

Federated States of Micronesia (FSM)



**SPECIAL EDUCATION
Procedural Manual
2006**

Federated States of Micronesia
Department of Health, Education & Social Affairs

MESSAGE FROM THE SECRETARY

This revised Special Education Procedural manual is intended to help guide the implementation of special education and related services to children with disabilities from birth to age 21 and their families throughout the Federated States of Micronesia. It is intended to ensure that service providers deliver free and appropriate public education to children with disabilities in the least restrictive environments pursuant to the established state, FSM national, and U.S. federal regulations governing Special Education services.

This handbook is a revision to the 1990 version as a result from the reauthorization of the Individuals with Disabilities Education Act (U.S. P.L. 108-446 [IDEA]) signed into law by President Bush on December 3, 2004 and the amended FSM P.L. 14-08 signed on June 23, 2005. In general, the new IDEA and P.L. 14-08 are focused on meeting special education process requirements and producing improved student outcomes.

The processes, forms, and instructions contained in this handbook are simplified to reduce the paperwork burden for service providers. Service providers are expected to follow the processes set herein for identification, evaluation, eligibility determination, Individual Education Plan (IEP) development, placement, and IEP review and re-evaluation to insure that quality services are accorded to children with disabilities and their families. Following these processes within the established time lines will also ensure FSM's continued eligibility for U.S. federal grant assistances.

As you continue to follow and implement this guideline, please provide your input for corrections and improvements for the coming years. This way, we can continue in the process of providing support to states as special education programs continue to grow and support delivery of quality services to children with disabilities in the states.

The FSM Department of Health, Education and Social Affairs (DHESA) extend its appreciation to the University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service (UOG CEDDERS) for taking the lead in completing this handbook. We also extend appreciation to state program coordinators, parents and staff for their invaluable input and recommendations to the completion of this handbook.

Nena S. Nena
Secretary
FSM DHESA

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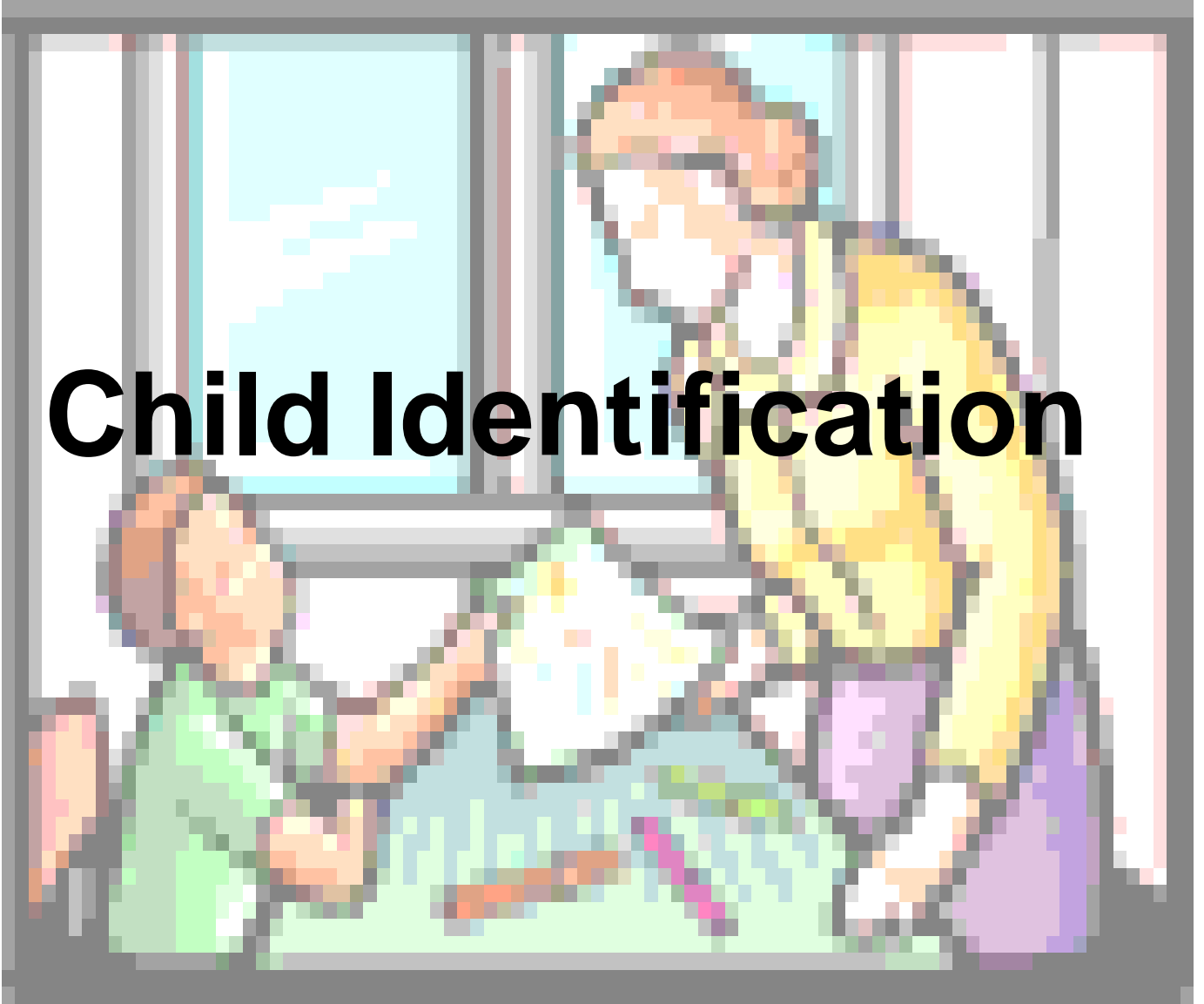
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Introduction

The Federated States of Micronesia (FSM) Department of Health, Education and Social Affairs (FSM-DHESA) is the government entity (State Education Agency, SEA) responsible for the general supervision of special education and related services for children with disabilities and their families. Special Education Programs throughout the FSM are funded by the Special Education Programs for Pacific Island Entities (SEPPIE) grant to support the delivery of special education and related services in the four FSM island states through their State Education Departments (Local Education Agencies, LEAs). Beginning July 2005, FSM will receive Section 611 funds under IDEA that will ensure that each LEA provides a free appropriate public education (FAPE) to eligible children with disabilities.

On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 was enacted into law as Public Law 108-446. The statute, as passed by Congress and signed by the President, reauthorizes and makes significant changes to the Individuals with Disabilities Education Act (U.S. Department of Education). Proposed changes to the current Part B regulations were released on June 21, 2005. In order to ensure compliance with the intent of the amended IDEA, it is necessary to revise the FSM Special Education Procedural Manual. This manual is designed to provide FSM national and state general and special education staff with procedures for implementing the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. Final revision of this manual shall be made upon final approval of the IDEA regulations.

Child Identification



CHILD IDENTIFICATION

Monitoring Priority: Disproportionality

Indicator #9 Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Each state of the Federated States of Micronesia (hereafter referred to as FSM) is responsible for ensuring that every child residing in the FSM, from birth through 21, with a disability is identified, located, and evaluated, including children with disabilities attending private schools, and homeless children or wards of the FSM. The individual responsible for carrying out this requirement within each state is the Director of Education or designee. To implement this requirement, each state will conduct the following screening activities.

CHILD IDENTIFICATION: SCREENING ACTIVITY

The purpose of this procedure is to identify children who are suspected of being a child with a disability and in need of special education and related services.

Timeline: ⌚ Within six weeks of the start of the school year

Forms: 📄 Reading and Math Screening Instruments from “*Handbook of Screening and Intervention Procedures for Children ‘At Risk’*” by Dr. Clay Starlin, University of Oregon-WRRRC
📄 “Sample” Screening Schedule
📄 Teacher Ranking Sheet
📄 Student Data Sheet
📄 Pre-Referral Checklists
📄 Referral for Assessment

Responsible Person(s): 🧑‍🏫 General and/or Special Educator

Screening Steps for General Education Teachers:

1. Rank each student in your classroom for reading and math. Using the ***Teacher Ranking Sheet***, rank the student most skilled for each area as #1 and continue through least skilled. Rank all students.
2. Conduct screening in math and reading using the reading and math assessment instruments from the “***Handbook of Screening and Intervention Procedures for Children ‘At-Risk’***”
3. Fill in the screening scores on the ***Student Data Sheet*** for each student in the class.
4. Determine the middle score (i.e. the median) for the class on the reading and math screening assessment. To get the middle score, write the scores for the students in the class from lowest to highest. Find the middle score. If there is an even number of scores,

the middle score is obtained by dividing the two scores in the middle by 2. If there is an odd number of scores, there will automatically be a middle score.

Example 1: Here is a set of scores for the reading assessment: 55, 27, 68, 36, 77, 57, 88, and 90 (Even number)

Lowest to highest: 27, 36, 55, 57, 68, 77, 88, 90; There is an even number of scores.

Therefore, we take the two middle numbers, 57 and 68, add them together and divide them by two. The middle number (i.e. the median) is 62.5

Example 2: Here is a set of scores for the math assessment: 55, 27, 68, 36, 77, 57, 88, 90, and 100.

Lowest to highest: 27, 36, 55, 57, 68, 77, 88, 90, and 100. There is an odd number of scores. Therefore, we find the middle number after placing the scores from lowest to highest. The middle score (i.e. the median) is 68.

5. Compare your ranking of the student and the student's performance on the reading and math. Base your decision on one of the criteria below. The criteria is taken from the *Screening and Intervention Procedures for Children 'At Risk'* by Dr. Clay Starlin, University of Oregon-WRRRC.

Criteria 1: The student is unable to participate in the General Education Curriculum and is immediately referred for a Special Education Assessment. This may include students who have an IEP from another jurisdiction or are obviously in need of services based on observation.

Decision: Refer immediately for a special education assessment.

Criteria 2: The student's score for teacher ranking falls within the bottom $\frac{1}{4}$ of the class and between $\frac{1}{4}$ and $\frac{1}{2}$ of the screening.

Decision: Refer the student for a general intervention program.

Example: You ranked Student A as #26 out of 28 students. This score falls within the bottom $\frac{1}{4}$ of the class. The student's score on the math screening was a 40 with the middle score for the class equal to 74. The bottom $\frac{1}{4}$ of the class will be scores \leq to 37. Therefore, a score of 40 falls between $\frac{1}{4}$ and $\frac{1}{2}$ of the screening scores.

Decision: Refer to General Intervention Program.** (See page 7)

Criteria 3: The student's score for the teacher ranking falls in the bottom $\frac{1}{4}$ of the class and the student's ranking for math and reading is $\frac{1}{4}$ of the grade level median (i.e. the middle score of all scores) or below based on screening results.

Decision: Refer for Special Education Assessment.

Example: You ranked Student B #26 out of 28 students. This score falls within the bottom $\frac{1}{4}$ of the class. The student's score on the reading screening was 25 with the middle score for the class at 74. The bottom $\frac{1}{4}$ of the class will be scores \leq 37. Therefore, a score of 25 falls below $\frac{1}{4}$ of the screening assessment.

Decision: Refer for Special Education Assessment.

Criteria 4: The student's score for the teacher ranking is above the middle and the student's reading and math scores on the screening is average (between ½ below the median and ½ above the median based on the screening results). **DECISION:** Keep in Current Program.

Example: You ranked Student D #4 out of 28 students. The student's reading and math scores were 85 and 90 respectively. The median was 100. The scores fell within ½ below the median.

Decision: Keep in current program.

Criteria 5: Students who do not make satisfactory progress in the General Education Intervention program. The student has progressed less than 50% per month within one school year in basic reading or math. **DECISION:** Refer for Special Education Assessment.

Example: If a student only improved from 50 words correct/minute to 65 words correct/minute in 4 months, this would be considered inadequate progress. The student should be referred for special education assessment. 50% per month progression for this student would be 75 words correct/minute a month.

6. Determine if the child is experiencing any additional educational performance problems related to the areas listed below by completing appropriate checklists:

- † Physical (motor problems)
- 👁 Vision (eyes)
- 👂 Hearing (ears)
- 🗣 Speech and/or Language
- † Emotional Problems
- † Health Problems

Complete the appropriate pre-referral checklist. If you checked more than half (>50%) of the items on the list for each suspected area, complete the "Referral for Assessment" form in consultation with a central office special education staff member. Check the appropriate areas including the "learning problem" area if the student also meets Criteria 3 above.

Note: The determination to refer a child should not be based solely on the checklists. All available data should be considered when making a determination to refer a child for an assessment.

7. If the student did not show any problems for reading and math as indicated by your ranking and screening results, determine if the educational performance problem is due to one or more of the other areas listed in Step #6. Complete "Referral for Assessment" form if appropriate.
8. If the decision is not to refer for assessment, consult with special education staff member or other appropriate educator in regards to appropriate intervention.

****Guidelines for Implementing General Intervention Program:**

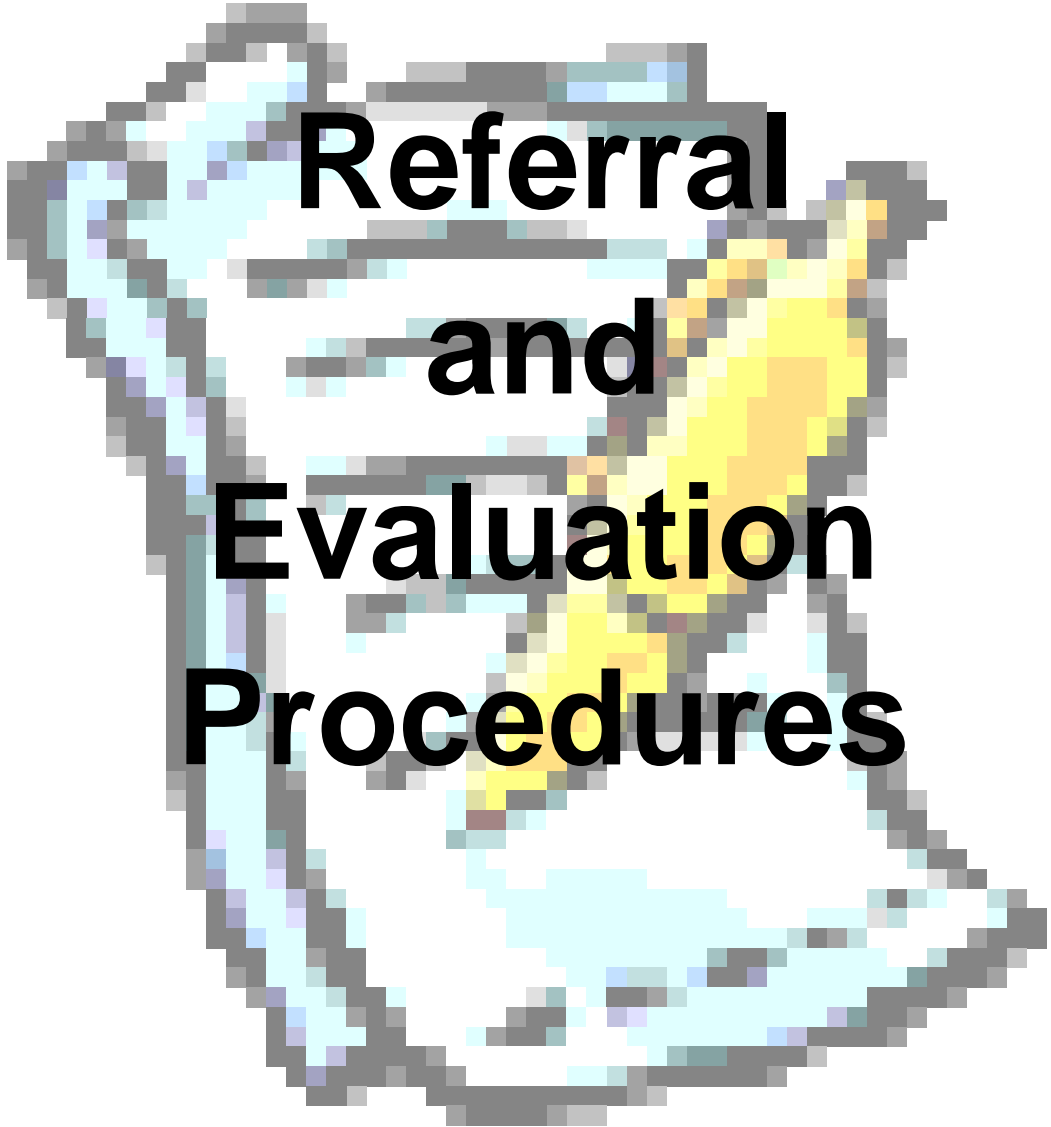
Definition of General Intervention Program:

An acceptable “general intervention” program is supplemental to current instruction in the area of need. It is scientifically-based and should be implemented for at least 10-20 weeks.

Scientifically-based research programs are programs/methods that have been proven effective in producing student progress. An intervention program is a program that is different from the current program that is being implemented and provides intensive instruction in the area of need.

- ◆ Implement intervention for no longer than one school year. ***
- ◆ Monitor progress in areas of need at least once per week. ***
- ◆ Discontinue general education intervention program when a child’s performance improves to allow satisfactory progress in the regular classroom. ***
- ◆ Intervention in reading and/or math should be scientifically-based.

***Taken from *Handbook of Assessment Procedures & Materials for Children with Special Needs* by Dr. Clay Starlin, University of Oregon Western Regional Resource Center (WRRRC).



Referral and Evaluation Procedures

REFERRAL AND EVALUATION PROCEDURES

A. REFERRAL PROCEDURES

Monitoring Priority: Disproportionality

Indicator #9: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Indicator #10: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

Monitoring Priority: Effective General Supervision Part B/Child Find

Indicator #11: Percent of children with parental consent to evaluate, who were evaluated and eligibility determined within 60 days (or State established timeline).

Evaluation means procedures used to determine whether a child has a disability (i.e. has a disability and in need of special education and related services) and the nature and extent of the special education and related services that the child needs (§300.15). Evaluation includes assessment and eligibility procedures. The initial evaluation refers to the first special education evaluation. Reevaluation refers to the evaluation required every three years or sooner if requested by a parent or teacher.

Timeline: ⌚ Must be conducted within 60 days of receipt of parental consent for initial evaluation, unless IDEA exceptions apply.

Forms:

- 📄 Referral for Assessment
- 📄 Evaluation Plan
- 📄 Prior Notice to Initiate Evaluation: Parental Consent
- 📄 Parent Rights

Responsible Person: 👤 Special Education Representative

NOTE: Date of receipt of parental consent is the date that the consent form is received by any staff of the DOE (i.e. If the child's teacher receives the consent form, then the date is the date the child's teacher receives it and not the date the form is received by the SPED REP).

A1. Referral for an Initial Evaluation

1. The school committee, consisting of the general educator, special educator, administrator, parents, and other professionals shall submit a **Referral for Assessment** form if they suspect that an educational performance problem is due to one or more of the following disabilities:
 - a. Specific learning disability
 - b. Mental retardation
 - c. Hearing impairment

- d. Emotional disturbance
- e. Other health impairment (i.e. health problems that affects student's alertness and vitality)
- f. Multiple disabilities (includes two or more of the other impairments that result in severe educational needs; does not include deaf-blindness)
- g. Speech or language impairment
- h. Visual impairment (including blindness)
- i. Orthopedic impairment
- j. Autism
- k. Traumatic brain injury
- l. Deaf-blindness
- m. Deafness
- n. Developmentally delayed (ages 3 through 9)

For more specific description, refer to **Description of Disabilities** listed on pages 16-18.

Note: A parent of a child, or the DOE, may initiate a request for an initial evaluation to determine if the child is a child with a disability.

2. When the **SPED REP** receives the **Referral for Assessment** form from the general education teacher, the group, consisting of a general educator, special educator, administrator, the parent(s), and other professionals, reviews what types of evaluations have been completed for the student (i.e. reviews existing data). This includes evaluations and information provided by parents, current classroom-based assessments and observations, and teacher and related service assistant's (RSA's) observations.
3. Determine what additional information, if any, are needed to determine the following:
 - ◆ Whether the child has a particular category of disability (i.e. one or more of the disabilities) and educational needs of the child;
 - ◆ Present levels of academic achievement and related developmental needs; and,
 - ◆ Whether the child needs special education and related services.

NOTE: It is not necessary to have a meeting to review the existing data.

4. Based on the review and input from parents, the **SPED REP** completes the **Evaluation Plan** form for the committee. Refer to the Table in this section for identification of recommended assessment instruments.

Using the **Evaluation Plan** form, ask the following questions:

- ◆ Has the student received appropriate instruction in reading and math?
- ◆ Is speaking a language other than English the primary factor in the performance of the student?
- ◆ Is one or more of the areas listed above affecting the educational performance of the child?

If the response is "YES" to any of the questions above, the poor academic performance may be the result of a lack of instruction in reading and/or math, or limited English proficiency.

5. Once the **Evaluation Plan** is completed and the determination is made that additional information is needed, the **SPED REP** prepares the **Prior Notice to Initiate Evaluation** form and attaches it to the **Parent Rights**. The **SPED REP** meets with the parents, explains his/her Parental Rights, and obtains consent for the evaluation.

6. When the signed ***Prior Notice to Initiate Evaluation*** form is returned, the **SPED REP** submits all documents to the Special Education Office.

If the parent of a child enrolled in public school or seeking to be enrolled in public school does not provide consent for initial evaluation, or the parent fails to respond to a request to provide consent, the DOE may, but is not required to, pursue the initial evaluation of the child by going through mediation or due process procedures, if appropriate, except to the extent inconsistent with FSM law relating to such parental consent.

7. If the team decides that the existing data is sufficient to conduct the eligibility, then the **SPED REP** notifies the child's parents of the following:
 - ◆ The determination that no additional information is needed and the reasons for it; and
 - ◆ The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child's educational needs.

The DOE is not required to conduct the assessment unless requested to do so by the child's parents. Check appropriate box on the ***Prior Notice to Initiate Evaluation*** form.

A2. Referral for a Reevaluation

Reevaluation means an evaluation to determine (1) whether the child continues to be a child with a disability, (2) the present levels of academic achievement and related developmental needs of the child, and (3) whether the child continues to need special education and related services, and (4) whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.




The DOE must ensure that a reevaluation of each child with a disability is conducted:

- If the DOE determines that the educational or related service needs, including improved academic achievement and functional performance of the child warrant a reevaluation; or
- If the child's teacher or parent requests a reevaluation.

Limitation for reevaluation:

- May occur not more than once a year, unless the parent and the DOE agree otherwise; and
- Must occur at least once every 3 years, unless the parent and the DOE agree that a reevaluation is unnecessary (§300.303).

Timeline: ⌚ When requested by a parent or teacher, but no more than once a year unless agreed otherwise, or at a minimum every three years unless the parent and DOE agree that a reevaluation is unnecessary.

Forms:  Referral for Assessment
 Evaluation Plan
 Prior Notice to Initiate Evaluation

Responsible Person: † Special Education Representative

1. The **SPED REP** completes a **Referral for Assessment** form and reviews existing information with the IEP team members, parent (s) and other professionals. This includes evaluations and information provided by parents, current classroom-based assessments and observations, and teacher and related service assistant's (RSA's) observations.
2. The team must decide if additional information is needed to determine:
 - ◆ Whether the child continues to have such a disability and educational needs of the child;
 - ◆ The present levels of academic achievement and related developmental needs of the child;
 - ◆ Whether the child continues to need special education and related services; and
 - ◆ Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.

NOTE: It is not necessary to have a meeting to review the existing data.

3. Based on the review and input from parents, the **SPED REP** completes the **Evaluation Plan** form for the committee. Refer to the table of assessment information given in this section for identification of recommended assessment instruments.

Using the **Evaluation Plan** form, ask the following questions:

- ◆ Has the student received appropriate instruction in reading, including the essential components of reading instruction?
- ◆ Has the student received appropriate instruction in math?
- ◆ Is speaking a language other than English the primary factor in the performance of the student?

If the response is "YES" to any of the questions above, the poor academic performance may be the result of a lack of instruction in reading and/or math, or limited English proficiency.

4. If the team decides that no additional information is needed to determine the following given in #2 above, then the DOE shall notify the child's parents and of the right of the parents to request an assessment to determine whether, for purposes of services, the child continues to be a child with a disability and to determine the child's educational needs. The DOE is not required to conduct an assessment if there is sufficient information unless requested by the parents. Check appropriate box on **Prior Notice to Initiate Evaluation** form. Proceed with Eligibility Procedures.
5. If the parents do not respond to the request *for consent* for the reevaluation, informed parental consent need not be obtained if the DOE can show that it has taken reasonable measures to obtain the consent, and the child's parents failed to respond. To meet the reasonable efforts requirement, the school must document its attempts to obtain parental consent using the IEP participation procedures.

Note:

1. A reevaluation is required before determining that a child is no longer a child with a disability.

2. A reevaluation is not required before the termination of a child's eligibility due to graduation from high school with a regular diploma, or due to reaching the age eligibility for FAPE under FSM law. Maximum age of eligibility is 21.

A3. Referral for a Student entering with an IEP from another jurisdiction

Timeline: 🕒 As soon as possible after enrollment

Forms:

- 📄 Referral for Assessment
- 📄 Evaluation Plan (if appropriate)
- 📄 Prior Notice to Initiate Evaluation

Responsible Person: † Special Education Representative

1. Determine if the IEP is current and that the student did not exit special education services prior to leaving the previous educational system. If the student did not exit special education because he/she was no longer in need of services, complete a **Referral for Assessment** form.
2. Pending completion of the evaluation, the following procedure shall be implemented:
 - In consultation with the parents, the DOE must provide the child with FAPE, including services, comparable to those described in the previously held IEP;
3. Review existing data by reviewing last evaluation conducted at the previous school. If the parents do not provide a copy of the latest evaluation, contact the last school for a copy. Upon review, determine if the evaluation is current (i.e. within 3 years). Determine what additional data is necessary to determine the following:
 - ◆ Whether the child continues to have such a disability and educational needs of the child;
 - ◆ The present levels of academic achievement and related developmental needs of the child;
 - ◆ Whether the child continues to need special education and related services; and
 - ◆ Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable goals set out in the IEP of the child and to participate, as appropriate, in the general *education* curriculum.
4. If the team decides that no additional information is needed to determine the following given in #3 above, then the DOE shall notify the child's parents and of the right of the parents to request an assessment to determine whether, for purposes of services, the child continues to be a child with a disability. The DOE is not required to conduct an assessment if there is sufficient information unless requested by the parent. Check appropriate box on **Prior Notice to Initiate Evaluation** form. Provide parents with copy of their rights. Proceed with Eligibility Procedures.
5. If additional data is required, complete the **Evaluation Plan** and **Prior Notice to Initiate Evaluation** form and obtain parental consent. Provide parents a copy of their rights. Implement **Evaluation Plan**.

B. EVALUATION PROCEDURES

Evaluation to Eligibility is the process of determining whether a child is a child with a disability in accordance with FSM P.L. 8-21, and whether or not the child needs special education and related services in order to benefit from his/her education.

1. Verify that parent has given informed written consent on ***Prior Notice to Initiate Evaluation*** form prior to any assessment.
2. Determine whether the assessment needs to be conducted in a language other than English. If yes, determine whether the use of a qualified interpreter is necessary. The DOE must ensure that assessments and other evaluation materials used to assess a child are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to provide or administer.
3. **SPED REP** schedules the assessment and notifies school of the date and time.
4. Implement ***EVALUATION PLAN***. Assess child in all areas related to suspected disability areas.
 - ◆ **SPED REP** gathers information from parent about child's strengths, weaknesses, interests, problems, etc.
 - ◆ Teacher (s) gathers work samples of student's academic performance such as reading, writing, math, etc.
 - ◆ Related service assistants conduct their respective evaluation procedures.
 - ◆ Evaluation team members conduct assessment.
5. Evaluation team notifies **SPED REP** that assessment has been completed and requests for an eligibility meeting.
6. **SPED REP** facilitates the preparation of assessment results and reports for the eligibility meeting.

C. DESCRIPTION OF DISABILITY CATEGORIES (§300.8)

Note: The child must have one of the following disabilities and because of that disability must need special education and related services.

1. Developmental Delay:
Children aged three through nine experiencing developmental delays. Child with a disability for children ages three through nine (or any subset of that age range, including ages three through five), may include a child:
 - (1) Who is experiencing developmental delays, as defined by the FSM and 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
 - (2) Who, by reason thereof, needs special education and related services.

2. Autism means:
A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), 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.
 - (i) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.
 - (ii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria above are satisfied.
3. Deaf-blindness means:
Having both hearing and visual impairments, 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.
4. 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 a child's educational performance.
5. Emotional disturbance means:
 - (i) 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 learn 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) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
6. 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 of deafness in this section.
7. Mental retardation means:
Significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.
8. Multiple disabilities means:
Two or more disabilities (such as mental retardation-blindness, mental retardation-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 disabilities. Multiple disabilities does not include deaf-blindness.

9. Orthopedic impairment means:

A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by an irregularity from birth, 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).

10. 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, and sickle cell anemia; and Tourette syndrome; and
- (ii) Adversely affects a child's educational performance.

11. Specific learning disability.

- (i) General. Specific learning disability means 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 imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- (ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

12. Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child's educational performance.

13. 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.

14. 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.

D. RECOMMENDED ASSESSMENT PROCEDURES AND INSTRUMENTS

| Impairment Area | Assessment Procedure | Recommended Assessment Instruments | Recommended Evaluator (s) |
|---|---|--|--|
| <ul style="list-style-type: none"> ▪ Specific Learning Disability (SLD) ▪ Mental Retardation (MR) ▪ Autism | <p>Assess the following academic areas:</p> <ul style="list-style-type: none"> ◆ Reading ◆ Math ◆ Language Arts <p>Assess the following nonacademic areas:</p> <ul style="list-style-type: none"> ◆ Learning style ◆ Home, Community, and Vocational Skills <p>Obtain information about child's educational performance through:</p> <ul style="list-style-type: none"> ◆ General Education classroom observation ◆ Teacher Interview ◆ Parent Interview ◆ Classroom work samples <p>Obtain background information about child:</p> <ul style="list-style-type: none"> ◆ Review of school records <p>Conduct any other assessments as necessary to identify the child's educational needs and determine eligibility for special education and related services.</p> | <p><u>Academic areas:</u></p> <ul style="list-style-type: none"> ◆ Brigance Inventory of Essential Skills ◆ Brigance Diagnostic Inventory of Basic Skills ◆ Dr. Clay Starlin's <i>Handbook of Assessment Procedures and Materials for Children with Special Needs</i> ◆ <i>Ekwall/Shanker Reading Inventory</i> ◆ <i>Qualitative Reading Inventory</i> ◆ <i>AIMSWEB</i> <p><u>Home, Community and Vocational Skills:</u></p> <ul style="list-style-type: none"> ◆ Dr. Clay Starlin's <i>Handbook of Assessment Procedures and Materials for Children with Special Needs</i> ◆ AAMR Adaptive Behavior Scale (ABS) ◆ The Adaptive Behavior Evaluation Scale (ABES) ◆ Vineland Adaptive Behavior Scale (VABS) <p><u>Intellectual/Cognitive:</u></p> <p>C-Toni</p> <p><u>Social Skills</u></p> <ul style="list-style-type: none"> ◆ Childhood Autism Rating Scale | <p>The Evaluation Team may consist of the following:</p> <ul style="list-style-type: none"> ◆ Special Educator – assess academic areas, reviews school records, and interviews teachers ◆ General educator – provides work samples, assesses student's learning style, and may conduct parent interviews ◆ Related Service Assistant – may assist with any of the needed assessments as identified on <i>Evaluation Plan</i> form. |

| Impairment Area | Assessment Procedure | Recommended Assessment Instruments | Recommended Evaluator (s) |
|--|---|---|--|
| Emotional Impairment | <p>Assess child's academic performance in the following areas:</p> <ul style="list-style-type: none"> ◆ Reading ◆ Math ◆ Language Arts <p>Obtain information related to the child's behavior:</p> <ul style="list-style-type: none"> ◆ Observation of child in educational environments impacted by emotional problems. ◆ Parent Interview ◆ Teacher Interview ◆ Functional Behavior Assessment <p>Obtain information related to how child relates to others:</p> <ul style="list-style-type: none"> ◆ Personal/Social Skills <p>Conduct any other assessments as are necessary to identify the child's educational needs and to determine eligibility under this category.</p> | <p><u>Academic Areas</u>-Refer to instruments listed under SLD, Autism, and MR.</p> <p><u>Behavior:</u></p> <ul style="list-style-type: none"> ◆ Conner's Parent and Teacher Rating Scales | <p>Recommended Evaluation Team:</p> <ul style="list-style-type: none"> ◆ Special Educator ◆ General Educator ◆ Related Service Assistant (RSA) ◆ Consulting Resource Teacher (CRT) |
| Communication (Speech and Language) Impairment | <ul style="list-style-type: none"> ◆ Assessment of Academic areas and thinking skills ◆ Observation and analysis of the child's use of verbal and non-verbal communication skills in the various educational environments | <p><u>Academic Areas:</u> Refer to instruments listed under SLD, MR, and autism.</p> <p><u>Thinking Skills:</u></p> <ul style="list-style-type: none"> ◆ Dr. Clay Starlin's <i>Handbook of Assessment Procedures and Materials for Children with Special Needs</i> | <ul style="list-style-type: none"> ◆ Speech Therapist – Conduct specific speech and language assessments ◆ Special Educator-observation of child's speech & language abilities in the general education classroom; interview child's teachers. |

| Impairment Area | Assessment Procedure | Recommended Assessment Instruments | Recommended Evaluator (s) |
|--|--|--|---|
| Communication (Speech and Language) Impairment (continued...) | <ul style="list-style-type: none"> ◆ Observation and analysis of the child's ability to understand verbal and nonverbal communication ◆ Interview parents to obtain information related to the child's strengths, individual needs, and concerns related to the education of the child. ◆ Interview child's teachers to determine impact of emotional problems on the educational performance of the child. | <ul style="list-style-type: none"> ◆ <i>Peabody Picture Vocabulary Test (PPVT)</i> ◆ <i>Goldman-Fristoe Test of Articulation</i> ◆ <i>Receptive One Word Picture Vocabulary Test</i> ◆ <i>Expressive One Word Picture Vocabulary Test</i> ◆ <i>Oral and Written Language Scales (OWLS)</i> ◆ <i>Boehm Test of Basic Concepts</i> ◆ <i>Bracken Basic Concept Scale</i> | <ul style="list-style-type: none"> ◆ General Educator- Conduct parent interview ◆ Related Service Assistant (RSA): Conduct observations |
| <ul style="list-style-type: none"> ◆ Orthopedic ◆ Deafness ◆ Hearing Impairment ◆ Vision Impairment ◆ Deaf/ Blindness | <ul style="list-style-type: none"> ◆ Medical or health assessment indicating that a physical impairment exists for one or more of the physical areas such as orthopedic, vision, and/or hearing. ◆ If appropriate, a medical statement or a health assessment indicating that an event may have resulted in a traumatic brain injury. Observation of the child in the educational environments in which the physical (motor, vision, hearing) skills are required to determine impact of the impairment. | <p><u>Motor:</u></p> <ul style="list-style-type: none"> ◆ Bruininks-Oseretsky Test of Motor Proficiency <p><u>Hearing:</u> Screening Test for Hearing from <u><i>Dr. Fry's Informal Reading Assessments K-8, pp. 71-72</i></u></p> <p><u>Vision:</u> Screening Test for Vision from <u><i>Dr. Fry's Informal Reading Assessments K-8, pp.73-76</i></u></p> | <ul style="list-style-type: none"> ◆ Hearing-Audiologists ◆ Vision-Ophthalmologist ◆ Traumatic Brain Injury- Physician ◆ Observations - General and/or Special Educator ◆ Motor – Physical Therapists/ Related Service Assistant (RSA) |

| Impairment Area | Assessment Procedure | Recommended Assessment Instruments | Recommended Evaluator (s) |
|---|--|---|---|
| | <ul style="list-style-type: none"> ◆ Interview parents to obtain information related to the child's strengths, individual needs, and concerns related to the education of the child. ◆ Interview current teachers to determine the effect of the physical (<i>motor/vision/hearing</i>) on the educational performance of the child. ◆ Any other additional assessments necessary to identify the child's educational needs. | | |
| <ul style="list-style-type: none"> ◆ Other Health Impairment | <ul style="list-style-type: none"> ◆ Medical or health assessment indicating that the student has a health impairment. ◆ Assessment of academic areas to determine impact of health impairment on educational performance of the child. ◆ Interview with parents to obtain information related to student's health, strengths, etc. ◆ Interview with teachers to obtain information related to impact of health impairment on student's educational performance. | <p><u>Academic Areas:</u> Refer to instruments listed under SLD, MR, and autism.</p> <p><u>Attention Deficit:</u></p> <ul style="list-style-type: none"> ◆ <i>Conner's Parent and Teacher Rating Scales</i> ◆ <i>Attention Deficit Disorders Evaluation Scale – Revised (ADDES)</i> | <ul style="list-style-type: none"> ◆ Medical personnel ◆ Special Educator and/or General Educator |

| Impairment Area | Assessment Procedure | Recommended Assessment Instruments | Recommended Evaluator (s) |
|--|---|---|--|
| <ul style="list-style-type: none"> ◆ Traumatic Brain Injury (TBI) | <ul style="list-style-type: none"> ◆ Physician's assessment indicating that the student has a traumatic brain injury (TBI). ◆ Assessment of academic areas to determine impact of TBI on educational performance of the child. ◆ Interview with parents to obtain information related to student's health, strengths, etc. ◆ Interview with teachers to obtain information related to impact of health impairment on student's educational performance. | <p><u>Academic areas:</u></p> <ul style="list-style-type: none"> ◆ Brigance Inventory of Essential Skills ◆ Brigance Diagnostic Inventory of Basic Skills ◆ Dr. Clay Starlin's <i>Handbook of Assessment Procedures and Materials for Children with Special Needs</i> ◆ <i>Ekwall/Shanker Reading Inventory</i> ◆ <i>Qualitative Reading Inventory</i> ◆ <i>AIMSWEB</i> | <p>The Evaluation Team may consist of the following:</p> <ul style="list-style-type: none"> ◆ Special Educator – assess academic areas, reviews school records, and interviews teachers ◆ General educator – provides work samples, assesses student's learning style, and may conduct parent interviews ◆ Related Service Assistant (RSA) – may assist with any of the needed assessments as identified on <i>Evaluation Plan</i> form. |



Eligibility Meeting Procedures

ELIGIBILITY MEETING PROCEDURES

The purpose of this meeting is to (1) review data collected by the multidisciplinary assessment team and determine if the data supports the presence of a disability under IDEA and FSM regulations, (2) determine whether a student has a particular category of disability, (3) determine the educational needs of the student, and (4) determine whether the student needs special education and related services to benefit from his/her education.

Timeline: ⌚ Within 60 calendar days of receipt of parental consent for initial evaluation

Forms:

- 📄 Parent Notice of Meeting
- 📄 Committee Member Notification
- 📄 Case Manager Notes
- 📄 Evaluation Summary Parts I & II
- 📄 Statement for Eligibility for Special Education

Responsibility: † Special Education Representative

Note: Date of receipt of parental consent is the date that the form is first received by DOE personnel.

Prior to the Meeting:

1. SPED REP notifies members of the eligibility committee of the meeting schedule.
Core members of the committee must include:
 - Principal or designee
 - Parents
 - General Education teacher (s)
 - Special Educator and/or Related Service Provider
 - The child when appropriate
 - Individual who can interpret the instructional implications of the evaluation results (may be one of the other required members)
 - Any other individual, invited by the parent or agency, who has knowledge or special expertise related to the education of the child.

Additional Requirements for Children with Specific Learning Disabilities:

Group Members

- ◆ The determination of whether a child suspected of having a specific learning disability is a child with a disability is made by the child's parents and the group that is collectively qualified to:
 1. Conduct, as appropriate diagnostic assessments in the areas of speech and language, academic achievement, intellectual development, and social-emotional development;
 2. Interpret and analyze assessment and intervention data;
 3. Develop appropriate educational and transitional recommendations based on the assessment data; and
 4. Deliver and monitor specifically designed instruction and services to meet the needs of a child with a specific learning disability; and
 5. Includes:

- ◆ A special education teacher;
 - ◆ The child's general education teacher; or if the child does not have a general education teacher, a general education teacher qualified to teach a child of the child's age; and
 - ◆ Other professionals, if appropriate, such as a school psychologist, reading teacher, or educational therapist.
2. SPED REP contacts parent (s) by phone to confirm attendance at the meeting.

At the Meeting:

Principal or designee, or the SPED REP chairs the meeting.

1. Introduce all individuals attending the meeting.
2. Each evaluation team member reports on results of assessment and how it affects the child's involvement and progress in the general education curriculum.
3. Provide the parent the opportunity to provide information related to the child's involvement and progress in the general education curriculum.
4. Provide a copy of the evaluation report and Statement of Eligibility to the parents.
5. Review criteria for the suspected disability using the Statement of Eligibility form. The team must respond with a "YES" to the two questions below in order for the child to be eligible.
 - ◆ Does the child have a school performance problem that is due to one of the disability areas?
 - ◆ If yes, is it having an adverse effect on educational performance where the child is in need of special education and related services?

If the response is "YES" to both questions, then the child **IS ELIGIBLE** for special education and related services.

If the response to the first question is "YES" and "NO" to the second question, then the child **IS NOT ELIGIBLE** for special education and related services.

If the team determines that the primary reason for the eligibility determination is (1) lack of appropriate instruction in reading, including the essential components of reading instruction, or (2) lack of appropriate instruction in math, or (3) limited English proficiency and that the child does not otherwise meet the eligibility criteria for the specific disability area, then the child **IS NOT ELIGIBLE** for special education and related services.

6. If the committee **cannot reach consensus (i.e. agreement)** on eligibility and requires additional information, decisions must be made on the following:
 - ◆ What information is needed;
 - ◆ Who will be responsible for gathering the information;
 - ◆ What will be the timeline for completion; and,

- ◆ Date of the new eligibility meeting.

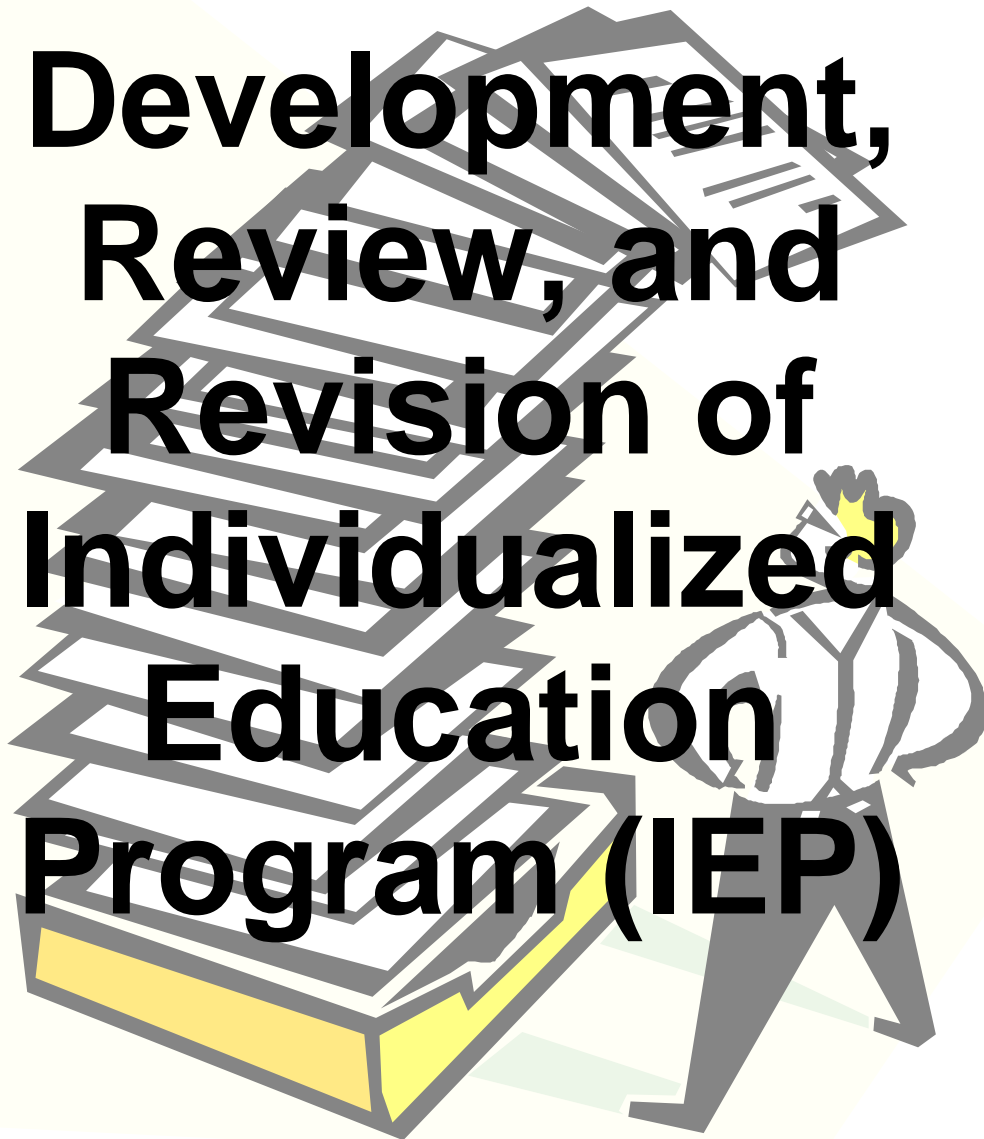
Eligibility is tabled until additional information is obtained. A new eligibility meeting date is scheduled at this time. However, remember the timeline of 60 days for the completion of the evaluation and the determination of eligibility within a reasonable period of time following the completion of the initial evaluation must be met.

7. If the parents and the school cannot reach agreement on eligibility and more information is not needed, the **SPED REP** provides the parents of a notice of action of the proposal or refusal on eligibility and informs the parent of his/her rights to resolve the disagreement. If the parent chooses to pursue due process and/or mediation, the implementation of the eligibility is tabled until the issue is resolved.
8. If the committee agrees on eligibility, document findings on **Summary of Evaluation** and **Statement of Eligibility** form for the suspected area.
9. **SPED REP** prepares copies of all documents for Special Education office and parent. School copies are filed in child's cumulative folder.
10. **PARENTS NOT IN ATTENDANCE: SPED REP** arranges for a meeting with parents to discuss evaluation results and **Statement of Eligibility** if parents did not attend the meeting. Parents are provided a copy of the **Statement of Eligibility** and a copy of the evaluation report.

After the Meeting:

1. **Eligible Child:** Schedule the IEP meeting.
2. **Ineligible Child:** File all copies of evaluation and eligibility reports in respective folders. Notify appropriate school personnel of any general education interventions that were determined as an alternative to the provision of special education and related services.

Development, Review, and Revision of Individualized Education Program (IEP)



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

INDIVIDUALIZED EDUCATION PROGRAM (IEP) PROCEDURES

Monitoring Priority: Free Appropriate Education in the Least Restrictive Environment (FAPE in the LRE)

- Indicator #1:** Percent of youth with IEPs graduating from high school with a regular diploma compared to percent of all youth in the FSM graduating with a regular diploma.
- Indicator #2:** Percent of youth with IEPs dropping out of high school compared to the percent of all youth in the FSM dropping out of high school.
- Indicator #3:** Participation and performance of children with disabilities on statewide assessments:
- A. Percent of districts meeting the FSM's Annual Yearly Progress objectives for progress for disability subgroup.
 - B. Participation rate for children with IEPs in a regular assessment with no accommodations; regular assessment with accommodations; alternate assessment against grade level standards; alternate assessment against alternate assessment standards.
 - C. Proficiency rate for children with IEPs against grade level standards and alternate achievement standards.
- Indicator #4:** Rates of suspension and expulsion:
- A. Percent of districts identified by the FSM as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year.
 - B. Percent of districts identified by the FSM as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year of children with disabilities by race and ethnicity.
- Indicator #8:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

Monitoring Priority: Effective General Supervision Part B/Effective Transition

Indicator #13: Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the post-secondary goals.

Indicator #14: Percent of youth who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school.

Timeline 🕒 A meeting to develop and IEP for the child must be conducted within **30 days** of determination of eligibility that the child is in need of special education and related services

Forms: 📄 Parent and Committee Member Notification
📄 Individualized Education Program (IEP)

Responsibility: 👤 SPED REP/IEP Team Members

Prior to the Initial IEP/Review of IEP meeting:

1. Initial IEP

The **SPED REP** schedules the initial IEP within 30 days of the determination that the child is in need of special education and related services. (**Note:** Day = Calendar day)

IEP Annual Review

The IEP Review meeting must be scheduled on or before the anniversary date.

Example: Last IEP was held 10/20/06. Annual IEP Review must be on/or before 10/20/07.

Keep in mind that FSM DOE must ensure that an IEP is in effect for each child at the beginning of each school year and it must contain the necessary special education and related services and supplementary aids and services to ensure that the student's IEP can be appropriately implemented.

IEPs for Parentally – Placed Private School Children with Disabilities

Definition: These are children with disabilities enrolled by their parents in private schools or facilities. It does not refer to children placed or referred by the FSM education agency to a private school.

Steps:

- (1). Develop an IEP as if the child were going to attend the public school. If the parents refuse to accept services in the public school and have decided to keep their child in a private school, then go to Step #2.

- (2). Develop and implement a “services plan” for each private school child with a disability. The “services plan” must describe the specific special education and related services that will be provided to the child based on the FSM's private school policy. The “services plan” must, to the extent, appropriate:
- ♦ Include all the components of an IEP with services limited to that which are identified in the FSM’s private school policy.
 - ♦ Be developed, reviewed, and revised as per the requirements of IDEA to include requirements related to IEP Team, parent participation, when IEPs must be in effect, and the development, review, and revision of the IEP.
2. The **SPED REP** notifies required team members of the meeting. Team must include:
- ♦ Principal or designee who is qualified to provide/supervise the provision of specially designed instruction to meet the unique needs of children with disabilities, knowledgeable about the general curriculum, and knowledgeable about the availability of resources of the DOE.
 - ♦ Parents
 - ♦ Not less than one general education classroom teacher of the child
 - ♦ Not less than one Special Education teacher or where appropriate, not less than one special education provider of the child;
 - ♦ An individual who can interpret the instructional implications of evaluation results (who may be one of the other required members)
 - ♦ Any individual, at discretion of parent or agency, who has knowledge or expertise about the child*
 - ♦ The child, if appropriate (opportunity to participate is required if transition is to be discussed)
 - ♦ To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, in implementing the transition requirements, the DOE must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.

IEP Team Attendance (Excusal):

- (a). A member of the IEP Team is not required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the DOE agree, in writing, that the attendance of the member is not necessary because the member’s area of the curriculum or related services is not being modified or discussed in the meeting.
- (b). A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of the curriculum or related services if:
- The parent, in writing, and the DOE consent to the excusal; and
 - The member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.

Alternative Means of Participation:

If neither parent can attend the IEP Team meeting, the DOE must use other methods to ensure parent participation. The parent of the child with a disability and the DOE may agree to use alternative means of meeting participation, such as video conferences and conference calls.

***Determination of knowledge and Expertise:** The determination of special knowledge and expertise of any individual described above shall be made by the party (parents or school) who invited the individual to be a member of the IEP

5. **SPED REP** sends home Parent Notification.
6. **SPED REP** sends out Committee Member Notification to all committee members.
7. Parent returns signed Parent & Committee Member Notification. If parents do not return notice with confirmation of attendance, **SPED REP** contacts parent by phone or makes home visit.
8. **SPED REP** contacts parent 2 to 3 days before meeting to remind and confirm attendance at the meeting.

At the Meeting:

NOTE: A meeting may be conducted without a parent in attendance if the school is unable to convince the parents that they should attend. In this case, the school must have a record of its attempts to arrange a mutually agreed on time and place.

1. The principal or designee chairs the meeting and serves as facilitator (person conducting the meeting). An individual other than the facilitator shall be assigned to complete the forms while the meeting is being conducted.
2. The facilitator reviews the Parent Rights with parents or legal guardians prior to the start of the meeting while awaiting the members of the team.
3. The facilitator conducts the meeting by reviewing each required component of the IEP. Prior to review of each component of the IEP, the team shall identify by at least age 14 or earlier if appropriate, the post secondary goals for the child based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills, and the transition services (including courses of study) needed to assist the child in reaching those goals.
4. Using the IEP Form, the facilitator conducts the meeting by reviewing each of the sections below.

① Present Levels of *Academic Achievement and Functional Performance*

- ◆ Review the results of the initial evaluation or most recent evaluation including information from parents;
- ◆ Review how the child's disability affects the child's involvement and progress in the general education curriculum. Present levels of performance should not be limited to academics. It also should include behavior if behavior is affecting the educational performance of the child.
- ◆ Write a statement of the present levels of academic achievement and functional performance that are MEASUREABLE and OBSERVABLE!
 - Identify assessment instrument utilized and date child was assessed, and
 - Address only those areas that are affected by the impairment.

Example for Reading: John reads a 2nd grade passage at 50 wpm using an Informal Reading Inventory given on 9/26/07.

Example for Behavior: John hits another student an average of 3 times a day 5 days a week based on a “frequency” observational system used during the week of August 20-24, 2007.

- ◆ Identify student’s unique needs and strengths of the child and concerns of the parents for enhancing the education of their child.
- ◆ If student is 14 years or older, complete the ***Student Preferences and Interests*** form.
- ◆ For preschool children, as appropriate, determine how the impairment affects the participation in age appropriate activities.

② Measurable Annual Goals Including Academic and Functional Goals:

- ◆ Write Annual Goals that are directly related to the present levels of academic achievement and functional performance.
 - This should be related to meeting the child’s needs that result from the child’s disability;
 - Should enable the child to be involved in and progress in the general education curriculum; and,
 - Should meet each of the child’s other educational needs that result from the child’s disability.
 - Annual Goals must be MEASURABLE.

Example of an Annual Goal for Reading: John will read a 4th grade passage orally with at least 150 wpm.

Example of a Behavioral goal: John will decrease hitting another child from of 2-3 times daily to 0 times daily.

NOTE 1: Annual goals are not required if the child is learning the general curriculum. Learning the general curriculum is not a unique need.

NOTE 2: For children with disabilities who take alternate assessments aligned to alternate achievement standards, the IEP must include a description of benchmarks or short-term objectives.

③ Special Education and Related Services, Supplementary Aids and Services, Modifications and Supports:

- ◆ The Special Education and related services and supplementary aids and services statement must be based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child; and
- ◆ A statement of the program modifications or supports for school personnel that will be provided to enable the child to:
 - To achieve the annual goals;

- To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
- To be educated and participate with other children with disabilities and nondisabled children in the general education curriculum, extracurricular, and other nonacademic activities.

Determine the following:

◆ **Special Education Services**

Special education is defined as “specially designed” instruction that meets the unique needs of the child with a disability. “Specially-designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction.” Special education extends beyond what is provided in the general education classroom.

Example of special education: Intensive, direct instruction in reading 50 minutes a day/5xweek (**adapting content and methodology**)

Example of special education: Provision of an interpreter in the general education classroom (**adapting delivery of instruction**)

◆ **Related Services**

“The term related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education.” The Related Services should be “educationally relevant” and “educationally necessary.”

Related Service Checklist:

- YES NO The related service is educationally relevant.
- YES NO The related service is educationally necessary.
- YES NO If the student doesn’t get the service, it will interfere with the Student’s access to, or participation in, his or her educational program this year.

If the team answers “YES” to any of the following questions, the service under consideration probably IS NOT educationally necessary.

- YES NO The proposed service can be addressed appropriately by the special educator or general education classroom teacher.
- YES NO The proposed service can be addressed appropriately through core teacher or staff (e.g. school nurse, guidance counselor, librarian, teachers, administrator, bus drivers, or custodians).
- YES NO The student has been benefiting from his or her educational program without the service.
- YES NO The student could continue to benefit from his or her educational program without the service.

Example of a related service: Speech Therapy 2x/week. The related service is needed to help him “articulate” the sounds for reading. (educationally relevant)

Note 1: If related services are needed, the Related Service Assistant (RSA) must be invited to participate in the development of the IEP. If the RSA does not attend the meeting, he/she must submit a written and signed report to the **SPED REP**. The report must include but is not limited to the following:

- ◆ Present levels of academic achievement and functional performance
- ◆ Unique needs
- ◆ Draft of recommended goals and objectives
- ◆ Recommended amount of service needed

NOTE 2: If goals and objectives address the need for related services, separate goals and objectives are not required.

- ◆ **Supplementary Aids and Services:** Supplementary aids and services mean aids, services, and other supports that are provided in the regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Example of a supplementary service: A calculator to help the child in his regular math class as a result of a math disability.

Example of a supplementary service: Tutoring 2 x week to assist with academic assignments as a result of a reading disability.

Program modifications

These are services that need to be provided to assist the child in advancing appropriately toward attaining the annual goals and to be involved in and progress in the general education curriculum and to participate in extracurricular and other nonacademic activities. These are modifications needed in order to participate as a result of the impairment. Use **Program Modification Worksheet** to determine required modifications.

Example of a Program Modification for a child with a reading disability: In science class, the teacher will record the reading and provide the child with a tape of the reading or Child with a reading disability will pair up with a child without a disability to read the material together.

Supports for school Personnel

These are supports that the teacher (s) or other school personnel need (s) to provide an appropriate education for the child with a disability.

Example of school supports for school personnel: 2-Hour workshop on working with students with learning problems and one hour a month consultation on strategies.

④ **The start date, anticipated frequency, location, and duration of those services and modification**

Example: Speech therapy – Start date: 10/20/07, 50 minutes/2xweek, general education classroom, on going until the next IEP review.

Example: Direct instruction in reading, Start date: 10/20/07, 30-minute sessions - 5xweek for the duration of the IEP. Provided in the resource room.

⑤ **An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular *education environment*, extracurricular, and other nonacademic activities.**

Example: Child will not participate in the regular class for reading. He/she will receive reading instruction in the resource room that focuses on multisensory reading. The reading program in the regular class does not meet the child's unique needs.

⑥ **Participation in Statewide Assessment**

- ◆ Determine and document any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on the National Standardized Test (NST) and any State assessments, and
- ◆ If the IEP Team determines that the child must take an alternate assessment instead of all or part of the NST or all or part of the State assessment of student achievement, a statement of why:
 - The child cannot participate in the regular assessment; and why
 - The particular alternate assessment selected is appropriate for the child.

Example of Modification for NST: Child has a reading disability. Modification- For the social studies and science subtest of the statewide assessment, the administrator will read the test questions.

Alternate Assessment Explanation/Description:

- ◆ If the IEP Team determines that the child is not going to participate in the statewide assessment, state why the assessment is not appropriate and why the particular alternate assessment selected is appropriate for the child

Example: Child has a reading disability that is at least 3 years below grade level for oral reading. The child is in the 8th grade. The reading subtest involves strictly reading comprehension. Since the child's oral reading is not at the 8th grade level, he will not be able to decode the words in the comprehension passages. Therefore, the child will be assessed using informal oral reading and comprehension tests that focuses on the Oral Reading Fluency Rate and comprehension at the level in which he has demonstrated proficiency in oral reading.

⑦ **Progress of Annual Goals**

- ◆ Identify how the child's progress toward meeting the annual goals will be measured.
- ◆ Identify when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issue of report cards) will be provided.

Example: Child's annual goal is to improve reading from 2nd to 4th grade level. The annual goal will be measured using the FSM Assessment instrument for oral reading fluency and reading comprehension. This will be completed at the end of every month and the progress reported to parents every quarter.

⑧ **Transition Services (needs to be updated annually)**

Develop an IEP that will be in effect when the child turns 14, or younger if determined appropriate by the IEP Team, and updated annually that includes the following:

- ◆ Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
- ◆ The transition services (including courses of study) needed to assist the child in reaching those goals.

Step 1: Identify the child's post-school outcomes for each of the following areas if it was not determined at the start of the meeting:

- Employment
- Post-secondary Education
- Independent living
- Community Participation
- Other

Example: Student wants to work in a restaurant. (Employment outcome)

Example: Student wants to live in an apartment. (Housing outcome)

Example: Student wants to be able to vote in elections. (Community Participation outcome)

Step 2: Complete form identifying student's interests and preferences with the child or the parents if the child is unable to complete the form.

Step 3: Respond to the questions under Transition on the form. For each statement that the IEP team responds with a "YES", document on the form the services needed as per the statement.

Example: The child is in the 9th grade. The courses of study for the 2003-2004 school year are as follows: English, General Math, FSM History, Biology, PE, and one elective.

Example: The IEP team responded “Yes” to the statement requiring related service. Identify the related service needed. Child will be placed in one period (50 minutes) of work experience in the cafeteria to develop his employment skills (Development of employment objective)

If another agency designated to provide the transition services fails to provide them, the DOE must bring the IEP Team together to identify alternative strategies to meet the transition objectives for the child set out in the IEP.

5. Transfer of Rights

- At least one year before the child reaches the age of majority in the FSM, include a statement in the IEP that states the following:
 - Informs the child that all rights will be transferred to the child upon reaching the age of majority under FSM law; and,
 - If the child reaches the age of majority and is not able to provide informed consent related to the special education program and has not been declared incompetent by FSM law, the LEA shall develop procedures for appointing the parent of the child, or if the parent is not available, another individual to represent the interests of the child while the child is eligible for services.

6. Consideration of Special Factors:

As part of the IEP development, the following factors should be considered if they are critical to the provision of a free appropriate public education (FAPE). Using page 3 of the IEP form, determine if the child is in need of services due to any of the following:

- a. Are the child’s behaviors preventing him or others from learning? If the answer is YES, the team must document it on the IEP and determine services needed to address the behaviors. Consider the use of positive behavioral interventions and supports, and other strategies, to address the behavior.
- b. Is the child a child with limited English proficiency? If the answer is YES, the team must document it on the IEP and identify language needs as they relate to the child’s IEP.
- c. Is the child blind or visually impaired? If the answer is YES, the team must document it on the IEP and provide for instruction in Braille and the use of Braille, unless the IEP team determines, after an evaluation of the child’s reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child’s future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child.
- d. Does the child have communication needs and/or is deaf or hard of hearing? If the answer is YES, the team must document it on the IEP and address how they will meet the child’s needs. Consider 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, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

- e. Is the child in need of assistive technology services and/or a device? If the answer is YES, the team must document it on the IEP and identify the types of services and/or device needed as they relate to the IEP.

7. Extended School Year Services (ESY):

The IEP team must determine if the child is in need of services beyond the instructional year in order to receive a free appropriate public education (FAPE). This includes summers, Christmas holidays, etc. The team completes page 4 of the IEP form.

8. Changes to the IEP after the Annual IEP Meeting:

- ◆ In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of a child with a disability and the DOE may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP.
- ◆ Changes to the IEP may be made either by the entire IEP Team or, as provided above in this section, by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments.

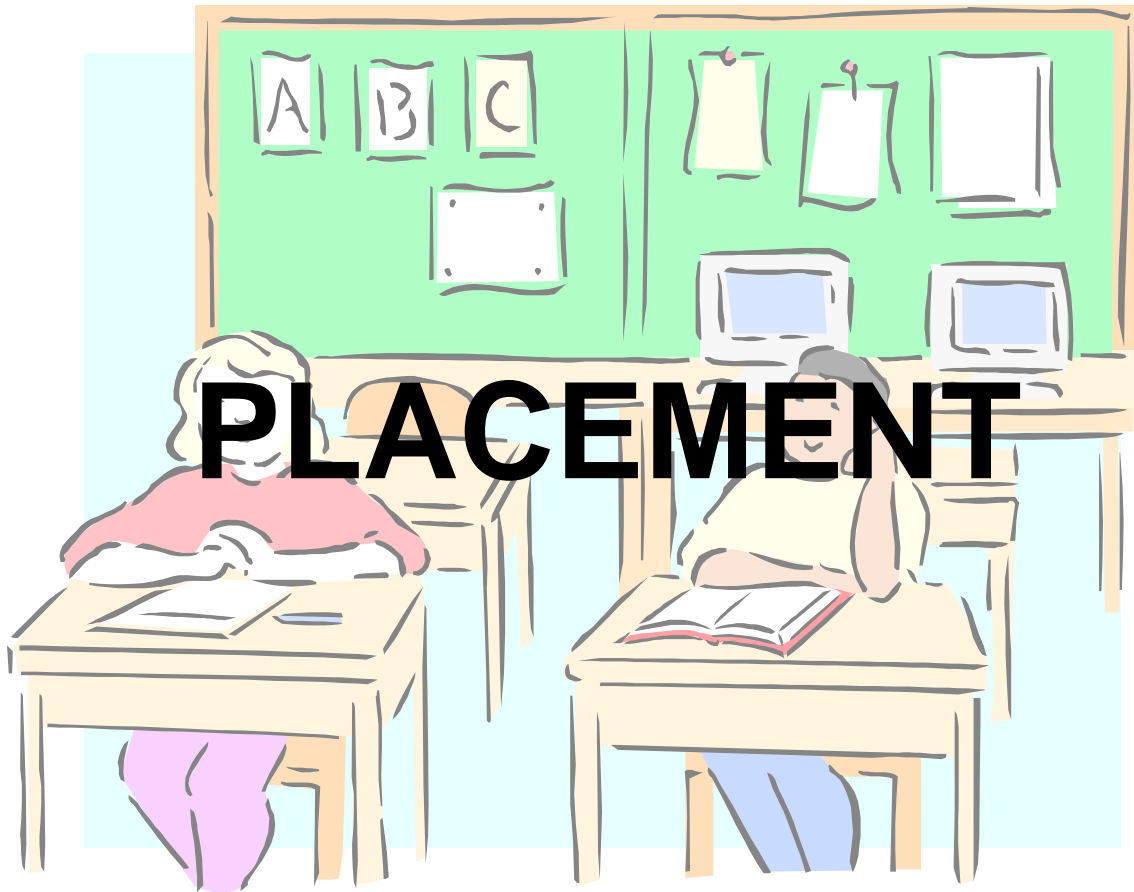
9. Consolidation of IEP Team Meetings:

If possible, the DOE must make an effort to conduct reevaluation meetings together with IEP Team meetings for the child.

10. Review and Revision of the IEP:

The DOE must ensure that the IEP Team:

- ◆ Reviews the child's IEP at least annually, to determine whether the annual goals for the child are being achieved; and
- ◆ Revises the IEP, as appropriate, to address--
 - Any lack of expected progress toward the annual goals and in the general education curriculum, if appropriate;
 - The results of any reevaluation;
 - The child's anticipated needs; or
 - Other matters.
- ◆ The regular education teacher of the child, as a member of the IEP Team, must, participate in the review and revision of the IEP of the child.



PLACEMENT

PLACEMENT

PLACEMENT PROCEDURES

Monitoring Priority: Free Appropriate Public Education in the Least Restrictive Environment (FAPE in the LRE)

Indicator #5: Percent of children with IEPs aged 6 through 21:

- A. Removed from regular class less than 21% of the day
- B. Removed from regular class greater than 60% of the day; or
- C. Served in public or private separate schools, residential placements, or homebound or hospital placements.

Indicator #6: Percent of preschool children with IEPs who received special education and related services in settings with typically developing peers (e.g. early childhood settings, home, and part-time early childhood/part-time early childhood special education settings).

Timeline: 🕒 Initial IEP within 30 days of determination that the child is in need of special education and related services; annually thereafter.

Forms: 📄 Placement Determination Form

Responsibility: 🧑‍🏫 IEP Team

1. Determine the placement after the development of the Individualized Education Program (IEP).
2. In determining the placement, the team must consider the following:
 - ◆ The placement is determined at least annually;
 - ◆ Is based on the child's IEP;
 - ◆ The placement is as close as possible to the child's home, unless the parent agrees otherwise;
 - ◆ The child is educated in the school that he/she would attend if nondisabled unless the IEP of a child with a disability requires some other arrangement, unless the parent agrees otherwise;
 - ◆ The IEP Team considers any potential harmful effect on the child or on the quality of services that he or she needs.
 - ◆ A child with a disability is not removed from age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.
 - ◆ In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, etc., the school shall ensure that each child with a disability participates with nondisabled children in

- those services and activities to the maximum extent appropriate to the needs of the child.
- ◆ A continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services. The continuum must:
 - include the alternative placements listed in the definition of special education; and
 - make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.
3. Using the **Placement Determination** form, the IEP team discusses the continuum of placement in the order given on the form. If the child is placed in a more restrictive placement on the continuum, the team must justify the reason for such placement. The continuum is as follows:
- ◆ General education classroom with modifications and/or consultation (Must be SpEd)
 - ◆ General education classroom with supplementary aids and services
 - ◆ Special Education classroom less than 21% of the day
 - ◆ Special education outside regular class at least 21% of day and no more than 60% of day
 - ◆ Special education outside the regular class for more than 60% of day
 - ◆ Self-contained setting within school
 - ◆ Public or private separate school
 - ◆ Residential facility
 - ◆ Homebound/Hospital environment
 - ◆ Correctional facility
 - ◆ Private Schools, Not Placed or Referred by Public Agencies
4. Once the placement has been determined, the team must respond to the questions that address the considerations in #2 above. If the team responds to any question with a “NO”, it must provide a written explanation.
- 5. Initial Consent for Services:**
- ◆ If this is an initial provision of special education and related services, the school must obtain informed written consent from the parents before the initial provision of special education and related services to the child.
 - ◆ If the parent fails to respond or refuses to give consent to the initial provision of special education and related services, the school does not have the right to override the consent through due process or other means.

Annual Review:

If this is an annual review, consent is not required for the child to continue receiving services unless the parent has revoked his/her consent. However, parents must be given prior written notice before implementation of changes to the IEP.

If parents do not agree with the placement and wishes to pursue a complaint through mediation and/or due process, the child shall remain in the placement he/she was in prior to the new placement.

6. **SPED REP** distributes and files all copies of IEP documents in student's school folder upon completion of the IEP meeting. If there is a dispute over the IEP, distribute and file copies upon resolution of the dispute. Provide a copy of the IEP to the parent.
7. The IEP must be in effect before special education and related services are provided to eligible children and must be implemented as soon as possible following the meeting.
8. The child's IEP must be made accessible to each regular education teacher, special education teacher, related service provider, and other service providers who are responsible for its implementation.
9. Each teacher and provider must be informed of his or her specific responsibilities related to implementing the IEP and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

A purple illustration of a balance scale is centered on a light green background. Above the scale's fulcrum is a semi-circle of seven red triangles pointing upwards, resembling a sunburst. The text "ALTERNATE DISPUTE RESOLUTION" is overlaid in the center in a bold, black, sans-serif font.

**ALTERNATE
DISPUTE
RESOLUTION**

ALTERNATE DISPUTE RESOLUTION

The Federated States of Micronesia FSM Department of Health, Education and Social Affairs serves people with disabilities as part of the Special Education Program (SPED)¹. SPED desires to work with those who may have problems/issues/complaints with these services. To do so, the SPED introduces these procedures for both an informal “complaints” and formal “due process hearings” as those terms are explained below. Please also see the pamphlet entitled “Your Special Education Rights” from the FSM Department of Health, Education and Social Affairs.

General Supervision

The FSM receives a grant from the US Department of Education for Special Education Programs (services). Part of the grant provisions requires the FSM to have processes to address and resolve complaints/hearings related to the provision of the Services. The FSM Department of Health, Education and Social Affairs exercises general supervision over all public education programs for students with one or more disabilities within the FSM in order to ensure the education programs meet the requirements of national and state law and the grant. As part of this responsibility, the Department will order and enforce compliance if noncompliance is identified through monitoring of educational agencies or the complaint procedures.

Jurisdiction

The complaint/hearing procedures provide for the filing, investigation, and resolution of a complaint/hearing relating to the education of students with a disability regarding an alleged violation by the Department of one or more requirements of any of the following:

1. Provisions of the FSM Code, Title 40², relating to the education of students with a disability;
2. Part B of the Individuals with Disabilities Education Improvement Act (IDEA: 20 U.S.C. Section 1400 et seq.) or the implementing regulations (34 C.F.R. Part 300);
3. Section 504, 34 C.F.R. Part 104; or
4. Failure to implement a due process hearing decision.

What is a “complaint” and how is it different from a “due process hearing”?

First – let us share that an informal complaint/concern/problem or a request for a due process hearing is considered a “complaint” for the purposes of these procedures. Any individual or organization could have a complaint to resolve issues of noncompliance and individual student complaints filed by parents. For example, if you are having trouble

¹ 40 FSMC 234

² 40 FSMC Chapter 2

with transportation or a teacher or special services for a child you have the right to attempt to resolve these problems. To do this you can:

1. Talk with the teacher or local school administrator;
2. Meet with the school's principal or district administrator; or
3. Take the complaint to the Coordinator in your State's Special Education Office.

This is the process that a person or entity with a complaint should follow. What the SPED hopes to achieve is to put the ability to solve problems with those closest to the situation – with an avenue to the Department and more formal processes when a solution cannot be found.

However, the parent may also file a request for a “due process hearing” (hearing). The Department will resolve, a parent's written complaint in the form of alleging a violation of the IDEA in the identification, evaluation, or educational placement of a student or the provision of a free and appropriate public education (FAPE) to the student.

Either process – a “complaint” or a “due process hearing” – is initiated when the concerned party registers a complaint with their State Special Education Office. By agreement between the State and National Governments, the State Special Education Office is designated to receive all complaints whether they be informal or a formal hearing request.

The complaint process requires the State Special Education Office to determine whether the educational agency acted in a manner consistent with the requirements of the law. That is, with regard to the allegation(s) of noncompliance, did the agency follow the required procedures, apply the required standards, and reach a determination that is reasonably supported by the student-specific data?

The parent may initiate a hearing if a solution cannot be found at the local level or the parent disagrees with the State Special Education Office's proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of a FAPE to the student.

If a parent exercises his right to file a request for a hearing, the State Special Education Office will forward the complaint to the FSM National Department Education in Pohnpei. The Department is responsible for setting up all mediations and hearings for the involved parties in coordination with the State Special Education Office. Review the materials below for details. But – in brief – the parties can:

- Resolve all issues at the local level through a “resolution session”,
- Resolve some issues at the local level and file for a hearing on the others,
- In either case, be offered Mediation for the issues raised in the complaint,
- Have Mediation, if mutually agreed and, if all issues are resolved, the case is dismissed.
- If not resolved through resolution or Mediation, go through the hearing process,
- Resolve all issues either by local resolution, mediation, or a hearing within 60 days from the date the complaint is filed.

Resolution Session

The State Special Education Program Coordinator will conduct a Resolution Session (Session) within 15 days of a party filing a request for a hearing. This step is mandatory unless **both** parties agree in writing to waive the Session or have Mediation. Only the parties come to the Session – no attorneys are present (unless the parent brings one – in which case the school or agency can have one as well). Every attempt is made to discuss the complaint and give the parties a chance to resolve the issue(s). If an agreement is reached it is binding and signed by both parties and is enforceable in court.

Mediation

Parties to a compliance dispute are encouraged to seek resolution through mediation and may request a mediator. The Department will offer mediation to the parties to the dispute whenever a complaint and/or a request for a hearing is filed. The mediation must be voluntary on the part of the parties and must meet the requirements of IDEA and these regulations. Mediation will take place in the state where the student resides.

Filing a Complaint

A complaint must:

1. Be filed at the State Special Education Office;
2. Be written and signed and contain the complainant's full name, mailing address and daytime phone number;
3. State that an educational agency (school district, school, the Department, or a state-operated program involved in the provision of special education and related services) has violated the IDEA or provisions of the FSMC title 40, Chapter 2 requirements; (nature of the problem)
4. State violations that occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the violation is continuing or the complainant is requesting compensatory services for a violation that occurred not more than three years before the date the complaint is received;
5. Provide facts in support of the statement(s);
6. A proposed resolution of the problem to the extent known to the party at the time; and
7. Request that the Department investigate the complaint or specifically reference the complaint process.

If a written complaint alleges a violation of the IDEA, Section 504 or FSMC title 40, Chapter 2, but does not request an investigation or specifically reference the complaint process, the State Special Education Office will contact the individual or organization filing the complaint (complainant) to determine whether the complainant wants the Department to conduct an investigation, have a local, informal resolution or begin a hearing process.

Complaints must be filed in the State Special Education Office

Processing the Complaint

1. The State Special Education Office will record the date the complaint was received and assign a case number. A copy will also be sent to the Department.

2. The State Special Education Office Coordinator (Coordinator) will be responsible for all resolution processes that do not involve mediation or a hearing.
3. The Coordinator will contact the complainant and provide the complainant the opportunity to submit additional information in writing to clarify the issue(s) within 10 calendar days. If the native language or other mode of communication of the complainant is not a written language, the Department will translate the notice orally or by other means in the individual's native language or other mode of communication and will provide alternative means to provide additional information. These alternative means must also be provided if the individual is illiterate and cannot read and/or write in English.
4. The Coordinator will contact the appropriate school or district in whose district the complaint issue(s) exists, in writing, to give information about the complaint and provide the opportunity to respond to the allegations of noncompliance within 10 calendar days. A copy will also be sent to the Department. This communication may be faxed, hand delivered or sent by postal mail.
5. At the same time that contact is made for points 3 and 4, the Coordinator will notify the parties of a "Resolution Session" which is a mandatory procedure under IDEA to be held within 15 days of the filing of request for a hearing.
6. Both parties will be notified in writing of the complaint procedures and mediation. If the parties are interested, the Coordinator and Department will arrange for mediation.
7. If a complaint is filed regarding a specific student(s) by someone other than the parent of the student, the Department will notify the parent that a special education complaint has been received and will provide the parent with a copy of these procedures and information regarding the complaint. If a complaint is filed by someone other than the parent, the Department may not provide personally identifiable information to the non-parent complainant without parent consent, unless otherwise allowed by law.
8. The Coordinator will maintain a complaint log, including at least timeline data (date received and date written decision was issued), the subject of the complaint, and the resolution of the complaint.³

Independent Investigation

The Coordinator investigates the complaint and will make a decision based upon a review of the records and documentation, including local policies and procedures, and other relevant documents. At the Coordinator's or Department's discretion, they may contact an advocacy organization or an independent advocate for students with disabilities to request a co-investigator to participate in the investigation and resolution of the complaint.

This same process will be utilized to investigate and resolve the complaint if the state Department of Education or the FSM National Department is the party against whom the complaint is filed and/or a formal complaint is filed.

On-Site Investigation

If the Coordinator determines it is necessary, an on-site visit, including interviews, will be conducted. This determination will be based on:

³ See the Complaint Timeline Flowchart at the end of these procedures

1. The nature, complexity, and number of issues;
2. The nature, complexity, and volume of documents; and
3. The need to orally interview parties to the complaint or other individuals knowledgeable about the situation in person.

The arrangements to conduct an on-site investigation will be made with the principal and the complainant. The Coordinator will consider the parties' suggestions regarding whom to interview.

Timeline

The Department is required to issue a final decision within 60 days of receipt of the complaint. Extensions are permitted only if exceptional circumstances exist with respect to a particular complaint. Any extension will be for a specific amount of time. The lead investigator will maintain documentation on extensions, including the rationale for the extension, and the new date for issuance of the final order.

Parties to the complaint will be informed in writing if the Department anticipates exceptional circumstances. Exceptional circumstances may include:

1. The need to review documents or information that will not be available until after the 60-day timeline;
2. Unusually complex issues or extraordinarily high volume of documents;
3. Extensive number of allegations; or
4. The temporary unavailability of individuals with critical information on the complaint.

If a complainant alleges that an educational agency failed to provide services specified in a student's individualized education program or modification plan, or ordered by a Hearing Officer, and the Department believes there is a strong likelihood that the educational agency has failed to comply with requirements of the IDEA, Section 504, or FSMC Title 40 the Department may order interim relief and require that the educational agency serve the student pending final resolution of the complaint.

The Coordinator is responsible for tracking complaints and assuring compliance with all timelines.

Written Decision

A complaint can be resolved at a local, informal level or during the "resolution session". In this case, the Coordinator will inform the parties that the matter is dismissed and notify the Department. In the event of Mediation or a due process hearing, the Department will issue the written decision to the parties that addresses each allegation in the complaint and contains findings of fact, conclusions, and the reasons for the Mediated agreement and/or the Hearing Officer's final decision.

If a violation is found, the written decision will include any necessary corrective action to be taken. The Department will ensure effective implementation of the decision by any means authorized by law to effect compliance, including technical assistance activities,

negotiations, and corrective actions to achieve compliance. A copy of the decision will be mailed to the local educational agency involved and the complainant.

Resolution by the Parties

The educational agency and the complainant may resolve the issues in the complaint at any time before the Department issues a written decision.

Dismissal

The Department has the discretion to dismiss a complaint at any time upon written request from the complainant.

Corrective Action

If the Secretary of the Department concludes that the local educational agency has violated the IDEA, Section 504 or FSM laws, the Secretary will direct the school or the district to submit a corrective action plan within 30 calendar days. The Secretary may establish a different timeline for corrective action on a case-by-case basis. Corrective action may include, but is not limited to, personnel development and the development or revision of procedures or forms. In resolving a complaint in which it has found a failure to provide appropriate services, the Department will address:

1. How the school or the district must remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the student; and
2. Appropriate future provision of services for all students with a disability.

All corrective action plans must be implemented in a manner consistent with IDEA and FSM laws and must not impede the availability of a FAPE to students with disabilities.

Technical Assistance

The SPED will provide technical assistance, as appropriate, to the local educational agency in order to achieve compliance.

Verification of Implementation of Corrective Action

The violating school or local educational agency must submit to the Department documentation of the correction of the noncompliance and provide standardized follow-up procedures to ensure correction.

The information regarding complaints filed or noncompliance found will be flagged for review in the next scheduled monitoring of the local educational agency.

Appeal

If dissatisfied with how the Department resolves the complaint, the aggrieved party may appeal to a court of competent jurisdiction.

Refusal to Correct

If the Department concludes that the local educational agency has violated federal law and the local educational agency refuses or is unable to correct its deficiencies, the

Department will enforce appropriate sanction(s) prescribed in the FSM SPED Monitoring Guideline or take necessary legal action.

Disclosure and Confidentiality

The Department's written decision is a public record and subject to disclosure. Personally identifiable information about any student or parent must be deleted. The complainant has access to these documents from the Department to the extent otherwise allowed by state and federal law.

Reporting

The Department will monitor data on the complaint process for systemic noncompliance or pattern of concern in individual local educational agencies or throughout the state. Periodically, the Department will report on its resolution of complaints to assist State Departments of Education and other educational agencies in remaining in compliance with the IDEA and FSMC Title 40.

A stylized illustration of a graduation cap (mortarboard) in light purple with a yellow tassel. Below it is a white diploma with a blue ribbon and a red seal. To the right is a pink leaf. The text "EXITING SPECIAL EDUCATION" is overlaid in the center.

EXITING SPECIAL EDUCATION

EXITING SPECIAL EDUCATION

PROCEDURES FOR EXITING STUDENTS

Monitoring Priority: Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE)

Indicator #1: Percent of youth with IEPs graduating from high school with a regular diploma compared to percent of all youth in the FSM graduating with a regular diploma.

Indicator #2: Percent of youth with IEPs dropping out of high school compared to the percent of all youth in the FSM dropping out of high school.

Monitoring Priority: Effective General Supervision Part B/Effective Transition

Indicator #13: Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the child to meet the postsecondary goals.

Indicator #14: Percent of youth who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school.

Exiting Categories

A student continues to receive special education and related services until such time that he/she exits from special education for one of the reasons below:

1. Transferred to regular education, previously labeled no longer receives special education. This category refers to students who had been receiving special education and who no longer have an IEP and are receiving all of their educational services from a regular education program.
2. Graduated with a regular high school diploma. Students exiting under this category are students that meet the same standards for graduation as students without disabilities (*i.e. through receipt of a high school diploma*).
3. Received a Certificate: Students who exited and received a certificate of completion, modified diploma, or some similar document.
4. Reached Maximum Age. Students exiting under this category are students that reached maximum age (age 22) for receipt of special education services, including students with disabilities who reached the maximum age and did not receive a diploma.

5. Died. This category refers to students who have died.
6. Moved, known to be continuing. This refers to students who have moved and transferred to another island or another district and are KNOWN to be continuing in an educational program. There does not need to be evidence that the student is continuing in special education, only that he/she is continuing in an educational program.
7. Dropped out. This category refers to students who were not enrolled at the end of the year and did not exit through any of the other categories above. This includes dropouts, runaways, General Educational Development (GED) recipients, expulsions, status unknown, students who moved and are not known to be continuing in another educational program, and other exiters.

Note: If students are allowed to receive a GED without dropping out of school, these students may be reported as graduating with a diploma. These are students who were jointly enrolled in secondary education and a GED program.

Source: OSEP Data History, September 2004

Category 1: Transferred to regular education

This category is to be used for students that are no longer in need of special education and related services.

1. Conduct a reevaluation to determine continued need for special education. Refer to reevaluation procedures.

Based on the assessment results, determine:

- ◆ If the student continues to have the disability and educational needs of the child;
- ◆ The present levels of academic achievement and related developmental needs of the child; and,
- ◆ Whether the child continues to need special education and related services.

2. If the team determines that the student is no longer in need of special education and related services, then the student exits from special education and returns to receiving all educational services from the regular education program. Prior written notice that all services will be terminated shall be provided to parents.

If the parents do not agree that the student should exit from special education, the Principal or designated individual shall inform parents of their rights regarding resolving disputes. The student stays put until the issue is resolved.

Category 2: Graduated with a regular high school diploma

This category is to be used for students that will be graduating with a regular high school diploma.

1. Schedule the annual IEP review meeting.

2. Determine if the student is eligible for graduation at the end of the school year.
3. If the student is going to meet graduation requirements, determine the following:
 - ◆ Will the student require additional services beyond the requirements in order to transition to post-high school environments?
4. If the answer is “YES”, then continue to provide services for the coming year. If the answer is “NO”, then the IEP team will notify the parents and the students that the student will be exiting from special education upon graduation.

If the parents do not agree that the student should exit from special education, the Principal or designated individual shall inform parents of their rights regarding resolving disputes. The student stays put until the issue is resolved.

5. If the student is not going to meet graduation requirements, conduct the following:
 - ◆ Determine if the IEP is meeting the transition needs of the student?
 - ◆ Develop an IEP that will transition the student from high school to post-high school environment.

Category 3: Received a Certificate

This category is to be used for students who will receive a certificate in lieu of a regular high school diploma.

1. Schedule an IEP Review meeting.
2. If the parents do not agree with receiving a certificate versus a diploma, the parents have the right to disagree with the decision and how to resolve the issue. If the parents exercise their right to request for a due process hearing and/or mediation, decision is tabled pending hearing decision.

Category 4: Reached maximum age

This category is to be used for students who will reach the age of 22 by the end of the school year.

1. Schedule the annual IEP review meeting.
2. Determine what programs and services will be provided for the duration of the school year.
3. Notify the parent and/or the child (if applicable) that the child will be exiting at the end of the school year.

If the parent does not agree that the student should exit from special education, the Principal or designated individual shall inform parents of their rights regarding resolving disputes. The student stays put until the issue is resolved.

Category 5: Died

Update the data with the appropriate office and indicate that the student is exiting the program due to his/her death.

Category 6: Moved, known to be continuing

This applies to students who have left the FSM educational system and are continuing in an educational program in another jurisdiction.

Update the data with the appropriate office and indicate that the student is exiting the program due to leaving the FSM.

Category 7: Dropout

This category refers to students who were not enrolled at the end of the year and did not exit through any of the other categories above. This includes dropouts, runaways, GED recipients, expulsions, status unknown, students who moved and are not known to be continuing in another educational program, and other exiters.

1. Schedule an IEP meeting upon notice that the student has not been attending school for a period of time as determined by policy.
2. Notify parents at last known address through written notice and other methods as defined in the IEP Notification section of the handbook.
3. Conduct the IEP meeting to determine if the excessive absence is the result of an inappropriate IEP.
4. If the committee determines that the IEP **IS APPROPRIATE**, provide parents with prior written notice that the child will exit from special education as a result of dropping out of school.
5. If the committee determines that the IEP **IS NOT APPROPRIATE**, then the IEP team shall revise the IEP to meet the student's needs and provide parents with a copy. If the parent refuses the services because the child refuses to come to school, then the school shall provide parents with written notice that the student will exit from the program as a result of refusing services. If the parents agree with the services and the child returns to school, implement the revised IEP upon the child's return.



APPENDIX A Terminology

TERMINOLOGY

| | |
|-------------------------------------|---|
| Assistive Technology Device | Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of that device. |
| Assistive Technology Service | Any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. |
| Child Find | Policies and procedures implemented to ensure that all children with disabilities residing in the FSM, including children with disabilities who are homeless children or are wards of the FSM, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services are identified, located, and evaluated. |
| Children with disabilities | Those children evaluated as having mental retardation, hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who because of those impairments need special education and related services. |
| Consent | Means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and the parent understands that the granting of consent is voluntary on his/her part and may be revoked at any time. If parent revokes consent, that revocation is not retroactive (i.e. it does not negate an action that has occurred after the consent was given and before the consent was revoked.) |
| Core Academic Subjects | Core academic subjects means English, reading, or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography. |

| | |
|--------------------------------------|--|
| CSPD | CSPD stands for Comprehensive System of Personnel Development. It is a plan that is designed to ensure an adequate supply of qualified special education, regular education, and related services personnel. |
| Day | Day means calendar day unless otherwise indicated as business day or school day. Business day means Monday through Friday, except for Federal and Local holidays (unless holidays are specifically included in the designation of business day). School day means any day, including a partial day that children are in attendance at school for instructional purposes. The term school day has the same meaning for all children in school including children with and without disabilities. |
| Destruction | Physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable. |
| Due Process Hearing | A hearing conducted by a person who is not an employee of the FSM national education agency or local educational agency that is involved in the education or care of the child and concerns matters related to the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education. |
| Education Records | Type of records covered under the definition of “education records” in the Family Educational Rights and Privacy Act of 1974. |
| Evaluation | Procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and do not include basic tests administered to or procedures used with all children in a school, grade, or class. |
| Extended School Year Services | Special Education and related services provided to a child with a disability beyond the normal school year, in accordance with the IEP, and at no cost to parents of the child, and meets the standards of the educational agency. |
| Exit | To exit from special education means that all special education services have been terminated as a result of one of the categories below: Transferred to regular education, graduated with a high school diploma, reached maximum age (i.e. 22), died, moved known to be continuing, and dropped out. |

| | |
|--|--|
| FAPE | FAPE stands for free appropriate public education and it means special education and related services that are (a) provided at public expense, under public supervision and without charge, (b) meet the standards of the State educational agency, (c) include preschool, elementary, or secondary school education, and (d) are provided in conformity with an IEP. |
| General Curriculum | Curriculum adopted by the local educational agency or State educational agency where appropriate. The term relates to the content of the curriculum and not to the setting. It is the same curriculum as for nondisabled children. |
| Homeless Children | <p>(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and</p> <p>(2) an individual who has a primary nighttime residence that is:</p> <p>(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);</p> <p>(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or</p> <p>(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</p> |
| IDEA | IDEA stands for Individuals with Disabilities Education Improvement Act. The Act was amended on December 3, 2004. |
| IEP | IEP stands for Individualized Education Program and it is a written statement for a child with a disability that is developed and implemented in accordance with the special laws and regulations. |
| Independent Educational Evaluation | Evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question. |
| Individualized Education Program Team | Group of individuals responsible for developing, reviewing, or revising an IEP for a child with a disability. |
| Limited English Proficient | <p>The term limited English proficient, when used with respect to an individual, means an individual:</p> <p>(A) who is aged 3 through 21;</p> <p>(B) who is enrolled or preparing to enroll in an elementary</p> |

school or secondary school;
(C)(i) who was not born in the United States or whose native language is a language other than English;
(ii)(I) who is a Native American or Alaska Native, or a native resident of the outlying areas; and
(II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
(D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
(i) the ability to meet the State's proficient level of achievement on State assessments described in section 1111(b)(3);
(ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
(iii) the opportunity to participate fully in society.

LRE

LRE stands for Least Restrictive Environment. It means that to the maximum extent appropriate, children with disabilities, including children in public or private institutions, or other care facilities, are educated with children without disabilities; and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**Manifestation
Determination Review**

A review conducted to determine if a relationship exists between the child's disability and the behavior subject to disciplinary action.

Native Language

If used with reference to an individual of limited English proficiency, the language normally used by the individual, or in the case of a child, the language normally used by the parents of the child except in the case of the following statement. In all direct contact with a child (including evaluation of the child), communication would be the language normally used by the child in the home or learning environment. For individuals with deafness or blindness, or for individuals with no written language, the mode of communication would be that normally used by the individual (such as sign language, Braille, or oral communication).

| | |
|--|---|
| Nonacademic and extracurricular services and activities | Counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs. |
| Parent | <p>Means</p> <ol style="list-style-type: none"> 1. a natural or adoptive parent of the child; 2. a foster parent, unless FSM law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent; 3. a guardian but not the State if the child is a ward of the State; 4. a person acting in the place of a parent including a grandparent, stepparent, or other relative with whom the child lives, or a person who is legally responsible for the child's welfare; or 5. a surrogate parent who has been appointed. <p><i>Note:</i></p> <ul style="list-style-type: none"> ◆ Except for what is stated in #2 above, the natural or adoptive parent, when trying to act as the parent under IDEA and when more than one party is qualified to act as a parent, must be presumed to be the parent for purposes of this section unless the natural or adoptive parent does not have the legal authority to make educational decisions for the child. ◆ If a court order identifies a specific person or persons to act as the "parent" of a child or to make educational decisions on behalf of a child, then such person or persons shall be determined to be the "parent" except the agency that provides education or care for the child may not act as the parent. |
| Participating Agency | A State or local agency, other than the public agency responsible for a child's education that is financially and legally responsible for providing transition services to the child. |
| Personally Identifiable Information | Information which includes the name of the child, the child's parents, or other family member, the address of the child; a personal identifier, such as the child's social security number or student number, or a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty. |
| Private School Children with Disabilities | Children with disabilities enrolled by their parents in private schools or facilities other than children with disabilities placed in private schools or referred by public agencies. |
| Procedural Safeguards | Parent Rights related to independent educational evaluation, prior written notice, parental consent, access to educational records, opportunity to present complaints, child's placement during pendency of due process proceedings, |

procedures for students who are subject to placement in an interim alternative educational setting, requirements of unilateral placement by parents of children in private schools at public expense, mediation, due process hearings, state-level appeals, civil actions, and attorney's fees.

Public Agency

Includes the State Educational Agency, local educational agency, and any other political subdivisions of the State that are responsible for providing education to children with disabilities.

Related Service

Means transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic and evaluation purposes. The term also includes school health services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the IEP of the child, social work services in schools, and parent counseling and training.

Exception: Related services do not include a medical device that is surgically implanted, the optimization of device functioning, maintenance of the device, or the replacement of the device.

Reevaluation

Evaluation conducted to determine whether a child with a disability continues to be a child with a disability.

Services Plan

A written statement that describes the special education and related services the local education agency (LEA) will provide to a child with a disability placed in the private school by the parents and who has been designated to receive services, including the location of the services and any transportation necessary.

Special Education

Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including (a) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; (b) instruction in physical education. Specially-designed instruction means adapting, as appropriate to the needs of an eligible child, the content, methodology, or delivery of instruction to address the unique needs of the child that result from the child's disability and to ensure access of the child to the general curriculum, so that he or she can meet

the educational standards within the jurisdiction of the public agency that apply to all children.

Specific Learning Disability

A disorder in one or more of the psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematics calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Supplementary aids and Service

Means aids, services, and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Surrogate Parent

A person assigned by the educational agency to represent a child in all matters related to the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child whenever no parent is identified, the public agency after reasonable efforts, cannot discover the whereabouts of a parent, or the child is a ward of the State. The surrogate may not be an employee of a public agency that is involved in the education or care of the child. The individual may have no interest that conflicts with the interest of the child he or she represents and has knowledge and skills that ensure adequate representation of the child.

Transition Services

A coordinated set of activities for a student with a disability that is designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment,), continuing and adult education, adult services, independent living, or community participation.

Ward of the State

A child who, as determined by the State where the child resides, is:

- ◆ A foster child;
- ◆ A ward of the State; or
- ◆ In the custody of a public child welfare agency.

Exception: Ward of the State does not include a foster child who has a foster parent who meets the definition of a parent.

APPENDIX B

FORMS

Pre-Referral Checklist for Communication Impairments

Signs that a child may have a Communication Problem
(Speech and/or Language)

| | |
|--|--|
| <input type="checkbox"/> Omits word endings | <input type="checkbox"/> Does not develop forms such as plurals, past tense verbs, complex verb forms, or other grammar forms at the age that most other children do |
| <input type="checkbox"/> Omitting the last sound of a word ("how" for "house") | <input type="checkbox"/> Substituting one sound for another ("pork" for "fork" or "toup" for "soup") |
| <input type="checkbox"/> Omitting one sound from a consonant blend ("nake" for "snake") | <input type="checkbox"/> Child's speech is unclear and unintelligible |
| <input type="checkbox"/> Speech is not understood by others | <input type="checkbox"/> Speech is more understandable to the family than to friends or strangers |
| <input type="checkbox"/> Has to repeat words or phrases when talking with a person outside the family | <input type="checkbox"/> Difficulty understanding words |
| <input type="checkbox"/> Difficulty choosing words to express ideas | <input type="checkbox"/> Does not talk |
| <input type="checkbox"/> Substitutes one word for another word with a similar meaning, or for a word that sounds similar | <input type="checkbox"/> May use vocabulary more typical of a younger child |
| <input type="checkbox"/> May repeat words or syllables | <input type="checkbox"/> Difficulty understanding or using concept words (such as in, at, big, hot, etc.) |
| <input type="checkbox"/> Difficulty with both language form and content | <input type="checkbox"/> Difficulty understanding questions or conversations directed toward them, may respond incorrectly or inappropriately |
| <input type="checkbox"/> Does not use language for the variety of purposes and in the variety of situations available | <input type="checkbox"/> Relies on non-verbal or limited means of communicating |
| <input type="checkbox"/> Rarely asks questions | <input type="checkbox"/> Does not seem to take turns in conversations |
| <input type="checkbox"/> Does not make speech sounds correctly | <input type="checkbox"/> Has problems with swallowing |

Pre-Referral Checklist for Communication Impairments

Signs that a child may have a Communication Problem
(Speech and/or Language)

| | |
|--|---|
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Weak and breathy voice |
| <input type="checkbox"/> Talking at the wrong pitch | <input type="checkbox"/> Frequent coughing or throat clearing |
| <input type="checkbox"/> Constant loud talking | <input type="checkbox"/> Hoarseness or vocal strain that lasts for more than two weeks |
| <input type="checkbox"/> Difficulty saying sounds, words, phrases in a smooth flow (e.g. stuttering) | <input type="checkbox"/> Has problems repeating a syllable, a phrase, or a whole sentence |
| <input type="checkbox"/> Prolongs a sound | <input type="checkbox"/> Often says “uh” along with repetitions or prolongations |
| <input type="checkbox"/> Blinks or squeezes the eyes shut while trying to say a word | <input type="checkbox"/> Voice may sound tense |

Pre-Referral Checklist for Emotional Disability

Signs that a child may have an Emotional Problem

| | |
|---|---|
| <input type="checkbox"/> Withdraws from activities | <input type="checkbox"/> Does not have friends; has relationship problems with others |
| <input type="checkbox"/> Isolates self from social situations. | <input type="checkbox"/> Is/was a victim of violence |
| <input type="checkbox"/> Feels constantly picked on, teased, bullied, singled out for ridicule. | <input type="checkbox"/> Humiliated at home or school |
| <input type="checkbox"/> Low school interest | <input type="checkbox"/> Poor academic performance |
| <input type="checkbox"/> Expression of violence in writings and drawings | <input type="checkbox"/> Expresses anger frequently and intensely |
| <input type="checkbox"/> Patterns of impulsive and chronic hitting, intimidating, and bullying behavior | <input type="checkbox"/> History of discipline problems |
| <input type="checkbox"/> Past history of violent and aggressive behavior | <input type="checkbox"/> Intense prejudice toward others |
| <input type="checkbox"/> Intolerance for differences | <input type="checkbox"/> Drug and alcohol use |
| <input type="checkbox"/> Seems depressed | <input type="checkbox"/> Tearful (cries often; cries for no reason) |
| <input type="checkbox"/> Has been sexually abused or assaulted | <input type="checkbox"/> Has an eating disorder (bulimia, anorexia) |
| <input type="checkbox"/> Defies rules | <input type="checkbox"/> Has fears or phobias |
| <input type="checkbox"/> Complains of illnesses without medical cause | <input type="checkbox"/> Has anxiety (unusually worried or uneasy) |
| <input type="checkbox"/> Displays compulsive behaviors | <input type="checkbox"/> Has recurring obsessive thoughts |

Pre-Referral Checklist for Hearing Impairment

Signs that a child may have a Hearing Problem

| | |
|---|---|
| <input type="checkbox"/> Pulls ear and exhibits signs of fever or crankiness | <input type="checkbox"/> Turns up the volume on the TV or radio to a disturbing level |
| <input type="checkbox"/> Suffers from frequent colds or ear infections or fluid drains from ear | <input type="checkbox"/> Exhibits a delayed reaction or no response when called |
| <input type="checkbox"/> Only responds when he/she is facing you | <input type="checkbox"/> Frequently asks for words or phrases to be repeated or says "huh?" often |
| <input type="checkbox"/> Does not follow directions well | <input type="checkbox"/> Is over-active or uncooperative |
| <input type="checkbox"/> Withdraws from other children | <input type="checkbox"/> Speaks loudly |
| <input type="checkbox"/> Can't pay attention | <input type="checkbox"/> Does not startle in response to a sudden loud sound |
| <input type="checkbox"/> Does not respond to sounds, music, or voices | <input type="checkbox"/> Does not turn his head or eyes toward sounds he can't see |
| <input type="checkbox"/> Does not say more than five words from 18 months to 3 years | <input type="checkbox"/> Between two and three years, does not use two- or three-word sentences |
| <input type="checkbox"/> Is not able to follow two instructions together (Ex. "Get the block and put it on the table) | <input type="checkbox"/> Speech cannot be understood a majority of the time |

Pre-Referral Checklist for Visual Impairment

Signs that a child may have a Vision Problem

| | |
|--|---|
| <input type="checkbox"/> Any tendency to squint, or move very close to the TV or computer | <input type="checkbox"/> Holds books too close to the face (around 14-15 inches is normal; 10-12 inches may indicate cause for concern) |
| <input type="checkbox"/> Closes or covers one eye, favoring the other eye | <input type="checkbox"/> Rubs eyes excessively |
| <input type="checkbox"/> Blinks more than usual | <input type="checkbox"/> Short attention span while reading |
| <input type="checkbox"/> Avoidance of visual activities | <input type="checkbox"/> Irritable when doing close-up work |
| <input type="checkbox"/> Is unable to see distant things clearly | <input type="checkbox"/> Crossed-eyes |
| <input type="checkbox"/> Red-rimmed eyelids | <input type="checkbox"/> Inflamed eyes |
| <input type="checkbox"/> Recurring eye infections | <input type="checkbox"/> Watery eyes |
| <input type="checkbox"/> Presence of white pupil in color photo | <input type="checkbox"/> Eyes itch or burn |
| <input type="checkbox"/> Dizziness, headaches or nausea after working close-up | <input type="checkbox"/> Blurry vision, either close or far away |
| <input type="checkbox"/> Difficulty switching focus from far to near | <input type="checkbox"/> Constant poor posture when reading |
| <input type="checkbox"/> Child moves his or her head back and forth while reading instead of moving only eyes | <input type="checkbox"/> Drowsiness after prolonged work less than arm's length away |
| <input type="checkbox"/> Child occasionally or persistently reports seeing blurring or double while reading or writing | <input type="checkbox"/> Child reports blurring or doubling only when work is hard |

Pre-Referral Checklist for Specific Learning Disability

| | |
|--|--|
| <input type="checkbox"/> Student not achieving as age or grade level peers | <input type="checkbox"/> Having problems in one or more of the following: <ul style="list-style-type: none"> ○ Listening ○ Speaking ○ Reading ○ Writing ○ Mathematics |
| <input type="checkbox"/> Gap between expected level of achievement and actual level of achievement | <input type="checkbox"/> Difficulties with socio-emotional skills and behavior. |
| <input type="checkbox"/> At least average intelligence | <input type="checkbox"/> Problems not the primary result of the following: <ul style="list-style-type: none"> ○ Economic disadvantage ○ Environmental factors ○ Cultural differences |
| <input type="checkbox"/> Difficulty with reading, writing, and spelling: <ul style="list-style-type: none"> ○ Letters and words may be written or pronounced backwards. | <input type="checkbox"/> Difficulty with math skills <ul style="list-style-type: none"> ○ Difficulty learning to count by 2's, 3's, 4's. |
| <input type="checkbox"/> Difficulty with written expression <ul style="list-style-type: none"> ○ Very messy handwriting or hold a pencil awkwardly ○ Struggles to express ideas in writing | <input type="checkbox"/> Difficulty with fine motor skills <ul style="list-style-type: none"> ○ Trouble with scissors, buttons |
| <input type="checkbox"/> Difficulty interpreting auditory (what they hear) information <ul style="list-style-type: none"> ○ Difficulty anticipating how a speaker will end a sentence | <input type="checkbox"/> Difficulty interpreting visual (what they see) information <ul style="list-style-type: none"> ○ Difficulty distinguishing letter like "h" and "n" |
| <input type="checkbox"/> Problems concentrating and focusing <ul style="list-style-type: none"> ○ Over-active ○ Distracted ○ Impulsive ○ Can't sit still ○ Loses interest quickly | <input type="checkbox"/> Trouble learning the alphabet, rhyming words, or connecting letters to their sounds |
| <input type="checkbox"/> Makes many mistakes when reading aloud, repeats and pauses often. | <input type="checkbox"/> May confuse math symbols and misread numbers |
| <input type="checkbox"/> Trouble understanding jokes, comic strips and sarcasm | <input type="checkbox"/> Trouble following directions |
| <input type="checkbox"/> Does not know where to begin a task or how to go from there | <input type="checkbox"/> May not understand what he or she reads |

Pre-Referral Checklist for Autism Spectrum Disorder

Signs of Autism Spectrum Disorder

| | |
|--|--|
| <input type="checkbox"/> Communication problems (e.g. using and understanding language) | <input type="checkbox"/> Severe deficits in development of social interaction skills |
| <input type="checkbox"/> Difficulty relating to people, objects, and events | <input type="checkbox"/> Unusual play with toys and other objects |
| <input type="checkbox"/> Difficulty with changes in routine or familiar surroundings | <input type="checkbox"/> Repetitive body movements or behavior patterns |
| <input type="checkbox"/> Delays in nonverbal behaviors (i.e. gesturing, facial expression, body posture) | <input type="checkbox"/> Delays in social reciprocity |
| <input type="checkbox"/> Impairments in establishing peer relationships | <input type="checkbox"/> Absence of “spontaneous seeking to share enjoyment, interests, or achievements with others” |
| <input type="checkbox"/> Preoccupation with parts or objects | <input type="checkbox"/> Preoccupation with one restricted area of interest |
| <input type="checkbox"/> Inflexibility or rigidity, sticking to a set, sometimes nonfunctional routine | <input type="checkbox"/> Misinterpretation of implied meanings – interprets all comments literally: Example “Break a leg.” |

Pre-Referral Checklist for Mental Retardation (Mild, Moderate, Severe)

| | |
|--|--|
| <input type="checkbox"/> Does not achieve as grade or age level peers in all areas | <input type="checkbox"/> Sits up, crawls, or walks later than other children |
| <input type="checkbox"/> Learns to talk later, or has trouble speaking | <input type="checkbox"/> Finds it hard to remember things |
| <input type="checkbox"/> Does not understand how to pay for things | <input type="checkbox"/> Has trouble understanding social rules |
| <input type="checkbox"/> Has trouble seeing the consequences of their actions | <input type="checkbox"/> Has trouble solving problems |
| <input type="checkbox"/> Has trouble thinking logically | <input type="checkbox"/> Does not have all the skills to live independently (adaptive behavior skills) such as: <ul style="list-style-type: none"> ▪ Getting dressed ▪ Going to the bathroom ▪ Social skills with peers |
| <input type="checkbox"/> Limited speech and communication | <input type="checkbox"/> Difficulty in basic physical mobility |
| <input type="checkbox"/> Trouble generalizing skills from one situation to another | <input type="checkbox"/> Needs support in major life activities (e.g. domestic, leisure, community use, vocational) |
| <input type="checkbox"/> May have medical problems such as: <ul style="list-style-type: none"> ▪ Seizures ▪ Cerebral palsy ▪ Sensory loss ▪ Hydrocephalus ▪ Scoliosis | <input type="checkbox"/> Learns things through objects |

Referral for Assessment

I. Demographics

| | | | |
|--------------------------|----------------------------------|--|--|
| Referred by: | | Referral Date: | Date Referred for Assessment: |
| (Last) | Student Name (First) (Middle) | Date of Birth | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Language: | | English Proficient: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| School: | | Teacher: | Grade: |
| Name of Parent/Guardian: | | | Place of Work: |
| Home Address: | | Home Phone: | Work Phone: |

II. Suspected Disability (Check all that apply):

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Speech or Language | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Deafness | <input type="checkbox"/> Deaf Blindness | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> | <input type="checkbox"/> |

III. Review of Existing Evaluation Data (*Attach evidence to support information stated below*):

- A. Current evaluations (no more than 3 years old):

- B. Screening results (Please attach any screening information related to health, vision, or hearing in addition to the academic areas listed below).

| | | |
|---------|------|-------|
| Reading | Math | Other |
|---------|------|-------|

- C. Information provided by the parents of the child:

- D. Current classroom-based State or National assessments:

- E. Observation by teachers and related service providers:

- F. Summary of Grades:

- G. Any additional information that may be relevant. (Write on the back if necessary.)

Evaluation Plan

Name of Student: _____

Date Plan Developed: _____

Suspected Area: _____

| Area for Assessment | Recommended Areas for Assessment | | | | | | | | | | | | | | Additional Information Needed | Responsible Person | Date Completed |
|---|----------------------------------|-----|----|-----|----|----|----|------|----|----|----|--------|-----|----|-------------------------------|--------------------|----------------|
| | AUT | SLD | ED | OHI | OI | VI | HI | Deaf | DB | MR | MD | SP/LNG | TBI | DD | | | |
| Vision | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Hearing | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Health (Physical including motor) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | |
| Intellectual/Cognitive | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Academic Achievement (Reading, Math, Language Arts) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Work Samples | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Speech or Language | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |

NOTE: Use additional sheet if necessary.

Codes:

AUT=Autism, SLD Specific Learning Disability, ED=Emotional Disabilities, OHI=Other Health Impairment, OI=Orthopedic Impairment, VI=Visual Impairment, HI=Hearing Impairment, Deaf=Deafness, DB=Deaf Blindness, MR=Mental Retardation, MD=Multiple Disabilities, SP/LNG=Speech or Language, TBI=Traumatic Brain Injury, DD=Developmentally Delayed

Evaluation Plan

Name of Student: _____

Date Plan Developed: _____

Suspected Area: _____

| Area for Assessment | Recommended Areas for Assessment | | | | | | | | | | | | | | Additional Information Needed | Responsible Person | Date Completed |
|---|----------------------------------|-----|----|-----|----|----|----|------|----|----|----|--------|-----|----|-------------------------------|--------------------|----------------|
| | AUT | SLD | ED | OHI | OI | VI | HI | Deaf | DB | MR | MD | SP/LNG | TBI | DD | | | |
| Adaptive Behavior | ✓ | | | | | | | | | ✓ | ✓ | | ✓ | ✓ | | | |
| Social Emotional Behavior | | ✓ | ✓ | | | | | | | ✓ | ✓ | | | ✓ | | | |
| Observation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Parent Interview | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Teacher Interview | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Review of School | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Other factors affecting educational performance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |

NOTE: Use additional sheet if necessary.

Codes:

AUT=Autism, SLD Specific Learning Disability, ED=Emotional Disabilities, OHI=Other Health Impairment, OI=Orthopedic Impairment, VI=Visual Impairment, HI=Hearing Impairment, Deaf=Deafness, DB=Deaf Blindness, MR=Mental Retardation, MD=Multiple Disabilities, SP/LNG=Speech or Language, TBI=Traumatic Brain Injury, DD=Developmentally Delayed

Prior Notice to Initiate Evaluation: Parental Consent

| | | | |
|-------------------------|-------------|---------------|----------------|
| Name of Student: | DOB: | Grade: | School: |
|-------------------------|-------------|---------------|----------------|

Dear Parent(s)/Guardian(s):

We are proposing to conduct an evaluation of your child and request your permission to conduct this individual assessment to help us address your child’s unique needs. The reason for the proposed action is:

- Initial Evaluation:** Your child has been experiencing difficulties in school. We met and discussed ways to meet his/her needs and decided that a referral to determine the need for special education and related services is appropriate at this time.
 - Additional data **IS** needed to determine whether your child is a child with a disability. Your parental consent is required below to conduct the assessments. See areas checked below.
 - Additional data **IS NOT** needed to determine whether your child is a child with a disability. Your parental consent is not required below. If you disagree, you have the right to request an assessment to determine whether your child is a child with a disability and to determine the child’s educational needs.

Reasons for the determination: _____

- Reevaluation:** We are conducting an evaluation to determine whether or not your child continues to be eligible to receive special education services.

Reevaluation due date: _____ (Date of the last eligibility determination)

 - Additional data **IS** needed to determine whether your child continues to be a child with a disability. Your parental consent is required below to conduct the assessments. See areas checked below.
 - Additional data **IS NOT** needed to determine whether your child continues to be a child with a disability. Your parental consent is not required below. If you disagree, you have the right to request an assessment to determine whether your child is a child with a disability and to determine the child’s educational needs.

Reasons for the determination: _____

As a result of the review of existing data, the evaluation will include assessment in the following areas:

- | | | |
|---|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Health (Physical/Motor) |
| <input type="checkbox"/> Intellectual/Cognitive | <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Social-Emotional |

The following procedures will also be conducted to gather information:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parent Interview | <input type="checkbox"/> Teacher(s) Interview | <input type="checkbox"/> Review of School Records |
| <input type="checkbox"/> Behavioral observations | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|---|-------------------|
| _____ | _____ |
| Principal/Administrator | Date |
| Special Education Representative: _____ | Contact No. _____ |

TURN OVER FOR PARENT CONSENT

Prior Notice to Initiate Evaluation: Parental Consent

PARENT CONSENT

- My Parent rights have been provided and fully explained to me in my native language or other mode of communication.

✓Check **ALL** that apply.

Yes, I understand my rights.

I give my consent for the initial evaluation or reevaluation.

No, I do not understand my rights and would like further explanation.

I do not give my consent for the initial evaluation or reevaluation.

Print Name

Signature/Date

Summary of Evaluation

Name of Student: _____ DOB: _____ Date: _____

| Area (Need) | Date of Evaluation | Evaluator and Title | Assessment Materials/ Procedures Used | Results (Present levels of functioning) | Recommendations |
|----------------|-----------------------|------------------------|--|--|-----------------|
| | | | | | |

Summary of Evaluation

Name of Student: _____ DOB: _____ Date: _____

Strengths:

Interests:

Parent Information:

Child's ability to participate in the general curriculum:

Complete for all Students:

Primary language of Student: _____ (If primary language is not English, check the appropriate box.)

- The evaluation was conducted in the student's primary language or other mode of communication, OR
- The evaluation was not conducted in the student's primary language or other mode of communication.

Other:

Statement of Eligibility Determination

Name of Student: _____ **DOB:** _____ **Date:** _____

Based on the information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, the Team has determined that:

YES **NO** The child was evaluated in accordance with §300.304 through §300.311 as having _____ (Attach Disability Eligibility Worksheet).

YES **NO** The student's disability has an adverse impact on the student's educational performance.

Is the primary factor due to lack of appropriate instruction in reading, including the essential components of reading instruction? **YES** **NO**

Is the primary factor due to lack of instruction in math? **YES** **NO**

Is the primary factor due to limited English proficiency? **YES** **NO**

(If you checked "YES" to any of the above questions, provide evidence to support response.)

Initial Evaluation (Use information from worksheet):

- The child IS IN need of special education and related services as a result of the disability.
- The child IS NOT in need of special education and related services as a result of the disability.

Reevaluation:

- The child continues to need special education and related services.
- The child is no longer in need of special education and related services.

| Signatures of Team Members | Title | Agree | Disagree |
|-----------------------------------|--------------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of the evaluation report and the eligibility statement is given to the parent(s).

Statement of Eligibility Autism Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Autism Disability Category (Source DSM IV):

1. The student's developmental level or educational achievement is significantly below age or grade level.
Guidelines:
 - ◆ For grades 3rd and below, 6 months to one year below age or grade level.
 - ◆ For grades 4th and above, at least two to three grades below age level or at least three years below age level.

2. The student's communication skills are significantly below age or grade level (must meet at least one of the characteristics below).
 - Delay in or total lack of the development of spoken language (not accompanied with alternative modes of communication such as gesture or mime)
Guidelines:
 - ◆ Student is non-verbal with no use of gestures and/or use of sign language.
 - ◆ For students ages 5 and below: Student's spoken language is at least six months below age level.
 - ◆ For school-age students: At least two to three years below age level.

 - Stereotyped and repetitive use of language or idiosyncratic language.
Guideline:
 - ◆ Repeats speech spoken by individuals more than two or three times.

 - Lack of the spontaneous make-believe play or social imitative play appropriate to developmental level.
Guideline:
 - ◆ Child does not participate in play activities appropriate for age level.

3. The student exhibits patterns of behaviors, interests, and/or other activities that are restricted, repetitive, or stereotypic and have been documented over time and observed to be intense (must meet at least one of the characteristics below).
 - Preoccupied with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 - Inflexible; need specific nonfunctional routines or rituals.
 - Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, complex whole-body movements)
 - Persistent preoccupation with objects.
 - The student exhibits unusual responses to sensory experiences. Student does not tolerate noise, smell, etc. at a level that is acceptable to most individuals.

**Statement of Eligibility
Autism Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

4. The student does not socially interact with other students (must meet at least two of these characteristics).
- Does the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - Fails to develop peer relationships appropriate to developmental level.
 - Does not seek to share enjoyment, interests, or achievements with other people.
 - Lack of social or emotional reciprocity; child does not respond to social interactions by other individuals.
5. Based on above information, the child
- Meets the criteria for the 'Autism' category.
 - Does not meet the criteria for the 'Autism' category.

6. Participation of Team Members:

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- A copy of the evaluation report and the eligibility statement is given to the parent (s).

Statement of Eligibility
Communication Impairment Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Speech Disorder

Student meets all of the conditions below.

1. The student demonstrates severe speech problems related to voice that is due to the pitch, quality, intensity or resonance, **AND**
2. The student's voice problem affects communication and intelligibility of speech; **AND**
3. The student's voice problem is considered to be within the moderate to severe range on a voice assessment.

OR

Student meets all of the conditions below:

1. The student exhibits interruptions in the rhythm or rate of speech which is characterized by hesitations, repetitions or prolongations of sounds, syllables, words or phrases; **AND**
2. The student's fluency problem interferes with communication and calls attention to itself across two or more settings; **AND**
3. The student's fluency problem falls within the moderate to severe range on a fluency assessment.

OR

Student meets all of the conditions below:

1. The student's phonology or articulation skills is significantly below age or grade level; **AND**
2. Evidence is available to verify the disorder with articulation by a language sample or other evaluation(s).

OR

Criteria for Language Disorders:

Student meets all of the conditions below:

1. The student's language in the area of syntax (grammar), morphology (words), pragmatics, or semantics (meanings of words) is significantly below that of age or grade level; **AND**
2. Evidence is available to verify the disorder with articulation by a language sample or other evaluation(s); **AND**
3. The disorder is not the result of another disability.

**Statement of Eligibility
Communication Impairment Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

4. Based on above information, the child:

- Meets the criteria for the 'Communication Impairment' category
- Does not meet the criteria for the 'Communication Impairment' category.

5. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of the evaluation report and the eligibility statement is given to the parent (s).

Statement of Eligibility Emotional Impairment Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

1. The student's emotional problems have existed over an extended period of time (at least six months).
 - The emotional problems are so severe that it impacts the child's educational performance.

AND

2. The student exhibits one or more of the following:
 - An inability to learn at a rate that matches intellectual ability, sensory motor, and physical development (i.e. Student is failing academic subjects and is functioning at least two to three years below chronological peers).
 - An inability to establish or maintain satisfactory inter-personal relationships with peers and teachers.
 - Exhibits a variety of excessive behaviors ranging from hyperactive and impulsive responses to depression and withdrawal.
 - Inappropriate types of behavior or feelings under normal circumstances; or,
 - Has the habit of developing physical symptoms, pains, or fears associated with personal, social, or school problems.
3. Based on above information, the child:
 - Meets the criteria for the 'Emotional Disability' category.
 - Does not meet the criteria for the 'Emotional Disability' category.

4. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- A copy of the evaluation report and the eligibility statement is given to the parent(s).

Statement of Eligibility Hearing Impairment Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Hearing Impairment Category:

1. The student has a pure tone average loss of 25 dbHL or greater in the better ear for frequencies of 500 Hz, 1000 Hz, and 2000 Hz; or
2. The student has a pure tone average loss of 35 dbHL or greater in the better ear for frequencies of 3000 Hz, 4000 Hz, and 6000 Hz; or
3. The student has a unilateral hearing impairment with a pure tone average loss of 50 dbHL or greater in the affected ear for the frequencies 500 Hz to 4000 HZ; and
4. The loss is either sensorineural, or is a conductive loss that has been determined to be not treatable.
5. Based on above information, the child:
 - Meets the criteria for the 'Emotional Disability' category.
 - Does not meet the criteria for the 'Emotional Disability' category.

6. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of the evaluation report and the eligibility statement is given to the parent(s).

Statement of Eligibility Mental Retardation Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Mental Retardation Category:

1. Student's developmental level or educational achievement is significantly below age or grade level.

Guidelines:

- ♦ For grades 3rd and below, At least 6 months to one year below grade level
- ♦ For grades 4th and below: At least two to three years below grade level.

2. The student's educational problems are not primarily the result of sensory (vision/hearing) disabilities or other physical factors. [Provide evidence]

3. The student has deficits in at least two of the adaptive behavior categories listed below as measured by an adaptive behavior scale:

- Communication
- Community use
- Self-direction
- Self-care
- Work
- Health and safety
- Home living
- Leisure
- Functional academics
- Social skills

4. Based on above information, the child:
- Meets the criteria for the 'Mental Retardation' category.
 - Does not meet the criteria for the 'Mental Retardation' category.

5. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility
Orthopedic Impairment Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Orthopedic Impairment Category:

1. The student has a motor impairment that results in deficits in the quality, speed, or accuracy of movement. These may be related to fine motor, gross motor, and self-help;
OR
2. The student has functional deficits in at least two of the three motor areas; **AND**
3. The student's condition is permanent.
4. Based on above information, the child:
 - Meets the criteria for the 'Orthopedic Impairment' category.
 - Does not meet the criteria for the 'Orthopedic Impairment' category.

5. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|-----------------------------------|--------------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of the evaluation report and the eligibility statement is given to the parent(s).

Statement of Eligibility
Specific Learning Disability Category Worksheet

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Specific Learning Disability Category:

1. A. The child is not achieving at the same rate at his/her age in one or more of the following areas, when provided with learning experiences appropriate for the child's age [Attach evidence].

- | | |
|--|--|
| <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"/> Mathematics Reasoning |

Guidelines:

- ◆ For grades 3rd and below, At least 6 months to one year below grade level.
- ◆ For grades 4th and below: At least two to three years below grade level.

B. The child fails to achieve a rate of learning to make sufficient progress to meet FSM approved results in one or more of the areas listed above when assessed with a response to scientific, research-based intervention process [Attach evidence]; OR

C. The child's educational performance is not primarily the result of a visual, hearing, or motor impairment, emotional problems, or environmental, cultural, or economic disadvantage [Attach evidence].

D. There is data that demonstrates that the child was provided appropriate high-quality, research-based instruction in regular education settings, including that the instruction was delivered by qualified personnel, as part of the referral process and that the child did not make adequate progress after an appropriate period of time. [Attach evidence].

2. Relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to that child's academic functioning.

3. Educationally relevant medical findings: _____

4. Strengths and weaknesses in performance or achievement or both, relative to intellectual development in one or more of the areas listed in #1A above. _____

**Statement of Eligibility
Specific Learning Disability Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

5. If applicable, instructional strategies used and the student-centered data collected if a response to scientific, research-based intervention process was implemented.

6. Based on above information, the child:
- Meets the criteria for the 'Specific Learning Disability' category.
 - Does not meet the criteria for the 'Specific Learning Disability' category.

7. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|-----------------------------------|--------------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility
Traumatic Brain Injury Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Traumatic Brain Injury Category:

1. Student has an acquired injury to the brain caused by an external physical force.
[Attach Evidence]
2. The student's condition is permanent.
3. The student's injury results in impairment in one or more of the following areas:
 - Communication
 - Behavior
 - Cognition, memory, attention, abstract thinking, judgment, problem solving, reasoning, and/or information processing.
 - Sensory, perceptual, motor and/or physical abilities.
[Attach Evidence]
4. Based on above information, the child:
 - Meets the criteria for the 'Traumatic Brain Injury' category.
 - Does not meet the criteria for the 'Traumatic Brain Injury' category.

5. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|-----------------------------------|--------------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility
Visual Impairment Category Worksheet**

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Criteria for Visual Impairment Category:

1. The student's residual acuity is 20/70 or less in the better eye with corrections; or
2. The student's visual field is restricted to 20 degrees or less in the better eye; or
3. The student has eye pathology or a progressive eye disease that is expected to reduce either residual acuity or visual field to either an acuity level of 20/70 in the better eye or a visual field of 20 degrees or less in the better eye; or
4. The medical statement is inconclusive, or the student demonstrates inadequate use of residual vision.

NOTE: Attach Visual Examination Report

5. Based on above information, the child:
 - Meets the criteria for the 'Visual Impairment' category.
 - Does not meet the criteria for the 'Visual Impairment' category.

6. Participation of Team Members.

| Signatures of Team Members | Title | Agree | Disagree |
|----------------------------|-------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- A copy of the evaluation report and the eligibility statement is given to the parent(s).

FSM ● DEPARTMENT OF EDUCATION ● SPECIAL EDUCATION PROGRAM
Parent & Committee Member Notification

| | | | |
|------|-----|-------|--------|
| Name | DOB | Grade | School |
|------|-----|-------|--------|

- Yes, I will attend the meeting.
- No, I will not be able to attend this meeting. You may conduct the meeting without me and send me copies of the results.
- I would like to reschedule the meeting.
- I would like an alternative means of participating in the IEP meeting. _____

Parent Signature

Date

Excusal of IEP Participants

I, _____, agree to excuse the following IEP members from attending the IEP meeting because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

Individuals to be excused:

Parent's Signature/Date

Agency Representative's Signature/Date

Excusal of IEP Participants

I, _____, agree to excuse the following IEP members from attending the IEP meeting, even when the meeting involves a modification to or discussion of the member's area of the curriculum or related services. However, the member must submit in writing to the IEP Team, information to develop the IEP prior to the meeting.

Individuals to be excused:

Parent's Signature/Date

Agency Representative's Signature/Date

FSM ● DEPARTMENT OF EDUCATION ● SPECIAL EDUCATION PROGRAM
Directions for Completing the IEP Forms

1. Fill out the demographics (i.e., name, grade, DOB, primary language, parent's name, home village, contact number, and mailing address).
2. Check whether it is an INITIAL or IEP REVIEW.

3. Post Secondary Goals

Write the student's goals after he/she leaves high school in each of the areas below:

- a. Employment – What type of work does he/she want to do?
- b. Post-secondary education – write down the student's goal for continuing his/her education after high school.
- c. Other – Such as independent living, mobility, health, etc. – list additional goals that the student would like to achieve by the time he leaves high school.

Examples:

- a. Employment: to get a job as a cook.
- b. Post-secondary education: To attend College of Micronesia (COM).
- c. Transportation: To obtain a driver's license.

4. **Present levels of Academic Achievement and Functional Performance:** In section ①, state how the child is doing in school. Write a statement of how the child is performing in academic areas and functional skills affected by the disability.

Examples for a child in 10th grade with a specific learning disability:

Math: Brigance Placement – 3rd grade for math computation – 9/20/2005.

Reading: Informal Reading Inventory – Orally reads 75 words per minute (wpm) on 3rd level; 180 wpm on 2nd grade level assessed on 9/19/2005. Reading comprehension – Independent level-2nd grade; Instructional level-3rd grade; Frustrational level-4th grade.

Functional skill mobility: Has not passed the driver's test.

Also state how the disability affects progress and involvement in the regular classroom.

Example: Student is not able to read grade level textbook due to the low reading ability.

5. **Annual Goal:** In section ②, state an annual measurable goal for each academic area and functional skill affected by the disability. Measurable means you can count whatever you identify as the goal.

Examples:

Math: To increase math performance level by at least two grade levels.

Reading: Oral Reading – To read at least 150 wpm given 5th grade reading materials.

Functional skill mobility: To pass a driver's education class.

6. **Special Education, Related Services, and Supplementary Aids and Services:** In Section ③, there are 5 parts. Work on each one separately. Make sure that each part relates to the present level of performance and the annual goal.

- a. **Special Education:** State the "specially-designed instruction" that will be provided to the child. Specially-designed means adapting "content (WHAT)", methodology (HOW)", or "delivery of instruction".

Example: Intensive reading instruction using direct instruction program.

- b. **Related Services:**

Example: Speech therapy services.

- c. **Supplementary aids and services:**

Example: Tutoring services for all classes that require reading.

FSM ● DEPARTMENT OF EDUCATION ● SPECIAL EDUCATION PROGRAM
Directions for Completing the IEP Forms

d. **Program Modifications** – What needs to be done in order for the student to participate and be involved in the general curriculum.

Example: For all classes requiring reading, class reading shall be provided in tapes.

7. **Start date for each service and modifications, frequency, location and duration of services.** In Section ④, identify the start date for each service and modifications. Also identify the frequency, location and duration of services.

Example:

| Service | Start Date | Frequency | Location | Duration |
|-------------------------------|------------|-------------------------------|----------------------|--|
| Direct Instruction in Reading | 10/15/2005 | 45 min/daily 5xweek | Resource Room | 10/15/2005 -10/15/2006 (excludes summer/holidays) |
| Taped Readings | 10/15/2005 | Daily for each Academic class | Science/SS classroom | 10/15/2005 -10/15/2006 (excludes summer/holidays) |

8. **Explanation of Nonparticipation in regular education environment, extracurricular, or nonacademic activities:** In Section ⑤, explain why the student is not participating in any regular education environment (such as regular education class), extracurricular (such as clubs, dances, etc.), and other nonacademic activities (such as lunch, recess, etc).

Example: Student is not participating in regular English class because he is in need of intensive instruction in reading in lieu of English class.

9. **Statewide Assessment:** Section ⑥ has 4 questions.

1st question: Determine if the student will participate in all parts of the statewide assessment (i.e., the NST). If the answer is YES, determine the accommodations, if any that will be needed. If accommodations are needed, determine the accommodations needed that matched those given for instruction. If the answer to this question is YES, skip the rest of the questions. If the answer is NO, go to the next question.

Example: Student has a reading disability.

Possible Accommodation: Read the subtests that do not measure reading.

2nd Question: Will the child participate in parts of the statewide assessment? If the answer is YES, determine the accommodations if any that will be needed for those parts. The accommodations should match with those already given for instruction. If the student is not taking all the parts of the statewide assessment, he/she must be given an alternate assessment.

Example: Student will participate in science and social studies subtests.

Accommodation: Read the passages and questions to the student.

3rd Question: For each part of the statewide assessment that the student will not be taking, explain why it is not appropriate.

Example: Student is not taking the reading subtest because the student's oral reading ability is three years below grade level and student is working on decoding skills.

4th Question: For each part of the statewide assessment in which the student will be given an alternate assessment, state why the particular alternate assessment is appropriate for the student.

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Example: Student's reading ability will be assessed using the AIMsWeb Oral reading Fluency and Reading Comprehension subtests. These tests measure the child's progress in decoding skills and then assess reading comprehension based on performance on oral reading.

10. Progress Report on Annual Goals: Section ⑦:

- a. Determine how the annual goals will be measured.

Example: Annual goal for reading will be measured using the Brigance Oral Reading and Comprehension subtests.

- b. Determine how often you will inform parents of the child's progress on the annual goals. The minimum requirement is to inform them as often as report cards are sent to parents.

Example: Parents will be informed of child's progress on the annual goals at least quarterly at the same time that report cards are given to all students.

11. Transition Services: Section ⑧ has two parts.

- a. Courses of study: List the courses that student will take for the year that is related to his/her postsecondary goals.

Example: 9th Grade – English, World Geography, Physical Science, cooking, etc.

- b. Determine what transition services the student will need in each of the areas below, if any, to meet postsecondary goals.

1. Instruction
2. Community experiences
3. Related services
4. Development of employment and other post-school adult living objectives
5. Acquisition of daily living skills and functional vocational evaluation

Example:

- Instruction: Driver's education
- Community experiences: Community-based instruction for use of community agencies.
- Related services: None
- Employment experiences: A minimum of 4 hours weekly work experience

12. Transfer of Rights

This only applies to students who will be 18 within one year or prior to the next IEP. The IEP Team must inform the student that all rights related to IDEA will transfer to him/her upon reaching the age of 18.

13. Considerations of Special Factors

For each special factor, respond to the question. If the response is "YES", then provide a statement as required by the special factor.

Example: Factor #a): Is the child's behavior preventing him or others from learning? If the answer is "NO", leave it blank. If the answer is "YES", write what the school will do to address the problem.

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Individualized Education Program (IEP)

Date of IEP Meeting: _____

Name of Student: _____ Grade: ____ DOB: _____ Initial IEP IEP Review
 Primary Language: _____ Home Village: _____
 Parent's Name: _____ Contact Number: _____
 Mailing Address: _____

| Post-Secondary Outcomes | ① Present Levels of Academic Achievement and Functional Performance and How Disability Affects Involvement in General Curriculum | ② Measurable Annual Academic and Functional Goals *NOTE: Short-term objectives required for students who are taking an alternate assessment | ③ Special Education and Related Services and Supplementary Aids and Services | ③ Program Modifications and Supports for School Personnel | ④ Start date for each service & Modification, Frequency, Location and Duration of Services |
|-------------------------|--|--|--|---|--|
| | | | | | |

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Date of IEP Meeting: _____

Name of Student: _____ Grade: _____ DOB: _____

- ⑤ If the child is not participating with nondisabled children in the regular classes, extracurricular activities or nonacademic activities, explain why.

- ⑥ Is the child participating in all of the statewide assessment? YES NO
Will the child require accommodations for any parts? YES NO
If yes, which parts require accommodations? _____

Type of accommodations needed: Timing/scheduling Setting
 Response Format Presentation Format

NOTE: Accommodations should be consistent with those provided for daily instruction.

Will the student be participating in an alternate assessment? YES NO

Explanation why the regular assessment is not appropriate: _____

Statement why the particular alternate assessment selected is appropriate for the child:

- ⑦ The child's progress on annual goals will be measured by: Informal assessment Formal assessment. The child's parents will be regularly informed of progress at least quarterly:
 Progress report Home note Report card Other _____

- ⑧ TRANSITION SERVICES: For ages 14 and above (or younger if appropriate), and updated annually:

a. Student's courses of study for the school year: _____

- b. For each student beginning at age 16 (or younger if determined appropriate by IEP), a statement of needed transition services:

Post-school Outcomes

Employment: _____

Post-Secondary Education: _____

Independent Living: _____

Community Participation: _____

- YES NO 1. Student's preferences and interests are attached.
 YES NO 2. Transition outcomes are included in the IEP.
 YES NO 3. Student's IEP requires instruction to meet transition outcomes.
 YES NO 4. Student's IEP requires related services to meet transition outcomes.
 YES NO 5. Student's IEP requires community experiences to meet transition outcomes.
 YES NO 6. Student's IEP requires the development of employment and other post-school adult living objectives to meet transition outcomes.
 YES NO 7. Student's IEP requires objectives related to the acquisition of daily living skills and functional vocational evaluation.

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Individualized Education Program (IEP)

Date of IEP Meeting: _____

Name of Student: _____ Grade: _____ DOB: _____

If the IEP Team responds with a "YES" to any question from #2 – #7, then the appropriate statement should be included in the IEP.

⑨ **TRANSFER OF RIGHTS:**

Will student reach the age of majority within one year? YES NO

If YES, has the student been informed of his or her rights under IDEA, if any, that will transfer to the student on reaching the age of majority? YES NO

Considerations of Special Factors:

As part of the IEP development, the following factors should be considered if they are critical to the provision of a free appropriate public education (FAPE).

- a) Are the child's behaviors preventing him or others from learning? YES NO
If YES, identify strategies, including positive behavior interventions, strategies, and supports to address the behavior. _____

- b) The child is a child with limited English proficiency. YES NO
If YES, identify the language needs of the child as such needs related to the child's IEP.

- c) Is the child blind or visually impaired? YES NO
If YES, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child.

- d) Does the child have communication needs or is the child deaf or hard of hearing?
 YES NO If YES, Identify the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

- e) Does the child require assistive technology devices and services? YES NO
If YES, identify the assistive technology devices or assistive technology services, or both, that are required for the child with a disability if part of the child's special education, related services, or supplementary aids and services.
 YES NO The child requires the assistive technology device and/or service in the home or in other settings in order to receive FAPE.

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Individualized Education Program (IEP)

Date of IEP Meeting: _____

Name of Student: _____ Grade: _____ DOB: _____

EXTENDED SCHOOL YEAR (Mark with an "x"):

- YES NO The student has failed to make any gains (or few gains) during the year.
- YES NO There is evidence that a skill included in an IEP is an emerging skill.
- YES NO The IEP team feels that if instruction is interrupted, the student will not make reasonable gains.
- YES NO There is evidence that the student regresses significantly during interruptions in instruction.
- YES NO When the student regresses, it takes a long time to regain the skill. From year to year the student fails to make reasonable educational progress on IEP goals and objectives.
- YES NO The student is working on a critical skill that is part of his/her IEP related to independence.
- YES NO There is evidence that an interruption in instruction will put the student's increased independence at risk or make him/her more dependent upon others.
- YES NO Based on the responses to the above question, the team has decided that Extended School Year services are necessary for the provision of FAPE to the child.

If yes, identify the annual goals that will be addressed.

The following individuals were in attendance and participated in the development of the above IEP.

Signature

Title

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Placement Determination Form

Date of Placement Meeting: _____

Name of Student: _____ Grade: _____ DOB: _____

This child's placement must be based on the child's Individualized Education Program (IEP).

Determination of Least Restrictive Environment

Directions: Start with the first placement at the top of the list. If the team agrees that this placement is not appropriate, write in the justification before moving to the next placement below it. All placement not selected above the actual placement must have a justification for non selection.

Continuum of Placement

| Type of Placement | Justification for Rejected Least Restrictive Placement |
|---|--|
| General Education classroom with modifications and/or with supplementary aids and services (receives special education outside general education classroom less than 20% of the school day). <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Resource Room Classroom Placement (receives special education outside the general education classroom at least 21% of the day and no more than 60% of the school day). <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Separate Classroom placement (receives special education outside the general education class for more than 60% of the school day). <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Separate Day School <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Residential <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Homebound/Hospital <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |
| Correctional <input type="checkbox"/> Selected <input type="checkbox"/> Rejected | |

Based on the placement above, respond to the questions below. If you responded "NO" to any of the questions below, provide a written explanation.

1. YES NO The child's placement is as close as possible to the child's home.

2. YES NO The child is educated in the school that he or she would attend if he/she did not have a disability. _____

Placement Determination Form

Date of Placement Meeting: _____

Name of Student: _____ Grade: _____ DOB: _____

3. YES NO The child does not require some other arrangement for placement other than the school he would attend if he did not have a disability.

4. YES NO Consideration has been given to any potential harmful effect on the child or on the quality of services that he or she needs.

5. YES NO The child is not removed from education in age appropriate classrooms solely because of needed modifications in the general curriculum.

The team agrees that this placement is in the least restrictive placement for the student.

Signatures of Team Members

Title

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Consent for Initial Provision of Special Education and Related Services.

Date: _____

Name of Student: _____ Grade: _____ DOB: _____

Parent Notice: Consent for Initial Provision of Special Education and Related Services

Your child has been evaluated and found eligible to receive special education and related services as described in your child's Individualized Education Program (IEP). In order to meet your child's needs, the IEP committee has recommended the following placement for your child:

- General education with modifications and/or with supplementary aids and services (receives special education outside general education classroom less than 20% of the school day).
- Resource Room Classroom Placement (receives special education outside the general education classroom at least 21% of the day and no more than 60% of the school day).
- Separate Classroom placement (receives special education outside the general education class for more than 60% of the school day).
- Separate Day School
- Residential
- Homebound/Hospital
- Correctional

The basis for the proposed placement is supported in the documents listed below:

- I have received a copy of my child's IEP and I understand the services and recommended placement.
- I consent to the initial provision of special education and related services to my child as described in the IEP. I understand that my consent may be revoked at any time.
- I do not consent to the initial provision of special education and related services for my child as described in the IEP form.

Signature of Parent or Guardian

Date

FSM ● DEPARTMENT OF EDUCATION ● SPECIAL EDUCATION PROGRAM
Private School Service Plan

| | | | | |
|---|---------------------------------|-------------------------------------|-----------------|----------------------------|
| Student Name | | | | |
| Last: | | First: | | Middle: |
| Mailing Address: | | | | |
| Village or Municipality: | | | | |
| DOB: | | School: | | Grade: |
| Parent/Guardian Name(s) | | | | Home Phone: |
| Present Levels of Academic Achievement and Functional Performance and How Disability Affects Involvement and Progress in the General Education Curriculum: | | | | |
| | | | | |
| Statement of Measurable Annual Goals, Including Academic and Functional Goals: | | | | |
| | | | | |
| Services and Modifications | | | | |
| Statement of the Special Education and Related Services and Supplementary Aids and Services (as determined by FSM Private School Policy): | | | | |
| | | | | |
| Statement of Program Modifications or Supports for School Personnel that will be provided: | | | | |
| | | | | |
| Progress Reports | | | | |
| Description of how child's progress toward meeting the annual goals will be measured: | | | | |
| | | | | |
| Schedule for Provision of Periodic Progress Reports to Parents: | | | | |
| | | | | |
| Service | Frequency (How often) | Duration (length of time) | Location | Implementation Date |
| | | | | |
| | | | | |
| | | | | |
| Transition: | | | | |
| Statement of Measurable Postsecondary Goals: | | | | |
| | | | | |
| Transition Services: | | | | |
| | | | | |

