

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRIOR WRITTEN NOTICE

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

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections was made available previously this school year (date) _____ is enclosed with this document. A copy of Procedural Safeguards in Special Education is available on school district website : <http://www> [Delete if not available on line]. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: www.state.ct.us/sde/deps/special/index.htm.

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PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(The following information was derived from: report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples).

Parent and Student input and concerns	_____

_____	_____
_____	_____
_____	_____
_____	_____

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive Language Arts: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Academic/Cognitive: Math: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Other Academic/Nonacademic Areas: <input type="checkbox"/> Age Appropriate _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

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Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Communication: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Vocational/Transition: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Health and Development including Vision And Hearing: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Fine and Gross Motor: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Activities of Daily Living: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Other: <input type="checkbox"/> Age Appropriate _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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TRANSITION PLANNING

1. Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
2. This is the first IEP to be in effect following the child's 15th birthday (or younger if appropriate and transition planning is required).
3. **Student Preferences/Interests – document the following:**
 - a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? Yes No
 - b) Did the student attend? Yes No
 - c) How were the student's preferences/interests, as they relate to planning for Transition Services, determined?
 Personal Interviews Comments at Meeting Functional Vocational Evaluations Age appropriate informal/formal assessment
 Other: (specify) _____
 - d) Summarize student preferences/interests as they relate to planning for Transition Services: _____
4. **Anticipated Post Secondary Outcomes: (Check all that apply)**
 Post-Secondary Education Vocational Education Integrated Employment Adult Services Independent Living or Community Participation
5. **Agency Participation:** NA
 - a) Were any outside agencies invited to attend the PPT meeting? Yes No (If no, specify reason) _____
 - b) If yes, did the agency's representative attend? Yes No
 - c) Has any participating agency agreed to provide or pay for services/linkages? Yes No, (If yes, specify) _____
6. **Summary of the Transition Services recommended in this IEP and settings(s) where these services will be provided: (Complete the items below that apply)** NA
 - a) An Employment/Post Secondary Education goal and related objectives will be developed and implemented in the following setting(s):
(check each that applies) School Based Instruction/Activities Community Based Experiences/Activities
 - b) An Independent Living Goal and related objectives will be developed and implemented in the following setting(s):
(check each that applies) School Based Instruction/Activities Community Based Experiences/Activities
 - c) A Community Participation Goal and related objectives will be developed and implemented in the following setting(s):
(check each that applies) School Based Instruction/Activities Community Based Experiences/Activities
7. **If the student has transition goals and related objectives, respond to the following:** Not Applicable
 - a) The course of study needed to assist the child in reaching the transition goals and related objectives will include:
(e.g. Student will be enrolled in college prep courses / student will participate in career awareness exploration classes): _____
 - b) The related services needed to assist the child in reaching the transition goals and related objectives will include: _____
 - c) The assistive technology devices and/or services needed to assist the child in reaching the transition goals and related objectives will include: _____
8. **At least one year prior to reaching age of 18, the student must be informed of their rights under IDEA which will transfer at age 18.**
 NA (Student will not be 17 within one Year) The student has been informed of her/his rights under IDEA which will transfer at age 18 No IDEA rights will transfer
9. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)**

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

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

Accommodations and Modifications to be provided to enable the child: <ul style="list-style-type: none">- To advance appropriately toward attaining his/her annual goals;- To be involved in and make progress in the general education curriculum;- To participate in extracurricular and other non-academic activities, and- To be educated and participate with other children with and without disabilities. Accommodations may include Assistive Technology Devices and Services	Sites/Activities Where Required and Duration
Materials/Books/Equipment: _____ _____	
Tests/Quizzes/Assessments: _____ _____	
Grading: _____ _____	
Organization: _____ _____	
Environment: _____ _____	
Behavioral Interventions and Support: _____ _____	
Instructional Strategies: _____ _____	
Other: _____ _____	

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

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: _____

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STATE AND DISTRICT TESTING AND ACCOMMODATIONS
The CMT/CAPT section or Districtwide section must be completed

<p><u>CMT/CAPT-CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</u></p> <p><input type="checkbox"/> Grade 3: <input type="checkbox"/> Grade 4: <input type="checkbox"/> Grade 5: <input type="checkbox"/> Grade 6: <input type="checkbox"/> Grade 7: <input type="checkbox"/> Grade 8: <input type="checkbox"/> Grade 10: <input type="checkbox"/> Grade 10 (Retest): <input type="checkbox"/> Grade 11:</p>	<p><u>DISTRICTWIDE ASSESSMENT- CHECK THE GRADE OF THE STUDENT WHEN THE TEST IS SCHEDULED</u></p> <p><input type="checkbox"/> Grade Pre-K: <input type="checkbox"/> Grade K: <input type="checkbox"/> Grade 1: <input type="checkbox"/> Grade 2: <input type="checkbox"/> Grade 3: <input type="checkbox"/> Grade 4: <input type="checkbox"/> Grade 5: <input type="checkbox"/> Grade 6: <input type="checkbox"/> Grade 7: <input type="checkbox"/> Grade 8: <input type="checkbox"/> Grade 9: <input type="checkbox"/> Grade 10: <input type="checkbox"/> Grade 11:</p>
<p><u>CMT/CAPT-check the appropriate option</u></p> <p><input type="checkbox"/> 1. Standard Administration* <input type="checkbox"/> CMT/CAPT accommodations form was completed and is attached.</p> <p><input type="checkbox"/> 2. Utilize the CMT/CAPT Skills Checklist</p> <p><input type="checkbox"/> 3. Exempt**</p> <p>*Complete the accommodations form (CMT/CAPT) for the standard administration only if necessary. File one electronically, attach one to the IEP and keep a copy for the teacher's file.</p> <p>**Exempt will only apply to a special education student who has also been identified as an English Language Learner and has been enrolled in a U.S. school for fewer than 10 school months AND the student has taken the Language Assessment Scales (LAS/LAS Links) at least once in that time period.</p>	<p><u>DISTRICTWIDE ASSESSMENT- check the appropriate option</u></p> <p><input type="checkbox"/> 1. NA - No districtwide assessment is scheduled during the term of this IEP</p> <p><input type="checkbox"/> 2. Standard Administration</p> <p><input type="checkbox"/> 3. Specify accommodations</p> <p><input type="checkbox"/> 4. Exempt: Explain why the standard administration is not appropriate and how the student will be assessed (required)</p>

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SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

CONSIDERATION OF SPECIAL FACTORS:

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

PROGRESS REPORTING

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

EXIT CRITERIA

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

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Required Data Collection

(Collect at the initial development of an IEP and subsequent Annual Reviews: Not a component of the IEP)

For Children 3 to 5 years of age

- Date the PPT met to write the original IEP: _____ Effective date of the child's original IEP (date first service began): _____
- Did the child ever receive Birth to Three services? Yes No
- If the effective date of the child's original IEP (date first services began) was not on or before the child's 3rd birthday, why?
 Late referral / moved into district late (less than 90 days before 3rd birthday) Parent Choice Other (Specify) _____

Placement/Settings for 3-5 year olds:

- Early Childhood Preschool or Kindergarten Program
- Early Childhood Special Education Program in Separate Class
- Early Childhood Special Education Program in Separate School
- Early Childhood Special Education Program in Residential Facility
- Home
- Service Provider Location (Itinerant Services)

Education Placement 3 to 21 years of age

1. Education Location (3-21 year olds):

- Approved, Private Sp. Ed. Program
- Comm. Based Pre-K
- Endowed and Incorporated Academy*
- Head Start
- Hospital or Homebound
- In-District
- Magnet
- Non-approved Sp. Ed. Program
- Other Private Agency
- Other Public School District
- Out of State
- Parochial/Private School
- RESC (Special Ed Program) (Including Public Charter)

2. Primary reason for Educational Location

- Charter School (Parental Choice)
- Court Order Following Due Process
- CTHSS (Parental Choice)
- Due Process Hearing Decision
- Expulsion
- Homeless
- Inter-district Magnet (Parental Choice)
- Interim Alternative Education Setting (IAES)
- Mediation Agreement
- Medical (Hospital/Homebound)
- None (Awaiting Placement)
- Non-Educational Restriction / Treatment Boundary
- Open Choice (Parent Placement)
- Parent/BOE Placement Resolution
- PPT
- Service plan only (Parent Placement)
- Vo-Ag School (Parental Choice)

2a. If above response is "non-educational restriction/treatment boundary," who established the restriction/boundary?

- DCF
- DMR
- Department of Mental Health and Addiction Services
- Judicial Department
- Physician

3. If student doesn't live at home, where does he/she live?

- Correctional Facility
- Foster Home
- Hospital
- Municipal Detention Center
- Permanency Diagnostic Center
- Other (Specify) _____
- Permanent Family Residence
- Private Detention Center
- Private Group Home
- Private Residential Treatment Center
- Public Group Home
- Public Residential Treatment Center
- Safe Home
- Supported housing
- Temporary Shelter
- Transitional Foster Home

3a. If student is placed out-of-home for other than educational reasons, who was the placing agent?

- DCF
- DMR
- Department of Mental Health and Addiction Services
- Govt. of a Federally Recognized Native American Tribe
- Judicial Department
- Physician

GRADUATION

- 1. The student is projected to graduate in:
(Check the box that applies at the annual review during the students 9th grade)
- 4 years
- 5 years
- 6 years
- 7 years
- Other (specify) _____

*Gilbert School, Norwich Free Academy, Woodstock Academy