

Wake County Public Schools Special Education Services

“Go By” Forms Handbook



Forms to “Go By” For IEP Meetings

Version 2 (January 2009)

Special Education Services
Office of Legal and Compliance
(919-858-3151)



Wake County Public Schools
 Special Education Services
 Forms to “Go By”
 For IEP Meetings



Table of Contents

Invitation/Prior Notice (invitation to parents).....Page 4

Invitation – Request to Excuse/Prior Notice.....Page 6

Invitation – Student Aged 18 & Older/Prior Notice.....Page 7

Invitation to Student: Prior to Age 18/Prior Notice.....Page 9

DEC 1 School Age Referral.....Page 10

DEC 1 Preschool Referral.....Page 14

DEC 2 Consent for Evaluation/Reevaluation/Prior Notice.....Page 20

DEC 3 Summary of Evaluations.....Page 22

DEC 3 Eligibility Worksheets (General Directions)Page 24

DEC 3 Autism Spectrum Disorder Eligibility Worksheet.....Page 25

DEC 3 Deafness/Hearing Impairment Eligibility Worksheet.....Page 26

DEC 3 Deaf/Blindness Eligibility Worksheet.....Page 27

DEC 3 Developmental Delay Eligibility Worksheet.....Page 28

DEC 3 Serious Emotional Disability (ED) Worksheet.....Page 29

DEC 3 Intellectual Disability Eligibility Worksheet.....Page 30

DEC 3 Multiple Disabilities Eligibility Worksheet.....Page 31

DEC 3 Other Health Impairment Eligibility Worksheet.....Page 32

DEC 3 Orthopedic Impairment Eligibility WorksheetPage 33

DEC 3 Specific Learning Disability/Discrepancy and Alternative
To Discrepancy Model Eligibility Worksheet.....Page 34

DEC 3 Speech/Language Impaired Eligibility Worksheet.....Page 36

DEC 3 Traumatic Brain Injury Eligibility Worksheet.....Page 37

DEC 3 Visual Impairment Eligibility Worksheet.....Page 38

DEC 3 Eligibility Determination.....Page 39

DEC 4 IEP: Student Profile & Special Factors.....Page 41

DEC 4a IEP: Secondary Transition.....Page 43

DEC 4 IEP: Annual Goal.....Page 45

DEC 4 IEP: Service Delivery.....Page 47

ESY Determination Worksheet.....Page 54

DEC 5 Prior Written Notice.....Page 56

DEC 6: Consent for Services.....Page 59

DEC 7 Reevaluation.....Page 61

Parental Revocation.....Page 63

The Discipline Process (Flowchart).....Page 64

Change in Placement WorksheetPage 65

DEC 5a Discipline Prior Written Notice.....Page 66

Manifestation Determination Review.....Page 67

Recommendation for LT Suspensions (for Middle & High School)...Page 69

Monthly Review of Home/Hospital Instruction (due to Discipline)....Page 70

The red text is used to highlight information that is already on the form. The text boxes contain information from NCDPI as well as WCPSS policies.

INVITATION TO CONFERENCE/PRIOR NOTICE

IDEA requires that parents receive adequate notice to participate in the meeting. Reasonable notice is defined as 7-10 days. Adequate notice should be provided to all participants, including related service providers.

Dear _____: **KEEP THE ORIGINAL AND SEND TWO COPIES**

Date: ____ / ____ / ____

Re: _____

IDEA requires parents of students with disabilities to be invited to the IEP meeting. When parents share custody of a student, and educational rights of the parents are not in question, the LEA must issue an invitation to participate in the meeting to both parents. Participation in meetings may be through alternative means (such as a phone conference).

For a student to receive the education needed, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss _____'s special needs. You may also bring another individual(s) who has knowledge or special expertise regarding your child. Although it is not required for you to notify the school of additional participants, it is helpful in making appropriate arrangements. If your child is transitioning from the Part C-Infant Toddler Program, you can request we invite one or more of the Part C representatives.

Checking the following boxes informs the parent of the items that may be discussed at the IEP meeting. If a parent is not in attendance, the IEP team may not discuss items not checked on the original invitation.

The purpose of this meeting is to: (Check all that apply)

- Discuss special education referral for initial evaluation or reevaluation determination.
- Discuss evaluation results to determine if your child is or continues to be eligible for special education and related services.
- Discuss and/or develop, review, and/or revise your child's IEP.
- Discuss and/or review, and /or revise your child's educational placement.
- Other: _____

Transition Planning:

For a child who is or will be 14 years of age or older during the duration of this IEP:

- Your child is being invited to attend this meeting as required by state and federal statute.

In the section below, you are informing the parents of the meeting participants. The required members of the IEP team are listed as position only (LEA, special ed provider, general ed teacher, individual to interpret results) If you are requesting to excuse a required member, check the box and attach the request to excuse form. The LEA Rep. is never excused.

The following **required members** of the IEP team are expected to attend the meeting: (Attach Request to Excuse if checked.)

- LEA Representative Special Education Provider of the Student General Education Teacher of the Student
- Individual who can Interpret Evaluation Results (may be a team member)

Other participants expected to attend the meeting:

In the boxes below, list the names and positions of the participants invited by WCPSS. Do not list participants invited by the parent. If you are inviting an agency representative, you must have written permission from the parent.

Name/Position:	Name/Position:
Name/Position:	Name/Position:
Name/Position:	Name/Position:

This information must match the participants listed on the student's invitation. If meeting participants are different from those listed in the boxes above, there must be documentation (in the IEP meeting minutes) of the parent agreeing to allow the WCPSS substitutions for the meeting. Give related service providers ample notice of the meeting.

The meeting is scheduled for (date) ____ / ____ / ____, at (time) ____, (place) ____ If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) ____ or email _____. At this meeting, you are entitled to all the due process parental rights described in the Handbook on Parents' Rights.

If the meeting date or time changes **or** the location changes to a place that is not on the school's campus, a new invitation must be created and sent/given to the parent. Do not merely cross out the old information. It is imperative that parents receive adequate prior **written** notice of the meeting.

Sincerely,
(Name, Title, School)

Parent /Guardian Response to Invitation:

Please respond to this notice by checking the appropriate option below and return one copy of this form as soon as possible.

If the LEA has documented notice that the parent(s) will attend the meeting and the parent cancels on the day of the meeting, or does not attend, the LEA may conduct the meeting as scheduled.

- I will attend the meeting as scheduled.
- I will participate in this IEP team meeting by telephone conference.** I can be reached at the following phone number on the date/time mentioned above: () _____
- I cannot attend the meeting at this time. Please contact me to arrange another time. Phone : () _____

I acknowledge the receipt of the Handbook on Parents' Rights (due process procedures). Yes No

We are required to provide a copy of the Handbook on Parents' Rights upon initial referral or parental request for evaluation; upon the first occurrence of the filing of a petition for due process hearing and a request for state complaint investigation; upon request by a parent; upon disciplinary actions resulting in a change of program; and upon the release of a new version of the Handbook on Parents' Rights. **Otherwise, we are only required to provide one once a year. This can be documented by the parent checking yes here.**

Parent/Guardian Signature: _____ Date: _____

*******PLEASE RETURN THIS FORM TO THE SCHOOL*******

2nd Notice ____/____/____ Type of Notice: ____ Date Received: ____/____/____

If the LEA has documentation that the parent(s) indicate they will be in attendance, a second notice is not required.

3rd Notice ____/____/____ Type of Notice: ____ Date Received: ____/____/____



REQUEST FOR EXCUSAL

KEEP THE ORIGINAL AND SEND TWO COPIES

Dear _____

Date: ____ / ____ / ____

Re: _____

Pending your written approval for the IEP meeting scheduled on ____ / ____ / ____.

Written input provided to all IEP Team members, including parents and students age 18 and older, must be received prior to the meeting. It is the responsibility of the LEA to maintain documentation that all team members received written input prior to the meeting. Written input must be dated and maintained in the student's confidential record.

The following required member(s) of the IEP team **will not attend the meeting**; however, they **will participate by providing written input to all team members prior to the meeting.**

- Special Education Teacher of the Child
- Regular Education Teacher of the Child
- Individual who can interpret the Evaluation Results

The following required member(s) of the IEP team **will not attend the meeting because their curriculum area is not being discussed.**

- Special Education Teacher of the Child
- Regular Education Teacher of the Child
- Individual who can interpret the Evaluation Results

If this notification is not returned, or returned with neither option checked, the meeting will occur with all team members in attendance.

Parent/Guardian/Student aged 18 or older

- I consent to excuse the IEP team member(s) as described above.
- I do not consent to excuse the IEP team member(s) as described above. I request all required members of the IEP team be in attendance.

Parent/Guardian/Student aged 18 or older Signature:

Date: ____ / ____ / ____

Please sign and return one copy of this form with the Invitation to Conference prior to the meeting.

KEEP THE ORIGINAL AND SEND TWO COPIES

INVITATION TO CONFERENCE FOR STUDENTS AT AGE 18 OR OLDER

KEEP THE ORIGINAL AND SEND TWO COPIES

Dear _____:

Date: ____ / ____ / ____

Individuals responsible for issuing the invitation to the student need to ensure the student understands, to the best of his/her ability, what the form means.

Parents of students, age 18 or older, are required to be notified of the IEP meeting. In other words, the parents must be sent a copy of the Invitation.

Participation in meetings may be through alternative means. (Example: phone conference)

Please include the full name of the student below.

For you to receive the education you need, it is important that you and the school work together. We are requesting that you attend a conference to discuss your special needs. You may also bring another person(s) who has knowledge or special expertise about you. Although it is not required for you to notify the school of additional participants, it is helpful in making appropriate arrangements. Your parent/s will be notified of this meeting.

The purpose of this meeting is to: (Check all that apply)

Checking the following boxes informs the student of the items that may be discussed at the IEP meeting. If not checked, the IEP team must request and document the student's permission to discuss the topic at the meeting.

- Discuss special education referral for initial evaluation or reevaluation determination.
- Discuss evaluation results to determine if you are to continue to be eligible for special education and related services.
- Discuss and/or develop, review, and/or revise your IEP and /or educational placement.
- Other: _____

The following required members of the IEP team are expected to attend the meeting: (Attach Request to Excuse if checked.)

In the section below, you are informing the parents of the meeting participants. The required members of the IEP team are listed as position only (LEA, special ed provider, general ed teacher, individual to interpret results) If you are requesting to excuse a required member, check the box and attach the request to excuse form. The LEA Rep. is never excused.

- LEA Representative Special Education Provider of the Student General Education Teacher of the Student
- Individual who can Interpret Evaluation Results

Other participants expected to attend the meeting:

In the boxes below, list the names and positions of the participants invited by WCPSS. Do not list participants invited by the parent. If you are inviting an agency representative, you must have written permission from the parent.

Name/Position:		Name/Position:	
Name/Position:		Name/Position:	
Name/Position:		Name/Position:	

If meeting participants are different from those listed in the boxes above, there must be documentation (in the IEP meeting minutes) of the parent agreeing to allow the WCPSS substitutions for the meeting. Give related service providers ample notice of the meeting.

The meeting is scheduled for (date) ____ / ____ / ____, at (time) ____, (place) _____. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) _____ or email _____. At this meeting, you are entitled to all the due process parental rights described in the Handbook on Parents' Rights.

If the meeting date or time changes **or** the location changes to a place that is not on the school's campus, a new invitation must be created and sent/given to the parent. Do not merely cross out the old information. It is imperative that parents receive adequate prior **written** notice of the meeting.

Sincerely,
(Name, Title, School)



Student Response to Invitation:

Please respond to this notice by checking the appropriate option below and return one copy of this form prior to the meeting.

- I will attend the meeting as scheduled.
- I will participate in this IEP team meeting by telephone conference.** I can be reached at the following phone number on the date/time mentioned above: () _____
- I cannot attend the meeting at this time. **Please contact me to arrange another time.**
Phone: () _____

If the LEA has documented notice that the student (age 18 or older) will attend the meeting, and the student cancels on the day of the meeting, or does not attend, the LEA may conduct the meeting as scheduled.

I acknowledge the receipt of the Handbook on Parents' Rights (due process procedures). Yes No

We are required to provide a copy of the Handbook on Parents' Rights upon initial referral or parental (in this case, student) request for evaluation; upon the first occurrence of the filing of a petition for due process hearing and a request for state complaint investigation; upon request by a parent (or student – 18 or older); upon disciplinary actions resulting in a change of program; and upon the release of a new version of the Handbook on Parents' Rights. **Otherwise, we are only required to provide one once a year. This can be documented by the student checking yes here.**

Student Signature: _____ **Date:** _____

*******PLEASE RETURN THIS FORM TO THE SCHOOL*******

2nd Notice ____/____/____ **Type of Notice:** ____ **Date Received:** ____/____/____

3rd Notice ____/____/____ **Type of Notice:** ____ **Date Received:** ____/____/____

KEEP THE ORIGINAL AND SEND TWO COPIES



INVITATION TO CONFERENCE FOR STUDENTS PRIOR TO AGE 18

Individuals responsible for issuing the invitation to the student need to ensure the student understands, to the best of his/her ability, what the form means.

Alternative means to allow for participation may be provided. (example: phone conference)

Please include the full name of the student below.

Dear _____:

Date: ____ / ____ / ____

You are invited to come to a meeting to develop, review and, as appropriate, revise your Individualized Education program (IEP). This meeting is about planning your future. You are the key person in this planning, so it is very important that you attend. We will discuss transition services at this meeting. The IEP will be written to help you reach your personal goals for what you want to do after you finish high school.

At this meeting you will have a chance to:

- Share your preferences, needs, and interests; and
Discuss where you would like to work, live, and/or continue your education.

Then, together all members of your IEP team may:

- Discuss your strengths and areas for growth;
Develop a plan for the coming year;
Outline members' roles and responsibilities to help you prepare for adult life; and
Discuss transfer of parental rights (inform student one (1) year prior to the 18th birthday).

The meeting is scheduled for (date) ____ / ____ / ____, at (time) ____, in (place) ____.

Your parent(s) have been invited to this meeting. If you have any questions about this letter or the meeting, please see me.

The following required members of the IEP team are expected to attend the meeting: (If checked an excusal has been requested.)

Table with 4 columns: LEA Representative, Name/Position, This information must match the participants listed on the parents' invitation., and a blank column. Rows include Special Education Teacher of the Student, Regular Education Teacher of the Student, and Individual who can Interpret Evaluation Results (may be a team member).

Please sign this form and return it to me before the meeting.

Keep this document in the file

Sincerely,

Special Education Teacher

- I will attend the meeting.
I will not attend the meeting.

Student Signature: _____

Date: ____ / ____ / ____



Student: _____ Grade: _____ School: _____

This form documents initial referral for the determination of special education evaluation

DOB: ____/____/____ Gender: _____ Ethnicity: _____ NCWISE#: _____

Parent/Guardian: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Student's Teacher(s): _____

Is this student transferring from another state with a current IEP? Yes No

Out of state transfers require a review of existing data to determine what, if any, additional information is needed to determine eligibility in N.C. This is considered an initial evaluation for purposes of determining eligibility and placement. Until this the eligibility process is complete, the LEA must provide comparable services in accordance with IDEA. The LEA has a responsibility to expedite this process for out of state transfer students.

If the vision and hearing data is not current and relevant (within 3 years), you will need to update during the testing process

Vision Screening Date: _____ Pass Fail Far R 20/____ L 20/____ Near R 20/____ L 20/____

Hearing Screening Date: _____ Pass Fail _____ dB (Intensity Level) _____ Hz (Frequencies)

Comment: _____

I. DISCUSSION OF STUDENT'S STRENGTHS (Must address all areas.)

- A. Describe student's academic and functional skill strengths (reading, math, written language, daily living activities). _____
B. Describe student's behavioral/social skill strengths. _____
C. Describe student's study/work skill strengths. _____
D. Describe student's communication skill strengths. _____
E. Describe student's motor skill strengths (gross/fine motor). _____

In responding to items A-E, review formal and informal assessment results, documentation gleaned from the Intervention Alignment Process, and include parental input as a part of your review of existing data.



Student: _____ Grade: _____ School: _____

The section below is used to reflect what information is currently known about the student.

II. REASON(S) FOR REFERRAL/AREAS OF CONCERN

<p>Language Arts:</p> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Alphabetic Knowledge <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Vocabulary (Reading/Oral) <input type="checkbox"/> Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Mathematics:</p> <input type="checkbox"/> Basic Math Facts <input type="checkbox"/> Computation <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Word problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability/Data <input type="checkbox"/> Analysis <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Behavior/Social:</p> <input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input type="checkbox"/> Self-concept/Esteem <input type="checkbox"/> Peer or Adult Relationships <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Overactive <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Fearful/Anxious <input type="checkbox"/> Ritualistic Behaviors <input type="checkbox"/> Self-destructive <input type="checkbox"/> Overly Sensitive/Cries Easily <input type="checkbox"/> Poor Social Boundaries <input type="checkbox"/> Other: _____
<p>Health/Medical:</p> <input type="checkbox"/> Visual Acuity <input type="checkbox"/> Hearing <input type="checkbox"/> Seizures <input type="checkbox"/> Overweight/Underweight <input type="checkbox"/> Tired/Listless <input type="checkbox"/> Frequently Gets Hurt <input type="checkbox"/> Diagnosed Medical Condition <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Physical Complaints: <input type="checkbox"/> Diagnosed Mental Health Condition: _____ <input type="checkbox"/> Other: _____	<p>Communication:</p> <input type="checkbox"/> Expressive Language <input type="checkbox"/> Receptive Language <input type="checkbox"/> Non-verbal <input type="checkbox"/> Articulation <input type="checkbox"/> Voice Problems <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Motor:</p> <input type="checkbox"/> Copying <input type="checkbox"/> Handwriting <input type="checkbox"/> Walking/Running <input type="checkbox"/> Throwing/Catching <input type="checkbox"/> Fine Motor Coordination <input type="checkbox"/> Gross Motor Coordination <input type="checkbox"/> Moving from sitting to standing <input type="checkbox"/> Moving from standing to sitting <input type="checkbox"/> Transition from class to class <input type="checkbox"/> Frequent falls <input type="checkbox"/> Concerns with child safety <input type="checkbox"/> Toilet transfer <input type="checkbox"/> Overall coordination <input type="checkbox"/> Other: _____
<p>Study/Work Skills</p> <input type="checkbox"/> Disorganized <input type="checkbox"/> Making Transitions <input type="checkbox"/> Avoids Difficult Tasks <input type="checkbox"/> Following Directions <input type="checkbox"/> Completing Tasks <input type="checkbox"/> Does not work independently <input type="checkbox"/> Remaining in seat <input type="checkbox"/> Attention Span/Concentration <input type="checkbox"/> Excessive Daydreaming <input type="checkbox"/> Turning in Assignments <input type="checkbox"/> Difficulty with Memory <input type="checkbox"/> Other: _____	<p>Daily Living Skills</p> <input type="checkbox"/> Toileting <input type="checkbox"/> Dressing Self <input type="checkbox"/> Feeding Self <input type="checkbox"/> Drinking from Cup <input type="checkbox"/> Communication Basic Wants/Needs <input type="checkbox"/> Safety (to self or others) <input type="checkbox"/> Understanding/Responding to Environmental Cues <input type="checkbox"/> Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Other Concerns: _____</p>

Person(s) Making Referral: _____ **Title:** _____

Document the person's name and **title**.



Student: _____

Grade: _____

School: _____

TO BE COMPLETED BY SCHOOL:

Date School Received Written Referral: ____ / ____ / ____



This date starts the 90 day timeline (calendar days)

III. REVIEW OF EXISTING DATA BY IEP TEAM MEMBERS

(Must address all areas A-F.) **You must address all areas A-F with a description.**

A. Describe the instructional practices and data-based documentation of research-based instruction/intervention with progress monitoring at specific intervals implemented to address area(s) of noted concern and state the outcomes. _____

What interventions were used and for how long? Include *specific results* gathered through progress monitoring.

B. Describe evaluation and/or information provided by the parent. _____

C. Describe results of local and state assessment data. _____

D. Describe observations by teachers, related service providers, administrators. _____

E. Describe information, if any, reviewed from other sources. _____

F. Summarize what was learned about the student from the review of existing data listed in A-E.

Do not merely restate the descriptions in A-E, but instead, provide a synthesis of the information gathered through the review of existing documentation to facilitate the team's determination in part IV.



Student: _____

Grade: _____

School: _____

IV. IEP TEAM DETERMINATION:

The IEP Team must check one of the following:

No evaluation will be conducted based on the review of existing information. The special education process ceases. Explain decision not to evaluate: _____
(Team completes Prior Written Notice & provides copy to parent along with the Handbook on Parents' Rights.)

Determine eligibility based solely on existing evaluation data made available to the IEP Team through the referral process. No additional data are being requested. (To use this option, existing data must consist of all components required for eligibility by North Carolina Policies Governing Services for Children with Disabilities. The Team completes summary of evaluations, eligibility worksheet(s), determination and proceeds as appropriate.) Provide parent with Handbook on Parents' Rights.

Conduct evaluation. What information is needed to determine if the student is or is not eligible for special education and related services? Specify what areas of information are needed: _____
(Obtain parent permission for evaluation and provide parent with Handbook on Parents' Rights. Eligibility determination, IEP (if eligible), and Placement determination must be made within 90 days of the date the school received the written referral. Complete compliance section below.)

V. IEP TEAM. The following were present and participated in the referral meeting. (Note any team member who used alternative means to participate.)

Signatures	Position	Date

NOTICE OF PROCEDURAL COMPLIANCE TO BE COMPLETED BY SCHOOL:

Based on receipt of written referral, the ninety-calendar-day timeline for placement determination is

____ / ____ / ____.

Copy given/sent to parent(s) ____ / ____ / ____

← To determine how long the IEP team has to complete the eligibility process, add 90 calendar days to the date the school received the written referral and write the answer here.

Student: _____

DOB: ___/___/___

This form documents initial referral for the determination of special education evaluation

NCWise # _____ Age: _____ Gender: _____ Ethnicity: _____

School: _____

Parent/Guardian: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Student's Teacher(s): _____

Is this student transferring from another state with a current IEP? Yes No

Out of state transfers require a review of existing data to determine what, if any, additional information is needed to determine eligibility in N.C. This is considered an initial evaluation for purposes of determining eligibility and placement. Until this the eligibility process is complete, the LEA must provide comparable services in accordance with IDEA. The LEA has a responsibility to expedite this process for out of state transfer students.

If the vision and hearing data is not current and relevant (consider the age of the child at the last vision screening), you will need to update during the testing process

Vision Screening Date: _____ Pass Fail Far R 20/____ L 20/____
Near R 20/____ L 20/____

Hearing Screening Date: _____ Pass Fail _____ dB (Intensity Level)
_____ Hz (Frequencies)

Comment: _____

I. DISCUSSION OF STUDENT'S STRENGTHS (Check all items that apply to your child or write a narrative statement summarizing your child's strengths in each area indicated below.)

A. Describe student's academic and functional skill strengths (reading, math, written language, daily living activities).

- Recognizes environmental print (e.g. McDonalds, Wal-Mart signs)
- Understands beginning number concepts (e.g. count to 10, one-to-one correspondence)
- Understands beginning letter concepts (e.g. identifies some letters in name)
- Matches colors, shapes, etc.
- Enthusiastic about learning
- Likes books
- Understands directional/positional concepts (e.g. in, on, off, out, beside)

Student: _____

DOB: ___/___/___

- Identifies basic colors (e.g. can point to a color you name, can name a color you point to)
- Uses imaginative play skills (e.g. cooking in play kitchen, feeding babies/stuffed animals/family Members)

Narrative summary of child's academic and functional strengths: _____

B. Describe student's behavioral/social skill strengths.

- | | |
|--|--|
| <input type="checkbox"/> Persistent with tasks | <input type="checkbox"/> Accepts redirection |
| <input type="checkbox"/> Happy, easy going | <input type="checkbox"/> Courteous, respectful |
| <input type="checkbox"/> Age appropriate attention span | <input type="checkbox"/> Makes transitions easily |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Follows instructions easily |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Works/plays well independently | <input type="checkbox"/> Appears self confident |
| <input type="checkbox"/> Takes turns and shares | <input type="checkbox"/> Participates well in groups |
| <input type="checkbox"/> Socially interactive with peers | <input type="checkbox"/> Plays alongside peers |
| <input type="checkbox"/> Follows established routines | |

Narrative summary of your child's social/behavioral strengths: _____

C. Describe student's independence/self-help skill strengths.

- | | |
|--|---|
| <input type="checkbox"/> Dresses self | <input type="checkbox"/> Follows toileting routines |
| <input type="checkbox"/> Toilet trained | <input type="checkbox"/> Feeds self |
| <input type="checkbox"/> Uses utensils when eating | <input type="checkbox"/> Drinks from a cup |
| <input type="checkbox"/> Healthy | |

Narrative summary of your child's independence/self-help strengths: _____

D. Describe student's communication skill strengths.

- | | |
|---|--|
| <input type="checkbox"/> Age appropriate vocabulary | <input type="checkbox"/> Speech easily understood |
| <input type="checkbox"/> Uses language functionally | <input type="checkbox"/> Age appropriate expressive skills |
| <input type="checkbox"/> Understands language | |

Narrative summary of your child's communication strengths: _____

E. Describe student's motor skill strengths (gross/fine motor).

- | | |
|---|---|
| <input type="checkbox"/> Likes to "write"/draw | <input type="checkbox"/> Uses writing tools appropriately |
| <input type="checkbox"/> Demonstrates prewriting skills | <input type="checkbox"/> Emerging scissor use |
| <input type="checkbox"/> Walks or runs without falling | <input type="checkbox"/> Well coordinated |

Student: _____

DOB: ___/___/___

Uses steps safely

Other (specify): _____

Narrative summary of your child's motor strengths: _____

Previous Early Intervention Services (EI):

Is this student currently transitioning from Part C-Infant/Toddler Program? Yes No

Date transition meeting from Part C-Infant/Toddler Program was held: ___/___/___

Who referred the child for EI services? _____

Date child started receiving EI services/child service coordination: ___/___/___

Age at which child started receiving EI services/child service coordination: _____

Age at which child stopped receiving EI services/child service coordination: _____

Frequency of EI services: _____

The student:

Has a current Individualized Family Service Plan (IFSP).
Intervention goals include: (check all that apply)

Cognitive

Adaptive

Communication

Fine Motor

Social/Emotional

Gross Motor

Behavior

Family Issues

Issues: _____

Receives EI special instruction: (check all that apply)

Speech/Language Therapy: Frequency: _____ Service Provider/Agency: _____

Occupational Therapy: Frequency: _____ Service Provider/Agency: _____

Physical Therapy: Frequency: _____ Service Provider/Agency: _____

Developmental Instruction: Frequency: _____ Service Provider/Agency: _____

Describe the progress the child has made on his/her IFSP goals: _____

Student: _____

DOB: ___/___/___

REASON(S) FOR REFERRAL/AREAS OF CONCERN

Learning/Behavioral

- | | |
|--|--|
| <input type="checkbox"/> Difficulty remembering facts, details | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Asks for help too quickly | <input type="checkbox"/> Repeats same problem solving strategy, even when unsuccessful |
| <input type="checkbox"/> Short attention span for age | <input type="checkbox"/> Will not attempt difficult tasks |
| <input type="checkbox"/> Quickly abandons playing with toys | <input type="checkbox"/> Difficulty making transitions from one activity to another |
| <input type="checkbox"/> Difficulty following directions | <input type="checkbox"/> Fearful of new situations |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Physically aggressive with others | <input type="checkbox"/> Consistent inappropriate emotional reactions to situations/people |
| <input type="checkbox"/> Appears withdrawn | <input type="checkbox"/> Plays poorly with others (explain) _____ |
| <input type="checkbox"/> Temper tantrums (describe) _____ | <input type="checkbox"/> Requires constant supervision |
| <input type="checkbox"/> Fights and/or bites | <input type="checkbox"/> Talks excessively, attention seeking |
| <input type="checkbox"/> Provokes/aggravates others/defiant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Takes inappropriate risks | |
| <input type="checkbox"/> Talks about hurting self or others | |
| <input type="checkbox"/> Repeats same behavior over and over (explain) _____ | |

Communication

- | | |
|--|--|
| <input type="checkbox"/> Difficulty using spoken language | <input type="checkbox"/> Difficulty understanding language of others |
| <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Is not understood by unfamiliar listener |
| <input type="checkbox"/> Unable to communicate basic wants/needs | <input type="checkbox"/> Is not understood by familiar listener |
| <input type="checkbox"/> Speech is choppy, stuttering | <input type="checkbox"/> Slow, labored speech |
| <input type="checkbox"/> Has a vocabulary of less than 50 words | <input type="checkbox"/> Drools constantly |
| <input type="checkbox"/> Difficult eating certain foods (list foods) _____ | <input type="checkbox"/> Frequently chokes on liquids, food |
| | <input type="checkbox"/> Frequent middle ear infections |

Physical/Sensory

- | | |
|---|--|
| <input type="checkbox"/> Lacks age appropriate self-care (feeding, dressing/undressing, toileting, bathing) | <input type="checkbox"/> Lacks age appropriate visual-motor skill |
| <input type="checkbox"/> Lacks age appropriate gross motor skills | <input type="checkbox"/> Lacks physical mobility at home/school |
| <input type="checkbox"/> Falls down easily, hurts self frequently | <input type="checkbox"/> Has seizures/epilepsy |
| <input type="checkbox"/> Primary mode of communication (check):
<input type="checkbox"/> Signing <input type="checkbox"/> cueing <input type="checkbox"/> auditory-oral/verbal | <input type="checkbox"/> Cochlear implants:
Date of implantation: ___ / ___ / ___ |
| <input type="checkbox"/> Overreacts to typical sights, sounds, tastes, textures | <input type="checkbox"/> Currently takes medication: _____ |
| <input type="checkbox"/> Impaired vision (explain) _____
Date of last Ophthalmological exam: ___ / ___ / ___ | |
| <input type="checkbox"/> Impaired hearing (explain) _____
Date of last Audiological exam: ___ / ___ / ___ | |
| <input type="checkbox"/> Date of last Otological exam: ___ / ___ / ___ | |
| <input type="checkbox"/> Has a G-tube | |

Person(s) Making Referral: _____

Title: _____

Student: _____

DOB: ___/___/___

Date School Received Written Referral: ___ / ___ / ___ ←

This date starts the 90 day timeline (calendar days)

III. REVIEW OF EXISTING DATA BY IEP TEAM MEMBERS
(Must address all areas A-F.)

You must address all areas A-F with a description.

A. Describe the instructional practices and data-based documentation of research-based instruction/intervention with progress monitoring at specific intervals implemented to address area(s) of noted concern and state the outcomes. _____

What interventions were used and for how long? Include *specific results* gathered through progress monitoring.

B. Describe evaluation and/or information provided by the parent. _____

C. Describe results of local and state assessment data. _____

D. Describe observations by teachers, related service providers, administrators. _____

E. Describe information, if any, reviewed from other sources. _____

F. Summarize what was learned about the student from the review of existing data listed in A-E.

Do not merely restate the descriptions in A-E, but instead, provide a synthesis of the information gathered through the review of existing documentation to facilitate the team's determination in part IV.

Student: _____

DOB: ___/___/___

IV. IEP TEAM DETERMINATION:

The IEP Team must check one of the following:

No evaluation will be conducted based on the review of existing information. The special education process ceases. **Explain decision not to evaluate:** _____
(Team completes Prior Written Notice & provides copy to parent along with the Handbook on Parents' Rights.)

Determine eligibility based solely on existing evaluation data made available to the IEP Team through the referral process. No additional data are being requested. **(For preschool students consider current IFSP.)**
(To use this option, existing data must consist of all components required for eligibility by North Carolina Policies Governing Services for Children with Disabilities. The Team completes summary of evaluations, eligibility worksheet(s), determination and proceeds as appropriate.) Provide parent with Handbook on Parents' Rights.

Conduct evaluation. What information is needed to determine if the student is or is not eligible for special education and related services? **Specify what areas of information are needed:** _____
(Obtain parent permission for evaluation and provide parent with Handbook on Parents' Rights. Eligibility determination, IEP (if eligible), and placement determination must be made within 90 days of the date that the school received the written referral. Complete compliance section below.)

V. IEP TEAM. The following were present and participated in the referral meeting.
(Note any team member who used alternative means to participate.)

<u>Signatures</u>	<u>Position</u>	<u>Date</u>

NOTICE OF PROCEDURAL COMPLIANCE TO BE COMPLETED BY SCHOOL:

Based on receipt of written referral, the ninety-calendar-day timeline for placement determination is

___/___/___.

Copy given/sent to parent(s) ___/___/___

← To determine how long the IEP team has to complete the eligibility process, add 90 calendar days to the date the school received the written referral and write the answer here.

Check Purpose: Initial Reevaluation

PARENT/GUARDIAN/STUDENT AT AGE OF MAJORITY CONSENT FOR EVALUATION / REEVALUATION

Student: _____ Grade: _____ School: _____

Dear: _____

The IEP team has recognized the need for gathering more information about your child. The proposed screening(s) and evaluation(s) administered by qualified personnel will include the use of assessment instruments in the areas checked below to help identify strengths, areas of concern and to determine the existence of a disability. Each LEA must conduct a full and individualized initial evaluation before the initial provision of special education and related services to a child with a disability.

- Informed consent must be provided by parents for each proposed area of evaluation.
- See the **Required Components Checklist** for a complete listing of required screenings and evaluations for each eligibility category.
- IEP teams are obligated to conduct screenings and evaluations to address all areas of need regardless of the suspected disability.
- All areas of need identified on the DEC 1 or DEC 7 must be included in the assessment measures checked below.
- In the event the IEP team determines during the evaluation process that other evaluations are needed, another DEC 2 must be obtained. The team decision and consent may occur without a meeting.

AREA

- Physical Health
- Educational
- Psychological
 - Intellectual Assessment
- Social Appraisal
- Speech/Language
- Motor
- Adaptive Behavior
- Vocational Evaluation
- Other _____

INFORMATION

- Vision, hearing, medical screening/evaluation.
- A variety of assessments measuring academic achievement and special abilities.
- A battery of tests and testing procedures measuring mental ability, behavioral/emotional skills, perceptual development, and processing development.
- An intellectual assessment may or may not yield an intellectual quotient (IQ) score.
- Developmental history, social, personal, and behavioral.
- Understanding and using spoken language or using other modes of communication screening/evaluation.
- Visual motor integration, eye/hand coordination, fine and gross motor.
- Functional behavior that is needed to meet the natural and social demands in one's environment, including daily living and self-help skills.
- A comprehensive process involving an interdisciplinary team approach in assessing an individual's vocational potential, training, and work placement needs.

PARENT/GUARDIAN CONSENT

The results of these evaluations will be shared with you. You are entitled to a copy of the evaluation report(s). Please sign A or B and return to: _____ (Name) _____ (Position)

A. YES, I give my permission for my child to receive evaluation or reevaluation services. I have received the Handbook on Parents' Rights that explains due process procedures.

_____/_____/_____
Signature Date

B. No, I do not give my permission for my child to receive evaluation or reevaluation services. I have received the Handbook on Parents' Rights that explains due process procedures.

_____/_____/_____
Signature Date

This is the final action (decision) of the local education agency. If you disagree, you, as the parent or adult student, are entitled to the due process rights that are described in your Handbook on Parents' Rights (www.ncpublicschool.org/ec/policy/resources/rights). The deadline for filing a due process hearing is one year (1 year) from receipt of this notice.

If you do not have a copy of the Handbook on Parents' Rights or would like another one, please contact your school principal or call the office of Special Education Services (858-3151). An administrator within Special Education Services can also help you understand your rights if you have any questions, or you can call the Exceptional Children's Assistance Center (1-800-962-6817). Please save this notice for your records.

Check to ensure the parent signed in the space he/she intended. We are required to provide a copy of the Handbook on Parents' Rights upon initial referral or parental request for evaluation; upon the first occurrence of the filing of a petition for due process hearing and a request for a state complaint investigation; upon request by a parent; upon disciplinary actions resulting in a change of program; and upon the release of a new version of the Handbook on Parents' Rights.

COPY GIVEN/SENT TO PARENT(S): _____ / _____ / _____



Summary of Evaluations/Eligibility Worksheet

Student: _____
School: _____

NCWISE #: _____ DOB: ____/____/____
Grade: _____

Refer to the Required Components Checklist to ensure that you have completed all necessary assessments.

All information used to determine eligibility must be current and relevant data completed no more than three years prior to the DEC 5 eligibility date. Both formal and informal assessments must be summarized on this form.

Complete the selected evaluation information including the date, name of the assessment and the results. You may use additional pages or attach reports to this form.

Date	Instrument	Summary of Required Screening and Evaluations
____/____/____	Vision Screening: (AU,Df,DD,ED,HI,ID,SLD,MU,OHI,OI,TBI)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail Far R 20/____ L 20/ Near R 20/____ L 20/
____/____/____	Hearing Screening: (AU,DD,ED,ID,SLD,MU,OHI,OI,SI,TBI,VI)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail dB (Intensity Level) Hz (Freq.)
____/____/____	Social/Developmental History: (all)	
____/____/____	Health Screening: (DD,ID)	
____/____/____	Speech/Language Screening: (DD,ID,SLD,SI,TBI)	
____/____/____	Research based interventions to address academic and/or functional skill deficiencies and documentation of the results of the interventions (ED,ID,SLD,MU,OHI,TBI)	
____/____/____	Summary of conferences with parent(s) or documentation of attempts to conference: (all)	
____/____/____	Review of Existing Data: (ED,ID,SLD,TBI)	
____/____/____	Academic/Functional/Behavioral Skills observations across settings: (all)	
____/____/____	Educational Evaluation: (all)	
____/____/____	Psychological Evaluation: (AU,DB,DD,ED,ID,SLD, MU,TBI)	
____/____/____	Medical Evaluation: (DB, MU, OHI, OI, TBI)	
____/____/____	Behavioral/Emotional Evaluation: (ED)	

These disability areas require the above assessment in order to determine initial eligibility in that area or when changing from one disability to another.

Results must be written in "parent-friendly" terms.

The required evaluations for each area of eligibility are listed in the NCDPI Procedures Governing Programs for Exceptional Children.



*****Eligibility Areas*****

AU – Autism Spectrum Disorder, **DB** – Deaf/Blindness, **Df** – Deaf, **DD** – Developmental Delay, **ED** – Serious Emotional Disability, **HI** – Hearing Impairment, **ID** – Intellectual Disability, **SLD** – Specific Learning Disability, **MU** – Multiple Disabilities, **OHI** – Other Health Impairment, **OI** – Orthopedic Impairment, **SI** – Speech/Language Impairment, **TBI** – Traumatic Brain Injury, **VI** – Visual Impairment



Summary of Evaluations/Eligibility Worksheet

Student: _____
School: _____

NCWISE #: _____ DOB: ____/____/____
Grade: _____

Refer to the Required Components Checklist to ensure that you have completed all necessary assessments.

Date	Instrument	Summary of Required Screening and Evaluations
____/____/____	Motor Screening: (Df,DB,DD,ID)	_____
____/____/____	Motor Evaluation: (MU, OI, TBI)	_____
____/____/____	Speech/Language Evaluation: (AU,MU, SI)	_____
____/____/____	Communication Evaluation: (Df,DB,ED,HI)	_____
____/____/____	Adaptive Behavior Evaluation: (AU,DB,DD,ID, MU)	_____
____/____/____	Autism Behavior Assessment: (AU)	_____
____/____/____	Audiological Evaluation: (Df, DB, HI)	_____
____/____/____	Otological Evaluation: (Df, DB, HI)	_____
____/____/____	Ophthalmological or Optometric evaluation: (DB, VI)	_____
____/____/____	Functional Vision Assessment and Braille Skills Inventory media Assessment: (VI)	_____
____/____/____	Other: _____	_____

Results must be written in "parent-friendly" terms.

Complete the selected evaluation information including the date, name of the assessment and the results. You may use additional pages or attach reports to this form.

As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?


Strengths: _____

Needs: _____

Utilizing the information gathered during the evaluation process, summarize the student's strengths and needs.

All information used to determine eligibility must be current and relevant data completed no more than three years prior to the DEC 5 eligibility date. Both formal and informal assessments must be summarized on this form.

******Eligibility Areas******

 **AU** – Autism Spectrum Disorder, **DB** – Deaf/Blindness, **Df** – Deaf, **DD** – Developmental Delay, **ED** – Serious Emotional Disability, **HI** – Hearing Impairment, **ID** – Intellectual Disability, **SLD** – Specific Learning Disability, **MU** – Multiple Disabilities, **OHI** – Other Health Impairment, **OI** – Orthopedic Impairment, **SI** – Speech/Language Impairment, **TBI** – Traumatic Brain Injury, **VI** – Visual Impairment



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

GENERAL DIRECTIONS FOR DEC 3 ELIGIBILITY WORKSHEETS

Documentation of impairment

Documenting the disability a requirement of *North Carolina Policies Governing Services for Children with Disabilities*. **There are specific criteria for each disability category; therefore, this section is included on each eligibility worksheet and will vary depending on the disability.** Directions for completing this section will also vary, as teams may simply be required to “check” items or could be required to provide general statements, summarizing the requested information. Answer the questions thoroughly and use all required screening and evaluation information including a discussion of the student’s strengths and needs.

What is the adverse effect on educational performance?

Adverse effect on educational performance includes both academic and functional levels of performance. Information gathered here, based upon the unique needs of the student, including how he/she learns and demonstrates his/her knowledge, will guide the team in the development of an appropriate present level of performance, should the student be determined eligible.

The team should consider the student’s response to interventions and progress made during the intervention process. Academic levels of performance may include how the student is performing compared to age/grade level standards in all academic areas. Functional levels of performance may include daily living, social, and behavior/emotional.

What evidence exists that the student requires specially designed instruction?

When ongoing evaluation of the problem indicates expected progress is not being made and services beyond general education are required, eligibility for special education should be considered. Specially designed instruction means adapting, as appropriate, to the needs of an eligible child, the content, methodology, or delivery of instruction.

Include a statement(s) that describes the interventions implemented and a review of existing data that documents a need for specially designed instruction.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

AUTISM SPECTRUM DISORDER ELIGIBILITY

Documentation of impairment in the following areas (MUST demonstrate impairment in at least three of four):

A. Communication: _____

B. Social Interaction: _____

C. Sensory Responses/Experiences: _____

D. Restricted, repetitive, or stereotypic patterns of behavior, interests, and/or activities:

What is the adverse effect on educational performance? _____

What evidence exists that the student requires specially designed instruction?

Autism, sometimes called autism spectrum disorder,

(i) Means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability, as described in paragraph (b)(5) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (i) of this section are satisfied.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____

NCWISE #: _____

DOB: ____/____/____

School: _____

Grade: _____

DEAFNESS/HI ELIGIBILITY

Documentation of impairment in the following area:

Hearing Loss:

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition deafness in this section.

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects the child’s educational performance.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.

(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

DEAF/BLINDNESS ELIGIBILITY

Documentation of impairment in the following areas (MUST address all three):

A. Visual impairment in combination with hearing impairment:

B. Severe communication, developmental and educational needs:

C. Needs cannot be met in a program designed solely for visually impaired or hearing impaired:

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Deaf-blindness means hearing and visual impairments that occur together, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

DEVELOPMENTAL DELAY ELIGIBILITY

Documentation of impairment with A and/or B:

A. Delayed/Atypical Development in one or more of the following areas: physical, cognitive, communication, social/emotional, or adaptive: (30% delay in an assessment that yields scores in months or 2 or more standard deviations below the mean on standardized tests in one area; or 25% delay in an assessment that yields scores in months or 1.5 or more standard deviations below the mean on standardized tests in two or more areas).

B. Delayed/Atypical behavior(s) that is so significantly inadequate or inappropriate that it interferes with the child’s ability to learn and/or cope with normal situational or environmental demands. Must be evidenced that the patterns of behavior occur in more than one setting over an extended period of time. List documentation required by North Carolina Regulations for specific age criteria.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Developmental delay means a child aged three through seven, whose developmental and/or behavior is delayed or atypical, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who, by reason of the delay, needs special education and related services.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

SERIOUS EMOTIONAL DISABILITY ELIGIBILITY

Documentation of impairment in one of the following areas:

A. An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors:

B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers:

C. Inappropriate types of behaviors or feelings under normal circumstances:

D. A general pervasive mood of unhappiness or depression:

E. A tendency to develop physical symptoms or fears associated with personal or school problems:

Serious emotional disability (hereafter referred to as emotional disability)
(i) means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
 (A) An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors.
 (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 (C) Inappropriate types of behavior or feelings under normal circumstances.
 (D) A general pervasive mood of unhappiness or depression.
 (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(ii) Serious emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

F. A diagnosis of schizophrenia:

Documentation that the above condition(s) have been exhibited over a long period of time and to a marked degree:

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

INTELLECTUAL DISABILITY ELIGIBILITY

Documentation of impairment in the following areas:

A. Intellectual functioning at one of the following levels on an individually administered standardized intelligence test:

a) Mild: two standard deviations below the mean plus or minus the standard error of measure:

b) Moderate: three standard deviations below the mean plus or minus the standard error of measure or:

c) Severe: four or more standard deviations below the mean plus or minus the standard error of measure:

B. Adaptive behavior deficits at or below: a) two standard deviations below the mean in one domain or b) one and one-half standard deviations below the mean in two or more domains.

To be determined eligible in the disability category of intellectual disability, a child must demonstrate both:

(A) Intellectual functioning well below the mean on an individually administered standardized intelligence test, and the standard error of measurement of that test shall be taken into account in the interpretation of the results. Measures below the mean are as follows:

a. Mild: Two standard deviations below the mean plus or minus one standard error of measure;

b. Moderate: Three standard deviations below the mean plus or minus one standard error of measure;

c. Severe: Four or more standard deviations below the mean plus or minus one standard error of measure.

(B) Adaptive behavior deficits at or below:

a. Two standard deviations below the mean in one domain, or

b. One and one-half standard deviations below the mean in two or more domains.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.

(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

MULTIPLE DISABILITIES

Documentation of impairment in the following area(s):

A. Two or more disabilities occurring together:

B. The combination of which is so severe, complex, and interwoven that identification in a single category of disability cannot be determined.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Multiple disabilities means two or more disabilities occurring together (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. **Multiple disabilities does not include deaf-blindness.**

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

OTHER HEALTH IMPAIRMENT ELIGIBILITY

Documentation of impairment in the following areas:

A chronic or acute health problem along with one or more of the following:

A. Limited strength:

B. Limited vitality:

Limited vitality refers to limited liveliness, limited physical or mental energy.

C. Limited alertness, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment:

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's Syndrome, etc.; and

(ii) Adversely affects a child's educational performance.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.

(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____ / ____ / ____
Grade: _____

ORTHOPEDIC IMPAIRMENT ELIGIBILITY

Documentation of impairment in the following area:

A severe physical impairment:

Orthopedic impairment means a severe physical impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures, etc.).

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

**SPECIFIC LEARNING DISABILITY: DISCREPANCY AND
ALTERNATIVE TO DISCREPANCY MODEL**

Document the characteristics the student displays of a specific learning disability consistent with the definition (A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the impaired ability to listen, think, speak, read, write, spell or to do mathematical calculations): _____

Discrepancy:

A. Inadequate achievement to meet age, or State-approved grade level standards as evidenced by a discrepancy between achievement (educational evaluation) and measured ability (intellectual evaluation) of at least 15 points in one or more of the following areas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency Skills |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematical Problem Solving | |

OR

A pattern of strengths and weaknesses in performance, achievement, or both relative to age, State approved grade-level standards, or intellectual development.

B. Insufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified above in (A) of this section when using a process based on the student’s response to scientific, research based interventions.

Alternative to Discrepancy:

A. **Document** that the assessment measures did not accurately reflect the discrepancy between achievement and ability: _____

B. **Document** the assessment measures used, the assessments results, the criteria applied to judge the importance of the difference between expected and current achievement: _____

Attach additional documentation gathered to support the Alternative to Discrepancy for (A) and (B) above and used in the determination of the presence of a substantial discrepancy in the student’s performance.



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

For either approach used above, **have the following factors been ruled out as the primary cause** of the disability: sensory or motor deficits, intellectual or serious emotional disabilities, environmental, cultural, linguistic, or economic influences, or lack of instruction in reading or math?

YES NO

If “NO”, describe which factor(s) are the primary contributors to the academic delay.

Note: The child cannot be considered eligible as SLD primary if the response is “NO”.

What is the adverse effect on educational performance? (Include a statement of the relationship of the behavior noted during the observation to the student’s academic functioning. Also address the effect of any applicable educationally relevant medical findings.) _____

What evidence exists that the student requires specially designed instruction?

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

SPEECH/LANGUAGE IMPAIRED ELIGIBILITY

Documentation of impairment in the one or more of the following areas:

A. Articulation -- Two or more phonemic errors and/or phonological processes not expected at the child’s age of developmental level:

B. Fluency – Demonstration of non-fluent speech behavior:

C. Language – Standard scores on an evaluation instrument suggest a language disorder and/or non-standardized/informal assessment indicates that the child has difficulty understanding and/or expressing ideas and/or concepts (language): or

D. Voice – Demonstration of consistent deviations in vocal production that are inappropriate for chronological/mental age, gender, and ability.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

If the only service required by the child is speech language, it is considered special education rather than a related service and the child would be determined to be a child with a disability.

Speech or language impairment means-

- (i) A communication disorder, such as an impairment in fluency, articulation, language, or voice/resonance, that adversely affects a child's educational performance.
- (ii) Language may include function of language (pragmatic), the content of language (semantic), and the form of language (phonologic, morphologic, and syntactic systems).
- (iii) A speech or language impairment may result in a primary disability or it may be secondary to other disabilities.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.

(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____
Grade: _____

TRAUMATIC BRAIN INJURY ELIGIBILITY

Documentation of impairment in the following area:

Written verification of traumatic brain injury (e.g., that the child has sustained an injury from which brain injury can be inferred) by a licensed physician or licensed psychologist (appropriately practicing in the specialty of neuropsychology.) No time limits exist for written verification.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____
School: _____

NCWISE #: _____

DOB: ____ / ____ / ____
Grade: _____

VISUAL IMPAIRMENT ELIGIBILITY

Documentation of impairment in the one or more of the following areas:

A. Visual acuity between 20/70 and 20/200 in the better eye after correction:

B. Visual acuity of 20/200 or less in the better eye after correction or a peripheral field so contracted that the widest diameter subtends an **arc** no greater than 20 degrees to be considered legally blind.

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. A visual impairment is the result of a diagnosed ocular or cortical pathology.

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)



Student: _____

NCWISE #: _____

DOB: ____/____/____

School: _____

Grade: _____

Only one Eligibility Determination form is completed regardless of the number of Eligibility Worksheets the IEP team has completed.

Purpose: Initial Eligibility Reevaluation

ELIGIBILITY DETERMINATION

The IEP team has summarized **all required screening and evaluation information** including a discussion of the student's strengths and needs **on attached evaluation/eligibility worksheet(s)**.

Sources include information gathered during the referral process, reevaluation process, formal and informal assessments, records review, etc.

Based on information from a variety of sources that have been documented and carefully considered, **the IEP Team has determined:**

yes no The student meets criteria for one or more of the fourteen disabling conditions consistent with definitions described in *NC Policy 1500-2: (must attach individual eligibility worksheets)*.

Refer to the Summary of Evaluation & Eligibility Worksheet(s) in responding to the following statements. At the time of reevaluation, if no additional data was collected, refer to the review of existing data documented on the DEC 7 in responding to the following questions.

yes no The disability has an adverse effect on educational performance; and

yes no The disability requires specially designed instruction.

All three **must** be yes in order for the student to be eligible for special education and related services if required to benefit from special education.

The IEP team has also concluded:

yes no The determination **is not** the result of lack of appropriate instruction in reading, including the essential components of reading instruction. The term "essential components of reading instruction" means explicit and systematic instruction in: phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies.

yes no The determination **is not** the result of lack of appropriate instruction in math; and

yes no The determination **is not** the result of Limited English proficiency of the student.

All three **must** be yes in order for the student to be eligible for special education and related services if required to benefit from special education.

Eligibility determination must be made for the primary category of disability, and, as applicable, for the secondary category(s) of disability.

Related services are not disability categories and do not have specified eligibility criteria. **Speech or language impairment is one of the fourteen disability categories, but can also be a related service required for a student to benefit from special education.** The need for related services must be based on data and determined by the IEP team. (Why is this service needed or not needed for this student to benefit from special education?)

For a student who is already identified as a student with a disability, adding or discontinuing a related service will be done through the reevaluation process, which may or may not include formal assessment(s). The reevaluation process resets the date for the required reevaluation.



Student: _____
School: _____

NCWISE #: _____

DOB: ____/____/____

Grade: _____

At time of reevaluation:

If additional data was collected, attach individual eligibility worksheets in order to determine continued eligibility or when changing eligibility categories. During the reevaluation process, when additional data was collected, only *complete the eligibility worksheet sections that are applicable* and then complete this form followed by the DEC 4 (review/rewrite/sign) and DEC 5. **If no additional data was requested**, complete the justification statement on the DEC7, review/rewrite the IEP (sign), complete this form, and complete a DEC5.

Statement of Eligibility:

_____(Student Name)

is eligible for special education and related services if required to benefit from special education. He/she meets the eligibility criteria for _____(primary eligibility category) and _____(secondary eligibility category(s), if applicable).

(Attach individual eligibility worksheets for all identified areas of eligibility.) **If not applicable, write "n/a".**

is not eligible for special education and related services.

WCPSS REQUIRES IEP TEAM SIGNATURES and positions on this form.

IEP Team Signatures	Position ▼	Date of Mtg.	SLD Only Agree/Disagree*

*For SLD only. If an IEP Team member disagrees, he/she must submit a separate statement of their reason for disagreement.

Copy given/sent to parent(s): ____/____/____

Indicate whether the copy was sent or given to the parent(s) by circling the choice and document the date.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___
Student: _____ NCWISE #: _____ DOB: ___/___/___
School: _____ Grade: _____

- PURPOSE :**
- Initial
 - Reevaluation
 - Annual Review
 - Addendum
 - Transition Part C to B

Primary Area of Eligibility: _____ (as reported on Child Count)
Secondary Areas of Eligibility: _____
(Child must be assessed and have met eligibility criteria)

The “Student Profile” is a springboard for the development of the IEP.

Strengths should include attributes of the child that may go beyond the scope of academic/functional performance that will help facilitate planning appropriate instruction and enable the student to access and be successful in the general curriculum.

N/A should not be indicated when noting parental concerns below. Instead, note that the parent did not participate in the IEP or participated but indicated no concerns.

LEAs are not prohibited from inviting students to participate in the development of their IEP prior to their fourteenth birthday, recognizing that participation can occur in multiple ways.

Student Profile:

Student’s overall strengths: _____

Summarize assessment information (curriculum based measures, state and district assessments, etc) and review progress reports and current IEP/IFSP goals:

Parents’ concerns, if any, for enhancing the student’s education:

Consideration of Special Factors: (If you check yes, you must address in the IEP)

For all students who have identified special factors, consideration must be given to any service, intervention, device, accommodation and/or other program modification that may be needed in order for the student to receive FAPE

Does the student have behavior(s) that impede his/her learning or that of others? yes no

For any student whose behavior is impeding his/her learning, regardless of disability category, the IEP team must address the behavior either through an annual goal (what the student will learn), a behavior intervention plan (interventions/instruction adults provide on behalf of the student) or both.
Behavior Intervention Plans are part of the IEP.

Does the student have Limited English Proficiency? yes no

If the student is blind or partially sighted, will instruction in or use of Braille be needed? yes no N/A



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___
Student: _____ NCWISE #: _____ DOB: ___/___/___
School: _____ Grade: _____

Does the child have any special communication needs? yes no

Check "yes" for students who are speech primary or receive speech as a related service and any others who have special communication needs.

Is the student deaf or hard of hearing? yes no **If yes, has the IEP team considered:**

- The child's language and communication needs;
- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode;
- Academic level;
- Full range of needs, including opportunities for direct instruction in the child's language; and
- Communication mode.

Does the student require assistive technology devices and/or services? yes no
If yes, describe needs: _____

Does the student require specially designed physical education? yes no

If yes, a present level of performance, goals and short-term objectives/benchmarks (as required) must be developed in consultation with individual(s) knowledgeable of the physical education curriculum and the student's motor skills.

The student is age 14 or older or will be during the duration of the IEP? yes no
(If yes, proceed to DEC 4 IEP: Secondary Transition.)



Students with Disabilities, age 14 and older, are required to have a transition component to their IEP. Sections A and B of the component are required for students who are 14 and 15 years old. All sections of the component are required for students 16 years and older.

Duration of Special Education and Related Services: From: ___/___/___ To: ___/___/___
 Student: _____ DOB: ___/___/___
 School: _____ Grade: _____

IDEA requires students be informed that rights will transfer to them at age 18. This notice must be given at age 17. Checking "yes" below will meet this requirement. Check N/A if the statement does not apply.

Has the student been informed of his/her rights, if age 17 and older? Yes N/A

The following section provides information and documentation regarding who provided information and how it was collected. IEP teams are instructed to provide details, as requested.

Section A - Student Needs, Strengths, Preferences and Interests

The following people gave information about the student's needs, strengths, preferences and interests and course of study selection:

- Student
- Parent(s), Guardian(s) and Family Members
- Adult Service Agency Representatives (specify): _____
- School Staff
- Other (Explain): _____

Indicate which age appropriate transition assessments were conducted for the development of measurable postsecondary goals and transition activities and the date they were conducted:

INFORMAL ASSESSMENT(S):

- Interest and Skill Inventories _____
- Observations/Situational Assessments _____
- Rating Scales _____
- Interviews _____
- Other (Explain): _____

FORMAL ASSESSMENT(S):

- _____
- Other (Explain): _____

The following section is required for all students age 14 and up. Check one of the options below. If possible, the four-year plan for the student who is in high school should be examined and attached.

Section B – Course of Study (By age 14 and updated annually)

The student is following a course of study that leads to the high school diploma:

- _____ Future Ready Core Course of Study (effective with the 9th grade class of 2009/2010)
- _____ College/University Prep Course of Study*
- _____ College Tech Prep Course of Study*
- _____ Career Preparation Course of Study*
- (*Not applicable to students entering 9th grade beginning with the freshman class of 2009-2010.)
- _____ Occupational Course of Study

If the student is in middle school, do not complete the course of study for high school until 30 days prior to the end of the 8th grade school year.

The student is following extensions of the standard course of study and pursuing the graduation certificate _____.

The student is **in middle school** and is following the North Carolina Standard Course of Study _____; or the extensions of the North Carolina Standard Course of Study _____.

IDEA requires that students with disabilities have a measurable post-secondary goal in the areas of education/training and employment. The only optional post-secondary goal is independent living. The IEP team will determine if a goal to support independent living is appropriate. Post-secondary goals must be written for what the student will do after high school and should not reflect his/her current activities. Annual goals, based on the student's present level of performance should clearly be linked to his/her post-secondary goals. What skills will the student need in order to accomplish his/her post-secondary goals?

Section C – Postsecondary Goals (Beginning at age 16 and updated annually)

Indicate the student's measurable post-secondary goals in each of the following areas on an annual basis:

- Education/Training: _____ Education/Training Example: John will attend a job-training facility after high school.
- Employment: _____ Employment Example: Bill will obtain a job in the area of sports and recreation.
- Independent Living (if appropriate): _____ Independent Living Example: Sue will live with assistance in an apartment.



Duration of Special Education and Related Services: From: ____/____/____ To: ____/____/____
 Student: _____

This section is required for students who are 16 and older and can reflect activities that span multiple years.

Transition activities should be written to support the student's post-secondary goals and should answer the question, what things are necessary for the student to achieve his/her goals? The transition services/activities are the specific steps/strategies that focus on improving the academic/functional achievement of the child to facilitate his/her movement from school to post-school.

Transition activities may or may not be required for each transition area; however, teams are required to discuss each area and indicate in the space provided that an activity is not required.

It is important to remember that responsibilities for the activities can be assigned to individuals outside of the school (parents, student, outside agencies.)

Individuals listed as being responsible for transition activities must either be present at the IEP meeting or have given documented consent. The parent and/or student must give permission for community agencies to attend the IEP meeting prior to them being invited. Permission may be obtained by completing the release of information or through a signed statement from the parent and/or student. Agencies only have to be invited if there is an activity listed that requires their follow through.

Dates listed in this column may occur prior to the ending date of the IEP, but not after the ending date of the IEP

Section D – Transition Services (By age 16 and updated annually)

Transition Areas	Transition Activities	Responsible Person and/or Agency	Anticipated Completion Date
Instruction	(Examples: Self-Advocacy Training, Social Skills Training, Modified Blue Prints for CTE Courses, Modified/Alternative Assessments, Functional Life Skills Curriculum, & SCOS: the Standard Course of Study, which cannot stand alone. Specialized instruction must be included as it relates to transition.		
Related Services	Related services means developmental, corrective, and other supportive services as may be required to assist a child with a disability to benefit from special education. This does not include a medical device that is surgically implanted or the replacement of such a device. (Examples: OT, PT, Speech, Transportation)		
Community Experiences	This includes, but is not limited to: Community –based instruction, recreation/leisure activities, family activities in the community, explore/research/tour post-secondary settings, volunteer in community settings, community-based vocational training (CBVT), participation on sports teams, Special Olympics		
Employment	Examples include: exploring/participating in job shadowing activities, exploring internship options, visiting job link center, completing interest inventory, explore job placement, obtain part-time employment, develop employment skills in classroom, apply for vocational rehabilitation (VR) services		
Adult Living Skills	Examples: Apply for VR Services, apply for Single Portal (Wake County Human Services), research residential options, research social security benefits and work incentives, and register to vote		
Daily Living Skills (if appropriate)	Students may need to purchase and care for clothing, purchase and store food, take care of personal hygiene, practice money management and banking skills, prepare snacks and healthy meals, etc.		
Functional Vocational Evaluation (if appropriate)	Students may need to complete an interest inventory or complete a situational assessment to evaluate individual work skills.		



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ____/____/____ TO ____/____/____
Student: _____ NCWISE #: _____ DOB: ____/____/____
School: _____ Grade: _____

Present Level(s) of Academic and Functional Performance: Include specific descriptions of what the student can and cannot do in relationship to this area. Include current academic and functional performance, behaviors, social/emotional development, other relevant information, and how the student's disability affects his/her involvement and progress in the general curriculum.

Using current/relevant formal/informal evaluation data, a present level of performance must be completed in order to develop each area from which annual goal(s) will be developed.

The present level of performance should be comprehensive for each area of need. Annual goals must originate from the present level of performance, and must be reasonably calculated to be addressed within one year.

The major components of the present level of performance are the specific strengths and needs in academic and functional areas that establish a baseline in describing where the student is currently performing. The team may also include any additional information known about the student and his/her learning style.

Standardized scores and grade levels alone do not reflect strengths and needs.

Functional performance must be addressed for all students within the present level of performance, and annual goals, developed as appropriate. If the student does not require a functional goal, a statement must be included in at least one of the present levels of performance.

Annual Goal: Academic Functional Integrated with Related Services: _____

Components of annual goals are a given/condition if applicable, skill/domain area (academic or functional), observable performance (action), and a measurable criteria. The annual goals must be reasonably calculated to be accomplished within the life of the IEP, not to exceed one year.

Academic areas are reading, writing and math. Functional areas are social skills, behavior, organization, life skills, study skills, etc.

If an annual goal is integrated (more than one provider working towards the same annual goals), progress monitoring must be conducted by each individual from his/her individual perspective. Any service provider (PT, OT, SLP) working on the same goal(s) must be listed above. Integrated annual goals are one example of highly collaborative IEP teams.

If the Student is participating in the EXTEND2 testing, complete this section.
List Competency Goal(s) from the NC Standard Course of Study (must match student's assigned grade):
Select Subject Area: Language Arts Mathematics Science _____

Federal Regulations require that students assessed through modified achievement standards have annual goals aligned to grade level competencies. In North Carolina, students in grades 3-8 & 10 who are assessed via the Extend 2 are subject to this requirement.

In determining the competency goal, the IEP team is instructed to consider the developed present level of performance of each academic/functional area, and align it with a selected grade level competency(s) from the NC Standard Course of Study reflecting the student's current grade placement. (These are located on our website)



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ____/____/____ TO ____/____/____

Student: _____ NCWISE #: _____ DOB: ____/____/____

School: _____ Grade: _____

Teams are instructed to write annual goals based on the skill needs of the student, not subject areas. Therefore, science competency(s) may be selected and referenced as part of language arts or math goals.

Short Term Objectives and/or Benchmarks:

Short term objectives and benchmarks can be used on the same goal page. The objectives consist of who will do what under what conditions (optional) and a level of attainment/objective criteria. Benchmarks consist of who will do what by when.

When benchmarks/short-term objectives are used, a minimum of two must be listed per annual goal.

Describe how progress toward the annual goal will be measured:

- | | | |
|---|---|--|
| <input type="checkbox"/> Documented teacher observation | <input type="checkbox"/> Data Collection | <input type="checkbox"/> Anecdotal logs |
| <input type="checkbox"/> Work samples | <input type="checkbox"/> Inventories | <input type="checkbox"/> Tests or Quizzes |
| <input type="checkbox"/> Charting | <input type="checkbox"/> Mastery Tests | <input type="checkbox"/> Checklists |
| <input type="checkbox"/> Behavioral Point Sheets | <input type="checkbox"/> Curriculum Based Assessments | <input type="checkbox"/> Other: please specify _____ |

Individuals are required to maintain (in a separate location) data to support the progress noted toward annual goals. This information documents how the IEP team will evaluate progress toward goal mastery and in WCPSS are called "evaluation procedures."

Only one evaluation procedure is required; however, it must be completed as indicated and be shared at IEP meetings as needed.

Other examples include teacher made test(s), project(s), portfolio(s), journal(s), etc.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

LEAST RESTRICTIVE ENVIRONMENT

Students with disabilities must be considered general education students first.

To complete this section, IEP teams must discuss all of the classes, nonacademic services and activities in which the student will participate with and without his/her non-disabled peers.

Complete the chart with as much specificity as possible. Testing accommodations for state and district-wide assessments must be addressed for general education program participation and for special education testing and instruction.

Any supplemental aids, services, modifications/accommodations, including test accommodations must be supported by documented student characteristics in the present level of performance, other areas of the IEP such as special factors, or the student's record.

General education teachers, as part of the IEP team, will participate in the determination and implementation of the supplemental aids/services, modifications/accommodations, and assistive technology identified below.

Teams should discuss and document any technical assistance that is necessary for general education teachers or other school personnel to implement the IEP.

Any individual(s), including general education teacher(s), who have responsibility in implementing the IEP, must be informed of those responsibilities.

LEAs must develop a mechanism to disseminate this information to ensure implementation (sharing of the IEP).

The following chart addresses classes and accommodations/modifications for both regular education and special education.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

I. General/Special Education Program Participation:

<p>General Education</p> <p><i>(Check all in which the child will participate and add others as appropriate)</i></p>	<p>Special Education</p> <p><i>(Check all in which the child will participate and add others as appropriate)</i></p>	<p>Supplemental Aids/Services, Modifications/Accommodations: List the supplemental aids/services, modifications/accommodations required (if applicable) to access the general curriculum and make progress toward meeting annual goals. Discussion/documentation must include any test accommodations required for state and/or district-wide assessment. Provide explanations of accommodations as necessary including any technical assistance provided to the general education teacher(s) or other school personnel for implementation of the IEP. Ex. Extended time – (number of minutes); read out loud – entire test; etc.</p>
<input type="checkbox"/> Lang. Arts (or) <input type="checkbox"/> Reading <input type="checkbox"/> Writing	<input type="checkbox"/> Lang. Arts (or) <input type="checkbox"/> Reading <input type="checkbox"/> Writing	
<input type="checkbox"/> Math	<input type="checkbox"/> Math	
<input type="checkbox"/> Science	<input type="checkbox"/> Science	
<input type="checkbox"/> History / Social Studies	<input type="checkbox"/> History / Social Studies	
<input type="checkbox"/> P. E. / Health	<input type="checkbox"/> P. E. / Health	
<input type="checkbox"/> Electives	<input type="checkbox"/> Electives	
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	
<input type="checkbox"/> Assemblies	<input type="checkbox"/> Assemblies	
<input type="checkbox"/> Field trips	<input type="checkbox"/> Field trips	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Describe how the **preschool** student is involved in the preschool general education programs: N/A



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

II. Testing Program -- Indicate by checking below, which of the following is applicable:

- No testing accommodations required
- No testing due to current grade level
- WCPSS District-wide Testing (Complete DEC 4 IEP: WCPSS Testing –V. Part B)
- North Carolina Testing Program
(Complete DEC 4 IEP: NC Testing –V. Part A Elementary, Middle or High School Version)

Alternate Assessment Justification: (E.g. NCEXTEND 1, NCEXTEND 2, NCCLAS)

If the student is participating in any alternate assessment(s), explain why the regular testing program with or without accommodations, is not appropriate and why the selected assessment is appropriate. _____

The Alternate Assessment section must be completed for any student who is participating in an alternate assessment.

III. Specially Designed Instruction, Related Services, and Non-Academic Services and Activities:

In the space below, outline the specific number of session(s), length of the session(s) and the location of where the specially designed instruction will occur. Examples of location are, but not limited to, the general education classroom, special education classroom, therapy room, total school environment, etc.

LRE will be determined by the amount of time a student is removed from non-disabled peers. In the example of total school environment, a student may or may not be served with non-disabled peers; time with just non-disabled peers must be calculated when determining LRE.

A. Anticipated Frequency and Location of Specially Designed Instruction:

Week	Sessions Per:		Session Length:	Location:
	Month	Reporting Period		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

B. Anticipated Frequency and Location of Related Services:

The IEP Team determined related services are not required to assist the student to benefit from special education.

Related services are those services the IEP team identifies that are required to assist the student to benefit from special education.

A related service support description can be used when the student and/or staff needs support from a related services provider rather than direct intervention services for the student. No annual goal(s) are required for a related service support description, although, a related service support description can coexist with annual goal(s) for related services.

Related service support description does not require a session length.

Related Service:	Sessions Per:			Session Length:	Location:
	Week	Month	Reporting Period		
_____	_____	_____	_____	<input type="checkbox"/> Support Description	_____
_____	_____	_____	_____	<input type="checkbox"/> Support Description	_____
_____	_____	_____	_____	<input type="checkbox"/> Support Description	_____

Is transportation required as a related service? Yes (check reason) No

- Required to access Preschool Services
- Assigned by Special Education Services
- Required for medical/behavioral needs
- Other: _____
- Specify accommodations: _____

The chart in section one (General/Special Ed Program Participation) will be helpful in completing the "Nonacademic Services and Activities" section.

C. Nonacademic Services and Activities:

The student will participate in all general education nonacademic services and activities.

List the nonacademic services and activities in which the student **will not** participate with nondisabled peers. This time must be factored into the determination of continuum of alternative educational placement.

Nonacademic Services & Activities:	Sessions Per:				Reporting Period	Session Length:
	Week	Month	Year	Year		
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

IV. Continuum of Alternative Educational Placements: Indicate educational placement by checking only one box below.

The instructional day is defined as the time between bell to bell, and therefore, can vary from school to school within an LEA. Educational placement must be calculated based on the total minutes of the instructional day.

(School-Age):

- Regular - 80% or more of the day with non-disabled peers
Resource - 40% - 79% of the day with non-disabled peers
Separate - 39% or less of the day with non-disabled peers
Separate School
Residential Facility
Home/Hospital

(Preschool):

- Regular Early Childhood Program 80% or more of the time
Regular Early Childhood Program 40% - 79% of the time
Regular Early Childhood Program less than 40% of the time
Separate Class
Separate School
Residential Facility
Service Provider
Home

V. Least Restrictive Environment Justification Statement: If the student will be removed from non-disabled peers for any part of the day (general education classroom, non-academic services and activities), explain why the services cannot be delivered with non-disabled peers with the use of supplemental aids and services.

The LRE justification statement must be addressed for every student. Be specific and state why (what are the student's needs) the student is removed for specially designed instruction. If the student is not being removed from nondisabled peers, check N/A.

[] N/A Student will not be removed from nondisabled peers.

VI. Explain when student progress toward annual goals will be reported:

Progress toward annual goals will be reported with the issuance of report cards unless otherwise specified.

Completion of this section is only required if the school's schedule for progress monitoring is different than at issuance of report cards.

VII. Extended School Year Status:

- Is not eligible for extended school year
Is eligible for extended school year
Eligibility under consideration and will be determined by ___/___/___

Use the ESY worksheets to determine whether ESY is needed. If under consideration, be sure to complete the ESY determination worksheet by this date and use the invitation to conference process to hold a meeting to document the decision.

ESY must be addressed for every student.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

VIII. Record of IEP Team Participation: (Note any team member who used alternative means to participate.)

A. IEP Team. The following were present and participated in the development and writing of the IEP.

Signatures	Position	Date
_____	LEA Representative	_____
_____	General Education Teacher	_____
_____	Special Education Teacher	_____
_____	Parent	_____
_____	Student	_____
_____		_____
_____		_____

B. Reevaluation. The IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be conducted on or before ___/___/___.

Signatures	Position	Date
_____	LEA Representative	_____
_____	General Education Teacher	_____
_____	Special Education Teacher	_____
_____	Parent	_____
_____	Student	_____
_____		_____
_____		_____

Copy given/sent to parents by ___ on ___/___/___

IX. Amending the IEP:

A. IEP Addendum Team. The following were present and participated in the development and writing of the addendum.

Signatures	Position	Date
_____	LEA Representative	_____
_____	General Education Teacher	_____
_____	Special Education Teacher	_____
_____	Parent	_____
_____	Student	_____
_____		_____
_____		_____



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Duration of Special Education and Related Services FROM: ___/___/___ TO ___/___/___

Student: _____ NCWISE #: _____ DOB: ___/___/___

School: _____ Grade: _____

B. IEP Addendum Team. The following were present and participated in the development and writing of the addendum.

Signatures	Position	Date
_____	LEA Representative	_____
_____	General Education Teacher	_____
_____	Special Education Teacher	_____
_____	Parent	_____
_____	Student	_____

C. Amending the IEP without holding a meeting after the annual IEP Team meeting for the school year.

It is only appropriate to amend the IEP when minor changes are needed. This is **NEVER** done for an initial, annual review, reevaluation, or exit meeting. Parents must be provided a copy of amendments. A copy must be given to those service providers responsible for implementing the changes.

The parent and LEA agreed that the IEP could be amended by ___ on ___/___/___ without holding an IEP meeting.

Indicate page(s) and section(s) where any amendment(s) were made: _____

A revised copy of the IEP with amendments incorporated was provided to parent(s) on ___/___/___ by _____.

Copies of the amendment (IEP Service Delivery Addendum) were provided to the individuals responsible for implementing changes to the IEP by ___ on ___/___/___.

IDEA requires the consideration of extended school year services for each student with a disability. The IEP team determines on an individual basis, annually, what services, if any, are necessary.

LEAs must ensure extended school year services are available as necessary to provide FAPE.

ESY services are provided beyond the scope of the traditional school year, outlined in the IEP, and are provided at no cost to the parent.

The LEA cannot limit the services to certain categories of disability, nor can the LEA unilaterally limit the type, amount or duration of the services. ESY services may be provided at any time during the calendar year other than the instructional day.

This ESY worksheet allows the IEP team the opportunity to examine the data available and respond to the following.

EXTENDED SCHOOL YEAR DETERMINATION

Student: _____

School: _____

Date: / /

Primary Area of Eligibility: _____

Secondary Area of Eligibility: (if applicable) _____

Data is required. Data must be documented and summarized for consideration of ESY services.

I. ESY Services Determination

- A. The student regresses or may regress during extended breaks from instruction, cannot relearn the lost skills within a reasonable time and the gains made during the regular school year will be significantly jeopardized. yes no

Summarize the data considered when determining the need for ESY services.

Instructional Break/Recoupment Formula Guide:

3 months = 9 weeks to regain skill

1 month = 3 weeks to regain skill

3 weeks = 2 ½ weeks to regain skill

2 weeks = 1 ½ weeks to regain skill

1 week = 3 ½ days to regain skill

The following questions may be used to help guide the IEP team to elaborate on the data presented:

Does the student need extensive review to demonstrate previously learned skills?

What inconsistencies does the student demonstrate in mastered or partially acquired skills?

Has the student reached a critical point of instruction where a break in programming would have serious, detrimental effects?

Does the student demonstrate behaviors or deficits that would cause regression if breaks in programming occur?

Is there a medical condition that might cause regression? How does this affect rate and maintenance of progress?

Will a break in programming jeopardize the student's placement in the LRE?

Will a break in programming cause significant problems for the child who is learning a critical skill (like reading)?

- B. The student is demonstrating emerging critical skill acquisition (“window of opportunity”) that will be lost without the provision of an educational program during extended breaks from instruction. yes no

Summarize the data considered when determining the need for ESY services.

The IEP team reviews all IEP goals targeting emerging critical skills to determine whether any of these skills are at a breakthrough point. When skills are at this point, the IEP team needs to determine whether the interruption in services and instruction on those goals or objectives is likely to prevent the student from receiving benefit from his/her educational program during the regular school year without these services.

- C. Based on the information above, the IEP Team has determined the student ____ is ____ is not in need of ESY Services.
(Need for ESY service requires one affirmative answer to the statements above.)

One blank must be checked.

II. ESY Services Description : Describe the ESY program for this student by indicating the type of service (*special education and/or related service*), the number of sessions, length of sessions, and location of sessions (*School or Home*)

Type of Service	Number of Sessions	Length of Sessions	Location of Sessions
SPECIAL EDUCATION			
Specify HI or VI			
Specify if work packet with monitoring,			
In-home consultation/instruction	How many sessions over the break?	Duration of each session	School or Home
RELATED SERVICES			
Specify OT, PT or Speech			

Place completed worksheet in EC folder.
 Copy given/sent to parent(s): / /

Student: _____

Grade: _____

School: _____

Complete all requested student information. Use the student's full name.

PURPOSE:

- Initial
- Reevaluation
- Educational Placement/Change
- Discipline Change in Placement
- Other

NCWISE #: _____ DOB: ____ / ____ / ____

Check all the purposes that apply.

Dear _____:

State and federal laws regarding students with disabilities require that the Local Education Agency (LEA) notify and inform you if certain changes are being made to your child's educational program. **You must be informed when the school district:**

- Begins or refuses to begin the process of identification, evaluation, or educational placement of your child;
- Proposes to change the identification, evaluation, or educational placement of your child; or
- Refuses to change your child's free appropriate public education which usually means the IEP.

The IEP Team or other group of appropriate individuals determined that _____ (Student Name):

INITIAL ELIGIBILITY

The first statement below only applies if the IEP team decides not to evaluate the student at the referral (DEC 1) meeting.

- Will not be evaluated.
- Is not eligible for special education services.

Indicate which area of disability is the primary and which, if any, is the secondary area(s) of disability. The primary area of disability is the one indicated for the purpose of Child Count.

- Is eligible for special education placement in the primary category of _____.
- Is eligible for special education placement in the secondary categories of _____.
- Will receive the following related service(s) in order to benefit from special education: _____.

REEVALUATION

- Continues to be eligible in the primary category or secondary categories of _____.
- Eligibility is being changed from _____ to _____.
- Is eligible in the secondary categories of _____.
- Will continue to receive the following related service(s) in order to benefit from special education: _____.
- Will receive the following related service(s) in order to benefit from special education: _____.
- Is no longer in need of the following related services in order to benefit from special education: _____.

Student: _____ Grade: _____ School: _____

EDUCATIONAL PLACEMENT (Least Restrictive Environment) REFERS TO CONTINUUM OF SERVICES WITHIN THIS SECTION

If the IEP is not developed during the same meeting when placement into special education is determined, the IEP team must complete a second Prior Written Notice to address the initial educational placement. If the IEP is developed during the same meeting following placement into special education, the same Prior Written Notice can be used.

EDUCATIONAL PLACEMENT/CHANGE IN EDUCATIONAL PLACEMENT

- Initial educational placement is _____.
- Educational placement is being changed from _____ to _____.
- No longer meets eligibility criteria and will be exited from the special education program.

These options require a Summary of Performance.

- Is graduating with a NC diploma and will be exited from the special education program.
- Is exiting school with a graduation certificate; has not reached the maximum age of entitlement (22 years old) and is not graduating with an NC diploma. **(Please be aware that students with disabilities are entitled to attend school until reaching maximum age of entitlement (22 years old) or graduating with an NC Diploma. Eligible students who return to school will continue to receive specially designed instruction through their entitlement period).**
- Has reached the maximum age of entitlement and will be exited from the special education program.

DISCIPLINARY CHANGE IN PLACEMENT

- Conduct is a manifestation of _____'s disability.
Student's Name
- Conduct is not a manifestation of _____'s disability.
Student's Name

Parents must be provided Prior Written Notice (this form) at the completion of each manifestation determination explaining the decision made by the team.

OTHER

While WCPSS is not requiring IEP team signatures on this form, participants in the meeting and their positions must be captured.

The following were participants in the IEP Team decisions on ____ / ____ / ____:

Name	Position



Student: _____ Grade: _____ School: _____

EXPLANATION OF ACTION(S) PROPOSED OR REFUSED (Each action must be specifically addressed).

I. The IEP Team or other group of appropriate individuals decided the action(s) stated on pages 1 and 2 because:

Address the decision(s) made in the current IEP team meeting. Explain why the decision(s) were made.

II. The IEP Team or other group of appropriate individuals also considered the following option(s) and rejected these options because:

Teams are instructed to be specific as to the options considered/rejected and why. Do NOT write "all options were considered & rejected"

III. The following information includes a description of each evaluation procedure, test, record, or report used as a basis for the action stated on pages 1 and 2:

For the above statement, include the types of tests administered (cognitive, educational, adaptive behavior, etc.), observations, screenings, informal assessment, review of records, etc.

IV. Describe any other factors that are relevant to the agency's proposal or refusal:

If there are no other relevant factors, write "no other relevant factors."

This is the final action (decision) of the local education agency. If you disagree, you, as the parent or adult student, are entitled to the due process rights that are described in your Handbook on Parents' Rights (www.ncpublicschools.org/ec/policy/resources/rights). The deadline for filing a petition for a due process hearing is one year (1 year) from receipt of this notice. Please save this notice for your records.

If you do not have a copy of the Handbook on Parents' Rights or would like another one, please contact your school principal or call the Director of Special Education Services. The principal or director can also help you understand your rights if you have any questions, or you can call the Exceptional Children's Assistance Center, 1-800-962-6817.

If you have any questions, please feel free to call: (Name), (Phone)

This decision will be implemented on / / .

(LEA Representative Signature)

Prior Written Notice was sent via to the parent by on / / .

Retain copy in confidential record.



Student: _____

Grade: _____

School: _____

CONSENT FOR INITIAL PROVISION OF SPECIAL EDUCATION SERVICES

Dear: _____:

Re: _____:

One initial "Consent for Services" is required to be in the confidential record of each student with a disability.
Informed parental consent must be obtained before the initial provision of special education and related services. LEAs must document that parents or legal guardians have been given the Handbook on Parents' Rights.

The screenings and evaluations of your child have been completed. Your child is eligible for special education services and related services (if required to benefit from special education).

If the parent agrees for the student to receive the services proposed by the IEP team, they should check "agree," sign and date.
The LEA should ensure that the information indicated by each bullet below has been given and explained to the parent.

PARENTAL CONSENT

I agree for my child to receive special education and related services, if required to benefit from special education, and I:

- **have received a copy of the evaluation report(s), summary of evaluation(s) and a copy of the Prior Written Notice.**
- **have received a copy of the Handbook on Parents' Rights.**
- understand that I have had or will have an opportunity to participate in the development of the initial IEP for my child.
- understand that an IEP team, of which I am a member, will review and revise, as appropriate, the educational program and education placement of my child at least annually.
- understand that an IEP team, of which I am a member, conduct a reevaluation determination for my child at least once every three years.
- understand that providing my consent is voluntary and can be revoked at anytime. **I understand that if I revoke consent, I do so willingly and therefore forfeit the protections of IDEA for my child.**

_____ / ____ / ____
 Parent Signature Date



Student: _____

Grade: _____

School: _____

PARENTAL REFUSAL

If the parent(s) deny consent for the provision of services, they should check the box below. The LEA should ensure that the parent(s) understand the information in the paragraph and have been given all indicated information. The parent(s) should sign and date.

I do not agree for my child to receive special education services. I have received a copy of the evaluation report(s), summary of evaluation(s) and a copy of the Prior Written Notice. In addition, I received a copy of the Handbook on Parents' Rights. I understand my child will not receive any services or protections provided by the Individuals with Disabilities Education Act (IDEA) for students with disabilities.

Parent Signature

____/____/____
Date

Copy given/sent to parent by: _____ on ____/____/____

Return to: _____

Date received by school: ____/____/____

Indicate if the copy was sent or given to the parent(s) by circling the choice. The name of the person giving/sending the copy should be indicated along with the date the copy was given/sent (month/day/year). If sent, the "return to" information should be provided giving the name and location of the individual on the line above.



Student: _____ NCWISE# _____ DOB: ___/___/___
School: _____ Grade: _____

REEVALUATION

The North Carolina Policies Governing Services for Children with Disabilities states that “reevaluation” is the process of examining existing data, and if determined necessary, gathering additional data in order to determine continuing eligibility for special education; assure that the continuing individual needs of a student are identified; and assure appropriate educational programming (review and/or revision of IEP).

Primary Area of Eligibility: _____
Secondary Area of Eligibility: **as applicable**

The reevaluation process must occur at least once every 3 years and may not occur more than once a year, unless the parent and the LEA agree otherwise.

While WCPSS is not requiring IEP team signatures on this form, participants in the meeting and their positions must be captured.

The following members of the IEP team participated in the reevaluation process on ___/___/___.

Name	Position

Review of Existing Data:

The IEP team must document that existing data has been reviewed. Each of the following five areas of information should be considered as the team reviews pertinent information. Additional pages/reports may be attached to the form to document the team’s findings.

Record Review (attendance, past and current grades, work samples, state and district-wide assessment data, relevant medical/health information, discipline reports, IEP progress, etc.):

_____ **To just indicate “yes” or “we discussed this area” is not sufficient. Include specific summary statements of the discussion.**

Summary of previous assessment(s) (If attaching prior summary of evaluations, results must be discussed below):

_____ **You may note that a document has been attached, but a summary MUST also be written here as well.**

Summary of evaluations and information provided by the parent(s):

_____ **If the parent does not provide any information, write “none at this time” to indicate that this area was addressed. Otherwise, summarize the information provided by the parents and attach copies of documents as necessary. (e.g., “Parent reports...”)**

Summary of classroom

_____ **To just indicate “yes” or “we discussed this area” is not sufficient. Include specific summary statements of the discussion. (e.g., “Classroom teacher reports...”)**



Student: _____ NCWISE# _____ DOB: ___/___/___
School: _____ Grade: _____

Summary of observations by teachers and service providers:

To just indicate "yes" or "we discussed this area" is not sufficient. Include specific summary statements of the discussion. (e.g., "Other teachers report..." "Occupational Therapist reports...") You may attach reports from teachers, but you MUST summarize the information here.

Determination of Needed Additional Data, if any: Is additional data needed to determine:

- (A) Continued eligibility for special education and related services:
• If the student continues to have such a disability and educational needs?
• If the student continues to need special education and related services?
(B) Present levels of academic achievement and developmental needs?
(C) Whether any additions or modifications to special education and/or related services are needed to meet measurable annual goals and participation in the general curriculum?

If yes to any of the above, which will occur? (Check one or both and discuss)

Collection of the following without formal assessment: _____

(Complete Eligibility Worksheet(s), Eligibility Determination, Address IEP, and complete Prior Written Notice.)

Collection of the following through formal assessment: (Obtain parental consent for evaluation) ←

DEC 2

- Physical Health, Educational, Psychological, Intellectual Assessment, Speech/Language, Social Appraisal, Vocational Evaluation, Social/Developmental, Adaptive Behavior, Motor, Other: _____

Refer to the Required Components Checklist

(Complete Eligibility Worksheet(s), Eligibility Determination, Address IEP, and complete Prior Written Notice.)

If no additional data or assessment is needed, state the reason(s) for this decision.

(Complete Eligibility Determination, address IEP, and complete Prior Written Notice)

State what information the IEP team is using to support continued eligibility and need for special education/related services without further assessment data. Clearly state why additional information is not needed.

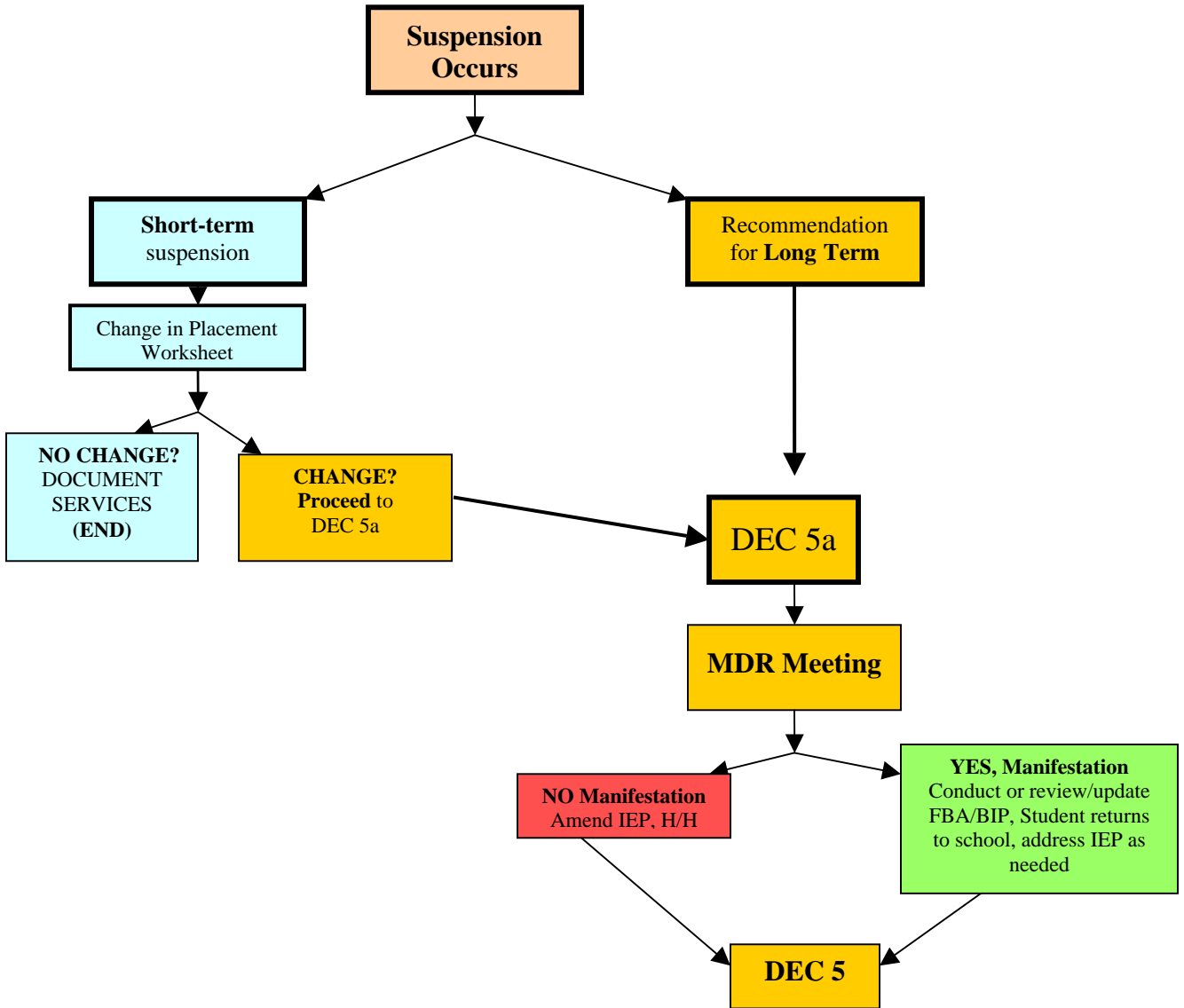
I disagree with the IEP Team decision to obtain no additional assessment information concerning my child. I request that additional assessment(s) be completed prior to determining continuing eligibility.

Parent Signature

Date

If a decision has been made to not gather additional assessment data, the LEA must inform the parent(s) or student age 18 or older of his/her right to request additional assessment(s). Parent(s) or student age 18 or older signs here only if they desire additional assessments and the team had determined that none are needed. If this line is signed, obtain permission (DEC 2) and complete the requested assessments.

The Discipline Process





CHANGE IN PLACEMENT WORKSHEET

FOR A SERIES OF SHORT-TERM SUSPENSIONS GREATER THAN 10 TOTAL DAYS PER YEAR

NAME _____ NCWISE#: _____ SCHOOL YEAR: _____ TO _____

SCHOOL: _____ Dates of This Proposed Short-Term Suspension: ___/___/___ TO ___/___/___

PREVIOUS SUSPENSIONS* (SEE BOTTOM)				
Begin Date	To	End Date	Days of Suspension	Reason for Suspension
	—			
	—			
	—			Describe the behavior subject to suspension. If the policy violation does not adequately describe the behavior, include reasonable specifics.
TOTAL DAYS SUSPENDED: _____				

I. Change of Placement Determination:

- Will the suspension result in removal for more than 10 cumulative days in the school year?
 YES NO: **If no, there is no change of placement.**
- If yes**, was the student's behavior in this incident substantially similar to the student's behavior in the previous incidents that have resulted in suspension this year?
 YES NO **If no, there is not a pattern resulting in a change of placement.**
- If yes**, based upon:
 - the length of each suspension,
 - the total of time the student has been suspended, and
 - the proximity of the suspensions to one another,
 Will the proposed suspension result in a significant disruption in the students's education services?
 YES, there is a change of placement. **NO, there is not a change of placement.**

II. School Manifestation Determination. If there is a change of placement, an IEP Team must convene to conduct a **MANIFESTATION DETERMINATION** within 10 school days of the suspension, and a DEC 5a must be completed and sent to the parent along with a Handbook on Parent's Rights.

III. Education Service Plan. Whenever a special education student is removed from school for over 10 days in the school year, educational services must be continued to allow the student to appropriately progress in his educational program and a behavioral intervention plan developed as appropriate. **Describe below the educational services that will be provided during the period of suspension:** _____

SIGNATURE _____ ADMINISTRATOR _____ DATE _____

SIGNATURE _____ SPECIAL EDUCATION TEACHER _____ DATE _____

SIGNATURE _____ REGULAR EDUCATION TEACHER _____ DATE _____

SIGNATURE _____ POSITION _____ DATE _____

**Include days of in-school suspension IF student did not receive services specified in the IEP, including access to the general curriculum. Also a bus suspension must be counted as OSS if transportation is part of a student's IEP and no alternative transportation is provided. *Retain record in the confidential folder.*



INVITATION TO CONFERENCE / PRIOR WRITTEN NOTICE
Decisions of the Local Education Agency (LEA)

THIS FORM IS COMPLETED BY AN ADMINISTRATOR & SENT TO THE PARENT WITHIN 24 HOURS OF THE SUSPENSION.

Student: _____ NCWise# _____ DOB: ____ / ____ / ____

School: _____ Grade: _____

SEND 2 COPIES HOME and KEEP THE ORIGINAL IN THE FILE

Dear _____:

State and federal laws regarding students with disabilities require that the Local Education Agency (LEA) notify and inform you if certain changes are being made to your child's educational program. You must be informed when the school district proposes a change to the educational placement of your child.

For the reason(s) stated on the enclosed notice of suspension, school personnel have determined that _____ is subject to a disciplinary removal that will constitute a change in placement. A meeting with you, the parent, and relevant members of the IEP Team will be held within 10 school days to determine if the behavior in question is a manifestation of _____'s disability. The team may also consider revising your child's IEP, based on the conclusion of this manifestation determination meeting.

This meeting is scheduled for (date) ____ / ____ / ____, at (time) _____, (place) _____. At this meeting, you are entitled to all the rights described in the enclosed copy of the Handbook on Parents' Rights. The Principal or Director of Special Education Services can help you understand your rights if you have any questions, or you may call the Exceptional Children's Assistance Center, 1-800-962-6817. Please save this notice for your records.

It is expected that the following individual(s) will be present at the manifestation determination meeting:

Table with 2 columns: Name, Position. Multiple empty rows for listing attendees.

If you have any questions, please feel free to call: Name: _____ Phone Number: _____

Include the name and number of an individual who can answer the parents' questions and who can be reached in a timely manner.

Sincerely,
(Name, Title, School)

Be sure to complete this information

Prior Written Notice was [] GIVEN [] SENT to the parent by _____ on ____ / ____ / ____ Method of delivery: _____

PLEASE RETURN A SIGNED COPY OF THIS NOTICE TO _____ Name Title

Parent/Guardian Response:

Please respond to this notice by checking the appropriate option below and return one copy of this form as soon as possible.

- I will attend the meeting as scheduled.
I will participate in the meeting by phone or other means. I can be reached at the following phone number on the date/time mentioned above: _____
I cannot attend or participate in the meeting.

I acknowledge the receipt of the Handbook on Parents' Rights (due process procedures). [] Yes [] No

Parent/Guardian Signature: _____ Date: _____



MANIFESTATION DETERMINATION REVIEW

Name: _____ NCWise# _____ Grade: ____ School: _____ DOB: __/__/__
 Area of Disability: _____ Date of Suspension: __/__/__ Date of MDR: __/__/__
 Length of Suspension: _____ Total # of Days of Previous Suspensions: _____

Complete **ALL** of the information in the box above.

I. BEHAVIOR THAT LED TO DISCIPLINARY ACTION

a. Describe the behavior that led to **this** suspension. (*Attach the Suspension Notice*)

A brief description of the suspension **MUST** be written here. Do not merely write "see attached."

II. MANIFESTATION DETERMINATION

Relationship between the conduct in question and the student's disability:

Date of most recent (re)evaluation (*This is the date of the last eligibility meeting*) ____/____/____

For each statement below, after reviewing the information, write a concise summary. This information **MUST** be reviewed during the meeting and will serve as data to assist in making the determination.

a. Summarize the **concerns noted during the most recent evaluation, including review of DEC3, psychological report, and other evaluation records.** _____

b. Summarize **results of any FBA** conducted on the student _____

c. Summarize Individualized Education Program (IEP) goals [including BIP objectives].

d. List **any medical/health diagnosis and whether prescription medication is used.**

e. Has this or **similar behaviors** been exhibited in the past; If so, **describe the pattern of behaviors.**

_____ While describing the student's behaviors, include the discipline referrals for the current school year. _____

f. List any **additional information from parents or staff.**

Summary Question #1: Was the conduct in question caused by, or had direct and substantial relationship to, the student's disability? YES NO **(IF YES, PROCEED TO SECTION III)**

Complete this line of information

MANIFESTATION DETERMINATION REVIEW

Student Name: _____ School: _____ Today's Date: _____

RELATIONSHIP BETWEEN CONDUCT IN QUESTION AND THE FAILURE TO IMPLEMENT THE IEP:

- a. Individualized Education Program (IEP) date: _____ to _____
 - b. Has a Behavior Intervention Plan been developed? Yes No
 If so, has it been implemented? Yes No N/A
 - c. Was the Individualized Education Program, including modifications and supplementary services, being implemented?
 Yes No
- **If NO, describe what part of the IEP was not implemented** _____

Summary Question #2: Was the conduct in question a direct result of the LEA's failure to implement the IEP?
 YES NO

III. MANIFESTATION STATEMENT: CHECK ONE

*If the answer to EITHER of the summary questions is YES, then the behavior IS a manifestation of the student's disability.
 If the answer to BOTH of the summary questions is NO, then the behavior IS NOT a manifestation of the student's disability.*

- **Based on the information considered, the IEP team determined that the misbehavior**

Was a manifestation of the student's disability
 Was not a manifestation of the student's disability

If the incident WAS a manifestation, student may not be suspended. Required actions:

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Develop new FBA/BIP or review/revise existing BIP, as necessary, to address the behavior. ● Complete DEC5/Prior Written Notice. | <ul style="list-style-type: none"> ● Student returns to the placement prior to suspension UNLESS subject to 45-school day interim alternative educational setting OR IEP team agrees to a change in placement as part of a behavioral intervention. |
|--|--|

If the incident WAS NOT a manifestation student may be suspended. Required actions:

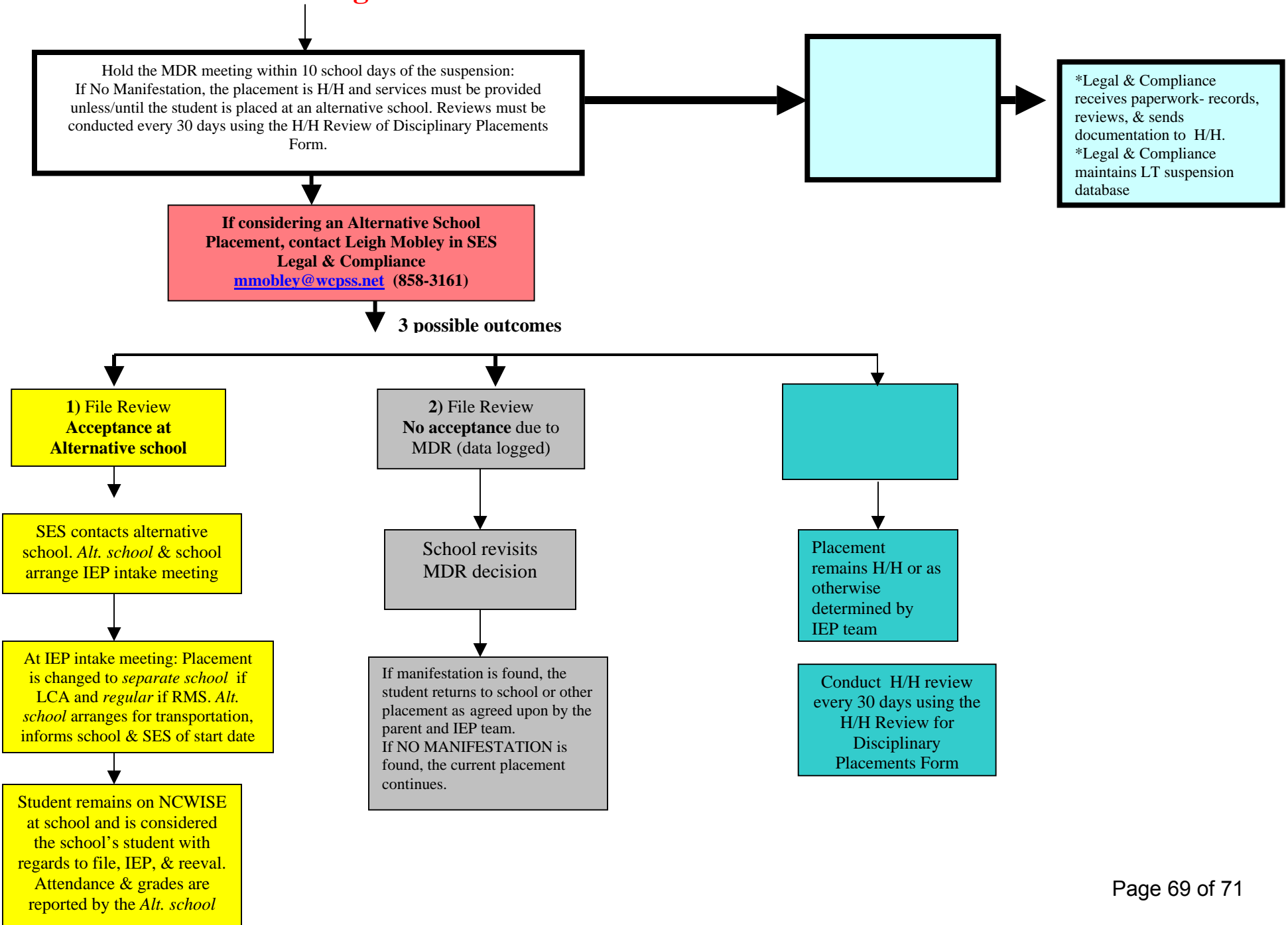
- | | |
|---|--|
| <ul style="list-style-type: none"> ● Determine the services needed to enable the student to participate in the general curriculum and to progress towards IEP goals while on suspension. | <ul style="list-style-type: none"> ● Complete DEC5/Prior Written Notice. ● Address the IEP and/or develop a behavioral intervention plan as appropriate. |
|---|--|

IV. SIGNATURES

NAME	POSITION	DATE
	LEA Representative	
Each person must sign and date his or her own name.	Special Education Teacher	
	Regular Education Teacher	
	Parent	

ONLY SEND copies of the following: 1) MDR Form, 2) Suspension Form, 3) IEP Service Delivery, 4) H/H Forms, and 5) DEC Data Entry to LEIGH MOBLEY, SES Legal & Compliance

Recommendation for LT Suspensions in Middle or High School





Monthly Review of Home/Hospital Instruction (Change of Placement due to Discipline)

Name of Student: _____ NCWISE#: _____

DOB: ____/____/____ School: _____ Grade: _____

Beginning/Ending Dates of Student's Current IEP From: ____/____/____ To: ____/____/____

NC 1504-2.9: If a change of placement occurs under the discipline requirements of Policies Governing Services for Children with Disabilities, the local educational agency shall not assign a student to homebound instruction without a determination by the student's IEP team that the homebound instruction is the least restrictive alternative environment for that student. If it is determined that the homebound instruction is the least restrictive alternative environment for the student, the student's IEP team shall meet to determine the nature of the homebound educational services to be provided to the student. In addition, the continued appropriateness of the homebound instruction shall be evaluated monthly by the designee or designees of the student's IEP team.

Initial Date of Home/Hospital Instruction: ____/____/____

This is the date that Home/Hospital Services begin as documented on the student's IEP.

Date of Review: ____/____/____ (This review is to be held within 30 days of initial date or date of last review)

Review must take place within 30 days of initial date as documented on the student's IEP. If student continues on H/H then a review must be conducted every 30 days.

Description of Data* Reviewed by Designee(s):

Blank lines for entering the description of data reviewed.

Data described here can include progress data on the student's IEP goals, attendance information, description of student's courses on H/H and grades within each course, review of current services provided based on the student's IEP, review of data from district and course assessments, etc.

*Data reviewed should include progress data on student's IEP goals, completion of assignments, attendance information, grades, and progress in North Carolina Standard Course of Study (general education curriculum).



Monthly Review of Home/Hospital Instruction (Change of Placement due to Discipline)

Name of Student: _____ NCWISE#: _____

DOB: ____/____/____ School: _____ Grade: _____

Beginning/Ending Dates of Student's Current IEP From: ____/____/____ To: ____/____/____

Results of Review (Choose One):

Home/Hospital Instruction will continue, review will be conducted within 30 days.

Based on review of data, designee(s) determine that H/H continues to be appropriate. H/H plan is being implemented as determined by IEP Team.

Home/Hospital will continue with the following action(s), review will be conducted within 30 days: _____

Based on review of data, designee(s) determine that H/H continues to be appropriate. However, additional action(s) need to be taken. For example: H/H services are taking place in the student's home and based on review a new location would be less distractible; there is no formal system for communicating assignments with the parents so a communication system will be developed, etc.

*Changes to the IEP must be done through the IEP Process.

Home/Hospital will continue, IEP Meeting will be scheduled to discuss appropriateness of H/H services within 10 school days.

Based on review of data, designee(s) can not determine whether H/H continues to be appropriate. Continue H/H services until the IEP team meets (within 10 school days of review) to discuss concerns and amend current plan or develop a new plan for services.

Signature(s) and Title(s) of Designee(s) Date:

IEP Team LEA should designate at least one person to review the H/H services monthly. If additional designees are needed to provide data, discuss progress, etc. they should be included as needed at each review.

Review forms should be completed every 30 days. All Review Forms should be placed in the student's Confidential File with the current IEP documenting Home/Hospital services. These forms are subject to review by IEP LEA/School Administrators, WCPSS Compliance Team and/or NCDPI Monitoring Team(s).