EAST CARROLL PARISH

SPECIAL EDUCATION

HANDBOOK

Revised July 2015
IEP RED NOTEBOOK
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II. Beginning of School
Beginning of the Year Checklist

The IEP dictates the schedule of each student. The schedule does not dictate the IEP.

_____ Obtain student schedules
  o Resource teachers will schedule groups of students after consultation with classroom teachers, PE, speech, and other service providers as identified on the IEP. The scheduled inclusion and reinforcement times must match the IEP.
  o Middle and high school teachers need to ensure that minutes and subject matter on the IEPs match the schedule.
  o Contact auxiliary personnel (O.T., P. T., Speech, counselor, etc), discuss schedule of services and communication, and documentation procedures.

_____ Review each IEP and complete ESYP screening folder.

_____ Review each IEP and copy:
  o All accommodation/modification pages (Have regular education teachers to initial that they have received a copy of the accommodation page).
  o Instructional pages shared with regular teacher,
  o Health plan request nurse’s assistance to in-service personnel on individual health plan and/or
  o Behavior plan, give copy to regular teacher, auxiliary personnel, and others (paraprofessionals, bus drivers, etc.) as needed to implement individual education plans.

  **Review this information with appropriate personnel and have the person sign the documentation form stating s/he has received this information. Remember new documentation needs to be done within 5 days of the new IEP.**

_____ File signed documentation forms in individual IEP folders or in documentation folder.

_____ Establish a classroom management system with posted rules and procedures for daily routines.

_____ Set up systems for Individual Behavior Plans if applicable in IEPs.

_____ Contact Counselor if student are to receive counseling services

_____ High school teachers: Identify students who are seventeen and send “Age of Majority” letters out. Send one letter to parent, one to the student, and attach one copy to the IEP.

First Week of School

_____ Check roster each day for “warm bodies” and fax corrected roster to Special Services.

_____ Send copies of updated Special Education Student Information by completing the loss/gain report.

_____ Complete and turn in the Special Education Services Inventory.
_____ Gather results of statewide testing data (PARRC) and file in IEP Folder.
_____ Test students using **Ed Performance, Brigance or Staugler**
_____ Review objectives and perform informal assessment on individual objectives and document findings.
_____ If the IEP does not meet the current needs of the student reconvene the IEP.
# Special Education Checklist

## 2015-2016

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<thead>
<tr>
<th>Participant(s)</th>
<th>Activities</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sped Teachers</td>
<td>All special education students on your roster have a current IEP, evaluation/reevaluation, the grade on the roster is correct. Check for Sped transfers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Copy of Teacher/Para Class Schedule</td>
<td>Aug. 21, 2015</td>
</tr>
<tr>
<td></td>
<td>Complete all Pre-test (Scantron/Edperformance, Staugler, Brigance Test, Academy of Reading &amp; Math). Review student Data</td>
<td>By Sept. 4, 2015</td>
</tr>
<tr>
<td></td>
<td>Complete Student Learning Targets, Professional Growth Plans, sign job descriptions, schedule observations. Turn in copies to Evaluator.</td>
<td>By Sept. 11, 2015</td>
</tr>
<tr>
<td></td>
<td>List Student and review records for Act 833 Criteria</td>
<td>Sept. 4, 2015</td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td>Turn the Special Education Student Information Form in on each student listed on the roster.</td>
<td>By Sept. 11, 2015</td>
</tr>
<tr>
<td></td>
<td>Room Inventory/Equipment list (including serial &amp; model numbers). List of equipment that are in need of disposal (serial number &amp; model numbers)</td>
<td>By Sept. 11, 2015</td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td>The regular education teachers has signed and been given a copy of the student’s accommodation page of the IEP. A copy has been turned in to sped office with regular ed. Teacher’s signatures.</td>
<td>By Aug. 28, 2015</td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td>Each special education IEP folder has a blank manila folder with ESYS written on it.</td>
<td>By Aug. 28, 2015</td>
</tr>
<tr>
<td>Resource Teachers/Preschool Teachers</td>
<td>Regression/Recougement Summary forms completed.</td>
<td>By Sept. 25, 2015</td>
</tr>
<tr>
<td><strong>All Sped Teachers</strong></td>
<td><strong>First six weeks end September 23, 2015.</strong> Copy of Attendance Report &amp; Logs, three week progress report, first six weeks progress report report card are put in the student’s ESYS folder and copy sent to the sped office.</td>
<td>By Oct. 7, 2015</td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td>A copy of Statewide Assessment results are attached to the IEP. A copy is turned into the sped office.</td>
<td>By Sept.30, 2015</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Resource /Preschool Teachers</td>
<td>Start Regression/Recoupement Pre-testing for first break. (Thanksgiving)</td>
<td>Oct. 13, 2015</td>
</tr>
</tbody>
</table>
| **All Sped Teachers** | **Second six weeks end October 30, 2015.**  
Copy of Attendance Report & Logs, three week progress report, second six weeks progress report and report card are put in the student’s ESYS folder and copy sent to the sped office. | By Nov.13, 2015 |
| Resource /Preschool Teachers | Complete all Regression/Recoupement Pre-testing for first break. (Thanksgiving) | By Nov. 20, 2015 |
| Resource /Preschool Teachers | Complete Regression/Recoupement summary form by documenting pre-testing results for the first break (Thanksgiving) | By Nov. 20, 2015 |
| Resource /Preschool Teachers | Begin post-test for regression/recoupement for the first break.  
Complete Regression/recoupement summary form by documenting post-testing results for the first break (Thanksgiving) | By Dec. 1, 2015  
By Dec. 4, 2015 |
| Resource /Preschool Teachers | Mid Testing-Edperformance | Completed by Dec. 11, 2015 |
| Resource /Preschool Teachers | Begin pre-test for regression/recoupement for the second break. (Christmas) | By Dec. 8, 2015 |
| **All Sped Teachers** | **Third six weeks end December 18, 2015**  
Copy of Attendance Report & Logs, three week progress report, third six weeks progress report and report card are put in the student’s ESYS folder and copy sent to the sped office. | By Jan. 15, 2016 |
<p>| Resource /Preschool Teachers | Begin post-test for regression/recoupement for the second break (Christmas) | By Jan. 5, 2016 |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Regression/Recoupement summary form by documenting post-testing results for the second break (Christmas)</td>
<td>By Jan. 15, 2016</td>
</tr>
<tr>
<td>Turn in the completed regression/recoupement for both breaks (Thanksgiving &amp; Christmas) to the sped office</td>
<td>By Jan. 29, 2016</td>
</tr>
<tr>
<td>Any sped teacher who has students 15 years old and above</td>
<td></td>
</tr>
<tr>
<td>Fourth six weeks end February 16, 2016.</td>
<td></td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td></td>
</tr>
<tr>
<td>Copy of Attendance Report &amp; Logs, three week progress report, fourth six weeks progress report and report card are put in the student’s ESYS folder and copy sent to the sped office. Attendance Report &amp; Logs</td>
<td>By March 11, 2016</td>
</tr>
<tr>
<td>All Sped Teachers</td>
<td></td>
</tr>
<tr>
<td>2016Testing</td>
<td></td>
</tr>
<tr>
<td>Spring Testing PARCC Phase I</td>
<td>March 14-18</td>
</tr>
<tr>
<td>Spring Testing PARCC Phase II</td>
<td>April 4-15</td>
</tr>
<tr>
<td>ACT Series (Explore &amp; Plan)</td>
<td>April 4-15</td>
</tr>
<tr>
<td>EOC Testing</td>
<td>April 25-29</td>
</tr>
<tr>
<td>Advanced Placement Testing</td>
<td>May 2-13</td>
</tr>
<tr>
<td>EOC Testing</td>
<td>May 2-10</td>
</tr>
<tr>
<td>Post Test Edperformance/Academy of Reading &amp; Math</td>
<td>Completed by Feb. 26, 2016</td>
</tr>
<tr>
<td>Needs Assessment Program Monitoring</td>
<td></td>
</tr>
<tr>
<td><strong>All Sped Teachers</strong></td>
<td><strong>Fifth six weeks end April 7, 2016</strong></td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td></td>
<td>Copy of Attendance Report &amp; Logs, three week progress report, fifth six weeks progress report and report card are put in the student’s ESYS folder and copy sent to the sped office.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>All</strong></th>
<th><strong>Spring Break/Easter</strong></th>
<th><strong>Mar. 28-April 1, 2016</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review Data for SLTs</td>
<td>Mar. 15- April 15, 2016</td>
</tr>
<tr>
<td></td>
<td>End of year Compass conferences with Evaluator/ Evaluatee/Observations/Professional Growth Plan Acknowledgements/Student Learning Targets final scoring/ Acknowledgements/Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>All Sped Teachers</strong></th>
<th><strong>All IEP’s are to be completed, submitted and a copy turned in to Sped office.</strong></th>
<th><strong>By May 9, 2016</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All evaluations/reevaluations completed up to October.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>All Sped Teachers</strong></th>
<th><strong>Cumulative IEP Tracking Record Verification</strong></th>
<th><strong>By May 17, 2016</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copy Cumulative IEP Tracking Record (Green)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Copy of Progress Report</td>
<td></td>
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<td></td>
<td>Copy of Report Card</td>
<td></td>
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<tr>
<td></td>
<td>Copy of Promotion and Failure</td>
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<td></td>
<td>Copy of Room Inventory/equipment (including serial &amp; model numbers). List of equipment that need disposal (serial number &amp; model numbers. List of missing equipment.</td>
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<td></td>
<td>Copy of End of the Year Students</td>
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<tr>
<td>Transferring</td>
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<td>----------------------------------</td>
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<tr>
<td>• Update Address and telephone Number of students</td>
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<td>• Copy of Pre/Post Testing</td>
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<td>• Statewide test results</td>
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<td>• Dated goals and objectives on instructional pages</td>
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<td>• Verification of class roster</td>
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<td>• Red and Blue Handbook</td>
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<td>• Teacher Password/ID for computers, edperformance, academy of reading etc.</td>
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<td>• LapTop Computers</td>
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<td>• Ipads</td>
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<td>• Amplifiers</td>
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<tr>
<td>• Borrowed Assistive Technology</td>
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<thead>
<tr>
<th>All Sped Teachers</th>
<th>Sixth six weeks end May 26, 2016</th>
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<tbody>
<tr>
<td>Copy of Attendance Report &amp; Logs, three week progress report, six weeks progress report and report card are put in the student’s ESYS folder and copy sent to the sped office.</td>
<td>May 26, 2016</td>
</tr>
</tbody>
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III. INDIVIDUALIZED EDUCATIONAL PROGRAM
IEP PROCEDURES

Scheduling

- All IEPs must be scheduled, conducted and paperwork completed prior to the IEP expiration date. **(10 SCHOOL DAYS IN ADVANCE)**
- All parents and/or students are to receive notice of IEP meetings at least ten school days in advance. Parent Notification Letter - 4 pages; Student Invitations Letter - 2 pages (if 16 and above); Agency Permission Letter (2-pages-if 16 and above)
- All service providers and regular education teachers must receive at least ten school days notice prior to IEP meetings.
- If Pupil Appraisal is to attend the IEP meeting, they must receive ten school days notice prior to the IEP meeting.

Participation in the Development of an IEP

- The ODR (Officially Designated Representative) must be in attendance at the IEP meeting and sign the IEP. The ODR is the Principal or Assistant Principal at the school.
- If a student receives OT, PT, speech, APE, and/or counseling services, those persons are to be present for the IEP meeting. If the IEP is being modified and does not affect that person’s area of service or curriculum, the school system and parent can agree to not have that person present. The parent must put this agreement in writing. If a member of the IEP committee asks to be excused in whole or part and it involves modifications to or discussion of that member’s area, the parent and the school system will need to be in agreement about the excuse. The parent will need to put it in writing. The excused member will need to submit in writing input about the development of the IEP to the parent and IEP committee. Complete the bottom portion of the parent notification letter on page 3 of 4. At least one regular education teacher must be in attendance at the IEP Meeting.
- All regular education teachers that teach the student must be involved in the development of the IEP, and at least one must attend the IEP meeting, and sign the IEP. Each regular education teacher should provide input related to the area of instruction s/he teaches. All regular education teachers involved with a student with behavior needs need to be involved in the development of the behavior plan and objectives.
- All signatures on the IEP must be in BLUE INK.

The IEP

- Draft IEPs must not be written during instructional times. **(ELA & Math)**
- All IEPs must be generated by the Web Based IEP program.
- Have the IEP Facilitator to proofread your IEPs at least 10 days prior to the meeting.
Do not use white-out on any IEPs. If a mistake is made, draw ONE line through it and initial.

- Do not change the placement of a student to a more restrictive environment if the IEP meeting is not a reevaluation IEP. A reevaluation must be requested from PAS to change a student’s placement to more restrictive environment. (Use the LRE Calculations Chart to check placement).
- **Send a copy of the IEP to Special Services.** The original goes in the file at the school and the parent also gets a copy. When sending related information to Special Services such as the ten-day notice please attach this additional information to the IEP and send it at the same time that you send the IEP.
- SPED 8 (Services) and SPED 108 (Due Process Checklist) parent notification letter, five year plan, LAA 1 or LAA 2 criteria forms (if applicable), Connections criteria forms, agency letters, student invitation letter (if applicable) must be filled out and attached to ALL IEPs.
- If an IEP is sent back for correction, it will be indicated whether a new IEP must be conducted. If a new IEP is indicated, the entire committee must meet again.
The IEP

Preparing for the IEP meeting

One Month In Advance
1. Check your IEP and Reevaluation calendar for upcoming IEP dates.
2. Notify IEP Facilitator if you will need assistance.
3. Notify the ODR and regular education teacher. Solicit input from all regular education teachers of that student
4. Gather information on child (see GSI checklist)
   • Testing data (statewide, evaluation, teacher testing – http://www.edperformance.com/)
   • Progress in regular class (grades, teacher comments)
   • Strengths/Support needs
   • Medical information
   • Gather transition information (for students turning 16 yrs old and older)
   • Review last evaluation and evaluation results
   • Review present IEP and progress reports
   • Review behavior concerns

20 Days in Advance of IEP due date
1. Notify the ODR and the regular education teachers of the date the IEP meeting will be held. If applicable, schedule and invite the para-professional, APE, Speech, Occupation and/or Physical Therapist(s), evaluation personnel, parish or school counselor, etc. Contact the transition coordinator.

2. Send parent 10 day-notification letter (part 1, part 2, part 3 and part 4), the booklet “Education Rights of Exceptional Children” and ESYP Fact Sheet home to the parent or guardian. For students 15 and older please complete the student invitation and response letter, and agency notification letter (If this is an IEP addressing transitional needs the transition coordinator will notify the agencies of IEP meeting if applicable).

3. Start a Due Process Checklist (SPED 108)

4. Write the draft IEP.

TURN INTO THE SPED OFFICE A DRAFT IEP 10 DAYS IN ADVANCE OF THE IEP DUE DATE
Transition

What is Transition?

- For students receiving special education services under IDEA, transition is preparing for and moving from school to work and community life.
- Is a coordinated set of activities occurring within a results-oriented process focused on facilitation movement from school to post–school
- Based on an individual student’s strengths, preference, and interests
- Includes instruction, related services, community experiences, employment, post-school adult living objectives, and when appropriate, daily living skills and functional vocation\evaluations

Why do we do Transition?

- Because it is required by IDEA
- Because students who participate in transition activities are more successful in transitioning from high school into the adult world

When do you do a Transition IEP?

- A Transition IEP must be in place prior to a student turning 16 years old and is to be updated every time the IEP is rewritten.
- An IEP committee can decide to do one earlier if they feel it will best benefit the student.

Where do you do a Transition IEP?

- The transition page is the first page of the IEP.

The Transition Process:  before you write the IEP

- Get permission from parents to invite agencies (LRS OCDD etc.) to IEP meeting. (Complete Agency Permission Letter)
- Send prior notice letters to student, parent, and agencies.
- Notify all IEP team members about the date, time and location of the IEP meeting.
o Complete Interest Inventories: Complete student interview, parent interview, teacher interview and other evaluation information.

o Complete and update Employability Skills Inventory, Life Skill Inventory and Transition Inventory Plan. Maintain a copy in the IEP folder.

o Now you are ready to convene the IEP meeting. Begin your IEP meeting with the Transition Service Page.

o Compile information for the transition page of the IEP
  ▪ Date of Student Invitation: should be the same date as the student invitation letter
  ▪ Method of Student Invitation: student letter/oral
  ▪ Measurable Post Secondary Goals: Training or Education Goal (required); Employment Goal (required); and Independent Living Goals (if applicable)
  ▪ Transition Assessments: List the multiple assessments used to address the student’s career interests, vocational skills, employability, independent living skills, and self advocacy and other preferences and interests. Assessments documentation must be included in IEP folder.
Transition and the IEP: Services and Action Steps

Remember, this information should be based upon the student’s preferences, interests and needs.

The IEP Team should list specific information for each postschool outcome in the areas suggested below:

Services:
- **Instruction/Related Services** - The acquisition of functional academic skills. Transportation and such developmental, corrective, and other supportive services determined by an IEP team as required assisting a student with a disability to benefit from special education.
- **Community Experiences** - Awareness of, access to, and full participation in one’s community.
- **Employment/ Post School Adult Living** - The development of work skills and values in preparation for competitive paid work. Education after high school in the pursuit of personal, financial, or employment development.
- **Functional Vocational and Daily Living** - The acquisition of functional, adult living skills for independence in variety of living environments. The completion of assessments and inventories to identify career interests and aptitudes.

Action Steps:
- Create action steps with the school to help the student reach his/her goals.
- Create action steps with the student to help him/her reach his/her goals.
- Create action steps with the family to help the student reach his/her goals.
- Create action steps with the agencies to help the student reach his/her goals.
Annual Goals and Short-term Objectives or Benchmarks

- **Educational Needs Area**: Based on information obtained from the general student information, check the curriculum area(s) in which special education is needed. For students addressing transition check “academic/cognitive” as a need area.

- **Content Area: Academic/Cognitive**

- **Check “Target for Secondary Transition” if this is a transition goal or objective.**

- **Present level of Academic Achievement and Functional Performance** must describe how the student performs in the need area. To determine performance, formal or informal assessments, such as Employability Skills Inventory, Life Skills Inventory, Transition Plan Inventory, Ed performance, student, family, and teacher interview, teacher observation, student future vision statement, curriculum based assessments, teacher made test etc. may be used. This information forms the basis from which annual goals and short term objectives will be developed.

- The purpose of an **annual goal** is to project how much progress it is expected the student will make in one year. Annual goals must have a method of being measured.

- **Method of Measurement** – work samples, observational data, criterion reference tests, standardized test or norm referenced, developmental scales.

- **Short term objectives** should correlate with the student action steps. There should be a short term objective for each student action step.

- An objective is a statement of what the student will do (behavior).

- Each short term objective must include how well the student is to perform and for how long or how many times/he is to perform. **(Criteria: accuracy, duration, speed/rate or latency)**

- A short term objective must have a method by which performance of the behavior can be measured. This is the method you will be using in the classroom/school/work setting to determine whether or not the student is learning what you are teaching. Each objective must have a
method of measurement. (Teacher made test, teacher observation, student work samples etc.

- **Terminal Point of Review** is a statement specifying when it will no longer be necessary to continue teaching and assessing the student’s performance of the behavior. It is the point at which we believe the student will have learned or acquired the behavior. (3 consecutive sessions, 4 out of 5 sessions, a six week period, throughout the school term)

- Implement the school action steps and assist the student in achieving his/her action steps

- Review and rewrite the transition plan yearly at the IEP meeting and add new action steps to help the student achieve his goals.
IEP TIMELINE

A DRAFT IEP IS DUE IN THE SPED OFFICE 10 SCHOOL DAYS PRIOR TO THE SCHEDULED IEP MEETING. IT CAN BE EARLIER THAN 10 DAY BUT NOT LESS THAN.

EXCEPTION: IF A STUDENT TRANSFER IN FROM WITHIN THE STATE/OUT OF STATE THE DRAFT IEP IS DUE IN THE SPED OFFICE WITHIN 2 SCHOOL DAYS PRIOR TO THE SCHEDULED IEP MEETING

ALL IEP MUST BE CHECKED AND APPROVED BY THE IEP FACILITATOR BEFORE AN IEP MEETING IS CONDUCTED.

IF DRAFT IEP'S ARE NOT DONE WITHIN THE SPECIFIED TIME, THIS MATTER WILL BE FORWARDED TO THE PRINCIPALS AND SPED SUPERVISOR.
# IEP Updates

<table>
<thead>
<tr>
<th>Student*</th>
<th>Current IEP Date</th>
<th>Draft IEP Date (count ten days prior to IEP meeting date)</th>
<th>IEP Meeting Date</th>
<th>Comments</th>
</tr>
</thead>
</table>
Materials Needed at the IEP Meeting

_____ Draft *IEP (TRANSITION, GSI, INSTRUCTIONAL PLAN, PROGRAM/SERVICES, ACCOMMODATIONS, AND PLACEMENT/LEAST RESTRICTIVE ENVIRONMENT)

IF APPLICABLE

_____ LAA-1 Criteria Forms, Criteria Five Year Plan (High School Diploma, Certificate of Achievement or Skill Certificate) contact school counselor for a copy of Individual Year Plan

_____ BEHAVIOR PLAN (If applicable, with previous BEHAVIOR DOCUMENTATION) (must have goals and objectives instructional page(s)

_____ INDIVIDUAL TRANSITION PLAN PAGE ((FOR 16 YEARS OLD AND OLDER, OR STUDENTS UNDER 15 IF NEEDED)

_____ AGE OF MAJORITY LETTER TO PARENT AND AGE OF MAJORITY LETTER TO STUDENTS WHO ARE 17 YEARS OLD

_____ IHP—INDIVIDUAL HEALTHCARE PLAN (STUDENTS WITH SERIOUS MEDICAL NEEDS—contact school nurse) * Do not include a healthcare plan unless given by school nurse

MATERIALS TO BE GIVEN TO PARENTS UPON SIGNING PLACEMENT/LEAST RESTRICTIVE ENVIRONMENT PAGE

_____ ESYP FACT SHEET

_____ LOUISIANA EDUCATIONAL RIGHTS OF EXCEPTIONAL CHILDREN (request copies from Sped office)

MATERIALS THAT SHOULD BE ON HAND

_____ IEP FOLDER WITH RECENT RECORDS OF EXPIRING IEP, PROGRESS REPORTS, LAST EVALUATION, AND OTHER INFORMATION AS NEEDED. Objectives achieved on the expiring IEP must be marked with dates achieved.

_____ RECENT REPORT CARD AND STANDARDIZED TEST SCORES

_____ EXAMPLES OF STUDENT WORK

_____ TRANSITIONAL ASSESSMENTS (If applicable)

_____ ED PERFORMANCE TEST RESULTS (Suggested learning Activity page)
____ FUNCTIONAL BEHAVIOR ASSESSMENT (If applicable)

____ DETERMINATION OF LRE (TIME SHEET) *Only a specific parts of IEP can be filled out before the meeting. Review the blank IEP pages to make this determination*
CONDUCTING AN IEP MEETING

The following steps should take place at an IEP meeting to ensure that all parts of the IEP are covered and that the committee makes decisions that best meet the individual needs of the student. **USE BLUE INK AT THE IEP MEETING.**

1. Always start a meeting by introducing the team members and explaining their job description, making positive statements about the student and acknowledging parent concerns and questions.
2. Have all participants (including the student) who are present sign in on the **General Student Information** (GSI) page of the IEP. Individual students need to come to their IEP meetings unless the parent prefers that s/he does not.
3. **Review the previous IEP and transition page if applicable.** Discuss objectives achieved, student progress and difficulties from the previous year.
4. Read aloud the General Student Information (GSI) and the **addendum** if it applies. Corrections, deletions, and additions to this information should be made at this time. Do not forget to add parental concerns. If applicable, review the **Individual Health Plan** and/or **Transition Plan** before going to step 5.
5. Present the **Instructional Plan.** Review each page. Discuss current performance, goals and objectives. If applicable, the APE, Speech, OT, PT, or other service providers can assist you or review the instructional plan page related to them. If there is a **Behavior Plan** there must be an educational needs page that includes goals and objectives that address the behavior. Upon review of the behavior instructional page, review / edit the behavior plan.
6. Go to **Program / Services Page.**
   - Begin with the **Louisiana Educational Assessment Program** (LEAP Box). Decide with parent and all other IEP members which test is most appropriate for the student. Read **Statewide Testing and Students with Disabilities** if you are not familiar with the guidelines of statewide testing. Fill out the box appropriately. Discuss and complete the **Accommodation(s) needed for LEAP Testing** with the committee and mark the appropriate boxes.
   - Next, go to **Regular Classes.** Discuss and fill out this box. Skip over to the **Accommodations Page.** Complete this page with the input of all members, especially the regular teacher(s). Remember that the items marked on this page apply to the REGULAR classroom. The REGULAR education teacher will be responsible for carrying out these accommodations and modification. **Remember to mark items that will be given for the standardized test.**
7. Return to the **Program Services Page.**
   - Discuss and complete the box labeled **Activities with Non-Disabled Peers.**
   - Discuss and complete **Student’s Total Instructional Day box.** (Use the LRE Calculation Chart to determine placement. Remember a student cannot go to a more restrictive placement without a reevaluation.)
• Enter any comments in the **Comments Box** to clarify where the student spends time during the day and/or to clarify other items. Example: Student time will fluctuate throughout the school year in the CMC Lab

• Discuss and complete the **Special Transportation line**.

• Discuss and complete **Supports Needed for School Personnel**. Remember that this includes collaboration, in-services, and/or training needed by school employees to implement the IEP.

• The only ESYS item that is completed is on the Program Service page. Under Extended School Year Services—Check the Criteria for Consideration.

• Do not check ESY Instruction on the Instructional Pages

• Do not check ESY Instruction on the Accommodations Page.

• Do not type anything on the ESYS Form.

• Is a teacher does any of those things listed above under ESYS, the IEP will get an error message and will not validate.

• These items will be completed only when a student is determined eligible and you are ready to develop the ESYS.

8. Go to the Service/Placement/**Least Restrictive Environment** page.

• Review the student’s total instructional days and services (date to begin, duration minutes and sessions).

• Review the **Placement / Service Determination Checklist**. Using the time documented on the **Service/Placement** page select the most appropriate setting. If placement is not inside regular class 80% or more of the day, write in statements explaining why this setting was chosen. If applicable, complete the **Preschool Setting** by marking the appropriate box.

• In the **Site Determination** box, write down the school’s name and have the principal sign and date the box. If the student is not at his regular neighborhood school, review and complete the **Site Determination** form with the parents.

• Go to the **Progress Reports** box and write in 6. Explain to the parent that progress reports will be sent home with report cards every six weeks.

• If a student is participating in Alternate Assessment, **LAA 1**, the parent marks the first item.

• If a student is 17 give the **Age of Majority Letter-parent** and the **Age of Majority Letter-Student** to the family and have them mark the box. Keep a copy in the yellow IEP folder.

• Go to the **Parent/Student Consent for Services** box.

• Give the parent or student of age the following items: “**Educational Rights of Exceptional Children**” booklet and the “Extended School Year Fact Sheet.” Select appropriate boxes to consent services. Select applicable supporting documents make a copy of each selected document. Attach supporting documents to the IEP. Have the parent or student of age sign and date the boxes stating that the items have been received and that they agree to the IEP. Parents should initial and date in signature box
if they attended an IEP team meeting where the IEP was amended. ODR must sign and make sure their title is listed. **USE BLUE INK.**

- The ODR needs to check the box and sign assuring that these forms are attached.

Upon completion of the IEP and other related paperwork (behavior plan, Transition page, Alternate Assessment, etc.), copies should be made for the parent, the IEP folder, the IEP Facilitator, and any other school personnel involved.
Conducting an IEP Team Meeting without a Parent in Attendance.

A meeting may be conducted without a parent in attendance if the public agency is enabled to convince the parents that they should attend. In this case, the public agency must keep a record of its attempts to arrange a mutually agreed on time and place such as—

(1) Detailed records of telephone calls made or attempts and the results of those calls;

(2) Copies of correspondence sent to the parents and any responses received; and (ex. 3 copies of the parent notification letters showing 3 attempts)

(3) Detailed records of visits made to the parent’s home or place of employment and the results of those visits.

Complete the DUE PROCESS CHECKLIST (SPED 108) and Record of Parent Notification Sped 41
GENERAL STUDENT INFORMATION CHECKLIST

Everything on this checklist must be addressed. If an area is non-applicable to a particular student, write N/A. Use this form to gather and write the GSI portion of the IEP.

Student Name______________________      Date_____________________

GENERAL INFORMATION ABOUT THE STUDENT:

- Age ______
- Grade(s) Retained ______
- Grade ______
- Current Setting ________________

STRENGTHS (what can the student do?):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

ACADEMIC, DEVELOPMENTAL, AND FUNCTIONAL NEEDS (Support Needs/Weaknesses)

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

PARENTAL CONCERNS:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

EVAUATION/REEVALUATION RESULTS:

- Evaluation or reevaluation dissemination date: _________________
  Exceptionality (ies) ________________________________
  Diagnosed Impairments or Conditions __________________________
  Additional Services Needed ________________________________
  If it is a recent evaluation included:
  Results of formal testing
  __________________________________________________________________
  __________________________________________________________________
  __________________________________________________________________
Evaluation Priorities (weak areas and strengths according to evaluation)
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

STATEWIDE ASSESSMENT RESULTS
• State/Local Tests Results (check one and record results)
  ______LAA1,  _____PARCC

PROGRESS OR LACK OF EXPECTED PROGRESS IN GENERAL CURRICULUM
• Progress in general education curriculum (teacher comments, grades, Academy of Reading, Observation/ (Age Fifteen and Above): Other Assessment (Transition Inventory Plan (TPI), Life Skills Inventory, Employability Skills Inventory etc.) etc.

• Review of last IEP (goals and objectives achieved/not achieved)

CONSIDERATION SPECIAL FACTORS  (All areas below must be addressed) If not appropriate type N/A.
• BEHAVIOR—If behavior is NOT a concern, write “N/A. If behavior IS a concern include statements that address: examples of appropriate and inappropriate behavior, and behavioral strategies and supports. If there is a behavior plan state that in the GSI and attach it to the IEP.
Limited English Proficient:

Communication Needs of Child:

Instruction in and use of Braille:

Vision / Hearing Aids and results of vision/hearing screening

Assistive Technology devices and services:

Health Needs-(IHP needs to be attached to IEP)

TRANSITION

If student is turning 16 (currently 15) within the IEP year or is older, attach the five year plan to the IEP and make a statement briefly describing the student’s vision for the future. The five year plan must be attached regardless of what grade the child is in. Include classes for the next year for students not in 8th grade.

Include information about the following items:
- Vocational Interest/Aptitude assessments (TPI)

- Transition needs:

- Agency Involvement:

**Age Majority Statement:** If student is turning 17 (currently 16) within the IEP year or is older make a statement that addresses the transfer of rights to the student.
Write the names of the students from your Special Education Student Information Sheet. Review each student’s current IEP and place a mark in the appropriate column as a reminder to monitor eligibility for ESYP throughout the school year. If a student enrolls after 8/17, note the entry date next to the name.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Regression Recoup</th>
<th>Critical Point</th>
<th>Employment</th>
<th>Transition</th>
<th>Excessive Absences</th>
<th>Late Entry</th>
<th>Extenuating Circumstances</th>
<th>Self-Injurious Behavior</th>
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Teacher ___________________ School_________________ Date__________________
After the IEP

STEPS AFTER THE IEP

1) Have the IEP Facilitator look over your IEP prior to sending it to Special Services. Forms required include:
   - The complete IEP - pages are: Transition Page if applicable, General Student Information, Instructional Plan, Accommodations Page, Program/Services, Service/Placement Page, and the Placement/Least Restrictive Environment, and ATTACHMENTS.
   - Sped 108 Due Process Checklist completed
   - Completed copies of the Parent Notification Letter (4 pages)
   - Sped 8 (Service Page)
   - Student Letter of Invitation and Response sheet
   - Agency letter of Invitation
   - Agency Permission Letter

   Additional Forms may include:
   - Behavior Plan
   - Healthcare Plan (Get from your Nurse)
   - Site Determination Form
   - LAA1 Criteria Forms
   - Assistive Technology Consideration Checklist
   - Individual Graduation Plan (Get from your Counselor)
   - Summary of Performance Criteria Form
   - Parent Consent form for Medicaid Billing

2) Send the IEP with the required attached forms to the Special Education Office.
3) File the original of the final IEP with the required forms in the student IEP Folder.
4) Provide a full copy or partial copy to related service providers.
5) Provide a copy (ies) of the accommodations page and any other needed information such as behavior plan, shared objectives, etc. to the regular teacher(s). Have regular teachers to initial accommodation page. Remember this step needs to be completed every time the IEP is renewed and amended/modified.
6) Monitor the progress of the goals and objectives on the IEP throughout the IEP year. Do not forget to monitor for ESYP purposes.
7) Each six weeks, report the progress made towards the goals and objectives on the Progress Report Form provided in the Web based IEP Program. Be sure to write comments that explain a student’s success, progress and needs. These progress reports are to go home with the student on the same day as report cards. Keep a copy of each student’s progress reports and a copy of the students report card in his/her individual IEP folder in a manila folder labeled ESYP.
8) Each six weeks mark your copy of the IEP with the dates that the goal(s) and/or objectives were achieved.

9) **Every three weeks**, report the progress made towards the goals and objectives and subject areas on the **Student Progress Review Form** provided by the special education office. Be sure to write comments that explain the plan of action, conference and follow-up if the student is failing that particular subject area. These progress reports are to go home with the student at the end of the three week period. Keep a copy of each student’s progress reports and a copy of the students report card in his/hers individual IEP folder in a manila folder labeled ESYP.

*** Each time an IEP is renewed, take the old IEP and the progress reports for that IEP out of the student’s current IEP folder. File this information in a folder labeled “Inactive.”

****Always keep your five year plan and age majority letters in the current IEP folders.

>>>Keep in Mind<<<

All IEPs will be reviewed and corrected according to state guidelines.

If errors are found and corrections are needed, the following procedures are to take place:

1. The IEP will be returned to the teacher with the identified errors. The teacher (or service provider) will be responsible for making corrections, holding a new IEP meeting (if indicated) and making new copies for parents, the IEP folder and other personnel within the timelines listed.

2. Do not use the anniversary date for the next IEP date. In SER’s the IEP expires a day before the anniversary date. The actual anniversary date will be considered out of time line.

3. The teacher must send the corrected IEP to Special Services by the due date requested.

3. To guarantee that an IEP will not be returned for corrections, send a draft to the IEP Facilitator10 school days before the meeting date.

4. Draft IEP not turn in to the IEP Facilitator within the 10 day period for approval will be forwarded to the principal/supervisor.

**An IEP must never expire.**
Special Education Services
Receipt of Accommodations and Responsibilities

Student: ________________  IEP Date: _________
School: _________________
Special Education Teacher: ______________

Check all that applies:

<table>
<thead>
<tr>
<th>Accommodations/Modifications</th>
<th>Behavior Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared IEP Objectives</td>
<td>Healthcare Plan</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

I have received and reviewed the information regarding the student's IEP. I have been given instructions on how to implement my part of the IEP. I understand that the IEP is available for me to review.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
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Implementing the IEP

COORDINATING INSTRUCTION WITH THE REGULAR EDUCATION TEACHER

All students must have a regular education teacher as part of their IEP Committee. All regular education teachers that teach the student must be consulted and updated before the IEP meeting. Consultation must be documented in the General Student Information section (and other sections when applicable) of the IEP. Their comments and suggestions must be addressed by the committee.

It is the responsibility of the special education teacher to coordinate the instructional program with the regular education teachers. Each teacher that a student sees must be consulted and notified. Do not assume that no contact needs to be made because the student’s grade is acceptable or the class is P.E or an elective. Contact with regular teachers must be documented. One suggestion is to have a designated day that information is exchanged and documented every week. Information can also be shared at grade level/department meetings. Be prepared to show proof of coordination such as Coordination Forms, Lesson Plans from regular education teachers, etc.

All regular education teachers, ancillary personnel and any other certificated or licensed personnel that implement the IEP must have access to the IEP and must be aware of the accommodations that are listed on the IEP. In addition, if applicable, they must be aware and inserviced on behavior plans, health plans and shared goals and objectives on the IEP.

The special education teacher must document that this information has been provided to the responsible parties.
Monitoring, Tracking and Documenting Special Education Services

Monitoring, tracking and documenting special education services are intended to help ensure that the provisions of special education services are carried out.

- Every three weeks within a grading period, the special education teacher will hold a collaboration meeting with the general education teachers to obtain information on the progress of each student with disabilities and complete the tracking form.

- A proposed monitoring calendar with progress review dates will be given to the special education teachers to follow. The tracking form may be used at anytime but at a minimum every three weeks.

- Complete Modification and Supplemental Aids/Services or Supports for Student and/or School Personnel form if the student is failing a subject(s).

- Special education teacher will provide special education office with a copy of the progress form and Modification and Supplemental Aids/Services or Supports for Student and/or School Personnel form at the end of each three week period.

- The special education central office staff will review reports and in collaboration with the special education and general education teacher decide what actions if any, are appropriate to assist the student.

- For follow-up, the special education centrally based support personnel will conduct school site visits to ensure services are being provided and to arrange for support when needed.

There will be formal observations and informal observational walk-through conducted throughout the school year by principals and supervisors or their designee.
Amending the IEP

Any changes to the IEP shall be agreed upon by both parent and the LEA. This shall be accomplished through the amendment process subject to the following conditions:

1. only for changes being made to the IEP after the annual IEP Team meeting; and
2. procedural guidelines for reconvening the IEP Team meeting shall be followed; and
3. members of the student’s IEP Team shall be informed of the changed made to the IEP through this approach.
Students who Transfer into East Carroll Parish

- When a new student from out of state or within state enrolls at the school the principal or the principal’s designee shall fax (318-559-3771) or email (proberson@e-carrollschools.org or rthompson@e-carrollschools.org or dwebb@e-carrollschools.org) to the special education office the student’s name, date of birth and social security number the same day of school registration.

- The Special Education Director or secretary will check SER to determine whether the student has a current IEP.

- If the student is from out of state carefully check the student’s records for IEP/Evaluation. Ask the parent and student if any special services have been provided from the previous school(s).

- When requesting records for student, request special education record if be any. Provide the special education office with a copy of the written records.

- Once the student has been identified as a student with a disability, notify your special education teacher so that he/she can start services.

Reminder: Student with disability should not have a break in service. If so, East Carroll Parish School district is out of compliance with the Federal, State and local regulation.
IEP’S for Children Who Transfer Public Agencies in the Same State

IF a child with a disability (who had an IEP that was in effect in a previous public agency in the same State) transfer to a new public agency in the same State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child’s IEP from the previous public agency), until the new public agency either—
(1) Adopts the child’s IEP from the previous public agency; or
(2) Develops, adopts, and implements a new IEP that meets the applicable requirements.

IEP’S for Children Who Transfer from another State

IF a child with a disability (who had an IEP that was in effect in a previous public agency in another State) transfer to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child’s IEP from the previous public agency), until the new public agency either—
(1) Conducts an evaluation (if determined to be necessary by the new public agency and
(2) Develops, adopts, and implements a new IEP, if appropriate, that meets the applicable requirements.

(1) Get records from principal. Review records to determine whether there are sped records available.
(2) Conduct informal interview with parent and student.
(3) Get address telephone number, last school attended, copy of the student birth certificate and social security card and any other pertinent information needed.
(4) Complete Special Services Registration Form. Send copies to the Sped office as soon as possible. Also send a copy of the student birth certificate and social security card.
(5) If a parent state that their child was receiving sped services in another city or state and there is no proof of records, contact Sped Supervisor or PAS contact person so that he can request records.
(6) PAS will determine whether the evaluation meets Bulletin 1508 criteria. If his /her record doesn’t meet Bulletin 1508 another evaluation will be conducted. After the completion of the evaluation an IEP will be developed by the IEP team.
IV. PROGRESS REPORTS
Progress Reports

PROGRESS REPORTS: Getting Started

Student progress reports reflect the extent to which the student and teachers have been addressing the individual objectives outlined in the student’s IEP. Progress reports are very important in that they track and measure what the student is achieving.

Data collection is to be done regularly and it will help to make copies of the student goals and objectives at the beginning of the IEP year. These are quick ways to record data and be mindful of student progress.

Some important policies:

- All service providers listed on the IEP must provide progress reports. (Speech, APE, OT/PT, etc., plus special education teacher)

- Once goals and/or objectives are mastered, the mastery date must be indicated on the Progress Report AND on the IEP.
• Go into the files and physically mark with a pen the mastered goals, objectives, and dates they were mastered.

• Comments may also be added to the Progress Report to provide qualitative information.

• Remember to keep the documentation used to collect the data. These are any student grades, report card, your grade book, and coordination of services forms, student work, behavior documentation, and regression-recoupement documentation if applicable.
IMPORTANT 3 WEEKS & 6 WEEKS PROGRESS REPORT DATES

Progress Reports must be completed at the end of each reporting period. The three week progress reports are sent home once within a six week period. Six weeks progress reports are sent home with the report cards. Send copies of the progress report to the sped office by the dates below. Objectives marked mastered on the progress report must be marked and dated on the student’s IEP. If the student is failing or not making progress, RECONVENE THE IEP TEAM AS SOON AS POSSIBLE to determine a plan of actions and provide follow-up! You must complete the Review of Progress form for each student.

3 WEEKS PROGRESS REPORTING PERIOD END:
**Send three week progress report to parent within three days after the 3 week period end!**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>09/02/2015</td>
</tr>
<tr>
<td>10/09/2015</td>
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<td>11/20/2015</td>
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<tr>
<td>01/28/2016</td>
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<tr>
<td>03/09/2016</td>
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<td>05/06/2016</td>
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END OF SIX WEEKS MARKING PERIOD
Send 6 weeks progress report along with the student’s report card.

<table>
<thead>
<tr>
<th>Period</th>
<th>Date</th>
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<tbody>
<tr>
<td>1st SIX WEEKS</td>
<td>9/23/2015</td>
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<tr>
<td>2nd SIX WEEKS</td>
<td>10/30/2015</td>
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<tr>
<td>3rd SIX WEEKS</td>
<td>12/18/2015</td>
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<tr>
<td>4th SIX WEEKS</td>
<td>2/16/2016</td>
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<tr>
<td>5th SIX WEEKS</td>
<td>4/7/2016</td>
</tr>
<tr>
<td>6th SIX WEEKS</td>
<td>5/26/2016</td>
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</table>

COPIES OF 3 WEEKS & 6 WEEKS PROGRESS REPORT SENT TO SPED OFFICE BY:

<table>
<thead>
<tr>
<th>Period</th>
<th>Date</th>
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<tbody>
<tr>
<td>1st SIX WEEKS</td>
<td>10/07/2015</td>
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<tr>
<td>2nd SIX WEEKS</td>
<td>11/13/2015</td>
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<tr>
<td>3rd SIX WEEKS</td>
<td>01/15/2016</td>
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<tr>
<td>4th SIX WEEKS</td>
<td>03/11/2016</td>
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<td>5th SIX WEEKS</td>
<td>05/02/2016</td>
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<tr>
<td>6th SIX WEEKS</td>
<td>05/26/2016</td>
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V. ASSESSMENT
Assessments

ED PERFORMANCE

Overview

The Ed Performance Assessment Series is an assessment tool for teachers to use in planning instruction and for measuring student progress in the general curriculum. The data is based on the student’s ability to function in the general curriculum.

The data generated by the assessment is a valuable tool in measuring what a student knows and what he does not know. Using this data, the teacher can create a more effective Individual Education Program for each student by choosing objectives that are relevant to the student’s current needs.

The program can be accessed from any computer. Immediate results are available to the teacher to facilitate the student’s learning and to more accurately determine what is needed to enhance their ability to learn.

The assessments are to be administered at least 3 times a year (At the beginning of the school year, middle and at the end of the school year to measure a student’s gains).

Login into Performance Series

Log into the site at www.edperformance.com
Click on Staff Members/Admin Login on the left of the screen
Enter the Site ID: Your school’s site identification number
Enter your Staff ID: Your first initial and last name (all in lower case)
Enter your Password: You will want to create your own for security
Select Login to proceed

YOU WILL NOT BE ABLE TO GET INTO THE PROGRAM WITHOUT ALL THE ABOVE INFORMATION.

If you have questions, contact Patricia Roberson.
The website also has a help section that is useful.

Add a Student

Click on Site Admin
Click on Create a Student
Click Next to input student data
Follow Prompts to completion

Edit Screen
Click on Student List
Click on Student Name
Click on Edit Student
Click on Close

** Do not delete students as all data will be lost. The students can be transferred to a new site when needed.

**Student Testing**
The teacher must log off before logging on the student.
Choose the test you wish to administer. (Reading or math)
Enter the school’s Site ID.
Enter the student’s ID (social security number).
Enter student’s password (first initial and last name written in lower case). Student will begin test.

Tests are not timed. The student can stop and restart at any time at the teacher’s direction. The student can be logged back on where he left off. The test questions are administered randomly; therefore, not all students will receive the same items to begin the assessment. The first random items at each grade are adjusted to a lower level of difficulty so that the student will build confidence in taking the test.

The system will spoil the test if the student is going too fast and is presumed guessing or if the student is putting the same letter answer on most questions. The teacher can spoil the test if the test is invalid.

Student may receive appropriate modifications.

**Using Data**
The data indicates what the student knows and does not know.
It gives the teacher a map for teaching skills from the General Curriculum.
It can be used in the IEP – GSI, Specific Current Performance, and Goals.

The Gains Report shows growth between testing periods. This is shown by subject and grade. This may be used in GSI – “Outcomes from Ed Performance testing has indicated the following ---”

**Suggested Learning Objectives:**
Provides skills student can perform
Provides skills student needs to know
Provides information for Specific Current Performance
Provides information for Goals and Objectives

**Skills Connection**
Click on Skills Connection Online
Click on Create a Paper-Based Test
Select Templates – GLEs or All Skills
Select Skills and Test Options
Follow Prompts
Click Save as Microsoft Word RTF
Create a Title
Click Save
Choose Test
Choose Study Guide
Choose Answer Key
Save Document created to own files
Statewide Testing and Students with Disabilities

All students who receive special services in third grade and up must participate in statewide testing.

Regular testing for all students and for most special education students is as follows:
- The PARCC is for students in grades 3-8

For students in special education who cannot participate in regular state assessments, the state provides two types of Louisiana Alternate Assessments for IEP committees to consider:
- **LAA 1** – This test is used mostly for students with significant disabilities and with students usually placed in community based instruction classes. This test does not require students to complete a paper test. Teachers score students on selected skills in their natural environment.

**NOTE about LAA 1**
Few students can take one of these assessments and the IEP committee will need to review the forms to decide if the student qualifies. The IEP committees will need to complete, sign and attach the appropriate forms to the IEP if a student qualifies for one of these assessments.

**IEPs and Assessment**

Documentation of the type of statewide assessment a student will participate in and the accommodations provided must be made on all IEPs for students entering in or above third grade on the *Program Service Page*.

IEP committees should review [Guidelines for Selecting Test Accommodations](#) when deciding on accommodations during an IEP meeting. Principals, Teachers and staff should review this information prior to administering statewide testing.

Special Education students participating in the same statewide testing as their peers will only needed the information on the *Program Service Page* completed on their IEP.

Special Education students participating in LAA 1 will need the information on the *Program Service Page* complete and the appropriate form attached to their IEP. In addition, parents will need to mark the appropriate box on the *Placement Page* of the IEP stating that they understand that their child will participate in LAA 1.
**Prior to Statewide Testing**

Students with accommodations for statewide testing on their IEPs should have similar accommodation marked on the accommodation page of the IEP. They should be provided these accommodations throughout the school year as needed for assignments and tests. These students need to be familiar with the accommodations they will receive during statewide testing.

Prior to statewide testing, schools need to make plans on how to meet the needs of students with accommodations in a way that helps the student perform his/hers best.
**SPECIAL SERVICES TESTING ACCOMMODATIONS**

Teacher________________      School______________________ Grade______
Date________________________

Write in students’ names, review each IEP and check which accommodations each student will receive for statewide testing.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Test</th>
<th>Test Read Aloud</th>
<th>Small Group</th>
<th>Calculator</th>
<th>Extended Time</th>
<th>Individual</th>
<th>Answers Recorded</th>
<th>Transferred Answers</th>
<th>Communication Assistance</th>
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**On IEP maybe listed under “other”**
VI. Discipline Behavior
Behavior Plan Procedures

- Always document inappropriate behaviors and any interventions to attempt to resolve the behavior in the General Student Information in the IEP.

- Make sure the IEP team has been properly constituted. (ODR, regular education teacher, special education teacher, parent, student, school psychologist and or social worker and others).

- Prior to doing a Behavior Intervention Plan (BIP), a Functional Behavior Assessment (FBA) must be completed by the IEP committee.
  - “Within 10 school days of any decision to change the placement of a child with a disability because of violation of a code of student conduct” the LEA, the parent, and relevant members of the child’s IEP Team must conduct a manifestation determination.
  - The requirement that a child with a disability receive, as appropriate, a functional behavioral assessment and a behavioral intervention plan and modifications designed to address the child’s behavior now only applies to students whose behavior is a manifestation of their disability as determined by the LEA, the parent and the relevant members of the child’s IEP Team.
  - A change of placement occurs if the removal is for more than 10 consecutive school days, or if the public agency determines, on a case-by-case basis, that a pattern of removals constitutes a change of placement because the series of removals total more than 10 school days in a school year; the child’s behavior is substantially similar to the behavior that resulted in the previous removals; or because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another.
  - If a new behavior problem emerges, a revised Functional Behavior Assessment must be completed and an updated Behavior Intervention Plan written to target this new behavior.

- If there is a Behavior Intervention Plan, there must be corresponding behavior objectives to implement the plan. However, an IEP may contain objectives dealing with behavior (mild problems) that do not require a behavior plan.
• Best practice is to make the plan as simple as possible. Collaborate with PAS to implement and document.

• Make sure that everyone who receives a copy of the plan signs a Receipt of Accommodation and Responsibilities form to show that they received a copy and understand their responsibilities. Keep this form in the IEP Folder.

• Attach documentation (pre/post-test data, charts, checklists, interview notes, observation notes…) to the Receipt of Accommodation and Responsibilities form in the IEP folder.

• Always follow the parish policies for suspensions and other disciplinary actions.

• Attach Behavior Intervention Plan to the IEP. Send copies with the IEP.

• All students identified as having an Emotional Disturbance must have a Behavior Intervention Plan and behavior objectives. In addition, teachers are required to keep PAS staff updated on student performance and changes in the behavior.

• **Special Education Teacher present will keep Discipline IEP Minutes**
VII. EXTENDED SCHOOL YEAR PROGRAM (ESYS)
ABOUT EXTENDED SCHOOL YEAR SERVICES

All students receiving Special Education Services must be monitored throughout the year for ESYS eligibility.

ESYS stands for Extended School Year Services. It is not summer school. It is a summer program that offers continuing services to students with disabilities if they qualify.

The IEP Meeting and ESYS

During an IEP meeting the committee needs to mark the screening date(s) and the criteria(s) to be monitored in the ESYP box on the Placement/LRE page of the IEP.

At every IEP meeting teachers are to give parents the ESYS Fact Sheet.

Choosing Dates
Screening dates for ESYS will be the child’s spring IEP date.

Choosing Criteria(s) for ESYS and Collecting Data

The IEP Committee must decide which Criteria to monitor using the guidelines below.

A. All students must be considered under Critical Point of Instruction. (ESYS hdbk p.13, 35: ESYP Forms p.7)

B. Students with any of the disabilities below must also be monitored under Regression-Recoupment. (ESYP hdbk p.11, 35: ESYP Forms p.6)
   - Moderately Mentally Disabled
   - Autism
   - Severely Mentally Disabled
   - Deaf-Blind
   - Profoundly Mentally Disabled
   - Multi-disabled
   - Severe Language Disorder
   - Traumatic Brain Injury

C. Students who have a transition service page in their IEP and are expected to exit at the end of the school year must be monitored under the Transition Criteria. (ESYP hdbk p.19, 37: ESYS Forms p.10)
D. The IEP Committee should decide at the IEP meeting if any of the other criteria below should be monitored.

Regression-Recoupment (ESYS hdbk p.11, 35: ESYP Forms p.6)
Critical Point of Instruction 1
Critical Point of Instruction 2
Special Circumstances:
   Employment
   Transition to Part B
   Transition to Post School Outcomes
   Excessive Absences
   Extenuating Circumstances
After the IEP Meeting

Teachers will need to refer to the Extended School Year Services (ESYS) Handbook: Bulletin 1872 about what type of data to collect under each criterion and to the ESYS Forms to access required forms. **The teacher will need to collect data through out the school year.**

After Data Collection

Data collection (screening) is to be completed in early spring.

- Teachers are to review data collected and determine eligibility or ineligibility for ESYS.
- Documentation and letters of ineligibility and eligibility are to be sent to parents at least 5 days after the IEP meeting. Teachers are to use the ESYS Letter of Ineligibility or the ESYS Letter of Eligibility.
- Copies of letters and documentation are to be kept in the student’s IEP folder under ESYS. Another copy is to be sent to Pat Roberson with the ESYS Screening Determination Form.
- **Teachers must meet with Special Education Director to discuss students who may qualify for services.** The teacher will send a copy of the ESYS Letter of Eligibility. Teachers are to hold an ESY-IEP meeting within 15 days of the ESYS Letter of Eligibility being sent out. Teachers will complete the ESYS forms on SER.
- ESY- IEPs and the ESYS Student Information Form are to be sent to Special Education Director.

The Extended School Year Services (ESYS)

ESYP services are given in the summer. The place, time and dates will be announced by the Special Education Supervisor. If you are interested in teaching ESYS please contact the Special Education Supervisor.

Teachers teaching ESYP are to complete and send home a copy of ESYS Progress Report at the end of services. Another copy should be sent to the student’s school for the special education teacher to attach to the ESY-IEP and file in the student’s IEP folder under ESYP.

ESYS Deadlines

- All IEP folders should have been reviewed and the ESYP Screening Checklist Form completed. Keep a copy of this form in your essentials folder to remind you
to screen students for ESYS, the criteria used and what type of data to collect. Update this form as needed when IEPs are updated.

- **NOTE**: Students with Regression/Recoupment screening will need to be screened before and after two holidays (a break of at least 5 consecutive instructional days, collect 3 data points prior to the holiday and 5 data points after the break). Please screen these students the week before and the week after Thanksgiving and Christmas holidays. Please go to the [Extended School Year Program (ESYP) Handbook: Bulletin 1872](#) for more information.

- All screening must be completed on all students.

- Data collected needs to be reviewed and eligibility and ineligibility to of students for ESYS needs to be determined.

- The [ESYS Letter of Ineligibility](#) or the [ESYS Letter of Eligibility](#) needs to be sent home to parents. **All ESYS Letters of Eligibility** must have prior discussion with Special Education Director before being sent home. Attached to the letters must be copies of the documentation gathered to determine eligibility/ineligibility (CPI form, Regression/Recoup form and/or Transition criteria, etc...) Make two copies of the letter and the documentation gathered. File one copy in the student’s yellow IEP folder under ESYP. Send the other copy to Pat Roberson.

- If the student is eligible for ESYS, an [ESY IEP](#) must be held within 15 days.

- A copy of the [ESYS Screening Determination Form](#) and copies of the letters of eligibility/ineligibility with documentation must be sent to the Special Services office.

- All ESY IEPs must be completed. Send a copy to the Special Services along with the [ESYS Student Information Form](#).
WHAT IS THE EXTENDED SCHOOL YEAR PROGRAM (ESYS)?
The ESYP is a service designed to provide educational and related services in excess of the normal school year to students with disabilities based upon the student’s needs and on the individually designed program (IEP) to meet those needs.

WHO MAY BE CONSIDERED FOR THE ESYS?
All students with disabilities enrolled in special education programs must be considered for the ESYP. The criteria by which students may qualify for ESYP are 1) Regression-Recoupment, the loss of skills due to breaks in instruction; 2) Critical Point of Instruction; 3) Self-injurious Behavior; 4) Employment, the need for continued support to maintain paid employment (specific to students ages 16 - 21); 5) Transition, a need for support at the transition from school to adult living (specific to students exiting the local education agency this school year); 6) Excessive Absences caused by health conditions; and 7) Late Entry, for students who enter the local education agency after January 1. There are also Extenuating Circumstances the IEP team may consider.

HOW IS ELIGIBILITY DETERMINED?
The special education teacher(s), general education teacher(s), and related service(s) personnel conduct a preliminary screening of the student’s eligibility using student performance information/data that may include grades, documentation of skill loss, reduction of behavior problems, etc. The data/information collected throughout the school year must be used to determine whether there is a need for the ESYP. Parents may be asked to assist in the data collection process, when appropriate. Parents are to be informed that this screening is only a preliminary determination of eligibility.

HOW AND WHEN ARE PARENTS NOTIFIED OF SCREENING RESULTS?
Parents are to be notified in writing of preliminary screening results by the school the child currently attends or by the local school board. Notification is to be made not later than five (5) business days after the preliminary screening date. If the screening indicates the data does not meet criteria for ESYP and the student appears to be ineligible to receive ESYP services and the parents disagree, they have the right to ask that the IEP team meet to discuss the data and review the decision. The final determination of eligibility is an IEP team decision. If after the IEP team meets, there is not agreement as to the student’s eligibility, the parents have the right to request an expedited Due Process Hearing.

WHAT WILL BE COVERED IN THE ESY?
Once the student is determined to be eligible, the ESY IEP team including the parent(s), teacher(s), an officially designated representative, student, and others, if applicable will determine the ESY program. The team will identify the goal(s) and objectives to be used for instruction during the ESY. The goal(s) and objectives will be based on the student’s needs as determined during the ESY screening process. The program will be an extension of the regular school year program, not a remediation or acceleration program.

HOW IS THE LENGTH OF ESY DETERMINED?
The number of days and hours per day each student will need to spend in the ESY is determined by the ESY IEP team and is based upon the actual time needed for the student to progress toward acquisition or maintenance of the goal(s) and objectives selected for ESY.

WHERE WILL ESY SERVICES BE OFFERED?
The ESY IEP team will determine the setting for the ESY based on the goal(s) and objectives identified for instruction. The ESYP site where services are delivered will be determined by the LEA administration and may be offered in the school the child regularly attends, in a centrally located school, at home, or in the community.

WILL TRANSPORTATION BE AVAILABLE FOR ESY?
In circumstances where transportation is necessary, the local education agency must offer transportation for all students eligible for ESY. The offer must be reasonable. Types of transportation may include school bus, contracted carrier, or parental reimbursement.
Write the names of the students in your class. Place a mark in the appropriate column to monitor eligibility.

KEEP THIS SHEET WITH ALL SCREENING DATA THAT IS COLLECTED DURING THE SCHOOL YEAR.

CRITERIA

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Regression-Recoupment</th>
<th>Critical Point 1</th>
<th>Critical Point 2</th>
<th>Employment</th>
<th>Transition Part B</th>
<th>Transition Post School Outcome</th>
<th>Excessive Absences</th>
<th>Extenuating Circumstances</th>
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SPECIAL EDUCATION SERVICES
ESYS PROGRESS REPORT

STUDENT: ___________________  TEACHER: ___________________
ID#: ______________________  HOMEBASED SCHOOL: __________

<table>
<thead>
<tr>
<th>Code</th>
<th>Objective(s)</th>
<th>Progress - % Mastery</th>
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Legend:  M - mastered;  P - partial mastery - %;  L - limited progress

COMMENTS:
SER IEP

https://serp.doe.louisiana.gov/ser

To change your password every 30 days or earlier go to:

https://password.doe.louisiana.gov

ID #: ________________

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*** If you forget your password type in your date of birth and the last four digit of your social security number, then change your password.
Compensatory Services

Every student who is eligible for special education services has an Individualized Education Program (IEP). The IEP is a written document specific to an individual student that details the content of the student’s educational plan, including information about the services that will be provided for the student.

The IEP is a legally binding document. All services described therein must be provided. Conversely, if something is not documented within the IEP, the school has no obligation to provide it.

If, for any reason, a school district cannot provide the services listed in the IEP, the law requires that the parents be notified by the school district. When services have not been provided, the student may be entitled to “compensatory services.” Compensatory services are services that “make up for: the services the student missed.

The manner in which compensatory services are to be delivered is not addressed in special education law, but is decided on a case by case basis by parents, schools, and sometimes the Louisiana State Department of Education.

- A student generally will not be awarded compensatory services unless the lack of those services has had a negative impact on the child’s progress.

- It is expected that school staff will miss a service session, here and there, throughout the year due to illness, family emergencies, etc. Generally, one would not seek compensatory services for these few missed service sessions.

- The number of hours of compensatory service offered will not always exactly equal the number of hours of service that were missed.

- Compensatory services will not be provided when the services missed were the result of parent choice (i.e., family vacation, etc.)

If a parent feels that their child has missed IEP services (whether or not parents received the required notification from the school) and they feel s/he may be entitled to compensatory service, begin my simple asking your school to provide those services. Parents must request compensatory services in writing.
Forms
East Carroll Parish Special Services
Student Registration Add /Drop Form

1.8 STUDENT PROFILE
State ID: ____________________________
First: _______________________________
Middle: ____________________________
Last: _______________________________
Suffix: ______________________________
DOB: _______________________________
Gender: _____________________________
Race/Ethnicity: ______________________
Language: __________________________

1.9 PARENT/GUARDIAN
Title: _____________________________
First: ________________________
Middle: _________________________
Last: ____________________________
Suffix: __________________________
Address: _________________________
City: _____________________________
State: ___________________________
Zip Code: _______________________
Telephone: _____________________

1.10 JURISDICTION
LEA: ______________________________
Begin Date: _______________________
End Date: _________________________
Local Student ID: __________________
School Code: _____________________
School Codes
018000-Special Education Office 018001-Griffin Middle School
018002-General Trass High School 018005-Southside
548001-Briarfield Academy

1.10.3 Changing Sites
Service Provider: __________
Provider SSN: _____________
Service Recipient: __________
Service Location: ___________
School Code: _______________

1.11 SPECIAL EDUCATION ACTIVITY
Entry Date: _______________________
Last School Attended: ____________________________
District/State: ______
---------------------------------------------------------------------------------------------
Exit Date: _______________________
Exit Reason:
__No Longer Receive SPED __Moved to Another Parish __Death
__Dropped Out __Moved out of State
__Over Twenty One __High School Diploma
__Certificate of Achievement __GED & Local Skills Cert.
__Local Skills Certificate __Other __________________
__Progress indicate services no longer needed

September 2013
East Carroll Parish School Board
Pupil Appraisal Services
PRE-REFERRAL ACTIVITIES-[SER-2]

Student: ___________________________  SSN: __________________________
School: ___________________________  Grade: _______  DOB: ___/___/____

[Pre-Evaluation Information]

1.12.1 Immediate Referral Reason
- ___Severe or Low Incidence Impairment
- ___Violent Behavior
- ___Out of State Transfer
- ___Infant/Toddler
- ___Previous Special Education Student
- ___Select None

Grade at Pre-Referral
- ___1  ___2  ___3  ___4  ___5  ___6  ___7  ___8  ___9  ___10  ___11  ___12
- ___Infant Program (0-2)
- ___Preschool Program (3-5)
- ___Kindergarten
- ___Not Enrolled

Pre-Referral Reasons: (Check all that apply)
- ___Visual Difficulties
- ___Reading Difficulties
- ___Math Difficulties
- ___Other Academic Difficulties
- ___Social, Behavior Problems
- ___Motor Difficulties
- ___Hearing Difficulties
- ___Communication Difficulties
- ___Gifted
- ___Talented
- ___Other
- ___Health Problems

SBLC Entry Date: ____________________________

SBLC Decision:
- ___No further action at this time
- ___Interventions Through RTI
- ___Individual Evaluation
- ___Pupil Appraisal Support Services
- ___Section 504 Eligibility Evaluation

SBLC Decision Date: ____________________________

Surrogate Parent Needed ___  (Check if Yes)
Surrogated Assigned Date: ____________________________
Surrogate Need End Date: ____________________________

Part C Transition
(Select One) ___No  ___Yes

Transition meeting Notice Received ____________________________
Transition Meeting Attended ______
Transition Meeting Date: ____________________________

September 2013
East Carroll Parish School Board
Pupil Appraisal Services
Screening [SER 3]

Student: ___________________________  SSN: ___________________________
School: ___________________________  Grade: _______  DOB: ___/___/____

[Pre-Evaluation Information]
1.13 SCREENING
___ Hearing Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Vision Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Health Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Speech/Language Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Motor Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Sensory Processing
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Assistive Technology Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Social/Emotional Behavior
Date: ____________________________
Screening Results: ___Normal  ___At Risk

___ Educational Screening
Date: ____________________________
Screening Results: ___Normal  ___At Risk

September 2013
East Carroll Parish School Board  
Pupil Appraisal Services- [SER 4-IE]  
Evaluation

1.8 STUDENT PROFILE
State ID: ____________________________
First: ________________________________
Middle: _____________________________
Last: ________________________________
Suffix: ________________________________
DOB: ________________________________
Current Grade: _________________________
Gender: ______________________________
Race/Ethnicity: _________________________
Language: ____________________________

1.9 PARENT/GUARDIAN
Title: __________________
First: ________________
Middle: _____________
Last: _________________
Suffix: ____________________
Address: ________________
City: ____________________
State: _________________
Zip Code: ________________
Telephone: ________________

1.10 JURISDICTION
1.10.3 Changing
Sites
LEA: ________________________
Begin Date: ________________
End Date: ________________
Local Student ID: __________
School Code: _____________
Service Provider: _________
Provider SSN: ___________
Service Recipient: __________
Service Location: _________
School Code: _____________

School Codes
018000-Special Education Office 018001-Griffin Middle School  
018002-General Trass Senior High 018005-Southside  
018004-Northside Elementary 548001-Briarfield Academy

1.11 SPECIAL EDUCATION ACTIVITY
Entry Date: _________________________

Exit Date: ___________________________________________________________________

Exit Reason: ________________________________
___No Longer Receive SPED  ___Moved to Another Parish  ___Death
___Dropped Out  ___Moved out of State  ___Over Twenty One
___High School Diploma  ___Certificate of Achievement
___GED & Local Skills Cert.  ___Local Skills Certificate  ___Louisiana GED
___Other ________________
___Progress indicate services no longer needed

September 2013
East Carroll Parish School Board
Pupil Appraisal Services
Evaluation (2 of 3)
[SER 4]

Student: ____________________________ SSN: ____________________________
School: ____________________________ Grade: _______ DOB: _____/____/____

Check One:
___Initial Evaluation
___Reevaluation
___Triennial Re-evaluation Waiver

Decision/Start Date: _____________

Parental Waiver Permission: Date: ________

Reevaluation Reason: ___Triennial Reevaluation
___Significant Change in Placement Proposed
___New Concern
___Declassification

Parent Decision:
___Yes, Granted
___No, Denied
Permission Request/Start Date: __________

Eligibility Determination Date: __________ Report Disseminated Date: __________

Evaluation Coordinator: Name: __________________ SSN: ____________
___Educational Diagnostician
___Certified School Psychologist
___Speech/Language Pathologist
___Qualified School Social Worker
___Audiologist
___Educational Assessment Teacher
___Speech and Hearing Therapist
___Speech/Hearing-Language Specialist
___GT Teacher (Reeval only)
___Education Consultant
___Other

1.14.2.1 Evaluation Exceptionality: Primary Exceptionality____

(Exceptional)

Autism
Visual Impairment-Blindness
Visual Impairment-Partially Seeing
Hearing Impairment-Deafness
Emotional Disturbance
Hearing Impairment-Hard of Hearing
Specific Learning Disability
Mental Disability-Mild
Mental Disability-Moderate
Mental Disability-Severe
Mental Disability-Profound
Multiple Disabilities
Gifted
Orthopedic Impairment
Other Health Impairment
Talented
No Exceptionality
Traumatic Brain Injury
Speech or Language Impairment
Unable to Complete Evaluation Process

September 2013
Specific Learning Disability:
___Basic Reading Skills  ___Mathematics Calculations ___Listening Comprehension
___Reading Comprehension ___Oral Expression  ___Written Expression
___Reading Fluency  ___Mathematics Problem Solving

Speech:
___Articulation  ___Fluency  ___Language  ___Voice

Talented:
___Music  ___Theater  ___Visual Arts

Multiple Disabilities:
___Autism  ___Visual Impairment-Blindness  ___Hearing Impairment-Deafness
___Emotional Disturbance  ___Emotional Disturbance
___Mental Disability-Moderate  ___Mental Disability-Severe
___Mental Disability-Profound  ___Other Health Impairment
___Orthopedic Impairment  ___Traumatic Brain Injury

Hearing Impairment-Hard of Hearing:
___Permanent or Fluctuating Hearing Loss  ___Unilateral Hearing Loss
___High Frequency Hearing Loss

Reason:
___Select one  ___End of School Year
___Parentally Approved Extension

Date Approved: ____________________ Days: _________________

Participant: (Must have at least 2 participants)
___Select one  ___Audiologist  ___Educational Diagnostician
___Psychiatrist  ___Pediatrician
___Optometrist/ Ophthalmologist  ___Orthopedist
___Other Medical Specialist
___Certified School Psychologist  ___Qualified School Social Worker
___Speech/ Language Pathologist  ___Teacher (Current)  ___Neurologist
___School Counselor  ___School Nurse  ___Other
___Physical Therapist  ___Occupational Therapist
___Adapted P.E. Teacher  ___Parent

Date of Interpretation to Parent _____________ Date of Interpretation to Teacher _____________

Medical Diagnosis
___Select one  ___Amputation  ___Arthrogryposis  ___Asthma
___Cancer  ___Cerebral Palsy  ___Diabetes  ___Congenital Herpes
___Epilepsy  ___Hydrocephalus  ___Leukemia  ___Sickle Cell
___Multiple Sclerosis  ___Osteogenesis  ___Spina Bifida  ___ADD
Other Spinal Cord Injuries
ADHA
External Physical
Severe Allergies
Narcolepsy
Tourettes Disorder
Other

September 2013
East Carroll Parish School Board
Special Education Services
SERVICES
(SER 8)

Student: ________________________  SSN: ________________________
School: ________________________  Grade: ______  DOB: _____/_____/_____
Person (s) with IEP Authority: ____________________________________________
Start Date of Instructional Service: _______________________________________
Service Category: ___Direct  ___Related  ___Support
Service Provider: ______________  Provider SSN: ________________________

Service:
___Speech/Language Pathology Service  ___Special Education Instruction
___Occupational Therapy  ___Physical Therapy
___Counseling Services  ___Adapted Physical Education
___Audiological Services  ___Interpreting Services
___Assistive Technology  ___School Health Services
___Orientation and Mobility Services  ___Recreation
___Vocational Education  ___Social Work Services in School
___Psychological Services  ___Travel Training
___Transportation  ___Medical Service
___Parental Counseling and Training

Service Recipient: (Select One)
___Student  ___Parent  ___Teacher  ___Teacher and Student
___Parent and Student  ___Teacher, Parent and Student

Service Location:
___Special Class  ___Regular Class  ___Community

Actual Time Spent in a Special Education Class:
Minutes per day: ______  Days per week: ______

------------------------------------------------------------------------------------------------------------------
Service Terminated ___ (Check if Yes)  Date Service Terminated: _____________
Reason for termination:
___No Longer Receive SPED  ___Moved to Another Parish  ___Death
___Dropped Out  ___Moved out of State  ___Over Twenty One
___High School Diploma  ___Certificate of Achievement  ___GED
___Skills Cert.  ___Local Skills Certificate  ___Louisiana GED
___Other  __________________________
___Progress indicate services no longer needed

September 2013
**East Carroll Parish Special Education Services**

**Post School Transition** (1 of 2) SER 9

| **Student:** | ___________________________ | **SSN:** | ________________ |
| **School:** | ___________________________ | **Grade:** | _____ |
| **DOB:** | ____/_____/_______ |

**Type:**
- ___Exit Initial Plan
- ___Exit First Year Follow-up
- ___Exit Third Year Follow-up

**Contact:**
- ___Death
- ___Moved/Not Able to Contact
- ___Incarcerated
- ___Successfully Contacted
- ___Return to High School Campus

**Living Arrangement:**
- ___Live with Parents/Other Family
- ___On My Own
- ___With Friends
- ___Agency Supported: Group Home
- ___Agency Supported: Supervised Apartment
- ___Agency Supported: Adult Nursing Home

**Post Secondary:**
- ___Four Year University
- ___Community College
- ___Vocational Technical School
- ___Military
- ___Do not Plan to Attend
- ___Other Specialized Training
- ___Plan to Work

**Recreation:**
- ___Sports
- ___Church
- ___Life Long Learning Classes
- ___Volunteer
- ___Spending Time with Family
- ___Other

**Agency:**
- ___LRS
- ___OMH
- ___BCSS
- ___OCDD
- ___SSA
- ___None of the Above

September 2013
Plan to Work?  ___ (Check if Yes)

**Work Environment:**
___Independent Competitive Employment  
___Individual Placement  
___Mobile Crew  
___Enclave  
___Workshop  
___Day Activity Program

**Work Hours:**  ____________

**Career:**
___Health Science  
___Hospitality/Tourism  
___Human Services  
___Information Technology  
___Law/Public Safety  
___Manufacturing  
___Government/Public Administration  
___Retail/Wholesale Sales/Services  
___Scientific Research Engineer  
___Transportation, Distribution, Logistics

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Revocation of Consent

Prior Written Notice Letter

Date: ________________________________

Student: ________________________________

School: ________________________________

District: ________________________________

The purpose of this letter is to take back, or revoke, consent for my child to receive any and all special education and related services.

I understand and agree to the following:

- I have received a copy of my rights. I know that if I disagree with the services being offered on my child’s IEP, I have options to resolve the disagreement with the school district, which include the following:
  - Follow the correct chain of command at the school, school district, and state levels;
  - Request a state IEP Facilitator to attend an IEP meeting;
  - Request a mediation meeting;
  - File an administrative complaint;
  - Request a due process hearing; or
  - Write a complaint to the Office of Civil Rights, US Department of Education.

I understand that, even though I disagree with the service the school district is providing, I am not required to take back, or revoke my consent for my child to receive special education and related services. I understand that for more information, I may contact the school district’s special education director/supervisor, the Louisiana Department of Education, the Louisiana Parent Training and Information Center at 1-800-776-7736, or the Families Helping Families Resource Center in my area.

- My child will not receive special education and/or related services.

- My child will receive the same educational services and interventions available to any student in the general education program and will be treated as a general education student.
• My child will no longer be provided additional disciplinary protection should he/she behave in a manner that violates school policy, and that he/she will therefore be disciplined in same manner as any regular education student.

• The school district will not hold any further IEP meetings for my child.

• The school district is not required to remove references to special education and/or related services from my child’s records.

• Once my revocation is effective, my child will not be a child with a disability for educational purposes. This means that my child will not be entitled to receive a free appropriate public education (FAPE) as defined under IDEA, or receive protections he/she received when identified as a child with a disability and an IEP.

• If I should change my mind, the school district must conduct an initial evaluation to determine eligibility under IDEA and, if necessary, hold an IEP meeting to decide if my child needs special education and/or related services.

Services to my child will be discontinued on this date: ____________________________

(Date may be entered by parent/guardian/surrogate parent/competent major/student/LEA appointed authority.)

______________________________________________   ________________________________
Signature of Parent(s)/Guardian(s)                  Date

______________________________________________   ________________________________
Signature of Special Education Director/Desigee         Date
East Carroll Parish School Board Special Educational Services

PARENTAL NOTIFICATION LETTERS
PRIOR WRITTEN NOTICE

Date: __________________________ Contact Name: __________________________
School: _________________________ Telephone No.: _______________________
To: 
To the Parent(s)/Guardian(s) of:
__________________________________________________:

Parents of a child with a disability have legal rights, called procedural safeguards, which are part of the Regulations for Implementation of the Children with Exceptionalities Act. The procedural safeguards are found in the enclosed copy of Louisiana’s Educational Rights of Children with Disabilities.

If you are a person with a disability or speak another language, these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD or tape, or translated into another language). The Individuals with Disabilities Education Act recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child’s special education.

If you choose to receive your notification letter by electronic mail, please provide your e-mail address and initial on the line below.

E-mail address: __________________________ Initials: ____________

The following arrangements have been made for the meeting:

Date: __________________________
Time: __________________________
Location: _______________________

At this meeting we will:

☐ Discuss the results of the evaluation and participate in the determination of eligibility.

☐ Develop, review, or amend an individualized education program (IEP) to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional needs of the child, and any other special factors. At this meeting, we will have a draft copy of the IEP for the Team to review. In all cases, the IEP
Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section of the IEP can be revised by the Team before the IEP is finalized.

☐ Consider your child’s transitional services needs. Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.

Beginning not later than the first IEP to be in effect when the child turns 16, (or younger if deemed appropriate by the IEP team), and updated annually, thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.

☐ At the IEP Team meeting, discuss your child’s possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because the latest information appears to support your child’s participation in one of the alternate assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement and not the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.

☐ Discuss at the IEP Team meeting your child’s possible eligibility for working toward a Tops University Diploma or a Jump Start Career Diploma. Discuss Act 833.

☐ Consider disciplinary action.

☐ Reevaluate your child’s continued need for special education and related services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:

☐ A review of existing evaluation data, including evaluations and information provided by you.
☐ A review of your child’s progress toward meeting the measureable annual goals.

☐ A review of current classroom-based local or state assessments and classroom-based observations.

☐ A review of age-appropriate transition assessments related to training, education, employment and where appropriate, independent living skills, vocational and transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team).

☐ Other tests and evaluation procedures that the IEP team and pupil appraisal staff decides are necessary.
Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority 18). We also need your permission to invite the selected representatives of adult transitional services listed below.

You may also bring other person(s) with you to assist in planning the IEP. The following persons listed below will be invited to attend this meeting:

School System Personnel:

- [ ] Officially Designated Representative
- [ ] Regular Education Teacher
- [ ] Evaluation Representative
- [ ] Special Education Teacher
- [ ] Other Representative Agency

Excusal Request
We are asking permission to excuse the following persons from the meeting:

- (Name and position)
- (Name and position)
- (Name and position)
- (Name and position)
- (Name and position)

☐ This member’s area of curriculum or related services is not being discussed at the meeting.

☐ This member’s area of curriculum or related services will be discussed at the meeting. Included is the member’s input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.

Please return the attached sheet to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location is not convenient for you, please indicate when you can attend.
Please check the appropriate spaces, sign and return to the school within three (3) days to:

Name: ________________________________________________________________

School: _______________________________________________________________

☐ I have received a copy of Louisiana’s Educational Rights of Children with Disabilities. **Note**: Parent(s)/guardian(s) of a child with a disability should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks for a copy.

☐ I plan to attend the meeting to discuss the evaluation results at the time and place indicated in the notification letter. I plan to bring additional person(s) with me.

☐ I am unable to attend the meeting to discuss the evaluation results at the time and place indicated in the notification letter.

The best day and time for me are .

☐ I am unable to attend the meeting to discuss the evaluation results scheduled, in person, but I would still like to participate by telephone conference. Please call me at at the date and time specified.

☐ I give permission for you to conduct the reevaluation and any additional tests that may be needed.

☐ I plan to attend the IEP Team meeting at the time and place indicated in the notification letter. I plan to bring additional person(s) with me.

☐ I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me are .

☐ I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at at the date and time specified.

☐ I give permission for you to invite the adult service agency (ies) listed on page 3 because they may be responsible for providing or paying for transition services.

☐ I give permission for you to excuse the attendance of the IEP participants as noted on page 3.

☐ **I revoke my consent** for special education and related services to be provided to my child.

If you have any special needs, please indicate them here: ________________________________________________________________

Parent(s)/Guardian(s) Signature
AGE OF MAJORITY LETTER TO STUDENT

Date: ________________________________

School: ______________________________

To ________________________________:

(Student Name)

Immediately upon your eighteenth birthday, you will reach the age of majority in Louisiana. In accordance with provisions of the Individuals With Disabilities Education Act (IDEA), and Bulletin 1706: Regulations for Implementation of the Children with Exceptionalities Act, Subpart A, when an individual with an exceptionality reaches the age of majority and has not been determined to be incompetent, the local education agency shall give any notice required by IDEA and Bulletin 1706 to both the individual and his or her parents. All other rights, however, under the IDEA and Bulletin 1706, transfer to the individual.

In the past your parent(s)/guardian(s) represented you and helped plan for your special educational needs. While your parents may still attend meetings and help with planning for your education, the rights that they had under law as your parents are now your rights.

If you need further information about the transfer of parental rights, you may contact:

Contact Name: ________________________________

Title: ________________________________

Telephone No.: ________________________________
AGE OF MAJORITY LETTER TO PARENT

Date:  ________________________________

School: ________________________________

To the Parent(s)/Guardian(s) of ________________________________:

Immediately upon ________________________________’s eighteenth birthday, he/she will reach the age of majority in Louisiana. In accordance with provisions of the Individuals With Disabilities Education Act (IDEA), and Bulletin 1706: Regulations for Implementation of the Children with Exceptionalities Act, Subpart A, when an individual with an exceptionality reaches the age of majority and has not been determined to be incompetent, the local education agency shall provide any notice required by IDEA and Bulletin 1706 to both the individual and his or her parent(s)/guardian(s). All other rights, however, under the IDEA and Bulletin 1706, transfer to the individual.

The rights that were yours to support and plan for your child’s education will transfer to your child who is now legally an adult. While you can still participate in your child’s IEP meetings, notices must now also go to your child who is the student with a disability.

If you need further information about the transfer of parental rights, you may contact:

Contact Name: ________________________________

Title: ________________________________

Telephone No.: ________________________________
PRIOR NOTICE OF PROPOSED OR REFUSED ACTION BY THE LOCAL EDUCATION AGENCY

Date: ____________________________

To the Parent(s)/Guardian(s) of _________________:

The purpose of this letter is to inform you of the school system’s Individualized Education Program (IEP) Team’s _______ proposal/refusal to:

___ Change your child’s educational placement
___ Change your child’s special education support service
___ Change your child’s special education related service
___ Change your child’s school exit option
___ Change your child’s assessment decision
___ Change your child’s eligibility for special education services*
___ Other (describe) _____________________

The IEP team ___________________________ to take this action because:

(proposes/refuses)

Pending successful completion of Carnegie unit subjects and passage of the GEE, the student will have met state graduation requirements and will be awarded a regular high school diploma. According to federal IDEA regulations, the student will no longer be eligible for special education services.

The IEP team considered the following options in making this decision:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

The following information was used in making this decision:

_____ IEP          _____Evaluation
_____ Student Performance  _____Teacher/Information/Observation
_____ Student Behavior   _____Other
Parent Information

Medical Information

Report Cards/Statewide Assessment Data

* Note: Graduation from high school with a regular diploma terminates special education eligibility.

Describe:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Parent(s)/guardian(s) of a child with a disability have legal rights, called procedural safeguards, which are part of the Individuals with Disabilities Education Act (IDEA) and Bulletin 1706: Regulations for the Implementation of the Children with Exceptionalities Act, Subparts A and B.

Parental rights can be found in Louisiana’s Educational Rights of Children with Disabilities. You should have already received a copy of the handbook, but you may request an additional copy from your child’s teacher. You can also find this handbook on the Louisiana Department of Education website, http://www.louisianaschools.net.

Should you want additional assistance in understanding your rights in this matter, you may contact the agencies identified below.
______________________________________________________________________________
______________________________________________________________________________

If you need further information, you may contact:

Contact Name: ____________________________
Title: ____________________________
Telephone No: ____________________________
I, ________________________________, hereby authorize ______________ to seek reimbursement for the IEP/Medicaid-covered health services that are provided to ______________________ during the _______ school year. I understand this access applies only if my child is Medicaid eligible. I also understand that this access may not result in any decrease in available lifetime coverage, may not result in any cost to me or my family, may not increase any premiums or lead to the discontinuation of my child’s benefits or insurance, and may not create any risk of loss of my child’s eligibility for home and community-based waivers based on total health-related expenditures. I understand that this consent must be renewed annually. I also understand that my refusal to allow access to the Medicaid benefits does not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to me.

__________________________  __________________________
Parent(s)/Guardian(s) Signature  Relationship to Student

__________________________
Date
Parent Notification Documentation
Sped 41

Student: ________________________    School: ______________________________

Use this form to document all contacts attempted or made to parents. Attach copies of
correspondence and detailed records. Example: Each time you notify parents by letter, phone
call, home visit, progress report sent home, visit parents place of employment, and other literature
or communication are sent or made to parent document on this page.

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>Telephone #</th>
<th>Date visit made to home or place of employment</th>
<th>Date correspondence are sent to parent and any response received</th>
<th>Other</th>
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</table>
**Discipline Checklist Part 1**  
*(Short Term Removals - Less than 10 consecutive school days)*

Student Name: ____________________________   Grade: ________  
Exceptionality_______________ School: ________ Sped Teacher: ____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Suspension Day(s)</th>
<th>Description of Action To Be Taken By School</th>
<th>Reason for removal</th>
<th>Referred by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Fax Behavior Report to Sped Office</td>
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<tr>
<td>2</td>
<td></td>
<td>Fax Behavior Report to Sped Office</td>
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<tr>
<td>3</td>
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<td>Fax Behavior Report to Sped Office</td>
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<tr>
<td>4</td>
<td></td>
<td>Fax Behavior Report to Sped Office-Contact school psychologist and/or social worker to discuss behavior-RTI.</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td>Fax Behavior Report to Sped Office-Convene IEP Team-Considers PBS, counseling, class change, schedules, change of placement, psychological evaluation. Get permission from parent to conduct FBA.</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td>Fax Behavior Report to Sped Office- Conduct FBA</td>
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<tr>
<td>7</td>
<td></td>
<td>Fax Behavior Report to Sped Office-School Psychologist and/or Social Worker-Conduct Student Observation</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td>Fax Behavior Report to Sped Office-Gather Information</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td>Fax Behavior Report to Sped Office-Schedule &amp; Conduct IEP Team meeting, FBA, MDR, BIP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 10   |                  | Fax Behavior Report to Sped Office - Before suspension can take place complete FBA, MDR, & BIP (if needed)  
**DANGER ZONE**** |                   |             |
| 11   |                  | Fax Behavior Report to Sped Office-Must hold IEP meeting and Provide Services. This is a Change of Placement. |                   |             |
Manifestation Determination Review

When is the Manifestation Determination (MDR) Required?
MDR’s are required when a school decides to engage in a disciplinary change in placement of an IDEA student. The most common form of disciplinary change in placement is a removal of more than 10 consecutive school days.
A change of placement on the basis of accumulated short-term removals occurs if-
  • The removal is for more than 10 consecutive school days; or
  • The child has been subjected to a series of removals that constitute a pattern.

The school must determine, on a case by case basis, whether a pattern of removals constitutes a change of placement.

What is the Responsibility of the IEP Team?
The MDR team members, including the parent, have reviewed all relevant information, including evaluation data, information regarding the disciplinary offense, relevant observations, the current IEP and placement, patterns of student behavior across settings and across time and other relevant information and input provided by staff and/or parents.
Based on this review, the MDR team makes the following determinations:
  • Was the conduct in question caused by, or directly and substantially related to the student’s disability?
  • Was the conduct in question the direct results of the school’s failure to implement the student’s IEP?

Notes: If any of the two questions above are answered “Yes”, then the behavior must be considered a manifestation of the disabilities. In that event, the student cannot be removed to an interim alternative education setting or expelled longer than 10 consecutive school days.
The IEP teams must conduct a functional behavioral assessment (FBA), if one has not been done already, and implement a behavior intervention plan (BIP). If a BIP is already a part of the child’s IEP, then the IEP team must review the BIP and modify it, as necessary, to address the behavior.

What Happens When Drugs, Weapons and Bodily Injuries Are Involved?
In the situations of offenses involving drugs/controlled substances, weapons, or serious bodily injuries, a student may be removed for up to 45 school days to an interim disciplinary alternative education setting even if the MDR team determines that the behavior was a manifestation of disability. If the behavior is found to not be a manifestation of disability, then the school may proceed with regular disciplinary procedures and sanctions applicable to nondisabled students.

**Serious bodily injury is defined strictly, as that which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of bodily member, organ, or metal faculty.**
The Determination is Subject to Review Through Due Process and Judicial Proceedings.
If a parent challenges a manifestation determination or disciplinary placement in an IDEA Due Process Hearing, the student must remain in the disciplinary setting pending the decision of the IDEA Hearing Officer or the expiration of the disciplinary placement term, whichever comes first.

Overall Practical Guidance on Manifestation Determination
- Schools should prepare for MD’s and work on developing a consensus among staff and administrators ahead of the meeting.
- Consult with the school psychologist and/or social worker.
- Make sure the campus comes with “clean hands” to the MD-Has it implemented the BIP? Done the counseling? Provided the basics of positive behavioral supports?
  ***The spirit of the regulation, moreover, would rather support continued review and revision of positive behavioral interventions and supports, other changes to IEP services, or consideration of educational placement options, rather than engaging in continued short-term removal.***
- Review all evidence available involving the offense-sometimes little details tell much about the manifestation issue.
- Ensure that IEP teams carefully plan the set of services to be provided during long-term disciplinary removals.
- **Watch office stays where students linger awaiting administrative actions. Send to ISS or back to the class.

In School Suspension (ISS)
In school suspension would not be considered a part of the days of suspension addressed in 300.530 as long as the child is afforded the opportunity to continue to appropriately participate in the general curriculum, continue to participate with nondisabled children to the extent they would have in their current placement.
Discipline IEP Minutes

Date:
Student Name:
School:
Time of Meeting:

IEP Participants:

________________________________________________________________________
________________________________________________________________________

I. Issue:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

II. Discussion:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

III. Decision/Results:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**CONFIDENTIAL FILES**

ACCESS LIST

Only those persons listed below have access to records in this file cabinet. Others needing to inspect records contained in the file cabinet must obtain permission from the Supervisor of Special Education.

Pat Foster Roberson...........................................Director of Special Education

Renada Thompson............................................Special Education Secretary

Deborah Webb................................................EP Facilitator

Myrtis Magee..................................................Social Worker

Reginald Jackson ...........................................School Psychologist

Connyettia Nelson..........................................Education Diagnostician

Chaunce Davison............................................Adapted P.E. Teacher

Fleeter Morehouse .........................................School Nurse

Tiny Eye Services..........................................Speech Therapist

Tamika Lucas.................................................Speech Therapist

Sara Holt.....................................................Speech Therapist

Principal

Assistant Principal

Asst. Administrator

Special Education Teacher

Special Education Aide

School Secretary

Regular Education Teacher(s)

SPED REVISION 7/01/2015
East Carroll Parish School District
Statement of Assurance of Confidentiality

As an employee of East Carroll Parish School District, I will keep confidential all information which is relative to individual student records, all information discovered from observations or interviews as well as any other information that the school district requests be made confidential.

______________________________
Print Name

______________________________
Signature

______________________________
Date
SER IEP CONFIDENTIALITY ASSURANCE STATEMENT

- I am aware that all student information is confidential and subject to local, state, and federal regulations regarding the privacy of individual student and family information.
- I will only access the SER system to write or review IEP’s for student’s that I am assigned (current caseload) to provide services or to assist other teachers in reviewing or writing IEP’s for their students.
- I will not share my USER ID and Password with anyone other than designated SER security staff. (Special Education Director)
- I will maintain security and confidentiality when using SER.
- I will not leave my computer unattended when logged in on the SER website.
- I will ensure that unauthorized individuals cannot read confidential information while logged in on the SER website.
- I will ensure that every IEP is written using the Web-based SER IEP System effective immediately.
- I will complete the SER Online IEP with all details after the IEP meeting and complete the IEP by making it official. (The details will include participants names, parent concerns and everything added or changed on the paper copy during the IEP meeting)

I have read the above security statements. My signature below indicates that I agree to adhere to all of the security statements governing the SER system.

__________________________________                                       __________________
Teacher’s Signature                                                Date

__________________________________
Schools (s)
**PROFESSIONAL DEVELOPMENT NEEDS ASSESSMENT**

Name:  
_____________________________________________________________

Position:  
_____________________________________________________________

School:  
_____________________________________________________________

Grade(s) Taught:  
_____________________________________________________________

Directions: Please circle the number that most accurately indicates your need for professional development on each topic. Please list any comments or suggestions so that we can make the professional development seminars relevant to your needs.

<table>
<thead>
<tr>
<th>Topic</th>
<th>High Need</th>
<th>Low Need</th>
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<tbody>
<tr>
<td>1) Knowledge of PBIS</td>
<td>7 6 5 4 3 2 1</td>
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<td>* Please comment and make suggestions:</td>
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<tr>
<td>2) Behavior/Classroom Management</td>
<td>7 6 5 4 3 2 1</td>
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<td>* Please comment and make suggestions:</td>
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<td>3) Tiered Approach to Behavior Intervention</td>
<td>7 6 5 4 3 2 1</td>
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<td>* Please comment and make suggestions:</td>
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</table>
4) Data Collection  
   "High Need"  
   "Low Need"  
   * Please comment and make suggestions: 7 6 5 4 3 2 1

5) Progress Monitoring in Behavior  
   "High Need"  
   "Low Need"  
   * Please comment and make suggestions: 7 6 5 4 3 2 1

6) Building Relationships with Culturally Diverse Students  
   "High Need"  
   "Low Need"  
   * Please comment and make suggestions: 7 6 5 4 3 2 1

7) How to Handle Minor Infraction(s) in the Classroom  
   "High Need"  
   "Low Need"  
   * Please comment and make suggestions: 7 6 5 4 3 2 1

8) Motivating the Unmotivated Learner  
   "High Need"  
   "Low Need"  
   * Please comment and make suggestions: 7 6 5 4 3 2 1

Please list any other topics in which you would like to receive professional development:

1) ___________________________________________________________

2) ___________________________________________________________

3) ___________________________________________________________

If you have any questions, please call.

Thanks,
HOSPITAL/HOMEBOUND SERVICES

1. Qualifications
2. General Information
3. Regulations for the Hospital/Homebound Program
4. Responsibilities of the Parent
5. Responsibilities of the Referring School
6. Responsibilities of the Classroom Teacher
7. Responsibilities of the Hospital/Homebound Teacher

QUALIFICATIONS
In order to qualify for Hospital/Homebound services, the following criteria must be met:

1. The student must live or be hospitalized within the boundaries of the East Carroll Parish Public School System.
2. The student must be free from communicable disease.
3. The student must be registered in a public school.
4. The anticipated length of the student’s absence must be for at least 15 days and benefit from an instructional program.
5. Medical documentation regarding the student’s medical and/or emotional diagnosis, and anticipated length of time the student will be unable to attend school must be provided to, and approved by, the Special Education Director. The application form must be completed by a medical doctor or a licensed psychiatrist/psychologist.

GENERAL INFORMATION
The East Carroll Parish Public School System (ECPPS) Special Services Programs provides Hospital/Homebound services to all East Carroll Parish students in grades K-12, who meet the eligibility criteria of the Hospital/Homebound program. Instruction will continue while a student is at home or hospitalized within the boundaries of the East Carroll Parish Public School System because of medical, physical, and/or emotional problems.
Hospital/Homebound service provides instruction in core required subjects for grades K-12. The classroom teacher is responsible for providing the Homebound teacher a list of curriculum content that should be covered, including coursework, outlines, textbooks, and any other materials necessary to support the student’s instructional program. The Homebound teacher will provide completed coursework to the classroom teacher for all subjects taught outside of his/her area of certification for the classroom teacher to review and determine the student’s six week grade(s).

The ECPPS schools must appoint a designee who will be responsible for notifying Special Services Programs. The school designee must also provide a current copy of the Application for Hospital/Homebound form to the family upon knowledge of a student’s request for Hospital/Homebound services. Students will not receive Hospital/Homebound services until all paperwork has been submitted to the Special Service office at (318)559-3770 and the special education director approves.

REGULATIONS FOR THE HOSPITAL/HOMEBOUND PROGRAM

A regular program of study and preparation of lessons is required of each student. The amount of time will vary with the condition and needs of the student. This is to be determined by the teacher with input from the physician, nurse, psychologist, family, etc. An agreement between the parent, classroom teacher, hospital/homebound teacher and student will be made as to the amount of work to be accomplished by the student.

The physician’s documentation for the Hospital/Homebound services must be submitted to the Special Services prior to approval of services. New physician’s orders must be resubmitted if the probable period of confinement requires an extension of services. Pregnancy leaves will only receive 6 weeks of Hospital/Homebound services, unless otherwise specified by the physician due to complications.

RESPONSIBILITIES OF THE PARENT

- To provide the Special Services Program with physician’s orders documenting the need for Hospital/Homebound services.
- To notify the Special Service Program as soon as the student misses school due to planned or unplanned prolonged illness.
- To have a parent/guardian present in the home during the entire teaching period.
- To contact the school to obtain assignments in elective subjects not taught by the Hospital/Homebound teacher. Failure to obtain assignments may result in the failure of a course.
- To provide transportation to the library or agreed upon location where services will take place. If the student is unable to leave their home because of the seriousness of the student’s medical condition, the parent will provide an area in the home for learning which includes table and chairs, computer, internet access, and other supplies needed for the instructional period. The instructional time should be free from distractions.
- To notify the Hospital/Homebound teacher as soon as possible if it is necessary to cancel the regular visit. Absences will be dealt with on an individual basis.
- To notify the Hospital/Homebound teacher prior to a scheduled session if a member of the household has a contagious/communicable disease. (i.e. pink eye, lice, flu, infectious mononucleosis, etc.)
- To ensure all materials are returned to the school once services have been terminated.
RESPONSIBILITIES OF THE REFERRING SCHOOL

- To appoint a School Hospital/Homebound Designee who will be responsible for completing the School Referral Form and compiling all information requested to complete the referral.

- To notify the Special Service Program of a student’s request for Hospital/Homebound services using the School Referral Form as soon as they are aware of the need for services, so that eligibility can be determined by the Special Education Director. A doctor’s referral does not automatically guarantee the student’s placement in the Hospital/Homebound program.

- To provide current Hospital/Homebound Physician Referral Forms to the families of students who are requesting Hospital/Homebound services. HH2 is for any medical reason students may need Hospital/Homebound services, and must be completed by a medical doctor. HH3 is for any student who may need Hospital/Homebound services for a psychological illness, and must be completed by a licensed psychiatrist or psychologist. (Outdated Hospital/Homebound doctor referral forms will not be accepted.)

- To contact the Special Services Program once a student’s pregnancy leave begins. No earlier than two weeks prior to the date pregnancy leave is to begin, the School Hospital/Homebound Designee should send in the School Referral Form, along with the packet of required information to the special Services Program so that a Hospital/Homebound teacher can be assigned to the student.

- To provide academic assignments to the family in subject areas not taught by the Hospital/Homebound teacher.

- To provide standardized test materials and manuals, and interval tests and scoring guides to the Hospital/Homebound teacher for any students receiving Hospital/Homebound services during standardized testing and interval testing.

- To give the Hospital/Homebound teacher Infinite Campus rights to students once placed on their caseload, and create a Hospital/Homebound schedule for the student. Then, to remove the Hospital/Homebound teacher from that student’s schedule at the end of the Hospital/Homebound services for that student.

- To count the student present on their school rolls when receiving Hospital/Homebound services because they are enrolled in an ECPSS instructional program.

- The school will send the following items with the School Referral Form (HH1) when referring students for Hospital/Homebound services:
  1. Copy of the current IEP for all students receiving special education services
  2. Copy of the Functional Behavior Assessment, Behavior Support Plan, and Progress Monitoring Data, when applicable
  3. Copy of the student’s schedule
  4. Provide assignments and textbooks in subjects to be taught by the Hospital Homebound teacher.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- To count the student present while receiving Hospital/Homebound services.
To provide assignments, textbooks and workbooks to students pending eligibility of Hospital/Homebound services until the Hospital/Homebound teacher is officially assigned to the student.

To provide assignments, textbooks and workbooks to students whose illness dictates that they will be out of school for 15 days or more.

To provide assignments and textbooks to the School Hospital/Homebound Designee, and the Hospital/Homebound teacher in subjects to be taught by the Hospital/Homebound teacher.

To collaborate with the Hospital/Homebound teacher regarding specific Common Core Standards, IEP goals/objectives to be addressed each nine weeks. This information should be provided no later than two working days of initial contact with the Hospital/Homebound teacher. Ongoing collaboration with the Hospital/Homebound teacher shall occur via email, phone call, or school visits at a minimum of every two weeks.

To collaborate with the Hospital/Homebound teacher for students using online instruction programs to ensure proper Common Core Standards are addressed.

To provide assignments to the student and family in subject areas that may not be taught by the Hospital/Homebound teacher.

Classroom teachers are responsible for assigning grades including report card grades and/or Carnegie units for students assigned to their caseload.

To work collaboratively with the classroom teacher, parent, student and other relevant professionals to determine the amount of work to be accomplished by the student while receiving Hospital/Homebound services. This decision will be based on the individual needs of each student.

To amend or complete a new IEP once the student returns to the regular school campus, in order to change the student’s placement from Hospital/Homebound back to a school campus placement.

**RESPONSIBILITIES OF THE HOSPITAL/HOMEBOUND TEACHER**

To assist the student in all core subject areas. Electives taught will be decided on an individual basis, taking into consideration whether the student needs these electives to graduate or be promoted to the next grade.

To contact the parent within two working days of receipt of the Hospital/Homebound referral.

To contact the School Hospital/Homebound Designee, school counselor and classroom teacher within two working days of receipt of the Hospital/Homebound referral.

To work collaboratively with the classroom teacher, parent, student and other relevant professionals to determine the amount of work to be accomplished by the student while receiving Hospital/Homebound services. This decision will be based on the individual needs of each student. Ongoing collaboration with the classroom teacher shall occur a minimum of every two weeks via email, phone call and/or school visits.

To schedule an IEP conference at the student’s referring school within two days of receipt of the Hospital/Homebound Referral Packet, and amend or complete the Hospital/Homebound IEP within ten days of placement for all students currently receiving special education services.

Notify parents as soon as possible when it is necessary to cancel the scheduled visit.
• To work collaboratively with the enrolling school to collect standardized testing materials and test manuals, administer standardized tests, and return materials and test manuals to enrolling schools for students assigned on their caseload during standardized testing time.

• To work collaboratively with the student’s school to collect interval tests and scoring guides, and to return the tests to the enrolling school or a designated drop off site for scoring.

(Maximum duration of Homebound services is 12 weeks. ***)

***Note: If an extension is needed beyond 12 weeks, a new form must be completed by the treating physician in detail and returned to the Special Services Program. Upon review, services will either be continued or denied.

Special Circumstances: If a student has an ongoing medical condition the Homebound Bound Services will be reviewed annually instead of twelve weeks.

***Note: Upon approval of the Special Services Program, the length, duration, and frequency of services will be determined for each student, taking into consideration the recommendation of the referring doctor.

***Note: For Special Education Students, the length, duration and frequency of services will be determined by the IEP Committee with consideration of the medical diagnosis.

➢ The medical condition must be significant enough so that it impairs the student's ability to function in school and job related activities.

NOTE: The Hospital/Homebound program provides instruction in core subject areas in K-12. Carnegie Units can be given upon completion of core high school classes. LONG TERM HOSPITAL/HOMEBOUND PLACEMENT COULD RESULT IN A STUDENT BEING UNABLE TO COMPLETE NECESSARY COURSEWORK REQUIRED FOR PROMOTION or GRADUATION. It is the responsibility of the parent to contact the school to obtain assignments from teachers for other promotional subjects and courses not provided by the Hospital/Homebound Program. Failure to obtain assignments may result in grade retention.
Hospital/Homebound Screening Form

This form begins the referral process and does not guarantee that the student will qualify for Hospital/Homebound services. An Application for Hospital/Homebound Services must be completed by the student’s physician verifying the medical condition, and submitted to the Special Service Program. Eligibility will determined by the Special Education Services upon review of the application form. Questions about the application process can be emailed to proberson@ecarrollschools.org

Section A

Referring School: __________________________ Date of Referral: ______________
Referral Source: ___________________________ Contact #: ___________________
Student Name: ____________________________ Social Security # ______________

Male            Female

Grade: ______

Circle One: Regular or Special Education

If student is in Special Education, what is the exceptionality? __________________________

Reason for Referral: ______ Medical ______ Emotional ______ Pregnancy ______ Other

Anticipated date student will begin Homebound services, and duration of services:
___________________________________________________________________________

Does the student have a computer in their home with high speed internet service? Yes No
Working email address: ________________________________________________________

Additional Comments:
____________________________________________________________________________

Section B

Date Hospital/Homebound Application Form provided to Parent / Guardian: _________________

Please complete the following section or attach a copy of student’s emergency card:

Parent / Guardian Name: __________________________________________________________

Address: ___________________________________ City: ___________ State: _____ Zip: ______

Home Phone #: ___________________________ Cell Phone #: ____________________________
Application for Hospital/Homebound Temporary Placement Due to Physical Illness or Injury (HH1)

THIS FORM MUST BE COMPLETED BY A LICENSED PHYSICIAN and FAXED DIRECTLY FROM THE DOCTOR’S OFFICE.

ACCORDING TO THE LOUISIANA DEPARTMENT OF EDUCATION GUIDELINES, HOMEBOUND INSTRUCTION SHOULD BE USED AS A LAST RESORT AFTER ALL OTHER OPTIONS AND/OR ALTERNATIVE SCHEDULES (i.e., HALF DAYS, WORK PACKETS) HAVE BEEN EXHAUSTED.

Student’s Name: ________________________ Age: _____  D.O.B.: ___/___/___ Sex:

Grade: _______ Social Security Number: ________________________

Is the child currently in Special Education? (check one)  ___Yes   ___No

If In Special Education, What Is the Exceptionality? _______________________________________________________

Has this student received Hospital/Homebound services in the past?  ___Yes  ___No  If so, When? _______________________________________________________

Is this an extension of homebound services within the same school year?  ___Yes  ___No

Do you have access to a computer and an Internet Service Provider?  ___Yes  ___No

Parent/Guardian Name: ________________________________________________

Home Address: ________________________ City: ________________________ State: ____________

Zip code: ___________ Home Telephone#: ________________________ Cell phone #: ________________________

Working email: _______________________________________________________

If the student will not be serviced at the above address, please indicate the address:_____________________________________________________

Responsible adult to be present during instruction: ________________________

Relationship to Student: ________________________
****To be completed by the parent/guardian/student of legal age:
By submitting this application, I agree to release the following information to the Special Service Program, and to allow Homebound personnel to discuss with the applicant’s doctor or nurse the applicant’s progress and length of time in the program, and expected date of return to a classroom setting.

Signature of parent/guardian or applicant of legal age

Date

1 of 2
MEDICAL CERTIFICATION

THIS SECTION MUST BE COMPLETED PROPERLY BY A CERTIFIED PHYSICIAN

1. Give Specific Medical Diagnosis:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. Please explain, in detail why the student cannot function in a classroom setting. (Attach any additional medical documentation to support this application.)
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. The expected duration of the condition which prevents school attendance is:
   ___3 weeks ___4 weeks ___5 weeks ___6weeks ___7 weeks ___8 weeks ___9 weeks ___10 weeks ___11 weeks ___12 weeks ___ Extension beyond 12 weeks ___ weeks
   ______________________________________________________________________

4. ECPSS Policy allows six (6) weeks for pregnancy after delivery. Expected delivery date:
   ______________________________________________________________________

5. Is the above named student is free from communicable or infectious disease? (Circle one)
   _____YES            _____NO

   Students whose expected absence from school is less than 15 days will not be approved for Hospital/ Homebound service. Please contact the school for assignments until student returns to school.

   The undersigned certifies that the above named student is medically unable to attend classes on a school campus.

   Physician Name (Please type or print clearly) __________________________ Date ______________
   Address: __________________________ Telephone Number: __________________
   Physician’s Signature __________________________________________________
   (Stamped Signatures are not accepted)

   Questions about the application process can be emailed to: proberson@e-carrollschools.org or faxed to (318)559-3771 or call (318)559-3770

   For Special Services use only (Please Check One)
   _____ Approval for Homebound Services            _____ Homebound Services Denied
   Special Education Director Signature __________________________ Date ______________
Application for Hospital/Homebound Temporary Placement Due to Emotional Illness (HH2)

- FORM MUST BE COMPLETED BY A LICENSED PSYCHOLOGIST OR PSYCHIATRIST.
- THIS FORM MUST BE FAXED FROM THE DOCTOR'S OFFICE DIRECTLY TO THE SPECIAL SERVICE PROGRAM.

ACCORDING TO THE LOUISIANA DEPARTMENT OF EDUCATION GUIDELINES, "HOMEBOUND INSTRUCTION SHOULD BE USED AS A LAST RESORT AFTER ALL OTHER OPTIONS AND/OR ALTERNATIVE SCHEDULES i.e., HALF DAYS, WORK PACKETS) HAVE BEEN EXHAUSTED."

Student Name: ___________________________ Age: _____ D.O.B. _______________________

Sex: _______ Grade: ____ Social Security Number: _________________________________

School: _____________________________ Is the child currently in Special Education? Yes  No

If Yes, What Parish?___________________

If in Special Education, What Is the Exceptionality? _________________________________

The expected duration of the condition which prevents school attendance is:

___3 weeks ___4 weeks ___5 weeks ___6 weeks ___7 weeks
___8 weeks ___9 weeks ___10 weeks ___11 weeks ___12 weeks

Is this an extension of homebound services within the same school year? ____ Yes ____ No

Has this student received Hospital/Homebound services in the past? ___Yes ___No

Is this a request for extension of services within the same school year? ___Yes ___ No

Parent's/Guardian Name: __________________________________________________________

Home Address: ___________________________ Phone (____)_____________________

City ___________________________ State _______ Zip code_________________________

Working email address:

Address where student will be serviced: _____________________________ City ______________

State________ Zip code________ Phone (____)____________________

Responsible Adult to be Present during Instruction: _______________________________

Relationship to Student: ________________________________________________________
NOTE: The Hospital/Homebound program provides instruction in core subject areas in K-12. LONG TERM HOSPITAL/ HOMEBOUND PLACEMENT COULD RESULT IN A STUDENT BEING UNABLE TO COMPLETE NECESSARY COURSEWORK REQUIRED FOR PROMOTION or GRADUATION. It is the responsibility of the parent to contact the school to obtain assignments from teachers for other promotional subjects and courses not provided by the Hospital/Homebound Program. Failure to obtain assignments may result grade retention.

The emotional condition must be significant enough so that it impairs the student’s ability to function in school and job/home related activities.

The following information below must be completed by a psychologist who is licensed to practice psychology and who is listed in, or meets the standards of the current edition of the National Register of Health Providers in Psychology, or a psychiatrist, and submitted to the school system and filed with the office.

1. Give Specific Psychological Illness:

2. The student is being provided a program of continuous care and treatment that would be seriously disrupted by movement to the general educational environment.
   Yes____ No____

3. This program of care and treatment in concert with the proposed homebound instruction should permit the return of the student to the general educational environment.
   Yes____ No____

4. Expected date of return:

5. Please explain, in detail why the student cannot function in a classroom setting. (Attach any additional medical documentation to support this application.)

6. Is the student under the care of a Psychiatrist or Psychologist?  Yes____ No____
   If yes, Name of Psychiatrist or Psychologist:
   Phone #: ______________ How frequent are the sessions?

7. Is the student under the care of any other Mental Health Professional?  Yes____ No____
   If yes, Name of Mental Health Professional:
   Phone #: __________________________ How frequent are the sessions?

8. Is the student on any medication: Yes____ No____
Student: ____________________________

If yes, Name of Medication: __________________ Dosage amount: ________ Frequency: ______

9. Is the student involved in any organized social activities outside of school? Yes__ No__
(Eg. Sports, Scouting, etc.) If yes, please list:

_________________________________________ 

Students whose expected absence from school is less than 15 days will not be approved for Hospital/ Homebound service. Please contact the classroom teacher for assignments.

(Maximum duration of Homebound services is 12 weeks.***)

***Note: If an extension is needed beyond 12 weeks, a new form must be completed by the treating physician in detail and returned to the Special Services Program. Upon review, services will either be continued or denied.

Special Circumstances: If a student has an ongoing medical condition the Homebound Bound Services will be reviewed annually instead of twelve weeks.

***Note: Upon approval of the Special Services Program, the length, duration, and frequency of services will be determined for each student, taking into consideration the recommendation of the referring doctor.

***Note: For Special Education Students, the length, duration and frequency of services will be determined by the IEP Committee with consideration of the medical diagnosis.

➢ The medical condition must be significant enough so that it impairs the student’s ability to function in school and job related activities.

10. Plan of action for returning the student to the general education classroom environment:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The undersigned certifies that the above named student is receiving a program of care and treatment as prescribed in the information stated above.

__________________________________________ Date

Psychiatrist’s/ Psychologist’s Name (please type or print) 

Address________________________________________ Phone____________________

Psychiatrist’s/ Psychologist’s Signature:

__________________________________________

(Stamped Signatures are not accepted)
*****To be completed by the parent/guardian/student of legal age:

By submitting this application, I agree to release this information to the Special Services Program and to allow Homebound personnel to discuss with the applicant’s doctor or nurse the applicant’s progress and length of time in the program, and expected date of return to a classroom setting.

__________________________________________  __________________________
Signature of parent/guardian or applicant of legal age  Date

Questions about the application process can be emailed to:
proberson@e-carrollschools.org or faxed to (318)559-3771 or call (318)559-3770

__________________________________________  __________________________
For Special Services use only (Please Check One)

_____ Approval for Homebound Services  ______ Homebound Services Denied

__________________________________________  __________________________
Special Education Director Signature  Date
Hospital Homebound Teacher Reference Sheet

Student: ___________________________ School:________________________ Grade: __________

Address:
_________________________________________________________________________________

Parents Name: _________________  Homeroom Teacher: _______________________

Instruction Date to Begin: _____/_____/____

Anticipated Date of return to school: ____/____/____

Location:
_________________________________________________________________________________

Directions to Home from Special Education Office:

---------------------------------------------------------------------------------------------

Student Class Schedule

<table>
<thead>
<tr>
<th>Period</th>
<th>Subject(s)</th>
<th>Teacher</th>
<th>Room #</th>
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<tbody>
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Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
East Carroll Parish
Hospital/Homebound Instruction Log

Student Name: ___________________________________________________
Instructor: _______________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Instructional Time In</th>
<th>Instructional Time Out</th>
<th>Parent/Guardian Signature</th>
<th>Instructor Initials</th>
</tr>
</thead>
<tbody>
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</table>
Hospital Homebound Weekly Lesson Plans

Student’s Name: ____________________________________________________________

Teacher’s Signature: __________________________ Date to Office: __________________

Counselor’s Signature: __________________________ Date Received in Office: ____________

H/H Teacher: __________________________ Date Picked Up: __________ Date returned: ______

Subject:

Assignments: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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Teacher Comments: __________________________________________________________
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___________________________________________________________________________
East Carroll Parish Collaboration of Effort (Special Education-Regular Education)

Student_______________________    Grade:_____    Gen Ed. Teacher: ______________________
Sped Teacher:__________________________

_______________________________ is failing your class(es) listed below according to his/her progress report and/or report card. Please provide evidence of accommodations/modification that you provided in your class and document below.

<table>
<thead>
<tr>
<th>Current Subject grades</th>
<th>ELA</th>
<th>Math</th>
<th>Science</th>
<th>Social Studies</th>
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</thead>
<tbody>
<tr>
<td>Current Performance (1-5)</td>
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<tr>
<td>Completes Assignments</td>
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<td>Follows classroom rules</td>
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<td>Maintains good attendance</td>
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<td>Participates in activities</td>
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<tr>
<td>Maintain good behavior</td>
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<tr>
<td>Organizational Skills</td>
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Results of Action Taken
(Circle one reporting period)

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<td>6th 6 weeks</td>
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</table>

Score each of the performance area below with a score of (1, 2, 3, 4 or 5): 1= never-(0%-29%); 2= make attempts-( 30%-49%); 3= sometimes-(50%-69%); 4= most of the time (70%-89%); 5=Always (90%-100%)

See attached accommodations/modification sheets for action codes for gen. ed. and sped teachers
CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

I. ENVIRONMENT
   1. Assign preferential seating
   2. Provide individual instruction
   3. Provide small group instruction
   4. Assign peer tutors/work buddies/note takers
   5. Provide desktop list of tasks
   6. Alter physical room environment
   7. Modify student’s schedule (describe)
   8. Other (specify)

II. INSTRUCTION/MATERIALS
   1. Modify assignments as needed (e.g., vary length, limit items)
   2. Utilize oral responses to assignments/tests (answers recorded)
   3. Read class materials orally
   4. Provide study outlines/guides
   5. Provide daily assignment list
   6. Provide homework lists
   7. Provide assistance/cues for transitions between activities
   8. Provide options for students to obtain information and demonstrate knowledge through use of alternative projects interviews oral reports
   9. Shorten assignments
   10. Modify/repeat/model directions
   11. Utilize multi-sensory modes to reinforce instruction
   12. Transferred answers
   13. Use text/workbooks/worksheets at a modified reading level
   14. Alter format of materials on page (type/highlight/spacing)
   15. Utilize large print
   16. Utilize braille
   17. Utilize audio/recording books
   18. Utilize digital formats
   19. Utilize graphic/pictorial mode materials
   20. Utilize print with magnification
   21. Color code materials
   22. Other Instruction (specify)
   23. Other Materials (specify)

III. COMMUNICATION ASSISTANCE - related to hearing loss only (describe)

IV. TIME
   1. Increase the amount of time allowed to complete assignments and tests
   2. Limit amount of work required or length of tests
   3. Allow breaks during work periods, between tasks, during testing
   4. Provide assistance/cues for transitions between classes, lockers, and home
   5. Other (specify)
V. TESTS/QUIZZES/PROJECTS
1. Prior notice of tests Extra credit options
2. Limited multiple choice Extra response time
3. Extra time – tests Simplify test wording
4. Pace long term projects Hands-on-projects
5. Preview test procedures Extra time-written work
6. Student writes on test Tests Read Aloud
7. Objective tests Individual testing
8. Extra time – projects Small group testing
9. Rephrase test questions/directions Transferred answers
10. Test study guide Answers recorded
11. Shortened tasks
12. Modified tests (describe)
13. Other (specify)

VI. ASSISTIVE TECHNOLOGY
1. Digital Recorders Calculators Word Processors
2. Manipulatives Organizers Adapted toys/games
3. Text-to-speech FM system
4. Colored reading filters Communication board/system
5. Eye gaze communication system Voice output device
6. Adapted grips/utensils/pencils/drawing tools Voice recognition software
7. Other AT devices (specify)
8.

VII. NONE
X. Act 833
XI. END OF SCHOOL
End of Year

2015-2016 End of Year Sped School Reports

DUE DATES:

May 10

All IEP’s are to be turned in completed.

May 17

Room and Equipment Inventory (including serial numbers etc.)

May 17

Materials returned and Teacher Notebook (Red and Blue). The red book should be returned with the pages in numerical order.
Visually Impaired Textbooks
Materials checked out from the warehouse that are not a part of the curriculum. Lap Tops, iPads, Computer Software, Amplifiers

May 17

Copy of Pre/Post Testing Results (State Test)

May 17

Cumulative IEP Tracking Record Verification

May 17

Copy of Cumulative IEP Tracking Records

May 17

Copy of Promotion and Failures

May 17

Copy of End of the Year Students Transferring

May 17

Verification of Class Roll

May 23

Attendance Logs, Roll Books, Speech Logs, Adapted P.E., PT/OT

May 23

Copy of Progress Reports Logs,

May 23

Keys….to Files
Password/ID for computers
Summer Addresses (Teacher and Paraprofessional)
Phone Number (Teacher and Paraprofessional)

May 23

An updated address and telephone number of your students