENT**", the public agency may not invite any agencies that would be responsible for paying or providing transition services.

- 66. If a representative that is likely to be responsible for providing or paying for transition services (e.g., job coach) is partially funded by the public agency and partially funded by another agency does the public agency have to get parental consent to invite that agency representative to an IEP Team meeting?**

No.

- 67. What happens if another agency fails to provide agreed upon transition services?**

If a participating agency, other than the public agency, fails to provide the transition services described in the IEP, the public agency must reconvene the IEP Team to identify alternative strategies to meet the transition goals for the student set out in the IEP.

- 68. If other agencies (such as DHR or Mental Health) not affiliated with transition are invited to the IEP Team meeting by the public agency does the IEP Team need permission from the parent or student who has reached the age of majority to invite the other agencies?**

Consent from the parent or the student who has reached the age of majority is only needed when inviting agency representatives that may be providing or paying for transition services. The purpose for inviting other agency representatives not providing or paying for transition services should be considered. The IEP Team should consider if the agency representatives have knowledge or special expertise regarding the child and the reason for inviting other agency representatives not affiliated with providing or paying for transition services. Parental consent is required before personally identifiable information is released to parties including those providing or paying for transition services.

- 69. What should be considered in the Present Level of Academic Achievement and Functional Performance?**

The **Present Level of Academic Achievement and Functional Performance** should be written in terms that are observable, specific, and based on evidence. The **Present Level of Academic Achievement and Functional Performance** should include the strengths and needs of the student and how the student's disability affects the student's performance in the general education curriculum. For preschool children, as appropriate, the **Present Level of Academic Achievement and Functional Performance** should include how the disability affects the child's participation in age appropriate activities.

**70. What are Measurable Annual Goals?**

**Measurable Annual Goals** are related to needs resulting from the student's disability that directly affect involvement and progress in the general education curriculum. Goals should be specific, based on the student's **Present Level of Academic Achievement and Functional Performance**. Goals should be measurable. Goals should be realistically achievable and related to the most critical needs. Goals should be results-oriented by being developed with an outcome in mind, and goals should be time bound by clearly defining the length of time in which the student should be able to master each goal. **Academic goals must be written to general education content standards; or Alabama Extended Standards for students with significant cognitive disabilities who are being assessed with the Alabama Alternate Assessment; or Developmental Standards for preschool children with disabilities.**

**71. Should the *Measurable Annual Goals* be stated in terms of percentages or trials?**

As long as the goals are written in measurable terms to the extent that they can be used to monitor progress and assess the appropriateness of special education services, goals can be stated in terms of percentages or trials. Special Education Services (SES) highly recommends if benchmarks are not written that goals are reviewed on a regular basis.

**72. If IEPs are written during the academic year, that may cover two grades, which grade level of standards do we use?**

Include standards based on the two grades the IEP will cover.

**73. Can we write only one measurable annual goal?**

The amount of goals written should be based on the student's area of needs. (For students working on extended standards five goals in the area of reading, math, language arts, science, and social studies are required).

**74. Do we write a measurable annual goal for all academic areas or just for the area(s) of the student's weakness?**

Goals should address the area(s) of need for the student.

**75. Do we write goals for classes taught by regular education teachers?**

Goals should be written to address the student's needs not the classes taught. Goals should not restate the standard.

**76. Would there ever be a reason to have the student's measurable annual goal read "the student will maintain A's and B's on grade level standards"?**

No. Goals should be written based on the student's deficit areas in working toward grade level standards.

**77. Do all IEPs have to have a reading and math goal?**

Students should have goals that address the student's area of need which may or may not be reading and/or math.

**78. Do goals need to be written for specially designed physical education (PE)?**

If the student receives specially designed PE which is an area of instruction, the IEP must have goal(s) if the PE curriculum is being modified. If only accommodations are provided for PE, goals are not required unless specially designed PE is the only goal being addressed in the student's IEP. PE accommodations without a goal should be documented under **supplementary aids and services** on the goal page of the IEP.

**79. If a child with physical disabilities requires specially designed PE whose job is it to provide this service?**

If specially designed PE is prescribed in a student's IEP, the public agency responsible for the education of that student must provide the services directly or make arrangements for them to be provided through other public or private programs.

**80. Do goals need to be written for OT or PT services?**

Goals should not be written for OT and PT services. OT and PT are related services that are needed to assist the student who qualifies for special education services. Address OT and PT services under **related services** on the goal page for which they relate in the IEP.

**81. Is it appropriate to have fluency goals for a high school student?**

Yes, if this is an area of need for the student.

**82. Does speech need to be written as a goal or as a related service?**

If speech is the disability area and the student qualifies in articulation, voice, or fluency there must be a speech goal(s) and speech should be addressed as "**special education**" under the **Special Education and Related Service(s)** section of the IEP. If a student qualifies for speech in the area of language, the IEP Team should have a language or reading goal and address speech as "**special education**" under the **Special Education and Related Service(s)** section of the IEP. If speech is not considered to be the area of disability on the student's eligibility report, goals may or may not be written in the area of articulation, voice, or fluency. That will be an IEP Team decision. When speech is not the area of disability as stated on the eligibility report, it should always be addressed as a "**related service**" under the **Special Education and Related Service(s)** section of the IEP.

**83. What is meant by the term peer reviewed research?**

The term peer reviewed research means there is reliable evidence that the program or services are effective. The IEP Team should have strong evidence (i.e., journal publications, programs that are known to be scientifically based researched, teacher data) of the effectiveness of instructional programs and other services before they propose them in an IEP. Peer reviewed research also applies to nonacademic areas such as behavioral interventions. Before the IEP Team lists specially designed services and/or programs under **Special Education and Related Service(s)** the IEP Team must validate that the services and/or programs have been proven to be effective based on peer review research.

**84. Where would you list a scientifically based reading research program on an IEP?**

A program used for all students does not need to be addressed on the IEP. If it is a program used specifically to meet an individual student's needs the program would be identified under the **Special Education and Related Service(s)** section of the IEP. Naming a specific program in the IEP is not recommended because a specific program may change (i.e., the program isn't working, the student transfers) within the implementation and duration dates of the IEP.

**85. How do we work toward eliminating deficits in reading and math when the students are required to be in a regular class?**

For students with deficits in reading and math, the regular education teacher and special education teacher should collaborate to provide differentiated instruction during regular education time as well as during the supplemental and intervention time that should be built into the master schedule.

**86. What is meant by *Benchmarks*?**

Benchmarks are targeted sub skills or steps (levels of achievement), which lead to the achievement of the overall annual goal and should contain clear indications of how the student's progress will be evaluated.

**87. If a child is in all regular classes, are Benchmarks required?**

**Benchmarks** are required only for those students who participate in alternate assessments aligned to alternate achievement standards and for those students where the public agency requires benchmarks for all students.

**88. Can Measurable Annual Goals and/ or Benchmarks be changed without initiating another IEP Team meeting?**

Changes in the IEP can only be made through an IEP Team meeting or through the allowable amendment process.

**89. What is meant by the terms anticipated frequency of service(s), amount of time, beginning/ending date, and location of service(s)?**

The term **Anticipated Frequency of Service(s)** indicates how often the service(s) will be provided. (e.g., annual, bi-monthly, daily). The term **Amount of Time** refers to how long the service will last each time the service is provided. (e.g., minutes per session). The **Beginning/Ending Date** is the start to finish of service(s) and may be different from IEP **Initiation/Duration Dates**. **Location of Service(s)** should list the specific location where the services will be provided (e.g., regular education classroom, resource room, school bus, lunch room, gym).

**90. How are the term supplementary aids and services defined?**

This refers to the aids, services and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate in accordance with LREs.

**91. If the student does not receive any services with nondisabled peers, does the box for supplementary aids and services remain blank?**

Not necessarily. Students should be included in the regular education environment to the greatest extent possible. Although a student may not be in any regular education classes they may need accommodations when they are at lunch, traveling through halls, attending school programs, or other scenarios.

**92. What is the difference in an accommodation and a modification?**

**Accommodations** lessen the impact of the student's disability in the teaching/learning environment in order to level the playing field but do not change the content of the standard. When accommodations are made for the student with disabilities, the content has not been altered and the student can earn course credit. **Modifications** are changes made to the content of the curriculum due to the unique needs arising from the student's disability. When course content is modified, the student is not pursuing the content prescribed in the applicable course of study and cannot earn course credit.

**93. When putting the minutes on related services, do you put a cumulative amount for those areas where the services are not provided daily?**

No. Include how often the service will be provided. (e.g., annual, bi-monthly, daily) and include the amount of minutes per session.

**94. Would a computer based reading program be considered assistive technology?**

A computer based reading program could be considered as part of the student's **special education, related services, supplementary aids and services**, or as **assistive technology (AT)** if the IEP determines the program is needed for the student to receive FAPE. If it is a program available to all students, it is not considered to be AT for a student.

**95. Does assistive technology include support for the function of a surgically implanted medical device and if so, is this considered a related service?**

Public agencies must ensure that the external components of surgically implanted medical devices are functioning properly; but for a student with a surgically implanted medical device who is receiving **special education** and **related services**, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device). AT may be documented on the IEP as a goal and also under the **Special Education and Related Service(s)** area as **special education**, **related services**, **supplementary aids and services**, or as **assistive technology**.

**96. If the student requires support for personnel in the general education curriculum, where do you document this?**

**Support for personnel** should be documented in the **Special Education and Related Service(s)** section on the goal page of the IEP under “**Support for Personnel**” and should be indicated on the IEP only when training or support are being provided to public agency personnel regarding a student’s specific need.

**97. When the special education teacher collaborates with the general education teacher by meeting with him or her to discuss the student’s special education services, is that considered special education or support for personnel?**

That is considered **special education** and should be documented under “**special education**” in the **Special Education and Related Service(s)** section of the IEP.

**98. When should extended school year (ESY) services be provided?**

The IEP Team must consider ESY services at least annually as part of the provision of FAPE. ESY must be provided only if a student’s IEP Team determines, on an individual basis, that the services are necessary for the provision of FAPE to the student. If ESY services are needed, the IEP must clearly specify which goals and services are being extended, the beginning and ending dates for services, the location, and the amount of time committed.

**99. Why is the IEP Team required to include an explanation of the extent to which a student will NOT participate with nondisabled students in the regular class and in extracurricular and nonacademic activities?**

- The IDEA requires that each student with a disability be educated with nondisabled students to the maximum extent appropriate.
- A student with a disability may be removed from the regular education environment only when the nature or severity of the disability is such that education in the regular education classroom with **supplementary aids and services** cannot be satisfactorily achieved.
- To the maximum extent appropriate, students with disabilities should participate with nondisabled students in nonacademic and extracurricular services and activities.
- IDEA assumes that the majority of students who are eligible for special education and related services are capable of participating in the general education curriculum to some degree with accommodations and/or modifications.
- The IEP Team must consider the needs of the individual student and decide the extent to which the student is able to participate appropriately in the general education curriculum.

**100. If a student receives intermittent services at home or in the hospital, could more than one LRE be noted?**

No. The IEP Team should determine where the student spends most of his or her time and choose the LRE based on that information. If the amount of times are equally spent at home and in the hospital only choose one LRE. The IEP Team should explain why a student receives services in more than one environment in the **Least Restrictive Environment** section of the IEP.

**101. Under what circumstances can you justify a separate school as a student's LRE?**

The explanation is written for the student not for the separate school. The explanation should be based on the needs of the student. Students enrolled in separate schools should still be afforded the opportunity for interaction with age appropriate nondisabled peers. Also, physical education services, specially designed if necessary, must be made available to every student with a disability receiving FAPE, unless the public agency enrolls students without disabilities and does not provide physical education to students without disabilities in the same grades.

**102. Are public agencies required to have a continuum of services available?**

Yes. A public agency may not say that the only option is full inclusion.

**103. Is a parent signature required on the IEP?**

There is not a requirement in the IDEA statute or the federal regulations that a parent must sign an IEP for it to be implemented. The parent signature is a way of documenting parent participation.



**104. If a parent participated in the IEP meeting via conference call, should a signature page for the IEP be mailed to the parent for their signature?**

No. Simply document how the parent participated in the IEP Team meeting in the space provided for the parent signature. The public agency must give the parent a copy of the child's IEP at no cost to the parent.

**105. If the parent and the public agency are unable to reach agreement at an IEP meeting, what steps should be followed until agreement is reached?**

The IEP Team meeting serves as a communication vehicle between the parent and school personnel, and enables them, as equal participants, to make joint, informed decisions regarding the: (1) child's needs and appropriate goals; (2) extent to which the child will be involved in the general education curriculum and participate in the regular education environment and state and district wide assessments; and (3) services needed to support that involvement and participation, and to achieve agreed-upon goals. The parent is considered an equal partner with school personnel in making these decisions, and the IEP Team must consider the parent's concerns and the information provided by the parent regarding the child in developing, reviewing, and revising IEPs. The IEP Team should work toward consensus, but the public agency has ultimate responsibility to ensure that the IEP includes the services that the student needs in order to receive FAPE. It is not appropriate to make IEP decisions based upon a majority "vote." If the IEP Team cannot reach consensus, the public agency must provide the parent with prior written notice of the public agency's proposals or refusals, or both, regarding the student's education program, and the parent has the right to seek resolution of any disagreements by initiating an impartial due process hearing. Every effort should be made to resolve differences between the parent and school staff through voluntary mediation or some other informal step, without resorting to a due process hearing. However, mediation or other informal procedures may not be used to deny or delay a parent's right to a due process hearing, or to deny any other rights afforded under the IDEA.

**106. What if the parent gets upset and leaves the IEP meeting?**

If the parent gets upset and leaves the IEP meeting, the meeting may continue. An IEP Team member should document that the parent was present during part of the meeting. All other IEP Team members should document his or her participation by signing and dating on the appropriate line. The parent must be provided a copy of the IEP.

**107. Is it permissible for the public agency to have the IEP completed before the IEP meeting begins?**

No. Public education agency staff may come to an IEP meeting prepared with evaluation findings and proposed recommendations regarding the IEP content, but the public agency must make it clear to the parent at the beginning of the meeting that the services proposed by the public agency are only recommendations for review and discussion by the IEP Team. Best practice would be to seek input from the parent prior to the meeting and/or send a draft of the IEP to the parent so they have time to review the proposed IEP prior to the meeting.

**108. Are state assessment forms required for preschool?**

No.

**109. How many pages will be in an IEP?**

The number of pages in an IEP would depend on the needs of the student and what the student can reasonably be expected to do during a school year.

**110. Who should have a copy of the IEP?**

The special education teacher and/or case manager of the student must have a copy of the IEP. The public agency is also required to provide a copy of the IEP to the parent at no cost. Others responsible for implementing parts of the IEP (e.g., regular education teacher(s), related service providers, and any other service provider) must be informed of their specific responsibilities related to implementing the IEP and the accommodations, modifications, and supports that must be provided in accordance with the student's IEP. The IEP must be "accessible" to these other providers but it is not a requirement that a personal copy of the entire IEP be provided. If a personal copy of the IEP is provided to other service providers they must be made aware that the IEP document in whole or in part must be protected in a secure location and treated as a confidential document.

**111. Should a paraprofessional assigned to a student sign the *Persons Responsible for IEP Implementation*?**

Yes. Each regular education teacher, special education teacher, related service providers, and any other service provider must first be informed of his or her specific responsibilities related to implementing the student's IEP and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP. Secondly, once informed of his or her responsibilities each individual responsible for the implementation of the student's IEP must sign the form *Persons Responsible for IEP Implementation*. The student's case manager must keep a copy of the form *Persons Responsible for IEP Implementation* with the individual signatures on file in the student's records.

**112. Who is responsible for serving a student with disabilities who is residing in a local detention/jail facility?**

The local education agency where the detention/jail facility is located should ensure that special education and related services are provided to the student with disabilities.

**113. How often must the IEP and placement be reviewed?**

The IEP must be reviewed at least annually. The IEP and placement may be reviewed more often if needed. The parent, or the teacher may request an IEP Team meeting if there is a need to review or revise the IEP.

**114. Will a transitional IEP be developed for students who are no longer eligible for special education services?**

No.

**115. When a student transfers from another public agency within the State do you have to honor the IEP from the other agency?**

If a student with a disability (who had an IEP that was in effect in a previous public agency in Alabama) transfers to a new public agency in Alabama, and enrolls in a new school within the same school year, the new public agency (in consultation with the parent) must provide FAPE to the student (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency either:

- Adopts the student's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP.

**116. What if a student whose IEP has not been subject to a timely annual review, but who continues to receive services under that IEP, transfers to another public agency in the same State? Is the new public agency required to provide FAPE from the time the student arrives?**

If a student with a disability was receiving special education and related services pursuant to an IEP in a previous public agency even if that public agency failed to meet the annual review requirements and transfers to a new public agency in the same State and enrolls in a new school within the same school year, the new public agency (in consultation with the parent) must provide FAPE to the student (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency either-----

- Adopts the student's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP.

**117. When a student transfers from another State do you have to honor the IEP from the other State?**

If a student with a disability (who had an IEP that was in effect in a previous public agency in another State) transfers to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parent) must provide the student with FAPE (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency-----

- Conducts an evaluation (if determined to be necessary by the new public agency); and
- Develops, adopts, and implements a new IEP, if appropriate.

**118. Is the receiving public agency required to write an IEP on Alabama forms for out-of-state transfers who have a current IEP?**

No. The receiving public agency would implement the out-of-state IEP until such time that a new IEP is developed, if the student is eligible according to the *Alabama Administrative Code* (AAC).

**119. What options are available when an out-of-state transfer student cannot produce an IEP, and the parent is the source for identifying “comparable” services?**

The federal regulations require that, to facilitate the transition for a student the new public agency in which the student enrolls must take reasonable steps to promptly obtain the student’s records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the student, from the previous public agency in which the student was enrolled, and the previous public agency in which the student was enrolled must take reasonable steps to promptly respond to the request from the new public agency. If, after taking reasonable steps to obtain the student’s records from the public agency in which the student was previously enrolled, including the IEP and any other records relating to the provision of special education or related services to the student, the new public agency is not able to obtain the IEP from the previous public agency or from the parent, the new public agency is not required to provide services to the student. This is because the new public agency, in consultation with the parent, would be unable to determine what constitutes comparable services for the student, since that determination must be based on the services contained in the student’s IEP from the previous public agency. However, the new public agency must place the student in the regular school program and conduct an evaluation pursuant to, if determined to be necessary by the new public agency. If there is a dispute between the parent and the new public agency regarding whether an evaluation is necessary or regarding what special education and related services are needed to provide FAPE to the student, the dispute could be resolved through the mediation procedures in or, as appropriate, the due process procedures. Once a due process complaint notice requesting a due process hearing is filed, the student would remain in the regular school program during the pendency of the due process proceedings.

**120. What if a student transfers from an out-of-state agency to a public agency without an IEP, yet it is obvious they are in need of special education services?**

If the parent and the new public agency agree on services that the student needs until records are received from the previous public agency, those agreed upon services may be provided. If the parent and the public agency do not agree on the services to provide, the student is enrolled in the regular education program along with any special education and related services on which the parent and the public agency agree. The public agency may also ask the parent for consent to conduct an initial evaluation.

**121. Is it permissible for a public agency to require that a student with a disability who transfers from another State with a current IEP that is provided to the new public agency remain at home without receiving services until a new IEP is developed by the public agency?**

No. If a student with a disability (who had an IEP that was in effect in a previous public agency in another State) transfers to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parent) must provide the student with FAPE (including services comparable to those described in the student's IEP from the previous public agency), until the new public agency-----

- Conducts an evaluation (if determined to be necessary by the new public agency); and
- Develops, adopts, and implements a new IEP, if appropriate. Thus, the public agency must provide FAPE to the student when the student enrolls in the school in the public agency in the new State, and may not deny services to the student pending the development of a new IEP.

**122. Do you have to get consent from the parent to request records from the sending public agency?**

Parental consent is not required for the transmission of special education records between public agencies. Parental notice is required. SES will be placing a sample form on our web site for transfer of records.

**123. Do public agencies have a time limit on facilitating the transfer of student records?**

The new public agency in which the student enrolls must take reasonable steps to promptly obtain the student's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the student, from the previous public agency in which the student was enrolled, and the previous public agency in which the student was enrolled must take reasonable steps to promptly respond to the request from the new public agency. If paper copies of records are requested by the new public agency, SES recommends the records be delivered within ten days of the request.

**124. What is the timeline for the receiving public agency to adopt an IEP from a previous public agency or to develop and implement a new IEP?**

The federal regulations do not establish timelines for the new public agency to adopt the student's IEP from the previous public agency; or to develop, adopt, and implement a new IEP. However, the new public agency must take these steps within a reasonable period of time to avoid any undue interruption in the provision of required services.

**125. How do we document parent participation in a meeting if they participated by phone?**

In hard copy forms and in STISETS, on the parent signature line write, "parent participated by phone."

**126. How do we document the parent chose to participate by phone but at the time of the meeting they did not answer the phone?**

If the parent said they were going to participate in the meeting by phone and did not participate, document that the parent was unavailable by phone.

# Optional Forms

- IEP Planning Sheet for Parents**
- Student Profile Information**
- Teacher's IEP Input Survey**
- Parent's IEP Input Survey**
- Assessment of Student Participation in General Education Classes**
- Antecedent Behavior Consequence (ABC)**





# INDIVIDUAL EDUCATIONAL PLANNING

## IEP Planning Sheet for Parents

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to answer in preparation for the IEP meeting. Please write down your thoughts and send this form back to \_\_\_\_\_. The information that you share will be used to prepare a draft profile or word picture about your child.

- ❖ What do you feel are the strengths of your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ What do you feel are your child's weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ How do you think your child learns best? (What kind of situation makes learning easiest?)  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ Please describe educational skills that your child practices at home regularly (e.g., reading, making crafts, taking things apart, putting things together, using the computer, coloring).  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ Does your child have any behaviors that are of concern to you or other family members? (If so, please describe the behavior(s). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ What are your child's favorite activities? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ❖ What are your child's special talents or hobbies? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ❖ Does your child have a history of ear infections or frequent upper respiratory infection?  
\_\_\_\_\_
- ❖ When was the last eye examination completed with your child? \_\_\_\_\_
- ❖ Is there a history of speech delay/language delay in your family (grandparent, parent, sibling)?  
\_\_\_\_\_
- ❖ How does your child usually react when upset and how do you deal with the behavior?  
\_\_\_\_\_
- ❖ If you have particular concerns about your child's school program this year, please describe them. \_\_\_\_\_
- ❖ What are your main hopes for your child this year? \_\_\_\_\_
- ❖ Please list any other information that would help us gain a better understanding of your child.  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Are there any concerns that you would like to discuss at the next IEP meeting? \_\_\_\_\_

*Thank you for contributing valuable parental insights.*

## INDIVIDUAL EDUCATIONAL PLANNING

### IEP Planning Sheet for Parents

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to think about in preparation for the IEP meeting. Please write any additional thoughts and/or information that you wish to include for future reference by the IEP Team.

- What do you feel are the strengths of your child?

_____ Tries new things	_____ Has a sense of humor	_____ Does well in home activities
_____ Makes new friends easily	_____ Has neat ideas	_____ Says, "please" and "thank you"
_____ Encourages others	_____ Talks clearly	_____ Is happy
_____ Offers help to others	_____ Good feelings about self	_____ Plays well with other children
_____ Likes books	_____ Understands what is said	_____ Is a good sport
_____ Admits mistakes	_____ Listens attentively	_____ Has good eye contact
_____ Does chores when asked	_____ Follows instructions	_____ Has good appetite
_____ Does homework	_____ Asks for help	_____ Has limited fears
_____ Does not give up easily	_____ Keeps trying	_____ Makes self understood
_____ Adjusts well to changes in routine	_____ Adjusts well to different people	_____ Proud of self
_____ Likes music	_____ Likes to be read to	_____ Smiles at people

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- What do you feel are your child's weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)?

_____ Argues with you	_____ Is too serious	_____ Is easily distracted
_____ Eats things that are not food	_____ Acts without thinking	_____ Trouble making friends
_____ Trouble with going from one task to another	_____ Won't do work	_____ Worries about others
_____ Worries about what parents think	_____ Breaks things	_____ Does not speak clearly
_____ Stays mad a long time	_____ Does not listen well	_____ Does not ask for help
_____ Refuses help	_____ Has eye problems	_____ Is critical of self
_____ Complains about work	_____ Has fears	_____ Does not smile
_____ Does not seem happy	_____ Forgets things	_____ Has ear problems
_____ Does not adjust well to change	_____ Tries to hurt self	_____ Has a short attention span
_____ Is nervous	_____ Has fevers	_____ Whines
_____ Screams	_____ Needs to be shown how to do something	_____ Needs a lot of supervision
_____ Is overly active	_____ Always wants to be right	_____ Is sick a lot
	_____ Daydreams	_____ Is easily upset
		_____ Has toileting accidents

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Does not understand the first time he/she hears something | <input type="checkbox"/> Gets upset when things are lost                              | <input type="checkbox"/> Bullies brothers/sisters |
| <input type="checkbox"/> Needs very simple directions                              | <input type="checkbox"/> Has bad allergies  | <input type="checkbox"/> Has frequent colds       |
| <input type="checkbox"/> Is nervous about answering                                | <input type="checkbox"/> Has a short attention span                                   | <input type="checkbox"/> Climbs on things         |
| <input type="checkbox"/> Stares blankly  | <input type="checkbox"/> Repeats one thought over and over                            | <input type="checkbox"/> Cries easily             |
| <input type="checkbox"/> Won't mind  | <input type="checkbox"/> Gets mad if he/she doesn't get own way                       | <input type="checkbox"/> Has seizures             |
| <input type="checkbox"/> Can't understand math                                     | <input type="checkbox"/> Can't read   | <input type="checkbox"/> Won't read               |
| <input type="checkbox"/> Does not play well with others                            | <input type="checkbox"/> Won't do math homework                                       | <input type="checkbox"/> Throws temper tantrums   |
| <input type="checkbox"/> Does not talk very well                                   | <input type="checkbox"/> Hits others  | <input type="checkbox"/> Is shy with others       |
| <input type="checkbox"/> Does not make all the sounds right when he/she talks      | <input type="checkbox"/> Cannot say what he/she is thinking about without a long wait | <input type="checkbox"/> Stays sick a lot         |
| <input type="checkbox"/> Gets mad/angry when he/she can't do something fast        |   | <input type="checkbox"/> Has ear infections       |
|  |   | <input type="checkbox"/> Does not laugh much      |
|  |   | <input type="checkbox"/> Is afraid of dying       |
|  |   | <input type="checkbox"/> Breaks things            |
- 
- 
- 

- How do you think your child learns best? (What kind of situation makes learning easiest)?

- |  |   |
|--|---|
| <input type="checkbox"/> One on one with a teacher                   | <input type="checkbox"/> One on one with a friend                         |
| <input type="checkbox"/> One on one with parent                      | <input type="checkbox"/> One on one with sister/brother                   |
| <input type="checkbox"/> Working with picture books                  | <input type="checkbox"/> With work sheets                                 |
| <input type="checkbox"/> With objects (like for counting)            | <input type="checkbox"/> Working in a classroom                           |
| <input type="checkbox"/> Watching someone else do the activity first | <input type="checkbox"/> With lots of rewording of the directions         |
| <input type="checkbox"/> When my child is close to the one teaching  | <input type="checkbox"/> With no noise in the room                        |
| <input type="checkbox"/> With music                                  | <input type="checkbox"/> With the computer as a tool                      |
| <input type="checkbox"/> With my child in my lap                     | <input type="checkbox"/> With my child sitting next to me in a soft chair |
| <input type="checkbox"/> With my child seated at a table             | <input type="checkbox"/> With my child seated at a desk                   |
| <input type="checkbox"/> With the lights turned on low               | <input type="checkbox"/> With bright light in the room                    |
| <input type="checkbox"/> With a snack                                | <input type="checkbox"/> Without food around                              |
| <input type="checkbox"/> With the TV/radio on                        | <input type="checkbox"/> With no TV/radio on                              |
- 
- 
- 

- Please describe educational skills that your child practices at home regularly (e.g., reading, crafts, using the computer).

- |  |  |
|--|--|
| <input type="checkbox"/> Reads to parent every day | <input type="checkbox"/> Reads to brother/sister every day               |
| <input type="checkbox"/> Works on math every day   | <input type="checkbox"/> Draws pictures with pencil, crayons, markers    |
| <input type="checkbox"/> Likes to make cookies     | <input type="checkbox"/> Uses the computer every day to do math, reading |
| <input type="checkbox"/> Likes to make crafts      |  |
- 
- 
-

Does your child have any behaviors that are of concern to you or other family members?  
If so, please describe the behavior(s).

<input type="checkbox"/> Wets bed at night	<input type="checkbox"/> Says, "I wish I were dead"	<input type="checkbox"/> Argues about everything
<input type="checkbox"/> Breaks things	<input type="checkbox"/> Does not sleep well	<input type="checkbox"/> Refuses to go to bed
<input type="checkbox"/> Refuses to do homework	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Argues a lot
<input type="checkbox"/> Is sad	<input type="checkbox"/> Has stomach problems	<input type="checkbox"/> Has allergies
<input type="checkbox"/> Makes noises when playing	<input type="checkbox"/> Refuses to play with others	<input type="checkbox"/> Babbles to self
<input type="checkbox"/> Acts without thinking	<input type="checkbox"/> Complains about health	<input type="checkbox"/> Has headaches
<input type="checkbox"/> Stays alone all the time	<input type="checkbox"/> Is easily distracted	<input type="checkbox"/> Is too serious
<input type="checkbox"/> Voice is scratchy sounding	<input type="checkbox"/> Does not laugh/smile	<input type="checkbox"/> Stutters
<input type="checkbox"/> Screams	<input type="checkbox"/> Talks about dying	<input type="checkbox"/> Plays with own sex parts
<input type="checkbox"/> Does not seem able to finish something	<input type="checkbox"/> Says, "Nobody likes me"	<input type="checkbox"/> Bites nails
<input type="checkbox"/> Threatens to hurt others	<input type="checkbox"/> Has trouble making decisions	<input type="checkbox"/> Is easily frustrated
	<input type="checkbox"/> Uses foul language	<input type="checkbox"/> Does not talk plain

- What are your child's special talents or hobbies?

<input type="checkbox"/> Music	<input type="checkbox"/> Coloring	<input type="checkbox"/> Riding horses
<input type="checkbox"/> Telling stories	<input type="checkbox"/> Reading	<input type="checkbox"/> Memorizing
<input type="checkbox"/> Saying poetry	<input type="checkbox"/> Dressing up	<input type="checkbox"/> Bicycling
<input type="checkbox"/> Remembering information	<input type="checkbox"/> Cooking	<input type="checkbox"/> Gardening
<input type="checkbox"/> Art	<input type="checkbox"/> Photography	<input type="checkbox"/> Working puzzles
<input type="checkbox"/> Writing stories		

- What are your child's favorite activities?

- Does your child have any particular fears? If so, please describe.

- How does your child usually react when upset and how do you deal with the behavior?

- Do you have any particular concerns about your child's school program this year?  
If so, please describe.

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- What are your main hopes for your child this year?

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- Is there other information that would help us gain a better understanding of your child?

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- Are there any concerns that you would like to discuss at the next IEP meeting?

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***Thank you for contributing valuable parental insights.***

***Sincerely,***

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*(IEP Team Coordinator)*

**STUDENT PROFILE INFORMATION**  
**(HAVE STUDENT COMPLETE THIS FORM EACH YEAR)**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAMES OF PARENT(S): \_\_\_\_\_

YOU LIVE WITH BOTH PARENTS: \_\_\_\_\_, ONE PARENT: \_\_\_\_\_

OTHER THAN PARENT: \_\_\_\_\_ WHO? \_\_\_\_\_

NUMBER OF SISTER(S): \_\_\_\_\_ NUMBER OF BROTHER(S): \_\_\_\_\_

FAVORITE SPORT(S): \_\_\_\_\_

FAVORITE SCHOOL SUBJECT(S): \_\_\_\_\_

HOBBIES: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CLUBS OR ORGANIZATIONS YOU ARE A MEMBER: \_\_\_\_\_

\_\_\_\_\_

SPORTS YOU PLAY: \_\_\_\_\_

MEDICAL PROBLEM(S): \_\_\_\_\_

DO YOU TAKE MEDICINE? \_\_\_\_\_ FOR WHAT? \_\_\_\_\_

FUTURE JOB OR PLANS: \_\_\_\_\_

\_\_\_\_\_

CLASSES YOU WANT TO TAKE NEXT YEAR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

Developed by Wilcox County Board of Education, Special Education Department.





**TEACHER'S IEP INPUT SURVEY****Teacher's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Student's Name:** \_\_\_\_\_**Subject:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_*Please give responses to the following items:*

1. How does the child participate in class instructions (stays on task, answers or responses in class, etc.)?

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2. How does he/she interact or get along with peers/teachers?

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3. What are some areas or activities that he/she needs to improve on in your class or did not successfully complete?

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4. What were some activities that he/she completed successfully in your class or at school?

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5. Did you provide any modifications or accommodations, if so, what?

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6. Do you think he/she can progress in general education classes without special education services? If so, explain.

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**PARENT'S IEP INPUT SURVEY****Parent's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Student's Name:** \_\_\_\_\_**Teacher's Name:** \_\_\_\_\_***Please complete the following items and return this form to the above teacher at the school:***

1. How does the child participate in home jobs/tasks (stays on task, etc.)?

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2. How does he/she interact or get along with family members/classmates/teachers?

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3. What are some areas or activities that your child needs to improve or did not complete successfully at home or school that you would like to get some support for him/her?

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4. What were some activities that your child did complete successfully or did well at home or at school?

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5. Other comments, questions, suggestions.

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# Assessment of Student Participation in General Education Classes

Student: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Assessment Completed by: \_\_\_\_\_

Grade, Subject, and Class Period: \_\_\_\_\_

Prep Periods: \_\_\_\_\_ Room Number: \_\_\_\_\_ # of Students in Class: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: 1. After the student attends the specific general education class for approximately one week, the team reviews all the skills identified in Sections I and II of this assessment tool.

Score. + for items that student consistently performs;  
 +/- for items that student does some of the time but not consistently;  
 - for items that student never or very rarely performs; and  
 NA for items that are not appropriate for the student/class

2. Circle about 5 items that the team identifies as priorities for instructional emphasis for the individual student.
3. Write objectives for each of the circled items, then design related instructional programs.
4. Review student progress on all items at least 2 more times during the school year. Revise as needed.

## I. CLASSROOM ROUTINES AND ACTIVITIES

Date: \_\_\_\_\_

Date: \_\_\_\_\_

1. Gets to class on time.						11. Shares materials with peers when appropriate.					
2. Gets seated in class on time.						12. Uses materials for their intended purpose.					
3. Performs transitional activities during class in response to situational cues (e.g., changes in seating, activity)						13. Puts materials away after use.					
4. Begins tasks.						14. Uses classroom materials and equipment safely.					
5. Stays on task.						15. Works cooperatively with a partner.					
6. Participates in some regular class activities without adaptations.						16. Works cooperatively with a small group.					
7. Terminates tasks.						17. Performs competitive learning tasks.					
8. Tolerates out-of-the-ordinary changes in classroom routine						18. Readily accepts assistance.					
9. Follows class rules.						19. Evaluates quality of own work (given a model).					
10. Locates/brings materials to class as needed.						20. Copes with criticism/correction without incident and tries an alternative behavior.					

II. SOCIAL AND COMMUNICATION SKILLS									
Date:					Date:				
21. Interacts with peers: a. responds to others b. initiates.					29. Follows directions: a. for curricular tasks b. for helping tasks/errands c. given to the student individually d. given to students as a group				
22. Interacts with the classroom teacher: a. responds to the teacher b. initiates					30. States or indicates: a. don't know/don't understand b. when finished with an activity.				
23. Uses social greetings: a. responds to others b. initiates					31. Orients toward the speaker or other source of input..				
24. Uses farewells: a. responds to others b. initiates.					32. Secures listener attention before communicating..				
25. Uses expressions of politeness (e.g., please, thank you, excuse me): a. responds to others b. initiates					33. Maintains eye contact with the listener when speaking				
26. Participates in joking or teasing a. responds to others b. initiates					34. Takes turns communicating in conversation with others.				
27. Makes choices and indicates preferences: a. responds to others (cue or questions) b. initiates					35. Gives feedback. a. gives positive feedback b. gives negative feedback				
28. Asks questions a. asks for help b. asks for information (e.g., clarification, feedback)					36. Uses appropriate gestures and body movements when interacting with others.				
					37. Uses appropriate language/vocabulary/topic of conversation.				
					38. Uses intelligible speech (volume, rate, articulation, etc.)				
					Comments:				

Figure 5.2 Classroom assessment tool. (From Macdonald, C., & York, J. [1989]. Assessment, objectives, instructional programs. In J. York, T. Vandercook, C. Macdonald, & S. Wolff [Eds.], Strategies for full inclusion [pp. 83-116]. Minneapolis: University of Minnesota, Institute on Community Integration; reprinted by permission.)

## ANTECEDENT BEHAVIOR CONSEQUENCE (ABC) RECORDING

Antecedent Behavior Consequence (ABC) recording is most useful for obtaining diagnostic information prior to constructing an intervention program. Applied behavior analysis interventions generally rely on three major activities: the modification of antecedents, or conditions that precede the target behaviors and influence the probability of their initial occurrence; the modification of consequences, or events that follow a target behavior and influence the likelihood that the response will reoccur; and the development of specific skills (social skills, self-management skills, etc.) that allow the student to act appropriately when faced with provoking antecedents.

The ABC Recording Form is used by observing a student for all or a portion of the school day (during math class, recess, unstructured time, etc.). Three major activities are involved in ABC recording:

- The target behaviors are identified.
- The antecedent section is completed by identifying and recording objective events that take place immediately before the target behavior.
- The consequence section is completed by identifying and recording the events that take place immediately following the display of the target behavior.

### Example:

**Student:** Ben Smith

**Teacher/Observer:** A. Jones

**Date:** 11/22/15      **Time:** 9:40 - 9:55      **Setting:** 3<sup>rd</sup> Period

Antecedent	Behavior	Consequence
Teacher begins - tells students to look at board.	Ben looks around room and at other kids.	Teacher continues lesson; ignores Ben.
Teacher puts examples on board and asks class to work problems.	Ben looks around and calls to another student.	Teacher asks for quiet.
Teacher tells class to do 5 more problems.	Ben turns around and pokes another student with pencil.	Teacher tells Ben, "Get to work, NOW!"
	Ben calls out, "This is too hard." He throws worksheet and book on floor.	Teacher demands that Ben come forward, get a hall pass, and go to the office.





ABC OBSERVATION FORM

STUDENT'S NAME: \_\_\_\_\_OBSERVATION DATE\_\_\_\_\_

OBSERVER: \_\_\_\_\_TIME:\_\_\_\_\_

ACTIVITY:\_\_\_\_\_CLASS PERIOD:\_\_\_\_\_

BEHAVIOR:\_\_\_\_\_

ANTECEDENT	BEHAVIOR	CONSEQUENCE

FROM: *Addressing Student Problem Behavior, An IEP Team’s Introduction to Functional Behavioral Assessment and Behavior Intervention Plans (2<sup>nd</sup> edition).* Center for Effective Collaboration and Practice.



## ABC OBSERVATION FORM

STUDENT: _____	OBSERVER: _____
DATE: _____	TIME: _____
ACTIVITY: _____	
Context of Incident:	
Antecedent:	
Behavior:	
Consequence:	
Comments/Other Observations:	

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FROM: *Addressing Student Problem Behavior, An IEP Team's Introduction to Functional Behavioral Assessment and Behavior Intervention Plans (2<sup>nd</sup> edition)*. Center for Effective Collaboration and Practice.

