

STUDENT NAME: Derek DaleyDATE OF MEETING: 9/4/2021

INDIVIDUALIZED EDUCATION PROGRAM (CONFERENCE SUMMARY REPORT)

DATE OF MOST RECENT EVALUATION: _____ DATE OF NEXT REEVALUATION: _____

PURPOSE OF CONFERENCE (Check all that apply)

- | | | | | |
|---|---|---|--|--------------------------------------|
| <input type="checkbox"/> Review of Existing Data | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> IEP Review/Revision | <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Initial Evaluation/Eligibility | <input checked="" type="checkbox"/> Initial IEP | <input type="checkbox"/> Secondary Transition | <input type="checkbox"/> Manifestation Determination | <input type="checkbox"/> Other _____ |

STUDENT IDENTIFICATION INFORMATION

STUDENT'S ADDRESS (Street, City, State, Zip Code) 1810 West Spring Ridge Drive, Antioch, IL 60002			STUDENT'S DATE OF BIRTH 7-10-2011	SIS ID NUMBER 123456789
<input checked="" type="checkbox"/> MALE	ETHNICITY White	LANGUAGE/MODE OF COMMUNICATION USED BY STUDENT English	CURRENT GRADE LEVEL 4 th Grade	ANTICIPATED DATE OF HIGH SCHOOL GRADUATION June, 2033
PLACEMENT (To be completed after placement determination) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DISABILITY(S) Other Health Impairment (OHI)		MEDICAID NUMBER

RESIDENT DISTRICT Antioch School District 34	RESIDENT SCHOOL Oakland Elementary School District 34
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PLACEMENT

SERVING DISTRICT Antioch School District 34	SERVING SCHOOL Oakland Elementary School District 34
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PARENT INFORMATION

(1) PARENT'S NAME Mary Daley	EDUCATIONAL SURROGATE PARENT	(2) PARENT'S NAME SURRO John Daley	EDUCATIONAL	GATE PARENT
(1) PARENT'S ADDRESS (Street, City, State, Zip Code) 123 IEP Road, Antioch, IL 60002		(2) PARENT'S ADDRESS (Street, City, State, Zip Code) 123 IEP Road, Antioch, IL 60002		
(1) PARENT'S TELEPHONE NUMBER (Include Area Code) (847) 123-4567		(2) PARENT'S TELEPHONE NUMBER (Include Area Code) (847) 123-4567		
(1) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT'S English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interpreter		(2) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT'S English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interpreter		

PROCEDURAL SAFEGUARDS

Explanation of Procedural Safeguards were provided to/reviewed with the parent(s) on 9/4/2021Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18. Yes NoParent(s) were given a copy of the: Evaluation report and eligibility determination District's behavioral intervention policies District's behavioral intervention procedures (initial IEP only)

PARTICIPANTS INFORMATION

Signature indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines. If a required participant participates through written input or is excused from all or part of the IEP meeting, the required excusal and written report, as necessary, is attached.

ELIGIBILITY REVIEW

ELIGIBILITY REVIEW

IEP

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Mary Daley</u>
<small>Parent</small> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>John Daley</u>
<small>Student
LEA Representative</small> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Sara Meyer</u>
<small>General Education Teacher
Special Education Teacher</small> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Lori Gonzales</u>
<small>School Psychologist</small> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Melanie Yu</u>
<small>School Psychologist</small> |

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <small>School Social Worker
Speech-Language Pathologist</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | <small>Bilingual Specialist
Interpreter</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | <small>School Nurse
Other (specify)</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | <small>Other (specify)</small> |

If the parent(s) did not attend the IEP meeting, document the attempts to contact the parent(s) prior to the IEP meeting.

STUDENT NAME: Derek Daley

DATE OF MEETING: _____

DOCUMENTATION OF EVALUATION RESULTS

Complete for initial evaluations, reevaluations, or a review of an independent or outside evaluation.

Considering all available evaluation data, record the team's analyses of the student's functioning levels. Only those areas which were identified as relevant to the current evaluation must be completed. All other areas should be noted as "Not Applicable". Evaluation data may include: parental input, teacher recommendations, physical condition, social or cultural background, adaptive behavior, record reviews, interviews, observations, testing etc. Describe the observed strengths and/or deficits in the student's functioning in the following domains.

Academic Achievement (*Current or past academic achievement data pertinent to current educational performance.*)

Functional Performance (*Current or past functional performance data pertinent to current functional performance.*)

Cognitive Functioning (*Data and other Information regarding intellectual ability; how the student takes in information, understands information, and expresses information.*)

Communicative Status (*Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.*)

For EL students explain EL STATUS: Has Linguistic status changed? Yes No

Health (*Current or past medical difficulties affecting educational performance.*)

Hearing/Vision (*Auditory/visual problems that would interfere with testing or educational performance. Include dates and results of last hearing/vision test.*)

Motor Abilities (*Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.*)

Social/Emotional Status/Social Functioning (*Information regarding how the environment affects educational performance--life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background.*)

STUDENT NAME: _____ DATE OF MEETING: _____

**ELIGIBILITY DETERMINATION
ALL DISABILITIES (OTHER THAN SPECIFIC LEARNING DISABILITY)**

DETERMINANT FACTORS

The determinant factor for the student's suspected disability is:

Yes No Lack of appropriate instruction in reading, including the essential components of reading instruction (Evidence Provided): _____

Yes No Lack of appropriate instruction in math (Evidence Provided): _____

Yes No English learner status (Evidence Provided): _____

If any of the above answers is "yes," the student is not eligible for services under IDEA and the team must complete Step 1 and 4 below. If all of the answers are "no," complete Steps 1-4.

COMPLETE FOR STUDENTS SUSPECTED OF HAVING A DISABILITY UNDER IDEA

STEP 1 – DISABILITY

No Disability Identified (Complete Step 4 and write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)

Disability Identified Based on the team's analysis, identify the disability(s):

Primary	Secondary	Primary	Secondary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Disabilities (M)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Impairment (C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Health Impairment (L)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech or Language Impairment (I)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury (P)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment including Blindness (E)
<input type="checkbox"/>	Autism (O)		
<input type="checkbox"/>	Deaf/Blindness (H)		
<input type="checkbox"/>	Deafness (G)		
<input type="checkbox"/>	Developmental Delay (3-9) (N)		
<input type="checkbox"/>	Emotional Disability (K)		
<input type="checkbox"/>	Hearing Impairment (F)		
<input type="checkbox"/>	Intellectual Disability (A)		

Step 2 – ADVERSE EFFECTS

No Adverse Effect Identified. (Complete Step 4 and write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)

Adverse Effect Identified. For each disability identified, describe how the disability adversely affects the student's educational performance.

STEP 3 – EDUCATIONAL NEEDS

State to what extent the student requires special education and related services to address educational needs.

STEP 4 – ELIGIBILITY

Based on the steps above, the student is entitled to special education and related services.

No (Not Eligible) Yes (Eligible)

**DOCUMENTATION OF INTERVENTION/EVALUATION RESULTS
(SPECIFIC LEARNING DISABILITY)****Complete for initial evaluations, reevaluations, or a review of an independent or outside evaluation when a specific learning disability is suspected.**

As part of the evaluation process, relevant behavior noted during observation in the child's age-appropriate learning environment, including the general education classroom setting for school-age children, and the relationship of that behavior to the child's academic functioning and educationally relevant medical findings, if any, must be documented.

PROBLEM IDENTIFICATION / STATEMENT OF PROBLEM:

Using baseline data, please provide an initial performance discrepancy statement for all identified areas of concern in the relevant domains [academic performance; functional performance; cognitive functioning, communicative status (for EL students include an explanation of EL status and any change in linguistic status); social/emotional status/functioning, motor abilities, health, hearing and vision] including information about the student's performance discrepancy prior to intervention. Attach evidence.

PROBLEM ANALYSIS / STRENGTHS AND WEAKNESSES:

Describe student's skill strengths and weaknesses in the identified area(s) of concern within the relevant domains. Attach evidence, including evidence of skills deficit versus performance deficit.

PLAN DEVELOPMENT / INTERVENTION(S):

Describe the previous and current intervention plan (core/Tier 1, supplemental/Tier 2, and intensive/Tier 3) including evidence that the intervention is scientifically based and was implemented with integrity. Attach plan/evidence.

PLAN EVALUATION / EDUCATIONAL PROGRESS:

Provide documentation of student progress over time as a result of the intervention. Attach evidence/graphs.

PLAN EVALUATION / DISCREPANCY:

State the current performance discrepancy after intervention, i.e., the difference between a student's level of performance compared to the performance of peers or scientifically-based standards of expected performance. Attach evidence.

PLAN EVALUATION / INSTRUCTIONAL NEEDS:

Summarize the student's needs in the areas of curriculum, instruction, and environment. Include a statement of whether the student's needs in terms of materials, planning, and personnel required for intervention implementation are significantly different from those of general education peers. Attach evidence.

ADDITIONAL INFORMATION NECESSARY FOR DECISION-MAKING (INCLUDE AS APPROPRIATE):

Report any educationally relevant information necessary for decision-making, including information regarding eligibility exclusionary and inclusionary criteria. Attach evidence.

**ELIGIBILITY DETERMINATION
(SPECIFIC LEARNING DISABILITY)**

Complete for initial evaluations, reevaluations, or a review of an independent or outside evaluation when a specific learning disability is suspected.

DETERMINANT FACTORS

The determinant factor for the student's suspected disability is:

- Yes No Lack of appropriate instruction in reading, including the essential components of reading instruction (Evidence Provided) _____
- Yes No Lack of appropriate instruction in math (Evidence Provided) _____
- Yes No English learner status (Evidence Provided) _____

If any of the above answers is "yes," the student is not eligible for services under IDEA and the team must complete the Eligibility Determination section accordingly. If all of the answers are "no," complete the following sections.

EXCLUSIONARY CRITERIA

The team determined that the following factors are the primary basis for the student's learning difficulties. Document the source of evidence in each area:

- Yes No A visual, hearing or motor disability: _____
- Yes No Intellectual Disability: _____
- Yes No Emotional disability: _____
- Yes No Cultural factors: _____
- Yes No Environmental or economic disadvantage: _____

If any of the boxes immediately above is checked "yes," the student cannot have a specific learning disability and the team must complete the Eligibility Determination section accordingly.

INCLUSIONARY CRITERIA

Educational Progress (Over Time)

Evidence in the Documentation of Evaluation Results should support the team's answer to this question.

Is the student progressing at a significantly slower rate than is expected in any areas of concern?
(Select One)

- No
- Yes The student is progressing at a significantly slower rate than expected
- Yes The student is currently making an acceptable rate of progress but only because of the intensity of the intervention that is being provided.

If yes, in which area(s)?

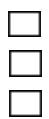
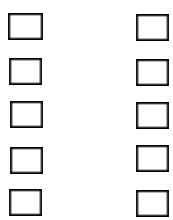
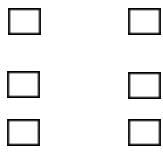
Discrepancy (At One Point in Time)

Evidence in the Documentation of Evaluation Results should support the team's answer to this question.

Is the student's performance significantly below performance of peers or expected standards in any areas of concern?
(Select One)

- No
- Yes The student's performance is significantly discrepant.
- Yes The student's performance is not currently discrepant but only because of the intensity of the intervention that is being provided.

If yes, in which area(s)?



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STUDENT NAME: _____ DATE OF MEETING: _____

**DATA CHART
(OPTIONAL)**

REPORT OF PERFORMANCE (READING, WRITING, MATH)

Insert a data chart that displays the student's performance in reading, writing, and/or math relative to his/her peer group. Data charts may be provided for other areas, as well.

**REPORT OF PERFORMANCE
(INSERT DATA CHART)**

**REPORT OF PERFORMANCE
(INSERT DATA CHART)**

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**Complete for initial IEPs and annual reviews.**

When completing this page, include all areas from the following list that are impacted by the student's disability: academic performance, social/emotional status, independent functioning, vocational, motor skills, and speech and language/communication. This may include strengths/weaknesses identified in the most recent evaluation.

Student's Strengths

Derek enjoys math and academically is on grade-level. When asked about his favorite subjects, Derek has told his parents that they are both math and science. Socially, Derek gets along well with his peers and has wonderful communication skills. He often plays a variety of sports with his peers during recess. He enjoys playing golf, soccer, lacrosse, and baseball. Derek also is able to manage and maintain his own personal care. This includes skills such as getting himself up, getting dressed, brushing his teeth, etc.

Parental Educational Concerns/Input

Derek repeated the third grade, and his parents are concerned that he did not show adequate improvement. They are concerned that the curriculum is going to intensive and that their son is going to fall further behind academically. Derek's parents filled out the Conner's Parent Rating Scale and their results indicated that he struggles significantly with impulse-hyperactive, learning problems, anxiety, and hyperactivity. His parents have observed Derek becoming easily distracted and in need of support when doing homework at home. His difficulty staying focused and his tendency to become hyperactive are a major concern of theirs. Derek's parents are not concerned about his social interactions nor day-to-day life skills.

Student's Present Level of Academic Achievement (Include strengths and areas needing improvement)**Strengths:**

Derek is able to do fourth grade-level work in math and it is a subject in which he enjoys. Derek is able to make connections between classroom math concepts and real-world problem solving. He is able to quickly and accurately recall math facts and is currently working on multiplying three-digit numbers by two-digit numbers and showing success. When passages are read to Derek, he has a higher success rate of accurately answering questions regarding the passage.

Areas Needing Improvement:

Derek's reading, writing, and spelling skills are significantly below grade level. The Woodcock Reading Mastery Test shows that Derek's reading skills range from below average to well below average. In regard to reading, Derek struggles with his ability to decode unfamiliar words. When assessed for Word Attack on The Woodcock Reading Mastery Test, which assesses the skill of sound-letter correspondence to decode unfamiliar words, Derek scored a 69, which is in the 2nd percentile. Derek struggles to answer comprehension questions after a passage he independently reads. Derek's teachers and parents believe some of his comprehension struggles stem from Derek becoming distracted or disengaged during reading. Also, his written language and spelling performance are below grade-level. Derek's written language and spelling show that he often misspells words and makes syntactical errors.

Student's Present Levels of Functional Performance (Include strengths and areas needing improvement)**Strengths:**

Derek has wonderful communication skills and is able to appropriately initiate peer interactions. He often plays sports with his peers during recess and participates accordingly. He also is able to manage his personal care. Derek's parents report that he is able to get himself up for school and prepared for day.

Areas Needing Improvement:

Derek struggles to remain on task and stay engaged during instruction. He is often reported to be inattentive in class and engaged on task for more than a few minutes. This affects his ability to complete schoolwork which results in him frequently turning in incomplete assignments. Derek also sometimes struggles with hyperactivity which affects his focus and self-control. Directions are commonly needed to be repeated to Derek.

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

- For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.
- By age 14½, describe the effect of this individual's disability on the pursuit of post-secondary expectations (living, learning, and working).

Derek's difficulty in reading skills affects his ability to perform at grade level and within the general education setting. He is below average in decoding words and commonly makes syntactic and spelling errors. Derek needs to sharpen and focus on these skills as they are the building blocks for much of the 4th grade curriculum.

STUDENT NAME: **DATE OF MEETING:**

SECONDARY TRANSITION

Complete for students age 14½ and older, and when appropriate for students younger than age 14½. Post-school outcomes should guide the development of the IEP for students age 14½ and older.

AGE-APPROPRIATE TRANSITION ASSESSMENTS

TRANSITION ASSESSMENTS (Including student and family survey/interview)	Assessment Type	Responsible Agency/Person	Date Conducted
EMPLOYMENT			
EDUCATION			
TRAINING			
INDEPENDENT LIVING SKILLS			

POST-SECONDARY OUTCOMES (Address By Age 14 1/2)

Indicate and project the desired appropriate measurable post-secondary outcomes/goals as identified by the student, parent and IEP team. Goals are based upon age appropriate transition assessments related to employment, education and/or training, and independent living skills.

Employment Outcomes/Goals (e.g., competitive, supported shelter, non-paid employment as a volunteer or training capacity, military): **AND**

Post-Secondary Education Outcomes/Goals (e.g., community college, 4-year university, technical/vocational/trade school): **AND/OR**

Post-Secondary Training Outcomes/Goals (e.g., vocational or career field, vocational training program, independent living skills training, apprenticeship, OJT, job corps): AND

Independent Living Outcomes/Goals (e.g., independent living, health/safety, self-advocacy/future planning, transportation/mobility, social relationships, recreation/leisure, financial/income needs):

COURSE OF STUDY (address by age 14 1/2)

Identify a course of study that is a long-range educational plan or multi-year description of the educational program that directly relates to the student's anticipated post-school goals, preferences and interests as described above.

STUDENT NAME: DATE OF MEETING:

TRANSITION SERVICES (address by age 14 1/2)

Please include, if appropriate, needed linkages for outside agencies, (e.g., DMH, DRS, DSCC, PAS, SASS, SSI, WIC, DHFS, etc.)

INSTRUCTION (e.g., tutoring, skills training, prep for college entrance exam, accommodations, adult basic education.)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
RELATED SERVICES (e.g., transportation, social services, medical services, technology, support services)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
COMMUNITY EXPERIENCES (e.g., job shadow, work experiences, banking, shopping, transportation, tours of post-secondary settings)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES (e.g., career planning, guidance counseling, job try-outs, register to vote, adult benefits planning)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
APPROPRIATE ACQUISITION OF DAILY LIVING SKILLS AND/OR FUNCTIONAL VOCATIONAL EVALUATION (e.g., self-care, home repair, home health, money, independent living, / job and career interests, aptitudes and skills)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
LINKAGES TO AFTER GRADUATION SUPPORTS/SERVICES (e.g. DRS, DMH, DSCC, PAS, SASS, SSI, WIC, DHFS, CILs)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed

HOME-BASED SUPPORT SERVICES PROGRAM

Yes No

The student has a developmental disability and may become eligible for the program after reaching age 18 and when no longer receiving special education services.

If yes, complete the following statements:

Plans for determining the student's eligibility for home-based services:

Plans for enrolling the student in the program of home-based services:

Plans for developing a plan for the student's most effective use of home-based services after reaching age 18 and when no longer receiving special education services:

STUDENT NAME: DATE OF MEETING:

STUDENT NAME: _____ DATE OF MEETING: _____

FUNCTIONAL BEHAVIORAL ASSESSMENT (AS APPROPRIATE)

Complete when gathering information about a student's behavior to determine the need for a Behavioral Intervention Plan. When used in developing a Behavioral Intervention Plan, the Functional Behavioral Assessment must be reviewed at an IEP meeting and should be attached to the IEP.

The Functional Behavioral Assessment must include data collected through direct observation of the target behavior. Attach documentation of data collection.

Student's Strengths – Include a description of behavioral strengths (e.g., ignores inappropriate behavior of peers, positive interactions with staff, accepts responsibility, etc.)

Operational Definition of Target Behavior – Include a description of the frequency, duration and intensity of the behavior.

Setting – Include a description of the setting in which the behavior occurs (e.g., physical setting, time of day, persons involved.)

Antecedents – Include a description of the relevant events that preceded the target behavior.

Consequences – Include a description of the result of the target behavior (e.g. removed from classroom and did not complete assignment. What is the payoff for the student?)

Environmental Variables – Include a description of any environmental variables that may affect the behavior (e.g., medication, weather, diet, sleep, social factors.)

Hypothesis of Behavioral Function - Include a hypothesis of the relationship between the behavior and the environment in which it occurs.

BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)

Complete when the team has determined a Behavioral Intervention Plan is needed.

Target Behavior

Is this behavior a Skill Deficit or a Performance Deficit?

Skill Deficit: The student does not know how to perform the desired behavior.

Performance Deficit: The student knows how to perform the desired behavior, but does not consistently do so.

Student's Strengths – Describe student's behavioral strengths.

Hypothesis of Behavioral Function – Include hypothesis developed through the Functional Behavioral Assessment (attach completed form). What desired thing(s) is the student trying to get? OR What undesired thing(s) is the student trying to avoid?

Summary of Previous Interventions Attempted – Describe any environmental changes made, evaluations conducted, instructional strategy or curriculum changes made or replacement behaviors taught.

Replacement Behaviors – Describe which new behaviors or skills will be taught to meet the identified function of the target behavior (e.g. student will slap his desk to replace striking out at others). Include description of how these behaviors/skills will be taught.



BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)**Behavioral Intervention Strategies and Supports**

Environment – How can the environment or circumstances that trigger the target behavior be adjusted?

Instruction and/or Curriculum – What changes in instructional strategies or curriculum would be helpful?

Positive Supports – Describe all additional services or supports needed to address the student's identified needs that contribute to the target behavior.

Motivators and/or Rewards – Describe how the student will be reinforced to ensure that replacement behaviors are more motivating than the target behavior.

Restrictive Disciplinary Measures – Describe any restrictive disciplinary measures that may be used with the student and any conditions under which such measures may be used (include necessary documentation and timeline for evaluation.)

Crisis Plan – Describe how an emergency situation or behavior crisis will be handled.

Data Collection Procedures and Methods – Describe expected outcomes of the interventions, how data will be collected and measured, timelines for and criteria to determine success or lack of success of the interventions.

Provisions For Coordination with Caregivers – Describe how the school will work with the caregivers to share information, provide training to caregivers if needed, and how often this communication will take place.

GOALS AND OBJECTIVES/BENCHMARKS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the IEP (e.g., goals and objectives/benchmarks, accommodations, modifications and supports) must be notified of her/his specific responsibilities.)

REPORTING ON GOALS

The progress on annual goals will be measured by the short-term objectives/benchmarks. Check the methods that will be used to notify parents of the student's progress on annual goals and if the progress is sufficient to achieve the goals by the end of the IEP year:

Report card Progress reports Parent conference Other (specify)

CURRENT ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards.

Derek struggles with reading, writing, and spelling skills and they are significantly below grade level. On the Woodcock Reading Mastery Test, Marcus' Word Attack abilities, the ability to decode using letter-sound relationships, he scored in the 2nd percentile which is the grade equivalent of 1.6. Currently, he is working on using prior letter-sound knowledge to sound out and pronounce words. During weekly assessments, he has shown to accurately sound out 5 out of 10 words on the 3rd grade list. He also is performing well below grade level in both written language and written spelling. When writing a short story, on average Derek spells more than 60% of them incorrectly. This stems from him not fully understanding letter-sound relationships and grade-level spelling strategies.

GOALS AND OBJECTIVES/BENCHMARKS

The goals and short-term objectives or benchmarks shall meet the student's educational needs that result from the student's disability,

including involvement in and progress in the general curriculum, or for preschool students, participation in appropriate activities.

Goal Statement # 1 of 3 Indicate Goal Area: Academic Functional Transition Illinois Learning Standard: # CCSS.ELA-LITERACY.RF.3.3

When given a reading passage at a 4th grade reading level, Derek will use his knowledge of letter-sound relationships to independently pronounce written words with 80% accuracy on 4 out of 5 trials as observed by a teacher by September 4, 2022.

Title(s) of Goal Implementer(s): Special Education Teacher

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

When given a list of 20 unfamiliar words at a 3rd grade reading level, Derek will be able to use his knowledge of letter-sound relationships pronounce the words with 80% accuracy on 4 out of 5 trials as observed by teacher by November 2021.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u>80</u> % Accuracy <u>4/5</u> # of attempts <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) _____	

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

When given a list of 20 unfamiliar words at a 4th grade reading level, Derek will be able to use his knowledge of letter-sound relationships with teacher assistance to pronounce the words with 80% accuracy on 4 out of 5 trials as observed by teacher by February 2022.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
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<u>80</u> % Accuracy <u>4/5</u> # of attempts <input type="checkbox"/> Other (specify) <hr/>	<input checked="" type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) <hr/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) <hr/>	
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Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

When given a reading passage at a 3rd grade reading level, Derek will use his knowledge of letter-sound relationships to independently pronounce written words with 80% accuracy on 4 out of 5 trials as observed by a teacher by April 4, 2022.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u>80</u> % Accuracy <u>4/5</u> # of attempts <input type="checkbox"/> Other (specify) <hr/>	<input checked="" type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) <hr/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) <hr/>	

GOALS AND OBJECTIVES/BENCHMARKS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the IEP (e.g., goals and objectives/benchmarks, accommodations, modifications and supports) must be notified of her/his specific responsibilities.)

REPORTING ON GOALS

The progress on annual goals will be measured by the short-term objectives/benchmarks. Check the methods that will be used to notify parents of the student's progress on annual goals and if the progress is sufficient to achieve the goals by the end of the IEP year:

- Report card Progress reports Parent conference Other (specify)

CURRENT ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards.

Same as goal #1

GOALS AND OBJECTIVES/BENCHMARKS

The goals and short-term objectives or benchmarks shall meet the student's educational needs that result from the student's disability, including involvement in and progress in the general curriculum, or for preschool students, participation in appropriate activities.

Goal Statement # 2 of 3 Indicate Goal Area: Academic Functional Transition Illinois Learning Standard: # CCSS.ELA-LITERACY.W.3.4

When given a writing assignment at a 4th grade level, Derek will use pre-taught spelling strategies in order to write sentences with correct spelling with 80% accuracy on 3 out of 4 attempts observed by a teacher by September 2022.

Title(s) of Goal Implementer(s): Special Education Teacher

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Given a set of 10-15 assigned 3rd grade spelling words, Derek will use pre-taught spelling strategies to correctly spell 80% of the words on 3 out of 4 trials as observed by teacher by November 2021

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u>80</u> % Accuracy <u>3/4</u> # of attempts <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify)	

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

When given a writing assignment at a 3rd grade level, Derek will use pre-taught spelling strategies in order to write sentences with correct spelling with 80% accuracy on 4 out of 4 attempts observed by a teacher by February 2022.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u>80</u> % Accuracy <u>4/4</u> # of attempts <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify)	

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Given a set of 10-15 assigned 4th grade spelling words, Derek will use pre-taught spelling strategies to correctly spell 80% of the words on 4 out of 4 trials as observed by teacher by April 2022.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<p>80 % Accuracy</p> <p>4/4 # of attempts</p> <p><input type="checkbox"/> Other (specify)</p> <hr/> <hr/>	<input type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) <hr/> <hr/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify)	

GOALS AND OBJECTIVES/BENCHMARKS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the IEP (e.g., goals and objectives/benchmarks, accommodations, modifications and supports) must be notified of her/his specific responsibilities.)

REPORTING ON GOALS

The progress on annual goals will be measured by the short-term objectives/benchmarks. Check the methods that will be used to notify parents of the student's progress on annual goals and if the progress is sufficient to achieve the goals by the end of the IEP year:

- Report card Progress reports Parent conference Other (specify)

CURRENT ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards.

Same as goal #1

GOALS AND OBJECTIVES/BENCHMARKS

The goals and short-term objectives or benchmarks shall meet the student's educational needs that result from the student's disability, including involvement in and progress in the general curriculum, or for preschool students, participation in appropriate activities.

Goal Statement # 3 of 3 Indicate Goal Area: Academic Functional Transition Illinois Learning Standard: # 1A.1b.

When using self-regulating strategies and an appropriate fidget, Derek will attend to a non-preferred activity and remain on task for 20 minutes, in 4 out of 4 trials as measured by observations and staff documentation by September 2022.

Title(s) of Goal Implementer(s): General Education Teacher, Special Education Teacher

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Given no more than 2 verbal self-regulating strategy reminders from a teacher and an appropriate fidget, Derek will attend to a non-preferred activity and remain on task for 10 minutes in 3 out of 4 trials as measured by observations and staff documentation by November 2021.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u> </u> % Accuracy <u>3/4</u> # of attempts <input type="checkbox"/> Other (specify) <u> </u>	<input checked="" type="checkbox"/> Observation Log <input checked="" type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) <u> </u>	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) <u> </u>	

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Given no more than 1 verbal self-regulating strategy reminders from a teacher and an appropriate fidget, Derek will attend to a non-preferred activity and remain on task for 10 minutes in 4 out of 4 trials as measured by observations and staff documentation by November 2021.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<u> </u> % Accuracy <u>4/4</u> # of attempts <input type="checkbox"/> Other (specify) <u> </u>	<input checked="" type="checkbox"/> Observation Log <input checked="" type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) <u> </u>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) <u> </u>	

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Given no more than 2 verbal self-regulating strategy reminders from a teacher and an appropriate fidget, Derek will attend to a non-preferred activity and remain on task for 20 minutes in 3 out of 4 trials as measured by observations and staff documentation by November 2021.

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/Extent of Progress
<p><input type="checkbox"/> % Accuracy</p> <p><input checked="" type="checkbox"/> 3/4 # of attempts</p> <p><input type="checkbox"/> Other (specify)</p> <hr/> <hr/>	<p><input type="checkbox"/> Observation Log</p> <p><input checked="" type="checkbox"/> Data Charts</p> <p><input type="checkbox"/> Tests</p> <p><input type="checkbox"/> Other (specify)</p> <hr/> <hr/>	<p><input type="checkbox"/> Daily</p> <p><input checked="" type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semester</p> <p><input type="checkbox"/> Other (specify)</p>	

EDUCATIONAL ACCOMMODATIONS AND SUPPORTS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. For any box checked "yes," specify the special factors in the "Supplementary Aids, Accommodations and Modifications" section and/or the Linguistic and Cultural Accommodations section listed below.

Yes No assistive technology devices and/or services. If yes, please specify needed AT. If no, specify why AT is not needed to access FAPE.

Student is able to verbally communicate

Yes No

Yes No

Yes No

Yes No

communication needs including students who are deaf/hard of hearing. If yes, complete linguistic and cultural accommodations section below.

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behavior impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. **This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms.**

LINGUISTIC AND CULTURAL ACCOMMODATIONS

Yes No

The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. This includes students who are deaf/hard of hearing. **If yes, specify any needed accommodations:**

Yes No
English

Special education and related services will be provided in a language or mode of communication other than or in addition to English. This includes services provided to students who are deaf/hard of hearing. **If yes, specify any needed accommodations:**

For students who are deaf/hard of hearing and others, as applicable:

- Identify the language and communication need(s): ASL Auditory/Oral Cued Speech Speech Generated Device Tactile
 Signed English Other (please describe) _____
- List the opportunities for direct communication/interaction with peers and professional personnel in the child's language and communication mode:
- List the identified mode of communication accessible in academic instruction, school services, and extracurricular activities that the student will receive:

SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids,

accommodations, and modifications must be based upon peer-review research to the extent practicable.

Fidgets

Visual self-regulating strategies

Uses of movement breaks

Assistance decoding and spelling

Appropriate grade-level reading assignments

SUPPORTS FOR SCHOOL PERSONNEL

Yes No

Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. **If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.**

STUDENT NAME: _____ DATE OF MEETING: _____

ASSESSMENT

CLASSROOM-BASED ASSESSMENTS

- Student will participate in classroom assessments with no accommodation(s).
- Student will participate in classroom assessments with accommodation(s). (*Complete Assessment Accommodations*).

DISTRICT-WIDE ASSESSMENTS

- District does not administer district-wide assessments.
- District does not administer district-wide assessments at this grade level. _____

Student will:

- Not participate in the entire district-wide assessment.
- Participate in the entire district-wide assessment with no accommodation(s).
- Participate in entire assessment with accommodation(s). (*Complete Assessment Accommodations section*)
- Participate in part(s) of the district-wide assessment (specify which part(s) and what, if any, accommodations are required). (*Complete Assessment Accommodations section on the IEP*).
- Participate in the district-wide alternate assessment without accommodation(s).
- Participate in the district-wide alternate assessment with accommodation(s). (*Complete Assessment Accommodations*)

STATE ASSESSMENTS

Indicate which state academic assessment(s) student will take and, if applicable, if accessibility feature(s) and/or accommodation(s) are needed.

- State academic assessments are not administered at this grade level:

1. Illinois Assessments of Readiness (IAR) (grades 3-8)

- The IAR assessment is not appropriate. (Go to #2)

Student will:

- Participate in IAR with no accessibility features turned on in advance and no accommodation(s).
- Participate in IAR assessment with accessibility features turned on in advance and/or accommodation(s). (*Complete IAR Accessibility Features and Accommodations form and attach*).

2. Dynamic Learning Maps (DLM) (ELA/L, Math, Science) (Alternate assessment Grades 3-11)

- The DLM Participation Guidelines were met. (*Complete the DLM Participation Guidelines and attach*).

If met, the student will:

- Participate in DLM with no accessibility features/accommodation(s).
- Participate in DLM with accessibility features/accommodation(s). (*Complete the DLM Accessibility Features and Accommodations form and attach*)

3. College Board Assessments (Grades 9-11)

- Participate in PSAT 9, PSAT 10, and SAT assessments with no accommodations.
- Participate in PSAT 9, PSAT 10, and SAT assessments with accommodation(s). (*Complete College Board Assessments Accommodations Section*)

4. Illinois Science Assessment (ISA) (Grades 5, 8, High School) (Biology)

- Not administered at student's current grade level or course.
 - Participate in science assessment with no accommodation(s).
- Participate in science assessment with accommodation(s). (*Complete Science Assessment Accommodations section*)

5. Physical Fitness Assessment (e.g. Brockport[®], FitnessGram[®])

- Will not participate in the physical fitness assessment (Explain):
 - Participate in **FitnessGram[®]** with no accommodation(s). Participate in **Fitness Gram[®]** with accommodation(s).
 - Participate in the **Brockport[®]** with no accommodation(s).
- Participate in the **Brockport[®]** with accommodation(s). (*As delineated in the test manual*)

6. Kindergarten Individual Development Survey (KIDS)

- The KIDS Assessment is not appropriate.
 - Participate in KIDS with no accommodation(s). Indicate which subsets: 1 2 3
- Participate in KIDS with accommodation(s). Indicate which subsets: 1 2 3
- (*Complete Assessment Accommodation Section*)

STATE ASSESSMENT OF ENGLISH LANGUAGE PROFICIENCY

The state assessments of language proficiency for English learners (EL) in grades K-12 include: Assessing Comprehension and Communication in English State to State (ACCESS) and the Alternate ACCESS.

Yes No English learner (EL). If "NO", skip to next section

If yes, the student will:

- Participate in the ACCESS with no accommodation(s).
- Participate in the ACCESS with accommodation(s). (*Complete Assessment Accommodations section*).
- Participate in the alternate ACCESS with no accommodation(s).
- Participate in the alternate ACCESS with accommodation(s). (*Complete Assessment Accommodations section of the IEP*).

ASSESSMENT ACCOMMODATIONS

If the student will participate in assessments with accommodations, other than IAR, DLM, and/or ISA, document any needed accommodations for the content area(s) in the section below.

Classroom-based Assessments

District-based Assessments

College Board Assessments

Science Assessment

Physical Fitness Assessment (e.g. **Brockport[©]**)

KIDS Assessment

Indicate which accommodations are needed:

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Communication Devices | <input type="checkbox"/> Braille | <input type="checkbox"/> Enlarged Print/pictures | <input type="checkbox"/> FM System |
| <input type="checkbox"/> Adapted Writing Utensils | <input type="checkbox"/> Adapted Scissors | | |

ACCESS/Alternate ACCESS

STUDENT NAME: DATE OF MEETING:
EDUCATIONAL SERVICES AND PLACEMENT

Initiation Date: _____ / _____ / _____ Duration Date: _____ / _____ / _____

PARTICIPATION IN GENERAL EDUCATION CLASSES

The IEP must address all content areas, classes, and specify if the student will participate in general physical education.

General Education with No Supplementary Aids (Specify content areas, classes, whether or not the child will participate in general physical education, and extracurricular and other nonacademic activities .)	Minutes Per Week In Setting (Optional)
Mathematics	225
General P.E.	225
Social Studies	225
Art	225
General Education with Supplementary Aids (as specified in the Supplementary Aids section) Specify content areas, classes, whether or not the child will participate in general physical education, and extracurricular and other nonacademic activities with supports, if applicable .)	Minutes Per Week In Setting (Optional)
Science	225

Special Education and Related Services within the General Education Classroom (Specify content areas and classes in which the child will participate with the provision of special education and related services. List each special education and related service that will be provided during each class.)	Minutes Per Week In Setting
Paraprofessional support in the classroom during science instruction.	225

PARTICIPATION IN SPECIAL EDUCATION CLASSES/SERVICES

The IEP must address all special education and related services.	
Special Education Services – Outside General Education	Minutes Per Week In Setting
Special Education room for Reading and English	500
Related Services – Outside General Education	Minutes Per Week In Setting
None	B.

<u>Educational Environment (EE) Calculation (Ages 3-5)</u>	<u>Educational Environment (EE) Calculation (Ages 6-21)</u>
<p>_____ 1. Minutes spent in regular early childhood program</p> <p>_____ 2. Minutes spent receiving special education and related services outside regular early childhood (A+B)</p>	<p><u>1.900</u> 1. Total Bell to Bell Minutes</p> <p><u>60</u> 2. Total Number of Minutes Outside of the General Education Setting (A+B)</p> <p><u>1.840</u> 3. Total Number of Minutes inside the General Education Setting (line #1 minus line #2)</p> <p><u>96%</u> 4. Percentage of time inside the General Education Environment (line #3 divided by line #1)</p>

STUDENT NAME: DATE OF MEETING:
EDUCATIONAL SERVICES AND PLACEMENT

EDUCATIONAL SERVICES AND PLACEMENT**EDUCATIONAL ENVIRONMENT CONSIDERATIONS**

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities.

Yes No Special education classes, separate schooling, or removal from the regular education environment is required because the nature or severity of the student's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Explain: Derek's reading and writing skills are significantly below grade level and therefore he needs special education instruction during these times.

Yes No Will participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

Yes No Will attend the school he or she would attend if nondisabled?

If no, explain: _____

PLACEMENT CONSIDERATIONS

When determining the placement, consider any potentially harmful effect either on the student or the quality of services that he/she needs. After determining the student's placement, complete the "Placement" section on this cover sheet.

Yes N/A For a child who is deaf, hard of hearing, blind or visually impaired, parents have been informed of existence of the Illinois School for the Deaf or the Illinois School for the Visually Impaired, and other local schools that provide similar services.

PLACEMENT OPTIONS CONSIDERED	POTENTIALLY HARMFUL EFFECT/ REASONS REJECTED	TEAM ACCEPTS PLACEMENT
General Education Classroom	Lack of support- poor grades in reading and science	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
General Education Classroom with Special Education pull out	Could cause peer stigma and embarrassment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Room	Lack of challenging curriculum – could affect social interaction and growth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TRANSPORTATION**Check all that apply**

Yes No Special transportation is required to and from schools and/or between schools.

Yes No Special transportation is required in and around school buildings.

Yes No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required.

Please explain and/or detail transportation plan:

EXTENDED SCHOOL YEAR SERVICES

Yes No Extended school year services are needed. The IEP team must document the consideration of the need for extended school year services and the basis for the determination.

If yes, the IEP must indicate the type, amount and duration of services to be provided.

SPECIAL EDUCATION SERVICE(S)	LOCATION	AMOUNT/FREQUENCY OF SERVICES	INITIATION OF SERVICES	DURATION OF SERVICES	GOAL(S) ADDRESSED
Reading	Special Education classroom	Daily	Special Education Teacher	M-F during ESY	Goals 1-3
English	Special Education	Daily	Special Education Teacher	M-F during ESY	Goals 1-3

STUDENT NAME: DATE OF MEETING:

EDUCATIONAL SERVICES AND PLACEMENT

classroom					

STUDENT NAME: _____ DATE OF MEETING: _____

MANIFESTATION DETERMINATION (AS APPROPRIATE)

Complete when determining whether a student's behavior was a manifestation of her/his disability.

Disability:

Incident(s) that Resulted in Disciplinary Action

The Student's IEP and Placement (include a review of all relevant information in the child's file, including the child's IEP)

Observations of the Student (include a review of staff observations regarding the student's behavior)

Information provided by the Parents (include a review of any relevant information provided by the parent(s))

Based upon the above information, the team has determined that:

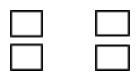
- Yes No The conduct was caused by or had a direct and substantial relationship to the student's disability.
Yes No The conduct was the direct result of the school district's failure to implement the IEP.

If "Yes" to either of the above, the behavior must be considered a manifestation of the student's disability.

Check the appropriate box:

The student's behavior **WAS NOT** a manifestation of her/his disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner in which they are applied to students without disabilities. *If the district initiates disciplinary procedures applicable to all students, the district shall ensure that the special education and disciplinary records of the student with a disability are transmitted for consideration by the person or persons making the final determination regarding the disciplinary action.*

The student's behavior **WAS** a manifestation of her/his disability. The team must review and revise the student's IEP as appropriate and the district must take appropriate action. A functional behavior analysis will or has been completed. The behavior intervention plan shall be completed or modified/reviewed as required to address behavior.



STUDENT NAME: DATE OF MEETING:

ADDITIONAL NOTES/INFORMATION

STUDENT NAME: DATE OF MEETING: _____

STUDENT NAME: DATE OF MEETING:

REPORT OF PROGRESS ON ANNUAL GOALS (Option 1)

Specify the extent to which the student's progress is sufficient to enable the student to achieve the goals by the end of the IEP year. Districts may use this page to report on student progress OR may use the option two page that would include data charts to indicate a student's progress.

Student's Name		Type of Report					
Date		Report Card		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 Quarter
Staff Name		Progress Report		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 Quarter
Title		Parent Conference		<input type="checkbox"/>			
GOAL NUMBER	MEASURABLE ANNUAL GOAL	REPORT OF PROGRESS			ADDITIONAL COMMENTS		
		Completed	Making Expected Progress	Not Making Expected Progress			

STUDENT NAME: DATE OF MEETING:

REPORT OF PROGRESS ON ANNUAL GOALS (Option 1)

Specify the extent to which the student's progress is sufficient to enable the student to achieve the goals by the end of the IEP year. Districts may use this page to report on student progress OR may use the option two page that would include data charts to indicate a student's progress.

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STUDENT NAME: DATE OF MEETING:

REPORT OF PROGRESS ON ANNUAL GOALS (Option 1)

Specify the extent to which the student's progress is sufficient to enable the student to achieve the goals by the end of the IEP year. Districts may use this page to report on student progress OR may use the option two page that would include data charts to indicate a student's progress.

Student's Name	Type of Report	
Date	Report Card <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Quarter	
Staff Name	Progress Report <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Quarter	
Title	Parent Conference <input type="checkbox"/>	
GOAL NUMBER	MEASURABLE ANNUAL GOAL	REPORT OF PROGRESS (Insert Data Charts)

STUDENT NAME: DATE OF MEETING:

REPORT OF PROGRESS ON ANNUAL GOALS (Option 1)

Specify the extent to which the student's progress is sufficient to enable the student to achieve the goals by the end of the IEP year. Districts may use this page to report on student progress OR may use the option two page that would include data charts to indicate a student's progress.

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AUTISM CONSIDERATIONS

In accordance with Section 14-8.02 of the School code, **"In the development of the individualized education program for a student who has a disability on the autism spectrum (which includes autistic disorder, Asperger disorder, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Rett Syndrome, as defined in the [(DSM-IV,2000)], the IEP team shall consider all the following factors."**

1. Verbal and nonverbal communication needs

Student Needs:

Supports Identified:

2. Social interaction skills and proficiencies

Student Needs:

Supports Identified:

3. Needs resulting from unusual responses to sensory experience

Student Needs:

Supports Identified:

4. Needs resulting from resistance to environmental change or change in daily routines

Student Needs:

Supports Identified:

5. Needs resulting from engagement in repetitive activities and stereotyped movements

Student Needs:

Supports Identified:

6. Needs for any positive behavioral interventions, strategies and supports

Student Needs:

Supports Identified:

7. Other needs which impact progress in general curriculum, including social and emotional development

Student Needs:

Supports Identified: