

ENCORE! Batch Print Report

User:

Frantum-Allen, Robert

Print Date:

4/21/2011 6:42:35 AM

Student:

Jennifer Carter

Meeting Date:

Number of Files Printed:

27

Number of Pages Printed:

28

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Timely Written Notice Waiver
Prior Written Notice
IEP Information
Meeting Participants
Annual Review
Medicaid Permission to Bill Form
Educational - Documentation of Evaluation Data, Present Level of
Academic Achievement, Functional Performance and Educational Needs
Communication - Documentation of Evaluation Data, Present Level of Academic Achievement, Functional Performance and Educational Needs
Social/Emotional/Adaptive - Documentation of Evaluation Data, Present Level of
Academic Achievement, Functional Performance and Educational Needs
Cognitive - Documentation of Evaluation Data, Present Level of Academic Achievement, Functional Performance and Educational Needs
Physical/Health - Documentation of Evaluation Data, Present Level of Academic Achievement, Functional Performance, and Educational Needs
Physical Motor - Documentation of Evaluation Data, Present Level of Academic Achievement, Functional Performance, and Educational Needs
Transition/Life Skills - Documentation of Evaluation Data, Present Level of
Academic Achievement, Functional Performance, and Educational Needs
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Learning Media Plan
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Denver Public School District

204 Main St. Towson, MD 21204

NOTICE OF MEETING

Date : _____

Jennifer	Carter	10/8/1997		08	63089056
Legal Name of Student		Birth Date	C.A.	Grade	Student ID
School No. 3					
School					

Dear _____ :

A meeting has been scheduled to review and discuss your student's educational needs. The specific purpose of this meeting is indicated below. If the meeting is for a student who is 14 years of age or older post school transition planning will be discussed.

TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION:

- ☐ AN INITIAL MEETING TO DETERMINE ELIGIBILITY AND DISABILITY: The purpose of this meeting is to discuss the assessments that have been completed; determine whether your child is in need of special education services, and if the need exists, how those services can be provided; and to develop an individualized education program (IEP) for your child.
- ☐ REEVALUATION MEETING TO DETERMINE ELIGIBILITY AND DISABILITY: The purpose of a triennial review is to discuss the assessments that have been completed; determine whether your child continues to be in need of special education services, and if the need exists, how those services can be provided; and to develop a new IEP for your child. This meeting is also required to change your child's disability, to exit your child from special education, or to make a significant change in placement.

IEP REVIEW:

- ☐ ANNUAL REVIEW: The purpose of this meeting is to review and update the student's present level of functioning, needs, goals and objectives; and to develop a plan to provide special education and related services for the next year.
- ☐ SPECIAL REQUEST: _____

The following will be in attendance at the meeting:

- | | | |
|--|--|--|
| <input type="checkbox"/> special education teacher/
speech language pathologist | <input type="checkbox"/> school social worker | <input type="checkbox"/> principal or designee |
| <input type="checkbox"/> general education teacher | <input type="checkbox"/> speech/language pathologist | <input type="checkbox"/> school nurse |
| <input type="checkbox"/> special education director/designee | <input type="checkbox"/> school psychologist | <input type="checkbox"/> audiologist |
| | <input type="checkbox"/> occupational therapist | Teacher of the Hearing Impaired |
| | <input type="checkbox"/> physical therapist | Teacher of the Visually Impaired |
| | other: _____ | |

The meeting is scheduled for _____ at _____ at the following location: _____
Date Time

We encourage you to attend and participate in this meeting. You may invite other people that you believe will be helpful to you. If the scheduled time and place is not convenient, please contact me immediately so that we can arrange a mutually agreeable time and location for the meeting.

Name _____ Title _____ Telephone Number _____

At age 21, rights transfer to the student (unless parent(s) retain guardianship). At age 20, school must inform student of his/her rights.

Denver Public School District**204 Main St. Towson, MD 21204****STUDENT NOTICE OF MEETING**

Date : _____

Jennifer Carter

Legal Name of Student

10/8/1997

Birth Date

C.A.

63089056

Student ID

Dear Jennifer Carter

A meeting has been scheduled to review and discuss your educational and transitional needs. Since this meeting is all about you, we encourage you to attend and be a participant. Your ideas, thoughts, and goals are critical in developing plans for the next school year. You may invite other people that you believe will be helpful to you.

The meeting is scheduled for _____ at _____ at the following location: _____
Date Time Location

Please contact me if you have any questions:

Name Title Telephone Number

At age 21, rights transfer to the student (unless parent(s) retain guardianship). At age 20, school must inform student of his/her rights.

Denver Public School District

204 Main St. Towson, MD 21204

SPECIAL EDUCATION WAIVER OF TIMELY NOTICE OF INDIVIDUALIZED EDUCATION PROGRAM MEETING

Date : _____

As parent/guardian(s) of Jennifer Carter I waive my/our rights to timely written
notice of the meeting to be held on _____ at _____ at _____ .
Date Time Location

Explanation:

Parent/Guardian Signature Date

Director of Special Education or Designee Date

Denver Public School District

204 Main St. Towson, MD 21204

PRIOR WRITTEN NOTICE

Legal Name of Student	Jennifer Carter	District ID	63089056
School of Attendance	School No. 3	Date	

Prior Written Notice is provided when an action is considered regarding the initiation or change of the identification, evaluation, or educational placement of a student or when an IEP is reviewed or revised.

Description of the action proposed or refused

☐ **Propose to initiate/change:** Identification, Evaluation, Educational Placement, or the provision of FAPE.

☐ **Refuse to initiate/change:** Identification, Evaluation, Educational Placement, or the provision of FAPE.

Why this action was proposed or refused:

Description of each evaluation procedure, test, record, or report used as basis for proposed or refused action:

- | | | |
|---|---|---|
| <input type="checkbox"/> Data from evaluations | <input type="checkbox"/> Medical/Health records | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Classroom observation/Teacher report | <input type="checkbox"/> Review of educational records | <input type="checkbox"/> Transition Services information |
| <input type="checkbox"/> IEP(s) | <input type="checkbox"/> Current full and individual evaluation | <input type="checkbox"/> Independent Educational Evaluation (IEE) |
| <input type="checkbox"/> Parent report | <input type="checkbox"/> Graduation Criteria | <input type="checkbox"/> Other: _____ |

Describe Selection(s):

Description of other options considered and the reasons why those options were rejected:

If rejected, reason why:

Description of any additional factors that are relevant to the proposal or refusal:

☐ No other factors were relevant at this time.

☐ Other:

Parental Notification

Parents of a child with a disability have protection under the Procedural Safeguards. For a copy of the Procedural Safeguards or assistance in understanding this information, please contact the person named below.

Action will be implemented on this date _____

If you have any questions, please contact me before the implementation date _____

Name of School Contact and Phone Number

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Date of Meeting: _____

Individualized Education Program (IEP) for: Jennifer Carter

STUDENT INFORMATION

DOB: 10/8/1997	Age: _____
Home School: School No. 126	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No
School of Attendance: School No. 3	District Student ID: 63089056
Grade: 08	Ethnicity: Black (not Hispanic)
Gender: Female	Primary Language: _____
ELL Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	English Language Proficiency: _____
Colorado English Language Assessment Scores (when applicable):	
Listening _____ Writing _____ Reading _____ Oral _____	
Listening _____ Speaking _____ Overall _____ Comprehension _____	
Anticipated year of Graduation/Completion: _____	

PARENT/GUARDIAN INFORMATION

Last Name: Carter	Last Name: Carter
First Name: Breanna	First Name: Xavier
Address: 27417 Main St.	Address: 27417 Main St.
City: Towson	City: Towson
State: MD Zip: 21204	State: MD Zip: 21204
Home Phone: (410) 555-2457	Home Phone: (410) 555-2457
Work Phone: (410) 555-6402	Work Phone: (410) 555-7086
Cell Phone: (410) 555-1131	Cell Phone: (410) 555-1131
E-mail: BCarter@isp.com	E-mail: XCarter@isp.com
Relationship to Student: Mother	Relationship to Student: Father
Primary Language: _____	Primary Language: _____

SPECIAL EDUCATION INFORMATION

Reason for Meeting: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Reevaluation for Eligibility* <input type="checkbox"/> Special Request	
Date of last Eligibility Meeting: _____ (month/day/year)	Date of last IEP Review: _____ (month/day/year)
Date of next Eligibility Meeting: _____ (month/day/year)	Date of next IEP Review: _____ (month/day/year)
* Required for change in disability, significant change in placement, or exit from special education program	
Before Meeting:	
Primary Disability: _____	Setting Code: _____
After Meeting:	
Primary Disability: _____	Setting Code: _____

The school has informed the student and parent/guardian of the transfer of rights at the age of 21 years of age. ☐ Yes ☐ No

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: <u>Jennifer</u>	<u>Carter</u>	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

PARTICIPANTS IN MEETING

The following participants must be in attendance:

(please print name and initial if you are in attendance at the meeting)

 Student's Parent/Surrogate Parent/Guardian
 Parent ☐ did ☐ did not attend. *(Parent Signature Recommended)*

 Student's Parent/Surrogate Parent/Guardian
 Parent ☐ did ☐ did not attend. *(Parent Signature Recommended)*

 Special Education Director/Designee

 Special Education Teacher/SL Pathologist

 General Education Teacher

 Student

 Building Principal/Designee

 Interpreter *(when appropriate)*

Others with knowledge and expertise regarding this student:

 Speech/Language Pathologist

 School Nurse

 Occupational Therapist

 Physical Therapist

 School Psychologist

 School Social Worker

 Audiologist

 Other

 Other *(specify area represented)*

 Other *(specify area represented)*

 Area

 Area

☐ Parents have been informed of their procedural safeguards.

Denver Public School District**204 Main St. Towson, MD 21204****INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Legal Name of Student: <u>Jennifer</u>	<u>Carter</u>	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

☐ Create a new page**ANNUAL REVIEW****Present Level of Academic Achievement, Functional Performance, and Educational Needs**

Include statements in all relevant areas including: Educational, Communication, Cognitive, Social/Emotional, Physical Health, Physical Motor, and Life Skills/Career/Transition.

Denver Public School District

204 Main St. Towson, MD 21204

MEDICAID REIMBURSEMENT Consent To Release Information School Year

Legal Name of Student: Jennifer Carter	Student ID: 63089056
School of Attendance: School No. 3	Date of Meeting: _____
Date of Birth: 10/8/1997	

Request:

The District seeks your consent to disclose information concerning your child when applying to Medicaid for reimbursement of covered health-related assessment and/or IEP service costs. This information would include basic personally-identifying data, as well as documentation of your child's disability or reasons for suspecting a disability, and determination of assessments and/or services needed. Under the Family Education Rights and Privacy Act (FERPA), such information can be disclosed only with parental consent. By giving consent, you will help the District provide additional health related services to all students.

Rights:

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- The District will not require you to incur out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
- The District will not use Medicaid if that use would: (1) Decrease the available lifetime coverage or any other insured benefit; (2) Result in any cost to your family; (3) Increase premiums or lead to the discontinuation of benefits or insurance; or (4) Risk any loss of your child's eligibility for home and community-based waivers, based on aggregate health-related expenditures.
- You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District.

Withdrawal of Consent:

- The granting of consent is voluntary and may be withdrawn at any time. However, if you revoke your consent, such revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked.)

AUTHORIZATION

I authorize the District to share necessary information from the above-named child's education records to apply for Medicaid reimbursement for any health-related assessments/evaluations for which I have given consent, and for any health-related services listed in any IEP that I have signed, or for which I have otherwise given express written permission. I understand that, unless I revoke my consent in writing, this consent will remain in effect for 365 days from the date of my signature below.

☐ Yes ☐ No I authorize the District to share necessary information to apply for Medicaid reimbursement.

Parent/Guardian Signature

Date

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

DOCUMENTATION OF EVALUATION DATA, PRESENT LEVEL OF ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE, AND EDUCATIONAL NEEDS

Evaluation Language, if other than English:

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
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☐ Not a current area of concern based on review of existing data.

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

DOCUMENTATION OF EVALUATION DATA, PRESENT LEVEL OF ACADEMIC ACHIEVEMENT,
FUNCTIONAL PERFORMANCE, AND EDUCATIONAL NEEDS

Evaluation Language, if other than English:

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
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Denver Public School District

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

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Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
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Evaluation Language, if other than English:

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
<div><input type="checkbox"/> Not a current area of concern based on review of existing data.</div>			

Denver Public School District

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

DOCUMENTATION OF EVALUATION DATA, PRESENT LEVEL OF ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE, AND EDUCATIONAL NEEDS

Evaluation Language, if other than English:

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
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Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

DOCUMENTATION OF EVALUATION DATA, PRESENT LEVEL OF ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE, AND EDUCATIONAL NEEDS

Evaluation Language, if other than English:

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
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☐ Not a current area of concern based on review of existing data.

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: <u>Jennifer</u>	Carter	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

SPECIAL EDUCATION AND RELATED SERVICES

Service Delivery:

Describe services needed to address goals and objectives: _____

Type of Service Provider (assignment)	Primary	Projected Begin Date	Projected End Date	Freq	Hours			
					Indirect (consultation)	Integrated services in general classroom	Direct outside general classroom	Total Hours per freq
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							

School hours per week: _____

Total hours per week: _____

Special Education Services: To be delivered for the school year only excluding school breaks, summers, holidays, and non-student contact days.

Preschool Parent Follow-up Activities:

Preschool Integrated Education Program:

Does the student require:

Special Transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A behavior plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning media plan? (For Vision Disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A health care plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A communication plan? (for Hearing Disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Assistive technology? (if yes, describe):	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Extended School Year? ☐ Yes ☐ No ☐ To be determined by: _____

Recommended Placement in Least Restrictive Environment:

How much time is student with non-disabled students? _____

Setting Code Selected: _____

Rationale:

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting:	

Curricular Accommodations/Modifications:
(In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations listed below should be used consistently within a student's academic program over the previous year.)

<input type="checkbox"/> Abbreviated assignments	<input type="checkbox"/> Modify grading scale	<input type="checkbox"/> Word processor with/without talk-text technology
<input type="checkbox"/> Abbreviated concepts	<input type="checkbox"/> Modify test format	<input type="checkbox"/> Other:
<input type="checkbox"/> Ability level text	<input type="checkbox"/> Oral testing	
<input type="checkbox"/> Assignment book/organizer	<input type="checkbox"/> Preferential seating	
<input type="checkbox"/> Assistive technology for computer access	<input type="checkbox"/> Provide copies of material to be copied from book or board	
<input type="checkbox"/> Auditory aids	<input type="checkbox"/> Provide copies of notes	<input type="checkbox"/> Other:
<input type="checkbox"/> Behavior/performance contracting	<input type="checkbox"/> Read aloud/sign for directions	
<input type="checkbox"/> Check for understanding	<input type="checkbox"/> Read aloud/sign test items	
<input type="checkbox"/> Communication device/board with or without braille	<input type="checkbox"/> Recorded text	<input type="checkbox"/> Other:
<input type="checkbox"/> Extended time	<input type="checkbox"/> Scribe	
<input type="checkbox"/> Flexible scheduling/breaks	<input type="checkbox"/> Sensory aids	
<input type="checkbox"/> Flexible setting/group	<input type="checkbox"/> Study guide	
<input type="checkbox"/> Graphic organizer/learning tools	<input type="checkbox"/> Use of calculator	<input type="checkbox"/> Other:
<input type="checkbox"/> Highlighted textbook (student)	<input type="checkbox"/> Use of manipulatives	
<input type="checkbox"/> Large print	<input type="checkbox"/> Use of recording device	
<input type="checkbox"/> Modify complexity of assignment	<input type="checkbox"/> Visual schedule	
	<input type="checkbox"/> Visual/tactile Aids	

The CSAP or CSAP-A are available in grades 3-10. ACT or ACT with accommodations are available for grade 11. Check whether the student will participate in the CSAP, CSAP-Alternate, District or District Alternate assessments for each content area(s) administered at the student's grade level.

Check all that apply:

	<u>CSAP</u>	<u>CSAP-A</u>	<u>District</u>	<u>District Alternate</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>		
Other:			<input type="checkbox"/>	<input type="checkbox"/>
Other:			<input type="checkbox"/>	<input type="checkbox"/>

	<u>Without Accommodations</u>	<u>With Approved Accommodations</u>	<u>Online Reporting</u>
ACT (11th Grade Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List standard accommodations to be used in the CSAP administration:

List district assessment accommodations:

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP) TRANSITION

Legal Name of Student: <u>Jennifer</u>	Carter	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

Post Secondary Transition Outcomes

Projected year of graduation/completion: _____	Type of Completion Document: _____
--	------------------------------------

Parent and student have been notified that a free and appropriate public education (FAPE) will no longer be available upon graduation with a regular diploma or after the end of the semester the student turns 21 years of age. ☐ Yes ☐ No

Outcome Area	Yes/ No	Measurable Post Secondary Transition Outcomes should reflect student needs, taking into account student strengths, preferences and interests, and be based upon age appropriate transition assessments.
Post Secondary Education/Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Career/Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult/Independent Living (when appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

List Age Appropriate Transition Assessment(s)

--

The student participated in the following work experience(s):

Volunteer		Paid/Competitive Employment		Work Study, Internship	
-----------	--	-----------------------------	--	------------------------	--

Statement of Planned Course of Study *Describe recommended course of study related to the students post-secondary goals (general, long range description)*

--

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
TRANSITION

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting:	

Summary of Transition Services

Statement of Transition Services: *Describe how the student's programming is designed to improve the student's academic and functional achievement relative to his/her movement from a school setting to a post-school setting.*

Education/Instruction/Related Services:
Career/Employment:
Community Experience:
Adult/Independent Living:

Based on the student's identified Post School Transition Outcome, should Interagency Linkages occur? ☐ Yes ☐ No

If Interagency Linkages do not need to occur at this time, explain why not:

Interagency Coordination		Interagency Coordination	
<input type="checkbox"/>	Vocational Rehab or SWAP	<input type="checkbox"/>	Community Center Board/Developmental Disabilities Services
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Post-Secondary Education Disability Services
<input type="checkbox"/>	Social Security Administration	<input type="checkbox"/>	Work Force Center
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Denver Public School District

204 Main St. Towson, MD 21204

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Permission for Consent Prior to Inviting Agencies to Discuss Transition Services for Students

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting: _____	

Your permission is required to invite outside agencies likely to provide or pay for transition services that may be appropriate for your student. Please examine the agencies that have been identified as likely to provide services to your student and indicate whether you either do or do not give consent for the school to invite the agency(s) to participate in your student's IEP meeting. It is important to note, however, that even if your permission is granted to provide an invitation to the identified agencies below, the agency representative may not be able to attend.

This permission shall be valid for the following duration: _____ Begin Date: _____ End Date: _____

School may invite this agency	Please consider the following agencies the school has identified as important in providing information about your child/student's transition and indicate whether you consent to have the agency(s) invited to your child/student's IEP meeting.	Yes	No
<input type="checkbox"/>	Adult Service Provider (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Community Center Board (may provide for adult living supports, residential care, and employment support)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disability Access Center at college/university/trade school (may provide accommodations for learning)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Division of Vocational Rehabilitation (may help find competitive employment and/or specialized instruction or training).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Local Guardianship Representative (may be court employee, Guardianship Alliance representative, or lawyer familiar with guardianship issues/procedures)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Local Independent Living Center (may help student develop independent living plan and provide supports to realize the plan)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health Services (may provide for personal therapy, employment support and other mental health needs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Social Security Administration (may provide for Supplemental Security Income and Medicaid medical coverage)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent(s)

Date

Signature of Student

Date

If appropriate, translation provided by:

Signature of Interpreter

Date

Denver Public School District

204 Main St. Towson, MD 21204

EXTENDED SCHOOL YEAR DETERMINATION

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting:	

CRITERIA/INQUIRY:

Attach documentation and explain decision for each question.

Did the student experience significant regression on current IEP goals and objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification:		
<div></div>		

Did the student require an unreasonably long period of time to relearn previously learned skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification:		
<div></div>		

Are there other factors relevant in determining eligibility for ESY services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification:		
<div></div>		

Decision: Eligible for Extended School Year (ESY)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Considering the identified ESY goal/objectives, what types of services will be provided to prevent regression?		
<div></div>		

Denver Public School District

204 Main St. Towson, MD 21204

COMMUNICATION PLAN

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting: _____

FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND

The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered.

1. Language and Communication

1. a. The child's/student's **primary language** is one or more of the following:

Receptive

Expressive

☐
☐
☐
☐
☐
☐
☐
☐

English
 Native Language (ASL, Spanish etc.), specify: _____
 Combination of several languages
 Minimal language skills; no formal primary language

Describe:

Action plan, if any:

1. b. The child's/student's **primary communication mode** is one or more of the following.

Check all that apply and if more than one applies, explain.

Receptive:

☐
☐
☐
☐
☐

Auditory
 Speechreading
 Fingerspelling
 Tactile/objects
 Other, please explain: _____

☐
☐
☐
☐

American Sign Language
 Cued Speech/Cued English
 Gestures
 Picture symbols/pictures/photographs

☐
☐
☐

Signing Exact English/Signed English
 Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
 Home signs

Expressive:

☐
☐
☐
☐
☐

Spoken Language
 Fingerspelling
 Gestures
 Tactile/objects
 Other, please explain: _____

☐
☐
☐
☐

American Sign Language
 Cued Speech/Cued English
 Picture symbols/pictures/photographs
 Home signs

☐
☐

Signing Exact English/Signed English
 Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)

Explanation for multiple modes of communication, if necessary:

1. c. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student?

Issues considered:

Action plan, if any:

Denver Public School District**204 Main St. Towson, MD 21204****COMMUNICATION PLAN**

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting: _____

FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND *cont.*

2. Describe the child's/student's need for deaf/hard of hearing adult role models and peer groups in sufficient numbers of the child's/student's communication mode or language. Document who on the team will be responsible for arranging for adult role model connections and opportunities to interact with peers.

Opportunities considered:

--

Action plan, if any:

--

3. An explanation of all educational options provided by the administrative unit and available for the child/student has been given.

Placements explained:

--

Describe how the placement options impact the child's communication access and educational progress:

--

4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language.

Considerations:

--

Action plan, if any:

--

5. The communication - accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified. The team will consider the entire school day, daily transition times, and what the child/student needs for full communication in all activities.

Considerations:

--

Action plan, if any:

--

Denver Public School District

204 Main St. Towson, MD 21204

LEARNING MEDIA PLAN FOR STUDENT WITH A VISION DISABILITY OR DEAF-BLINDNESS

Legal Name of Student: <u>Jennifer</u>	Carter	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

1. Please indicate the selected learning and literacy mode(s) for this child/student to achieve literacy.
(Literacy modes include: a) auditory mode, b) Braille or tactual mode, c) print enlargement or visual mode with optical enhancement, and/or d) regular print or visual mode)

Current Learning and Literacy Mode(s): Primary: _____ Secondary: _____
(if appropriate): Co-Primary: _____ Co-Secondary: _____

Recommended Learning and Literacy Mode(s): Primary: _____ Secondary: _____

2. Justification of primary and secondary learning and literacy mode(s) selection - summarize evaluation data and how the learning and literacy mode(s) were selected:

3. How will learning and literacy mode(s) be implemented?

4. Describe how the student's instruction in the above selected literacy mode(s) will be integrated into instructional activities:

5. State the level of competency expected in each selected mode(s) which the student should achieve by the end of the period covered by the IEP.

6. List dates for instruction to commence, amount of time dedicated to each learning and literacy mode, and responsible service provider.

	Auditory	Tactual/Braille	Visual w/Optical Enhancement	Visual
Begin Date:				
End Date:				
Time: (Min/Wk)				
Provider:				

7. All Colorado teachers licensed and endorsed in the area of visual impairment (TVI) must have demonstrated competency in reading and writing Literary Braille. Has the teacher of the visually impaired (TVI) working with this student demonstrated Braille competency per established CDE guidelines?

☐ Yes

☐ No

Denver Public School District**204 Main St. Towson, MD 21204****INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Legal Name of Student: <u>Jennifer</u>	<u>Carter</u>	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

EARLY CHILDHOOD TRANSITION PLAN

Transition Priorities and Considerations:

--

In addition to the district transition plan, this child and family will need ...

Activity:
Responsible Person: _____ Initiation: _____ Completion: _____

Activity:
Responsible Person: _____ Initiation: _____ Completion: _____

Activity:
Responsible Person: _____ Initiation: _____ Completion: _____

Activity:
Responsible Person: _____ Initiation: _____ Completion: _____

Date parent received district transition plan: _____

Denver Public School District

204 Main St. Towson, MD 21204

ADDITIONAL INFORMATION

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting:	

INDIVIDUALIZED EDUCATION PROGRAM (IEP) GOALS AND OBJECTIVES - TRANSITION

Legal Name of Student: _____	District ID: _____
School of Attendance: _____	Date of Meeting: _____

With the exception of the initial IEP, the committee must review and document progress toward completion of the student's previous goals and objectives prior to the development of new goals and objectives. Based upon this document, parent(s) will be regularly informed of progress to the extent of non-disabled children.

For Students 15-21 years of age, indicate the Post Secondary Transition Outcome this annual goal will support:

☐ Postsecondary Education/Training
 ☐ Career/Employment
 ☐ Adult/Independent Living

Measurable Post Secondary Transition Outcome:

--

Measurable Annual Goal:

--

Content Standard, Key Component, or Access Skill Annual goal addresses:

--

Short-term Objective/Benchmarks:		Start: _____
ESY Objective		End: _____

Criteria:	Baseline:
-----------	-----------

Method(s) of Measurement:

Level of Progress	Period #1	Period #2	Period #3	Period #4	Period #5	Period #6	Period #7	Period #8
Obj Status:								

Comments:	
-----------	--

Short-term Objective/Benchmarks:		Start: _____
ESY Objective		End: _____

Criteria:	Baseline:
-----------	-----------

Method(s) of Measurement:

Level of Progress	Period #1	Period #2	Period #3	Period #4	Period #5	Period #6	Period #7	Period #8
Obj Status:								

Comments:	
-----------	--

Progress Key: X - Mastered O - No Progress P - Progress R - Regression N - Not Introduced