

SPECIAL EDUCATION
PROCESS FORMS
with
INSTRUCTIONS



West Virginia DEPARTMENT OF
EDUCATION

Office of Special Education

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EVALUATION/REEVALUATION

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

_____ County Schools

1 Student's Full Name _____ Date _____
 School _____ **Date of Birth** _____
 Parent(s)/Guardian(s) _____ Grade _____
 Address _____ WVEIS# _____
 City/State/Zip _____ Telephone _____

2 INITIAL REEVALUATION

Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

3

<input type="checkbox"/> Academic Information	<input type="checkbox"/> Developmental Skills	<input type="checkbox"/> Perceptual-Motor
<input type="checkbox"/> Achievement	<input type="checkbox"/> Health	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Classroom Performance	<input type="checkbox"/> Hearing/Audiological	<input type="checkbox"/> Transition Assessments
<input type="checkbox"/> Teacher Report	<input type="checkbox"/> Functional Listening Evaluation	<input type="checkbox"/> Functional Vocational Evaluation
<input type="checkbox"/> Adaptive Skills	<input type="checkbox"/> Information from the Parents	<input type="checkbox"/> Vocational Aptitudes
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Intellectual Ability	<input type="checkbox"/> Interests/Preferences
<input type="checkbox"/> Behavioral Performance	<input type="checkbox"/> Motor Skills	<input type="checkbox"/> Vision
<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Orientation and Mobility
<input type="checkbox"/> Communication	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Observation(s)
<input type="checkbox"/> Other (specify) _____		

4 **Procedural Safeguards Brochure** explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

5 _____
 Signature Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

6 **Check one:**

I give permission to evaluate/reevaluate.
 I wish to schedule a conference before I decide.
 Do not evaluate/reevaluate the student.

7 *** REQUIRED ***
Received by school/county:

 Date Personnel

 Parent/Adult Student Signature Date

Please return this signed form within 5 days and retain a copy for your records.

EVALUATION COMPONENTS

Academic Information – measures of student performance as demonstrated on formative and summative assessments.

Achievement – individually administered standardized tests that measure a student’s skills in a variety of academic areas.

Examples: mathematics, reading, science and social studies

Classroom Performance – information collected on the student’s learning and progress in the classroom.

Examples: end of the chapter tests, portfolio assessment, classroom-based assessment, progress-monitoring data, interim assessments, benchmark assessments

Teacher Report – information provided by any or all of the student’s current teachers

Examples: information pertaining to a student’s organizational skills, attention to task, work/study habits, grades

Adaptive Skills – measures to determine skills necessary to function adequately within a person’s home, school or community environment.

Examples: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work

Assistive Technology – procedures to determine if a student requires devices or services to increase, maintain or improve functional capabilities.

Examples: functional environmental evaluation to determine the need for devices including, but not limited to, a communication board, adapted equipment or computer software

Behavioral Performance – measures to determine a student’s behavioral, social and/or affective status.

Examples: conduct in the classroom, ability to attend or focus, self-concept, emotional functioning, relationships with others

Functional Behavioral Assessment (FBA) – structured process to determine the possible functions of a student’s behavior so interventions and modifications can be developed.

Examples: systematic observations, data collection, interviews

Communication - measures to determine skills necessary to understand and express information.

Examples: speech sounds, oral language, phonemic awareness, facial expressions, body movements, gestures, touch

Developmental Skills – procedures to determine the student’s early learning and school readiness.

Examples: developmental milestones in communication, motor, cognitive, social emotional, self-help

Health – acquisition of information to determine the effect of health concerns on educational performance.

Examples: report of a medical diagnosis from a physician or health history

Hearing/ Audiological – measures to determine the student’s ability to hear or process language.

Functional Listening Evaluation – assess how a student’s listening abilities are affected by noise, distance and visual input in the student’s natural listening environment

Information from the Parents – acquisition of information from the parents to assist in evaluation and program planning.

Examples: social/emotional, developmental history, student preferences, medical history, cultural influence, behavioral information

Intellectual Ability – individualized, standardized measures to assess a student’s ability or potential to learn.

Examples: perception, cognition, memory, processing speed, verbal and non-verbal skills

Motor Skills – measures to determine a student’s gross and fine motor development.

Examples: mobility, muscle tone, balance, coordination, accessibility

Observation(s) – a purposeful study of the student in a variety of activities, situations and/or times at school, home or other settings.

Examples: data collection of student behavior and/or performance in a variety of classes and/or unstructured settings

Perceptual-Motor – measures to determine the student’s ability to convert what is seen to written form.

Example: reproducing a pattern from a sample

Social Skills – measures to determine the student’s ability to initiate and maintain positive relationships with others.

Examples: making friends, problem-solving, cooperating with others, following rules, showing appreciation

Transition Assessments – a planned, continuous process of obtaining, organizing and using selected formal and informal information to assist students in decision-making and preparation for successfully meeting their goals and expectations from school to post-school activities.

Functional Vocational Evaluation – real and simulated measures to determine a student’s ability to perform certain aspects of a work-related task and may include a purposeful study of the student in a variety of work-related activities.

Examples: hands-on work samples, progress reports, job performance checklists

Vocational Aptitudes – measures to determine prerequisite abilities pertaining to the world of work.

Examples: manual dexterity, proof reading words and numbers, color discrimination

Interests/Preferences – measures to assist with post-secondary planning, including schooling, employment and adult living.

Example: career assessment inventory

Vision – measures to determine the student’s functional vision and/or physical eye conditions.

Examples: ophthalmological, optometrist report

Orientation and Mobility – assesses the ability of the student who is low vision, blind, or deafblind in the use of his/her remaining senses to determine his/her position in the environment and in techniques for safe movement from one place to another.

Examples: concept development, pedestrian safety, cane skills, route planning

Other: Specify _____

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

ITEM	CLARIFICATIONS/INSTRUCTIONS	
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information.
2	Type of Evaluation	Indicate whether this is an initial evaluation - which includes out of state transfers or reevaluation - which includes eligibility for a different exceptionality.
3	Evaluation Components	The Multidisciplinary Evaluation Team (MDET), including the parent/adult student must determine and document only the specific evaluations to be conducted for the student. The MDET must ensure the multidisciplinary evaluation is comprehensive and the assessments requested will address all areas of the suspected exceptionality(ies). (The MDET should utilize the <i>Evaluation Components</i> form when determining the appropriate assessments.) NOTE: Each evaluator must write, sign and date an individual report and make the report available to the Eligibility Committee (EC) prior to the EC meeting and provide a copy of each report to the parent.
4	Enclosures	Enclose <i>Evaluation Components</i> form and indicate whether the <i>Procedural Safeguards Brochure</i> is enclosed for initial evaluations.
5	Signature	The person sending the request must sign and date the form and provide to the parent within 5 days of the SAT's or IEP Team's decision to evaluate.
6	Parent/Student Response	The parent or student (age 18 and older) checks the appropriate box, signs, dates and returns to the county within 5 days.
7	Received by School/County Personnel	Document the date the school or county personnel (i.e. classroom teacher, principal, secretary, special education director) receives the parental consent. *This date begins the timeline for completion of the evaluation(s) (i.e., initial evaluation = 80 calendar days; additional evaluations = 60 calendar days; 3-year reevaluation = all evaluations completed and an EC held within 3 years of the date of the last EC).

EVALUATION COMPONENTS

This form **must** accompany the *Notice of Individual Evaluation/Reevaluation Request*. Its purpose is to provide an explanation of each one of the evaluation components designated on the notice and provide examples of each type of evaluation for the parent.

REEVALUATION DETERMINATION PLAN




_____ County Schools

1 Student's Full Name _____ Date _____
 School _____ **Date of Birth** _____
 Parent(s)/Guardian(s) _____ **Grade** _____
 Address _____ **WVEIS#** _____
 City/State/Zip _____ **Telephone** _____


2 Triennial Reevaluation Due Date _____

3 Names of Most Recent Evaluation & Dates Administered	4 Description of Student's Current Performance	5 Evaluate/Reevaluate Y/N
Academic Information Achievement _____ _____ Classroom Performance _____ _____ Teacher Report _____ _____		_____ Achievement _____ Classroom Performance _____ Teacher Report
Adaptive Skills		
Assistive Technology		
Behavioral Performance Functional Behavioral Assessment _____ _____		_____ Functional Behavioral Assessment _____ Other _____
Communication		
Developmental Skills (Ages 3-5)		
Health		
Hearing		_____ Audiological _____ Functional _____ Listening Evaluation
Information from Parents		

CONTINUE

 Names of Most Recent Evaluation & Dates Administered	 Description of Student's Current Performance	 Evaluate/Reevaluate Y/N
Intellectual Ability		
Motor Skills Physical Therapy _____ _____ Occupational Therapy _____ _____		_____ Physical Therapy _____ Occupational Therapy _____ Other
Observation(s)		
Perceptual-Motor		
Social Skills		
Transition Assessments Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences _____		_____ Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences
Vision Orientation & Mobility _____ Vision Evaluation _____ _____		_____ Orientation & Mobility _____ Vision Evaluation _____ Other
Other (specify)		
NOTE: If no additional data is needed as indicated in the current status column, the parent has the right to request an assessment(s) to determine whether the student continues to be a student with an exceptionality.		

Multidisciplinary Evaluation Team Members

	_____	Administrator/Principal/Designee
	_____	Evaluator/Specialist
	_____	General Educator
	_____	Special Educator
	_____	Parent/Adult Student
	_____	Student
	_____	Other _____

REEVALUATION DETERMINATION PLAN

The Multidisciplinary Evaluation Team (MDET) must complete this form with or without a meeting.

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information.
2	Triennial Reevaluation Due Date	Enter due date (3 years from the date of the last EC) of the triennial reevaluation.
3	Review Most Recent Evaluations and Dates Administered	While conducting a careful review of the student's school record, the Multidisciplinary Evaluation Team (MDET) members enter the names of the most recent evaluations and the dates administered.
4	Description of Student's Current Performance	Enter a summary of the student's current performance relevant to the areas previously assessed. If the MDET determines an assessment is necessary in an area not previously evaluated, include a statement explaining the need for an assessment in that particular area (e.g., " <i>Team has determined an adaptive behavior scale is necessary as the teacher reports student's self-help skills are not age/grade appropriate.</i> " " <i>Parent reports student's physician has diagnosed an attention deficit hyperactivity disorder, therefore, the team has determined the need for attention deficit rating scales.</i> ")
5	Evaluate/Reevaluate	As a result of the summary of current status, determine whether or not any additional assessments are needed to determine a student's educational needs and continued eligibility for special education and related services. Document by marking a Y (yes) or N (no).
6	Signatures	After obtaining input from all MDET members as to the need for evaluations, team members must sign the <i>Reevaluation Determination Plan</i> . Any evaluations requested must be recorded on the <i>Notice of Individual Evaluation/Reevaluation Request</i> form and parental consent must be obtained and documented before conducting any evaluations. (If the parent fails to respond and the district has taken reasonable measures as described in Policy 2419, to obtain consent and after the passage of thirty days, the district may provide prior written notice that the district will conduct the reevaluation.) The parent also has the right to request an assessment to determine the student's continued eligibility as a student with an exceptionality.
<p>NOTE: Whether or not evaluations are determined necessary, the Eligibility Committee (EC) must be convened and eligibility determined on or before the triennial due date. Additionally, each evaluator must write, sign and date an individual report and make the report available to the Eligibility Committee (EC) within the designated timeline. A copy of the report must be provided to the parent.</p>		

**REQUEST FOR ADDITIONAL EVALUATION
DOCUMENTED ON THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information
2	Evaluation Components	The Individualized Education Program (IEP) Team, including the parent/adult student must determine and document only the specific additional evaluations to be conducted for the student. The IEP Team should utilize the <i>Evaluation Components</i> form when determining the appropriate assessments. NOTE: Each evaluator must write, sign and date an individual report and make the report available to the IEP Team prior to the IEP meeting and provide a copy of each report to the parent. The Assistive Technology Team may choose to do one group report where each evaluator must sign, date and make the report available to the IEP Team prior to the IEP meeting and provide a copy to the parent.
3	Parent/Student Response	The parent or student (age 18 or older) checks the appropriate box, signs, dates and returns to the county within 5 days.
4	Received by School/County Personnel	Document the date the school or county personnel (i.e., classroom teacher, principal, secretary, special education director) receives the parental consent. *This date begins the timeline for completion of the evaluation(s) (60 calendar days). The IEP Team then reconvenes to discuss the evaluation report.

EVALUATION COMPONENTS

This form must accompany *the Request for Additional Evaluation Documented on the Individualized Education Program (IEP)*. Its purpose is to provide an explanation of each one of the additional evaluation components designated on the request and provide examples of each type of evaluation for the parent.

SUMMARY OF PERFORMANCE

_____ County Schools

1 Student's Full Name _____ Date _____
School _____ **Date of Birth** _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____ Telephone _____

2 Additional Background Information (optional): _____

3 Use WV Guidelines to Assist in Development of the Summary of Performance when completing this form.

I. Postsecondary Goal(s)

Education/Training: _____

Employment: _____

Independent Living Skills: (if appropriate) _____

4 **II. Summary of Performance** (identify essential accommodations, modifications and/or assistive technology)

A. Academic Achievement: _____

B. Functional Performance: _____

C. **Pre-employment Transition Services:** _____

D. Student Perspective: (Impact of disability)
Supports tried: _____
Supports that work: _____
Supports that did not work: _____
Strengths/Needs others should know: _____

5 **III. Recommendations for Meeting Postsecondary Goal(s)** (identify the accommodations, adaptations and assistive technology)

Education/Training: _____
Employment: _____
Independent Living Skills: (if appropriate) _____
Community Participation: _____

6 **NOTE: Attach academic transcript and/or relevant assessment data to this form.**

SUMMARY OF PERFORMANCE

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information.
2	Additional Background Information (optional)	Add pertinent information such as a) name/title/contact for staff completing the SOP, b) most recent IEP date, c) primary language, if ELL, d) primary disability/initial date of eligibility, e) secondary disability/date of eligibility.
3	Postsecondary Goal(s)	List postsecondary goals of the student including goals for further education and/or training, employment and independent living skills (if appropriate) . If employment is the primary goal, list the student's top three job interests.
4	Summary of Performance	Describe the current academic achievement and functional performance of the student, and the Pre-employment Transition Services (PTS) . A. Academic achievement may include reading, math, language, and learning skills. B. Functional performance may include problem solving, attention, communication, social skills, behavior, independent living, environmental access/mobility, self-determination, employability interests and aptitudes, medical concerns. C. Pre-employment Transition Services (PTS) may include services provided by schools and by rehabilitation that include: job exploration, work-based learning, counseling for transition and post-secondary programs, workplace readiness training and self-determination training. This should include anticipated needs for the future. D. Record the student's responses to the following questions: 1. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)? 2. In the past what supports have been tried by school staff or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, behavior supports, academic changes, other services)? 3. Which of these accommodations and supports have worked best for you? 4. Which of these accommodations and supports have not worked? 5. What strengths and needs should others know about you as you enter the education, training or work setting?
5	Recommendations for Meeting Postsecondary Goals	Describe the "next steps" that need to occur for the student to meet his/her postsecondary goals. Consider any agencies that may be instrumental in assisting the student in meeting his/her postsecondary goals, essential accommodations, adaptations and/or assistive technology supports. Indicate any steps the parent(s) may take to assist the student in accessing the postsecondary environments.
6	Transcripts and Assessment Data	Attach copies of academic transcripts, relevant assessment data, awards, certificates and credentials to this form. Provide a copy to the parent/adult student and a copy for the student file.

For more in-depth guidance in completing this form, please refer to the [WV Guidelines to Assist in Development of the Summary of Performance](#).

WV GUIDELINES TO ASSIST IN DEVELOPMENT OF THE SUMMARY OF PERFORMANCE

Purpose: For a child whose eligibility under special education terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age of eligibility for Free Appropriate Public Education (FAPE) under State law, the local education agency “must provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals” §Sec.300.305 (e) (3). – IDEA 2004 **WV Guidelines**

The Summary of Performance (SOP):

- Is designed to assist the student in transition from high school to post school activities, including postsecondary education, training and/or employment, along with additional documentation, for the purpose of establishing a student’s eligibility under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act and identification of reasonable accommodations and supports in postsecondary settings
- Is helpful for the Rehabilitation **Services** Comprehensive Assessment process
- Is intended to help postsecondary institutions consider accommodations for access
- Is useful when linked with the IEP process and the student has the opportunity to actively participate in the development of the document
- Must be completed during the final year of a student’s high school education with timing of completion depending on student’s postsecondary goals (Example: transition to higher education may require submission along with application *OR* application for employment/agency may be needed near the end of the school year to provide the most updated information on student performance)
- Recommendations should not imply that any individual who qualified for special education in high school would automatically qualify for services in postsecondary education or employment settings. Those settings will continue to make decisions on a case-by-case basis.

Basic background information: (Provide identifying information.)	<ul style="list-style-type: none"> • Complete, legal name • School last attended • Parent or guardian name(s) • Complete mailing address 	<ul style="list-style-type: none"> • Date of SOP report (Year of exit) • Date of birth / Age • WVEIS # / Grade • Telephone number (s)
Additional background information: (Optional)	<ul style="list-style-type: none"> • Name/title/contact information of staff completing SOP • Date of most recent IEP • Primary Language/Services for ELL 	<ul style="list-style-type: none"> • Primary disability and initial date of eligibility • Secondary disability, if applicable, and initial date of eligibility
I. Postsecondary goals: (Indicate the post-school environments the student intends to transition to upon exit from high school.)	List the goals for environments of <ul style="list-style-type: none"> • Work • Education • Living 	If employment is the primary goal, list the top three job interests.

<p>II. Summary of Performance: (Completion of this section may require input from a variety of staff, but one person should have the responsibility of gathering and organizing the information. Describe both present levels of performance that apply to the student and the <i>essential</i> accommodations, modifications and assistive technology utilized to assist the student in achieving progress. Address <i>only</i> those areas that apply.)</p> <p>Terms: <u>Accommodation</u>-a support or service that is provided to help a student fully access the general education curriculum or subject matter and <i>does not</i> change the content of what is being taught or the expectation that the student meet a performance standard applied for all students. (Example: Deficit spelling/handwriting skills may require a note-taker, permission to word process notes, provision of extra notes) <u>Adaptation (also known as modification)</u>-changes to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be adapted so that the material is presented differently and/or the expectations of what the student will master are changed. Adaptations are not allowed in most postsecondary education environments. <u>Assistive technology</u>-any device that helps a student with a disability function in a given environment, but does not limit the device to expensive “high-tech” options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tape, Velcro and other “low-tech” devices.</p>	<p>A. <u>Academic Achievement:</u> Specifically discuss the current level of performance in applicable areas of</p> <ul style="list-style-type: none"> • Reading (decoding, comprehension, fluency) • Math (calculation, algebraic problem solving, quantitative reasoning) • Language (written, speaking, listening, spelling) • Learning skills (work habits, note taking, keyboarding, organization, time management, assignment completion, study skills, test taking skills) in detail using both narrative information for strengths and needs as well scores and grade level functioning <p>B. <u>Functional Performance:</u> Specifically discuss the current level of performance in applicable areas of</p> <ul style="list-style-type: none"> • General ability and problem solving (reasoning, processing) • Attention and executive functioning (stamina, sustained attention, memory, processing speed, impulse control, activity level) • Communication (speech, language, assisted communication) • Social skills and behavior (interactions with others, responsiveness to services and accommodations, ability to request assistance, extra-curricular activities, confidence, persistence in the learning environment), • Independent living skills (self-care, leisure skills, personal safety, transportation, money skills) • Environmental access/mobility (assistive technology, mobility, transportation) • Self determination/self advocacy (ability to respectfully identify needs and articulate goals) • Career/employment (interests, experiences, exploration, aptitudes) • Medical or family issues/concerns 	<p>Identify <i>essential</i> accommodations, modifications and/or assistive technology utilized in high school and why they were needed for academics described in the current level of performance.</p> <p>Identify <i>essential</i> accommodations, adaptations and/or assistive technology utilized in high school and why they were needed for functional performance described in the current level of performance.</p>
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<p>NOTE: It is highly recommended that student perspective and voice are incorporated as part the SOP. This section may be completed independently by the student or completed with the student through an interview. The student’s contribution can help:</p> <ul style="list-style-type: none"> • Professionals complete the summary, • The student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, Postsecondary personnel to more clearly understand the student’s strengths and impact of the disability on this student. 	<p>C. <u>Pre-employment Transition Services (Pre-ETS)</u> may include services provided by schools and by the Division of Rehabilitation Services that include:</p> <ul style="list-style-type: none"> • Job exploration • Work-based learning • Counseling for transition & post-secondary programs • Workplace readiness training • Self-determination training <p>D. <u>Student Perspective/Input (Optional/Highly recommended):</u> Responses to the following questions should be included as part of the SOP:</p> <ol style="list-style-type: none"> 1. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)? 2. In the past, what supports have been tried by school staff or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, behavior supports, academic changes, other services)? 3. Which of these accommodations and supports have worked best for you? 4. Which of these accommodations and supports have not worked? 5. What strengths and needs should professionals know about you as you enter the postsecondary education or work setting?
<p>III. Recommendations for meeting postsecondary goals: (Indicate suggestions for accommodations, adaptive devices, assistive services, compensatory strategies and/or collateral support services to enhance access in the applicable post-high school environments listed.)</p>	<ul style="list-style-type: none"> • Education: College, Community and Technical College, Career and Technical Education/Vocational, Adult Education, Apprenticeship Programs • Employment (be specific to the focused area of interest for employment) • Independent Living • Community Participation
<p>Attachments: (Attach academic transcript, awards, certificates, credentials, relevant and most recent assessment data that clearly identify the student’s disability or functional limitations and will assist in postsecondary planning.)</p>	<ul style="list-style-type: none"> • Transcripts, awards, certificates, credentials • Psychological/cognitive/adaptive behavior • Medical/physical/social skills/behavior analysis • Achievement/academics • Situational/simulated work experiences • Career interest/aptitude • Self determination • Communication • Observations • Assistive technology • Informal assessment • Other

Adapted from the Nationally Ratified
Summary of Performance Model Template
9/06 – Karen Ruddle, WVDE OSE
Revised 10/16

ELIGIBILITY

NOTICE OF ELIGIBILITY COMMITTEE AND/OR INDIVIDUALIZED EDUCATION PROGRAM TEAM MEETING

_____ County Schools

1 Student Full Name _____ Date _____
 School _____ Date of Birth _____
 Parent(s)/Guardian(s) _____ Grade _____
 Address _____ WVEIS # _____
 City/State/Zip _____ Telephone _____

Dear Parent(s)/Adult Student:

2 A meeting will be held on _____ at _____ a.m. p.m. at _____.
 The purpose of the meeting is checked below:

Eligibility Committee (EC) Meeting - The EC will review information to determine eligibility for special education. If the EC determines the student is eligible, an Individualized Education Program (IEP) Team meeting will be held. (See description below.) If found not eligible, recommendations from the EC will be provided to a school team for consideration, and no IEP Team meeting will be held. If the EC determines further information is needed, you will be informed.

3 **Individualized Education Program (IEP) Team Meeting** - An IEP Team meeting will be convened to develop, review and/or revise the IEP. Additionally, the IEP Team may:

<input type="checkbox"/> identify transition services for the student (beginning with 1 st IEP to be in effect at age 16)	<input type="checkbox"/> plan for reevaluation
<input type="checkbox"/> identify preschool transition needs	<input type="checkbox"/> document transfer of student's rights (age of majority)
<input type="checkbox"/> determine if the student's conduct is a manifestation of a disability	<input type="checkbox"/> other _____

We invite you to participate in this meeting so we may plan an educational program together. Please be informed you and the county school district have the right to invite other individuals who have knowledge or special expertise regarding the student.

4 **Procedural Safeguards Brochure:** Enclosed Provided earlier this school year

5 **If an agency representative is to be invited, date consent was obtained:** _____

6 **Copy to Invited Members:**

<input type="checkbox"/> Administrator	<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> Evaluator
<input type="checkbox"/> Special Education Teacher or Provider	<input type="checkbox"/> Birth to Three Representative	<input type="checkbox"/> Other _____
<input type="checkbox"/> Student (required when transition will be addressed)	<input type="checkbox"/> Agency Representative(s)	_____

7 **IEP Team Member Excusal(s):** The following IEP Team members will be excused from attending the IEP Team meeting. Members whose **academic and nonacademic areas** will be discussed will provide a written summary for consideration in developing the IEP.
 Name/Position: _____ Name/Position: _____

Sincerely,

8 _____
 Name/Position/Date Phone Number

Parent(s): Please return this form to school within 5 days.

9 **STUDENT RESPONSE (when transition will be addressed)**

I will attend the meeting as scheduled.
 I do not wish to attend.
 I wish to have the meeting rescheduled.

11 **PARENT RESPONSE (check one)**

I will attend the meeting as scheduled.
 I do not wish to attend.
 I cannot attend in person, but will participate by phone. I can be reached at _____.
 I wish to have the meeting rescheduled.

Student Signature _____ Date _____

10 **DOCUMENTATION OF PARENT NOTICE**

U. S. Mail
 Telephone
 Hand Delivered
 Email

12 **PARENT/ADULT STUDENT OPTIONS (check all that apply)**

I agree to waive the 8-day notification requirement
 I consent to excuse the IEP Team members above.
 I request the district to invite the Birth to Three representative.

NOTE: Meeting may be rescheduled due to a school delay or cancellation.

 Parent/Adult Student Signature Date

**NOTICE OF ELIGIBILITY COMMITTEE AND/OR INDIVIDUALIZED EDUCATION PROGRAM
TEAM MEETING**

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ <i>verify</i> ALL fields containing county, student name and demographic information.
2	Meeting Date, Time and Location	Enter the scheduled date (Month, Day, Year), the time (e.g., 11:30), mark the appropriate box as to a.m. or p.m. and enter the location of the meeting.
3	Purpose of Meeting	Indicate the purpose(s) of the meeting by checking the appropriate box(es). For IEP Team meetings, specify any additional team decisions to be addressed at the meeting.
4	Procedural Safeguards Brochure	Indicate whether the <i>Procedural Safeguards Brochure</i> is enclosed or if it was provided earlier this school year.
5	Agency Representative (only completed when an outside agency representative(s) is/are needed to address transition services)	If previous IEP indicates an agency(ies) representative is needed for transition, obtain written consent from the parent or adult student to disclose the student's data prior to inviting the agency representative. Once consent for disclosure has been obtained, the agency(ies) MUST be invited. (NOTE: Written consent may have been documented through <i>Request To Invite Outside Agency Representative(s) To The Individualized Education Program (IEP) Team Meeting</i> on the most recent IEP or obtained through alternate means). DO NOT INVITE an agency representative until consent for disclosure is obtained and documented prior to the scheduled IEP Team meeting. Check the appropriate box (No or Yes) and if Yes, denote the date consent was obtained.
6	Copy to Invited Members	Denote the IEP Team members receiving a copy of the Notice. Ensure the student is invited to the meeting if transition services are going to be discussed. If the student is younger than transition age, the student may be invited. If the parent/adult student has given written consent for disclosure to an agency representative(s), specify the agency(ies) in the blank.
7	IEP Team Member Excusal(s)	Enter the name(s) and position(s) of any IEP Team member(s) requesting to be excused from the scheduled meeting. If this team member's area of curriculum or related service is to be discussed at the meeting, the team member must prepare the <i>In Lieu of IEP Team Attendance Report</i> for the parent(s)'s review prior to the development of the IEP. Parental consent is only required when excusing one of the following required IEP Team members: <ul style="list-style-type: none"> • Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); • Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child; • An individual who can interpret the instructional implications of evaluation results. • A representative of the public agency who— <ul style="list-style-type: none"> • Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; • Is knowledgeable about the general education curriculum; and • Is knowledgeable about the availability of resources of the public agency.
8	Signature	District personnel initiating the notice must sign, enter his/her position and phone number.
9	Student Response	Ensure the student is invited to the meeting if transition services are going to be discussed. If the student is younger than transition age, the student may be invited.
10	Documentation of Parent Notice	Document method(s) and number of notice(s) to parents.
11	Parent Response	Upon receipt of the parent's response and signature, provide appropriate follow up as needed (e.g., reschedule the meeting, proceed with scheduled meeting). Document all attempts by the district to reschedule the meeting at a mutually agreed upon place and time.
12	Parent Options	If the parent needs to address an option, indicate by marking or highlighting each item you are asking the parent to consider. Parent indicates agreement by checking the appropriate box(es) and signing the form.

ELIGIBILITY COMMITTEE REPORT

_____ County Schools

1 **Student Full Name** _____ **Date** _____
School _____ **Date of Birth** _____
Parent(s)/Guardian(s) _____ **Grade** _____
Address _____ **WVEIS #** _____
City/State/Zip _____ **Telephone** _____

2 Initial Reevaluation

The Eligibility Committee (EC) considered the following multi-disciplinary reports and other relevant information.

3

<input type="checkbox"/> Academic Information	<input type="checkbox"/> Developmental Skills	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Achievement	<input type="checkbox"/> Health _____	<input type="checkbox"/> Transition Assessments
<input type="checkbox"/> Classroom Performance	<input type="checkbox"/> Hearing _____	<input type="checkbox"/> Functional Vocational Evaluation
<input type="checkbox"/> Teacher Report	<input type="checkbox"/> Information from the Parents	<input type="checkbox"/> Vocational Aptitudes
<input type="checkbox"/> Adaptive Skills	<input type="checkbox"/> Intellectual Ability	<input type="checkbox"/> Interests/Preferences
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Motor Skills	<input type="checkbox"/> Vision
<input type="checkbox"/> Behavioral Performance	<input type="checkbox"/> Observation(s)	<input type="checkbox"/> Orientation and Mobility
<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Perceptual-Motor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Communication		

A student cannot be identified as a student in need of special education services if the primary reason for the decision is due to any of the following:

- 4**
- A lack of appropriate instruction in the essential components of reading; or
 - A lack of instruction in mathematics; or
 - Limited English proficiency

For initial evaluation or reevaluation, the student meets the three-prong test of eligibility:

- 5**
- Meets the eligibility requirements for one of the specific exceptionalities; **and**
 - Experiences an adverse effect on educational performance; **and**
 - Needs special education.

For reevaluation only:

6 If a student no longer meets the eligibility criteria in one of the designated exceptionalities, the EC must provide the justification for continued eligibility. _____

The Eligibility Committee has determined the student's primary area of exceptionality is (only one):

7

<input type="checkbox"/> Autism (AU)	<input type="checkbox"/> Exceptional Gifted (EG)	<input type="checkbox"/> Developmental Delay (PS)
<input type="checkbox"/> Emotional/Behavioral Disorders (BD)	<input type="checkbox"/> Gifted (GF)	<input type="checkbox"/> Specific Learning Disability (LD)
<input type="checkbox"/> Blindness and Low Vision (VI)*	<input type="checkbox"/> Orthopedic Impairment (PH)	<input type="checkbox"/> Speech/Language Impairment (CD)
<input type="checkbox"/> Deafblindness (DB) *	<input type="checkbox"/> Orthopedic Impairment (PH)	<input type="checkbox"/> Traumatic Brain Injury (TB)
<input type="checkbox"/> Deafness (DF) *	<input type="checkbox"/> Other Health Impairment (OH)	<input type="checkbox"/> None
<input type="checkbox"/> Hard of Hearing (HI) *	<input type="checkbox"/> Intellectual Disability (Designate WVEIS Code __MM __MD __MS)	

* Provide information pertaining to the West Virginia Schools for the Deaf and Blind.

8 Additional evaluation data are needed in the following areas: _____

9 The Eligibility Committee has determined the student is not eligible for special education and submits the following recommendations for consideration by the school team (e.g., SAT or instruction and intervention team): _____

Eligibility Committee Members

10

Signature	Position
_____	Administrator/Principal/Designee
_____	Evaluator/Specialist
_____	General and/or Special Educator
_____	Parent/Guardian/Adult Student
_____	Student
_____	Other _____

ELIGIBILITY COMMITTEE REPORT

ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information
2	Purpose of Eligibility Committee Meeting
3	Eligibility Considerations
4	Exclusionary Factors
5	Three-prong test of eligibility
6	For Reevaluation only
7	Determination of Primary Area of Exceptionality
8	Additional Evaluation
9	Recommendations for Students not Eligible
10	Signatures

NOTE: If a child has a disability and if the lack of special education services would create an adverse impact the student may need special education.

ELIGIBILITY DETERMINATION CHECKLIST

Student's Name: _____

Date of EC Meeting _____

The Eligibility Committee (EC) must consider all eligibility criteria relevant to any suspected exceptionalities.

A. Autism - Documentation the student meets **Criteria one (1) through five (5) as specified:**

Documentation will assure that the student meets all of Section A and at least two (2) criteria from Section B and meets Sections C, D and E.

___ **Criterion 1:**

___ Section A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following currently or by history.

1. ___ Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.
2. ___ Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. ___ Deficits in developing, maintaining and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

___ Section B. Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following: Indicate when behavioral characteristics are/were evident. Two of the four eligibility criteria must be met.

4. ___ Stereotypical or repetitive motor movements, use of objects or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
5. ___ Insistence on sameness, inflexible adherence to routines or ritualized patterns or verbal and nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, need to take same route or eat same food every day).
6. ___ Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
7. ___ Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

___ Section C. Although symptoms for children with autism are typically present in the early development, some symptoms may not become fully manifest until social demands exceed limited capacities. Please attach an explanation.

NOTE: IDEA regulations state "A child who manifests the characteristics of autism after age three could be identified as having autism," if all other criteria are satisfied.

___ Section D. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning

___ Section E. These disturbances are not better explained by intellectual disability or global developmental delay.

___ **Criterion 2:**

The student is diagnosed as having autism by a psychiatrist, physician, licensed psychologist or school psychologist and the evaluation report is attached.

___ **Criterion 3:**

The student's condition adversely affects educational performance.

___ **Criterion 4:**

The student needs special education.

___ **Criterion 5:**

The student's educational performance is not adversely affected primarily because the student has an emotional/behavioral disorder as defined in Policy 2419.

B. Blindness and Low Vision - Documentation the student meets **ALL** of the following:

1. ___ The student has a documented visual impairment, not primarily perceptual in nature, as determined by an optometrist or ophthalmologist or neurologist:
 - a. ___ Measured acuity of 20/70 or less in the better eye with correction at distance or near;
 - b. ___ Visual field restriction of twenty degrees or less in the better eye;
 - c. ___ A deteriorating eye condition which will result in loss of visual efficiency (e.g., glaucoma, retinitis pigmentosa, or macular degeneration); or
 - d. ___ A visual loss caused by a disturbance of the posterior visual pathway and/or cortex.
 - e. ___ **Functional Visual Assessment determined limited visual access or ability.**
2. ___ The student's physical eye condition, even with correction, adversely affects educational performance.
3. ___ The student needs special education.

C. Deafblindness - Documentation the student meets **ALL** of the following:

1. ___ The student exhibits characteristics consistent with the definition.
2. ___ The student is diagnosed by an optometrist or ophthalmologist for vision loss and by an otologist, otolaryngologist, or audiologist for hearing loss.
3. ___ The student's condition adversely affects educational performance.
4. ___ The student needs special education.

D. Deafness - Documentation the student meets **ALL** of the following:

1. ___ The student exhibits characteristics consistent with the definition and relies primarily on vision to access spoken communication.
2. ___ The student has been diagnosed by an otologist, otolaryngologist, or audiologist as having a hearing loss.
3. ___ The student's condition adversely affects educational performance.
4. ___ The student needs special education.

E. Developmental Delay - Documentation the student meets **ALL** of the following:

1. ___ Documentation the student is functioning at or lower than 75% of the normal rate of development in **two** or more of the following areas:
 - ___ Cognition
 - ___ Physical development including gross motor and/or fine motor skills
 - ___ Communication
 - ___ Social/emotional/affective development
 - ___ Self-help skills
2. ___ The student needs special education.

NOTE: If the developmental delay is the result of a vision and/or hearing loss, the student shall be determined eligible under either of those exceptionalities.

ELIGIBILITY DETERMINATION CHECKLIST

Student's Name: _____

Date of EC Meeting _____

F. Emotional/Behavioral Disorder - Documentation the student meets ALL of the following:

1. The student continues to exhibit an emotional/behavioral disorder consistent with the definition after interventions have been implemented.
2. The student has been observed exhibiting one or more of the characteristics listed in the definition of emotional/behavioral disorder and the characteristics have been documented:
 - a. For a long period of time; and
 - b. By more than one knowledgeable observer trained in data gathering; and
 - c. In more than one setting; and
 - d. At a level of frequency, duration, and/or intensity that is significantly different from the student's peers in the same or similar circumstances.
3. The student's condition adversely affects educational performance in the area of academics, peer and/or teacher interaction, and/or participation in class/school activities.
4. The student exhibits behavior(s) that is not primarily the result of physical, sensory or intellectual deficits.
5. The student needs special education

G. Gifted (Grades One through Eight) - Documentation the student meets ALL of the following:

1. General intellectual ability with a full scale score at the 97th percentile rank or higher on a comprehensive test of intellectual ability with consideration of 1.0 standard error of measurement;
2. At least one of the four core curriculum areas of academic achievement at the 90th percentile rank or higher as measured by an individual standardized achievement test, or at least one of the four core curriculum areas of classroom performance demonstrating exceptional functioning as determined during the multidisciplinary evaluation; and
3. The need for specially designed, differentiated instruction and/or services beyond those normally provided in the general classroom.

NOTE: See Policy 2419 for Special Considerations

H. Exceptional Gifted (Grades Nine through Twelve) **The eligibility criteria for gifted has been met.** - Documentation the student meets one or more of the following:

1. The eligibility criteria for one or more of the disabilities as defined in Policy 2419 and/or
2. The definition for economically disadvantaged; and/or
3. The definition for underachievement, which takes into consideration the student's ability level, educational performance and achievement levels; and/or
4. The definition for psychological adjustment disorder as documented by a comprehensive psychological evaluation.

I. Hard of Hearing - Documentation the student meets ALL of the following:

1. The student exhibits characteristics consistent with the definition and relies primarily on hearing to access spoken communication.
2. The student has been diagnosed by an otologist, otolaryngologist, or audiologist as having a hearing loss.
3. The student's condition adversely affects educational performance.
4. The student needs special education.

J. Intellectual Disability - Documentation the student meets ALL of the following:

1. Documentation will assure that the student meets one of the following:
 - a. The student with a mild to moderate intellectual disability has general intellectual functioning ranging from two to three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test;
 - OR**
 - b. The student with **the most significant cognitive disabilities** (moderate to severe intellectual disability) has general intellectual functioning more than three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test; AND
2. **The student exhibits concurrent deficits in adaptive functioning expected for his or her age across multiple environments based on clinical and standardized assessments in at least one of the following domains: conceptual, social or practical; and ***
 - a. **If intellectual functioning and adaptive functioning are inconsistent in severity*, an observation must be completed to determine the level of supports required.**
***See Appendix for Severity Levels for Adaptive Functioning.**
- AND**
3. The age of onset is eighteen or below; AND
4. The student's condition adversely affects educational performance; AND
5. The student needs special education.

K. Orthopedic Impairment - Documentation the student meets ALL of the following:

1. The student exhibits characteristics consistent with the definition.
2. The student has an orthopedic impairment diagnosed and described by a licensed physician.
3. The existence of educational needs as a result of the orthopedic impairment.
4. The student's condition adversely affects educational performance.
5. The student needs special education.

L. Other Health Impairment - Documentation the student meets ALL of the following:

1. The student exhibits characteristics consistent with the definition;
2. The student has a chronic or acute medical or health condition as diagnosed and described by a licensed physician; **with the exception of ADHD which can be diagnosed by a school psychologist or licensed psychologist;** and
3. The existence of educational needs as a result of the medical or health condition.
4. The student's condition adversely affects educational performance.
5. The student needs special education.

M. Specific Learning Disability

The EC **MUST** complete the *Specific Learning Disability Team Report* form and attach the form to the *Eligibility Committee Report*.

ELIGIBILITY DETERMINATION CHECKLIST

Student's Name: _____

Date of EC Meeting _____

N. Speech/Language Impairment

Language – Documentation the student meets ALL the following:

1. Two or more procedures, at least one of which yields a standard score, were used to assess both expressive and receptive modalities.
2. **K-12:** Language abilities are substantially and quantifiably below those expected for the student's chronological age and cognitive state of development, resulting in functional limitation in effective communication, social participation, academic achievement or occupational performance individually or in any combination
 Preschool: Language abilities had a negative impact on social-communicative interaction.
3. Norm referenced language tests were administered which yield **two** subtest or total test scores with the following characteristics:
 - a. 1.5 or more standard deviations (SD) below the mean;
 - b. a language quotient/standard score of 78 (mean of 100);
 - c. a stanine of two and/or a percentile of 8; **AND/OR**
 - d. a non-standard/informal assessment indicates that the student has difficulty understanding and/or expressing ideas and/or concepts to such a degree that it interferes with the student's social/educational progress.
4. The student's condition adversely affects educational performance.
5. The student needs special education.

Speech Sound Disorder – Documentation the student meets ALL of the following:

1. At least two procedures were used to assess the student, one of which is a standardized measure.
2. Application of developmental norms from diagnostic tests verified that speech sounds may not develop without intervention.
3. **K-12:** The student's speech has a negative impact on academic, social and/or vocational functioning, and one of the following characteristics exist:
 - a. Two or more of the phonemic errors not expected at the student's current age or developmental level were observed during direct testing;
 - b. Two or more of the phonological processes not expected at the student's current age or developmental level were observed during direct testing and/or conversational speech.
 Preschool: The student's speech has a negative impact on social-communicative interactions and one of the following characteristics:
 - a. Multiple phonemic errors that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level were observed during direct testing and/or conversational speech;
 - b. Two or more phonological processes that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level were observed during direct testing and/or in conversational speech.
4. The student's condition adversely affects educational performance.
5. The student needs special education.

Childhood Onset Fluency Disorder (Stuttering) – Documentation the student meets ALL of the following:

1. The student has a fluency rating of moderate or severe on the Suggested Guidelines for Stuttering Services or the Suggested Guidelines for Stuttering Services for Preschool.
2. The student's condition adversely affects educational performance.
3. The student needs special education.

Social (Pragmatic) Communication Disorder – Documentation the student meets ALL of the following:

1. Assessment measures included norm referenced tests, multiple observations, checklists and structured tasks.
2. Assessment procedures were used that were contextually based and involved multiple settings and communication partners.
3. Assessment results indicated deficits in functional limitations in effective communication, social participation, social relationships, academic achievement and/or occupational performance, individually or in combination.
4. Assessment results have eliminated the presence of restricted repetitive behaviors, interests and other activities related to the diagnosis of Autism.
5. The student's condition adversely affects educational performance.
6. The student needs special education.

Voice Disorder – Documentation the student meets ALL of the following:

1. The student has a voice production rating of moderate or severe on the Voice Rating Scale.
2. The existence or absence of a structural or functional pathology has been verified by an otolaryngologist.
3. The student's condition adversely affects educational performance.
4. The student needs special education.

Special Considerations – EC must respond to each of the following:

1. Lack of discrepancy between cognitive level and communication performance was not the sole factor when determining eligibility for a severely speech and language disordered student.
2. Eligibility for speech and language services was not determined on the basis of having a primary language other than English or a language difference.
3. If verbal communication was not an effective means of communication for this student, an augmentative/alternative communication evaluation was conducted to determine the need for an alternative means of communication.

O. Traumatic Brain Injury - Documentation the student meets ALL of the following:

1. The student has an acquired injury to the brain caused by an external physical force resulting in a total or partial functional disability or psychosocial impairment, or both as diagnosed by a licensed physician.
2. The student's condition adversely affects educational performance.
3. The student needs special education.

AUTISM TEAM REPORT

_____ County **Schools**

1	Student's Full Name _____	Date _____
	School _____	Date of Birth _____
	Parent(s)/Guardian(s) _____	Grade _____
	Address _____	WVEIS# _____
	City/State/Zip _____	Telephone _____

2 Initial Reevaluation

When considering if a student may be eligible for special education and related services as a student with *Autism*, the Eligibility Committee must respond to each item below. The EC must answer “yes” to each yes/no statement to appropriately conclude a student is a student with autism, excluding Criterion 1: Section B wherein at least **2 of the 4 symptoms are required**. Please also note the exception under **Criterion 1: Section C** when applicable.

3	The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 1: Section A Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history: <i>Mark YES when deficits are/were evident. All three eligibility criteria must be met.</i></p>		
	<p>1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions or affect; to failure to initiate or respond to social interactions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<p>2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Criterion 1: Section B: Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following: <i>Mark YES when behavioral characteristics are/were evident. Two of the four eligibility criteria must be met.</i></p>		
5	<p>1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal and nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, need to take same route or eat same food everyday).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>4. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

6	<p>Criterion 1: Section C Although symptoms for children with autism are typically present in the early developmental period, some symptoms may not become fully manifest until social demands exceed limited capacities. If this exception applies, please explain below:</p> <p>Also note the IDEA regulations state “A child who manifests the characteristics of autism after age three could be identified as having autism,” if all other criteria are satisfied.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exception
7	<p>Criterion 1: Section D Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<p>Criterion 1: Section E These disturbances are not better explained by intellectual disability or global developmental delay.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<p>Criterion 2 The student is diagnosed as having autism by a psychiatrist, physician, licensed psychologist or school psychologist and the evaluation report is attached.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<p>Criterion 3 The student’s condition adversely affects educational performance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<p>Criterion 4 The student needs special education.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<p>Criterion 5 The student’s educational performance is not adversely affected primarily because the student has an emotional/behavioral disorder as defined in Policy 2419.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<p>NOTE: Describe educationally relevant medical findings. (Write N/A if no relevant medical findings apply.)</p>	

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

- 14
- The student **DOES** meet the eligibility criteria for autism that adversely impacts his/her education and **is eligible** for special education and related services.
 - The student **DOES NOT** meet the eligibility criteria for autism and **is not eligible** for special education and related services **as a student with autism.**

Eligibility Committee Members

15

Signature

Position

Chairperson

Evaluator/Specialist

Teacher

Parent/Guardian/Adult Student

Student

Other

NOTE: If a team member disagrees with the report, that team member may submit a separate statement presenting the member's conclusions.

16

Meeting Notes (optional)

AUTISM TEAM REPORT

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information. Include the date of the eligibility determination.
2	Purpose of Eligibility Committee Meeting	Indicate the type of eligibility committee meeting (e.g., initial, reevaluation).
3	Comprehensive Evaluation	Mark yes if this evaluation was sufficiently comprehensive to identify all of the student's special education and related services needs, whether or not commonly linked to the suspected disability. Mark no if the evaluation was not sufficiently comprehensive. If no, the team should determine what if any additional assessments are necessary.
4	Criterion 1: Section A	<p>All three Eligibility criteria MUST be met.</p> <ul style="list-style-type: none"> • Mark yes when deficits are/were evident. Mark no if the deficits are/were not evident. If the team marks NO in any one of the three, the student does not meet the eligibility criteria. • Mark yes when deficits are/were evident. Mark no if the deficits are/were not evident. If the team marks NO the student does not meet the eligibility criteria • Mark yes when deficits are/were evident. Mark no if the deficits are/were not evident. If the team marks NO the student does not meet the eligibility criteria.
5	Criterion 1: Section B	<p>To meet eligibility criteria the student MUST meet two of the four criterions.</p> <ul style="list-style-type: none"> • Mark yes when behavioral characteristics are/were evident. Mark no if the deficits are/were not evident. • Mark yes when behavioral characteristics are/were evident. Mark no if the deficits are/were not evident. • Mark yes when behavioral characteristics are/were evident. Mark no if the deficits are/were not evident. • Mark yes when behavioral characteristics are/were evident. Mark no if the deficits are/were not evident.
6	Criterion 1: Section C	<p>Mark yes when symptoms were present in the early developmental period. If the team cannot mark yes, they should consider the exception that applies as described on the form. If the exception applies mark Exception Applies and explain the circumstances in the space provided. (If additional space is needed an attachment is allowable.) If the team cannot mark yes and the exception does not apply the team should mark no.</p> <p>NOTE: IDEA regulations states, "A child who manifests the characteristics of autism after age three COULD be identified as having autism" if all other criteria are satisfied.</p>
7	Criterion 1: Section D	Mark yes when symptoms cause clinically significant impairment in social, occupational OR other important areas of current functioning. Mark no if there is a lack of clinically significant impairment.
8	Criterion 1: Section E	Mark yes when disturbances ARE NOT better explained by intellectual disability or global developmental delay. Mark no if the team determines the disturbances ARE better explained by intellectual disability or global developmental delay.

9	Criterion 2	Mark yes if the student is diagnosed as having autism by a psychiatrist, physician (MD or DO), licensed psychologist or school psychologist and the evaluation report is attached. Mark no if there is not a diagnosis. NOTE: Diagnosis from a Licensed Professional Counselor (LPC), Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN) are not acceptable.
10	Criterion 3	Mark yes if the student's condition adversely affects educational performance. Mark no if it does not adversely affect educational performance.
11	Criterion 4	Mark yes if the student needs special education. Mark no if the student does not need special education.
12	Criterion 5	Mark yes if the student's educational performance IS NOT adversely affected primarily because the student has an emotional/behavioral disorder as defined in Policy 2419. If the student has an emotional/behavioral disorder, mark no and complete the criteria checklist for emotional/behavioral disorder.
13	Medical Findings	Describe educationally relevant medical findings. If there are no relevant medical findings, write NA.
14	Determination	Select one of the determination statements. If the team determines the student meets the criteria mark the first check box. To meet the criteria for autism ALL of the criteria on the form must be met. Select the second statement if the student does not meet these criteria. Note: If the second statement is chosen, this should also be documented in the "Options Considered" section of the <i>Prior Written Notice Form</i> for the Eligibility Committee Meeting.
15	Signatures	All members attending the EC must sign the report on the line beside his/her designated position.
16	Meeting Notes	This is an optional section that can be used to document notes from the meeting.

SPECIFIC LEARNING DISABILITIES (SLD) TEAM REPORT

_____ County **Schools**

1	Student's Full Name _____	Date _____
	School _____	Date of Birth _____
	Parent(s)/Guardian(s) _____	Grade _____
	Address _____	WVEIS# _____
2	City/State/Zip _____	Telephone _____
	<input type="checkbox"/> Initial	<input type="checkbox"/> Reevaluation

The Eligibility Committee (EC) must respond yes to each of the yes/no statements below to determine if the student meets the specific learning disabilities criteria.

3	1. The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4	2. Based on multiple and convergent sources of data, the student's level of learning reflects low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards (West Virginia College- and Career-Readiness Standards-[WVCCR]) in one or more of the following areas (<i>Check all areas that apply</i>): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Oral Expression</td> <td><input type="checkbox"/> Reading Comprehension</td> </tr> <tr> <td><input type="checkbox"/> Listening Comprehension</td> <td><input type="checkbox"/> Reading Fluency Skills</td> </tr> <tr> <td><input type="checkbox"/> Written Expression</td> <td><input type="checkbox"/> Mathematics Calculation</td> </tr> <tr> <td><input type="checkbox"/> Basic Reading Skills</td> <td><input type="checkbox"/> Mathematics Problem Solving</td> </tr> </table>	<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Reading Fluency Skills	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Reading Comprehension									
<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Reading Fluency Skills									
<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Calculation									
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Problem Solving									
5	3. Identify the method used to determine Eligibility: <input type="checkbox"/> The student fails to achieve a rate of learning to make sufficient progress to meet State-approved grade-level standards (WVCCR) in one or more of the areas identified above when assessed using the MTSS process. OR <input type="checkbox"/> The student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, State-approved grade-level standards (WVCCR) or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
6	4. The student's achievement deficits are NOT primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7	5. Evaluation information and documentation confirm that lack of appropriate instruction in English language arts or mathematics was NOT the determinant factor in the eligibility decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
8	6. Evaluation information confirms there is an adverse effect on the student's educational performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
9	7. The student was observed in the learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. An observation summary/report is attached and describes any relevant behavior noted during the observation, and the relationship of that behavior to the student's academic functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No								

10	8. The specific instructional strategies used and the student-centered data collected are documented and available in the Eligibility Committee Report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	9. Note any educationally relevant medical findings. Write N/A if no relevant medical findings apply:	

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

- 12** The student **DOES** meet the eligibility criteria for a specific learning disability that adversely impacts his/her education and **is eligible** for special education and related services.
- The student **DOES NOT** meet the eligibility criteria for a specific learning disability and **is not eligible** for special education and related services as a student with a specific learning disability.

13 **The student's parent was notified about the following:** The State's policy (i.e., Policy 2419 including **Multi-Tiered System of Supports**) regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; strategies for increasing the student's rate of learning; results of repeated assessments of student progress AND the parent's right to request an evaluation at any time throughout the **Multi-Tiered System of Supports** process.

Date of parent notification: _____

Eligibility Committee Members

Signature	Position	Agreement with EC Determination
14 _____	Chairperson	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Evaluator/Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Any member(s) with dissenting opinions must submit a separate statement presenting the member's conclusions.

15 **Meeting Notes (optional)**

SPECIFIC LEARNING DISABILITIES (SLD) TEAM REPORT

ITEM	CLARIFICATIONS/INSTRUCTIONS
1	<p>County and Student Information</p> <p>Complete/verify ALL fields containing county, student name and demographic information. Include the date of the eligibility determination.</p>
2	<p>Purpose of the Eligibility Committee Meeting</p> <p>Indicate the type of Eligibility Committee meeting (e.g., initial, reevaluation).</p>
3	<p>Comprehensive Evaluation</p> <p>The Eligibility Committee (EC) must determine whether the student was evaluated in all areas related to the suspected exceptionality and whether the evaluation was sufficiently comprehensive to identify all of the student’s special education and related service needs, whether or not commonly linked to the suspected exceptionality. The EC must respond <i>yes</i> or <i>no</i>.</p>
4	<p>Level of Learning</p> <p>Using multiple and convergent sources of data, the EC must determine whether the student’s level of learning reflects significantly and persistently low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student’s age or State-approved grade-level standards (West Virginia College- and Career-Readiness Standards [WVCCR]) in one or more of the following areas of SLD: Oral Expression, Listening Comprehension, Written Expression, Basic Reading Skills, Reading Comprehension, Reading Fluency Skills, Mathematics Calculation and Mathematics Problem Solving.</p> <ul style="list-style-type: none"> • Respond <i>yes</i> when the student’s level of learning is significantly and persistently low and mark all applicable areas of SLD. • Respond <i>no</i> if the student’s level of learning is not significantly or persistently low.
5	<p>Rate of Learning</p> <p>The EC must determine whether the student failed to make sufficient progress or rate of learning to meet age or State-approved grade-level standards (WVCCR) in one or more of the areas identified above in Section 4 in response to carefully planned and explicitly delivered instruction.</p> <ul style="list-style-type: none"> • Respond <i>yes</i> when the student’s learning rate or growth toward targeted skills is substantially below grade-level peers. Based on progress monitoring data, a reasonable rate of progress cannot be projected even when the student is provided targeted and intensive instruction for reasonable intensity and duration. • Respond <i>no</i> when the student’s rate of learning is sufficient to meet State-approved grade-level standards (WVCCR). <p style="text-align: center;">OR</p> <p>Pattern of Strengths and Weaknesses</p> <ul style="list-style-type: none"> • Respond <i>yes</i> if the student exhibits a pattern of strengths and weaknesses in performing achievement or both relative to age, State-approved grade level standards (WVCCR) or intellectual development that is determined by the groups to be relevant to the identification of a learning disability. See Policy 2419. • Respond <i>no</i> if no pattern of strengths and weaknesses exist.
6	<p>Exclusionary Factors</p> <ul style="list-style-type: none"> • Respond <i>yes</i> to assure the student’s achievement deficits are NOT primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency. • Respond <i>no</i>, if the evaluation data demonstrates the student’s underachievement is the result of one or more of the exclusionary factors.
7	<p>Lack of Instruction</p> <ul style="list-style-type: none"> • Respond <i>yes</i>, if data confirm appropriate instruction was provided in English language arts or mathematics. • Respond <i>no</i>, if the data demonstrates that the student’s underachievement is the result of a lack of instruction. NOTE: If the EC team responds no, the EC or SAT should determine how the lack of instruction can be resolved in the future.

8	Adverse Effect	<p>The EC confirms there is an adverse effect on the student’s educational performance by responding <i>yes</i> <u>or</u> determines an adverse effect is not evident by responding <i>no</i>.</p> <p>NOTE: <i>CFR 300.101(c) states that each state must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade and is advancing from grade to grade. Adverse educational impact must be considered in the broad sense for a student’s educational career.</i></p>
9	Observation	<p>An observation summary must describe any relevant behavior noted during the observation and the relationship of that behavior to the student’s academic functioning.</p> <ul style="list-style-type: none"> Respond <i>yes</i> if 1) the student was observed in the learning environment, including the general classroom setting to document the student’s academic performance and behavior in the areas of difficulty and 2) the observation summary is included in the EC Report. Respond <i>no</i> if the observation was not conducted and is not included in the EC report.
10	Instruction and Progress Monitoring	<ul style="list-style-type: none"> Respond <i>yes</i> if the specific instructional strategies used and the student-centered data collected are documented and available in the EC report. Respond <i>no</i> if the specific instructional strategies used and the student centered data have not been collected. This may be used as evidence appropriate instruction was provided relative to Section #7. <p>NOTE: If the EC responds no, the EC or SAT should determine how to resolve the failure to implement or document the specific instructional strategies and accompanying collection of progress monitoring data.</p>
11	Medical Findings	<p>Summarize any relevant medical findings or note attachments summarizing them. Write <i>NA</i> if no relevant medical findings are evident.</p>
12	SLD Determination	<ul style="list-style-type: none"> If the EC determines that specially designed instruction is warranted and the EC responded <i>yes</i> to items 1-8 thereby meeting West Virginia eligibility criteria and adverse effect on educational performance, the EC must check the top box indicating the student is <u>eligible</u> for special education services under the SLD exceptionality. If the EC determines that specially designed instruction is <u>not</u> warranted or the EC responded <i>no</i> to any item 1-8, the EC must check the bottom box indicating the student is <u>not eligible</u> for special education services under the SLD exceptionality.
13	Parent Notification	<p>Document the date(s) the student’s parent received notification regarding the 1) amount and nature of student performance data that would be collected and the general education services that would be provided; 2) strategies for increasing the student’s rate of learning; 3) results of repeated assessments of student progress AND 4) the parent’s right to request an evaluation at any time throughout the Multi-Tiered System of Supports process.</p> <p>NOTE: A district’s failure to provide proper parental notification does not preclude a student from being found eligible as a student with a SLD if items 1-8 are marked yes and the student requires specially designed instruction. However, failure to provide parental notification is a noncompliance.</p>
14	Signatures	<p>All members attending the EC meeting must sign the report on the corresponding lines and indicate agreement or dissent with the EC Determination.</p> <p>Note: Any members with dissenting opinions must submit a separate statement presenting the member’s conclusions.</p> <p>NOTE: For an initial EC, the student’s referring teacher is a required EC member. For SLD, the student’s general education teacher and at least 1 person qualified to conduct individual diagnostic examinations is required.</p>
15	Meeting Notes	<p>Any meeting notes or special considerations should be documented in the Meeting Notes section. If meeting notes are extensive, indicate that meeting notes are attached.</p>

SPEECH/LANGUAGE IMPAIRMENT TEAM REPORT

_____ County Schools

Student's Full Name _____ **Date** _____
School _____ **Date of Birth** _____
Parent(s)/Guardian(s) _____ **Grade** _____
Address _____ **WVEIS#** _____
City/State/Zip _____ **Telephone** _____

Initial
 Reevaluation

When considering whether or not a student may be eligible for special education and related services as a student with a *Speech/Language Impairment*, the Eligibility Committee (EC) must respond to each item below. The EC must answer “yes,” “no,” “true” or “DNA” (**does not apply**) for each statement to appropriately conclude that the student meets the specific criteria as a student with a Speech/Language Impairment.


3	1.	The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in WV Policy 2419.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	2.	LANGUAGE DISORDER – Documentation which meets the following: <ul style="list-style-type: none"> • Two or more procedures, at least one of which yields a standard score, were used to assess both expressive and receptive modalities. • K-12 - Language abilities are substantially and quantifiably below those expected for the student's chronological age and cognitive state of development, resulting in functional limitation in effective communication, social participation, academic achievement or occupational performance, individually or in any combination. • PRESCHOOL: Language abilities had a negative impact on social-communicative interaction. • Norm referenced language tests were administered which yield two subtest or total test scores with the following characteristics: <ul style="list-style-type: none"> - 1.5 or more standard deviations (SD) below the mean; - a language quotient/standard score of 78 (mean of 100); - a stanine of two and/or a percentile of 8; and/or - non-standardized/informal assessment indicates that the student has difficulty understanding and/or expressing ideas and/or concepts to such a degree that it interferes with the student's social/educational progress. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNA
5	3.	SPEECH SOUND DISORDER - Documentation which meets the following: <ul style="list-style-type: none"> • At least two procedures were used to assess the student, one of which is a standardized measure. • Application of developmental norms from diagnostic tests verifies that speech sounds may not develop without intervention. • K-12: The student's speech has a negative impact on academic, social and/or vocational functioning and one of the following characteristics exists: <ul style="list-style-type: none"> - Two or more phonemic errors not expected at the student's current age or developmental level were observed during direct testing and/or conversational speech; or - Two or more phonological processes not expected at the student's current age or developmental level were observed during direct testing and/or in conversational speech. • PRESCHOOL: The student's speech has a negative impact on social-communicative interactions and one of the following characteristics: <ul style="list-style-type: none"> - Multiple phonemic errors that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level were observed during direct testing and/or conversational speech. - Two or more phonological processes that significantly reduce the student's speech intelligibility and are not expected at the student's current age or developmental level were observed during direct testing and/or in conversational speech. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNA
6	4.	CHILDHOOD-ONSET FLUENCY DISORDER (STUTTERING) - Documentation which meets the following: <ul style="list-style-type: none"> • The student had a fluency rating of moderate or severe on the Suggested Guidelines for Stuttering Services or Suggested Guidelines for Stuttering Services for Preschool. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNA

7	<p>5. SOCIAL (PRAGMATIC) COMMUNICATION DISORDER – Documentation which meets the following:</p> <ul style="list-style-type: none"> • Assessment measures included norm referenced tests, multiple observations, checklists and structured tasks. • Assessment procedures were used that are contextually based and involved multiple settings and communication partners. • Assessment results indicate deficits in functional limitations in effective communication, social participation, social relationships, academic achievement and/or occupational performance, individually or in combination. • Assessment results have eliminated the presence of restricted repetitive behaviors, interests and other activities related to the diagnosis of Autism. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNA
8	<p>6. VOICE DISORDER – Documentation which meets the following:</p> <ul style="list-style-type: none"> • The student has a voice production rating of moderate or severe on the Voice Rating Scale. • The existence or absence of a structural or functional pathology has been verified by an otolaryngologist. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNA
9	<p>7. SPECIAL CONSIDERATIONS:</p> <ul style="list-style-type: none"> • Lack of discrepancy between cognitive level and communication performance was not the sole factor when determining eligibility for a severely speech and language disordered student. 	<input type="checkbox"/> True <input type="checkbox"/> DNA
	<ul style="list-style-type: none"> • Eligibility for speech and language services was not determined on the basis of having a primary language other than English or a language difference. 	<input type="checkbox"/> True <input type="checkbox"/> DNA
	<ul style="list-style-type: none"> • If verbal communication was not an effective means of communication for this student, an augmentative/alternative communication evaluation was conducted to determine the need for an alternative means of communication. 	<input type="checkbox"/> Yes <input type="checkbox"/> DNA
10	8. The student's disability adversely affects educational performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	9. The student needs special education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	10. The symptoms of this communication disorder may be more appropriately defined under another eligibility category.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain below. <input type="checkbox"/> DNA
13	11. Note educationally relevant medical findings, if any. (Write N/A if no relevant medical findings apply):	

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

- 14
- The student **DOES** meet the eligibility criteria for speech/language impairment that adversely impacts his/her education and **is eligible** for special education as a student with speech/language impairment.
 - The student **DOES NOT** meet the eligibility criteria for speech/language impairment and **is not eligible** for special education as a student with speech/language impairment.

Eligibility Committee Members

	Signature	Position
	_____	Chairperson
	_____	Speech-Language Pathologist/Specialist
	_____	Teacher
	_____	Parent
	_____	Student
	_____	Other: _____
		Title

 **Meeting Notes** (optional)

SPEECH/LANGUAGE IMPAIRMENT TEAM REPORT

ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information Complete/verify ALL fields containing county, student name and demographic information. Include the date of the eligibility determination.
2	Purpose of the Eligibility Committee Meeting Indicate the type of eligibility committee meeting (e.g., initial, reevaluation).
3	Comprehensive Evaluation The Eligibility Committee (EC) must determine whether the student was evaluated in all areas related to the suspected exceptionality and whether the evaluation was sufficiently comprehensive to identify all of the student's special education and related service needs, whether or not commonly linked to the suspected exceptionality. The team must respond yes or no.
4	Language Disorder All three eligibility criteria MUST be met. Please note that K-12 addresses functional limitation on effective communication, social participation, academic achievement or occupational performance, individually or in any combination. Preschool is looking at negative impact on social-communicative interaction. NOTE: Norm referenced test scores may be used AND/OR nonstandard/informal assessments.
5	Speech Sound Disorder All three eligibility criteria MUST be met. Please note that K-12 negative impact is on academic, social and/or vocational functioning and Preschool is looking at social-communicative functioning. NOTE: Application of developmental norms has been added. See Appendix in Policy 2419 for Articulation Development Norms.
6	Childhood-Onset Fluency Disorder (Stuttering) Eligibility criteria MUST be met. See Appendix of Policy 2419 for Suggested Guidelines for Stuttering Services and Suggested Guidelines For Stuttering Services for Preschool.
7	Social (Pragmatic) Communication Disorder All four eligibility criteria MUST be met. NOTE: Documentation must come from multiple observations in multiple settings with multiple communication partners.
8	Voice Both eligibility criteria MUST be met. See the Appendix of Policy 2419 for the Voice Rating Scale.
9	Special Considerations The team must respond to ALL of the special consideration questions. The team must respond with a true or DNA (does not apply) response to the first two considerations. For an eligible student who does not have effective verbal communication, an augmentative/alternative communication evaluation MUST have been conducted to respond yes to the third consideration. If the student is verbal, the team should respond DNA (does not apply).
10	Educational Performance The team must respond yes or no. See Appendix of Policy 2419 for Documentation of Adverse Effects on Educational Performance for Students with Speech/Language Impairment.
11	Need for Special Education The team must respond yes or no.
12	Symptoms of Communication Disorder The team must respond yes if the symptoms are more appropriately defined by another eligibility category. For a team response of yes an explanation must be added. Policy 2419 states, "A communication disorder is not considered the primary disability when the symptoms are attributable to hearing or other impairments that are more appropriately under another eligibility category." The team must respond no if the symptoms are not related to another eligibility category.
13	Medical Findings If there are any educationally relevant medical findings, describe in the space provided. (If more space is needed, attachments are allowable.) If there are not any relevant findings write NA.
14	Determination The team will need to select one of the determinations. If the team feels the student meets the criterion, mark the first check box. All of the specific criteria for a specific speech-language impairment must be met. Select the second statement if the student does not meet all criteria for a specific speech-language impairment. (If the second statement is chosen, this should also be documented in the options considered section of the Prior Written Notice form for the Eligibility Committee Meeting.)
15	Signatures Each member of the team signs the form which indicates that they were present at the meeting. If a team member disagrees, they must submit a separate statement presenting the member's conclusion.
16	Meeting Notes This is an optional section that can be used to document notes from the meeting.

INDIVIDUALIZED EDUCATION PROGRAM

IN LIEU OF IEP TEAM ATTENDANCE REPORT

_____ County Schools

1 Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____ Telephone _____

2 Excused IEP Team Member _____
Area of curriculum or related service _____

Directions for excused team members:

- Complete this form if you have been excused from the IEP Team meeting and your area of **curriculum or related service will be modified** or discussed in your absence.
- Attach copies of relevant reports, draft IEP pages, additional information, etc.
- Provide this report to the IEP Team chairperson and the parent prior to the meeting.

3 PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE/ **IMPACT STATEMENT/TARGETED STANDARD(S)**:

4 SUGGESTIONS FOR **ANNUAL GOALS/MODIFICATIONS/ACCOMMODATIONS/SERVICES**:

5 _____

Excused Team Member Signature _____ Position _____ Date _____

Parent Statement:

I have been provided an opportunity to review this report **prior** to the development of the student's IEP.

6 _____

Parent/Adult Student Signature _____ Date _____

IN LIEU OF IEP TEAM ATTENDANCE REPORT

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify fields containing county, student name and demographic information. Include the date on which the form was completed.
2	Excused Team Member	Enter the name of the excused team member and the specific area of curriculum or the related service for which the excused IEP Team member is responsible (e.g., English language arts, OT, Speech, Nurse).
3	Present Levels of Academic Achievement and Functional Performance/Impact Statement/Targeted Standard(s)	Enter measurable and observable data to address how the student's exceptionality affects his/her progress specific to academic or nonacademic areas. This includes impact statement and targeted standards when appropriate.
4	Suggestions for Annual Goals Modifications/Accommodations/Services	In relation to the present levels, enter recommendations for annual goals, supplementary aids/modifications or services and the type and amount of special education or related services.
5	Excused Team Member Signature, Position, Date	The excused team member must sign the report, indicate his/her position (e.g., math teacher) and date the report.
6	Parent/Adult Student Statement and Signature	The parent must be given the opportunity to review the <i>In Lieu of IEP Team Attendance Report</i> prior to the development of the IEP. Secure the parent's signature and date to document this has occurred.

ADDITIONAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEMBER EXCUSAL(S)

_____ County Schools



Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____ Telephone _____

TO BE COMPLETED WHEN A TEAM MEMBER'S EXCUSAL WAS NOT DOCUMENTED ON THE MEETING NOTICE



Documentation of Consent
(To be completed *prior* to the IEP Team meeting.)

Date parent/adult student contacted regarding excusals _____

Method of contact (email, phone, etc.) _____

Personnel making contact (names/positions) _____

Date of scheduled IEP Team meeting _____

Additional excused IEP Team Members	Name/Position
_____	_____
_____	_____

I consent to excuse the IEP Team members above. _____
Signature of Parent/Adult Student

NOTE: Reports are required from the excused members

**ADDITIONAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEMBER
EXCUSAL(S)**

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information. Include the date on which the form was completed.
2	Documentation of Consent	<p>This form is another way to document excusal requests after the Notice of the Eligibility Committee and/or Individualized Education Program Team meeting has been returned by the parent.</p> <p>Parental consent is only required when excusing one of the following required IEP Team members:</p> <ul style="list-style-type: none"> • Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); • Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child; • An individual who can interpret the instructional implications of evaluation results. • A representative of the public agency who— <ul style="list-style-type: none"> • Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; • Is knowledgeable about the general education curriculum; and • Is knowledgeable about the availability of resources of the public agency. <p>In instances when another excusal is necessary, district personnel must contact the parent to request permission to excuse the additional IEP Team member(s).</p> <ul style="list-style-type: none"> • Enter the date the parent contact was made. • Enter the method of contact. • Enter the name and position of district personnel making parent contact. • Record the date of the scheduled IEP meeting for which the team member will be excused. • Record the name(s) and position(s) of the team member(s) excused. • Enter the name(s) of member(s) required to submit a report prior to the IEP Team meeting. <p>REMINDER: The “<i>In Lieu of IEP Team Meeting Report</i>” must be provided to the parent prior to developing the IEP when the excused team member(s) has responsibility for addressing a curricular or related service area at the IEP Team meeting.</p>

REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) **TEAM MEETING**

_____ County **Schools**

1 Student's Full Name _____ Date _____
 School _____ **Date of Birth** _____
 Parent(s)/Guardian(s) _____ **Grade** _____
 Address _____ **WVEIS#** _____
 City/State/Zip _____ **Telephone** _____

Dear **Parent(s)/Adult Student**:

An IEP Team meeting will be scheduled in the near future. One of the purposes of the meeting will be to discuss post-secondary goals and to address the transition services that support those goals. The following list identifies the agencies, other than the school, that we believe should be invited to this meeting.

Please check the appropriate box (yes or no) indicating whether you give consent to invite each of the listed agencies to this meeting and sign below. Return a copy of this request to the school district.

2

Agency	Parent Consent	
	YES	NO

3 _____
 District Representative/**Position** _____
Phone Number

4 _____
 Signature of Parent/Adult Student _____
Date of Consent

**REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information.
2	Agency Representation	List the projected agencies that may be invited to attend the next IEP Team meeting.
3	Signature	District personnel initiating the notice must sign, enter his/her position and phone number.
4	Parent/Adult Student Response	Upon receipt of the parent/guardian/student response with signature, file in student folder. NOTE: Date consent was obtained is to be documented on the Notice of Eligibility Committee And/Or Individualized Education Program Team Meeting.

INDIVIDUALIZED EDUCATION PROGRAM

1 _____ County Schools

2 Student's Full Name _____ 3 Date _____

PART I STUDENT INFORMATION

4 Student's Full Name _____ 5 Annual Review Date _____
6 School _____ 7 Date of Birth _____
8 Parent(s)/Guardian(s) _____ 9 Grade _____ 10 IEP Grade _____
11 Parent(s)/Guardian(s) _____ 12 WVEIS# _____
13 Address _____ 13 Telephone _____
City/State/Zip _____
14 Reevaluation Due Date _____ 15 Exceptionality _____

Meeting Type: [] Initial [] Annual Review
[] Reevaluation Restart the Annual Review [] Yes [] No
[] Other Restart the Annual Review [] Yes [] No

17 Transferred From: _____ Transferred Date: _____

PART II: DOCUMENTATION OF ATTENDANCE

Table with 3 columns: Name, Signature, Position. Includes rows for Parent/Guardian, Student, General Education Teacher, Special Education Teacher, and Chairperson.

The following people participated in the IEP team meeting via an alternate method:

Table with 3 columns: Name, Position, Alternate Method. Includes a row for documentation.

PART I: STUDENT INFORMATION		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County Information	Enter the full name (not abbreviated) of the district (county).
2	Student Name	Enter the full legal name (first, middle, last) of the student. Do not use a nickname.
3	IEP Meeting Date	Write the actual date of the IEP meeting (Month, Day, Year). This date must correspond to the scheduled date on the meeting notice. If the date of the meeting changes, document this change on the parent/student notice form. Always document the reason for the change (Example: school cancellation, parent request).
4	Student Name	Enter the full legal name (first, middle, last) of the student.
5	Annual Review Date	Write the Annual review date (Month, Day, Year).
6	School Name	Write the name of the school where the student is currently enrolled.
7	Student Date of Birth	Verify and enter the date of birth of the student. Use numerals (Example: 07/29/2010).
8	Name of Parent(s) or Guardian(s)	Enter the name(s) of the parent(s) or guardian(s) of the student. The parent or guardian is the person with whom the child is living.
9	Current Grade	Enter the student's current grade level.
10	IEP Grade	Enter the grade level that the student will be enrolled in when the IEP services are initiated.
11	Parents' Address	Verify and enter the mailing address of the parent(s) or guardian(s).
12	Student WVEIS #	Verify and enter the nine-digit WVEIS # of the student.
13	Telephone Number	Verify and enter the telephone number of the parent(s) or guardian(s).
14	Reevaluation Date	Verify and enter the reevaluation date. Calculate this date three (3) years from the date of the last eligibility committee report.
15	Student's Exceptionality	Verify and enter the exceptionality of the student.
16	IEP Meeting Type	Select the appropriate IEP meeting type from the following choices: Initial – First IEP completed within 30 calendar days following the eligibility determination. (This box will start the Annual Review date.) Annual Review – Reviewed at least annually, once every 365 days. (This box will restart the Annual Review date.) Reevaluation Review – IEP meeting held for completion of Reevaluation Determination Plan. Indicate whether this box will restart the Annual Review date. Other: (Additional detail is required) Indicate whether this box will restart the Annual Review date.
17	Transfer Information	Enter the date and the school/district/state from which the student transferred, if applicable. NOTE: Follow WVDE Policy 2419 timelines and procedures related to the transfer of a student.

PART II: DOCUMENTATION OF ATTENDANCE		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
18	Attendees	<p>Only those members in attendance sign the IEP. IEP Team members:</p> <ul style="list-style-type: none"> • The parents of a student with an exceptionality; • Not less than one general education teacher of the student (if the student is, or may be, participating in the general education environment); for preschool-aged students, the general education teacher may be the kindergarten teacher or other appropriate designee (care provider, Head Start teacher or an appropriately licensed community preschool teacher); • Not less than one special education teacher of the student, or when appropriate, not less than one special education provider (speech/language pathologist or other therapist); • A representative of the district who is qualified to provide or supervise the provision of special education, knowledgeable about the general education curriculum and knowledgeable about the available resources of the district and has the ability or authority to allocate resources (Speech only - speech/language pathologist may serve as a district representative, if the criteria are met); • An individual who can interpret the instructional implications of evaluation results; At the discretion of the parent or the district, others with knowledge or special expertise regarding the student, including related service personnel as appropriate; and • The student when appropriate, but required when the purpose of the meeting is consideration of the postsecondary goals and transition services (beginning with the first IEP to be in effect when the student is 16). <p>In Addition:</p> <ul style="list-style-type: none"> • To the extent appropriate and with parent or adult student consent a representative of any participating agency likely to be responsible for providing and paying for transition services. • For a child previously served under West Virginia Birth to Three, at the request of the parent, invite the Part C service coordinator or other representatives of the Part C system to assist with the smooth transition of services. • For students being considered for or currently in a private school placement made by the IEP team, ensure participation of a representative of the private school or facility through attendance at the meeting or other methods, such as conference calls. <p>NOTE: The representative of the district and individual who can interpret the instructional implications of evaluation may serve in a dual role if so designated.</p>
19	Alternate Method of Participation	If an IEP team member participates via an alternate method enter the name, position and alternate method of participation (Examples: video conferences, conference calls).

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

1 → PART III A: EXTENDED SCHOOL YEAR (ESY) DETERMINATION

Will ESY be considered while developing this IEP?

___ Yes ___ No (for gifted only)

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:

- Significant regression during an interruption in educational programming;
- A limited ability to recoup, or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances.

(The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.)

Does the student need extended school year services?

2 → ___ Yes ___ No ___ Defer until: _____

PART III B: EXTENDED SCHOOL YEAR SERVICES

3 → ESY Services	4 → Location of Services	5 → Extent/Frequency ___ per ___	6 → Initiation Date m/d/y	7 → Duration m/y

8 → After review of the proposed extended school year services, the parent(s)/guardian(s)/adult student:

___ accepts extended school services. ___ rejects extended school services.

PART III A: EXTENDED SCHOOL YEAR (ESY) DETERMINATION		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	ESY Consideration	Will ESY be considered while developing this IEP? Select YES or NO NOTE: For students with disabilities, the IEP Team shall annually determine and document a student's need for ESY services. NOTE: ESY is not to be considered for gifted students
2	ESY Determination	After examining the regression/recoupment data and other factors, the IEP Team determines whether the student needs ESY services and selects YES or NO . If the team defers determination until additional data can be collected, select Defer and indicate when the IEP Team will meet to determine the need for ESY services. Example: 4/24/2017, Spring 2017, April 2017.
PART III B: EXTENDED SCHOOL YEAR SERVICES		
3	ESY Services	When the student is in need of ESY, list the service(s) required to maintain critical skills. Example: articulation therapy, reading comprehension, behavior, functional living skills, occupational therapy.
4	Physical Location	Enter the Physical Location(s) of each ESY service.
5	Extent/Frequency	Enter the Extent/Frequency of each ESY service. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances. Specifying a range is only acceptable if the IEP Team determines that it is necessary to meet the unique needs of the student. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff or services.
6	Initiation Date	Enter the Initiation Date of each ESY service (Month/Day/Year Example: 07/01/2017).
7	Duration	Enter the Duration date of each ESY service (Month/Year Example: 07/2017).
8	Parent(s) Accept or Reject ESY Services	The district has the responsibility to inform the parent that ESY services may be refused. If a student is determined to be eligible for ESY services, document the parent decision to accept or reject ESY services by checking Accept or Reject .

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

1 **PART IV: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS**

The IEP team must consider the following factors for all students:

- The strengths of the student.
- The concerns of the parent.
- Results of the initial or most recent evaluation of the student.

2 If additional evaluations are needed (specify): _____

- Academic, developmental and functional needs of the student

Do the following special considerations apply? If yes, document in appropriate section(s) of the IEP.

		YES	NO
3	1. Is the student identified as gifted? If yes, consider whether acceleration will be provided and document its effect on graduation.		
4	2. Does the student need assistive technology devices or services? If yes, document the type of device and provision for home use, if any, and/or the nature and amount of services. Specify: _____		
5	3. Does the student have communication needs? If yes, address in the IEP.		
6	4. Does the student's behavior impede his or her learning or that of others? If yes, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.		
7	5. Does the student have blindness or low vision? If yes, document provision of instruction in braille and the use of braille, or 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 needs for instruction in braille or the use of braille, document in the present levels a justification that instruction in braille or the use of braille is not appropriate for the student.		
8	6. Is the student deaf or hard of hearing? If yes, consider the language and communication needs of the student, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.		
9	7. Does the student have limited English proficiency? If yes, consider the student's level of English language proficiency.		
10	8. Does the IEP team intend to invite a representative from a participating agency to the NEXT IEP meeting to discuss transition services? If yes, written consent must be obtained to invite agency representatives prior to the next IEP meeting and the agency representative must be included on the next IEP meeting notice.		
11	9. Will this IEP address Transition Services? If yes, the transition planning sections of the IEP must be addressed.		

12 **Accessible Educational Materials Guidance**

If the student understands instructional content at grade level, but is unable to read with sufficient accuracy and fluency to support comprehension at the same rate as his/her peers; or cannot physically manipulate the print medium; or due to blindness/low vision cannot see standard print materials, please refer to the *Accessible Educational Materials* guidance documents on the WVDE website.

PART IV: CONSIDERATION OR FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	IEP Considerations for ALL students	The IEP team must consider the following factors for all students: The strengths of the student The concerns of the parent Results of the initial or most recent evaluation of the student. Academic, developmental and functional needs of the student
2	Additional Evaluations	Specify any additional evaluations needed.
3	Gifted Considerations	Acceleration is moving through a prescribed course of study at a faster pace or in a shorter time span. For a student identified as gifted or exceptional gifted, document whether acceleration is the focus of services and document in present levels how and when the student will complete the credits necessary for high school graduation.
4	Assistive Technology Considerations	If the IEP Team determines, based on evaluation results, the student is in need of an assistive technology device/service, the IEP Team must include the nature or type of the service, the amount (extent/frequency) and the location in IEP Services.
5	Provision for Home Use	If the device is to be used in the home, provision for home use is documented in Part IV Considerations.
6	Communication Considerations	Consider if the student exhibits deficits in articulation, expressive and/or receptive language, and whether the student requires an alternate communication system.
7	Behavior Considerations	Determine whether a student's behavior impedes his/her learning or that of others, regardless of the student's exceptionality. If yes, the IEP Team must consider and identify appropriate strategies, including positive behavior interventions and supports, to address that behavior. Behaviors of concern should be addressed through present levels and annual goals.
8	Blindness or Low Vision Considerations	For the student who has blindness or low vision, provide for instruction in braille and the use of braille unless the IEP Team determines and documents that braille is not appropriate for the student. This determination can only be made after an evaluation of the student's reading & writing skills, needs and appropriate reading & writing media that instruction in braille or the use of braille is not appropriate for the student. The determination must include an evaluation of the student's future needs for instruction in braille or the use of braille.
9	Deaf or Hard of Hearing Considerations	For a student who is deaf or hard-of-hearing, the IEP Team must consider the language needs of the student, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, the student's academic level and his or her full range of needs, including opportunities for direct instruction in the student's language and communication mode.
10	Limited English Proficiency Considerations	For a student with limited English proficiency, the IEP Team must consider the student's language needs as they relate to the student's IEP.
11	Inviting Agency Representative Considerations	Written consent must be obtained annually to invite specified agency representatives prior to the next IEP meeting and the agency representative must be included on the next IEP meeting notice.
12	Transition Considerations	Transition must be addressed prior to the first IEP to be in effect when a student is sixteen years old (or sooner at the discretion of the IEP Team).
13	Accessible Educational Materials Guidance	If the student understands instructional content at grade level, but is unable to read with sufficient accuracy and fluency to support comprehension at the same rate as his/her peers; or cannot physically manipulate the print medium; or due to blindness/low vision cannot see standard print materials, the IEP Team should refer to the <i>Accessible Educational Materials</i> documents on the WVDE website for additional guidance.

INDIVIDUALIZED EDUCATION PROGRAM


_____ County Schools

Student's Full Name _____


Date _____

PART V: ASSESSMENT DATA

General Summative Assessment Performance Levels


TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level
 1			

Alternate Assessment Performance Levels

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level
 2			

Interim, Formative, Transition and Additional Assessment Data

Using current, annual data, list the **interim**, formative and transition assessments that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills and performance based assessments. Describe the results and implications for specially designed instruction.

 3	Assessment	Date	Description

PART V: ASSESSMENT DATA		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	General Summative Data	Verify the student's level of performance in the ELA, Math and Science sections of the general assessment and enter them into the table provided (if appropriate).
2	Alternate Assessment Data	Verify the student's level of performance in the ELA, Math and Science sections of the Alternate Assessment and enter them into the table provided (if appropriate).
3	Additional Assessment Data	In this section, list additional assessment data including interim , formative and transition assessments. The assessments listed should describe the student's performance and offer implications for specially designed instruction. These assessments should inform the present levels of academic achievement and functional performance. Examples: Interim Assessments , STAR data, Read 180, PALS, DIBELS, daily behavior checklist, data collection chart, worksite checklist, supported work-based evaluation, sensory integration, audiological evaluation and Functional Behavioral Assessment.

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART VI: TRANSITION PLANNING*(For students beginning no later than the first IEP to be in effect when the student is 16, or younger by July 1, 2017; 15 or younger by July 1, 2018; 14 or younger by July 1, 2019.)***Age of Majority**

1 The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18

___ Yes ___ No

Date _____

Student Initials _____

Parent/Guardian Initials _____

NOTE: *Age of Majority brochure is available on the WVDE website.***Transition Planning Considerations:**

How were the student's preferences and interests considered?

2 ___ Student interview/survey ___ Interest inventory ___ Parent interview/survey ___ Functional vocational evaluation

Transition Assessments Reviewed (specify):

3 _____

The student's educational program will lead 4 ___ standard diploma ___ alternate (modified) diploma

NOTE: *Alternate (Modified) Diploma brochure is available on the WVDE website.***Appropriate measurable postsecondary goals based upon age appropriate transition assessments:**

1. Education/Training Goals:

5 _____

2. Employment Goals:

3. Independent living skills goal(s) (if appropriate):

Select one of the following Career Clusters:

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture, Food and Natural Resources | <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Hospitality and Tourism |
| <input type="checkbox"/> Government and Public Administration | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Law, Public Safety, Correction and Security |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Science, Technology, Engineering and Mathematics |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Cluster Undetermined (<i>Option for Grade 7 or below</i>) |
| <input type="checkbox"/> Transportation, Distribution and Logistics | <input type="checkbox"/> Arts, A/V Technology and Communication | |

7 **Specify the program of study pathway that aligns with the career cluster the student selected:** _____

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

8

Select one of the following program of studies which aligns with the student's chosen career cluster and provides the best option for success in the global workplace and postsecondary education.

State-Approved Career and Technical Education (CTE) Program of Study is an approved sequence of four CTE courses which align to a CTE cluster and pathway, impacts state economic labor market needs as verified by Workforce data and leads to an industry-recognized credential or certificate or opportunity for continuing into postsecondary level education. Students must be capable of passing 100% of the safety exams for the respective program of study.

State-Approved Individual Work Readiness Competencies (IWRC) - Prerequisites: *Before selecting IWRC, students must have initially selected the State-Approved (CTE) Program of Study option; completed at least two CTE courses in their chosen area of career interest; passed ALL safety exams; demonstrated the ability to acquire basic/core CTE skills at an entry level; were unable to master ALL of the required skill sets associated with their state-approved CTE program of study.*

IWRC is an approved sequence of four CTE courses which align to a CTE cluster and pathway that provides students with a current IEP the opportunity to gain valuable work readiness through a CTE program of study. Students demonstrate the necessary skill sets for entry level support jobs in a specific occupational area. Students must be pursuing a standard diploma and be capable of passing 100% of the safety exams for the respective program of study.

State-Approved Career Integrated Experiential Learning (CIEL) is a personalized CTE program of study developed to meet student needs by providing them marketable job skills and opportunities to test for multiple nationally recognized certifications.

Locally Developed Career and Technical Education (CTE) Program of Study is a locally approved sequence of four CTE courses which align to a CTE cluster and pathway, impacts a local economic labor market need as verified by local advisory council and leads to an industry-recognized credential or certificate or opportunity for continuing into postsecondary level education.

Locally Developed Personalized Program of Study is a locally approved sequence of four courses which align to a career cluster and a program of study that could lead directly to an industry-recognized certificate or license or credit-bearing academic college courses. Best practice would be to encourage college bound students to take at least 1 (one) AP and/or AC course with corresponding examination, a fourth science or computer science credit, and 2 credits in one world language.

Locally Developed Community Ready Program of Study is a locally approved sequence of four courses which align to a career cluster that will lead to placement in entry-level support jobs or workforce training programs.

Undetermined – Option for Grade 7 or below

9

Specific course selections must be documented in the student's Personalized Education Plan (PEP) in collaboration with the school counselor, teachers, advisors and parent/guardian. A copy of the PEP must be kept with student's IEP.

Activities/Linkages: Identify activities needed for attaining postsecondary outcomes and the lead party/agency responsible for those services.

Activities/Linkages	Lead Party/Agency			Description of Service	Annual Goal to Support Activity
	Parent/Student	School	Agency (Specify)		
Workplace readiness training/Instruction/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Counseling for transition and postsecondary program/Vocational aptitude/interest assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Job exploration/Career awareness/work-based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Self-advocacy training/Independent living/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Agency referral/application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

INDIVIDUALIZED EDUCATION PROGRAM

PART VI: TRANSITION PLANNING		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Age of Majority	<p>Not later than the student's 17th birthday, the IEP Team must discuss the transfer of special education rights to the student. If the parent and/or student are not present at the IEP team meeting, parent and student initials (along with date) must be obtained prior to the student's 17th birthday. <i>(The initials and date may be secured and recorded on the IEP document following the IEP meeting.)</i></p> <p>Select YES if Individualized Education was discussed during the IEP meeting. Select NO if the student is not of an appropriate age.</p> <p>NOTE: The Age of Majority brochure may be accessed on the Office of Special Education website. The IEP Team must discuss the rights that will transfer to the student at the age of 18. As appropriate, provide the parent information regarding guardianship. The resources for guardianship may include the local Parent Educator Resource Center, Circuit Court and Developmental Disabilities Council.</p>
2	Transition Planning Considerations	Select all methods used to determine the student's preferences and interests.
3	Transition Assessments Reviewed	List assessment tools used to determine postsecondary goals and IEP annual goals. Transition Assessments may include community or in-school work experiences, the formal and informal interest and aptitude assessments, and if appropriate may include emotional/social and ability testing. Also, include parent input, information from other agencies and other pertinent evaluation data. If transition assessments previously have been recorded in Additional Assessment Data, please make a notation in this section.
4	Diploma Type	<p>Select type of diploma to be issued as a result of the student's educational program [<i>standard or alternate (modified)</i>]. An eligible student with disabilities who has been determined by an IEP Team to be unable, even with extended learning opportunities and significant instructional modifications, to meet state and county standard graduation requirements may receive an alternate (modified) diploma. Students with disabilities receiving alternate (modified) diplomas shall be allowed to participate in graduation ceremonies with their same grade classmates and continue with special education eligibility services.</p> <p>See Policy 2510 for additional information. Students receiving instruction using the Alternate Academic Achievement Standards and who participate in Alternate Academic Achievement Assessment are working toward an <i>alternate (modified)</i> diploma.</p>
5	Postsecondary Goals	<p>Postsecondary Goals: Annually write measurable goals to describe the post school environments for education (or training) and employment identified as part of ongoing transition activities and services. If appropriate, measurable postsecondary goals for independent living also are documented. Record course of study information on the Personalized Education Plan (PEP) in collaboration with the school counselor. See Policy 2510 for graduation requirements.</p>
6	Career Clusters	The student will select from sixteen broad career clusters of interest. (See descriptions and program of studies on the WVDE CTE website http://careertech.k12.wv.us .)
7	Specify the program of study	Specify the program of study that aligns with the student career cluster selection.
8	CTE/Non CTE Options	Review the CTE/Non CTE program of study options that are available within the district and select the one which best compliments the student's chosen career cluster and which will lead directly to placement in entry-level, credit-bearing academic college courses, an industry-recognized certificate or license, or workforce training programs.
9	Personalized Education Plan (PEP)	Identify course work for the four (4) credits that will support the CTE/Non CTE option, which was selected. The specific program of studies and course selections for the chosen CTE/Non CTE option is to be documented in the student's Personalized Education Plan (PEP) and a copy of that plan must be kept with the IEP.
10	Activities and Linkages	<p>Annually select the activities and linkages to support acquisition of postsecondary goals. Check whether the parent/student, school or agency will be the lead party for the activity or linkage. Name the agency, if an agency is the lead party. Briefly describe the service or linkage. Indicate transition services areas, at least one, for which annual goals will be developed in Part VIII of the IEP.</p> <p>Example: visit a job site, complete employment application, conduct McCarron-Dial.</p>

Student's Full Name _____

Date _____

PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP instructions). **Include grade level expectations as well as an impact statement which describes how the student's exceptionality will affect access to the general curriculum. Also, include targeted standard(s) where appropriate. Add pages as needed.**

Grade Level Expectations:**Present Level Statement:****Impact Statement:****Standards Type: Multidisciplinary evaluation and educational performance data support the following standard type:**

- West Virginia College- and Career-Readiness Standards
 Alternate Academic Achievement Standards (*This choice **MUST** be confirmed by checking the box at the bottom of the Alternate Academic Achievement Standards Guidelines page which accompanies Part VII of the IEP*)
 Early Learning Standards Framework

Targeted Standards:

PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Grade Level Expectations	Grade Level Expectations: Enter a brief summary of performance expectations for the grade level that the IEP will address.
2	Narrative Description of Present Levels of Performance	<p>Narrative Description of Present Levels: The IEP Team identifies and develops statements of present levels of academic achievement and functional performance, including progress on annual goals and/or objectives. Present levels describe the student’s relevant academic, behavioral, developmental, or functional needs.</p> <p>Although the content of present levels of academic achievement and functional performance statements is different for each student, each statement must:</p> <ul style="list-style-type: none"> • Be written in objective, measurable terms and easy-to-understand non-technical language; • Establish a basis for the other components of the IEP, including annual goals, and, if applicable, benchmarks/objectives and special education services for students who participate in the Alternate Standards; • Provide a starting point for Academic Achievement goal development; and • Articulate any gaps that may exist between the student’s grade level expectations and his or her demonstrated performance. <p>NOTE: Present levels must justify any removal from the general education environment or activities.</p> <p>Transition: For students with disabilities beginning with the first IEP to be effective at age 16, present levels must include information from age-appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills in relation to their postsecondary goals. Present levels must address transition needed to assist the student in reaching those goals as well as transition needs in the areas of instruction, employment and other post-school adult living, community experiences, related services and, when appropriate, acquisition of daily living skills and functional vocational evaluation. Present levels must take into consideration the student’s strengths, preferences and interests.</p> <p>Gifted: For students who meet criteria for gifted, including exceptional gifted students, present levels describe the impact of the student’s giftedness on the student’s educational performance in the four core curricular areas: 1) English language arts; 2) Mathematics; 3) Social Studies and 4) Science, as appropriate based on assessment.</p>
3	Impact Statement	<p>Enter an impact statement which describes how a student’s disability or giftedness affects his or her involvement and progress in the general education curriculum for all goal areas addressed in the IEP.</p> <p>Example: Elaine’s deficit in reading fluency causes her to have difficulties in summarizing and identifying the main idea of a text. This adversely affects her in classes when she has to read lengthy text materials, summarize them and provide the central idea of a text.</p>
4	Standards Type	<p>Multidisciplinary evaluation and educational performance data must support the standard type selection.</p> <p>NOTE: Before selecting the Alternate Academic Achievement Standards, the IEP Team must indicate on the ALTERNATE ACADEMIC ACCHIEVEMENT STANDARDS GUIDELINES section of Part VII that they have read and understood the guidelines and have applied them in making that selection. This form is to be completed ONLY if the Alternate Academic Achievement Standards apply.</p>
5	Targeted Standards	<p>If present levels of academic achievement and functional performance statements are addressed for either the ELA and/or Math content areas, the IEP Team must select at least one standard which the team considers to be the student’s most critical need in terms of guiding goal development. Standards can be targeted for other areas of need such as speech-language, behavior and gifted if the IEP Team determines that the standards would help to serve as a basis for goal development.</p>

INDIVIDUALIZED EDUCATION PROGRAM

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Student's Full Name _____

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PART VII (continued): ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES**TO BE COMPLETED ONLY IF THE IEP TEAM HAS SELECTED ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS****ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES**

Alternate Academic Achievement Standards are designed for students with the most significant cognitive disabilities. Students following the Alternate Academic Achievement Standards will participate in the statewide Alternate Assessment and are on track to receive an Alternate (*modified*) Diploma which has implications regarding postsecondary education and career opportunities.

The following three statements must be answered yes when determining if the student's program of study should be based on the Alternate Academic Achievement Standards:

1. The student has a significant intellectual disability.
NOTE: WV Policy 2419, states that an intellectual disability is defined as significantly subaverage intellectual functioning that exists concurrently with deficits in adaptive skill areas. These deficits are manifested during the developmental period and adversely affect the student's educational performance. The student with moderate to severe intellectual disability has general intellectual functioning more than three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test.
2. The student will be primarily instructed using the Alternate Academic Achievement Standards.
3. The student requires extensive direct individualized instruction and substantial support to achieve measureable gains in the grade and age appropriate curriculum.

The following are NOT allowable considerations to determine participation in the Alternate Assessment:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services student receives
6. Educational environment or instructional setting
7. Percent of time receiving special education
8. English Language Learner (ELL) status
9. Low reading level/achievement level
10. Anticipated student's disruptive behavior
11. Impact of student's scores on accountability system
12. Administrator decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology/AAC) to participate in assessment process

The IEP Team must check the box below to confirm that the guidelines were followed when making the decision to select Alternate Academic Achievement Standards.

The IEP Team has read and understood the ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES and has applied those guidelines in selecting the Alternate Academic Achievement Standards.

PART VII ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	IEP Team Confirmation Required Before Selecting Alternate Academic Achievement Standards	<p>The IEP Team must check the box on the bottom of the ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES section of Part VII indicating that they have read and applied the guidelines before deciding that the student will follow the Alternate Academic Achievement Standards.</p> <p>NOTE: Form is intended to be printed and disseminated to all team members prior to discussion.</p>

INDIVIDUALIZED EDUCATION PROGRAM

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Student's Full Name _____

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PART VIII: ANNUAL GOALS, Part A

(Add pages as needed).

1 → Critical Skill	2 → Timeframe	3 → Condition	4 → Behavior	5 → Evaluation Procedure with Criteria	6 → Mastery/Progress Codes (optional)

7 → Progress:

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.
 How? _____ When? _____

Record dates on which Progress Reports have been provided to parents:

Mastery Code:	0 = Regression	1 = Maintained	2 = Recouped
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Student Progress Code:	P = Progress Sufficient	IP = Insufficient Progress	A = Achieved	NA = Not Applicable
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PART VIII: ANNUAL GOALS, PART A

Measurable academic and functional **annual goals** must be related to the needs described in the present levels of academic achievement and functional performance statements. Specifically, annual goals:

1. Include a measurable statement that describes what a student is reasonably expected to accomplish from the special education program within the time period covered by the IEP, generally one year.
2. Enable the student to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability or giftedness.
3. Include the timeframe, condition, behavior and the evaluation procedure with performance criteria.

For students on Alternate **Academic Achievement** Standards, each goal must have at least two benchmarks/objectives. Benchmarks/objectives must include a statement of how far the student is expected to progress toward the annual goal and by what date.

The IEP Team has the discretion to use benchmarks/objectives as described above for any student eligible for IEP services.

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Critical Skills	For purposes of determining the need for extended school year services for each student with a disability, the IEP Team must identify at least one critical skill area per IEP document (excluding gifted) that is needed for the student to maintain levels of performance. Measurement of these critical skill areas throughout the school year will determine the regression and recoupment of these specified skills and whether the student requires specially designed instruction beyond the standard school year to maintain the levels of performance in the critical skill area(s). All students, including children ages 3 through 5 who are in preschool and those transitioning into the school system from a WV Birth-to-Three Program (Part C), must be considered for ESY services. For preschool children, critical skill areas should focus on the maintenance of skills needed for the child to function independently and participate in age-appropriate environments.
2	Timeframe	Include the time period, generally one year that represents when the student can realistically be expected to attain the annual goal. Examples: By June 2017, By the end of the first semester, Within one year.
3	Condition	The condition identifies the circumstances under which the behavior will occur. The condition should describe the specially designed instruction necessary for the student to perform the behavior. This could include scaffolding strategies or other accommodations. Examples: given a graphic or advance organizer; after pre-teach; given re-teach; using a research-based problem solving model; when presented with a visual schedule; utilizing a self-calming technique
4	Behavior	Stated in positive terms, the behavior refers to observable, measurable actions the student will perform. Examples: the student will construct a 3-paragraph essay with no more than one punctuation error; the student will solve 3-digit addition and subtraction problems with regrouping; the student will consider multiple perspectives selecting effective strategies to solve a problem to complete a task.
5	Evaluation Procedures with Criteria	Identify the specific evaluation method(s) required to determine whether the goal/objective has been attained. The goal criteria specify the expected amount of growth or level of performance (how much, how often and to what standards) required to achieve the goal. The criteria identify when the goal is considered accomplished. Examples: at the highest level of a 4-level rubric for 3 out of 4 trials; 100% for 3 consecutive sessions based on therapy notes; 80% on quizzes and tests; 75% accuracy through teacher observation recorded on daily checklist.

6	<p>Documenting IEP Progress</p>	<p>The Mastery and Progress Codes are a means of documenting regression/recoupment for ESY and student progress toward IEP annual goals and/or objectives. A teacher or district IEP progress report form is an acceptable option in documenting the extent to which progress is sufficient to enable the student to achieve IEP goals by the end of the year. These progress reports are in addition to the traditional report card. Traditional report cards by themselves are not acceptable.</p> <p>NOTE: Document on the lines provided the dates the Progress Reports are provided to the parents.</p> <p>ESY Mastery Codes document the evaluation of critical skills as part of the decision-making process in determining whether the student with a disability needs ESY services. Consequently, mastery codes only apply to the goals and/or objectives identified as critical skills for ESY. The Mastery Codes of 0 = Regression, 1 = Maintained and 2 = Recouped are used to document the regression, maintenance or recoupment of critical skills previously identified by the IEP Team that are necessary for the student to maintain his/her current levels of performance. These codes and the evaluation date(s) are applied to the critical skills according to the local education agency's (LEA) criteria for determining whether the student needs special education and related services in excess of the regular school year to maintain identified critical skills as described on the IEP. After each identified critical skill, indicate the appropriate code under the Mastery column and the actual date this determination was made.</p> <p>IEP Progress Codes are used to document and report a student's progress in attaining the annual goals on the IEP. The Progress Codes (P = Progress Sufficient, A = Achieved, IP = Insufficient Progress and N/A = Not Applicable) will be used during the grading period to report to parents. After each annual goal indicate the appropriate code under the Progress column and the actual date this determination was made. If a current Annual goal is determined to be Achieved (A) and the service is to be dismissed, discussion of dismissal factors should be reflected in the next IEP present level along with evaluation results.</p>
7	<p>Reporting IEP Progress</p>	<p>Specify how and when the student's progress toward mastery of IEP goals will be reported to parents (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards).</p>

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PART VIII: ANNUAL GOALS with SHORT TERM OBJECTIVES, Part B
 (Optional for students who are taught the general standards but is required for students following the WV Alternate Academic Achievement Standards) Add pages as needed.

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional)

SHORT-TERM OBJECTIVES

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional)
2	3	4	5	6	7



Progress:

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.
 How? _____ When? _____

Record dates on which Progress Reports have been provided to parents:

Mastery Code: 0 = Regression 1 = Maintained 2 = Recouped

Student Progress Code:	P = Progress Sufficient	IP = Insufficient Progress	A = Achieved NA = Not Applicable
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PART VIII: ANNUAL GOALS, PART B

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Short Term Objectives	<p>For students following the Alternate Academic Achievement Standards, each goal must have two benchmarks/objectives. IEPs written for students who are following the general standards are not required to include short-term objectives when developing goal statements but the IEP team may opt to include them if they choose.</p> <p>Benchmarks/objectives must include a statement of how far the student is expected to progress toward the annual goal and by what date.</p> <p>Short-term objectives identify the areas for which specially designed instruction is needed to close identified achievement gaps. Short-term objectives must include timeframe, conditions, behavior and criteria for evaluating progress.</p> <p>Denote a critical skill by marking an annual goal or short-term objective.</p>
2	Critical Skills	See Annual Goals, Part A
3	Timeframe	See Annual Goals, Part A
4	Condition	See Annual Goals, Part A
5	Behavior	See Annual Goals, Part A
6	Evaluation	See Annual Goals, Part A
7	Documenting IEP Progress	See Annual Goals, Part A
8	Reporting IEP Progress	See Annual Goals, Part A
















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
_____ County Schools

Student's Full Name _____

Date _____

PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
				
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
				
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
				

 District and parent agree to waive the 5 day initiation requirement.

PART IX: SERVICES		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	A. Supplementary Aids and Services/ Program Modifications	<p>Identify Supplementary Aids and Services/ Program Modifications to enable the student to be educated in general education environments to the maximum extent appropriate: must be considered prior to removing a student from a General Education Environment (GEE); may be needed for a variety of general education programs, including core academics, physical education, art, music and technical education; must foster independence in the classroom, be implemented consistently and documented; and provided routinely to the student in the GEE prior to implementation on the West Virginia Measures of Academic Progress (WVMAP).</p> <p>When using the Online IEP, enter services for a Behavior Intervention Plan or a Health Care Plan, if either apply, by clicking on the name of that service which is located within the dropdown menu provided in the top field. Those school-based Medicaid billable services will automatically be transferred to the Medicaid Service Care Plan which is located under the IEP Printing section on the main menu.</p> <p>Use the dropdown menu when entering either of these services for ALL students, whether they are eligible for Medicaid or not.</p> <p>Examples: scaffolding, pre-teaching, re-teaching, organizers, extended time, assistive technology devices, instructional/physical assistance, positive behavior supports and interventions, escort for transitions, acceleration, note taking, environmental adaptations</p> <p>NOTE: Supplementary aides and services/modifications may be included as a condition of an annual goal or short-term objective.</p>
2	Location of Services	<p>Indicate Location of Services for each supplementary aid and service/program modification.</p> <p>Examples: math class, cafeteria, assemblies, physical education class, vocational/technical education class, hallways, community, workplace</p>
3	Extent/Frequency	<p>Indicate Extent/Frequency for each supplementary aid and service/program modification. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances. Specifying a range is only acceptable if the IEP Team determines that it is necessary to meet the unique needs of the student. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff or services.</p> <p>Examples: one day per week, during all tests, prior to initial instruction, daily, 10-20 minutes per assignment, during note taking activities</p>
4	Initiation Date	<p>Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2016).</p> <p>NOTE: Initiation date for each service must allow at least a five (5) day timeline for Prior Written Notice (PWN) unless the district and the parent agree to waive the five (5) day initiation requirement. The waiver should be documented by a checkmark in the space provided on the service page.</p> <p>For initial IEPs, services must be implemented as soon as possible. A short delay during the school year may occur when arrangements for services (e.g., transportation) must be made, but should not exceed fifteen days. IEPs developed during the summer will be implemented as indicated in the IEP and no later than the start of school.</p>
5	Duration	<p>Indicate Duration date specifying when each service ends (Month/Year Example: 04/2016). The duration of each service never exceeds one year.</p>
6	B. Special Education Services	<p>Identify Special Education Services to enable the student to achieve the annual goals, make progress in the general education curriculum and participate in extracurricular and other nonacademic activities. Special education services document the goal area requiring specially designed instruction.</p> <p>When using the Online IEP, enter Speech-Language special education services for students whose unduplicated service is Speech by clicking on the name of that service which is located within the dropdown menu provided in the top field. This school-based Medicaid billable service will automatically be transferred to the Medicaid Service Care Plan which is located under the IEP Printing section on the main menu.</p> <p>Use the dropdown menu when entering Speech Language Therapy services for ALL students, whether they are eligible for Medicaid or not.</p>

7	Location of Services	<p>Indicate Location of Services as being Direct GEE, Direct SEE or Indirect</p> <p>Direct GEE Services are instruction, therapies or interventions provided one-on-one or in groups to an eligible student in the general education classroom or integrated community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites.</p> <p>Direct SEE Services are specially designed instruction, therapies or interventions provided one-on-one or in groups to an eligible student in a special education school environment, home or community such as:</p> <ul style="list-style-type: none"> • A classroom or therapy space which does not include individuals without disabilities • A non-school environment, such as a public library, group home or mental health center • A medical treatment facility/hospital • The home • Public and private day schools for students with disabilities • Public and private residential schools for students with disabilities <p>Indirect Services are services provided by a special education teacher or provider to the student's teacher(s) to directly benefit the student. Examples of indirect instruction are designing instructional materials or monitoring behavior management plans.</p>																
8	Extent/Frequency	<p>Indicate Extent/Frequency for each special education service. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances,</p> <p>Example: 60 minutes per week, 120 minutes per month.</p>																
9	Initiation Date	<p>Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2016).</p> <p>NOTE: Initiation date for each service must allow at least a five (5) day timeline for Prior Written Notice (PWN) unless the district and the parent agree that services may be initiated within fewer than five (5) days. The waiver should be documented on the space provided on the service page.</p> <p>For initial IEPs, services must be implemented as soon as possible. A short delay during the school year may occur when arrangements for services (e.g., transportation) must be made, but should not exceed fifteen days. IEPs developed during the summer will be implemented as indicated in the IEP and no later than the start of school.</p>																
10	Duration	<p>Indicate the Duration date specifying when each service ends (Month/Yr. Example: 06/2017). The duration of each service never exceeds one year.</p>																
11	C. Related Services	<p>Enter the Related Services, developmental, corrective and other supports, required to assist an eligible exceptional student to benefit from special education.</p> <p>These services include, but are not limited to:</p> <table border="1" data-bbox="500 1276 1474 1535"> <tr> <td>Assistive technology</td> <td>Audiology</td> </tr> <tr> <td>Speech therapy</td> <td>Language therapy</td> </tr> <tr> <td>Physical therapy</td> <td>Occupational therapy</td> </tr> <tr> <td>Personal Care Services</td> <td>School nursing services</td> </tr> <tr> <td>Transportation (describe special circumstance)</td> <td>Interpreting services</td> </tr> <tr> <td>Orientation and mobility services</td> <td>Psychological services</td> </tr> <tr> <td>Social work services in school</td> <td>Counseling service</td> </tr> <tr> <td>Therapeutic recreation</td> <td>Braille Support Services</td> </tr> </table> <p>When using the Online IEP, enter school-based Medicaid billable related services for Audiology Services, Braille Support Services, Interpreting Services, Occupational Therapy, Personal Care Services, Physical Therapy, Psychological Services, School Nursing Services, Sign Language Support Services, Speech-Language Therapy, and Transportation Services, by clicking on the name of that service which is located within the dropdown menu provided in the top field. These services will automatically be transferred to the Medicaid Service Care Plan which is located under the IEP Printing section on the main menu.</p> <p>Use the dropdown menu when entering any of the related services listed above for ALL students, whether they are eligible for Medicaid or not.</p>	Assistive technology	Audiology	Speech therapy	Language therapy	Physical therapy	Occupational therapy	Personal Care Services	School nursing services	Transportation (describe special circumstance)	Interpreting services	Orientation and mobility services	Psychological services	Social work services in school	Counseling service	Therapeutic recreation	Braille Support Services
Assistive technology	Audiology																	
Speech therapy	Language therapy																	
Physical therapy	Occupational therapy																	
Personal Care Services	School nursing services																	
Transportation (describe special circumstance)	Interpreting services																	
Orientation and mobility services	Psychological services																	
Social work services in school	Counseling service																	
Therapeutic recreation	Braille Support Services																	
12	Location of Services	<p>Indicate Location of Services as being Direct GEE, Direct SEE or Indirect where appropriate, or as a narrative for those related services where GEE, SEE, and Indirect would not apply.</p> <p>Direct GEE Services are instruction, therapies or interventions provided one-on-one or in groups to an eligible student in the general education classroom or integrated community-</p>																

		<p>based settings that include individuals with and without disabilities, such as college campuses or vocational sites.</p> <p>Direct SEE Services are specially designed instruction, therapies or interventions provided one-on-one or in groups to an eligible student in a special education school environment, home or community such as:</p> <ul style="list-style-type: none"> • A classroom or therapy space which does not include individuals without disabilities • A non-school environment, such as a public library, group home or mental health center • A medical treatment facility/hospital • The home • Public and private day schools for students with disabilities • Public and private residential schools for students with disabilities <p>Indirect Services are services provided by a special education teacher or provider to the student's teacher(s) to directly benefit the student. Examples of indirect instruction are designing instructional materials or monitoring behavior management plans.</p>
13	Extent/Frequency	<p>Indicate Extent/Frequency for each related service. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances.</p> <p>Examples: 60 minutes per week, to and from school daily, 30 minutes per month, see Health Plan attached, once per semester.</p>
14	Initiation Date	<p>Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2017).</p> <p>NOTE: Initiation date for each service must allow at least a five (5) day timeline for Prior Written Notice (PWN) unless the district and the parent agree that services may be initiated within fewer than five (5) days. The waiver should be documented on the space provided on the service page.</p> <p>For initial IEPs, services must be implemented as soon as possible. A short delay during the school year may occur when arrangements for services (e.g., transportation) must be made, but should not exceed fifteen days. IEPs developed during the summer will be implemented as indicated in the IEP and no later than the start of school.</p>
15	Duration	<p>Indicate the Duration date specifying when each service ends (Month/Year Example: 06/2017). The duration of each service never exceeds one year.</p>
16	Waiving the 5 day requirement	<p>Waiving the five (5) day requirement: If the district and parent agree that services may be initiated within fewer than five (5) days, indicate agreement by placing a checkmark in the space provided.</p>

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART X: PLACEMENT – Ages 3-5

Explain the extent, if any, to which the student WILL NOT participate in a **Regular Early Childhood Program (RECP)** and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

1

Ages 3-5**A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)**2 _____ = **Hours per week student attends a Regular Early Childhood Program. (start time to end time)**

3 _____ = Hours per week of special education and related services delivered in the RECP.

4 _____ = Hours per week student receives special education and related services in some other location.

In a Regular Early Childhood Program at least 10 hours per week**WVEIS LRE Code**5 Majority of hours of special education and related services in the RECP W Majority of hours of special education and related services in some other location X**In Regular Childhood Program less than 10 hours per week** Majority of hours of special education and related services in the RECP Y Majority of hours of special education and related services in some other location Z**OR****B. For students not in a Regular Early Childhood Program****WVEIS LRE Code**6 Separate special education class M Separate school N Residential facility P Home R Service provider location S**7 Least Restrictive Environment (LRE) Considerations: The IEP team has considered:**

- Annual placement determination based on IEP.
- Only schools and classroom settings appropriate to the student's chronological age.
- Education in a general education classroom with the use of supplementary aids and services.
- Potentially harmful effects on the selected LRE placement on the student and the quality of the student's services.
- Education with age-appropriate non-exceptional peers.
- Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless IEP requires other arrangements.

**Targeted Case Management may be provided based upon medical necessity
(Not applicable for out-of-state placements)**

PART X: PLACEMENT – Ages 3-5

A Regular Early Childhood Program (RECP) is a program that includes a majority (at least 50%) of nondisabled children (i.e., children not on IEPs). This may include, but is not limited to: Head Start; kindergartens; preschool classes offered to an eligible pre-kindergarten population by the public school system; private kindergartens or preschools; and group child development center or child care. Private kindergartens include children with disabilities enrolled by their parents in a private elementary school and receiving special education and related services in accordance with a Service Plan. The private elementary school must be a nonprofit institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under State law.

An eligible student must be educated with general education students in the general education classroom to the maximum extent appropriate. This requirement is known as **Least Restrictive Environment (LRE)**. An appropriate LRE is one that enables the student to receive IEP services and make reasonable gains toward goals identified in an IEP.

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Extent Student Will Not Participate in General Education	Explain the extent, if any, to which the student will not participate in the general education classroom, the general education curriculum, or extracurricular or other non-academic activities. Discussion throughout the development of previous sections of the IEP including present levels, goals (and objectives, if appropriate) and services must provide the justification for this statement. NOTE: If the student participates fully in the general education setting, 100% GEE, construct a statement to that effect.
2	Hours per Week in RECP	Enter the hours per week (start time to end time) that the student attends the regular early childhood program. Example: The student attends 4.5 hours a day for 4 days. 4.5 daily x 4 days = 18 total hours weekly.
3	Hours per Week Services Provided in RECP	NOTE: This time should be a reflection of the “Direct GEE” time listed in Part IX: Services
4	Hours per Week Services Provided Outside RECP	Enter the hours per week that special education and related services are provided to the student in a location outside of the regular early childhood program environment. NOTE: This time should be a reflection of the “Direct SEE” time listed in Part IX: Services. NOTE: When using the Online IEP program, special education and related services hours indicated as direct instruction in the regular early childhood program (GEE) and in some other location (SEE) import directly from the IEP Services page.

5

LRE Determination for Students in RECP

Student IS in RECP: To determine the LRE, the IEP team must first determine if the student participates in the RECP either *at least* 10 hours per week or *less than* 10 hours per week. This can be calculated by subtracting the hours per week that special education and related services are provided to the student in a location outside of the regular early childhood program environment - from the total **start time to end time** hours per week that the student attends RECP. The difference should equal at least 10.00 hours weekly to qualify as “RECP at least 10 hours per week.”

Next, identify the environment where a majority of the special education and related services are provided. This is determined by comparing the hours per week that special education and related services are provided to the student within the regular early childhood program environment – to the hours per week that special education and related services are provided to the student in a location outside of the regular early childhood program environment.

Select from the choices provided the environment where the majority (at least 51%) of special education services are delivered.

Example 1:

A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)

19 = Hours per week of the RECP.

4 = Hours per week of special education and related services delivered in the RECP.

2 = Hours per week student receives special education and related services in some other location.

19 (A1) - 2 (A3) = 17 hours per week of RECP

In a Regular Early Childhood Program at least 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

In Regular Early Childhood Program less than 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

WVEIS LRE Code

W

X

Y

Z

4 is greater than or equal to 2

Example 2:

A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)

19 = Hours per week of the RECP.

2 = Hours per week of special education and related services delivered in the RECP.

2 = Hours per week student receives special education and related services in some other location.

19 (A1) - 2 (A3) = 17 hours per week of RECP

In a Regular Early Childhood Program at least 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

In Regular Early Childhood Program less than 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

WVEIS LRE Code

W

X

Y

Z

2 is greater than or equal to 2

Example 3:

A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)

11 = Hours per week of the RECP.

4 = Hours per week of special education and related services delivered in the RECP.

2 = Hours per week student receives special education and related services in some other location.

11(A1) - 2(A3) = 9 hours per week of RECP

In a Regular Early Childhood Program at least 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

In Regular Early Childhood Program less than 10 hours per week

Majority of hours of special education and related services in the RECP

Majority of hours of special education and related services in some other location

WVEIS LRE Code

W

X

Y

Z

4 is greater than or equal to 2

6	<p>LRE Determination for Students NOT in RECP</p>	<p>Student is NOT in RECP: For students NOT in regular early childhood programs: Select the appropriate location where special education services are provided using the definitions provided.</p> <ul style="list-style-type: none"> • Separate Special Education Class (M): The student attends a program in a class that includes less than 50% students without disabilities and receives no services in an early childhood program. • Separate School (N): The student receives education programs in public or private day schools designed specifically for children with disabilities and does not attend an early childhood program. • Residential Facility (P): The student receives education programs in publicly and privately operated residential schools or residential medical facilities on an inpatient basis and does not attend an early childhood program. • Home (R): The student receives some special education and related services in the principal residence of the student’s family or caregivers and receives no services in an early childhood setting or in a special education setting. The student may receive some services in a service provider location. The term caregiver includes babysitter. • Service Provider Location (S): The student receives all special education and related services from a service provider, does not attend an early childhood program or a special education program and does not receive services at home. For example, speech instruction provided in private clinicians’ offices, clinicians’ offices located in school buildings, (e.g., speech only services provided in a school), hospital facilities on an outpatient basis, and libraries and other public locations.
7	<p>LRE Considerations Checklist</p>	<p>The LRE Considerations section provides verification for the discussion of least restrictive environment options. When a student’s placement in the least restrictive environment (LRE) is determined, removal from the general education environment occurs only when the nature or severity of the exceptionality is such that education in general classes and other settings with general education students cannot be achieved satisfactorily even with the use of supplementary aids and services. The placement is as close to home as possible, in the school the student would normally attend if not exceptional, unless the IEP requires other arrangements. An appropriate LRE is one that enables the student to be educated in general classrooms for the greatest amount of time with sufficient IEP services and support to make reasonable progress in the general curriculum and on IEP goals.</p>

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART X: PLACEMENT– Ages 6-21

Explain the extent, if any, to which the student WILL NOT participate in the general education classroom and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.



Ages 6-21**Total educational minutes per month** _____**Percentage of time in:**

_____ % General Education Environment



_____ % Special Education Environment

WVEIS LRE Code

_____ General Education: Full-Time (FT) 80% or more	0
_____ General Education: Part-Time (PT) 40% to 79%	1
_____ Special Education: Separate Class (SC) (general education less than 40%)	2
_____ Special Education: Special School (SS) Public or Private	3
_____ Special Education: Out-of-School Environment (OSE)	5
_____ Residential Facility (RF) Public or Private	6
_____ Parentally placed in private school (Service Plan only)	8
_____ Correctional facility	9

Least Restrictive Environment (LRE) Considerations: The IEP team has considered:

- Annual placement determination based on IEP.
- Only schools and classroom settings appropriate to the student's chronological age.
- Education in a general education classroom with the use of supplementary aids and services.
- Potentially harmful effects on the selected LRE placement on the student and the quality of the student's services.
- Education with age-appropriate non-exceptional peers.
- Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless IEP requires other arrangements.

**Targeted Case Management may be provided based upon medical necessity
(Not applicable for out-of-state placements)**

PART X: PLACEMENT – Ages 6-21		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Extent Student Will Not Participate in General Education	<p>Explain the extent, if any, to which the student will not participate in the general education classroom, the general education curriculum, or extracurricular or other non-academic activities. Discussion throughout the development of previous sections of the IEP including present levels, goals (and objectives, if appropriate) and services must provide the justification for this statement.</p> <p>NOTE: If the student participates fully in the general education setting construct a statement to that effect.</p>
2	Total Hours per Month Student Attends Educational Setting	Indicate the bell to bell minutes that the student attends the educational setting per month.
3	Percentage of Time Student in GEE	Document the percentage of time the student participates in the general education environment with non-exceptional peers
4	Percentage of Time Student in SEE	Document the percentage of time the student does not participate with nonexceptional peers in the general education environment.
5	LRE Placement Determination Ages 6-21	<p>Select the appropriate LRE placement from the options provided.</p> <p>NOTE: Each school has an assigned school day (bell-to-bell). Use bell-to-bell minutes to determine percentages. Only Direct SEE minutes are calculated to determine the LRE.</p> <ul style="list-style-type: none"> • General Education: Full-Time (FT) - The student's specially designed instruction and related services are delivered inside the general education classes or integrated community settings for 80% or more of the school day. (<i>WVEIS LRE Code: 0</i>) • General Education: Part-Time (PT)- The student's specially designed instruction and related services are delivered inside the general education classes or integrated community settings for no more than 79% of the school day and no less than 40% of the school day. (<i>WVEIS LRE Code: 1</i>) • Special Education: Separate Class (SC) - The student's specially designed instruction and related services are delivered inside the general education classes or integrated community settings for less than 40% of the school day. (<i>WVEIS LRE Code: 2</i>) • Special Education: Special School - Public or Private (SS) – The student’s specially designed instruction and related services are delivered in a special school that serves only exceptional students for more than 50% of the student’s school day. (<i>WVEIS LRE Code: 3</i>) • Special Education: Out-of-School Environment (OSE) – the student’s specially designed instruction and related services are temporarily delivered in a non-school environment, such as a public library, group home, mental health center, a medical treatment facility/hospital, or the home. (<i>WVEIS LRE Code: 5</i>) • Special Education: Residential Facility – Public or Private (RF) – The student’s specially designed instruction and related services are delivered in a facility that provides twenty-four (24) hour care and supervision. (<i>WVEIS LRE Code: 6</i>) • Parentally Placed in Private School – The student is placed in private school by the parent and receives services through a Service Plan. This applies only to students ages 6-21. (<i>WVEIS LRE Code: 8</i>) • Correctional Facility – The student receives IEP services in a correctional facility (services provided by the Office of Diversion and Transition Programs). (<i>WVEIS LRE Code: 9</i>)

6	LRE Considerations Checklist	<p>The LRE Considerations section provides verification for the discussion of least restrictive environment options. When a student’s placement in the least restrictive environment (LRE) is determined, removal from the general education environment occurs only when the nature or severity of the exceptionality is such that education in general classes and other settings with general education students cannot be achieved satisfactorily even with the use of supplementary aids and services. The placement is as close to home as possible, in the school the student would normally attend if not exceptional, unless the IEP requires other arrangements. An appropriate LRE is one that enables the student to be educated in general classrooms for the greatest amount of time with sufficient IEP services and support to make reasonable progress in the general curriculum and on IEP goals.</p> <p>Placement is determined annually, based on the IEP. A continuum of placement options must be made available to meet individual needs based on the IEP. In determining an appropriate placement in the LRE, the IEP Team begins by considering the general education environment with supplementary aids and services. If the student’s IEP cannot be implemented in that environment with an expectation of reasonable progress on and achievement of IEP goals, when given support, a placement on the continuum of placement options providing less education with non-exceptional peers may be considered. An eligible student is not to be removed from age-appropriate general education classrooms solely because of needed accommodations and modifications to the general education curriculum. The student is to be educated with non-exceptional peers of a similar chronological age to the maximum extent appropriate. Whether in general education or another setting, only schools and classroom settings appropriate to the student’s chronological age are considered. Consideration must be given to any potentially harmful effects of the placement on the student or on the quality of services.</p>
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INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART XI: STATEWIDE TESTING –General Summative Assessment

Indicate the appropriate WV Measures of Academic Progress Assessment (WVMAP) by checking standard conditions or standard conditions w/accommodations.

If the district requires a "District Wide Assessment", all selected WVMAP accommodations apply.

1 **WV-MAP General Assessment:** _____ Standard Conditions _____ Standard Conditions w/Accommodations

General Summative Assessment Accommodations (Check all that apply)

- 2** **PRESENTATION ACCOMMODATIONS:**
- | | |
|--|---|
| <input type="checkbox"/> P01 Text-to-speech (excluding ELA passages) | <input type="checkbox"/> P41 Provide translations glossary (paper-and-pencil tests) |
| <input type="checkbox"/> P02 Human read aloud (excluding ELA passages) | <input type="checkbox"/> P42 Noise Buffers |
| <input type="checkbox"/> P03 Braille Paper | <input type="checkbox"/> P43 Streamlined Interface |
| <input type="checkbox"/> P06 Certified sign language interpreter | <input type="checkbox"/> P44 Line Reader (ELPA 21 Only) |
| <input type="checkbox"/> P13 Documented need text-to-speech (including ELA passages) | <input type="checkbox"/> P45 Unlimited replays (ELPA 21 Only) |
| <input type="checkbox"/> P14 Documented need human read aloud (including ELA passages) | <input type="checkbox"/> P46 Read aloud in Spanish |
| <input type="checkbox"/> P15 Read aloud directions only | <input type="checkbox"/> P47 Alternate Vision Form (DLM Only) |
| <input type="checkbox"/> P16 Directions presented through certified sign language | RESPONSE ACCOMMODATIONS: |
| <input type="checkbox"/> P17 Braille Online Adaptive (ELA and Math) | <input type="checkbox"/> R02 Scribe (excluding ELA full write) |
| <input type="checkbox"/> P18 Simplified Test Directions | <input type="checkbox"/> R03 Braille response |
| <input type="checkbox"/> P19 Paper Version (large print) | <input type="checkbox"/> R04 Scribe (including ELA full write) |
| <input type="checkbox"/> P21 Screen reading software (JAWS) | <input type="checkbox"/> R05 Abacus |
| <input type="checkbox"/> P22 Enlarge text on screen | <input type="checkbox"/> R11 Assistive technology (Alternate response options) |
| <input type="checkbox"/> P23 Magnification device | <input type="checkbox"/> R15 Bilingual word-to-word dictionary |
| <input type="checkbox"/> P24 Translator (Human or Electronic) (GSA science only) | <input type="checkbox"/> R16 Respond in large-print test book |
| <input type="checkbox"/> P25 Electronic translator to present directions (science only) | <input type="checkbox"/> R17 Electronic translator to respond |
| <input type="checkbox"/> P27 Bilingual word-to-word dictionary | <input type="checkbox"/> R18 Sign dictionary to respond |
| <input type="checkbox"/> P28 High color contrast | <input type="checkbox"/> R19 Calculator |
| <input type="checkbox"/> P29 Sign dictionary to present test, including directions | <input type="checkbox"/> R20 Multiplication Table |
| <input type="checkbox"/> P30 Translated test directions (*Spanish available embedded) | <input type="checkbox"/> R21 Speech-to-text |
| <input type="checkbox"/> P31 Translations glossary (math only) | <input type="checkbox"/> R22 Unlimited re-recordings (ELPA 21 only) |
| <input type="checkbox"/> P32 Stacked translations (SPANISH ONLY) | <input type="checkbox"/> R23 100s Number Table |
| <input type="checkbox"/> P33 Turn off universal tool | TIMING ACCOMMODATIONS: |
| <input type="checkbox"/> P34 American Sign Language (ASL) | <input type="checkbox"/> T03 Take more breaks (no studying) (All WV-MAP tests) |
| <input type="checkbox"/> P35 Braille Online Fixed math with tactile graphics provided (ELA - adaptive) | <input type="checkbox"/> T04 Extra time |
| <input type="checkbox"/> P36 Closed captioning | <input type="checkbox"/> T07 Flexible scheduling |
| <input type="checkbox"/> P37 Masking | <input type="checkbox"/> T09 Separate setting |
| <input type="checkbox"/> P38 Color contrast (color printer required) | |
| <input type="checkbox"/> P39 Color overlays | |
| <input type="checkbox"/> P40 Print on demand (stimuli only) | |

Text-to-Speech (P13) and Read Aloud (P14) Accommodations for ELA Reading Passages Students with Disabilities Decision Guidance Document

Note: This accommodation is appropriate for a *very small number* of students (estimated to be approximately 1-2% of students with disabilities participating in a general assessment) who have a documented reading disability. Text-to-speech is available as an accommodation for students whose need is documented in an IEP or 504 plan.



Student Name: _____

Teacher: _____

YES responses may indicate a need for the text-to-speech (P13) or read aloud (P14) accommodation of ELA Reading Passages. A preponderance of evidence should exist rather than one or two marks in the YES column for the accommodation to be provided.

Questions	Yes	No	Comments
Does the student have a documented reading disability?			
Is the student blind or does the student have a significant visual impairment?			
Is the student a beginning braille reader who has not yet developed braille fluency?			
Does the student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?			Describe skills affected.
Have interventions been used to improve the student's decoding, fluency, or comprehension skills?			Describe approaches
Does the student use text-to-speech or receive a read aloud accommodation during instruction?			
Does the student regularly use assistive technology software or audiobooks?			
Does the student use text-to-speech or receive a read aloud accommodation during formative assessments or during the WV General Summative Assessment?			
Does someone (teacher, paraprofessional, another student, and parent) regularly read aloud to the student in school?			
Does the student indicate that it is easier to understand a book when it is read aloud by another person or through text-to-speech rather than if they read it independently?			

PART XI: STATEWIDE TESTING – General Summative Assessment		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Assessment Type Determination	<p>The IEP Team determines whether the student will participate in the WV-MAP General Summative Assessment or the Alternate Assessment. The Alternate Assessment is designed for a small number of students with the most significant cognitive disabilities whose performance cannot be adequately assessed through General Summative Assessment even with extensive accommodations. Prior to determining if the student will participate in the Alternate Assessment the IEP team must carefully consider the implications of that decision by reviewing the <i>ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES</i>.</p> <p>The IEP Team will also determine if the assessment will be administered under standard conditions or standard conditions with accommodations.</p> <p><u>Standard Conditions</u>: Standard conditions refer to the prescribed procedures followed during the administration of a specific assessment.</p> <p><u>Standard Conditions with Accommodations</u>: Testing accommodations are changes in the administration of an assessment, such as setting, scheduling, timing, presentation format, response mode or others, including any combination of these changes, which do not change what is intended to be measured by the assessment or the meaning of the resulting scores. Accommodations may vary according to test formats. Not every accommodation used in instruction is appropriate or helpful in assessment; however, no accommodations may be used in the assessments that are not routinely used during classroom instruction or assessment.</p>
2	Assessment Accommodations	Check each accommodation to be provided to the student. Identified accommodations should correlate to informal and formal assessment needs specified in the present levels and services sections of the IEP.
3	Text-to Speech (P13) and Read Aloud (P14)	The classroom teacher completes this form and reviews it with the IEP Team to determine whether P13 and P14 are appropriate accommodations.

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools

Student's Full Name _____

Date _____

PART XI: STATEWIDE TESTING – Alternate Assessment

Indicate the appropriate WV Measures of Academic Progress Assessment (WVMAP) by checking standard conditions or standard conditions w/accommodations.

If the district requires a "District Wide Assessment", all selected WVMAP accommodations apply.

1

Alternate Assessment: Standard Conditions Standard Conditions w/Accommodations

NOTE: For Alternate Assessment eligibility, the student **must** exhibit significant cognitive disabilities, be instructed through Alternate Academic Achievement Standards and be pursuing an alternate (modified) diploma.

2

Justification for Alternate Assessment: _____

Alternate Assessment Accommodations (Check all that apply)

PRESENTATION ACCOMMODATIONS:

- P03 Braille Paper
 P06 Certified sign language interpreter
 P13 Documented need text-to-speech (including ELA passages)
 P14 Documented need human read aloud (including ELA passages)
 P22 Enlarge text on screen
 P23 Magnification device
 P24 Translator (Human or Electronic) (GSA science only)
 P28 High color contrast
 P39 Color overlays
 P47 Alternate Vision Form (DLM Only)

RESPONSE ACCOMMODATIONS:

- R04 Scribe (including ELA full write)
 R05 Abacus
 R11 Assistive technology (Alternate response options)

TIMING ACCOMMODATIONS:

- T03 Take more breaks (no studying) (All WV-MAP tests)
 T04 Extra time
 T07 Flexible scheduling
 T09 Separate setting

Text-to-Speech (P13) and Read Aloud (P14) Accommodations for ELA Reading Passages Students with Disabilities Decision Guidance Document

Note: This accommodation is appropriate for a *very small number* of students (estimated to be approximately 1-2% of students with disabilities participating in a general assessment) who have a documented reading disability. Text-to-speech is available as an accommodation for students whose need is documented in an IEP or 504 plan.



Student Name: _____

Teacher: _____

YES responses may indicate a need for the text-to-speech (P13) or read aloud (P14) accommodation of ELA Reading Passages. A preponderance of evidence should exist rather than one or two marks in the YES column for the accommodation to be provided.

Questions	Yes	No	Comments
Does the student have a documented reading disability?			
Is the student blind or does the student have a significant visual impairment?			
Is the student a beginning braille reader who has not yet developed braille fluency?			
Does the student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?			Describe skills affected.
Have interventions been used to improve the student's decoding, fluency, or comprehension skills?			Describe approaches.
Does the student use text-to-speech or receive a read aloud accommodation during instruction?			
Does the student regularly use assistive technology software or audiobooks?			
Does the student use text-to-speech or receive a read aloud accommodation during formative assessments or during the WV General Summative Assessment?			
Does someone (teacher, paraprofessional, another student, parent) regularly read aloud to the student in school?			
Does the student indicate that it is easier to understand a book when it is read aloud by another person or through text-to-speech rather than if they read it independently?			

PART XI: STATEWIDE TESTING – Alternate Assessment		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Assessment Type Determination	<p>The IEP Team determines whether the student will participate in the WV-MAP General Summative Assessment or the Alternate Assessment.</p> <p>The Alternate Assessment is designed for a small number of students with significant cognitive disabilities whose performance cannot be adequately assessed through General Summative Assessment even with extensive accommodations. Prior to determining if the student will participate in the Alternate Assessment the IEP team must carefully consider the implications of that decision by reviewing the <i>ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES</i>.</p> <p>The IEP Team will also determine if the assessment will be administered under standard conditions or standard conditions with accommodations.</p> <p>Standard Conditions: Standard conditions refer to the prescribed procedures followed during the administration of a specific assessment.</p> <p>Standard Conditions with Accommodations: Testing accommodations are changes in the administration of an assessment, such as setting, scheduling, timing, presentation format, response mode or others, including any combination of these changes, which do not change what is intended to be measured by the assessment or the meaning of the resulting scores. Accommodations may vary according to test formats. Not every accommodation used in instruction is appropriate or helpful in assessment; however, no accommodations may be used in the assessments that are not routinely used during classroom instruction or assessment.</p>
2	Justification Statement for Alternate Assessment Selection	<p>A statement justifying eligibility for being assessed using the Alternate Assessment is required.</p> <p>Example: The student exhibits significant cognitive disabilities and will be instructed using the Alternate Academic Achievement Standards.</p>
3	Assessment Accommodations	<p>Check each accommodation to be provided to the student. Identified accommodations should correlate to informal and formal assessment needs specified in the present levels and services sections of the IEP.</p>
4	Text-to-Speech (P13) and Read Aloud (P14)	<p>The classroom teacher completes this form and reviews it with the IEP Team to determine whether P13 and P14 are appropriate accommodations.</p>

INDIVIDUALIZED EDUCATION PROGRAM

_____ County Schools



Student's Full Name _____ **Date** _____

PART XII: PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL

Dear Parent/Adult Student:



As a result of:

- ___ a Student Assistance Team (SAT) meeting conducted on _____,
- ___ an Eligibility Committee (EC) meeting conducted on _____,
- ___ an Individualized Education Program (IEP) Team meeting conducted on _____,
- ___ a disciplinary action occurring on _____,
- ___ other _____.



The district is ___ proposing **or** ___ refusing to initiate or change:

- ___ the educational evaluation or reevaluation of the student.
- ___ the identification of the student as having a disability.
- ___ the educational placement of the student.
- ___ the provision of a free appropriate public education (FAPE) to the student.



Specifically, the district is:



The district is ___ proposing **or** ___ refusing this action because:



The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___ proposed **or** ___ refused action include:



Other options the district considered, but rejected include:



The reasons the above options were rejected include:



Other factors relevant to the district's ___ proposal **or** ___ refusal include:



Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, if available, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Education at 304.558.2696 or 1.800.642.8541.

Sincerely,



Signature/Position

Date

PART XII: PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information.
2	Type of Meeting or Source of PWN	Denote the source of PWN. If the type of meeting or the source of the request (e.g., a written parental request for evaluation, IEP Team meeting, or a personal aide; or any type of request outside of a meeting) is not already listed, specify the source beside " <i>Other</i> ". NOTE: When school personnel receive a verbal request from a parent, the parent should be required to put the request in writing.
3	Proposed/Refused Action	Check whether the district is proposing or refusing to initiate or change the designated action.
4	Specific Action Proposed or Refused	Describe in detail the action the district is proposing or refusing (e.g., <i>the district is proposing/refusing to conduct a new academic evaluation of the student</i>).
5	Explanation	Provide a detailed explanation of why the district is proposing or refusing the action (e.g., <i>refusing because multiple sources of current and valid achievement data exist within the student's educational record</i>).
6	Evaluation Procedure(s)	Provide any and all evaluation procedures, assessments, records or reports to substantiate the district's action (e.g., <i>Interim assessments, STAR Reading, DIBELS, West Virginia General Summative Assessment (WVGS), Woodcock & Johnson, WIAT</i>).
7	Other Options	List any other options the district considered but rejected in making the proposal or refusal (e.g., <i>conducting additional achievement assessments, other eligibility categories considered</i>).
8	Reason for Rejection	Denote the reasons the district has rejected the other options (e.g., <i>current achievement data exists, primary exceptionality identified by EC is OH</i>).
9	Other Factors	List any other factors that may have contributed to the district's decision (e.g., <i>continual assessment data are collected through formative assessment and interim assessments</i>).
10	Contact Information	Telephone numbers of the district's director of special education and/or the Parent Educator Resource Center, if available, must be inserted.
11	Closing	The signature, position of the person completing the PWN and the date must be included in the closing.

INDIVIDUALIZED EDUCATION PROGRAM


_____ County Schools

Student's Full Name _____ Date _____

PART XIII: CONSENT

Completed only for initial placement.

I give my consent to my child's initial special education placement:

 Parent Signature _____ Date _____

Parent Signature _____ Date _____

PART XIII: CONSENT		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Consent for Initial Placement	Obtain parent signature(s) and date of signature(s) for initial placement only .

AMENDMENT TO THE IEP WITHOUT CONVENING AN IEP TEAM MEETING

_____ County Schools

1	Student's Full Name _____	Date _____
	School _____	Date of Birth _____
	Parent(s)/Guardian(s) _____	Grade _____
	Address _____	WVEIS# _____
	City/State/Zip _____	Telephone _____

2 The following change(s) amend the student's IEP dated _____.

The parent/adult student was contacted by the undersigned district personnel and agreed to make a change(s) to the student's IEP without convening an IEP Team meeting. The district's proposed change(s) to the student's IEP pertain(s) to _____ **4** based on _____.

5 The reason(s) for the proposed change(s) is/are _____

6 The district also considered _____ however, _____

7 Other factors relevant to this change include _____

8 For each Part of the IEP affected by the change, document the corresponding change(s).

Part	Change(s)	Initiation Date
	9	10

The parent/adult student has been notified that a copy of the revised IEP with the amendments incorporated would be provided upon request. Enclosed please find **11** _____ a copy of the Amendment; **or** _____ a copy of the Amendment and the student's revised IEP.

12 Signature _____ Title/Position _____

13 Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance with understanding the provisions of the procedural safeguards may be obtained by contacting the county Director of Special Education at _____, and if available, the local Parent Educator Resource Center at _____.

NOTE: This form must be attached to the IEP being amended and all service providers responsible for implementing these changes must be informed of the change(s).

14 Check box if parent and district agree to waive the 5 day initiation requirement.

AMENDMENT TO THE IEP WITHOUT CONVENING AN IEP TEAM MEETING

ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information Complete/verify ALL fields containing county, student name and demographic information. Complete/verify the date on which the IEP was amended without convening a meeting.
2	IEP Date Enter the date of the current IEP subject to the amendment. NOTE: An amendment does not change the date of the student's current IEP.
3	Proposed Action Describe, in general , the district's proposed change(s) to the IEP (e.g., <i>increase the student's speech therapy time, delete an accommodation no longer required by the student</i>). Prior Written Notice (PWN) is included in this form and does not need to be completed separately.
4	Basis for Change(s) List any evaluation procedures, assessment information, student records or reports the district used as a basis for the proposed change(s) (e.g., <i>Goldman-Fristoe results and therapy logs, formative assessments and teacher observation data</i>).
5	Explanation/Reason(s) for the Change(s) Describe, in detail , the reasons for the change(s) to be made to the student's IEP (e.g., <i>to provide additional time for instruction, practice and generalization of the skills across school and home environments, student has mastered the skill after fading the accommodation</i>).
6	Other Options Considered and Reason(s) Rejected Describe any other option(s) considered and the reason(s) those option(s) were rejected (e.g., <i>maintain current level of speech therapy; however, current evaluations indicate need for additional therapy time, consideration of a less restrictive accommodation; however, the student performs the skills without the accommodation</i>).
7	Other Relevant Factors Describe any other factors relevant to the proposal, if applicable. (e.g., <i>the impact of the student's fluctuating hearing loss on articulation skills, none at this time</i>).
8	Part(s) Designate the Part # (Section) of the IEP where the change will occur. Each Part affected by the change must be addressed (i.e., present level statements, annual goals and services).
9	Change(s) Describe the exact change(s) as it will be written into the IEP.
10	Initiation Date Enter the date the change(s) will commence (must be at least five (5) days from the date the district and parent agreed) to amend the IEP without convening a meeting, or fewer if district and parent agree.
11	Provision of Copies to Parent After notifying the parent that a copy of the revised IEP with amendments incorporated would be provided upon request, denote by checkmark whether the parent was provided the amendment only or both the amendment and the revised IEP.
12	Signature/Title Personnel completing the amendment process must sign the form, including title/position.
13	Procedural Safeguards A written statement of the procedural safeguards and sources to contact for a copy of and assistance in understanding the parent's/student's rights. Insert the phone numbers of the county's special education director and Parent Educator Resource Center, if available .
14	Waiver of 5 day initiation requirement Check box if parent and district agree to waive the 5 day initiation requirement.

IEP CONSIDERATION FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

_____ County Schools

1	Student's Full Name _____	Date _____
	School _____	Date of Birth _____
	Parent(s)/Guardian(s) _____	Grade _____
	Address _____	WVEIS# _____
	City/State/Zip _____	Telephone _____

Consideration of special factors. The IEP Team must:

Consider the communication needs of the child and in the case of a child who is deaf or hard of hearing, consider the child'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 child's language and communication mode.

The IEP team has considered each item below:

I. the child's language and communication needs

1. The student's primary **language** is one or more of the following (check all that apply):

	<i>Receptive</i>	<i>Expressive</i>
2	<input type="checkbox"/>	<input type="checkbox"/> English
	<input type="checkbox"/>	<input type="checkbox"/> American Sign Language
	<input type="checkbox"/>	<input type="checkbox"/> Native Language _____

2. The student's primary **communication mode** is one or more of the following (check all that apply):

	<i>Receptive</i>	<i>Expressive</i>
3	<input type="checkbox"/> Auditory	<input type="checkbox"/> Conceptual signs [e.g. American Sign Language, Pidgin Signed English (PSE) also referred to as Conceptually Accurate Signed English (CASE)]
	<input type="checkbox"/> Conceptual signs [e.g. American Sign Language, Pidgin Signed English (PSE) also referred to as Conceptually Accurate Signed English (CASE)]	<input type="checkbox"/> English signs (e.g. Manually Coded English such as Signed English or Signing Exact English)
	<input type="checkbox"/> English signs (e.g. Manually Coded English such as Signed English or Signing Exact English)	<input type="checkbox"/> Fingerspelling
	<input type="checkbox"/> Fingerspelling	<input type="checkbox"/> Gestures
	<input type="checkbox"/> Gestures	<input type="checkbox"/> Spoken Language
	<input type="checkbox"/> Speechreading	<input type="checkbox"/> Spoken English
	<input type="checkbox"/> Tactile	<input type="checkbox"/> Tactile
	<input type="checkbox"/> Cued Speech	<input type="checkbox"/> Cued Speech
	<input type="checkbox"/> Other, please explain _____	<input type="checkbox"/> Other, please explain _____

3. What language(s) and mode(s) of communication do the parents use with their child? What mode(s) does the child use with peers?

4

4. Comments (optional):



II. opportunities for direct* communications with peers and professional personnel and opportunities for instruction in the child's language and communication mode

** Direct language/communication/ instruction occurs person to person, not through an additional source e.g. educational interpreter, captioner*

The IEP team has considered: (These social, emotional and academic opportunities may be provided by the school or family.)

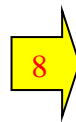
1. Opportunities for direct* communication with peers.
Describe opportunities:



2. Opportunities for direct* communication with professional staff and other school personnel.
Describe opportunities:



3. Opportunities for direct* instruction.
Describe opportunities:



III. academic level

1. Does the student have the communication and language necessary to acquire grade-level academic skills and concepts of the general education curriculum?



- Yes: What supports are needed to continue proficiency in grade-level academic skills and concepts of the general education curriculum?
- No: What supports are needed to increase the student's proficiency in his/her language and communication to acquire grade-level academic skills and concepts of the general education curriculum?
- The team has considered the full range of needs.

IV. full range of needs

10 1. Does the child have access to all educational components of the school (regular education classes, related services, guidance counseling, recess, lunch, assemblies, extra-curricular activities, etc.) If not what supports are needed to allow for access?

11 2. Are adult language models available who communicate in the student's language/communication mode?

12 3. What accommodations/modifications are being provided? What additional accommodations/modifications were considered?

V. amplification needs

- 13
- Personal hearing devices (hearing aid, cochlear implant, tactile device)
 - Personal FM system
 - FM system/auditory trainer (w/o personal hearing device)
 - Soundfield system
 - No amplification needed

IEP CONSIDERATION FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information.
2	Primary Language	In most cases, check “receptive and expressive English” as one of the primary languages. If the student also understands and uses ASL as a primary language, that would be checked also, although you would not check ASL if the student primarily uses a manually coded form of English. If the student uses another language in the home, such as Spanish, that would be written in by the third option of “Native Language.”
3	Communication Mode	<p>Receptive: Check all avenues that the student uses to take in communication that hearing students would normally take in through audition. For the majority of students, “Auditory” (residual hearing) will be checked, as well as “Speechreading.” For signing students, one of the two sign options will also be checked. Written English could be a possibility under “other,” if others often communicate with the student in written form.</p> <p>Expressive: Check all avenues that the student uses to express her/himself when communicating. “Spoken English” will often be written in for “other”, as this option was inexplicably omitted from the list of options, but is an expressive communication option for many students who use speech, with or without sign. If a student uses speech, check “Spoken English” as one of the options, even if the student’s speech is not clearly intelligible.</p>
4	Language(s) and Mode(s) used by Parents and with Peers	Referring to the options listed, explain which communication approaches are used in the home, in the school setting and out in the community. Explain which communication mode(s) the student prefers and the degree of access the child has to clear two-way communication in the various settings (intelligibility of speech, success in using other options).
5	Comments	<ul style="list-style-type: none"> • Describe the hearing loss: unilateral/bilateral, conductive/sensorineural/mixed, mild/moderate/moderately-severe/severe/profound, flat/sloping, stable/ progressive/fluctuating. • Describe cochlear implant and processor use/benefit, if present. • Describe amplification: hearing aid type, functional hearing level with aids, whether or not a consistent user, degree of independence in aid maintenance skills. • Describe how amplification is being monitored. • If the student is at the secondary level and independently monitors his/her own amplification, rather than district staff monitoring of amplification, include a statement such as: “The student has demonstrated independent mastery of amplification maintenance skills and independently monitors the functioning and maintenance of his/her personal amplification without staff assistance.” • Describe the student’s level of language development and communication functioning, and his or her needs in the areas of language development and communication. <p>NOTE: Indicate if student uses an interpreter, CART, transliterator or language facilitator in the general classroom setting.</p>
6	Opportunities for Direct Communication with Peers	Describe the student’s communication mode(s) for social interactions and the opportunities the student has for direct communication using that/those communication mode(s). These social opportunities may be in school, during after school activities, at home or in the community. If the student’s preferred mode of communication is something other than spoken English (such as sign), describe the student’s degree of success in direct communication with non-signing peers.
7	Opportunities for Direct Communication with Professional Staff	Describe the opportunities for the student to interact with staff directly in his/her preferred mode (i.e., not through an interpreter, captioner or other third party). Describe both how communication occurs in person to person instruction and classroom interaction.
8	Opportunities for Direct Instruction	Describe the communication mode used for instruction and whether that instruction is in the student’s preferred mode (i.e., not through an interpreter, captioner or other third party). Describe both how communication occurs in large and small group instruction.

9	<p>Communication and Language Necessary to Acquire Grade-Level Academic Skills</p>	<p>Respond Yes or No. If Yes, what supports are needed to continue proficiency:</p> <ul style="list-style-type: none"> Explain the direct and indirect specialized instruction needed by the student to continue academic performance on grade level. This may include “HI service” in the form of consultation and inservicing of general education teachers by the teacher of the deaf/hard of hearing and collaboration between general education teachers, teachers of the deaf/hard of hearing and other EC teachers. “HI service” may also take the form of inclusive and pull-out instructional support if needed. Other special education services may be needed, as well as related services such as Speech/Language Therapy, Interpreting, Language Facilitator and Audiology services. <p>Example: Sue needs the support of teacher inservicing and consultation to insure accommodations are made to maximize her access to auditory information in the classroom. She also needs instruction to improve her understanding of her hearing loss and its impact on her auditory comprehension. Since she does not currently wear her hearing aids consistently, she needs to better understand the benefits of her amplification and work with a teacher of the deaf/hard of hearing to foster amplification use. She also needs instruction to foster self-advocacy skills, so that she can move toward the ability to advocate independently for herself in relation to her hearing needs. Direct pre- and post-teaching of general education curriculum concepts and vocabulary is also necessary for Sue to continue to be successful in her general education classes.</p> <p>If No, what supports are needed to increase proficiency:</p> <ul style="list-style-type: none"> Explain the direct and indirect specialized instruction needed by the student to increase proficiency in language and communication and improve academic performance. This may include “HI service” in the form of consultation and inservicing of general education teachers by the teacher of the deaf/hard of hearing and collaboration between general education teachers, teachers of the deaf/hard of hearing and other EC teachers. “HI service” will also generally take the form of inclusive and pull-out instructional support for students with academic delays. Very significant delays may require self-contained “HI service” instruction to increase the student’s proficiency. Other special education services may be needed, as well as related services such as Speech/Language, Interpreter, Language Facilitator and Audiology services. If the interpreter or language facilitator is providing more support than simply facilitating access to auditory information, the degree of that support should be explained here. <p>Example: Sam needs direct instruction from a teacher of the deaf/hard of hearing to foster language and literacy development and increase his proficiency to age-appropriate levels. He also needs direct instruction in the subject areas of language arts, social studies and science to allow him to acquire grade-level academic skills and concepts while he is also developing the requisite language skills necessary for mastery of these academic skills. In addition, he needs the support of teacher inservicing and consultation to insure accommodations are made to maximize his access to auditory information in the general education classroom in math and elective classes. He needs speech/language instruction to improve his articulation so that teachers and peers are better able to understand him. Sam needs the services of an interpreter in all academic and elective classes to provide access to information and also to target and note unfamiliar vocabulary and concepts requiring reteaching by the teacher of the deaf/hard of hearing.</p>
10	<p>Access to ALL Educational Components</p>	<p>Explain to what extent the student has access to auditory information in the school setting and what supports are needed to maximize access to auditory information. These supports might include consultation/inservicing by the teacher of the deaf/hard of hearing, educational interpreters, language facilitators, notetakers or captioners, self-advocacy instruction, etc. This is again a place where the level of support provided by interpreters or language facilitators could be explained, if it was not previously.</p>

11	Adult Language Models	Describe adult language models available in the school, home and community setting who communicate in the student's language/communication mode.
12	Accommodations and Modifications	Describe the accommodations or modifications that are needed to maximize the student's access to auditory information. Those classroom accommodations/modifications commonly include preferential seating, captioned films and TV and copies of teacher or student notes. Frequent testing modifications for students with language and literacy delays include separate setting, extended time and read aloud/sign test. Consideration may be given for these common modifications and other modifications as well, but some may be rejected if they are not needed to ensure maximal access and allow the student to achieve to the best of his ability.
13	Amplification Needs	Check the appropriate amplification used by the student.

DISCIPLINE

DISCIPLINARY ACTION REVIEW FORM

_____ County Schools

1 Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____ Telephone _____

Section 1: If the student meets one or more of the following criteria, proceed to Section 2.

- 2**
- ___ at the time of the incident, the student had a disability (IDEA or 504).
 - ___ the student is in the multidisciplinary evaluation process.
 - ___ the parent(s) has/have expressed in writing to supervisory personnel that the student may be in need of special education and related services.
 - ___ the parent(s) has/have requested in writing a multidisciplinary evaluation.
 - ___ the student's teacher or other district personnel have expressed concerns about a pattern of behavior to the district's director of special education or other district supervisory personnel.

3 Section 2: The student's disciplinary removal on _____ is a *disciplinary change of placement* if the criteria in either A OR B are met: _____ Date(s)

A. ___ a removal for more than 10 consecutive school days.

OR

B. ___ a series of removals that constitutes a pattern as established by meeting **ALL** three criteria:

- More than 10 cumulative school days; **AND**
- Similarity of behaviors; **AND**
- Length of each removal and proximity of removals to one another.

Total # days removed to date: ___

If either A **OR** B is met, a *disciplinary change of placement has occurred*. Document that all of the following were provided to the parent on the **SAME DAY**: ___ Written Notice of Suspension ___ Procedural Safeguards Brochure ___ Prior Written Notice. Document the date provided: _____ and the method provided: ___ hand-delivered ___ emailed/faxed.

Proceed to Section 3, as a Manifestation Determination is required at this time.

If **neither** A nor B is met, a *disciplinary change of placement has not occurred*.

Proceed to Section 5: Consultation, as a Manifestation Determination is NOT APPLICABLE at this time.

4 Section 3: A Manifestation Determination was conducted on _____ (within 10 school days of the removal) and the following documentation was reviewed by the team: _____ Date

___ Incident report ___ IEP/504 Plan ___ Teacher observation(s) ___ Attendance report ___ Parent information ___ FBA/BIP
___ Discipline record ___ Evaluation information ___ Student schedule ___ Progress reports ___ Other _____

After reviewing the above documentation, the team must respond to the following statements:

___ Yes ___ No The conduct in question was caused by, or had a direct and substantial relationship to the student's disability(ies).
___ Yes ___ No The conduct in question was a direct result of the district's failure to implement the IEP.

If **Yes** to either statement, the conduct is a **manifestation** of the student's disability(ies) and the team must: 1) conduct a FBA and develop a BIP, if one has not been completed; **or** 2) review the existing BIP and revise as needed to address the current behavior(s); **and** 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as determined by the IEP Team. If **No**, refer to Policy 2419.

Section 4: Manifestation Determination: Relevant IEP Team members as determined by the district and parent.

5 Signature: _____ Position: _____
Signature: _____ Position: _____
Signature: _____ Position: _____
Signature: _____ Position: _____

6 Section 5: Actions When Removals are not a **Disciplinary Change of Placement**: Document that school personnel have **consulted** with at least one of the student's teachers to determine the extent to which services are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP.

Extent of Services: _____

Initials: Administrator _____ Teacher _____

DISCIPLINARY ACTION REVIEW FORM		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
<p>This form must be used to document that the disciplinary procedures outlined in Policy 2419, have been followed for the student. This form must not be used when the removals have been for skipping class and tardiness. [WV Code 18A-5.1(d)] This form may be completed on two separate dates (the same day the removal occurs and the date of the manifestation determination meeting).</p>		
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information.
2	Student Eligibility	Select any of the five statements that apply to the student at the time of the proposed removal. If none apply, STOP. This form is not applicable.
3	Change of Placement	<p>Enter the date(s) of the current proposed removal which when implemented, will exceed 10 <i>consecutive</i> or 10 <i>cumulative</i> days. Select A if the removal is for more than 10 <i>consecutive</i> school days. Select B if the removal <i>constitutes a pattern</i> as described in the criteria under B. In the box to the right, enter the total number of days the student has been removed to date.</p> <p>NOTE: If the criteria in A or all criteria in B are met, a <i>disciplinary change of placement</i> has occurred. Document all 3 items are being provided to the parent on the same day the removal occurs. Document the date and method by which the items are provided. Proceed to Section 3.</p> <p>NOTE: If neither criteria in A nor B are met, a <i>disciplinary change of placement</i> has not occurred. Proceed to Section 5.</p>
4	Manifestation Determination	<p>Document the date on which the manifestation determination is conducted (must be within 10 school days of any decision to change placement). Indicate by checkmark all relevant documentation reviewed by the appropriate team (i.e., IEP, 504, SAT).</p> <p>Respond to each of the two statements. If the response to either statement is YES, the conduct in question is a manifestation of the student's disability and the team must follow the procedures outlined in Policy 2419, as specified on the form.</p> <p>If the response to both statements is NO, the conduct in question is not a manifestation of the student's disability, and the team must follow these procedures outlined in Policy 2419.</p> <ol style="list-style-type: none"> Determine appropriate disciplinary action, which may include relevant disciplinary procedures applicable to students without disabilities; Convene IEP Team to develop an IEP that specifies the educational services to be provided to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP; and Provide, as appropriate, a functional behavioral assessment, and behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.
5	Manifestation Determination Members	Each member of the Manifestation Determination Team must sign and document his/her position.
6	Actions When Removals Are Not a Disciplinary Change of Placement	When the disciplinary removal is determined NOT to be a disciplinary change of placement, school personnel in consultation with at least one of the student's teachers, must determine and document the extent of the services, if any, that are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP. The administrator and teacher making the determination must initial where indicated.

Use the Disciplinary Action Review Form *only* when disciplinary removals *exceed* 10 cumulative or 10 consecutive days and each time thereafter. Attach a brief incident summary (e.g., **WVEIS discipline entry, anecdotal record, etc.**), same-day written notice of suspension and Prior Written Notice to this form.

PRIVATE SCHOOL STUDENTS

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

1 → _____ County Schools

2 → Student's Full Name _____ 3 → Date _____

PART I STUDENT INFORMATION

4 → Student's Full Name _____ 5 → Annual Review Date _____

6 → Private/Parochial School _____ 7 → Date of Birth _____

8 → Parent(s)/Guardian(s) _____ 9 → Grade _____ 10 → **Service Plan Grade** _____

11 → Address _____ 12 → WVEIS# _____

11 → City/State/Zip _____ 13 → Telephone _____

14 → Reevaluation Due Date _____ 15 → **Exceptionality** _____

16 → Meeting Type: Initial Annual Review

Reevaluation **Restart the Annual Review** Yes No

Other _____ **Restart the Annual Review** Yes No

17 → Transferred From: _____ Transferred Date: _____

PART II: DOCUMENTATION OF ATTENDANCE

18 → Name	Signature	Position
_____	_____	Parent/Guardian
_____	_____	Parent/Guardian
_____	_____	Student
_____	_____	General Education Teacher
_____	_____	Special Education Teacher
_____	_____	Birth to Three Representative
_____	_____	Chairperson

The following people participated in the IEP Student Service Plan Team meeting via an alternate method:

19 →

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT INFORMATION INSTRUCTIONS

PART I: STUDENT INFORMATION		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County Information	Enter the full name (not abbreviated) of the district (county).
2	Student Name	Enter the full legal name (first, middle, last) of the student. Do not use a nickname.
3	Service Plan Meeting Date	Write the actual date of the Service Plan meeting (Month, Day, Year). This date must correspond to the scheduled date on the meeting notice. If the date of the meeting changes, document this change on the parent/student notice form. Always document the reason for the change (Example: school cancellation, parent request).
4	Student Name	Enter the full legal name (first, middle, last) of the student.
5	Annual Review Date	Write the annual review date (Month, Day, Year).
6	Private/Parochial School Name	Write the name of the school where the student is currently enrolled.
7	Student Date of Birth	Verify and enter the date of birth of the student. Use numerals (Example: 07/29/2010).
8	Name of Parent(s) or Guardian(s)	Enter the name(s) of the parent(s) or guardian(s) of the student. The parent or guardian is the person with whom the child is living.
9	Current Grade	Enter the student's current grade level.
10	Service Plan Grade	Enter the grade level that the student will be enrolled in when the Service Plan is initiated.
11	Parents' Address	Verify and enter the mailing address of the parent(s) or guardian(s).
12	Student WVEIS #	Verify and enter the nine digit WVEIS # of the student.
13	Telephone Number	Verify and enter the telephone number of the parent(s) or guardian(s).
14	Reevaluation Date	Verify and enter the reevaluation date. Calculate this date three (3) years from the date of the last eligibility committee report.
15	Student's Exceptionality	Verify and enter the exceptionality of the student.
16	Service Plan Meeting Type	Select the appropriate IEP meeting type from the following choices: Initial – First IEP completed within 30 calendar days following the eligibility determination. (This box will start the Annual Review date.) Annual Review – Reviewed at least annually, once every 365 days. (This box will restart the Annual Review date.) Reevaluation Review – IEP meeting held for completion of Reevaluation Determination Plan. Indicate whether this box will restart the Annual Review date. Other: (Additional detail is required) Indicate whether this box will restart the Annual Review date.
17	Transfer Information	Enter the date and the school/district/state from which the student transferred, if applicable.

PART II: DOCUMENTATION OF ATTENDANCE		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
18	Attendees	<p>Only those members in attendance sign the Service Plan. Service Plan Team members:</p> <ul style="list-style-type: none"> • The parents of a student with an exceptionality; • Not less than one general education teacher of the student (if the student is, or may be, participating in the general education environment); for preschool-aged students, the general education teacher may be the kindergarten teacher or other appropriate designee (care provider, Head Start teacher or an appropriately licensed community preschool teacher); • Not less than one special education teacher of the student, or when appropriate, not less than one special education provider (speech/language pathologist or other therapist); • A representative of the district who is qualified to provide or supervise the provision of special education, knowledgeable about the general education curriculum and knowledgeable about the available resources of the district and has the ability or authority to allocate resources (Speech only - speech/language pathologist may serve as a district representative, if the criteria are met); • An individual who can interpret the instructional implications of evaluation results; • At the discretion of the parent or the district, others with knowledge or special expertise regarding the student, including related service personnel as appropriate. <p>In Addition:</p> <ul style="list-style-type: none"> • For a child previously served under West Virginia Birth to Three, at the request of the parent, invite the Part C service coordinator or other representatives of the Part C system to assist with the smooth transition of services. • For students being considered for or currently in a private school placement made by the Service Plan Team, ensure participation of a representative of the private school or facility through attendance at the meeting or other methods, such as conference calls. <p>NOTE: The representative of the district and the individual who can interpret the instructional implications of evaluation may serve in a dual role if so designated.</p>
19	Alternate Method of Participation	If a Service Plan Team member participates via an alternate method enter the name, position and alternate method of participation (Examples: video conferences, conference calls).

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS


_____ County Schools

Student's Full Name _____


Date _____

PART III: ASSESSMENT DATA

General Summative Assessment Performance Levels


TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level
 1			

Alternate Assessment Performance Levels

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level
 2			

Interim, Formative, Transition and Additional Assessment Data

Using current, annual data, list the **interim**, formative and transition assessments that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills and performance based assessments. Describe the results and implications for specially designed instruction.

Assessment	Date	Description
 3		

PART III: ASSESSMENT DATA		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	General Summative Assessment Performance Levels	Verify the student's level of performance in the ELA, Math and Science sections of the General Summative Assessment and enter them into the table provided (if appropriate).
2	Alternate Assessment Performance Levels	Verify the student's level of performance in the ELA, Math and Science sections of the Alternate Assessment and enter them into the table provided (if appropriate).
3	Interim, Formative, Transition and Additional Assessment Data	<p>In this section, list additional assessment data including interim and formative assessments. The assessments listed should describe the student's performance and offer implications for specially designed instruction. These assessments should inform the present levels of academic achievement and functional performance.</p> <p>Examples: Classroom work samples, individual charting or curriculum based assessments, parent information and assessment from other providers such as speech-language pathologist, physical and occupational therapists.</p>

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

PART IV: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP instructions). **Include grade level expectations as well as an impact statement which describes how the student's exceptionality will affect access to the general curriculum. Add pages as needed.**

Grade Level Expectations:



Present Level Statement:



Impact Statement:



PART IV: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Grade Level Expectations	Grade Level Expectations: Enter a brief summary of performance expectations for the grade level that the Service Plan will address.
2	Narrative Description of Present Levels of Performance	<p>Narrative Description of Present Levels: The Service Plan Team identifies and develops statements of present levels of academic achievement and functional performance, including progress on annual goals and/or objectives. Present levels describe the student’s relevant academic, behavioral, developmental or functional needs.</p> <p>Although the content of present levels of academic achievement and functional performance statements is different for each student, each statement must:</p> <ul style="list-style-type: none"> • Be written in objective, measurable terms and easy-to-understand non-technical language; • Establish a basis for the other components of the Service Plan, including annual goals, and, if applicable, benchmarks/objectives and special education services for students who participate in the Alternate Academic Achievement Standards; • Provide a starting point for goal development; and • Articulate any gaps that may exist between the student’s grade level expectations and his or her demonstrated performance. <p>NOTE: Present levels must justify any removal from the general education environment or activities.</p> <p>Gifted: For students who meet criteria for gifted, including exceptional gifted students, present levels describe the impact of the student’s giftedness on the student’s educational performance in the four core curricular areas: 1) English language arts; 2) mathematics; 3) social studies; and 4) science, as appropriate based on assessment.</p>
3	Impact Statement	<p>Enter an impact statement, which describes how a student’s disability or giftedness affects his or her involvement and progress in the general education curriculum for all goal areas addressed in the Service Plan.</p> <p>Example: Elaine’s deficit in reading fluency causes her to have difficulties in summarizing and identifying the main idea of a text. This adversely affects her in classes when she has to read lengthy text materials, summarize them and provide the central idea of a text.</p>

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

PART V: ANNUAL GOALS

(Add pages as needed).

Timeframe 1 →	Condition 2 →	Behavior 3 →	Evaluation Procedure with Criteria 4 →	Progress Codes (optional) 5 →



Progress:

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.

How? _____ When? _____

Record dates on which Progress Reports have been provided to parents:

Mastery Code: 0 = Regression 1 = Maintained 2 = Recouped

Student Progress Code:	P = Progress Sufficient	IP = Insufficient Progress	A = Achieved	NA = Not Applicable
-------------------------------	-------------------------	----------------------------	--------------	---------------------

PART V: ANNUAL GOALS

Measurable academic and functional **annual goals** must be related to the needs described in the present levels of academic achievement and functional performance statements. Specifically, annual goals:

1. Include a measurable statement that describes what a student is reasonably expected to accomplish from the special education program within the time period covered by the IEP, generally one year.
2. Enable the student to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability or giftedness.
3. Include the timeframe, condition, behavior and the evaluation procedure with performance criteria.

The Service Plan Team has the discretion to use benchmarks/objectives as described above for any student eligible for Service Plan services.

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Timeframe	Include the time period, generally one year that represents when the student can realistically be expected to attain the annual goal. Examples: By June 2017; By the end of the first semester; Within one year
2	Condition	The condition identifies the circumstances under which the behavior will occur. The condition should describe the specially designed instruction necessary for the student to perform the behavior. This could include scaffolding strategies or other accommodations. Examples: given a graphic or advance organizer; after pre-teach; given re-teach; using a research-based problem solving model; when presented with a visual schedule; utilizing a self-calming technique,
3	Behavior	Stated in positive terms, the behavior refers to observable, measurable actions the student will perform. Examples: the student will construct a 3-paragraph essay with no more than one punctuation error; the student will solve 3-digit addition and subtraction problems with regrouping; the student will consider multiple perspectives selecting effective strategies to solve a problem to complete a task
4	Evaluation Procedures with Criteria	Identify the specific evaluation method(s) required to determine whether the goal/objective has been attained. The goal criteria specifies the expected amount of growth or level of performance (how much, how often and to what standards) required to achieve the goal. The criteria identifies when the goal is considered accomplished. Examples: at the highest level of a 4-level rubric for 3 out of 4 trials; 100% for 3 consecutive sessions based on therapy notes; 80% on quizzes and tests; 75% accuracy through teacher observation recorded on daily checklist
5	Documenting Service Plan Progress	The Progress Codes are a means of documenting student progress toward Service Plan annual goals and/or objectives. A teacher or district Service Plan progress report form is an acceptable option in documenting the extent to which progress is sufficient to enable the student to achieve Service Plan goals by the end of the year. These progress reports are in addition to the traditional report card. Traditional report cards by themselves are not acceptable. NOTE: Document on the lines provided the dates the Progress Reports are provided to the parents. Service Plan Progress Codes are used to document and report a student's progress in attaining the annual goals on the IEP. The Progress Codes (P = Progress Sufficient, A = Achieved, IP = Insufficient Progress and N/A = Not Applicable) will be used during the grading period to report to parents. After each annual goal indicate the appropriate code under the Progress column and the actual date this determination was made. If a current Annual goal is determined to be Achieved (A) and the service is to be dismissed, discussion of dismissal factors should be reflected in the next Service Plan present level along with evaluation results.
6	Reporting Service Plan Progress	Specify how and when the student's progress toward mastery of Service Plan goals will be reported to parents (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards).

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

PART VI: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
1 →	2 →	3 →	4 →	5 →
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
6 →	7 →	8 →	9 →	10 →
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
11 →	12 →	13 →	14 →	15 →

PART VI: SERVICES		
	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	A. Supplementary Aids and Services/ Program Modifications	<p>Identify Supplementary Aids and Services/ Program Modifications to enable the student to be educated in general education environments to the maximum extent appropriate: must be considered prior to removing a student from a General Education Environment (GEE); may be needed for a variety of general education programs, including core academics, physical education, art, music and technical education; must foster independence in the classroom, be implemented consistently and documented; and provided routinely to the student in the GEE prior to implementation on the West Virginia Measures of Academic Progress (WVMAP).</p> <p>Examples: scaffolding, pre-teaching, re-teaching, organizers, extended time, assistive technology devices, instructional/physical assistance, positive behavioral supports and interventions, escort for transitions, acceleration, note taking, environmental adaptations</p> <p>NOTE: Supplementary aids and services/modifications may be included as a condition of an annual goal or short-term objective.</p>
2	Location of Services	<p>Indicate Location of Services for each supplementary aid and service/program modification.</p> <p>Examples: math class, cafeteria, assemblies, physical education class, vocational/technical education class, hallways, community, workplace</p>
3	Extent/Frequency	<p>Indicate Extent/Frequency for each supplementary aid and service/program modification. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances. Specifying a range is only acceptable if the Service Plan Team determines that it is necessary to meet the unique needs of the student. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff or services.</p> <p>Examples: one day per week, during all tests, prior to initial instruction, daily, 10-20 minutes per assignment, during note taking activities</p>
4	Initiation Date	Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2016).
5	Duration	Indicate Duration date specifying when each service ends (Month/Year Example: 04/2016). The duration of each service never exceeds one year.
6	B. Special Education Services	<p>Identify Special Education Services to enable the student to achieve the annual goals, make progress in the general education curriculum and participate in extracurricular and other nonacademic activities. Special education services document the goal area requiring specially designed instruction.</p> <p>Use the dropdown menu when entering Speech Language Therapy services for ALL students, whether they are eligible for Medicaid or not.</p>
7	Location of Services	<p>Indicate Location of Services as being Direct GEE, Direct SEE or Indirect</p> <p>Direct GEE Services are instruction, therapies or interventions provided one-on-one or in groups to an eligible student in the general education classroom or integrated community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites.</p> <p>Direct SEE Services are specially designed instruction, therapies or interventions provided one-on-one or in groups to an eligible student in a special education school environment, home or community such as:</p> <ul style="list-style-type: none"> • A classroom or therapy space which does not include individuals without disabilities • A non-school environment, such as a public library, group home or mental health center • A medical treatment facility/hospital • The home • Public and private day schools for students with disabilities • Public and private residential schools for students with disabilities <p>Indirect Services are services provided by a special education teacher or provider to the student's teacher(s) to directly benefit the student. Examples of indirect instruction are designing instructional materials or monitoring behavior management plans.</p>

8	Extent/Frequency	Indicate Extent/Frequency for each special education service. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances. Example: 60 minutes per week, 120 minutes per month.																
9	Initiation Date	Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2016).																
10	Duration	Indicate the Duration date specifying when each service ends (Month/Year Example: 06/2017). The duration of each service never exceeds one year.																
11	C. Related Services	<p>Enter the Related Services, developmental, corrective and other supports, required to assist an eligible exceptional student to benefit from special education. These services include, but are not limited to:</p> <table border="1" data-bbox="492 464 1463 730"> <tr> <td>Assistive technology</td> <td>Audiology</td> </tr> <tr> <td>Speech therapy</td> <td>Language therapy</td> </tr> <tr> <td>Physical therapy</td> <td>Occupational therapy</td> </tr> <tr> <td>Personal Care Services</td> <td>School nursing services</td> </tr> <tr> <td>Transportation (describe special circumstance)</td> <td>Interpreting services</td> </tr> <tr> <td>Orientation and mobility services</td> <td>Psychological services</td> </tr> <tr> <td>Social work services in school</td> <td>Counseling service</td> </tr> <tr> <td>Therapeutic recreation</td> <td>Braille Support Services</td> </tr> </table>	Assistive technology	Audiology	Speech therapy	Language therapy	Physical therapy	Occupational therapy	Personal Care Services	School nursing services	Transportation (describe special circumstance)	Interpreting services	Orientation and mobility services	Psychological services	Social work services in school	Counseling service	Therapeutic recreation	Braille Support Services
Assistive technology	Audiology																	
Speech therapy	Language therapy																	
Physical therapy	Occupational therapy																	
Personal Care Services	School nursing services																	
Transportation (describe special circumstance)	Interpreting services																	
Orientation and mobility services	Psychological services																	
Social work services in school	Counseling service																	
Therapeutic recreation	Braille Support Services																	
12	Location of Services	<p>Indicate Location of Services as being Direct GEE, Direct SEE or Indirect where appropriate, or as a narrative for those related services where GEE, SEE, and Indirect would not apply.</p> <p>Direct GEE Services are instruction, therapies or interventions provided one-on-one or in groups to an eligible student in the general education classroom or integrated community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites.</p> <p>Direct SEE Services are specially designed instruction, therapies or interventions provided one-on-one or in groups to an eligible student in a special education school environment, home or community such as:</p> <ul style="list-style-type: none"> • A classroom or therapy space which does not include individuals without disabilities • A non-school environment, such as a public library, group home or mental health center • A medical treatment facility/hospital • The home • Public and private day schools for students with disabilities • Public and private residential schools for students with disabilities <p>Indirect Services are services provided by a special education teacher or provider to the student's teacher(s) to directly benefit the student. Examples of indirect instruction are designing instructional materials or monitoring behavior management plans.</p>																
13	Extent/Frequency	Indicate Extent/Frequency for each related service. This requires a specific quantitative amount of time or a specific description of the instructional/environmental circumstances. Examples: 60 minutes per week, to and from school daily, 30 minutes per month, see Health Plan attached, once per semester																
14	Initiation Date	Indicate Initiation Date for each service (Month/Day/Year Example: 04/24/2017).																
15	Duration	Indicate the Duration date specifying when each service ends (Month/Year Example: 06/2017). The duration of each service never exceeds one year.																

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

PART VII: PLACEMENT

1 → **Ages 3-5**

___ Service provider location or some other location that is not in any other category

WVEIS LRE Code
S

2 → **Ages 6-21**

___ Parentally placed in private school (Service Plan only)

WVEIS LRE Code
8

PART VII: PLACEMENT –				
	ITEM	CLARIFICATIONS/INSTRUCTIONS		
1	Ages 3-5 LRE Determination	Select WVEIS Code (S) for parentally placed students in a private school.		
1	Ages 6-21 LRE Determination	Select WVEIS Code eight (8) for parentally placed students in a private school.		

STUDENT SERVICE PLAN FOR PARENTALLY PLACED PRIVATE SCHOOL STUDENTS

_____ County Schools

Student's Full Name _____

Date _____

Part VIII: CONSENT

The district and the parent/guardian of the student agree the district has offered the student a free appropriate public education (FAPE). Parents have declined the district's offer of FAPE and instead have placed the student in the _____ private school at their own expense. The parents understand the district has no responsibility for the cost of the private school placement. The local education agency (LEA) will provide special education service(s) as outlined in the Student Service Plan for the student while he/she is enrolled in the private school or until the proportionate share of federal funds has been expended for the current school year.



I give my consent to my child's special education placement:

Parent Signature _____ Date _____

Parent Signature _____ Date _____

PART VIII: CONSENT

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	Consent for Initial Placement	Obtain parent signature(s) and date of signature(s).

PROCEDURAL SAFEGUARDS

PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL

_____ County Schools

1 Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS _____
City/State/Zip _____ Telephone _____

Dear Parent/Adult Student:

2 As a result of:
___ a Student Assistance Team (SAT) meeting conducted on _____,
___ an Eligibility Committee (EC) meeting conducted on _____,
___ an Individualized Education Program (IEP) Team meeting conducted on _____,
___ a disciplinary action occurring on _____,
___ other _____,

3 the district is ___ proposing **or** ___ refusing to initiate or change:
___ the educational evaluation or reevaluation of the student.
___ the identification of the student as having a disability.
___ the educational placement of the student.
___ the provision of a free appropriate public education (FAPE) to the student.

4 Specifically, the district is: _____

5 The district is ___ proposing **or** ___ refusing this action because: _____

6 The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___ proposed **or** ___ refused action **include**: _____

7 Other options the district considered, **but rejected** include: _____

8 The reasons the above options were rejected **include**: _____

9 Other factors relevant to the district's ___ proposal **or** ___ refusal **include**: _____

10 Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, **if available**, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Education at 304.558.2696 or 1.800.642.8541

Sincerely,
11 _____
Signature/Position Date

PRIOR WRITTEN NOTICE (PWN) OF DISTRICT’S PROPOSAL/REFUSAL

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/ verify ALL fields containing county, student name and demographic information.
2	Type of Meeting or Source of PWN	Denote the source of PWN. If the type of meeting or the source of the request (e.g., a written parental request for evaluation, IEP Team meeting, or a personal aide; or any type of request outside of a meeting) is not already listed, specify the source beside “ <i>Other</i> ”. NOTE: When school personnel receive a verbal request from a parent, the parent should be required to put the request in writing.
3	Proposed/Refused Action	Check whether the district is proposing or refusing to initiate or change the designated action.
4	Specific Action Proposed or Refused	Describe in detail the action the district is proposing or refusing (e.g., <i>the district is proposing/refusing to conduct a new academic achievement evaluation of the student</i>).
5	Explanation	Provide a detailed explanation of why the district is proposing or refusing the action (e.g., <i>refusing because multiple sources of current and valid achievement data exist within the student’s educational record</i>).
6*	Evaluation Procedure(s)	Provide any and all evaluation procedures, assessments, records or reports to substantiate the district’s action (e.g., <i>Interim assessments, STAR Reading, DIBELS, West Virginia General Summative Assessment (WVGSA), Woodcock & Johnson, WIAT,</i>).
7*	Other Options	List any other options the district considered but rejected in making the proposal or refusal (e.g., <i>conducting additional achievement assessments, other eligibility categories considered</i>).
8*	Reason for Rejection	Denote the reasons the district has rejected the other options (e.g., <i>current achievement data exists, primary exceptionality identified by EC is OHI</i>).
9	Other Factors	List any other factors that may have contributed to the district’s decision (e.g., <i>continual assessment data are collected through formative assessment and interim assessments</i>).
10	Contact Information	Telephone numbers of the district’s director of special education and/or the Parent Educator Resource Center, if available, must be inserted.
11	Closing	The signature, position of the person completing the PWN and the date must be included in the closing.
NOTE: It may be difficult to communicate both proposals and refusals on a single PWN form. For those instances, it may be helpful to complete separate PWNs for clarity.		

*** All areas must be considered. NA is not an acceptable response.**

MEDICAID

CONSENT TO RELEASE INFORMATION AND BILL MEDICAID

_____ County Schools



Student's Full Name _____
School _____
Parent(s)/Guardian(s) _____
Address _____
City/State/Zip _____

Date _____
Date of Birth _____
Grade _____
WVEIS# _____
Telephone _____

The county school district wishes to periodically apply for reimbursement for certain services provided to your child by accessing Medicaid or other publicly funded benefits. Medicaid reimbursement to county school districts is authorized by West Virginia Legislative Code §18-2-5b, effective March 15, 1990. These funds provide additional financial resources for the county's educational services.

In order for the county school district to apply for Medicaid reimbursement for certain services provided to your child, your consent to release information from your child's education records is requested. The following information may be released to the state Medicaid agency:



- Diagnosis and/or other medical information
- Child's name, date of birth and address
- Service(s) provided
- Dates and times the service is provided at school
- Child's IEP goals that relate to these services
- Progress notes pertaining to the billing of services

This consent allows the school district to bill for medically necessary services in your child's Individualized Education Program (IEP). Targeted Case Management services help coordinate and assist Medicaid eligible students gain access to needed medical, behavioral health, social, and other services. For more information on Targeted Case Management contact your child's teacher or the County Special Education Director.

If you think another provider outside the school system may be billing your child's Medicaid benefits for the same services (for example, speech services) provided by the county school district, list those services and providers below. Please notify your child's teacher, school principal or a county office administrator as soon as possible if any services provided outside the school system change during the year.

This consent may be withdrawn at any time and must be provided annually



I give my consent to release information from my child's records for the purpose of Medicaid billing.



I understand and agree that the district may access my child's Medicaid to pay for IEP services covered by Medicaid, with the exception of any listed on the last line of this form.



I have received a written notification from the county school district that explains my rights and legal protections.



Parent Signature: _____ Date: _____



Child's Medicaid Number: _____



Student's doctor or other health care professional: _____



List any service(s) including Targeted Case Management being provided outside the school system:

NOTICE TO PARENTS PARENTAL CONSENT TO ACCESS PUBLIC BENEFITS OR INSURANCE (E.G, MEDICAID)

This notice informs parents of the Individuals with Disabilities Education Act of 2004 (IDEA) regulations at 34 CRF §300.154, effective March 18, 2013, regarding written notification and parent consent to access public benefits or insurance, such as Medicaid. Before the school district accesses the parent's or child's Medicaid or other publicly funded benefits for the first time to seek reimbursement for services provided to an eligible student, and annually thereafter, this written notice is provided to inform parents of the following:

- A prior written parental consent will be requested to release personal information from a child's education records or information about the services that may be provided for the purpose of billing Medicaid or another specific agency for Individualized Education Program (IEP) services.
- The consent form will state the student's personal education records and information that will be disclosed, the purpose of the disclosure (e.g. Medicaid billing) and the agency to which the records will be released. By consenting, parents state they understand and agree that their or their child's public benefits or insurance will be accessed to reimburse the cost of services.
- Parents cannot be required to sign up for or enroll in public benefits or insurance programs for their child to receive free appropriate public education, that is, IEP services.
- Parents are not required to pay out-of-pocket expense such as a deductible or co-pay amount resulting from filing a claim, but may pay the cost that otherwise would be paid by parents.
- Parents must be informed that their public benefits or insurance (e.g., Medicaid) will not be billed if it would:
 - result in a decrease in lifetime benefits;
 - result in the child's parents paying for services that would otherwise be covered and that are needed for the child outside of the time the child is in school;
 - result in an increase in premiums or discontinuation of public benefits or insurance; or
 - risk loss of eligibility for home and community-based waivers based on the total (aggregated) health-related expenditures for the child or the child's parents.
- Parents have the right to withdraw consent to disclose their child's personal information for billing purposes at any time.
- Parents' withdrawal of consent, or refusal to provide consent, to release their child's personal information for purposes of accessing their public benefits or insurance (e.g., for Medicaid billing) does not relieve the school district of its responsibility to ensure that all required IEP services are provided at no cost to parents

CONSENT TO RELEASE INFORMATION AND BILL MEDICAID

ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information
2	Explanation
3	Consent for Release of Information
4	Consent to Bill Medicaid
5	Acknowledge Receipt of Parent Annual Notice
6	Parent Signature
7	Medicaid Number
8	Student's Physician
9	Services Provided Outside of School

MEDICAID SERVICE CARE PLAN

_____ County Schools

1 **Student's Full Name** _____ **Date** _____
School _____ **Date of Birth** _____
Parent(s)/Guardian(s) _____ **Grade** _____
Address _____ **WVEIS#** _____
2 **City/State/Zip** _____ **Telephone** _____

3 **Medicaid Number:** _____
Diagnosis Code(s) _____

4 **Measurable Treatment Goals and/or Objectives (List the goals/objectives from the student's IEP in the areas of Speech, Occupational Therapy, Physical Therapy, Audiology, and Behavior if applicable. For Nursing services attach a copy of the student's Health Care Plan. If a student has a Behavior Intervention Plan attach a copy to this form):**

5
6
7
8

Frequency and Duration of Treatment:

Services	Extent Frequency _____ per	Initiation Date mm/dd/yyyy	Duration mm/yyyy

Targeted Case Management may be provided based upon medical necessity.

9 **Parent/Adult Student Signature:** _____ **10** _____ **Date**
Provider Signature: _____
Provider Signature: _____
Provider Signature: _____
Provider Signature: _____

MEDICAID SERVICE CARE PLAN

Service Care Plans are generated by the Online IEP program. It is important to use the drop-down menus on the service section of the IEP program. Using the drop-down menus will prompt the program to automatically insert the applicable sections including goals and objectives. If the Online Program is not available, a Word document is available in the forms section of the Office of Special Education website. If using the Word document, goals and objectives can be copied and pasted into the form.

	ITEM	CLARIFICATIONS/INSTRUCTIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information. Include the date of the IEP meeting.
2	Medicaid Number	Enter the student's Medicaid number.
3	Diagnosis Codes	Enter ALL the ICD-10 Diagnosis Codes that indicate Medical Necessity for the student. Speech, OT, PT, and Audiologists must enter a diagnosis code closely related to their therapy goals. A global diagnosis such as Autism is not specific enough for therapists. Think of these as treatment codes. As a result the student can have multiple diagnosis codes.
4	Goals and Objectives	This section includes Measurable Treatment Goals and/or Objectives from the student's IEP. These are required for Speech, Occupational Therapy, Physical Therapy, Audiological and Behavior if applicable. For students with a Health Care Plan or Behavior Intervention Plan attach a copy to this document.
5	Services	Enter the Medicaid billable services from the IEP. Academic subjects, gifted services and social skills are not included in this plan. When addressing Extended School Year Services (ESY) attach a copy of the applicable page of the IEP which included the parent's acceptance of ESY services.
6	Frequency	Enter the frequency for each service from the IEP.
7	Initiation Date	Enter the initiation date for each service from the IEP.
8	Duration	Enter the duration date for each service from the IEP.
9	Signatures	Signatures are required from the parent or adult student, the case manager and staff providing OT, PT, Speech, Audiological services, psychotherapy and nursing services. School staff must also include their credentials. The parent/adult student must sign prior to billing for Medicaid services! Bus drivers, bus aides and personal care service staff are not required to sign.
10	Date	Enter the date parent/adult student signed documents.

MEDICAID PHYSICIAN AUTHORIZATION FORM

_____ County Schools

1 Student's Full Name _____ Date _____
 School _____ Date of Birth _____
 Parent(s)/Guardian(s) _____ Grade _____
 Address _____ WVEIS# _____
 City/State/Zip _____ Telephone _____

2 Medicaid number: _____

Please review and authorize the services that are included on your patient's Individualized Education Program and Services Care Plan. Thank you for your assistance.

3 TO: _____
 Physician's Name (Please Print) _____
 Address _____
 City/State/Zip _____

The following services have been included on the student's Individualized Education Program and Service Care Plan.

Service	Service included on Individualized Education Program and Service Care Plan	Frequency/ Duration	Evaluation Reevaluation	Diagnosis Codes - ICD - 10 Code(s) that justify therapy being provided
Physical Therapy				
Occupational Therapy				
Speech Therapy				
Audiology				
Psychotherapy				

Targeted Case Management may be provided based upon medical necessity.

The Physician Authorization may also be signed by Physician Assistant (PA) or an Advanced Practice Registered Nurse (APRN). Authorization is valid for one calendar year:

I authorize the above identified services and/or evaluations as medically necessary and refer this student for services/evaluation.

8 _____
 Physician/ PA/ APRN Signature _____ Date of Referral _____

9 Return the signed form to:
 Name _____
 County _____
 Address _____
 City/State/Zip _____

MEDICAID PHYSICIAN AUTHORIZATION FORM

	ITEM	INSTRUCTIONS/CLARIFICATIONS
1	County and Student Information	Complete/verify ALL fields containing county, student name and demographic information.
2	Medicaid Number	Enter the student's Medicaid number.
3	Physician Contact Information	Print the name and mailing address of student's physician.
4	Direct Services Listed on IEP and Service Care Plan	Indicate if the student has Medicaid billable service listed on his/her IEP and Service(s) Care Plan.
5	Frequency/Duration	Enter the frequency and duration end date of service of each Medicaid billable service as listed on the IEP and Service Care Plan.
6	Evaluation or Reevaluation	Check the appropriate box if the IEP Team has determined that an evaluation or reevaluation is requested during the duration of the IEP.
7	Diagnosis Codes	Enter the ICD-10 diagnosis code(s) for each service. A global diagnosis code such as Autism or Cerebral Palsy is not specific enough for these therapies. Therapists assign diagnosis codes during formal assessments. If diagnosis codes in the most recent assessments are not available, the therapist uses their professional judgement based upon the student's present levels and therapy goals.
8	Physician's Signature	The form must be completed and signed by a physician (MD/DO), physician's assistant or advanced practice registered nurse practitioner prior to Medicaid billing. The signature must include the date of referral. This completed and signed form must be on file prior to Medicaid billing. Services provided prior to the date of referral cannot be billed. Form is valid for one calendar year from the date of referral.
9	County Contact Information	This section is used to let the medical professional or parent know where to send the completed form. Enter the county name. List the specific name and address of the person designated to receive the completed form.