



Reading a Student's IEP

Special Education under the IDEA

Emily Wilson
Equip for Equality



Equip **for** Equality

Mission: Advance the human & civil rights of people with disabilities in Illinois

- Private and independent non-profit
- Protection and advocacy (P&A) system for the State of Illinois
- Free legal assistance for people with disabilities of all ages across the state
- Legal teams: Civil Rights, Special Education, Abuse Investigations
- **Special Education Helpline:**
 - **866-543-7046**
 - Any parent or service provider for a student with a disability can call with questions about special ed law
 - Completely free
 - Provide, at minimum, self-advocacy assistance to caller.



Special Education Law key terms

IDEA

Individuals with Disabilities Education Act

FAPE

Free Appropriate Public Education. Not what is best, but what a child needs to learn or get some benefit from their education.

IEP

Individualized Education Program

LRE

Least Restrictive Environment

Related Services

What is needed to benefit from education. e.g. speech, physical, or occupational therapy.

Compensatory Education

Additional services that your child may get if the school does not provide your child what they need (a denial of FAPE).

What is an IEP?

- Individualized Education Program developed at IEP meeting
- Outlines:
 - What the child can currently do
 - What the child will be able to do in one year's time
 - What the school will provide to get student there
- Legally binding
 - If a parent can prove the school failed to follow IEP or enable the student's progress, the school district can be legally liable for its failure.
 - Compensatory education services
 - Private school/placement

STUDENT NAME: _____		DATE OF MEETING: _____	
INDIVIDUALIZED EDUCATION PROGRAM (CONFERENCE SUMMARY REPORT)			
DATE OF MOST RECENT EVALUATION: _____		DATE OF NEXT REEVALUATION: _____	
PURPOSE OF CONFERENCE (Check all that apply)			
<input type="checkbox"/> Review of Existing Data	<input type="checkbox"/> Reevaluation	<input type="checkbox"/> IEP Review/Revision	<input type="checkbox"/> FBA/BIP
<input type="checkbox"/> Initial Evaluation/Eligibility	<input type="checkbox"/> Initial IEP	<input type="checkbox"/> Secondary Transition	<input type="checkbox"/> Manifestation Determination
		<input type="checkbox"/> Other _____	
STUDENT IDENTIFICATION INFORMATION			
STUDENT'S ADDRESS (Street, City, State, Zip Code)		STUDENT'S DATE OF BIRTH	SIG ID NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY	LANGUAGE/MODE OF COMMUNICATION USED BY STUDENT	CURRENT GRADE LEVEL
PLACEMENT (To be completed after placement determination) <input type="checkbox"/> Yes <input type="checkbox"/> No Placement is in Resident School		DISABILITY(S)	ANTICIPATED DATE OF HIGH SCHOOL GRADUATION
RESIDENT DISTRICT		RESIDENT SCHOOL	
PLACEMENT			
SERVING DISTRICT		SERVING SCHOOL	
PARENT INFORMATION			
(1) PARENT'S NAME <input type="checkbox"/> EDUCATIONAL SURROGATE PARENT		(2) PARENT'S NAME <input type="checkbox"/> EDUCATIONAL SURROGATE PARENT	
(1) PARENTS ADDRESS (Street, City, State, Zip Code)		(2) PARENTS ADDRESS (Street, City, State, Zip Code)	
(1) PARENT'S TELEPHONE NUMBER (Include Area Code)		(2) PARENT'S TELEPHONE NUMBER (Include Area Code)	
(1) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT(S) <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter		(2) LANGUAGE/MODE OF COMMUNICATION USED BY PARENT(S) <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter	
PROCEDURAL SAFEGUARDS			
Explanation of Procedural Safeguards were provided to/reviewed with the parent(s) on _____			
Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent(s) were given a copy of the: <input type="checkbox"/> Evaluation report and eligibility determination <input type="checkbox"/> IEP			
<input type="checkbox"/> District's behavioral intervention policies <input type="checkbox"/> District's behavioral intervention procedures (initial IEP only)			
PARTICIPANTS INFORMATION			
Signature indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines. If a required participant participates through written input or is excused from all or part of the IEP meeting, the required excusal and written report, as necessary, is attached.			
ELIGIBILITY REVIEW	IEP	ELIGIBILITY REVIEW	IEP
<input type="checkbox"/>	<input type="checkbox"/> Parent _____	<input type="checkbox"/>	<input type="checkbox"/> School Social Worker _____
<input type="checkbox"/>	<input type="checkbox"/> Parent _____	<input type="checkbox"/>	<input type="checkbox"/> Speech-Language Pathologist _____
<input type="checkbox"/>	<input type="checkbox"/> Student _____	<input type="checkbox"/>	<input type="checkbox"/> Bilingual Specialist _____
<input type="checkbox"/>	<input type="checkbox"/> LEA Representative _____	<input type="checkbox"/>	<input type="checkbox"/> Interpreter _____
<input type="checkbox"/>	<input type="checkbox"/> General Education Teacher _____	<input type="checkbox"/>	<input type="checkbox"/> School Nurse _____
<input type="checkbox"/>	<input type="checkbox"/> Special Education Teacher _____	<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/>	<input type="checkbox"/> School Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____

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

This is an example IEP developed by the Illinois State Board of Education.

The appearance and order of IEPs may differ from district to district, but the content should be consistent with the ISBE example.

Eligibility

- *To be found eligible* for an IEP, the child must
 - Meet criteria for *at least one of the 13 disability categories*; AND
 - The disability must *adversely affect educational performance*; AND
 - *Because of the disability*, the student needs “special education and related services”
- A child can be found eligible under more than one category.



Disabilities Under the IDEA

Intellectual Disability

Hearing Impairment

Speech or language impairment

Visual impairment (including blindness)

Emotional Disability
(behavioral/social/emotional)

Orthopedic Impairment

Autism

Traumatic Brain Injury

Other Health Impairment –
ADHD or medical issues

Specific Learning Disability

Developmental disabilities – a
catch-all used until students
turn 10

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<input type="checkbox"/> Initial Evaluation/Eligibility	<input type="checkbox"/> Initial IEP	<input type="checkbox"/> Secondary Transition	<input type="checkbox"/> Manifestation Determination
		<input type="checkbox"/> Graduation	<input type="checkbox"/> Other _____
STUDENT IDENTIFICATION INFORMATION			
STUDENT'S ADDRESS (Street, City, State, Zip Code)		STUDENT'S DATE OF BIRTH	SIS ID NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY	LANGUAGE/MODE OF COMMUNICATION USED BY STUDENT	CURRENT GRADE LEVEL
			ANTICIPATED DATE OF HIGH SCHOOL GRADUATION
PLACEMENT (To be completed after placement determination) <input type="checkbox"/> Yes <input type="checkbox"/> No Placement is in Resident School		DISABILITY(S)	MEDICAID NUMBER
RESIDENT DISTRICT		RESIDENT SCHOOL	
PLACEMENT			
SERVING DISTRICT		SERVING SCHOOL	
PARENT INFORMATION			
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The disability category can be found on the first page of the IEP

The IEP Meeting

- Initial IEP meeting held after a child is found eligible to develop the IEP
- Annual meetings to review and revise the child's IEP to provide appropriate services and supports
 - Not limited to one meeting a year.
- Team should discuss child's progress/lack of progress and any changes to programming for the child



IEP Team

The team must include:

- Parents or guardians
- General education teacher
- Special education teacher
- Related service providers
- Representative of the Local Education Agency (LEA)

When applicable, the team may also include:

- The child (when appropriate/starting at 14 ½)
- An individual who can interpret the instructional implication of evaluation results
- Parent's expert or attorney

PARTICIPANTS INFORMATION

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

ELIGIBILITY REVIEW	IEP		ELIGIBILITY REVIEW	IEP	
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>Parent</i>			<i>School Social Worker</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>Parent</i>			<i>Speech-Language Pathologist</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>Student</i>			<i>Bilingual Specialist</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>LEA Representative</i>			<i>Interpreter</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>General Education Teacher</i>			<i>School Nurse</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>Special Education Teacher</i>			<i>Other (specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<i>School Psychologist</i>			<i>Other (specify)</i>

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

The meeting participants should also be listed at the beginning of the IEP, including a signature verifying that they attended the meeting and their role.



IEP Rules to Know

- IEP must be revised at least once per year.
- The school must re-evaluate the child every 3 years.
- The IEP team must include the parents unless the parent provides a signed waiver.
 - If the parents do not attend, the school should document all the ways they attempted to contact and include the parents.
- The parent must be given written notice of the IEP meeting date/time at least 10 days in advance (unless waived).
 - This written notice is often attached to the IEP.
- Unless parent signs a waiver, changes to IEP do not go into effect for 10 days.

Reviewing the IEP



When was the child last evaluated? Are they due for re-evaluation?

Was everyone at the meeting who was supposed to be there?

Was the parent provided timely, written notice of the meeting?
(Invitation should be attached to IEP)

Check the IEP meeting date. Has the IEP team met at least once a year?

If the parents did not attend, what steps did the school take to include them?

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	Student _____		Bilingual Specialist _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LEA Representative _____		Interpreter _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General Education Teacher _____		School Nurse _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Special Education Teacher _____		Other (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School Psychologist _____		Other (specify) _____
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Parts of the IEP

Present Levels of Performance

Goals and Objectives

Services and Placement

Accommodations & Modifications

Other Services

Present Levels of Performance

- Where the child is at currently both academically and functionally.
- Should include relevant:
 - Evaluation results
 - Standardized testing scores
 - Teacher and service provider feedback
 - Parent input
- Should be the basis for developing/revising the IEP

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Complete for initial IEPs and annual reviews.

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

Student's Strengths

Parental Educational Concerns/Input

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

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

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

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

Reviewing the IEP

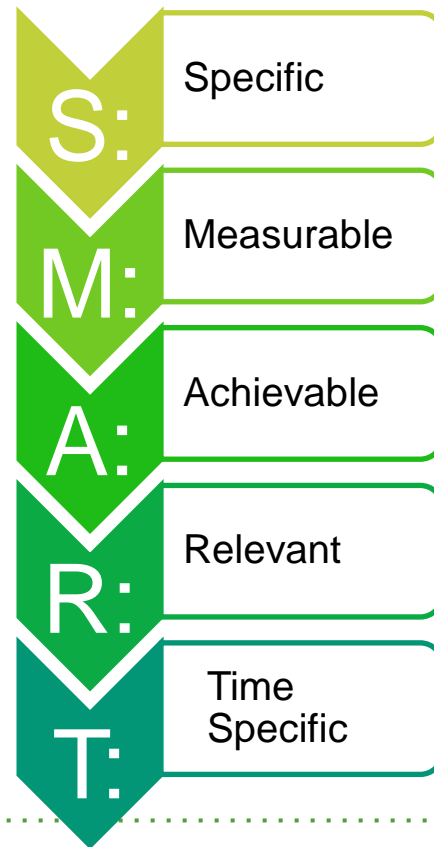
Was parent perspective included? Are all parent concerns in writing?

Did the team include information about both the student's functional AND academic performance? Is there an update for all areas of concern?

Is the information up to date?
Check against prior IEPs for copy + pasting old information.

Goals & Objectives

- Goals should address child's needs as identified in the PLOP
 - Ex: reading, math, social skills, behavior, etc.
- Should be SMART goals
- Must be reviewed and updated annually
- Parents should receive quarterly progress reports with updates on IEP goals.



Goals & Objectives

Example:



Jenny will raise her hand to participate in class 3 times in a 45 minutes class period.

Non- Example:



Jenny will participate in class.

Reviewing the IEP

How will parents be updated on student progress?

What is the actual goal?
Is it a SMART goal?

What are the short-term objectives the student will be working on to reach the larger goal?

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

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

☐ Report card ☐ Progress reports ☐ Parent conference ☐ Other (specify) _____

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

GOALS AND OBJECTIVES/BENCHMARKS
The goals and short-term objectives or benchmarks shall meet the student's educational needs that result from the student's disability, including involvement in and progress in the general curriculum, or for preschool students, participation in appropriate activities.
Goal Statement # ____ of ____ Indicate Goal Area: ☐ Academic ☐ Functional ☐ Transition Illinois Learning Standard: # ____

Title(s) of Goal Implementer(s) _____

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

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/ Extent of Progress
____ % Accuracy ____ / ____ # of attempts <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) _____	
Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal			
____ % Accuracy ____ / ____ # of attempts <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) _____	
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Where is the student currently functioning as relates to this goal?

Who will be responsible for implementing the goal?

How is progress being evaluated, measured, and how often?

*Often progress on goals and objectives are reported on separate IEP Progress Reports



Accommodations & Modifications

Individualized changes to rules or routines child needs because of their disability to access their education.

- Extended time on assignments
- Frequent breaks
- Guided notes
- Preferential seating
- Shortened assignments
- Complete tests or assignments in preferred space
- Frequent checks for understanding
- Agenda or assignment checklist
- Verbal/Written instructions

EDUCATIONAL ACCOMMODATIONS AND SUPPORTS

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

CONSIDERATION OF SPECIAL FACTORS

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

- ☐ Yes ☐ No assistive technology devices and/or services. If yes, please specify needed AT. If no, specify why AT is not needed to access FAPE.
- ☐ Yes ☐ No communication needs including students who are deaf/hard of hearing. If yes, complete linguistic and cultural accommodations section below.
- ☐ Yes ☐ No English learner status— language needs
- ☐ Yes ☐ No blind/visually impaired – provision of Braille instruction
- ☐ Yes ☐ No behavior impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms.

LINGUISTIC AND CULTURAL ACCOMMODATIONS

- ☐ Yes ☐ No The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. This includes students who are deaf/hard of hearing. If yes, specify any needed accommodations:
- ☐ Yes ☐ No Special education and related services will be provided in a language or mode of communication other than or in addition to English. This includes services provided to students who are deaf/hard of hearing. If yes, specify any needed accommodations:

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

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

SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS

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

SUPPORTS FOR SCHOOL PERSONNEL

- ☐ Yes ☐ No Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.

Assistive
Technology?
Communication?
English Learner?
Vision?
Behavior?

Are there
special
circumstances
to be
considered?

Does the student
need instruction in a
language other than
English?

What accommodations is
the child receiving?

Many districts have these accommodations listed by class.

Is special training required for
teachers or school personnel to
provide these accommodations?

ASSESSMENT**CLASSROOM-BASED ASSESSMENTS**

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

DISTRICT-WIDE ASSESSMENTS

- ☐ District does not administer district-wide assessments.
☐ District does not administer district-wide assessments at this grade level. _____
 Student will:
☐ Not participate in the entire district-wide assessment.
☐ Participate in the entire district-wide assessment with no accommodation(s).
☐ Participate in entire assessment with accommodation(s). *(Complete Assessment Accommodations section)*
☐ Participate in part(s) of the district-wide assessment (specify which part(s) and what, if any, accommodations are required). *(Complete Assessment Accommodations section on the IEP).*
☐ Participate in the district-wide alternate assessment without accommodation(s).
☐ Participate in the district-wide alternate assessment with accommodation(s). *(Complete Assessment Accommodations)*

STATE ASSESSMENTS

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

- ☐ State academic assessments are not administered at this grade level:
 1. Illinois Assessments of Readiness (IAR) (grades 3-8)
☐ The IAR assessment is not appropriate. (Go to #2)
 Student will:
☐ Participate in IAR with no accessibility features turned on in advance and no accommodation(s).
☐ Participate in IAR assessment with accessibility features turned on in advance and/or accommodation(s). *(Complete IAR Accessibility Features and Accommodations form and attach).*
2. Dynamic Learning Maps (DLM) (ELA/L, Math, Science) (Alternate assessment Grades 3-11)
☐ The DLM Participation Guidelines were met. *(Complete the DLM Participation Guidelines and attach).*
 If met, the student will:
☐ Participate in DLM with no accessibility features/accommodation(s).
☐ Participate in DLM with accessibility features/accommodation(s). *(Complete the DLM Accessibility Features and Accommodations form and attach)*
3. College Board Assessments (Grades 9-11)
☐ Participate in PSAT 9, PSAT 10, and SAT assessments with no accommodations.
☐ Participate in PSAT 9, PSAT 10, and SAT assessments with accommodation(s). *(Complete College Board Assessments Accommodations Section)*
4. Illinois Science Assessment (ISA) (Grades 5, 8, High School) (Biology)
☐ Not administered at student's current grade level or course.
☐ Participate in science assessment with no accommodation(s).
☐ Participate in science assessment with accommodation(s). *(Complete Science Assessment Accommodations section)*
5. Physical Fitness Assessment (e.g. Brockport®, FitnessGram®)
☐ Will not participate in the physical fitness assessment (Explain):
☐ Participate in FitnessGram® with no accommodation(s). Participate in Fitness Gram® with accommodation(s).
☐ Participate in the Brockport® with no accommodation(s).
☐ Participate in the Brockport® with accommodation(s). *(As delineated in the test manual)*
6. Kindergarten Individual Development Survey (KIDS)
☐ The KIDS Assessment is not appropriate.
☐ Participate in KIDS with no accommodation(s). Indicate which subsets: ☐ 1 ☐ 2 ☐ 3
☐ Participate in KIDS with accommodation(s). Indicate which subsets: ☐ 1 ☐ 2 ☐ 3
(Complete Assessment Accommodation Section)

In the Classroom?

At the District level?

At the State level?

*Will the
student take
assessments?*

STATE ASSESSMENT OF ENGLISH LANGUAGE PROFICIENCY

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

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

If yes, the student will:

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

ASSESSMENT ACCOMODATIONS

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

Classroom-based Assessments

District-based Assessments

College Board Assessments

Science Assessment

Physical Fitness Assessment (e.g. Brockport®)

KIDS Assessment

Indicate which accommodations are needed:

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

ACCESS/Alternate ACCESS

*What
accommodations
will the student
receive for each
type of
assessment?*

Services & Placement

What services is the child receiving? **Where?**

- This includes academic services (reading; math) and related services (speech; social work)
- Variety of placement options:
 - General education classroom, with or without support
 - Resource classes
 - Self-contained classes (only students with disabilities)

LRE

- Least Restrictive Environment
- A child must be educated to the **maximum extent appropriate** with their non-disabled peers

PARTICIPATION IN GENERAL EDUCATION CLASSES

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

General Education with No Supplementary Aids (Specify content areas, classes, whether or not the child will participate in general physical education, and <i>extracurricular and other nonacademic activities.</i>)	Minutes Per Week In Setting (Optional)
General Education with Supplementary Aids (as specified in the Supplementary Aids section) (Specify content areas, classes, whether or not the child will participate in general physical education, and <i>extracurricular and other nonacademic activities with supports, if applicable.</i>)	Minutes Per Week In Setting (Optional)
Special Education and Related Services within the General Education Classroom (Specify content areas, classes in which the child will participate with the provision of special education and related services. List each special education and related service that will be provided during each class.)	Minutes Per Week In Setting

PARTICIPATION IN SPECIAL EDUCATION CLASSES/SERVICES

The IEP must address all special education and related services.	
Special Education Services – Outside General Education	Minutes Per Week In Setting A.
Related Services – Outside General Education	Minutes Per Week In Setting B.

Educational Environment (EE) Calculation (Ages 3-5)

- _____ 1. Minutes spent in regular early childhood program
_____ 2. Minutes spent receiving special education and related services outside regular early childhood (A+B)

Educational Environment (EE) Calculation (Ages 6-21)

- _____ 1. Total Bell to Bell Minutes
_____ 2. Total Number of Minutes Outside of the General Education Setting (A+B)
_____ 3. Total Number of Minutes inside the General Education Setting (line #1 minus line #2)
_____ 4. Percentage of time inside the General Education Environment (line #3 divided by line #1)

General Education
without Support?

General Education
with Support?

Special Education
within the general
education
classroom?

Special Education
Classroom?

Related Services?
(speech, OT, PT, etc.)

*How many
minutes per
week is the
student in:*

*In addition to minutes,
the IEP should include
which subject areas the
student is participating
in each environment.*

*Placement
may also be
presented as
an LRE grid*

Specialized Instruction Area and/or Related Services	Modification or Accommodation	Frequency and location of Special Education/Related Services Frequency should be noted in number of minutes per week		
		Direct Services in Regular Class	Direct Services in Separate Class	Community-Based Instruction
Social Sciences	Yes	167 MPW		
Language Arts/English/Reading	Yes		333 MPW	
Mathematics	Yes	333 MPW		
Biology & Physical Sciences	Yes	167 MPW		
Social Work • Social/Emotional	No		15 MPW	
TOTAL # of minutes per week (MPW)		667 MPW	348 MPW	0 MPW

Related Services
(speech, OT, PT, etc.)

Special Education
within the general
education classroom

Special Education
Classroom

Another Example

CURRENT SCHOOL YEAR

General Education Classes							Services in General Education Environment						
Subject/Class	A	B	C	Minutes per day	Days per Week	Total per Week	Related and Other Services	SC	Location	TM	Frequency	Begin Date	End Date
Science		X		37	5	185	Aide-Class	02	In Gen-eral Ed Classroom	80	per day	10/11/2013	05/30/2014
PE		X		37	5	185	Assistive Device (consult)	11	In Gen-eral Ed Classroom	5	per mon	10/11/2013	05/30/2014
Exploratory		X		22	5	110							
Advisory		X		15	5	75							
Social Studies		X		43	5	215							
Total Minutes per Week (a1): 770.00							Total Minutes per Week (a3): 1.15						

EDUCATIONAL ENVIRONMENT KEY:

A - General education classroom with NO modifications and/or supplementary aids and services

C - General education classroom with special education instruction

B - General education classroom with modifications and/or supplementary aids and services

D - Special education classroom

Special Education Classes/Programs							Services in Special Education Environment						
Subject/Class	D	Minutes per day	Days per Week	Total per Week	Begin Date	End Date	Related and Other Services	SC	Location	TM	Frequency	Begin Date	End Date
Math	X	74	5	370.00	10/11/2013	05/30/2014	Speech/Language Services	23	Not in General Ed Classroom	60	per wk	10/11/2013	05/30/2014
Reading	X	43	5	215.00	10/11/2013	05/30/2014							
Language Arts	X	32	5	160.00	10/11/2013	05/30/2014							
Resource	X	43	5	215.00	10/11/2013	05/30/2014							
Total Minutes per Week (a2): 960.00							Total Minutes per Week (a4): 60.00						

CALCULATIONS

EDUCATIONAL ENVIRONMENT (EE)		PERCENTAGE OF SPECIAL EDUCATION	
1. Total Sp Ed minutes outside of Gen Ed environment (a = a2 + a4)	1020.00	1. Total of ALL Sp Ed minutes per week (d = a2 + a3 + a4)	1021.15
2. Total bell to bell minutes (b)	2030.00	2. Total instructional minutes (e)	1788
3. Divide (a) by (b): (c = a / b)	0.50	3. Divide (d) by (e): 57.11 % of Special Education (f)	
4. 49.75 % in general education			

STUDENT NAME: _____ DATE OF MEETING: _____

EDUCATIONAL SERVICES AND PLACEMENT

EDUCATIONAL ENVIRONMENT CONSIDERATIONS

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

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

Explain: _____

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

If no, explain: _____

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

If no, explain: _____

PLACEMENT CONSIDERATIONS

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

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

PLACEMENT OPTIONS CONSIDERED	POTENTIALLY HARMFUL EFFECT/ REASONS REJECTED	TEAM ACCEPTS PLACEMENT
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Placement Justification

Did the team explain why the student is not always with their non-disabled peers?

Were other placements considered? Why were they rejected?

Other Services

If applicable, the IEP may also include

- Extended School Year – summer school programming
- Transportation Services
- Transition Plan
 - If the **student is 14 ½** or older, the IEP must include a transition plan outline the services the child needs to achieve their post-secondary goals regarding employment, education, and independent living.
- Behavior Intervention Plan
 - If a student's **behavior impacts their ability to access their education** the IEP should include a plan to identify the child's target behavior, how the school should respond and what steps will be taken to encourage positive replacement behaviors
- Special Equipment or Services
 - Assistive technology or medical services

If being out of school for too long would set a child back too much, the IEP team should consider Extended School Year Services (ESY).

EXTENDED SCHOOL YEAR SERVICES					
<input type="checkbox"/> Yes <input type="checkbox"/> No Extended school year services are needed. The IEP team must document the consideration of the need for extended school year services and the basis for the determination.					
If yes, the IEP must indicate the type, amount and duration of services to be provided.					
SPECIAL EDUCATION SERVICE(S)	LOCATION	AMOUNT/FREQUENCY OF SERVICES	INITIATION OF SERVICES	DURATION OF SERVICES	GOAL(S) ADDRESSED

These are services provided over the summer and can include academic specialized instruction and related services. The IEP should outline what specific services will be provided.

TRANSPORTATION

Check all that apply

- ☐ Yes ☐ No Special transportation is required to and from schools and/or between schools.
- ☐ Yes ☐ No Special transportation is required in and around school buildings.
- ☐ Yes ☐ No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required.

Please explain and/or detail transportation plan:

The district must provide transportation if a child needs it because of their disability. The transportation must be free, safe, and get the child to school on time.

The plan to do this should be outlined in the IEP. Including any equipment needed to get the child to school safely.

Transition

A Transition Plan must be included if the **student is 14 ½** or older.

- The plan must outline the services the child needs to achieve their post-secondary goals regarding employment, education, and independent living.
- The plan is divided into 4 sections:
 - Transition Assessments;
 - Post-Secondary Outcomes/Goals;
 - Course of Study; and
 - Transition Services

SECONDARY TRANSITION

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

AGE-APPROPRIATE TRANSITION ASSESSMENTS

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

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

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

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

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

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

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

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

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

Year 1	Year 2	Year 3	Year 4	Extended

The Transition Plan

Did the team complete transition assessments? What type of assessments? How recently?

Do the Outcomes/Goals match what the student wants to do? Are they tangible goals the student can be working towards?

What classes is the student set up to take? Will these classes help the student meet their goals?

**What
transition
services is
the school
providing?**

**If the student needs
these services, they
should also be included**

TRANSITION SERVICES (address by age 141/2)	
Please include, if appropriate, needed linkages for outside agencies, (e.g., DMH, DRS, DSCC, PAS, SASS, SSI, WIC, DHFS, etc.)	
INSTRUCTION (e.g., tutoring, skills training, prep for college entrance exam, accommodations, adult basic education.)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
RELATED SERVICES (e.g., transportation, social services, medical services, technology, support services)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
COMMUNITY EXPERIENCES (e.g., job shadow, work experiences, banking, shopping, transportation, tours of post-secondary settings)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES (e.g., career planning, guidance counseling, job try-outs, register to vote, adult benefits planning)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
APPROPRIATE ACQUISITION OF DAILY LIVING SKILLS AND/OR FUNCTIONAL VOCATIONAL EVALUATION (e.g., self-care, home repair, home health, money, independent living, / job and career interests, aptitudes and skills)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
LINKAGES TO AFTER GRADUATION SUPPORTS/SERVICES (e.g. DRS, DMH, DSCC, PAS, SASS, SSI, WIC, DHFS, CILs)	Provider Agency and Position Goal #(s) if appropriate Date/Year to be Addressed Date/Year Completed
HOME-BASED SUPPORT SERVICES PROGRAM	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student has a developmental disability and may become eligible for the program after reaching age 18 and when no longer receiving special education services.
If yes, complete the following statements:	
Plans for determining the student's eligibility for home-based services:	
Plans for enrolling the student in the program of home-based services:	
Plans for developing a plan for the student's most effective use of home-based services after reaching age 18 and when no longer receiving special education services:	

**Must include
services in these
categories**

**Are these services
individualized
to meet the child's
needs?**

**Should the student
be connected with
the Division of
Developmental
Disabilities? If so,
has this happened?**

Behavior

If a student's **behavior impacts their ability to access their education** the IEP should include a Behavior Intervention Plan (BIP).

- The BIP should identify the child's target behavior, how the school should respond and what steps will be taken to encourage positive replacement behaviors.
- In order to create the BIP, a **Functional Behavior Assessment (FBA)** should be completed to determine the root of the child's behavior and how the behavior should be addressed.
 - This should also be included in the IEP.

FUNCTIONAL BEHAVIORAL ASSESSMENT (AS APPROPRIATE)

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

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

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

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

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

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

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

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

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

Functional Behavioral Assessment (FBA)

What behavior are we concerned about?

Where does this behavior take place?
How often? Are there any common themes?

Is there something we can identify that causes/contributes to the behavior?

What happens when the child engages in this behavior?

Based on this information, why do we think the child is engaging in this behavior?

Behavior Intervention Plan (BIP)

What behavior are we talking about?

Based on the FBA, why do we think the child is engaging in this behavior?

What interventions have been tried to change this behavior?

What do we want to replace this behavior with?

BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)

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

Target Behavior

Is this behavior a ☐ Skill Deficit or a ☐ Performance Deficit?

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

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

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

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

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

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

Behavior Intervention Plan (BIP)

What changes are going to be made to prevent or help with the behavior in the child's environment or curriculum?

What POSTIVE supports and programs are being put in place? Are they really positive?

Is there a plan in the case of an emergency? Will it help?

How is the team going to track progress to make sure this works and make changes if needed?

How will this plan be coordinated so school and home are on the same page?

STUDENT NAME: _____ DATE OF MEETING: _____

BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)

Behavioral Intervention Strategies and Supports

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

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

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

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

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

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

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

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



Remedies under the IDEA

Denial of FAPE

If the school does not provide a child with a free appropriate public education, meaning *the student is not able to access their education or make appropriate progress*, the school may be found to have denied the child FAPE.

EXAMPLES

- Not providing services outlined in the IEP
- Evaluations are not appropriate or insufficient to inform team of students needs
- Goals are not appropriately ambitious
- Parent not allowed meaningful participation in IEP process
- Child's placement is not the least restrictive environment



Dispute Resolution Options

Independent Education Evaluation (IEE)

- Request an IEE to obtain reliable and accurate assessment data.

IEP meeting

- Request an IEP meeting to discuss your concerns with the IEP team and revise the transition plan or IEP services.

Mediation

- Request mediation to reach a binding, out of court resolution with the district.

Due Process Hearing

- Request a due process hearing to bring the issue before an impartial hearing officer to decide.

Administrative State Complaint

- File a state complaint with the Illinois State Board of Education (ISBE) to get the state to investigate the problem and issue findings.



School Discipline

Protections for Students with Disabilities

- May not be removed (suspended) for more than 10 consecutive school days per year (unless exception applies)
 - Any day out of school is a suspension
- If more than 10 days, school must hold a Manifestation Determination Review (MDR)
- Exception:
 - Child can be automatically removed for 45 school days if incident involved, 1) a weapon; 2) drugs; or 3) serious bodily injury



MDR

IEP team meeting to determine whether the child's behavior is related to their disability

- Whether the behavior resulted because the *school did not correctly implement the IEP*; or
- Whether there is a *direct and substantial relationship* between the behavior and the student's disability.

A Manifestation

- Student must return to placement

Not a Manifestation

- Discipline must be the same as for a student without a disability
- Must continue to provide special education services

Regardless, the IEP team **MUST** conduct a functional behavior assessment (FBA) and develop a Behavior Intervention Plan (BIP)

Is the disability or disability category correct?

Is all relevant information about the student's current services and placement included and correct?

What did the team decide?

MANIFESTATION DETERMINATION (AS APPROPRIATE)	
Complete when determining whether a student's behavior was a manifestation of her/his disability.	
Disability:	
Incident(s) that Resulted in Disciplinary Action	
The Student's IEP and Placement (include a review of all relevant information in the child's file, including the child's IEP)	
Observations of the Student (include a review of staff observations regarding the student's behavior)	
Information provided by the Parents (include a review of any relevant information provided by the parent(s))	
Based upon the above information, the team has determined that:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No The conduct was caused by or had a direct and substantial relationship to the student's disability.
<input type="checkbox"/> Yes	<input type="checkbox"/> No The conduct was the direct result of the school district's failure to implement the IEP.
If "Yes" to either of the above, the behavior must be considered a manifestation of the student's disability.	
Check the appropriate box:	
<input type="checkbox"/>	The student's behavior WAS NOT a manifestation of her/his disability. The relevant disciplinary procedures applicable to students without disabilities may be applied to the student in the same manner in which they are applied to students without disabilities. If the district initiates disciplinary procedures applicable to all students, the district shall ensure that the special education and disciplinary records of the student with a disability are transmitted for consideration by the person or persons making the final determination regarding the disciplinary action.
<input type="checkbox"/>	The student's behavior WAS a manifestation of her/his disability. The team must review and revise the student's IEP as appropriate and the district must take appropriate action. A functional behavior analysis will or has been completed. The behavior intervention plan shall be completed or modified/reviewed as required to address behavior.

Was the incident described appropriately? Not biased against student or missing information?

Is the input of the parents and the appropriate teachers included?

**This may not be included in the IEP, but as a separate document.*



Remote Learning

Special Education Rights



Schools must “make every effort to provide special education and related services to the child in accordance with the child’s IEP”

- Students should have a **remote learning plan** that outlines what they are working on and any changes to their programming due to remote learning.
- Students should continue to **work on IEP goals**
 - RLP may focus on specific goals rather than all IEP goals depending on circumstances.
- **Accommodations, Modifications, and Services should continue**, including therapies such as speech, PT, or OT
- If child needs **assistive technology** to learn remotely, these devices must be provided and school should provide necessary training to student and family.

Tracking

Families should keep track of all important information during remote learning.

Write down all communication and keep a record

Send email follow ups

Let the school know in writing of technology or behavior problems

Track time on remote learning work with and without the school/teacher's help

Track progress or regression (falling behind) that you see



Advocacy and Action Steps

Everything should be in writing.

- If it is not in writing, it did not happen.
- Encourage parents to document all communication with the school and **ensure that all concerns are noted in writing at IEP meetings**

What Can You Do?



Raise Awareness



Document Areas of Need and
Strengths



Provide Letters of Support



Share Resources

Special Education Helpline



We help students with disabilities secure a free appropriate public education. Any parent with a special education concern or question can call our statewide helpline for assistance.

We provide:

- Self-Advocacy Assistance
- Sample Letters and Forms
- Trainings to Interested Groups
- Legal Advocacy, in Select Cases

866-KIDS-046

www.equipforequality.org

If you have any further questions about this presentation, please contact Emily Wilson at (312) 895-7309 or emilyw@equipforequality.org.



Bookings an Intake Appointment

A screenshot of the EFE Special Education Helpline booking interface. The header is green with the EFE logo and the text "EFE Special Education Helpline". Below this is a green box with the text "Intake appointment", "1 hour", and "Free". The main content area shows a calendar for November 2020, with the 11th highlighted. To the right of the calendar is a dropdown menu labeled "Select staff (optional)" with "Emily Wilson" selected. Below the calendar and staff selection is a table of available time slots for November 11th with Emily Wilson.

November 11 with Emily Wilson						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

9:00 am	10:00 am	11:00 am
12:00 pm	1:00 pm	2:00 pm
3:00 pm		

Select **Emily Wilson** from the drop-down menu and pick the **date & time** that work for you.

<https://outlook.office365.com/owa/calendar/EFESpecialEducationHelpline@equipforequality.org/bookings/>