EDUCATIONAL SERVICES AND PLACEMENT

***Consideration of Services and Placement Options***

All IEP teams MUST consider a full range of educational services, beginning with the least restrictive environment in which the student can receive educational benefit. (See Continuum of Placement Options section for more information.) Services and placement may not be determined prior to the IEP meeting. Services, including the amount of service required, should be based on the individual student’s goals and objectives. Thus, service minutes may vary among students in the same class. As each level of support is discussed, the team MUST discuss the potentially harmful effects of the placement.

Levels of support must be considered in the following order:

1. Consideration of the student’s participation in general education classes with no supplementary aids
2. Consideration of the student’s participation in general education classes with supplementary aides
3. Consideration of participation in general education with special education or related services provided within the general education classroom
4. Consideration of participation in special education classes or services outside of the general education classroom

***Completion of the Educational Services and Placement Form Page 1***

**Initiation Date**

* List the date that the services and placement will begin.
* The initiation date must be within 10 days from the date the IEP meeting was held for all annual reviews.

**Duration Date**

* List the date that the services and placement will end.
* This date cannot exceed one year from the date of the most recent Annual Review.

**BOX 1 – Gen Ed with No Supplementary Aides**

* List all classes and activities in which the student will NOT receive any special ed supports.
* Anything you list in this box means that the student has NO accommodations during the class or activity and it means the behavior plan is NOT in effect during the classes or activities listed.
* Essentially the student is like every other student during these classes and activities and has no special treatment and no supports. That is, the general education teacher will NOT be required to modify or accommodate anything for the student in these classes.

**BOX 1 - Minutes Per Week (MPW)**

* DO NOT list MPW in the box on the right side.

**BOX 2 – Gen Ed with Supplementary Aides**

* List all GENERAL EDUCATION classes and activities in which the student will receive the accommodations and modifications that you listed on the 2 IEP pages titled Accommodations and Assessment and the interventions and supports included in a Behavior Intervention Plan.
* Do NOT list GENERAL EDUCATION classes and activities that the student will have a personal aide or classroom aide with them in.

**BOX 2 – Minutes Per Week (MPW)**

* DO NOT list MPW in the box on the right side.

**BOX 3 – Special Education and Related Services within the General Education Environment**

* List all GENERAL EDUCATION classes that a SPECIAL EDUCATION TEACHER is in FOR the student. This would include CO-TAUGHT classes. Only list classes that this individual student requires the special ed teacher for. Do not list because the service is in the room if the student does not need the service. That is, do not list services that occur because of the student’s schedule only.
	+ Examples:
		- Co-taught Math
		- Adapted PE
		- Special Ed Teacher with student in Social Studies *(if in room for the student but not co-teaching per se)*
* List any CONSULTATION with a GENERAL ED TEACHER.
	+ Example:
		- Consultation with Science Teacher
* List all GENERAL EDUCATION classes that the child has a personal aide
	+ Examples:
		- Math class with personal aide
		- Personal aide to assist behavior in gen ed classes of Science, Art, Music
* List all GENERAL EDUCATION classes that the student REQUIRES a classroom aide. Do not list classes that have a classroom aide in them unless the student requires the aide to be in the class in order for the student to be in the class.
* List STEP if the student is receiving school credit for STEP AND the student is receiving a paycheck by the employer in the community.
* List any RELATED SERVICE that is provided in a general education classroom or setting.
	+ Example:
		- Social skills instruction with peers by social worker on playground
		- Language therapy during reading class

**BOX 3 – Minutes Per Week (MPW)**

* List MPW required for each service listed.
* To calculate MPW for Co-Teaching, consider the amount of time the student requires the special education teacher to be present in the classroom. In some cases this will be the entire class period and in other cases in may be a portion of the class period. List the MPW that the student requires a co-teacher.

**BOX 4 – Special Education Services – Outside General Education**

* List all SPECIAL EDUCATION SERVICES that the student receives in a special education classroom.
	+ Examples:
		- Reading
		- Resource Support for Gen Ed Classes
* DO NOT list RTI as a Special Ed Service. List the service provided during that time period, ”Math instruction”
* SPEECH THERAPY is listed in this section ONLY IF speech language impairment is a primary or secondary disability.
* List STEP if the student is receiving a stipend by the STEP program and is not being paid minimum wage.

**BOX 4 - Minutes Per Week (MPW)**

* List MPW for each class or service listed.
* If one of the related services listed in Box 5 (i.e., social work, speech therapy, occupational therapy, physical therapy, psychological services, counseling, etc.) occur while the student is in one of the special education classes listed in Box 4, then subtract the MPW from Box 5 from the MPW for Box 4.

**BOX 5 – Related Services – Outside General Education**

* List the Related Services the student is receiving in the related service providers office or in the special education classroom or in a location without other general education students present
* List personal aide if the personal aide is with the student in the special education classroom.
* List classroom aide if the student REQUIRES two adults in the special education room at all times. Do NOT list classroom aide for class size purposes. Do NOT list a classroom aide simply because there is a classroom aide assigned to the room if that student does not require two adults each time the student is in the class.
* Speech therapy is listed when it is NOT a primary or secondary disability.
* Although Filemaker contains dropdowns to select related services and does not allow you to type in this section, it is acceptable and recommended to handwrite on the official copy any clarification to the service, such as indicating if services are individual or group, consult with a special education teacher or direct with the student, etc.

**BOX 5 – Minutes Per Week (MPW)**

* List MPW for each related service.
* Do NOT list MPW for personal aides or classroom aides.

**HOW TO CALCULATE PERCENTAGES:**

Please note: \*These formulas/instructions are found in the FACTS manual distributed by ISBE.

**% Special Ed Calculations**

**Using the completed Educational Services and Placement pages of the current IEP:**

**Formula:**

1. Take the total of all special ed and related service minutes provided in **both** the general ed classroom and outside the general ed classroom

2. Divide this by the Instructional Minutes

3. Convert to a percentage

**% Time Inside Regular Education Classroom**

**Using the completed Educational Services and Placement pages of the current IEP:**

**Formula:**

1. Take the Bell to Bell Minutes per week

2. Subtract the Minutes **Outside** General Ed Environment

3. Divide the result by the Bell to Bell Week

4. Convert to a percentage

\*\*This is the percentage that determines placement as well.

Reminder: If the related service is being provided while the student is in a special education classroom, deduct the number of minutes from the special education services amount.

**Refer to the handout “Facts Length of Instructional Day” for each school’s instructional minutes and bell-to-bell minutes.**

*Monitor/Consult Services*

Special education services may be provided on a monitor/consult basis when the need for direct services is no longer necessary. Monitor/consult services are often provided in the following circumstances:

1) the student is without direct services on a trial basis for a semester to determine if the student can “maintain” skills without direct supports. Monitor/consult services will require the special education teacher to regularly consult with the student and/or the general education teacher.

2) the student’s direct services are provided by an individual or classroom aide and the special education teacher is providing consultation to the aide on the necessary aides and accommodations

When special education services are on a monitor/consult basis, the service shall be listed on the Educational Services page under “Special Education Within the General Education Setting,” minutes per week shall be listed, and goals for “maintaining” skills should be written.

Related services on a monitor/consult basis should be listed under Supports for School Personnel. Frequency of consultation should be indicated, but need not include specific minutes per week. Goals may be written, but are not required. Related services may be maintained on a monitor/consult basis as long as necessary.

Related services may be provided on a monitor/consult basis when the need for direct services are no longer necessary, when there is a concern of potential regression of skills, or separate therapy sessions are not the best method to meet the child’s needs. For example, sensory needs may be best addressed by consultation from the OT on strategies that can be incorporated throughout the child’s school day rather than being addressed in separate therapy sessions.

It is allowable to have services on both a direct and monitor/consult basis as some skills may be directly addressed by a therapist and other skills may be monitored or addressed through consultation.

***Completion of Educational Services and Placement Form – page* 2**

*Need for Special Classes/Removal from General Education Setting*

This section would be filled in as the team made the decision to place a child in special education classes or related services OUTSIDE the regular education classroom. The reasons why the child requires separate classes must be clearly documented.

Examples:

Johnny requires frequent and intensive instruction which cannot be provided to the degree needed in the regular classroom.

Social work services will be provided in the social work office to allow for confidentiality of student issues.

Due to Sally’s distractibility, OT therapy must be provided in a separate location.

Tom requires a structured therapeutic classroom which allows for greater supervision and emotional support.

Suzie requires a functional skills curriculum which requires intensive individualized instruction.

*Participation in Extracurricular Activities*

Provide an explanation whenever a child will not be provided an opportunity to participate in a nonacademic or extracurricular activity due to a disability.

*Placement in Home School*

Provide an explanation whenever a child will not attend the school he/she would attend if nondisabled.

*Consideration of Harmful Effects of Placement Options*

When completing this section, the team must specifically document the reasons why placements considered were rejected. This discussion should have been held when services were discussed. Statements such as “too restrictive” are not specific enough.

The team must specifically document any potentially harmful effect of the proposed placement on the student or the quality of services he/she needs.

If the completion of the services page indicates that the student will be in the general education classroom 80% or more of the day, then this is the only placement option that needs to be listed unless discussion was held on other placement options.

The more a child is educated outside the general education setting, the more placement options will need to be addressed.

In most cases, the placement option “accepted” is the most restrictive of the options marked on the page.

After determining the special education placement, complete the "Placement" section on the Conference Summary Report page of the IEP.

*Special Transportation*

Check the boxes to indicate if the student requires special transportation. For any box checked "yes," provide a specific description.

*Extended School Year*

Refer to Extended School Year section.