

Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy District: [redacted] Meeting Date: 4/2/2012 mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: [redacted]
 Home School: Yes No If no, Specify: [redacted]
 School Next Year: Home School: Yes No Specify: [redacted]
 ID#: [redacted] Case Manager: [redacted]
 Student Address: [redacted]
 Parent/Guardian (Name): [redacted]
 Parent/Guardian (Address): Same
 Surrogate: [redacted]
 (Name and Address): [redacted]
 Age: [redacted] Current Grade: [redacted] H.S. Credits: [redacted] Gender: Male Female
 Race/Ethnicity: The Connecticut State Department (CSDE) is asking school districts not to complete this section of the IEP as information related to race is reported to the CSDE for ALL students, through the department's Public School Information System. If your school district does not have its own high school, is the student attending his/her designated high school? Yes No NA
 Student Instructional Lang: English Other (Specify) [redacted]
 Home Dominant Lang: English Other (Specify) [redacted]
 Student Home Phone: [redacted] Parent Home Phone: [redacted]
 Parent Work Phone: [redacted] Misc. Phone: [redacted]
 Most Recent Eval. Date: 06/08/2010 mm/dd/yyyy Next Reevaluation Date: 06/08/2013 mm/dd/yyyy

Reason For Meeting 2: Review Referral Plan Eval/Reeval Review Eval/Reeval Determine Eligibility Develop IEP
 Review or Revise IEP Conduct Annual Review Transition Planning Manifestation Determination Other (specify) [redacted]

Primary Disability: Autism Emotional Disturbance Multiple Disabilities Speech or Language Impaired Other Health Impairment
 Deaf-Blindness Hearing Impairment Orthopedic Impairment Traumatic Brain Injury OHI-ADD/ADHD
 Developmental Delay (ages 3-5 only) Intellectual Disability Specific Learning Disabilities Visual Impairment To be Determined

The next Projected PPT meeting date is : 04/02/2013 The next Annual Review date is : 04/02/2013
 • Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) Yes No
 • Is this an Amendment to a current IEP? Yes No If yes, what is the date of the IEP being amended? mm/dd/yyyy
 Amendments Notes

Amendments attached Yes No

Team Member Present (required)	
Admin/Designee:	[redacted] OT: [redacted]
Parent/Guardian:	[redacted] PT: [redacted]
Parent/Guardian:	[redacted] Agency: [redacted]
Surrogate Parent:	[redacted] Other (specify) [redacted] DDS
Student:	[redacted] Other (specify) [redacted]
Student's Reg. Ed. Teacher:	[redacted] Other (specify) [redacted]

LIST OF PPT RECOMMENDATIONS

1. Implement IEP for 2012-2013 school year.
2. Functional Academics class for (language arts, reading, health and life skills) 5 periods a week for 60 minutes.
3. Paraprofessional support, modified curriculum in all classes.
4. 1 Hour speech/language weekly
5. Continue vocational assessment.
6. Counselling 30 min per week
7. Participate in ESY services.
8. Re-evaluation to include academic, adaptive, vocational and speech assessments.
9. Transportation by van for behavior management

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

The special education teacher, speech pathologist, and social worker reviewed [redacted] progress on [redacted] current goals and objectives. The team discussed next years program and [redacted] goals and objectives. [redacted] will participate in summer school.

Student: [redacted] Last Name, First Name: [redacted] mmm/dd/yyyy Meeting Date: 4/2/2012 mm/dd/yyyy

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)	Date these actions will be implemented
Implement IEP	<input checked="" type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Achievement <input type="checkbox"/> Adaptive <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Cognitive <input checked="" type="checkbox"/> Communication 04/02/2012 <input type="checkbox"/> Developmental <input type="checkbox"/> Other (Specify and dated) _____	<input type="checkbox"/> Motor <input checked="" type="checkbox"/> Report Cards 04/02/2012 <input checked="" type="checkbox"/> Review of Records 04/02/2012 <input checked="" type="checkbox"/> Social Emotional Behavior 04/02/2012 <input checked="" type="checkbox"/> Teacher Reports 04/02/2012 <input type="checkbox"/> Health/Medical _____ _____

Actions Refused	Reasons for Refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the refusal (dated)
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Motor <input type="checkbox"/> Report Cards <input type="checkbox"/> Review of Records <input type="checkbox"/> Social Emotional Behavior <input type="checkbox"/> Teacher Reports <input type="checkbox"/> Health/Medical _____ _____

Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input checked="" type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____ _____	<input checked="" type="checkbox"/> Options would not provide Student with an appropriate program in the least restrictive environment. <input type="checkbox"/> Other (specify) _____ _____ _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input checked="" type="checkbox"/> Information/concerns shared by the parents <input checked="" type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/> Date of exit from Special Education: _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____ _____ _____

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections was made available previously this school year (date) 04/02/2012
 is enclosed with this document. A copy of Procedural Safeguards in Special Education is available on school district website: http://www.windham.k12.ct.us/downloads/colss/SPED_Policies&ProceduresManual.pdf. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC

Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy District: [redacted] Meeting Date: 4/2/2012 mm/dd/yyyy

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)	Date these actions will be implemented
Conduct a Reevaluation Evaluation to include vocational assessments	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input checked="" type="checkbox"/> Other Regulations require 3-year evaluation	<input checked="" type="checkbox"/> Achievement <input type="checkbox"/> Adaptive <input checked="" type="checkbox"/> Classroom Observation <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Developmental <input type="checkbox"/> Other (Specify and dated)	(Minimum five school days from date parent received prior written notice) date(s): 8/27/2012
Actions Refused	Reasons for Refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the refusal (dated)	
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other	<input type="checkbox"/> Achievement <input type="checkbox"/> Adaptive <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Developmental <input type="checkbox"/> Other (Specify and dated)	<input type="checkbox"/> Motor <input type="checkbox"/> Report Cards <input type="checkbox"/> Review of Records <input type="checkbox"/> Social Emotional Behavior <input type="checkbox"/> Teacher Reports <input type="checkbox"/> Health/Medical
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input checked="" type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action:	<input checked="" type="checkbox"/> Options would not provide Student with an appropriate program in the least restrictive environment. <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input checked="" type="checkbox"/> Information/concerns shared by the parents <input checked="" type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> Date of exit from Special Education: <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education:

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections is enclosed with this document. A copy of Procedural Safeguards in Special Education is available on school district website: http://www.windham.k12.ct.us/downloads/colss/SPED_Policies&ProceduresManual.pdf. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC was made available previously this school year (date) 04/02/2012

Student: [redacted] Last Name, First Name [redacted] District: [redacted] Meeting Date: 4/2/2012
 [redacted] mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
 (The following information was derived from: report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples).

Parent and Student input and concerns
 [redacted] parents are pleased with [redacted] progress. They would like to see [redacted] to be recognized on the honor roll or in a similar manner if [redacted] makes excellent progress academically and behaviorally. They report [redacted] responds well to this type of positive recognition.

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive: Language Arts: <input type="checkbox"/> Age Appropriate [redacted] is able to read sight words and decode basic cvc words. [redacted] completed the corrective reading program - level A. [redacted] is starting level B1. Spelling - lower 3 rd grade, Word Recognition - grade 3	[redacted] enjoys listening to stories. [redacted] is able to sound out or decode basic cvc words. [redacted] can identify the sounds that a word makes. [redacted] applies them to reading new material.	Continued instruction on Reading comprehension, decoding, and writing sentences. Verbal comprehension is not mirrored in written responses.	Intellectual disability impacts [redacted] ability to read and understand language without adult support and modification of general education classes.
Academic/Cognitive: Math: <input type="checkbox"/> Age Appropriate [redacted] is performing at a grade 4 level in mathematics. [redacted] can complete basic mathematical operations. [redacted] enjoys working on math problems and completing the rote operations. [redacted] can complete more difficult problems using a calculator.	[redacted] strength is rote skills, addition and subtraction with regrouping, calendar skills, time, and money skills. [redacted] can multiply 2 by 2 digit without a calculator.	[redacted] has difficulty applying his strong math skills to practical application. Focus on application of mathematical skills especially for functional purposes will benefit [redacted] future.	Intellectual disability impacts his ability to understand and apply more complex math skills requiring adult support and modified instruction.
Other Academic/Nonacademic Areas: <input type="checkbox"/> Age Appropriate [redacted] is functioning significantly below grade level in all academic areas. [redacted] dictates many answers and is willing to copy [redacted] responses to worksheet.	[redacted] is able to complete work with support - adult prompting, modifications, and accommodations. [redacted] is very eager to be a part of the general education classroom.	[redacted] continues to require help with producing independent written work.	Intellectual disability impacts [redacted] ability to understand content level material therefore requiring adult support and curriculum modifications.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	
Behavioral/Social/Emotional: <input type="checkbox"/> Age Appropriate occasionally has problems with peers solving problems independently. [redacted] may try to tell peers what to do, which sometimes results in conflict.	[redacted] will tell the truth when asked directly. [redacted] is very compassionate toward peers and is always willing to help when asked. [redacted] has served a peer leader in Best Buddies, and recruited many new members.	[redacted] knows right from wrong, but appears impulsive at times. [redacted] is continuing to work toward identifying when [redacted] has talked to much, when to give others space, and respect other's property.	[redacted] intellectually ability impacts [redacted] ability to think before acting, and then [redacted] ability to understand the possible consequences before [redacted] acts.
Communication: <input type="checkbox"/> Age Appropriate [redacted] is functioning below age level in [redacted] speech and language development. [redacted] misarticulates multisyllabic words & is below in [redacted] comprehension & use of vocabulary/concepts, grammar & syntax.	[redacted] is very verbal. Can stay on topic & take turns in conversations with peers. Uses a variety of temporal words appropriately (first, then, next, finally). Understands comments & basic classroom discussions. Volunteers to answer questions. Speech is usually clear enough to be understood.	Expressive vocabulary 5/09 (EOWPVT = 66); verbal sequencing (limited amt& out of order); Errors in marking present & regular & past tense verbs, reversing word order for questions; sometimes omits articles; syllable reduction on multisyllable words; concept comprehension, following 2 step directions.	[redacted] has significant delays in [redacted] speech & language which interfere with [redacted] success learning the general education curriculum without significant modifications, accommodation, and specialized speech and language instruction.
Vocational/Transition: <input type="checkbox"/> Age Appropriate [redacted] performs most self-care tasks, manages personal hygiene well. [redacted] can use the telephone to make simulated calls, and has basic knowledge of the phonebook. [redacted] has basic safety knowledge.	[redacted] is hard-working and eager to please. [redacted] can learn new tasks with repeated practice and hands-on application. [redacted] is able to ask for help with needed [redacted] can complete personal info forms and basic applications with minimal assistance	[redacted] is impulsive, and may act before seeking directions.	[redacted] intellectual disability impacts [redacted] ability to work independently and acquire new vocational/life skills, without adult support and modification of vocational tasks.
Health and Development-Including Vision and Hearing: <input type="checkbox"/> Age Appropriate ADHD - takes medication at home.	[redacted] is eager to please and friendly. [redacted] works hard. Hyperactivity is not usually an issue at school.	[redacted] may have difficulty attending to tasks or being patient.	[redacted] intellectual disability and ADHD require highly modified curriculum and adult support in [redacted] classes to maximize achievement. [redacted] also needs supervision "at a distance" during transitions and lunch time.
Fine and Gross Motor: <input checked="" type="checkbox"/> Age Appropriate	[redacted] is able to navigate through familiar surroundings. When given a routine, [redacted] is able to follow and complete the tasks. [redacted] can verbalize and carry out many household tasks such as cleaning and laundry, with adult supervision. [redacted] has begun to learn new tasks such as cooking.	[redacted] requires additional support in completing functional life skills activities to expand [redacted] knowledge of the community and services that are provided within the community.	[redacted] intellectual disability impacts [redacted] day to day functioning which requires specialized instruction in the area of life skills.
Activities of Daily Living: <input type="checkbox"/> Age Appropriate [redacted] is able to function within the school and community environment. [redacted] verbalizes concerns and needs to adults.			
Other: <input type="checkbox"/> Age Appropriate			

Student: [redacted] Last Name, First Name [redacted] mm/dd/yyyy DOB: [redacted] mm/dd/yyyy District: [redacted] Meeting Date: 4/2/2012 mm/dd/yyyy

TRANSITION PLANNING

- Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
- This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.

2. Student Preferences/Interests - document the following:

- a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? Yes No
- b) Did the student attend? Yes No
- c) How were the student's preferences/interests, as they relate to planning for Transition Services, determined?
 Personal Interviews Comments at Meeting Functional Vocational Evaluations Age appropriate transition assessments Other: (specify) _____
- d) Summarize student preferences/interests as they relate to planning for Transition Services: [redacted] has an interest in a food service job.

3. Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered) 03/28/2012 - Scale of Job Related Social Skills

4. Agency Participation:

- a) Were any outside agencies invited to attend the PPT meeting? Yes with written consent No (If no, MUST specify reason as listed in the IEP Manual)
- b) If yes, did the agency's representative attend? Yes No
- c) Has any participating agency agreed to provide or pay for services/linkages? Yes No (If yes, specify) _____

5. Post School Outcome Goal Statement(s) and Transition Services recommended in this IEP :

- a) Post-School Outcome Goal Statement - Postsecondary Education or Training: [redacted] will complete vocational or on-the-job training in [redacted] area(s) of interest.

- Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP
- b) Post-School Outcome Goal Statement - Employment: [redacted] will participate in supported or competitive employment after high school.

- Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP
- c) Post-School Outcome Goal Statement - Independent Living Skills (if appropriate): [redacted] will improve skills critical to independent living.

- Annual goal(s) and related objectives regarding Independent Living have been developed and are included in this IEP

6. Please select ONLY one:

- The course of study needed to assist the child in reaching the transition goals and related objectives will include (including general education activities): [redacted] will complete activities in general education classes designed to support transition as well as participate in vocational training in a special education setting.
- Student has completed academic requirements; no academic course of study is required - student's IEP includes only transition goals and services.

7. At least one year prior to reaching age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.

- NA (Student will not be 17 within one year) The student has been informed of her/his rights under IDEA which will transfer at age 18 No IDEA rights will transfer

8. For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)
 Measurable Annual Goal * (Linked to Present Levels of Performance)#1

[Redacted] will demonstrate an improvement in word recognition and decoding skills necessary to read for information and understanding, as measured by the achievement of objectives 1 to 3 below, by the end of the 2012-2013 school year

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)
Objective # 1 [Redacted] will learn 5 new English vocabulary words per marking period (20 total) at 11th grade level, as demonstrated by [Redacted] ability to read the words, give a verbal definition and use in a sentence, as measured by an increase from 0 words to 20 by the end of the school year on teacher created assessment.

Objective # 2 [Redacted] will demonstrate the ability to apply decoding skills to multisyllabic words, as measured by an increase from 2.4 to 3.0 to on the Woodcock Diagnostic Reading Battery, (Word Attack).

Objective # 3 [Redacted] will read and verbally explain use of functional sight words, as measured by an increase from 148 words to 170 words on Brigance Inventory.

Evaluation Procedures

1. Criterion-Referenced/Curriculum Based Assessment
2. Pre and Post Standardized Assessment
3. Pre and Post Base Line Data
4. Quizzes/Tests
5. Student Self-assessment/Rubric
6. Project/Experiment/Portfolio
7. Behavior/Performance Rating Scale
8. CMT/CAPT
9. Work Samples, Job Performance or Products
10. Achievement of Objectives (Note: use with goal only)
11. Other: (specify) Teacher documentation
12. Other: (specify)
13. Other: (specify)
14. Other: (specify)
15. Other: (specify)
16. Other: (specify)
17. Other: (specify)
18. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal NI = Not Introduced O = Other
 M = Mastered S = Satisfactory Progress - Likely to achieve goal

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	LP	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Performance Criteria

A. Percent of Change	I. Other: (specify)	Pre-Post Test Score Increase
B. Months Growth	J. Other: (specify)	
C. Standard Score Increase	K. Other: (specify)	
D. Passing grades/Score	L. Other: (specify)	
E. Frequency/Trials	M. Other: (specify)	
F. Duration	N. Other: (specify)	
G. Successful Completion of Task/Activity	O. Other: (specify)	
H. Mastery	P. Other: (specify)	

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post-Secondary Education/Training
 Self Help Employment Independent Living Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#2

[Redacted] will demonstrate an improvement in comprehension skills necessary to read for information and understanding, as measured by the achievement of objectives 1 + 2, by the end of the 2012-2013 school year.

Eval. Procedure: 10 /
 Perf. Criteria: H /
 (% , Trials, etc.): n/a

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will, when a story is read aloud, increase his reading comprehension score from 20% at grade 4 to 80% at lower grade 4 on the Brigance Inventory.

Eval. Procedure: 2 /
 Perf. Criteria: I /
 (% , Trials, etc.): 80%

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective # 2 [Redacted] will demonstrate the ability to identify the main idea in a passage at his reading level (gr 3), given multiple choice options, as measured by an increase from 20 % to 80% on teacher created assessments.

Eval. Procedure: 3 /
 Perf. Criteria: A /
 (% , Trials, etc.): 80%

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective #

Eval. Procedure: /
 Perf. Criteria: /
 (% , Trials, etc.):

Report Progress Below (Use Reporting Key)

1		2		3	4
5		6		7	8

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal

* Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

Student: [Redacted] Last Name, First Name [Redacted] DOB: [Redacted] mmm/dd/yyyy District: [Redacted] Meeting Date: 4/2/2012 mmm/dd/yyyy

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other:
 Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#3

[Redacted] will demonstrate an improvement in the mechanics of written language such as spelling, capitalization and punctuation necessary to write for information, understanding and written expression, as measured by the achievement of objectives 1 + 2, by the end of the 2012-2013 school year.

Eval. Procedure: 10/
 Perf. Criteria: H/
 (% , Trials, etc.): n/a

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will demonstrate the ability to accurately apply the rules of capitalization and end punctuation in sentences as measured by an increase from 20% to 60% on teacher created assessments.

Eval. Procedure: 9/
 Perf. Criteria: G/
 (% , Trials, etc.): n/a

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective # 2 [Redacted] will demonstrate the ability to create a 5 sentence paragraph, using information from a graphic organizer, as measured by an increase from 2 to 3 on teacher created assessment.

Eval. Procedure: 9/
 Perf. Criteria: 1/
 (% , Trials, etc.): 3

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective #

Eval. Procedure: /
 Perf. Criteria: /
 (% , Trials, etc.):

Report Progress Below (Use Reporting Key)

1		2		3	4
5		6		7	8

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal

* Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other:
 Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

Measurable Annual Goal * (Linked to Present Levels of Performance) #4

[Redacted] will demonstrate an improvement in mathematical concepts, reasoning and computation necessary to develop problem-solving skills and to utilize mathematics to address everyday problems, as measured by the achievement of objectives 1-3 below, by the end of the 2012-2013 school year.

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will divide two digit numbers, without remainders, without the use of a calculator, as measured by an increase from 10% to 60% in teacher created assessments

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective # 2 [Redacted] will identify lines, angles, and geometric figures, as measured by an increase from 40% to 80% on teacher created assessments.

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Objective # 3 [Redacted] will, give the equations, solve geometric problems including the area, perimeter, and volume of geometric figures, as measured by an increase from 0% to 80% on teacher created assessments.

1	S	2	S	3	4
5		6		7	8

Report Progress Below (Use Reporting Key)

1	S	2	S	3	4
5		6		7	8

Evaluation/Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal

* Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training

Self Help Employment Independent Living Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#5

[Redacted] will demonstrate an improvement in self-awareness and self-concept, as measured by the achievement of objectives 1 + 2 by the end of the 2012-2013 school year.

Report Progress Below (Use Reporting Key)

1	LP	2	S	3	4
5		6		7	8

Eval. Procedure: 9 /
Perf. Criteria: H /
(%, Trials, etc.): 80%

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will demonstrate the ability to identify his own problematic behaviors based on his perception of self and to identify substitute socially acceptable behaviors, as measured by an increase from 59 to 80 on the WPS behavior scale.

Report Progress Below (Use Reporting Key)

1	LP	2	S	3	4
5		6		7	8

Eval. Procedure: 7 /
Perf. Criteria: 1 /
(%, Trials, etc.): n/a

Objective # 2 [Redacted] will demonstrate the ability to express an appreciation for differences of individual rights, opinions and feelings of others, as measured by an increase from 60 to 65 on the WPS behavior scale.

Report Progress Below (Use Reporting Key)

1	LP	2	S	3	4
5		6		7	8

Eval. Procedure: 7 /
Perf. Criteria: 1 /
(%, Trials, etc.): n/a

Objective #

Report Progress Below (Use Reporting Key)

1		2		3	4
5		6		7	8

Eval. Procedure: /
Perf. Criteria: /
(%, Trials, etc.):

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
10. Achievement of Objectives (Note: use with goal only)	J. Other: (specify)
11. Other: (specify)	K. Other: (specify)
12. Other: (specify)	L. Other: (specify)
13. Other: (specify)	M. Other: (specify)
14. Other: (specify)	N. Other: (specify)
15. Other: (specify)	O. Other: (specify)
16. Other: (specify)	P. Other: (specify)
17. Other: (specify)	
18. Other: (specify)	

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal
 * Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#6

By the end of the 2012-2013 school year, [Redacted] will demonstrate improved articulation, receptive and expressive language skills as measured by the following objectives.

Report Progress Below (Use Reporting Key)

1	S	2	S	3		4	
5		6		7		8	

Eval. Procedure: 3 /
 Perf. Criteria: 1 /
 (% , Trials, etc.) 3 obs

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will show understanding and use of 15 new functional/thematic vocabulary words identified by unit pretests and measured by end of the year post test.

Report Progress Below (Use Reporting Key)

1	S	2	S	3		4	
5		6		7		8	

Eval. Procedure: 3 /
 Perf. Criteria: 1 /
 (% , Trials, etc.) 20 word

Objective # 2 [Redacted] will correctly use grammatical forms and markers (present tense (walks), regular past tense(walked), and auxiliary verb (is/are) from 15%/50%/62% respectively to 70% for both in structured sentences as measured by therapist made assessment/ language sample.

Report Progress Below (Use Reporting Key)

1	S	2	S	3		4	
5		6		7		8	

Eval. Procedure: 3 /
 Perf. Criteria: 1 /
 (% , Trials, etc.) 70%

Objective # 3 [Redacted] will identify a problem and solution in a problem solving situation as well as state what [Redacted] would verbalize to the appropriate person to solve the problem from 70%/10% respectively to 90%/70% as measured by therapist made pre/post test.

Report Progress Below (Use Reporting Key)

1	S	2	S	3		4	
5		6		7		8	

Eval. Procedure: 3 /
 Perf. Criteria: 1 /
 (% , Trials, etc.) PL

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal

* Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#7

[Redacted] will demonstrate the skills and behaviors necessary to successfully participate in career and vocational activities in relation to [Redacted] interest and skills, as measured by the achievement of objectives 1 + 2 by the end of the 2012-2013 school year.

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 [Redacted] will demonstrate the ability to complete job applications, as measured by an increase from assisted to independent on teacher created assessments.

Objective # 2 [Redacted] will demonstrate specific job-seeking skills including identifying job sources, interview and telephone role playing, as measured by an decrease from completely scripted (1) to limited assistance (2) on teacher created assessments.

Objective #

Report Progress Below (Use Reporting Key)

1	S	2	S	3	S	4	S
5		6		7		8	

Report Progress Below (Use Reporting Key)

1	S	2	S	3	S	4	S
5		6		7		8	

Report Progress Below (Use Reporting Key)

1	S	2	S	3	S	4	S
5		6		7		8	

Report Progress Below (Use Reporting Key)

1	S	2	S	3	S	4	S
5		6		7		8	

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal
 Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

Student: [redacted] Last Name, First Name [redacted] DOB: [redacted] mm/dd/yyyy [redacted] District: [redacted] Meeting Date: 4/2/2012 mm/dd/yyyy

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living Health Other

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)
 Measurable Annual Goal * (Linked to Present Levels of Performance)#8

[redacted] will complete a series of activities in order to prepare [redacted] to transition to competitive or supported employment, as measured by the achievement of objectives 1 + 2 by the end of the 2012-2013 school year.

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)
Objective # 1 [redacted] will complete a series of formal and/or informal vocational assessment activities: as documented by teacher/ transition specialist

Objective # 2 [redacted] will participate in 3 field trips to area businesses to explore careers and work skills required, as documented by teacher.

Objective #

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	A. Percent of Change
2. Pre and Post Standardized Assessment	B. Months Growth
3. Pre and Post Base Line Data	C. Standard Score Increase
4. Quizzes/Tests	D. Passing grades/Score
5. Student Self-assessment/Rubric	E. Frequency/Trials
6. Project/Experiment/Portfolio	F. Duration
7. Behavior/Performance Rating Scale	G. Successful Completion of Task/Activity
8. CMT/CAPT	H. Mastery
9. Work Samples, Job Performance or Products	I. Other: (specify)
	J. Other: (specify)
	K. Other: (specify)
	L. Other: (specify)
	M. Other: (specify)
	N. Other: (specify)
	O. Other: (specify)
	P. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
 LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal M = Mastered S = Satisfactory Progress - Likely to achieve goal
 * Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability. NI = Not Introduced O = Other

MEASURABLE ANNUAL GOAL AND SHORT TERM OBJECTIVES *

Academic/Cognitive Social/Behavioral Communication Gross/Fine Motor Post Secondary Education/Training
 Self Help Employment Independent Living *** Health Other:

Check here if the student is 15 years of age (Note: Page 6, Transition Planning must be completed if this box is checked)
 Enter Dates for Evaluating and Reporting Progress in Boxes Below

1	NOV	2	JAN	3	APR	4	JUN
5		6		7		8	

Measurable Annual Goal * (Linked to Present Levels of Performance)#9

[Redacted] will demonstrate an improvement in the critical activities required for daily living, as measured by the achievement of objectives 1 + 2 by the end of the 2012-2013 school year.

Eval. Procedure: 10 /
 Perf. Criteria: H /
 (% , Trials, etc.): n/a

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective # 1 Demonstrate the ability to identify which foods are healthy and appropriate for [Redacted] dietary needs, as measured by an increase from baseline to 80% on teacher created assessments.

Eval. Procedure: 3 /
 Perf. Criteria: A /
 (% , Trials, etc.): 80

1	S	2	S	3	4
5		6		7	8

Objective # 2 Demonstrate the ability to participate in school-related activities (e.g., band, sports, clubs), as measured by the successful independent participation in a least one club or sport activity for at least one trimester.

Eval. Procedure: 11 /
 Perf. Criteria: G /
 (% , Trials, etc.): n/a

1	NI	2	S	3	4
5		6		7	8

Objective #

Eval. Procedure: /
 Perf. Criteria: /
 (% , Trials, etc.):

1		2		3	4
5		6		7	8

Evaluation Procedures	Performance Criteria
1. Criterion-Referenced/Curriculum Based Assessment	I. Other: (specify)
2. Pre and Post Standardized Assessment	J. Other: (specify)
3. Pre and Post Base Line Data	K. Other: (specify)
4. Quizzes/Tests	L. Other: (specify)
5. Student Self-assessment/Rubric	M. Other: (specify)
6. Project/Experiment/Portfolio	N. Other: (specify)
7. Behavior/Performance Rating Scale	O. Other: (specify)
8. CMT/CAPT	P. Other: (specify)
9. Work Samples, Job Performance or Products	
10. Achievement of Objectives (Note: use with goal only)	
11. Other:(specify) Teacher documentation	
12. Other:(specify)	
13. Other:(specify)	
14. Other:(specify)	
15. Other:(specify)	
16. Other:(specify)	
17. Other:(specify)	
18. Other:(specify)	

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)

LP = Limited Progress U = Unsatisfactory Progress - Unlikely to achieve goal N = No Progress - Will not achieve goal NI = Not Introduced O = Other
 M = Mastered S = Satisfactory Progress - Likely to achieve goal

* Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.

Student: [Redacted] Last Name, First Name [Redacted] DOB: [Redacted] mm/dd/yyyy District: [Redacted] Meeting Date: 4/2/2012 mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORTS FOR SCHOOL PERSONNEL

<p>Accommodations and modifications to be provided to enable the child: -To advance appropriately toward attaining [Redacted] annual goals. -To be involved in and make progress in the general education curriculum. -To participate in extracurricular and other non-academic activities, and -To be educated and participate with other children with and without disabilities. Accommodations may include Assistive Technology Devices and Services</p>	<p>Sites/Activities Where Required and Duration</p>
<p>Materials/ Books/ Equipment: Alternative Worksheets, Manipulatives, Supplementary Visuals</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Tests / Quizzes/Assessments: Hands-on Projects, Orally Read Tests/Directions, Reduced Reading, Shortened Tasks, Simplify Test Wording</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Grading: Modified Grades Based on IEP, Pass/Fail</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Organization: Assignment Pad, Folders to Hold Work, Post Routines, Templates for Written Work</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Environment: Minimizing or Structure transitions, Preferential Seating</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Behavioral Interventions and Support: Cue Expected Behavior, Modeling Expected Behavior by Adults</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Instructional Strategies: Check Work in Progress, Concrete Examples, Cueing/Prompts, Highlight Key Words, Immediate Feedback, Personalized Examples, Provide Models, Provide Notes/Outline to Student, Review Directions, Use Manipulatives, Visuals to Support Instruction</p>	<p>All academic settings for the entire 2012-2013 school year.</p>
<p>Other:</p>	

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: [Redacted] will have paraprofessional support in all class settings for the entire 2012-2013 school year.

STATE AND DISTRICT TESTING AND ACCOMMODATIONS
The CMT/CAPT section and DISTRICTWIDE ASSESSMENTS section must be completed

CMT/CAPT

Check the grade the student will be in when the test is given.

Grade 3: Grade 4: Grade 5: Grade 6:
 Grade 7: Grade 8: Grade 10: Grade 10 (Retest):
 Grade 11: Grade 12 Grades PK-2, 9 or 11-12; testing not required

DISTRICTWIDE ASSESSMENT

Check the grade(s) the student will be in when the tests are given

Grade Pre-K: Grade K: Grade 1: Grade 2:
 Grade 3: Grade 4: Grade 5: Grade 6:
 Grade 7: Grade 8: Grade 9: Grade 10:
 Grade 11: Grade 12:

CMT/CAPT

(You must select ONE of Assessment Options 1, 2 and 3 unless the student is in grades PK-2, 9 or 11-12 and testing is not required. Select any appropriate Administration Options.)

Assessment Options:

1. Standard CMT/CAPT for all tests

2. CMT/CAPT Modified Assessment System (MAS)* for:
 math tests only reading tests only math and reading only
 (This option includes the Standard CMT/CAPT for all tests not specified above.)

3. CMT/CAPT Skills Checklist

DISTRICTWIDE ASSESSMENTS
 (Select all appropriate options)

N/A - No districtwide assessment is scheduled during the term of this IEP

Standard Assessment(s)

Alternate Assessment(s)
 Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

Assessments will be modified to mirror general education curriculum.

Administration Options: (Check N/A for both options if student is assessed with Skills Checklist.)

Yes No N/A Accommodations will be provided. **

The completed CMT or CAPT Test Accommodations Form is attached.

Yes No N/A ELL Exemption from reading and writing tests will be given.

NOTE: This exemption applies only to a student who has attended school in the U.S. for less than 12 months AND has limited English proficiency. The student must have taken an English Language assessment (LAS Links). This exemption is available for only ONE administration of the CMT or CAPT; the student may not be exempted from testing in subsequent years. Exempted students are not required to take the reading and writing tests, but must take all other CMT or CAPT tests. For further information, see the guidelines at <http://www.sde.ct.gov/sde/cwp/view.asp?A=2618&Q=320820>

Select one of the following options

No accommodations will be provided, OR

Accommodations will be provided as specified on Page 8, OR

Accommodations will be provided as specified below.

Test Setting, Time Extension

* The CMT/CAPT (MAS) Eligibility Worksheet and FAQs document should be used for guidance on eligibility. Provide a completed copy of the worksheet to the districts test coordinator for required registration of students assessed with the CMT/CAPT (MAS) on the CSE CMT/CAPT Accommodation Data Collection website. A PPT decision to assess the student using the CMT (MAS) or CAPT (MAS) must be recorded on IEP page 3. **Prior Written Notice.**

** If accommodations are given, complete the CMT/CAPT Test Accommodations Form and attach to the IEP. Provide a copy of the form to the district test coordinator for required registration on the CSE CMT/CAPT Accommodations Data Collection website.

Student: _____ DOB: _____ District: _____ Meeting Date: 4/2/2012
Last Name, First Name _____ mm/dd/yyyy _____ mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

CONSIDERATION OF SPECIAL FACTORS:

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 NA A behavioral intervention plan has been developed IEP Goals and Objectives have been developed to address the behavior Other:(specify) _____
2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 NA Recommendation: (specify) _____
3. For students who are blind or visually impaired: NA Instruction in braille or the use of braille is being provided, as required The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or use of braille), that instruction in braille or the use of braille is not appropriate for this student.
4. For students who are deaf or hard of hearing, the PPT has determined (after considering the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology devices and services) that the following services are required: NA No services required
 Services/modifications required: (specify) _____

PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
 Quarterly Consistent with grade level report cards Other: (Specify) _____

EXIT CRITERIA

1. Exit Criteria: Student will be exited from _____
Special Education upon: (Check One) Ability to succeed in Regular Education without Special Education Support Graduation Age 21 Other: (specify) _____

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Functional Academics	1,2,4	5.00 hr/Weekly	Special Education Teacher	Special Education Teacher/Para	8/27/2012	5/31/2013	3	Small group/individual instruction
Vocational/ transition instruction	7-9	2.00 hr/Weekly	Special Education Teacher	Special Education Teacher	8/27/2012	5/31/2013	1	Inclusion/general education
Learning strategies instruction	1-5	3.00 hr/Daily	Special Education Teacher	General Education Teacher/ Para	8/27/2012	5/31/2013	1	Inclusion/general education
Functional Academics	1-3,5	3.00 hr/Daily	Special Education Teacher	Special Education Teacher/Para	7/16/2012	8/9/2012	3	Summer instruction
Related Services								
Speech/Language Pathology	6	1.00 hr/Weekly	Speech/Language Pathologist	Speech/Language Pathologist Assistant, Spee	8/27/2012	5/31/2013	2	Small group/individual instruction
Counseling: Group and/or individual	5	0.50 hr/Weekly	Social Worker	Social Worker	8/27/2012	5/31/2013	2	Small group/individual instruction
Speech/Language Pathology	6	0.75 hr/Weekly	Speech/Language Pathologist	Speech/Language Pathologist	7/16/2012	8/9/2012	2	Summer instruction

1. Regular Classroom 2. Resource/Related Service Room 3. Self-Contained Classroom 4. Community-Based 5. Other:

*Instructional Site: [REDACTED] will have Language Arts, Social Studies, Science, Math, Specials, homeroom, lunch, and field trips in the general education environment.

- Note: Each item #1-13 must include a response
- Assistive Technology: Not Required Required: See Pg. 8
 - Applied (Voc.) Ed: Regular Special (specify) _____
 - Physical Education: Regular Special (specify) _____
 - Transportation: Regular Special (specify) Van (specify accommodations) _____

8. Total School Hours/Week: (Specify) 35.00

9. Special Education Hours/Week: (Specify) 22.00

10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers): 28.50

- Extended School Year Services: Not Required Required: See service delivery grid above or an additional page 11 for services to be provided
- The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: [REDACTED] will receive functional academics focused in reading and in the resource room.

- Length of School Day: (Specify) 7.00 hrs
 - Number of Days/Week: (Specify) 5
 - Length of School Year: (Specify) 180 days
11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? Yes No
12. Extended School Year Services: Not Required Required: See service delivery grid above or an additional page 11 for services to be provided
13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: [REDACTED] will receive functional academics focused in reading and in the resource room.
- b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that he/she would attend if not disabled, the PPT must justify this removal from the regular education environment. Not Applicable: Student will participate fully
- The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation - use additional pages if necessary) Not Applicable: Student will participate fully
- [REDACTED] requires a small, structured group setting for a functional based instruction that focuses on life skills concepts.

Note: The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.

