

This document was created by a District 75 Special Education Teacher/ IEP Coordinator. It was designed to assist Special Education Teachers working with students in a D75 Specialized middle/high school. The student population ranges from individuals classified as Intellectually Disabled, Autistic, Emotionally Disturbed, and Multiply Disabled. Special Education Programs range from 12:1+(3:1), 12:1+1, 8:1+1, 6:1+1, and D75 Inclusion Special Education Teacher Support Services (SETSS).

Remember the **I** in IEP stands for Individualized. The examples in this document may or may not be applicable to your student(s).

Tip: In order to paint a clear picture of your student, make their voice and/or the voice of their parent/guardian are heard!

UPDATES ARE HIGHLIGHTED OR * IN GREEN.**

COVER PAGE

Is this IEP for an IESP student that needs 12 month services? Yes No **ALWAYS SELECT NO**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)			
STUDENT NAME:	Student Name	DATE OF IEP:	* <input type="text"/>
IEP AMENDMENT?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RECONVENE OF AN IEP MEETING	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE OF BIRTH:	12/15/2000	PROJECTED DATE IEP IS TO BE IMPLEMENTED:	
LOCAL ID #:	123456789	PROJECTED DATE OF ANNUAL REVIEW:	11/07/2014
DISABILITY CLASSIFICATION:	Does Student meet the criteria for one or more of the disability classifications? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does Student require approved special education services and programs? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the determining factor one of the following? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* Please Specify: <input type="text" value="Autism"/>		
SPECIAL MEDICAL/PHYSICAL ALERTS:	The student has <input type="checkbox"/> medical conditions and/or <input type="checkbox"/> physical limitations which affect his <input type="checkbox"/> learning, <input type="checkbox"/> behavior and/or <input type="checkbox"/> participation in school activities. The student requires <input type="checkbox"/> medical and/or <input type="checkbox"/> health care treatment(s) or procedure(s) during the school day.		

Use the calendar icon to select the IEP date. Double check the date before you print your attendance page. The information automatically transfers to the attendance page.

Always select **YES, YES, NO**. If you don't the students' disability with no appear and you will not be able to finalize the IEP.

SPECIAL MEDICAL/PHYSICAL ALERTS: Check the summary page of the previous IEP for this information.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

_____ is ___ years old, diagnosed with _____, and currently attending a District 75 Specialized (High School or Middle School) in a self-contained (RATIO) class.

INCLUSION: _____ is ___ years old, diagnosed with _____, and currently attending a District 75 Specialized (High School or Middle School) in a D75 Inclusion program.

_____ participated in the New York State Alternate Assessment (NYSAA) for _ graders or high school students during the 2014-2015 school year. _____ received a 4 in all three required academic areas for __ grade students (English Language Arts, Math, Social Studies and/or Science).

_____ is a ___ year-old young man/lady with a diagnosis of _____. _____ was tested via the Student Annual Needs Determination Inventory (SANDI) assessment in September of 2015. According to the SANDI's assessment, conducted in September of 2015, _____'s scores were Reading ____, Writing ____, Math ____, Communication ____, Socio-Emotional ____ and Vocational _____. Fast Results.....(must be included now as well)

Use this statement to describe each SANDI RAW SCORE

“ _____ was assessed with the Student Annual Needs Determination Inventory in _____. In the reading subtest, _____ scored ____/____. With this score, _____ has demonstrated.... (list a priority baseline proficient skill), yet is not able to (list a priority need area skill here).”

Bullet other assessments used **(if you bullet an assessment, you must speak about it in another section of the PLOP)**

- Teacher Observation
- Level One Vocational Assessments
- 2016-2017 IEP
- 2016-2017 Progress Reports
- BIP Progress Monitoring Forms (for students with a Crisis Paraprofessional and/or BIP)
- BIP (for students with a Crisis Paraprofessional and/or BIP)
- Considerations Form (for students with a Crisis Paraprofessional and/or BIP)
- Any other assessments you may use (e.g. Student Interest Survey, Learning Style Assessment, Get Ready to Learn, Unique)

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

_____ and his/her parents were invited to the IEP meeting. _____ mother, _____, attended the meeting. _____ attended a portion of the meeting, but asked to return to class. _____ is currently working with _____. His/her service coordinator, _____, attended the meeting.

or

_____ is currently working with _____ (Agency) and their Medicaid Service Coordinator was **invited by the parent** to the IEP meeting and attended (did not attend).

Or

_____ is not working with an agency at this time but he/she and his/her parent (family) were given a list of contact information to obtain services.

Activities of Daily Living:

Describe in detail the students over independence in activities of daily living (ADL). (Hygiene, bathroom, chores in school and at home)

Level of Intellectual Functioning

Student follows an alternate assessment curriculum in accordance with the New York State Common Core Learning Standards (CCLS) in ELA, Math, Science, and Social Studies.

According to (**mention any/all assessments you used to assess the student...ex.SANDI, FAST, Unique, Teacher Assessments, etc**) _____ is functioning on a ___ reading level and a ___ math level. Describe in detail the student overall academic performance in school. Discuss strengths (You must cite other assessments: SANDI, Unique, Teacher-made Assessments, Interest Inventories, Teacher Observations, the prior IEP, etc.)

As a result of the _____ performance in the SANDI's assessment annual goals have been developed to address his needs. His/her student work portfolio will also be used to assess his progress throughout the year.

Adaptive Behavior

Describe how the student adapts to his/her environment. (uses a communication device, using sign language, uses gestures, eye gaze, etc)

Expected Rate of Progress in Acquiring Skills and Information:

Based on _____ level of cognitive ability, he/she will need consistent repetition and multiple opportunities to demonstrate acquired skills. It is projected that _____ will meet his annual goal within one year.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

Learning Style:

How does the student learn? Visual, Auditory, Kinesthetic, Tactile, etc.

According to the Level One Vocational Assessments (DATE), _____ prefers EXAMPLE (to work alone or in small groups with adults. _____ learns best when instruction is delivered in a calm even tone in a structured setting accompanied with visual and verbal prompts.)

Transition (13+ students): (This **must** connect to the Measurable Post-Secondary Goals and the Coordinated Set of Transition Activities)

State what the student wants to do after they complete their high school program, what the parent wants the student to do, and how the IEP team and school are helping the student now to make this possible. (Example: According to the Level One Vocational Assessment _____ wants to work at McDonald's after he/she complete his/her high school program. Currently he/she is participating in culinary program where he/she is learning to clean dishes and clean and cut vegetables.) *** YOU CAN NOT USE THE WORD GRADUATION IN THE IEP.***

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

According to the Level One Vocational Assessments (DATE) _____ (students and parent voice needs to be heard)

According to the SANDI _____ (include strengths from the SANDI)

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

Include all needs for the student. Address all annual goals created by the official teacher and speech teacher. State any concerns of the parent.

At the IEP meeting _____ According to the Level One Vocational Assessments (DATE) _____ According to SANDI...

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

Teacher and/or Counselor describe the students social development. **(OVERVIEW OF THE STUDENT)**

*** Please use objective, observable, student specific terms. NO NOT use the words HAPPY or FRIENDLY to describe a student unless you have observable data to back it up!***

STUDENT STRENGTHS:

Teacher and Counselor describe students strengths. **(STRENGTHS)**

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

Teacher and Counselor describe all needs. Address any behavioral goals and counseling goals. **(NEEDS - GOALS)**

State if the student is an elopement risk.

PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

Medical Alerts: Reported by the Parent and/or School Nurse _____

State if the student requires the use of an elevator.

APE Teacher describes the students' performance in APE

Physical Therapist, Occupational Therapist, Teacher of Vision, Hearing Teacher describe the student and the service they provide.

(OVERVIEW OF THE STUDENT)

STUDENT STRENGTHS:

APE teacher, Physical Therapist, Occupational Therapist, Teacher of Vision, Hearing Teacher describe student strengths. **(STRENGTHS)**

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

Physical Therapist, Occupational Therapist, Teacher of Vision, Hearing Teacher describe student needs and/or address the annual goal for that service. **(NEEDS - GOALS)**

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

DOES THE CHILD NEED AN ACCESSIBLE PROGRAM? **YES**

* Yes No VERY IMPORTANT (Only Travel Trained Student are NO)

MANAGEMENT NEEDS

SELF-CONTAINED STUDENTS

_____ requires a small structured classroom environment (RATIO) with emphasis on functional academics, occupation/vocational training, activities for daily living, and related services provided by a District 75 school/program.

All 6:1+1 students

_____ can participate in Adaptive Physical Education Classes with a larger ratio (12:1+2). This larger ratio will foster greater independence, communication skills, and social skills.

Or Inclusion students

_____ requires a District 75 Inclusion Program: Special Education Teacher Support Services (SETSS). _____ requires a structured classroom environment with programmatic paraprofessional support throughout the school day. **Continue Summer Program – D75 Special Class 12:1+1**

List all related service mandates and ENL services (if applicable). State if the service will continue, is being modified, or terminated.

Example:

Continue Speech services 2x30:1

Modify OT services from 1x30:1 to 1x30:2

Continue ENL services

State if the student is an elopement risk or requires the elevator.

_____ is able/unable to adhere to the School Food Menu provided to District 75 students. (f the student is unable to adhere, explain why)

UPDATED! Use the [Academic Management Needs list](#), and all related services with mandates, paraprofessionals, and Assistive Technology

All student must have bulleted list starting with Direct Instruction, Multiple opportunities to practice new tasks, Verbal and visual prompts.

ALL STUDENTS

During the IEP meeting, it was discussed with the parent that he/she are entitled to Parent Counseling and training. This service is offered to perform appropriate follow-up intervention activities at home. Parent workshops are held throughout the school year to support this service.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS (PLOP)

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

(SELF CONTAINED) _____ requires an individual educational program because of his/her unique needs due to his/her classification of _____ and deficits in the areas of _____. (specify needs and/or goals listed above in the PLOP- need to match or align with the annual goals) These deficits affects his/her ability to process and retain information comparable to that of his/her peers within the general education setting.

Add this statement for workstudy students: With special education teacher support and/or programmatic paraprofessional support _____ can participate in a community based work internship program with non-disabled peers.

Add this statement for partial inclusion students: With programmatic paraprofessional support _____ can participate in _____ general education classes.

(INCLUSION) With programmatic para-professional support _____ is able to participate in _____ General Education classes per day. _____'s requires an individual educational program because of his/her unique needs due to his/her classification of _____ and deficits in the areas of _____ (specify needs and/or goals listed above in the PLOP- need to match or align with the annual goals) which affects his/her ability to process and retain information comparable to that of his/her peers within the general education setting.

If you have any questions about this statement please contact Jeannette Woods directly.

This section is very important!!!!!!

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? Yes No

Does the student need a behavioral intervention plan? No Yes

In the box write a short description of why the student has a BIP and state if he/she has a Crisis Management Paraprofessional.

For a student with limited English proficiency, does he need a special education service to address his language needs as they relate to the IEP?
Yes No Not Applicable **All Student with ESL and/or an Alternate Placement Paraprofessional select YES**

For a student who is blind or visually impaired, does he need instruction in Braille and the use of Braille? Yes No Not Applicable

Does the student need a particular device or service to address his communication needs? Yes No

In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of 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 No Not Applicable

Does the student need an assistive technology device and/or service? Yes No

ONLY IEP DRIVEN DEVICES. MUST BE LISTED ON THE RECOMMENDED SPECIAL EDUCATION PROGRAM/SERVICES SECTION AS WELL.

If yes, does the Committee recommend that the device(s) be used in the student's home? Yes No

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT (13+ YEARS OLD)

Do not write GRADUATION. Our students are not working toward a DIPLOMA.

THESE ARE EXAMPLES ONLY (SEE ATTACHED DOCUMENTS FOR MORE INFORMATION)

EDUCATION/TRAINING: Insert based on information found in the student and parent level one vocational assessment. Should also ask these questions at the IEP meeting.

EMPLOYMENT: Insert based on information found in the student and parent level one vocational assessment. Should also ask these questions at the IEP meeting.

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE): Insert based on information found in the student and parent level one vocational assessment. Should also ask these questions at the IEP meeting.

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

Needs:

- Develop work readiness skills
- Develop self-help/personal hygiene skills
- Develop communication skills

These needs are only an example. List all needs listed in the PLOP that pertain to the students' transition.

Course of Study:

Beyond the requirements for a Skills and Achievement Commencement Credential, _____ course of study is to continue participating in a District 75 special class with emphasis on functional academics, activities for daily living, and occupational/vocational training. This should include a community-based vocational training opportunity in building maintenance and/or janitorial skills so that he can identify the jobs within that field that match his interest and ability levels.

Course of Study: 12:1+(3:1) students

Beyond the requirements for a Skills and Achievement Commencement Credential, _____ course of study is to continue participating in a District 75 special class with emphasis on functional academics and activities for daily living.

The Course of Study

Copy the information in RED. Individualize the sentence by adding information that connects to the students' vocational wants and needs stated in the PLOP.

UPDATE: District does not recommend bench mark goals. If you prefer it, you can continue to write 3,6,9 months or 4,8 months.... But the district feels times are hard to guarantee and parent can question why their son/daughter didn't master a short term goal within the time period.

MEASURABLE ANNUAL GOALS			
ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
Bobby will....	What is the ACCURACY? How often will the student achieve this accuracy?		
SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):			
CLICK YES (ALTERNATE ASSESSMENT)			

4 DOMAIN based goals complete by the Official Teacher Required!

1. 14+ students: CAREER
2. Community Living Skills (ADL)
3. Behavior (required for all student with a Crisis Management Paraprofessional)

All domains should be selected based on a NEED expressed in the PLOP

APE teachers: (for all students under 18)

1. Need to write a short description and state a need for APE in the PLOP.
2. Enter a goal.
3. List APE (3 times per week) in the Recommended Special Education Program Section

*****REPORTING PROGRESS TO PARENTS *****

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:
5 times per year: November, January, March, June, and before a new IEP is developed.

THIS IS FOR ALL STUDENTS—NO EXCEPTIONS—EVEN IF THE STUDENTS CAME FROM ANOTHER SCHOOL/HUNGERFORD PROGRAM, AS THE TEACHER IT IS YOUR LEGAL REponsibility TO WORK ON THE GOALS.

*****RECOMMENDED SPECIAL EDUCATION PROGRAM AND/OR SERVICES*****

If the student has a FULL TIME 1:1 Paraprofessional the following statements will pop up on the top of this section after you enter the Paraprofessional in the Supplemental Aid Section.

There are 2 adults in the classroom at all times for 6 students; does the child need an additional paraprofessional? Yes No

Please provide justification for recommending full-time paraprofessional.

** In the box provided write: Behavior Management, Medical Condition

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

***** ALL SCHEDULES ARE INDIVIDUALS AND MUST MATCH STARS *****

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
Adapted Physical Education		5 time(s) per week	Period	Other Facility APE Gymnasium	10 days after IEP meeting (use calendar icon)
Special Class ADL	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
ALL SCHEDULES ARE INDIVIDUALS AND MUST MATCH STARS					
Special Class Math	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)
Special Class ELA	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)
Special Class Social Studies	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)
Special Class Sciences	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)
Special Class Art	RATIO Language of Service: English	5 time(s) per week	Period	Special Education Classroom	10 days after IEP meeting (use calendar icon)
RELATED SERVICES:					
Parent Counseling and Training	Group Service	4 times per year	Parent Workshop- 60 mins	School/District	10 days after IEP meeting (use calendar icon)
School Nurse Services ** Teachers must add if the student has orders on file.**	Individual service Language of Service: English	Daily time(s) per week	As Needed	School	10 days after IEP meeting (use calendar icon)

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
ALL SCHEDULES ARE INDIVIDUALS AND MUST MATCH STARS					
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
Paraprofessional Health or Crisis Medical Condition	Individual service	Daily	Full time		10 days after IEP meeting (use calendar icon)
Paraprofessional Transportation	Individual service	Daily	0.2 ST Para must be .2		10 days after IEP meeting (use calendar icon)

Check the previous IEP for TYPE, SERVICE DELIEVERY, FREQUENCY, AND DURATION of Paraprofessional

How to add FBA and BIP to the IEP

1. Click SAVE DONE EDITING or CANEL EDITING
2. Click SET DOCUMENT
3. Click SECTIONS
4. Locate Other Sections

5. Click the box next to Functional Behavioral Assessment and Behavior Intervention Plan
6. Click ACCEPT

The FBA and BIP in SESIS are not state approved. Write SEE ATTACHED in all sections and fax the STATE APPROVED FBA/BIP into SESIS. See a Hungerford Counselor for assistance.

INCLUSION STUDENTS

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
Special Education Teacher Support Services [SETSS] Academic support	Direct Service Group service Provided by D75 Provider Language of Service: English	5 time(s) per week	Period	Separate Location SETSS Classroom Select an end date for all students graduating and not eligible for Summer School.	10 school days from the IEP (exclude holidays)
Special Education Teacher Support Services [SETSS] Collaborative planning	Indirect Service Provided by D75 Provider Language of Service: English	1 time(s) per week	Period	Separate Location SETSS Classroom	10 school days from the IEP (exclude holidays)
Special Education Teacher Support Services [SETSS] ELA	Direct Service Group service Provided by D75 Provider Language of Service: English	1 time(s) per week	Period	General Education Classroom	10 school days from the IEP (exclude holidays)
Special Education Teacher Support Services [SETSS] Math	Direct Service Group service Provided by D75 Provider Language of Service: English	1 time(s) per week	Period	General Education Classroom	10 school days from the IEP (exclude holidays)

12-MONTH SERVICE AND/OR PROGRAM (IF A STUDENT IS 21 YEARS OLD PRIOR TO GRADUATION THEY ARE NOT ELIGIBLE FOR SUMMER SCHOOL)

12-month Service and/or Program - Student is eligible to receive special education services and/or program during July/August: No Yes

Will the student have substantial loss of skills or knowledge during the summer that is so severe as to require an inordinate period of review (e.g. more than 8 weeks) to re-establish skills/knowledge when the IEP team recommends a 12-month program? Yes No

Provide a reason justifying the need for a 12-month program:

In order to maintain academic and social skills, ___ requires continuous programming over 12 months. Data indicates that ___ will regress if he/she does not continue academic, social, and communication skills, with related services.

If yes:

Student will receive the same special education program/services as recommended above. (SELF-CONTAINED STUDENTS)

OR

Student will receive the following special education program/services: (INCLUSION STUDENTS)

Name of school/agency provider of services during July and August:

NYC DOE Specialized School

For a preschool student, reason(s) the child requires services during July and August:

***** INCLUSION STUDENTS *** UPDATED**

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
Special Class Email Jeannette Woods for summer program. RELATED SERVICES All related services providers must enter the mandate again for the summer.	12:1+1 Language of Service: English	35 time(s) per week	Period	Special Education Classroom	Select summer school dates July __ (start) August ____ (end)

*****TESTING ACCOMMODATIONS*****

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		
<p>Below are examples of accommodations given to Alternate Assessment student via the Accessibility Profile for NYSAA. Please see Jeannette Woods if you have any questions and/or your students require additional accommodations not listed. Only add accommodations that meet the needs of the specific student. All may not apply.</p>		
Breaks ALL STUDENTS NEEDS BREAKS	on all classroom assessments including the Student Annual Needs Determination Inventory (SANDI)	____ minute break every ____ minutes based upon student request. <i>(Examples: 5 minute break every 30 minutes, 5 minute break every 15 minutes.)</i>
Other : Human Read Aloud	On the New York State Alternate Assessment (NYSAA)	Test Administrators may read questions, passages, and test items including multiple choice questions to be read to the students one more time than the standard number of times.
Other : Spoken Audio	On the New York State Alternate Assessment (NYSAA)	Synthetic spoken audio (read aloud with highlighting) is read from left to right and top to bottom.
Other : Individualized Manipulatives	On the New York State Alternate Assessment (NYSAA)	Student may use familiar manipulatives during mathematical sections/exams
Other : Entering Responses for Student	On the New York State Alternate Assessment (NYSAA)	Test Administrators assist student with scanning or going through students' response options.
Use of Calculator	On the New York State Alternate Assessment (NYSAA) and classroom exams	Permitted on mathematics testlets unless otherwise noted on the Testlet Information Page (TIP). When measuring calculation is part of the scoring rubric for the test
Other : Magnification	On the New York State Alternate Assessment (NYSAA)	Due to visual Impairment, Educator chose a magnification of 5 times (5x). Scrolling may be required when the level of magnification is increased because the entire item will no longer be visible on the screen. *Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable. **Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.
Other : Enlarged print	On the New York State Alternate Assessment (NYSAA)	48 font or handwritten material with no more than 5 questions per page.

ONLY FOR INCLUSION STUDENTS

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<p>The following are not required, but should be added to the IEP if these accommodations are being used by the student while attending General Education Classes. ***ONLY FOR INCLUSION STUDENTS***</p>		
Extended Time	on all classroom exams	Time is extended to time and a half
Revised Test Format	on all classroom exams	Reduce number of test items per page
Revised Test Directions	on all classroom exams	Directions read two more times than the standard number of times provided for all students as per Department directions Directions reread for each page of questions Language in directions simplified Additional examples provided
Waive Spelling Requirements	on all classroom exams	When spelling is part of the scoring rubric for the test
Waive Paragraphing Requirements	on all classroom exams	When paragraphing is part of the scoring rubric for the test
Waive Punctuation Requirements	on all classroom exams	When punctuation is part of the scoring rubric for the test
Other : Tests read	on all classroom exams	Questions, passages, and test items including multiple choice questions to be read to the student one more time than the standard number of times provided for all students as per Department excluding areas that access reading comprehension
Separate Location/Room	If requested by student/teacher for classroom assessments/exams	Separate location/room-administer test in small group of no more than four students. Quiet location with minimal visual distractions.

COORDINATED SET OF TRANSITION ACTIVITIES

The following table contains examples used in this section by a Hungerford student. These examples work for this student because the information connects to the PLOP.

The Coordinated Set of Transition Activities is specific activities (not annual goals) that will be completed while this IEP is in affect to help the student develop his/her skills for his/her future.

They are activities delivered during the school year in order to support the Measurable Post-Secondary Goals.

COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Instruction	_____ will receive instruction in...	Special Education Teacher
Related Services	Related Service Providers write in this section.	Related Service Providers
Community Experiences	_____ will investigate part-time employment and/or volunteer opportunities in his/her field of interest.	Special Education Teacher
Development of Employment and Other Post-school Adult Living Objectives	_____ will participate in a work study program in the area of-----.	Special Education Teacher
Acquisition of Daily Living Skills (if applicable)	_____ will work on enhancing his self-help skills in relation to his personal hygiene and bathroom needs.	Special Education Teacher
Functional Vocational Assessment (if applicable) If you need Functional Vocational Assessment or a student self-assessment see/email Lee Regebogen or Jeannette Woods	<p>_____ will be assessed monthly at his work based learning site. In addition the student will complete a monthly self- assessment. (Level 3 Vocational Assessment.)</p> <p>_____ will be assessed monthly at his/her school based learning site.</p> <p>For students not participating in a school/work based program...</p> <p>Considered but not required at this time.</p>	Special Education Teacher

Remember this is not a copy and paste section--- In each area write one activity that will be completed this school year with the student.

THIS IS NOT A GOAL---- IT IS AN ACTIVITY.

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

Identify the alternate assessment:

New York State Alternate Assessment (NYSAA) and Lakeshore Student Annual Needs Determination Inventory (SANDI) Assessment

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

Due to _____ severe cognitive delays and disability, he/she is not required to participate in regular assessments provided by the state and/or locally.

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

FOR THE SCHOOL-AGE STUDENT:

_____ disability precludes participation in a general education environment. He/She is presently working on a functional academic and vocational/occupational curriculum in a specialized school/program. _____ can participate in extra-curricular and nonacademic activities, events, and classes with the general education population and nondisabled peers with intensive supervision when deemed appropriate by the IEP team.

Add this statement for Work study **only**: _____ participates in a community based work internship program with nondisabled peers' _____ % of the day/week.

or for inclusion students... _____ participates in General Education classes with Special Education Teacher Support Services from a specialized school (D75) with 2 period per week of direct service in the general education classroom, 5 periods per week of direct service in a separate location, and 25 periods per week of programmatic paraprofessional support with related services. _____ can participate in extra-curricular and nonacademic activities, events, and classes with the general education population and nondisabled peers with supervision when deemed appropriate by the IEP team.

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

_____ disability precludes participation in a regular physical education program. He/she requires adaptive physical education program.

All 6:1+1 students

_____ can participate in Adaptive Physical Education Classes with a larger ratio (12:1+2). This larger ratio will foster greater independence, communication skills, and social skills.

Some Inclusion students (check previous IEP)

_____ participates in regular physical education program.

.EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:

No **Yes** - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

SPECIAL TRANSPORTATION

None. (Click NONE for all Independent Travelers and students that travel to and from school with a parent.)

Student needs special transportation accommodations/services as follows:

Does the student need transportation accommodations? * Yes No

Have transportation requirements been determined by any of the following? * Yes No

- Impartial Hearing
- Resolution
- Mediation
- State Review Officer Decision

TRANSPORTATION ACCOMMODATIONS

Check all accommodations listed on the previous IEP

Other accommodations Specify: * All students that ride the bus have Door to Door Service

Please check the previous IEP before completing this section. All accommodations on the previous IEP should continue on the new IEP. You cannot add accommodations. If a parent would like new/additional accommodations they must submit a form request. The parent must complete a HIPPA release form and the student Personal Physician must complete an OSH Physician Review Form.

Please contact Jeannette Woods or Al Vota for more information on bus accommodations.

PLACEMENT RECOMMENDATION

Placement Recommendation: *

** Inclusion Students select: NYC DOE School Non- Specialized (District 1-32) **

There is a glitch on this page. SESIS Tech support is aware. To ensure that the IEP is correct, this section to be edited and/or review right before you finalize the document.

SUMMARY
STUDENT INFORMATION

- Majority of the information found on this page is automatically taken from other sections of the IEP and are not editable.

INSTRUCTIONAL/FUNCTIONAL LEVELS

- Reading:
- Math:

Select the appropriate grade level using the drop down.

YOU CAN NOT USE THE BLANKS! NY State requires grade levels. SANDI is not 100% accurate. Use multiple sources: SANDI, previous evaluations, Teachers Assessments, Unique, and any other Assessments to generate an accurate grade level.

Has the program changed from the prior IEP? Yes No

The answer is typically NO. You only select YES if the student Special Class/Program is changing. For example, if a student is moving from a 6:1+1 class to an 8:1+1 class.

PROMOTION CRITERIA

CURRENT YEAR

Standard Modified **LEAVE BLANK**

NEXT YEAR

Standard Modified **LEAVE BLANK**

Parent Concerns: **REQUIRED**

List all parents concerns found in the PLOP (Academic, Social, and Physical)

OTHER OPTIONS CONSIDERED

You must list at least 2 other programs.

For all Hungerford students---- you must consider GENERAL EDUCATION FIRST----

- General education was considered but rejected because ____ requires a more structured learning environment with an emphasis on functional academics and vocational training.

Then select a program or ratio below the students' current program (something more restrictive).


Possible reasons for rejection:

- 8:1+1 was considered but rejected because _____'s cognitive abilities and social adaptive skills do not meet the criteria for this program.

- 6:1+1 was considered but rejected because ____ can function in a less restrictive environment with a higher student to teacher ratio.

- 12:1+(3:1) was considered but rejected because ____'s level of functioning exceeds the requirements for this program.

- Home instruction/Hospital Instruction was considered but rejected because _____ can function in a less restrictive environment and benefit from peer/adult interactions of an academic and social nature.

ATTENDANCE PAGE		
PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.		
ROLE (INDICATE IF BILINGUAL)	NAME	ATTEND
Related Service Provider/Special Education Teacher <input type="checkbox"/> Bilingual <input type="checkbox"/> Participated by telephone	<input type="text"/> (ID) lookup	* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Parent <input type="checkbox"/> Bilingual <input type="checkbox"/> Participated by telephone	Parent Name	* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
District Representative <input type="checkbox"/> Bilingual <input type="checkbox"/> Participated by telephone	Jeannette Woods <input type="text"/> (ID) lookup	* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 <input type="checkbox"/> Bilingual <input type="checkbox"/> Participated by telephone	<input type="text"/> (ID) lookup	* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Attendance Page (ONLY PRINT RIGHT BEFORE YOUR MEETING AND/OR AT THE MEETING)

- You should see the names that you entered on your Notice of IEP Meeting.
- **YOU MUST HAVE A DISTRICT REP AT YOUR MEETING.**
Speak to an AP or Jeannette Woods for a list of District Reps for Hungerford.
- Click YES on the right hand side, stating that YES they are attending the meeting.
 - Students over the age of 14 are legally invited to their IEP Meeting
- Add any additional participants and click YES on the right hand side.
- If anyone is participating by telephone, click box underneath their ROLE, marking them as participated by telephone.
- Hit SAVE DONE EDITING
- Click Print (THIS SECTION)
- Change your printer option to **LANDSCAPE** and PRINT
- Go back to PRINT and PRINT (FAX COVERSHEET)
- CATEGORY : IEP
- FORM: Attendance Page
- Using the calendar icon select the date signed.
- This date should match the date of the IEP meeting.
- Click PRINT

**IF YOU HAVE ANY QUESTIONS OR CONCERNS CONTACT JEANNETTE WOODS AT THE MAIN SITE
(EXT.2031) OR EMAIL [JWOODS3@SCHOOLS.NYC.GOV](mailto:jwoods3@schools.nyc.gov)**