

Changes in Forms

Overview of presentation

- Review IEP process
- Show how forms document the process
- Explain the new forms, changes
- Illustrate examples of how to fill them out

The “IEP process”

Attempt Interventions

Submit Referral

Obtain Consent for Evaluation

Conduct Evaluation

Determine Eligibility/Classification

Develop an IEP

Obtain Consent for Placement

Student shows signs of possible disability.



Classroom interventions attempted & documented.



Complete Interventions form and submit for review.



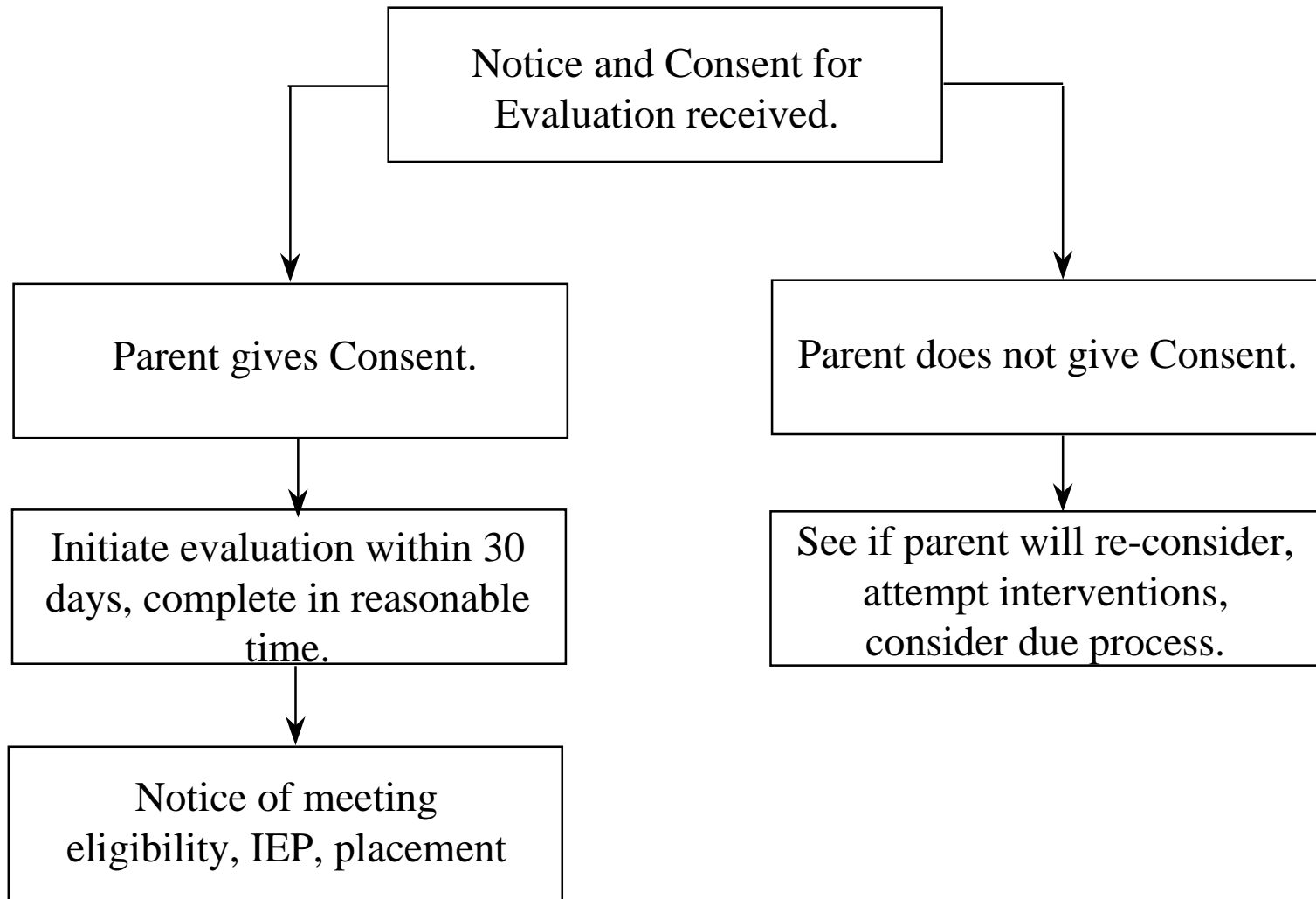
Referral for Evaluation for Special Education services.

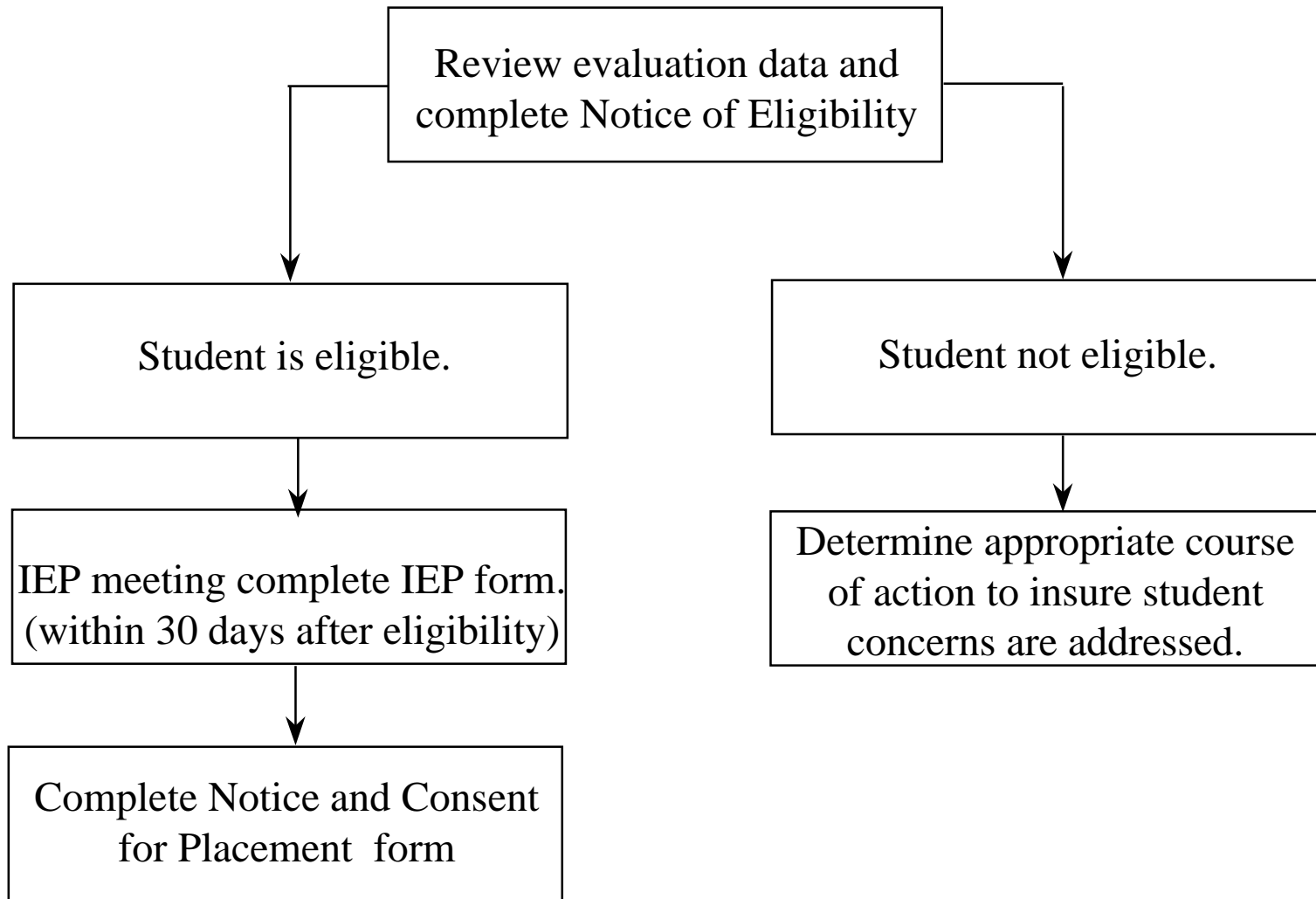


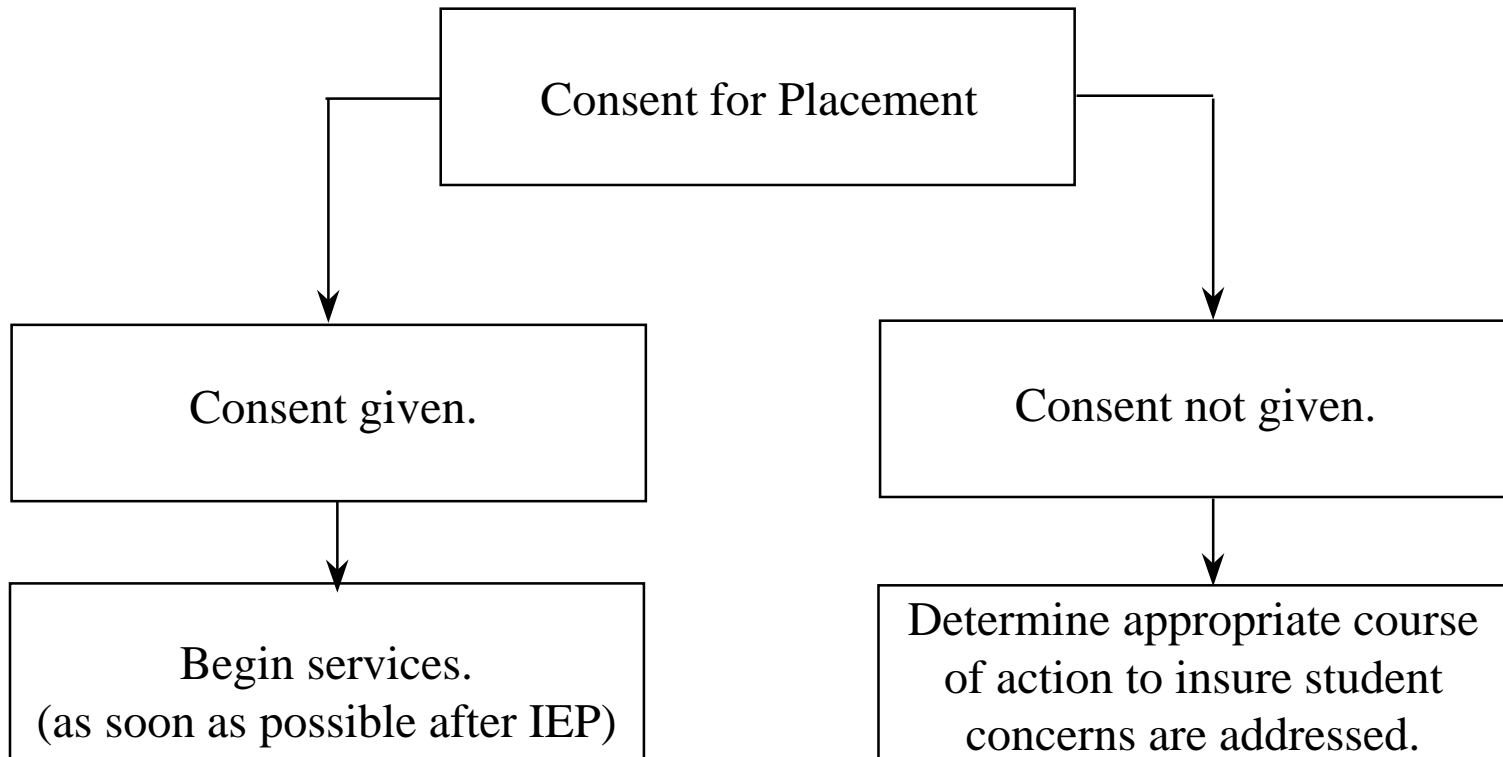
Notice and Consent for Evaluation completed.



Further interventions recommended.







Documenting the process

At Risk Interventions Form

Referral for Evaluation Form

Notice and Consent for Evaluation Form

Notice of Meeting Form

Notice of Eligibility/Classification Form

IEP Form

Notice and Consent for Placement Form

Student shows signs of possible disability.



Classroom interventions attempted & documented.



Complete Interventions form and submit for review.



Referral for Evaluation for Special Education services.



Notice and Consent for Evaluation completed.



Further interventions recommended.

At Risk Intervention Documentation

Salt Lake City School District
Salt Lake City, Utah 84111

At-Risk Intervention Documentation

Reg Ed
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D.D.

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please specify other programs in which student has participated: _____

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to:
- Other _____

Signature of LEA or Designee _____

Date _____

At-Risk Intervention Documentation

Student Sample Student DOB 2/29/90 Date 10/1/98
Teacher Mrs. Gened Grade 3rd
Parents notified of concerns on: 10/1/98 By: Mrs. Gened
Primary language of student English Primary language in home English

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments Student does not read on grade level and has poor writing and spelling skills. He is off task frequently and as a result doesn't get his work completed.

Other Information

Name of Test SAT Date 9/15/98

Results 5th percentile in Reading

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening 10/1/96 Pass Fail Action _____

Date of hearing screening 10/1/96 Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Typical English speaking student who shows signs of Learning Disability.

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content	9/1/98	10/1/98	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments	9/1/98	10/1/98	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Volunteer reader	9/1/98	10/1/98	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify other programs in which student has participated: _____

Typical interventions attempted might include:

changing curriculum (using a different reading program)

individualized homework assignments (easier reading materials to be practiced at home)

volunteer read 1 on 1 for 15 minutes per week

Action taken:

SSC team reviewed student and determined this to be an appropriate referral for Special Education evaluation.

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to: _____
- Other _____

Signature of LEA or Designee

Date

Pat the Principal

10/1/98

At-Risk Intervention Documentation

Student Sample Student DOB _____ Date 10/1/98
Teacher Mrs. Gened Grade 3rd

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Typical way form *is* filled out.

minimal information

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify other programs in which student has participated: _____

No interventions documented.

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to:
- Other _____

 Signature of LEA or Designee

 Date

Evidently, no discussion by
 SSC team or review by
 principal.

Student shows signs of possible disability.



Classroom interventions attempted & documented.



Complete Interventions form and submit for review.



Referral for Evaluation for Special Education services.



Notice and Consent for Evaluation completed.



Further interventions recommended.

Referral for Evaluation

Salt Lake City School District
Salt Lake City, Utah 84111

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D.D.

Referral for Evaluation for Special Education Services

Student _____ DOB _____ School _____

Address _____ Phone _____ Grade _____

Parent(s) _____

Person Making Referral _____ Date _____

Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Action Taken:

Evaluation recommended. Assigned to: _____
Send "Prior Notice and Consent for Evaluation."

No evaluation recommended at this time. _____
Provide prior notice of refusal to evaluate.

LEA or Designee Signature

Date

Referral for Evaluation for Special Education Services

Student Sample Student DOB 2/29/90 School Best Elementary
Address 100 N. 100 E. Phone _____ Grade 3rd
Parent(s) Fred and Ethyl Student
Person Making Referral Mrs. Gened Date 10/1/98
Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Action Taken:

- Evaluation recommended. Assigned to: Special Ed. Teacher
Send "Prior Notice and Consent for Evaluation."
 No evaluation recommended at this time.
Provide prior notice of refusal to evaluate.

Pat the Principal

LEA or Designee Signature

10/1/98

Date

After the interventions have been attempted, documented, reviewed, and the determination is made to make a referral,

then a formal referral is completed.

The formal referral marks the beginning point in the "IEP process and procedural safeguards"

Referral
Evaluation
Classification
IEP
Placement

Referral for Evaluation for Special Education Services

Student Sample Student DOB 2/29/90 School Best Elementary
 Address 100 N. 100 E. Phone _____ Grade 3rd
 Parent(s) Fred and Ethyl Student
 Person Making Referral Fred and Ethyl Date 10/1/98
 Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Sample has not learned to read. He hates school and
cries every morning to let him stay home. I think he
might have a learning disability.

Action Taken:

- Evaluation recommended. Assigned to: Special Ed. Teacher
 Send "Prior Notice and Consent for Evaluation."
 No evaluation recommended at this time.
 Provide prior notice of refusal to evaluate.

Pat the Principal

LEA or Designee Signature

10/1/98

Date

Parent Referral

Parent has concerns about their child's educational progress.

Principal reviews and determines referral is appropriate.

Referral for Evaluation for Special Education Services

Student Sample Student DOB 2/29/90 School Best Elementary
Address 100 N. 100 E. Phone _____ Grade 3rd
Parent(s) Fred and Ethyl Student
Person Making Referral Fred and Ethyl Date 10/1/98
Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Sample has not learned to read. He hates school and
cries every morning to let him stay home. I think he
might have a learning disability.

Action Taken:

- Evaluation recommended. Assigned to: _____
Send "Prior Notice and Consent for Evaluation." *Classroom interventions*
- No evaluation recommended at this time. *will be implemented for 6*
Provide prior notice of refusal to evaluate. *weeks.*

Pat the Principal

LEA or Designee Signature

10/1/98

Date

Parent referral

Parent has concerns about their child's educational progress.

Principal reviews and determines referral is not appropriate. Interventions should be attempted first.

Student shows signs of possible disability.



Classroom interventions attempted & documented.



Complete Interventions form and submit for review.



Referral for Evaluation for Special Education services.



Notice and Consent for Evaluation completed



Further interventions recommended.

Prior Notice and Consent for Evaluation/Re evaluation

Salt Lake City School District
Salt Lake City, Utah 84111

Sptd 2
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E.D.

Prior Notice and Consent for Evaluation/Re-Evaluation

Student Name _____ Date of Birth _____

School _____ Date _____

Parent Prior Notice for Evaluation/Re-Evaluation

We are proposing to evaluate/re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although the student's classroom teacher has implemented interventions, concerns about his/her progress continue. These concerns form the basis for this decision. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on the back of this form. We may not need to give all of these tests. Without your consent, we will not give any test in areas other than those indicated below:

- Intellectual/Cognitive Academic Communication Psychomotor
 Motor Adaptive Social/Behavioral Hearing
 Vision Vocational/Transition

This evaluation will be conducted when your written permission is received. Upon completion, the results will be discussed with you. You have the right to refuse permission for this evaluation. **Please sign below and return.**

- I DO** give permission for the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent

Date

- I DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards.

Signature of Parent

Date

A copy of the Procedural Safeguards is included.

Goldenrod copy to file, white copy to parent

AREAS TESTS AND PURPOSES

Intellectual Cognitive	Tests in this area measure a student's ability to remember what has been seen and heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence, Stanford Binet, Matrix Analogies Test, Woodcock Johnson-R Part 1, Leiter, Kaufman, Battelle, Muñoz.
Academic	Tests in this area measure a student's current reading, math, written expression and reading skills. Tests such as: Woodcock Johnson-R Part 2, Key Math-R, Woodcock Reading Mastery Test-R, Kaufman Test of Educational Achievement, Test of Written Language-R, Test of Reading Comprehension, Brigance, Weschler Individual Achievement Test, Muñoz.
Communication	Tests in this area measure a student's ability to understand, relate to and use language and speech appropriately. Tests such as: Clinical Evaluation of Language Fundamentals, Peabody Picture Vocabulary Test-R, Test for Auditory Comprehension of Language, Test of Problem Solving, Computer Analysis of Phonological Processes, Battelle, Goldman Fristoe, Test of Language Development.
Psychomotor	Tests in this area may assess how well a student perceives, motor processes and remembers visual and auditory information. These tests may also assess large and small muscle coordination. Tests such as: Visual Motor Integration, Motor Free Visual Perception Test, Carrow Auditory Visual Abilities Test, SCAN (Screening Test for Central Auditory Processing Disorders).
Motor	Tests in this area may assess large and small muscle coordination, mobility, self help and accessibility. Tests such as: Utah Schools Therapy Assessment, Occupational Therapy Functional Assessment, Physical Therapy Neuromotor Evaluation, Mobility Assessment, Battelle.
Adaptive	Tests in this area assess a student's personal independence and social functioning in school, home and community. Tests such as: Vineland Adaptive Behavior Scales, Rimland (E-Z) Autism Checklist, Childhood Autism Rating Scale, Battelle, observation.
Social/Behavioral	Tests in this area assess a student's personal independence and social functioning in school, home and community. They may also assess behavioral patterns that may adversely affect educational performance. Tests such as: Behavior Evaluation Scale, Child Behavior Checklist, Devereux School Behavior Rating Scales, Battelle, observation.
Hearing	Tests in this area assess the student's hearing acuity and middle ear function. Assessments may include pure tone audiometry, speech audiometry, tympanometry, and hearing aid analysis.
Vision	Tests in this area assess a student's visual acuity, visual processing ability, and mobility skills. Tests such as: Diagnostic Assessment Procedure, Visual Efficiency Scale, Low-Vision Functioning Assessment, mobility assessment for vision.
Vocational/Transition	Tests in this area are used to identify career strengths, limitations and interests. Assessments also measure living skills, work skills, habits, attitudes and preferences in areas relating to transition planning. Tests such as: Brigance Inventory of Essential Skills, Enderle Severson Transition Rating Scale.

Prior Notice and Consent for Evaluation/Re-Evaluation

Student Name Sample Student Date of Birth 2/29/90
School Best Elementary Date 10/1/98

Parent Prior Notice for Evaluation/Re-Evaluation

We are proposing to evaluate/re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although the student's classroom teacher has implemented interventions, concerns about his/her progress continue. These concerns form the basis for this decision. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the special education teacher at the student's school.

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We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on the back of this form. We may not need to give all of these tests. Without your consent, we will not give any test in areas other than those indicated below:

- | | | | |
|--|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> Intellectual/Cognitive | <input checked="" type="checkbox"/> Academic | <input type="checkbox"/> Communication | <input type="checkbox"/> Psychomotor |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Adaptive | <input checked="" type="checkbox"/> Social/Behavioral | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Vocational/Transition | | |

This evaluation will be conducted when your written permission is received. Upon completion, the results will be discussed with you. You have the right to refuse permission for this evaluation. **Please sign below and return.**

I **DO** give permission for the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me.

Fred Sample

Signature of Parent

10/1/98

Date

I **DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards.

Signature of Parent

Date

A copy of the Procedural Safeguards is included.

Goldenrod copy to file, white copy to parent

Consent for evaluation filled out, sent home and returned, or completed by the parent in person.

Check all areas that might be evaluated.

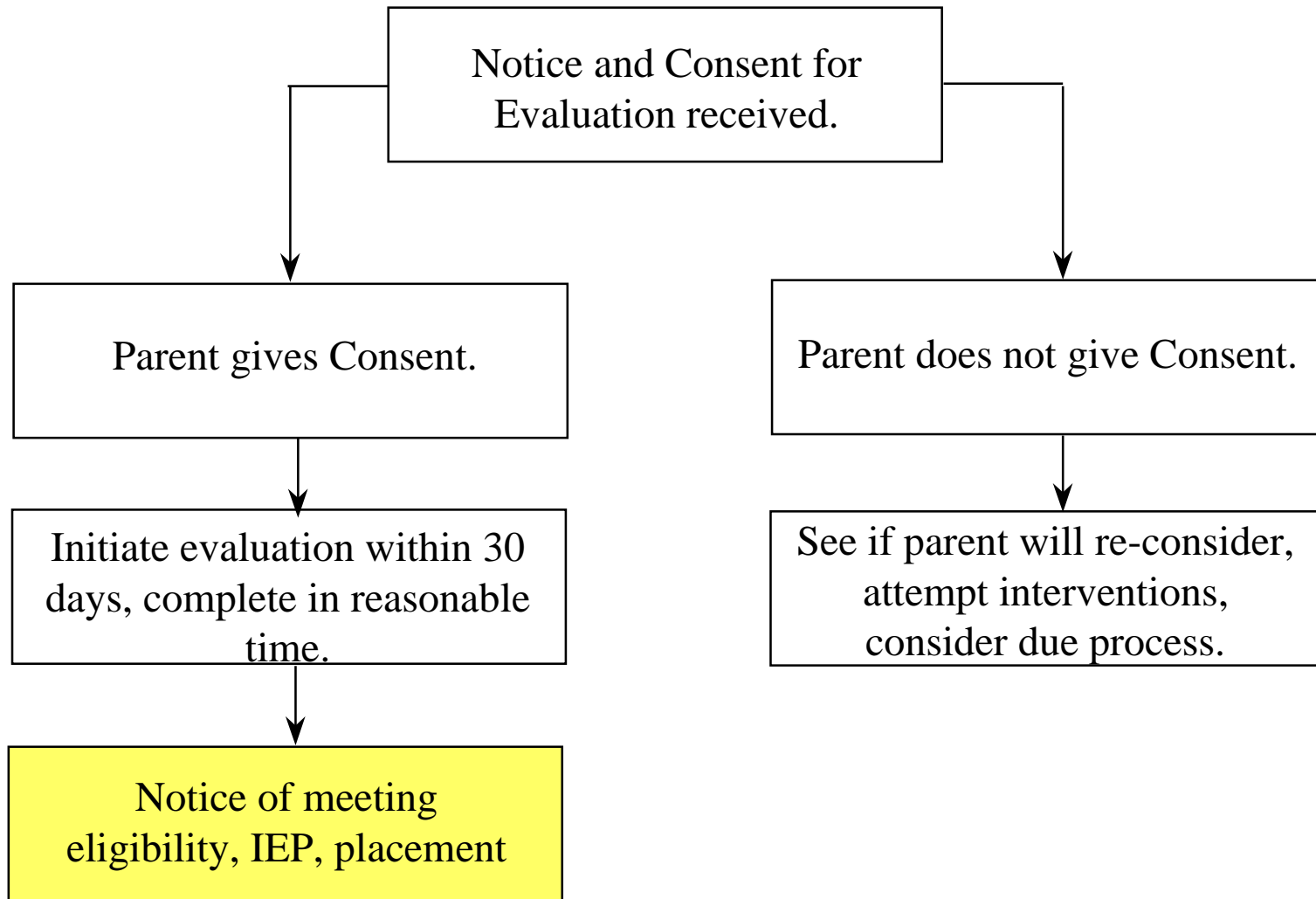
Parent gives consent.

Be sure Procedural Safeguards has been provided.

<u>AREAS</u>	<u>TESTS AND PURPOSES</u>
Intellectual Cognitive	Tests in this area measure a student's ability to remember what has been seen and heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence, Stanford Binet, Matrix Analogies Test, Woodcock Johnson-R Part 1, Leiter, Kaufman, Battelle, Muñoz.
Academic	Tests in this area measure a student's current reading, math, written expression and readiness skills. Tests such as: Woodcock Johnson-R Part 2, Key Math-R, Woodcock Reading Mastery Test-R, Kaufman Test of Educational Achievement, Test of Written Language-R, Test of Reading Comprehension, Brigance, Weschler Individual Achievement Test, Muñoz.
Communication	Tests in this area measure a student's ability to understand, relate to and use language and speech appropriately. Tests such as: Clinical Evaluation of Language Fundamentals, Peabody Picture Vocabulary Test-R, Test for Auditory Comprehension of Language, Test of Problem Solving, Computer Analysis of Phonological Processes, Battelle, Goldman Fristoe, Test of Language Development.
Psychomotor	Tests in this area may assess how well a student perceives, motor processes and remembers visual and auditory information. These tests may also assess large and small muscle coordination. Tests such as: Visual Motor Integration, Motor Free Visual Perception Test, Carrow Auditory Visual Abilities Test, SCAN (Screening Test for Central Auditory Processing Disorders).
Motor	Tests in this area may assess large and small muscle coordination, mobility, self help and accessibility. Tests such as: Utah Schools Therapy Assessment, Occupational Therapy Functional Assessment, Physical Therapy Neuromotor Evaluation, Mobility Assessment, Battelle.
Adaptive	Tests in this area assess a student's personal independence and social functioning in school, home and community. Tests such as: Vineland Adaptive Behavior Scales, Rimland (E-Z) Autism Checklist, Childhood Autism Rating Scale, Battelle, observation.
Social/Behavioral	Tests in this area assess a student's personal independence and social functioning in school, home and community. They may also assess behavioral patterns that may adversely affect educational performance. Tests such as: Behavior Evaluation Scale, Child Behavior Checklist, Devereux School Behavior Rating Scales, Battelle, observation.
Hearing	Tests in this area assess the student's hearing acuity and middle ear function. Assessments may include pure tone audiometry, speech audiometry, tympanometry, and hearing aid analysis.
Vision	Tests in this area assess a student's visual acuity, visual processing ability, and mobility skills. Tests such as: Diagnostic Assessment Procedure, Visual Efficiency Scale, Low-Vision Functioning Assessment, mobility assessment for vision.
Vocational/Transition	Tests in this area are used to identify career strengths, limitations and interests. Assessments also measure living skills, work skills, habits, attitudes and preferences in areas relating to transition planning. Tests such as: Brigance Inventory of Essential Skills, Enderle Severson Transition Rating Scale.

Second page of Consent for Evaluation.

Lists the various areas that might be evaluated and explains some examples of tests in each area.



Notice of Meeting

Salt Lake City School District
Salt Lake City, Utah 84111

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Notice of Meeting

To the parent(s) of: _____ Date: _____

The multidisciplinary team would like to invite you to a meeting to:

- Review evaluation/re-evaluation and consider eligibility for special education.
- Discuss/develop an individualized education program (IEP) for the student.
Enclosed is a copy of the Procedural Safeguards.
- We will be considering transition services. The student is invited to participate.
- Discuss placement.

The meeting is scheduled as follows:

Date: _____ Time: _____ Room/#: _____

Persons invited to attend:

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

You may bring other people to this meeting. If this is not a convenient time and place, please let us know and we will arrange another option.

Please contact: _____ at: _____

Notice of Meeting

To the parent(s) of: Sample Student Date: 11/16/98

The multidisciplinary team would like to invite you to a meeting to:

- Review evaluation/re-evaluation and consider eligibility for special education.
- Discuss/develop an individualized education program (IEP) for the student.
Enclosed is a copy of the Procedural Safeguards.
- We will be considering transition services. The student is invited to participate.
- Discuss placement.

The meeting is scheduled as follows:

Date: 11/29/98 Time: 11:00 am Room/#: 302

Persons invited to attend:

Name: Mrs. Gened Title/Position/Agency: Classroom teacher
Name: Mrs. Speced Title/Position/Agency: Special Ed. teacher
Name: _____ Title/Position/Agency: _____
Name: _____ Title/Position/Agency: _____
Name: _____ Title/Position/Agency: _____
Name: _____ Title/Position/Agency: _____

You may bring other people to this meeting. If this is not a convenient time and place, please let us know and we will arrange another option.

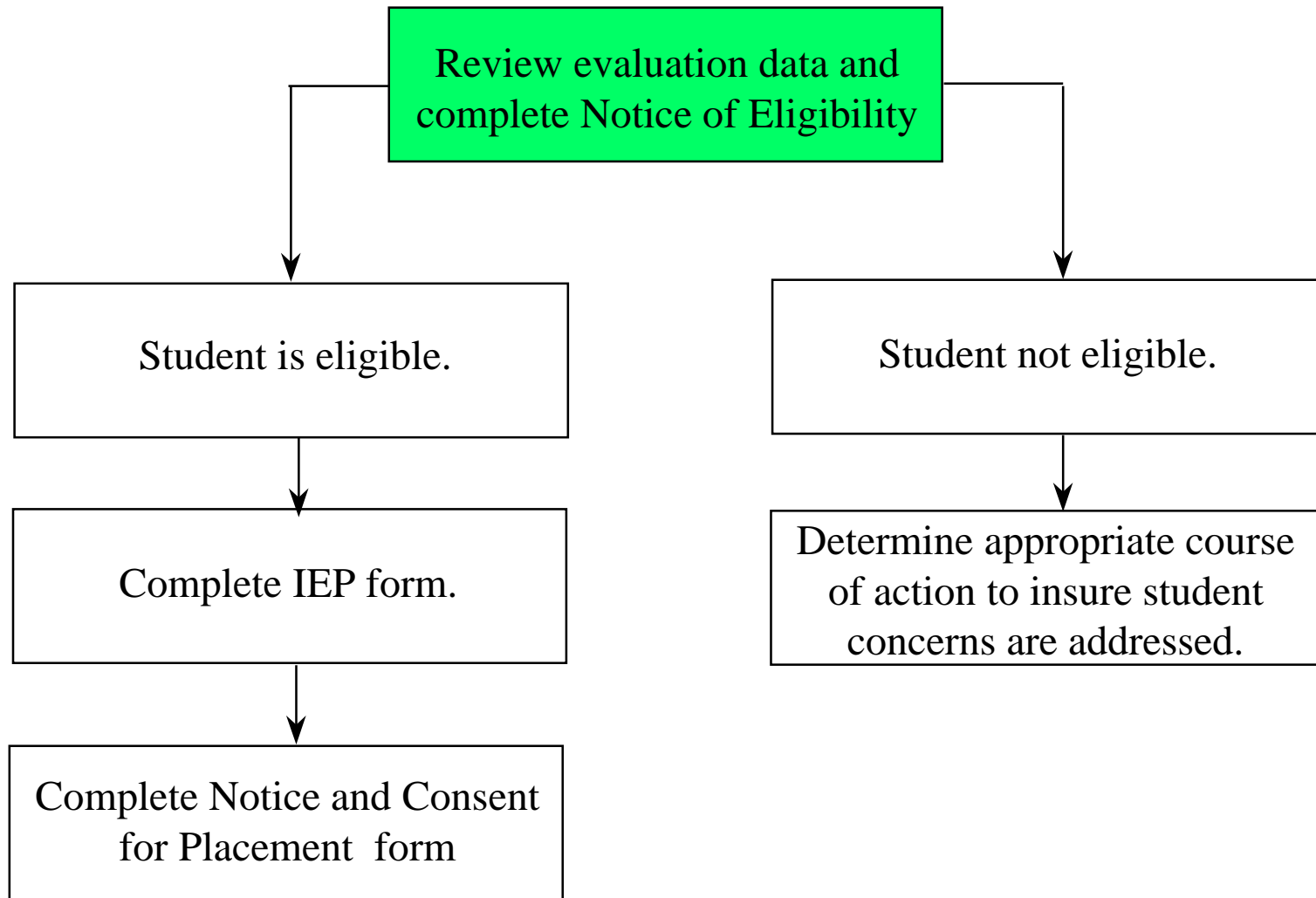
Please contact: Mrs. Speced at: 578-0000

Notice of meeting for first time referral.

After completing evaluation, it is suggested that a meeting be held in which evaluation results can be reviewed, classification/eligibility reviewed, IEP done, and placement determined.

In this case, all three boxes would be checked.

Note: When notifying parent of IEP meeting, remember to provide Procedural Safeguards with the Notice of Meeting.



Prior Notice for Identification and Determination of Eligibility

Salt Lake City School District
Salt Lake City, Utah 84111

SpEd 3
© July 98
D.D

Prior Notice for Identification and Determination of Eligibility

Student _____ DOB _____

Date of Meeting _____

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: _____

- This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants

Title

Parent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

**Prior Notice for Identification
and Determination of Eligibility**

Student Sample Student DOB 2/29/90
Date of Meeting 11/29/98

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: Intellectually Disabled

This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
<u>Ethyl Sample</u>	<u>Parent</u>
<u>Mrs. Gened</u>	<u>Classroom teacher</u>
<u>Mrs. Speced</u>	<u>Special Ed. teacher</u>
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

Classification

also known as identification
or eligibility

Student qualifies.

Be sure to include the results of
the evaluation which would
substantiate the classification.

Team must include parent.

**Prior Notice for Identification
and Determination of Eligibility**

Student Sample Student DOB 2/29/90
Date of Meeting 11/29/98

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: _____

- This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
<u>Ethyl Sample</u>	<u>Parent</u>
<u>Mrs. Gened</u>	<u>Classroom teacher</u>
<u>Mrs. Speced</u>	<u>Special Ed. teacher</u>
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

Classification

also known as identification
or eligibility

Student does not qualify.

Be sure to include the results of
the evaluation which would
substantiate the classification.

Team must include parent.

When NOT ELIGIBLE, team
should recommend and
follow up on some other
action, e.g.. 504 plan, etc.

**Prior Notice for Identification
and Determination of Eligibility**

Student Sample Student DOB 2/29/90
Date of Meeting 11/29/98

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: Intellectually Disabled

This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
	Parent
<u>Mrs. Gened</u>	<u>Classroom teacher</u>
<u>Mrs. Speced</u>	<u>Special Ed. teacher</u>

Note: If parent signature is missing, check below:

Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

Classification

In spite of reasonable efforts to involve the parent, parent does not participate.

Prior Notice of Identification and Determination of Eligibility (LD)

Salt Lake City School District
Salt Lake City, Utah 84111

**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**

SpEd 3a
© July 98
D.D.

Student _____ Date _____
School _____ Grade _____

Achievement Tests	Date	Ability Tests	Date
<input type="checkbox"/> Woodcock Johnson Part II	_____	<input type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WIAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:
Attach behavioral observation form and Estimator disk printout(s).

Oral Expression Written Expression Listening Comprehension
 Basic Reading Skills Reading Comprehension Math Calculations Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? Yes No

Does the severity of this deficiency warrant special education placement? Yes No

Can this student's educational needs be addressed without special education services? Yes No

Are there educationally relevant medical findings? Attach supporting data. Yes No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: _____

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely affects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.

This student does not have a learning disability, as defined in the IDEA, that adversely affects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Team members must present a separate statement if different from above.

Note: If parent signature is missing, check below:
 Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**

Student Sample Student Date 11/29/98
School Best Elementary Grade 3rd

Achievement Tests	Date <u>11/4/98</u>	Ability Tests	Date <u>11/4/98</u>
<input checked="" type="checkbox"/> Woodcock Johnson Part II	_____	<input checked="" type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WIAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:

Attach behavioral observation form and Estimator disk printout(s).

- Oral Expression Written Expression Listening Comprehension
 Basic Reading Skills Reading Comprehension Math Calculations Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? Yes No

Does the severity of this deficiency warrant special education placement? Yes No

Can this student's educational needs be addressed without special education services? Yes No

Are there educationally relevant medical findings? Attach supporting data. Yes No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: Student off task 75% of the time in class.

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely effects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.
- This student does not have a learning disability, as defined in the IDEA, that adversely effects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
<u>Ethyl Sample</u>	Parent
<u>Mrs. Gened</u>	<u>Classroom teacher</u>
<u>Mrs. Speed</u>	<u>Special Ed. teacher</u>

Team members must present a separate statement if different from above.

- Note: If parent signature is missing, check below:
 Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

Green copy to file, white copy to parent

Special form for Learning Disability classification.

Be sure to include evaluation results with this form in order to substantiate the classification.

Procedural Safeguards referenced, no copy required for this step.

Parent must be on the team.

**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**

Student Sample Student Date 11/29/98
School Best Elementary Grade 3rd

Achievement Tests	Date <u>11/4/98</u>	Ability Tests	Date <u>11/4/98</u>
<input checked="" type="checkbox"/> Woodcock Johnson Part II	_____	<input checked="" type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WIAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:

Attach behavioral observation form and Estimator disk printout(s).

- Oral Expression Written Expression Listening Comprehension
 Basic Reading Skills Reading Comprehension Math Calculations Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? Yes No

Does the severity of this deficiency warrant special education placement? Yes No

Can this student's educational needs be addressed without special education services? Yes No

Are there educationally relevant medical findings? Attach supporting data. Yes No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: Student off task rate was comparable to peers.

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely effects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.
- This student does not have a learning disability, as defined in the IDEA, that adversely effects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
<u>Ethyl Sample</u>	_____
_____	Parent
<u>Mrs. Gened</u>	_____
_____	<u>Classroom teacher</u>
<u>Mrs. Speed</u>	_____
_____	<u>Special Ed. teacher</u>

Team members must present a separate statement if different from above.

- Note: If parent signature is missing, check below:
 Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

Green copy to file, white copy to parent

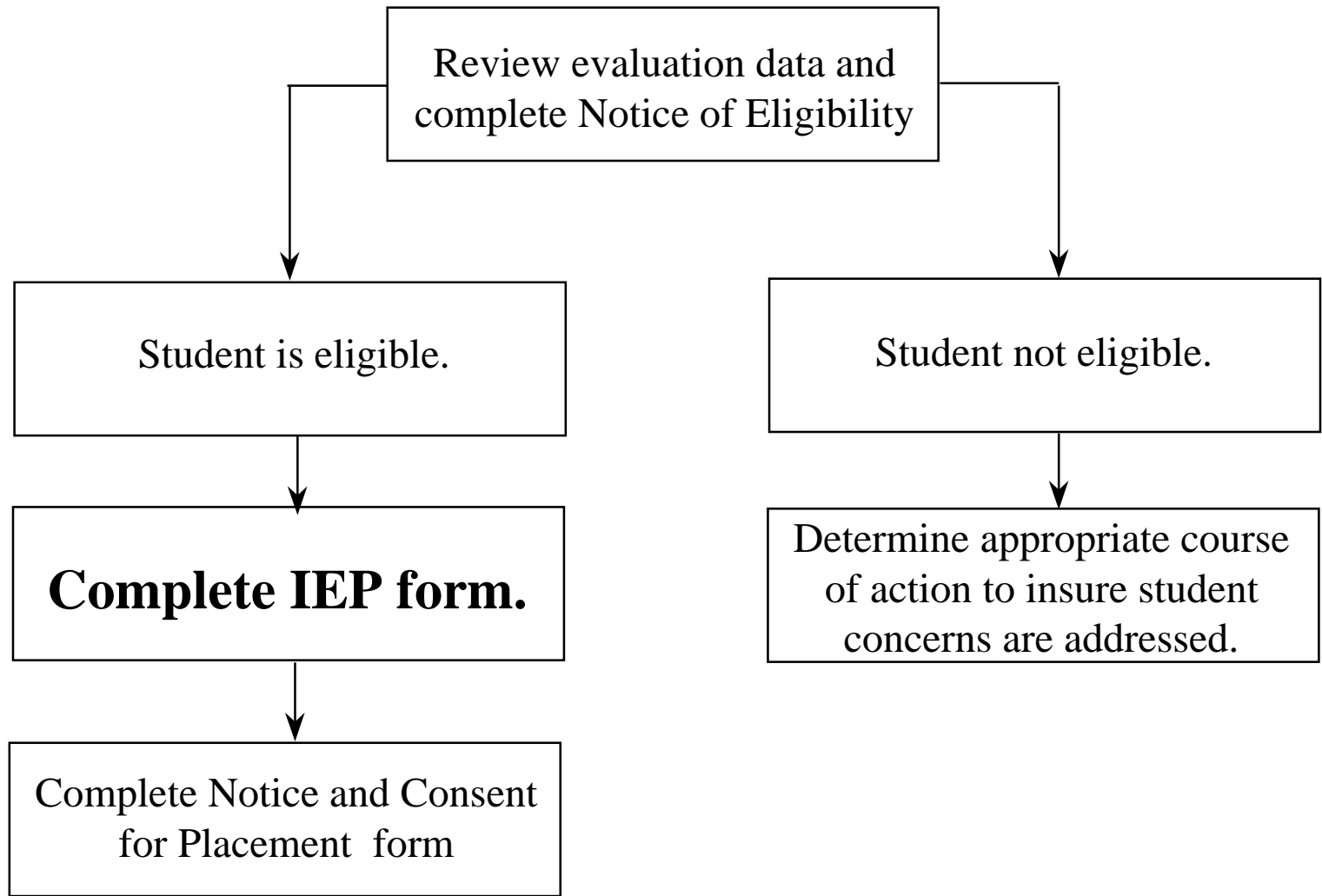
Not eligible for Learning Disability classification.

Be sure to include evaluation results with this form in order to substantiate the classification.

Procedural Safeguards referenced, no copy required for this step.

Parent must be on the team.

When NOT ELIGIBLE, team should recommend and follow up on some other action, e.g.. 504 plan, etc.



IEP

Salt Lake City School District
Salt Lake City, Utah 84111

SpEd 5
5/21/98
D.D.

Individualized Education Program (IEP)

Student _____ Birthdate _____ Date of IEP _____
School _____ Classification _____

Services needed to achieve annual goals and advance in general curriculum

•Special education services

_____	Location <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	Amount of Time <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	Frequency <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A

•Related services required for student to benefit from special education:

_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A

Check if transportation will be provided.

•Program modifications, supports, or supplementary aids and services in regular education programs

_____	Frequency <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> _____	<input type="checkbox"/> N/A

R = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

•Projected date of initiation of these services, if other than date of IEP: _____

•Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

SAT testing The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Transition (For students beginning at age 14 and younger, if appropriate)

Transition planning will be addressed through the student's Student Advisement Program or SEOP
 Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

Maintain current placement or
 Change current placement (Complete Prior Notice for Change of Placement in Special Education.)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*	IEP Review Team Participants*
Parent _____	Parent _____
LEA _____	LEA _____
Student _____	Student _____
Regular Ed Teacher _____	Regular Ed Teacher _____
Special Ed Teacher _____	Special Ed Teacher _____
Other _____	Other _____
Other _____	Other _____
Other _____	Other _____
Other _____	Other _____

*Note: If parent signature is missing, check below:

Did not attend (document efforts to involve parent)
 Via telephone _____
 Other: _____

*Note: If parent signature is missing, check below:

Did not attend (document efforts to involve parent)
 Via telephone _____
 Other: _____

Student: Sample Student Date of IEP: 2/29/90

Present Levels of Performance:

For school age students, describe how the student's disability effects student's involvement and progress in the general curriculum.
For preschool age students, describe how the disability effects the student's participation in appropriate activities.

Sample is a third grader who has been identified as having a learning disability which affects reading and writing skills. He is in the average range in intellectual ability. His reading skills and written expression skills are on a beginning first grade level as measured on the Woodcock Johnson. He has difficulty staying on task in unstructured settings.

Measurable Annual Goal: Improve basic reading skills from beginning first grade to beginning second grade level.

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

1. Master 1st grade sight words.

2. Retell story previously read in student's own words.

3. Develop decoding strategies.

Student _____ Date of IEP _____

Measurable Annual Goal: **Given an event to retell in his own words, student will be able to write a simple descriptive paragraph of approximately 25 words.**

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

- Short Term Objectives/Benchmarks: **1. Write simple sentences from dictation.**
2. Write simple sentences self generated.
3. Orally retell an event.
4. Write main points from recall of an event.
5. Write simple sentences from main points.

1.

Measurable Annual Goal: **Decrease off task time in unstructured settings from approximately 75% to approximately 25%.**

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

- Short Term Objectives/Benchmarks: _____

Student Sample Student Birthdate 2/29/90 Date of IEP 11/29/98
School Best Elementary Classification Learning Disability

Services needed to achieve annual goals and advance in general curriculum

Special education services	Location	Amount of Time	Frequency
<u>Special Education</u>	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O	<u>45 min.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input checked="" type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

• Related services required for student to benefit from special education:

	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

Check if transportation will be provided.

• Program modifications, supports, or supplementary aids and services in regular education programs

	Frequency
<u>Spelling list reduced from 20 to 10 words.</u>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input checked="" type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

K = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

- Projected date of initiation of these services, if other than date of IEP: _____
- Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

- CORE testing** The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____
- SAT testing** The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Resource IEP

Student served in the Resource room 45 min. per day.

No related services needed.

Accommodation for spelling.

Will participate in district testing.

None of these conditions apply.

Student Sample Student Birthdate 2/29/90 Date of IEP 11/29/98
School Best Elementary Classification Learning Disability

Services needed to achieve annual goals and advance in general curriculum

Special education services	Location	Amount of Time	Frequency
<u>Special Education</u>	<input checked="" type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O	<u>45 min.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

• Related services required for student to benefit from special education:

	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

Check if transportation will be provided.

• Program modifications, supports, or supplementary aids and services in regular education programs

	Frequency
<u>Spelling list reduced from 20 to 10 words.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

K = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

- Projected date of initiation of these services, if other than date of IEP: _____
- Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

SAT testing The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Inclusion IEP

Student served in the Regular Class 45 min. per day.

No related services needed.

Accommodation for spelling.

Will participate in district testing.

None of these conditions apply.

Student Sample Student Birthdate 2/29/90 Date of IEP 11/29/98
School Best Elementary Classification Communication Disordered

Services needed to achieve annual goals and advance in general curriculum

Special education services	Location	Amount of Time	Frequency
<u>Speech therapy</u>	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O	<u>45 min.</u>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

• Related services required for student to benefit from special education:

	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

Check if transportation will be provided.

• Program modifications, supports, or supplementary aids and services in regular education programs

	Frequency
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

K = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

- Projected date of initiation of these services, if other than date of IEP: _____
- Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

SAT testing The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Speech IEP

Student served in the pull out speech therapy 45 min. per week.

No related services needed.

Will participate in district testing.

None of these conditions apply.

Student Sample Student Birthdate 2/29/90 Date of IEP 11/29/98
School Best Elementary Classification Intellectually Disabled

Services needed to achieve annual goals and advance in general curriculum

Special education services	Location	Amount of Time	Frequency
<u>Special Education</u>	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O	<u>3 1/2 hrs.</u>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input checked="" type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

• Related services required for student to benefit from special education:

Related services	Location	Amount of Time	Frequency
<u>Speech Therapy</u>	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O	<u>30 min.</u>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input checked="" type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

Check if transportation will be provided.

Program modifications, supports, or supplementary aids and services in regular education programs	Frequency
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O

K = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

• Projected date of initiation of these services, if other than date of IEP: _____
• Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) Student eats lunch and has recess with special class.

State and District Assessment

CORE testing The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: Pre/post testing using Brigance

SAT testing The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: Pre/post testing using Brigance

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Self Contained IEP

Student served in the self contained class 3 1/2 hours per day.

Speech as related service.

No supports needed for mainstreaming.

Does not participate with the regular class for lunch and recess.

Will NOT participate in district testing, rather will be pre/post tested using the Brigance.

Will be "considered" for ESY.

Transition (For students beginning at age 14 and younger, if appropriate)

- Transition planning will be addressed through the student's Student Advisement Program or SEOP
- Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

- Maintain current placement or
- Change current placement (Complete Prior Notice for Change of Placement in Special Education.)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*

<i>Ethyl Student</i>	Parent
<i>Pat Principal</i>	LEA
<i>Mrs. Gened</i>	Student
<i>Mrs. Speced</i>	Regular Ed Teacher
	Special Ed Teacher
	Other
	Other
	Other
	Other

IEP Review Team Participants*

	Parent
	LEA
	Student
	Regular Ed Teacher
	Special Ed Teacher
	Other
	Other
	Other
	Other

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

Transition not applicable,
student is in 3rd grade.

This is initial placement, so
placement is dealt with using
the Notice and Consent for
Initial Placement.

All required team members in
attendance as documented
by their signatures.

Transition (For students beginning at age 14 and younger, if appropriate)

- Transition planning will be addressed through the student's Student Advisement Program or SEOP
- Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

- Maintain current placement or
- Change current placement (Complete Prior Notice for Change of Placement in Special Education.)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*

Parent
<i>Pat Principal</i>
LEA
<i>Mrs. Gened</i>
Student
<i>Mrs. Speced</i>
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

IEP Review Team Participants*

Parent
LEA
Student
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

*Note: If parent signature is missing, check below:

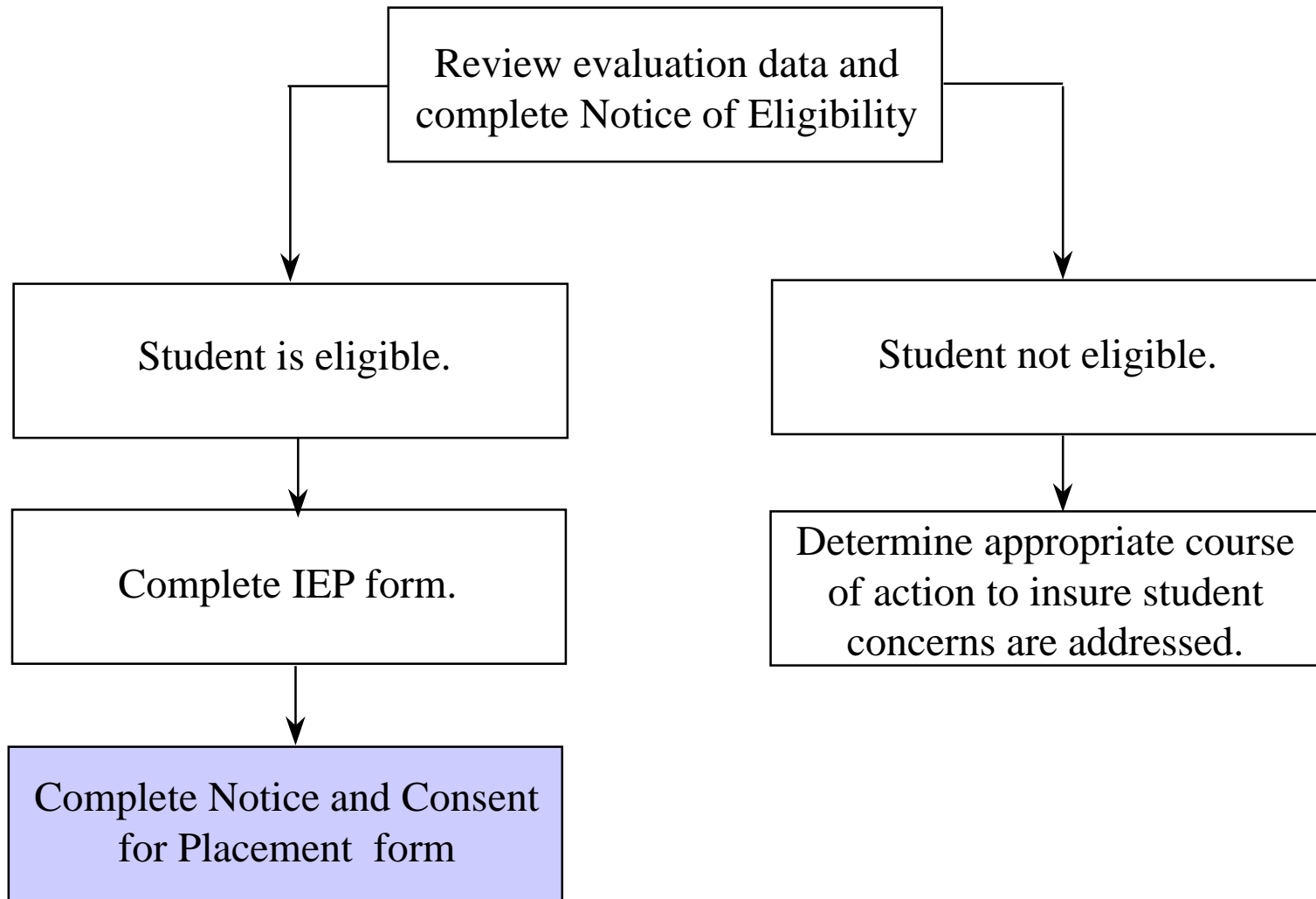
- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

X Parent attended, but refused to sign.

Transition not applicable,
student is in 3rd grade.

This is initial placement, so
placement is dealt with using
the Notice and Consent for
Initial Placement.

Parent signature missing, so
note the reason.



Prior Notice and Consent for Initial Placement in Special Education

Salt Lake City School District
Salt Lake City, Utah 84111

SpEd 6
©July 98
D.D.

Prior Notice and Consent for Initial Placement in Special Education

Student Name _____ Date of Birth _____ Date _____

Based on the student's IEP developed on _____ Date _____, the participants are proposing the following placement:

- | Regular class/Resource | Selected |
|--|--------------------------|
| <input type="checkbox"/> Regular class with consultation and/or itinerant services | <input type="checkbox"/> |
| <input type="checkbox"/> Part-time resource services | <input type="checkbox"/> |
| <input type="checkbox"/> Special class | <input type="checkbox"/> |
| <input type="checkbox"/> Special school | <input type="checkbox"/> |
| <input type="checkbox"/> Home instruction | <input type="checkbox"/> |
| <input type="checkbox"/> Hospital/Institutional | <input type="checkbox"/> |

This option was selected and others were rejected because of:

- Degree of curriculum modification needed Degree of behavioral interventions needed
 Degree of instructional modification needed Other _____

Refer to the Eligibility Report for information relevant to the evaluation procedures, tests and records used to make this determination.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation and IEP. You may receive the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

- I DO give consent for initial placement in special education.

Signature of Parent Date

- I DO NOT give consent for placement in special education.

Signature of Parent Date

**Prior Notice and Consent for
Initial Placement in Special Education**

Student Name Sample Student Date of Birth 2/29/90 Date 11/29/98

Based on the student's IEP developed on _____, the participants are proposing the following placement:

	Selected
Regular class/Resource	<input checked="" type="checkbox"/>
•Regular class with consultation and/or itinerant services	
•Part-time resource services	
Special class	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Home instruction	<input type="checkbox"/>
Hospital/Institutional	<input type="checkbox"/>

This option was selected and others were rejected because of:

- Degree of curriculum modification needed Degree of behavioral interventions needed
 Degree of instructional modification needed Other _____

Refer to the Eligibility Report for information relevant to the evaluation procedures, tests and records used to make this determination.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation and IEP. You may receive the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

I DO give consent for initial placement in special education.

Mrs. Ethyl Student

Signature of Parent

11/29/98

Date

I DO NOT give consent for placement in special education.

Signature of Parent

Date

Initial Placement in Resource.

Student pulled out of regular class so that different curriculum and instructional strategies could be used.

Summary

- Forms are a necessary evil.
- They help you document you followed procedures.
- They help the next teacher know what the student's needs are.

Forms explained

At-Risk Intervention Documentation

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Purpose

to call attention to areas of concern

and

to document that appropriate interventions are attempted prior to referral for evaluation.

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify other programs in which student has participated: _____

Documentation of interventions becomes important later in the classification process in order to rule out that the disability is due to lack of instruction in reading or math.

Changes

check boxes to facilitate documentation of recommended actions

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to:
- Other _____

Signature of LEA or Designee

Date

Blank Forms Templates

At-Risk Intervention Documentation

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

At-Risk Intervention Documentation

Student _____, DOB _____, Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help/Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify other programs in which student has participated: _____

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to: _____
- Other _____

Signature of LEA or Designee

Date

Interventions

Documentation must be attached for at least two interventions

Attempted	Date Started	Date Ended	Effective?	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill/Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify other programs in which student has participated: _____

To be completed by Local Education Agent (LEA) or designee

Refer for:

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to:
- Other _____

Signature of LEA or Designee _____ Date _____

Referral for Evaluation for Special Education Services

Student _____ DOB _____ School _____
Address _____ Phone _____ Grade _____
Parent(s) _____
Person Making Referral _____ Date _____
Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Action Taken:

- Evaluation recommended. Assigned to: _____
Send "Prior Notice and Consent for Evaluation."
- No evaluation recommended at this time. _____
Provide prior notice of refusal to evaluate.

LEA or Designee Signature

Date

Referral for Evaluation for Special Education Services

Student _____ DOB _____ School _____

Address _____ Phone _____ Grade _____

Parent(s) _____

Person Making Referral _____ Date _____

Relationship to the Student Parent Teacher Other _____

At-Risk Documentation and supporting data must be attached.

For **parent referral**, list areas of concern:

Action Taken:

- Evaluation recommended. Assigned to: _____
Send "Prior Notice and Consent for Evaluation."
- No evaluation recommended at this time. _____
Provide prior notice of refusal to evaluate.

LEA or Designee Signature

Date

Prior Notice and Consent for Evaluation/Re-Evaluation

Student Name _____ Date of Birth _____

School _____ Date _____

Parent Prior Notice for Evaluation/Re-Evaluation

We are proposing to evaluate/re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although the student's classroom teacher has implemented interventions, concerns about his/her progress continue. These concerns form the basis for this decision. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on the back of this form. We may not need to give all of these tests. Without your consent, we will not give any test in areas other than those indicated below:

- Intellectual/Cognitive Academic Communication Psychomotor
 Motor Adaptive Social/Behavioral Hearing
 Vision Vocational/Transition

This evaluation will be conducted when your written permission is received. Upon completion, the results will be discussed with you. You have the right to refuse permission for this evaluation. **Please sign below and return.**

- I **DO** give permission for the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent

Date

- I **DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards.

Signature of Parent

Date

A copy of the Procedural Safeguards is included.

Prior Notice and Consent for Evaluation/Re-Evaluation

Student Name _____ Date of Birth _____

School _____ Date _____

Parent Prior Notice for Evaluation/Re-Evaluation

We are proposing to evaluate/re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although the student's classroom teacher has implemented interventions, concerns about his/her progress continue. These concerns form the basis for this decision. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the special education teacher at the student's school.

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- Intellectual/Cognitive Academic Communication Psychomotor
- Motor Adaptive Social/Behavioral Hearing
- Vision Vocational/Transition

This evaluation will be conducted when your written permission is received. Upon completion, the results will be discussed with you. You have the right to refuse permission for this evaluation. **Please sign below and return.**

- I **DO** give permission for the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent

Date

- I **DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards.

Signature of Parent

Date

A copy of the Procedural Safeguards is included.

AREASTESTS AND PURPOSES

Intellectual Cognitive	Tests in this area measure a student's ability to remember what has been seen and heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence, Stanford Binet, Matrix Analogies Test, Woodcock Johnson-R Part 1, Leiter, Kaufman, Battelle, Muñoz.
Academic	Tests in this area measure a student's current reading, math, written expression and readiness skills. Tests such as: Woodcock Johnson-R Part 2, Key Math-R, Woodcock Reading Mastery Test-R, Kaufman Test of Educational Achievement, Test of Written Language-R, Test of Reading Comprehension, Brigance, Weschler Individual Achievement Test, Muñoz.
Communication	Tests in this area measure a student's ability to understand, relate to and use language and speech appropriately. Tests such as: Clinical Evaluation of Language Fundamentals, Peabody Picture Vocabulary Test-R, Test for Auditory Comprehension of Language, Test of Problem Solving, Computer Analysis of Phonological Processes, Battelle, Goldman Fristoe, Test of Language Development.
Psychomotor	Tests in this area may assess how well a student perceives, motor processes and remembers visual and auditory information. These tests may also assess large and small muscle coordination. Tests such as: Visual Motor Integration, Motor Free Visual Perception Test, Carrow Auditory Visual Abilities Test, SCAN (Screening Test for Central Auditory Processing Disorders).
Motor	Tests in this area may assess large and small muscle coordination, mobility, self help and accessibility. Tests such as: Utah Schools Therapy Assessment, Occupational Therapy Functional Assessment, Physical Therapy Neuromotor Evaluation, Mobility Assessment, Battelle.
Adaptive	Tests in this area assess a student's personal independence and social functioning in school, home and community. Tests such as: Vineland Adaptive Behavior Scales, Rimland (E-Z) Autism Checklist, Childhood Autism Rating Scale, Battelle, observation.
Social/Behavioral	Tests in this area assess a student's personal independence and social functioning in school, home and community. They may also assess behavioral patterns that may adversely affect educational performance. Tests such as: Behavior Evaluation Scale, Child Behavior Checklist, Devereux School Behavior Rating Scales, Battelle, observation.
Hearing	Tests in this area assess the student's hearing acuity and middle ear function. Assessments may include pure tone audiometry, speech audiometry, tympanometry, and hearing aid analysis.
Vision	Tests in this area assess a student's visual acuity, visual processing ability, and mobility skills. Tests such as: Diagnostic Assessment Procedure, Visual Efficiency Scale, Low-Vision Functioning Assessment, mobility assessment for vision.
Vocational/Transition	Tests in this area are used to identify career strengths, limitations and interests. Assessments also measure living skills, work skills, habits, attitudes and preferences in areas relating to transition planning. Tests such as: Brigance Inventory of Essential Skills, Enderle Severson Transition Rating Scale.

<u>AREAS</u>	<u>TESTS AND PURPOSES</u>
Intellectual Cognitive	Tests in this area measure a student's ability to remember what has been seen and heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence, Stanford Binet, Matrix Analogies Test, Woodcock Johnson-R Part 1, Leiter, Kaufman, Battelle, Muñoz.
Academic	Tests in this area measure a student's current reading, math, written expression and readiness skills. Tests such as: Woodcock Johnson-R Part 2, Key Math-R, Woodcock Reading Mastery Test-R, Kaufman Test of Educational Achievement, Test of Written Language-R, Test of Reading Comprehension, Brigance, Weschler Individual Achievement Test, Muñoz.
Communication	Tests in this area measure a student's ability to understand, relate to and use language and speech appropriately. Tests such as: Clinical Evaluation of Language Fundamentals, Peabody Picture Vocabulary Test-R, Test for Auditory Comprehension of Language, Test of Problem Solving, Computer Analysis of Phonological Processes, Battelle, Goldman Fristoe, Test of Language Development.
Psychomotor	Tests in this area may assess how well a student perceives, motor processes and remembers visual and auditory information. These tests may also assess large and small muscle coordination. Tests such as: Visual Motor Integration, Motor Free Visual Perception Test, Carrow Auditory Visual Abilities Test, SCAN (Screening Test for Central Auditory Processing Disorders).
Motor	Tests in this area may assess large and small muscle coordination, mobility, self help and accessibility. Tests such as: Utah Schools Therapy Assessment, Occupational Therapy Functional Assessment, Physical Therapy Neuromotor Evaluation, Mobility Assessment, Battelle.
Adaptive	Tests in this area assess a student's personal independence and social functioning in school, home and community. Tests such as: Vineland Adaptive Behavior Scales, Rimland (E-Z) Autism Checklist, Childhood Autism Rating Scale, Battelle, observation.
Social/Behavioral	Tests in this area assess a student's personal independence and social functioning in school, home and community. They may also assess behavioral patterns that may adversely affect educational performance. Tests such as: Behavior Evaluation Scale, Child Behavior Checklist, Devereux School Behavior Rating Scales, Battelle, observation.
Hearing	Tests in this area assess the student's hearing acuity and middle ear function. Assessments may include pure tone audiometry, speech audiometry, tympanometry, and hearing aid analysis.
Vision	Tests in this area assess a student's visual acuity, visual processing ability, and mobility skills. Tests such as: Diagnostic Assessment Procedure, Visual Efficiency Scale, Low-Vision Functioning Assessment, mobility assessment for vision.
Vocational/Transition	Tests in this area are used to identify career strengths, limitations and interests. Assessments also measure living skills, work skills, habits, attitudes and preferences in areas relating to transition planning. Tests such as: Brigance Inventory of Essential Skills, Enderle Severson Transition Rating Scale.

Prior Notice for Identification and Determination of Eligibility

Student _____ DOB _____

Date of Meeting _____

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: _____

- This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
_____	Parent _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

Prior Notice for Identification and Determination of Eligibility

Student _____ DOB _____

Date of Meeting _____

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and requires specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

Classification for special education: _____

- This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely effects educational performance and does not require specialized instruction. A copy of the evaluation results used as the basis for this decision is attached.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants

Title

Parent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**

Student _____ Date _____
School _____ Grade _____

Achievement Tests	Date	Ability Tests	Date
<input type="checkbox"/> Woodcock Johnson Part II	_____	<input type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WIAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:

Attach behavioral observation form and Estimator disk printout(s).

- Oral Expression Written Expression Listening Comprehension
 Basic Reading Skills Reading Comprehension Math Calculations Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? Yes No

Does the severity of this deficiency warrant special education placement? Yes No

Can this student's educational needs be addressed without special education services? Yes No

Are there educationally relevant medical findings? Attach supporting data. Yes No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: _____

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely effects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.

 This student does not have a learning disability, as defined in the IDEA, that adversely effects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
_____	Parent _____
_____	_____
_____	_____
_____	_____
_____	_____

Team members must present a separate statement if different from above.

- Note: If parent signature is missing, check below:
 Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**

Student _____ Date _____
School _____ Grade _____

Achievement Tests	Date	Ability Tests	Date
<input type="checkbox"/> Woodcock Johnson Part II	_____	<input type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WLAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:

Attach behavioral observation form and Estimator disk printout(s).

- Oral Expression
 Written Expression
 Listening Comprehension
 Basic Reading Skills
 Reading Comprehension
 Math Calculations
 Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? Yes No

Does the severity of this deficiency warrant special education placement? Yes No

Can this student's educational needs be addressed without special education services? Yes No

Are there educationally relevant medical findings? Attach supporting data. Yes No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: _____

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely effects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.
 This student does not have a learning disability, as defined in the IDEA, that adversely effects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
_____	Parent _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Team members must present a separate statement if different from above.

- Note: If parent signature is missing, check below:
- Did not attend (document efforts to involve parent)
 Via telephone
 Other: _____

Notice of Meeting

To the parent(s) of: _____ Date: _____

The multidisciplinary team would like to invite you to a meeting to:

- Review evaluation/re-evaluation and consider eligibility for special education.
- Discuss/develop an individualized education program (IEP) for the student.
Enclosed is a copy of the Procedural Safeguards.
- We will be considering transition services. The student is invited to participate.
- Discuss placement.

The meeting is scheduled as follows:

Date: _____ Time: _____ Room/#: _____

Persons invited to attend:

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

You may bring other people to this meeting. If this is not a convenient time and place, please let us know and we will arrange another option.

Please contact: _____ at: _____

Notice of Meeting

To the parent(s) of: _____ Date: _____

The multidisciplinary team would like to invite you to a meeting to:

- Review evaluation/re-evaluation and consider eligibility for special education.
- Discuss/develop an individualized education program (IEP) for the student.
Enclosed is a copy of the Procedural Safeguards.
- We will be considering transition services. The student is invited to participate.
- Discuss placement.

The meeting is scheduled as follows:

Date: _____ Time: _____ Room/#: _____

Persons invited to attend:

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

Name: _____ Title/Position/Agency: _____

You may bring other people to this meeting. If this is not a convenient time and place, please let us know and we will arrange another option.

Please contact: _____ at: _____

Student _____ Birthdate _____ Date of IEP _____
School _____ Classification _____

Services needed to achieve annual goals and advance in general curriculum

•Special education services	Location	Amount of Time	Frequency
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
•Related services required for student to benefit from special education:			
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
<input type="checkbox"/> Check if transportation will be provided.			
•Program modifications, supports, or supplementary aids and services in regular education programs			Frequency
_____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O _____ <input type="checkbox"/> N/A

R = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

•Projected date of initiation of these services, if other than date of IEP: _____
•Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: will participate.
 will participate with modifications. Explain: _____
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

SAT testing The student: will participate.
 will not participate because grade level not assessed or
 will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- Language needs for the limited English proficient student as they relate to the IEP.
- Braille instruction for the student who is blind or visually impaired.
- Communication and language needs for the student who is deaf or hard of hearing.
- Assistive technology for the student who, without it, would not benefit from special education.
- Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Transition (For students beginning at age 14 and younger, if appropriate)

- Transition planning will be addressed through the student's Student Advisement Program or SEOP
- Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

- Maintain current placement or
- Change current placement (Complete Prior Notice for Change of Placement in Special Education.)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*

Parent
LEA
Student
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

IEP Review Team Participants*

Parent
LEA
Student
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

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Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*

Parent
LEA
Student
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

IEP Review Team Participants*

Parent
LEA
Student
Regular Ed Teacher
Special Ed Teacher
Other
Other
Other
Other

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

*Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____

Individualized Education Program

Student: _____ Date of IEP: _____

Present Levels of Performance:

For school age students, describe how the student's disability effects student's involvement and progress in the general curriculum.
For preschool age students, describe how the disability effects the student's participation in appropriate activities.

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Individualized Education Program

Student: _____ Date of IEP: _____

Present Levels of Performance:

For school age students, describe how the student's disability effects student's involvement and progress in the general curriculum.
For preschool age students, describe how the disability effects the student's participation in appropriate activities.

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist

Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards

Progress Report Other: _____

Report of progress on Annual Goal:	Date						
	*Progress Code						

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Student _____ Date of IEP _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

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 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Individualized Education Program (IEP)
(Use multiple sheets as necessary)

Student _____ Date of IEP _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
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Report of progress on Annual Goal:	Date					
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*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Individualized Education Program (IEP)
(Use multiple sheets as necessary)

Student _____ Date of IEP _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent/Teacher Conference Report Cards
 Progress Report Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: _____

Individualized Education Program Addendum
Transition Planning

Student _____ Date of IEP _____

POST SCHOOL OUTCOMES

Describe the student's needs, preferences and interests: _____

Check possible post school outcome(s) for the student:

- Post secondary education
- Vocational training
- Integrated employment
(including supported employment)
- Adult services
- Independent living or community participation

TRANSITION ACTIVITIES/SERVICES

Check the transition activities/services needed to promote movement from school to the post school outcome(s) checked above. Refer to IEP goals or explain how transition activities/services will be provided. Indicate who will be responsible, and why services may not be needed.

- **Instruction:** See student's IEP and/or SEOP.
- **Community Experiences:** means experiences outside of school, facilitated by the school and designed to achieve post school outcomes (e.g. shopping, accessing the community, transportation, job sampling).

Experiences that will be provided: See IEP goal(s) # _____ or list experiences: _____

Agency responsible: School District Other _____

OR Statement explaining why service is not needed:

Functions independently in the community. Other _____

- **Employment Objectives:** means objectives designed to prepare the student for employment.

Post School Adult Living: means objectives designed to prepare the student for post school adult living.

Employment objective: See IEP Goal(s) # _____

Agency responsible: School District Other _____

Post school adult living objective: See IEP Goal(s) # _____

Agency responsible: School District Other _____

OR Statement explaining why service is not needed:

Student is adequately prepared for employment. Student is adequately prepared for post school adult living.

Other _____

- **Acquisition of Daily Living Skills:** means skills that prepare the student for daily living. See IEP Goal(s) # _____

Agency responsible: School District Other _____

Not Appropriate

- **Functional Vocational Evaluation:** means an assessment of student's vocational aptitudes and skills for a supported employment setting.

Agency responsible: School District Other _____

Not Appropriate

If the student did not participate in this plan, indicate the steps taken to ensure the student's preferences were considered.

If a representative of an agency responsible for providing an activity did not participate, indicate the steps that will be taken to obtain the participation of the agency.

Prior Notice and Consent for Initial Placement in Special Education

Student Name _____ Date of Birth _____ Date _____

Based on the student's IEP developed on _____ Date _____, the participants are proposing the following placement:

	Selected
Regular class/Resource	<input type="checkbox"/>
•Regular class with consultation and/or itinerant services	
•Part-time resource services	
Special class	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Home instruction	<input type="checkbox"/>
Hospital/Institutional	<input type="checkbox"/>

This option was selected and others were rejected because of:

- Degree of curriculum modification needed Degree of behavioral interventions needed
 Degree of instructional modification needed Other _____

Refer to the Eligibility Report for information relevant to the evaluation procedures, tests and records used to make this determination.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation and IEP. You may receive the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

I DO give consent for initial placement in special education.

_____ Date _____
Signature of Parent

I DO NOT give consent for placement in special education.

_____ Date _____
Signature of Parent

Prior Notice and Consent for Initial Placement in Special Education

Student Name _____ Date of Birth _____ Date _____

Based on the student's IEP developed on _____ Date _____, the participants are proposing the following placement:

	Selected
Regular class/Resource	<input type="checkbox"/>
•Regular class with consultation and/or itinerant services	
•Part-time resource services	
Special class	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Home instruction	<input type="checkbox"/>
Hospital/Institutional	<input type="checkbox"/>

This option was selected and others were rejected because of:

- Degree of curriculum modification needed Degree of behavioral interventions needed
 Degree of instructional modification needed Other _____

Refer to the Eligibility Report for information relevant to the evaluation procedures, tests and records used to make this determination.

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If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

I DO give consent for initial placement in special education.

Signature of Parent

Date

I DO NOT give consent for placement in special education.

Signature of Parent

Date

Prior Notice for Change of Placement in Special Education

Student Name _____ Date of Birth _____ Date _____

Based on the student's IEP developed on _____, the participants are proposing the following change of placement: _____ Date _____

	Selected
Regular class/Resource	<input type="checkbox"/>
•Regular class with monitoring, consultation and/or itinerant services	
•Part-time resource services	
Special class	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Home instruction	<input type="checkbox"/>
Hospital/Institutional	<input type="checkbox"/>
Graduation	<input type="checkbox"/>
Student is not eligible for Special Education services	<input type="checkbox"/>

This option was selected and others were rejected because of:

- Degree of curriculum modification needed
- Degree of behavioral intervention needed
- Degree of instructional modification needed
- Other _____

Refer to the IEP for information relevant to the evaluation procedures, tests and records used to make this determination.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation and IEP. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

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Prior Notice for Change of Placement in Special Education

Student Name _____ Date of Birth _____ Date _____

Based on the student's IEP developed on _____ Date _____, the participants are proposing the following change of placement:

	Selected
Regular class/Resource	<input type="checkbox"/>
•Regular class with monitoring, consultation and/or itinerant services	
•Part-time resource services	
Special class	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Home instruction	<input type="checkbox"/>
Hospital/Institutional	<input type="checkbox"/>
Graduation	<input type="checkbox"/>
Student is not eligible for Special Education services	<input type="checkbox"/>

This option was selected and others were rejected because of:

- Degree of curriculum modification needed
- Degree of behavioral intervention needed
- Degree of instructional modification needed
- Other _____

Refer to the IEP for information relevant to the evaluation procedures, tests and records used to make this determination.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation and IEP. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

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