

Making Sense of Connecticut's New IEP, Page by Page

Presented by:

Jeffrey L. Forte, Esq.

Jill Hornig, Esq.

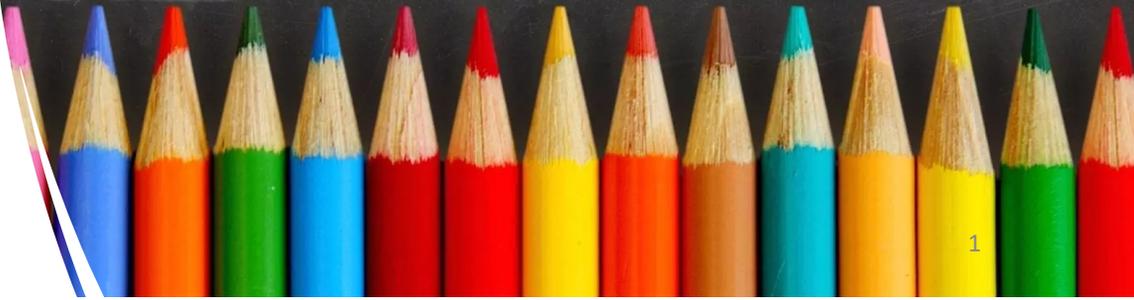


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IEP

INDIVIDUALIZED EDUCATION PLAN





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Jill Hornig, J.D.

- ❖ Special Education Attorney
- ❖ Also admitted in NY
- ❖ Parent-to-Parent Mentor
- ❖ Parent of Three Adult / Teen Children with Needs
 - ❖ Autism Spectrum Disorder
 - ❖ Anxiety
 - ❖ ADHD

Jeffrey Forte, J.D.

- ❖ Special Education Attorney
- ❖ Parent of a Child with Dyslexia
- ❖ Certified Child Advocate
- ❖ Juvenile Defense Attorney
- ❖ Manifestation Hearings / Expulsion Defense
- ❖ Former CSDE State Appointed Surrogate
- ❖ Former SEEK of CT Executive Board Member
- ❖ COPAA Presenter / Attorney Development Committee
- ❖ Let's Talk Sped Law Podcast



Unknowns

Disclaimers

Common Acronyms

- IDEA – Individuals with Disabilities Education Act
- FAPE – Free Appropriate Public Education
- LRE – Least Restrictive Environment
- IEP – Individualized Education Program
- PPT – Planning and Placement Team
- PLOP – Present Levels of Performance
- CT-SEDS – Connecticut Special Education Data System



JUST ARRIVED



CT-SEDS: Has Arrived!

- Connecticut Special Education Data System (“CT-SEDS”)
- State-wide
- Web-based
- Parent portal access
- Document storage and interactive for IEPs & other related documents
- Purpose to support developing compliant IEPs & access to student data for multiple users (teachers, district state, CSDE, parents)

“Five Things to Know about the State’s New Special Education Data Management System”

Examiner



...DID YOU KNOW...

- 1: Statewide use by all districts for all 84,000 special ed students.
- 2: Parent portal electronic access to IEP & related documents
- 3: Translated into 10 languages
- 4: Costs \$1M annually, paid by federal grant IDEA funding, at no costs to all school districts
- 5: Relieves districts the burden of gathering and reporting data annually to CSDE.





When Does Your Child's IEP Switch to CT-SEDS?

- For new IEPs created after 7/1/22
- Implemented at annual PPT

PARENTAL TIP!

File a FERPA Request for all your child's school records pre-CT-SEDS migration

RESOURCES



- Forte Law Group, Connecticut's New IEP, An Overview by Special Education Attorney: <https://www.fortelawgroup.com/connecticuts-new-iep-an-overview/>
- CSDE New IEP Resources link: <https://portal.ct.gov/SDE/Special-Education/New-IEP/New-IEP-CT-SEDS>
- CSDE New IEP Template: <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/Draft-IEP-August-2021.pdf>
- Side-by-Side Comparison of the Current Connecticut IEP and the New IEP: https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/IEP_SideBySide.pdf
- New IEP – Supplementary Aides and Services: <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/New-IEP—Supplementary-Aids-and-Services- -Accomm Mod AT-Examples.pdf>
- CAS & CSDE CT-SEDS Overview with Bryan Klimkiewicz: <https://www.youtube.com/watch?v=QcPHG40acOk>
- Bureau of Special Education Update from Bryan Klimkiewicz, CSDE Special Education Division Director: <https://www.youtube.com/watch?v=AwXjxcfHONI>
- IEP Training Modules: <https://ct.ieptraining.org/>
- IEP Preview Series: <https://portal.ct.gov/SDE/Special-Education/New-IEP/New-IEP-CT-SEDS/CT-SEDS-Preview-Series/IEP-Preview-Series>
- CT-SEDS Documents/Templates: <https://portal.ct.gov/SDE/Special-Education/New-IEP/New-IEP-CT-SEDS/CT-SEDS-Documents-Templates>

**Separate Stand-Alone Documents
Outside of the New IEP**



Prior Written Notice



Prior Written Notice
Actions
Proposed/Refused
Reference Guide



Planning and
Placement Team
(PPT) Record of
Meeting



Summary of Planning
and Placement Team
(PPT)



Least Restrictive
Environment (LRE)
Procedural Checklist



Summary of
Performance



See <https://portal.ct.gov/SDE/Special-Education/New-IEP/New-IEP-CT-SEDS/CT-SEDS-Documents-Templates>

Prior Written Notice

Prior Written Notice
(34 C.F.R. § 300.503)

Document intended for internal use only—data must be entered in CT-SEDS

PURPOSE: As a parent/guardian of a student or an adult student suspected of needing or receiving special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement or provision of a free and appropriate public education (FAPE) to your child. This notice should be given to you after a district makes a decision and 10 school days before action is taken on the decision, unless the school district and you both agree to an earlier implementation date.

To: _____ Date: _____
Parent/Guardian/Adult Student Student Name
 Re: _____
 SASID: _____

ACTION(S) PROPOSED/REFUSED

(Insert District Name) Public Schools is providing notice of the following: (select one of each of the following)

- 1. The District is proposing to _____
- 2. Initiate _____
- 3. Identification/eligibility _____
- The District is refusing the request to _____
- change _____
- an evaluation _____
- an educational placement _____
- the provision of FAPE (IEP) _____

DESCRIPTION / REASON

Description/Reason of the proposed or refused action:

The reason for proposing or refusing to take action is:

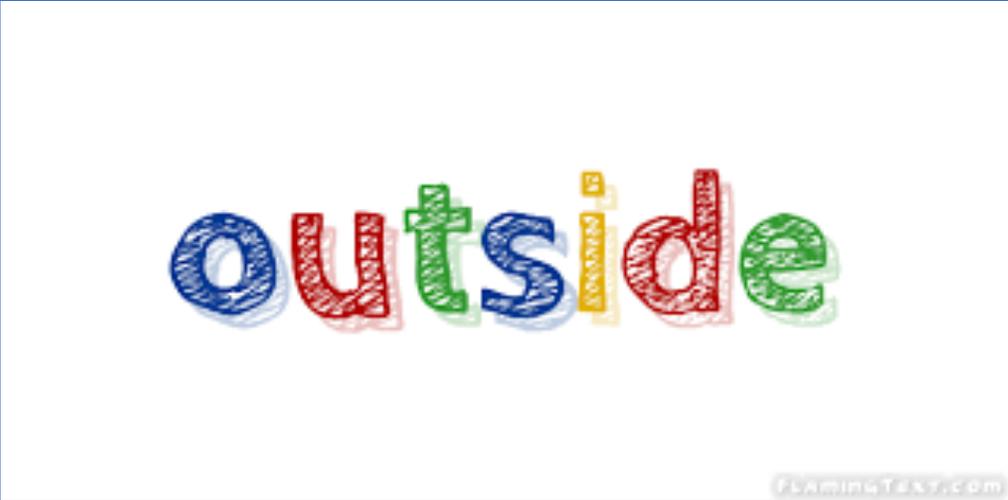
Description (including the date) of each evaluation procedure, assessment, record, or report the school district used as a basis for the proposed/refused action:

Date this action will take effect:

- Other options the PPT considered and rejected:**
- Instruction in the general education environment with supplementary aids and services
 - No other options were considered and rejected
 - Other: _____

- Reason for rejecting other options:**
- The student would not receive an appropriate program in the least restrictive environment.
 - Other: _____

- Other factors that are relevant to this action:**
- There are no other factors that are relevant to the PPT decision
 - Other: _____



See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-Prior-Written-Notice-July-2022.pdf>

PPT Record of Meeting

School District Name
Planning and Placement Team (PPT) Record of Meeting

Document intended for internal use only—data must be entered in CT-SEDS

- Select one of the following:
- The student does not have an individualized education program (IEP) at this time.
 - Restraint/Seclusion Review
 - Manifestation Determination
 - The student's currently valid IEP was reviewed and is not being revised.

Meeting Date: _____ Student Name: _____
 Reason for Meeting: _____ SASID: _____
 Parent/Guardian: _____ Student Address: _____
 Surrogate Parent (if applicable): _____
 Case Manager: _____

PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

Name	Role

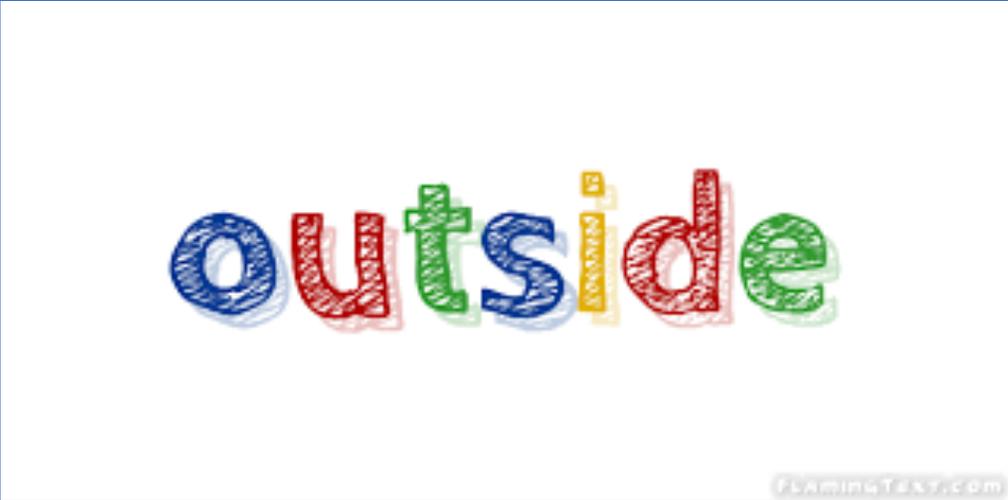
(Additional rows will be added as needed)
 (Note: If a required member of the PPT is not present, the PPT Attendance Excusal document is required to conduct the PPT meeting.)

Summary

Recommendations

- Resources**
 The following documents were provided to the parent(s) at this meeting or sent electronically with parental permission:
- Procedural Safeguards in Special Education
 - Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools
 - A Parent's Guide to Special Education
 - IEP Manual
 - Building a Bridge
 - Transition Bill of Rights
 - Other: _____

For assistance with understanding the provisions of the IDEA, please contact the district's special education director or the Connecticut Parent Advocacy Center (CPAC) at 1-800-445-2711.
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See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-PPT-Record-of-Meeting---July-2022.pdf>

Summary of PPT

School District Name
Summary of Planning and Placement Team (PPT)

Document intended for internal use only—data must be entered in CT-SEDS

Meeting Date:	Student Name:
Reason for Meeting:	SASID:
Parent/Guardian:	Student Address:
Surrogate Parent (If Applicable):	
Case Manager:	

PLANNING AND PLACEMENT TEAM SUMMARY:

DRAFT



FLAMINGTEXT.COM

See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-Summary-of-PPT-Meeting-July-2022.pdf>

Least Restrictive Environment Checklist (LRE)

School District Name

Least Restrictive Environment (LRE) Procedural Checklist
(Form intended for internal use only – data must be entered in CT-SEDS)

Student: _____ DOB: _____

School: _____ Date of PPT: _____

Note: This form is to be completed by the PPT only after all other IEP components have been fully addressed.

I. Section A: LRE Screen (This section must be completed.) **YES NO N/A**

1. All of the child's classes are in the regular educational environment.
2. The child has the opportunity to participate in nonacademic and extracurricular services and activities (including meals, recess periods, and services and activities such as counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the child's LEA, and employment of students, including both employment by the LEA and assistance in making employment available) to the same extent as peers who do not have disabilities.
3. The child is educated in the school that he or she would attend if nondisabled.
4. Complete if the child is confined to a detention or correctional facility. The child must remain in the facility during the school day.

II. Section B: LRE Factors and Considerations (Complete only if "NO" has been checked for one or more of the items in Section A 1-3). Do not complete if #4 is "YES" Respond to all items unless otherwise indicated.) **YES NO N/A**

1. The PPT based the educational placement of the child upon the child's IEP.
2. The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled.
3. The PPT ensured that the child participates in nonacademic and extracurricular services and activities with nondisabled children to the maximum extent appropriate to the needs of the child.
4. The PPT considered the use of supplementary aids and services (such as resource room, itinerant instruction, assistive technology devices or assistive technology services) in conjunction with regular class placement.
5. The PPT determined that the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
6. The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP.
7. The PPT considered any potential harmful effect of the placement on the child.
8. The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs.
9. The PPT considered any potential harmful effect of the placement on the education of other children.

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See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-LRE-July-2022.pdf>

School District Name
SUMMARY OF PERFORMANCE (SOP)

A Summary of Performance (SOP) is required for each student with an individualized education program (IEP) whose eligibility under the Individuals with Disabilities Education Act (IDEA) terminates due to graduation from secondary school with a regular high school diploma, or due to exceeding the age of eligibility for a free appropriate public education (FAPE). Pursuant to the IDEA, the local education agency "shall provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals".

[Authority: 20 United States Code §1414(C)(5)(B)(ii)]
 [Authority: 34 Code of Federal Regulations §300.305(e)(3)]

Part 1 – Student Demographic Information

Student Name:	Date of Birth:	_____
SASID:	Primary Language:	_____
Address:	_____	_____
Telephone Number:	Current School:	_____
Year of Graduation/Exit:	_____	_____
Form filled by (Name):	Date SOP was completed:	_____
Form filled by (Phone):	Date SOP was reviewed with student:	_____
Student's Primary Disability:	_____	_____
Student's Secondary Disability:	Formal Eligibility Date:	_____
(if applicable)	_____	_____
Most Recent IEP Begin Date:	_____	_____

What is the student's personal email address and cell phone number (used for Post-School Outcome Survey purposes only)?

Student Phone: _____ Student Email: _____

Please attach copies of the most recent assessment reports that address academic, cognitive, and functional performance and were instrumental in making a determination of the student's disability or diagnosis and/or that will assist in postsecondary planning.

Part 2 – Student's Postsecondary Goals

Education or Training (Required) _____

Employment (Required) _____

Independent Living Skills (If applicable) _____

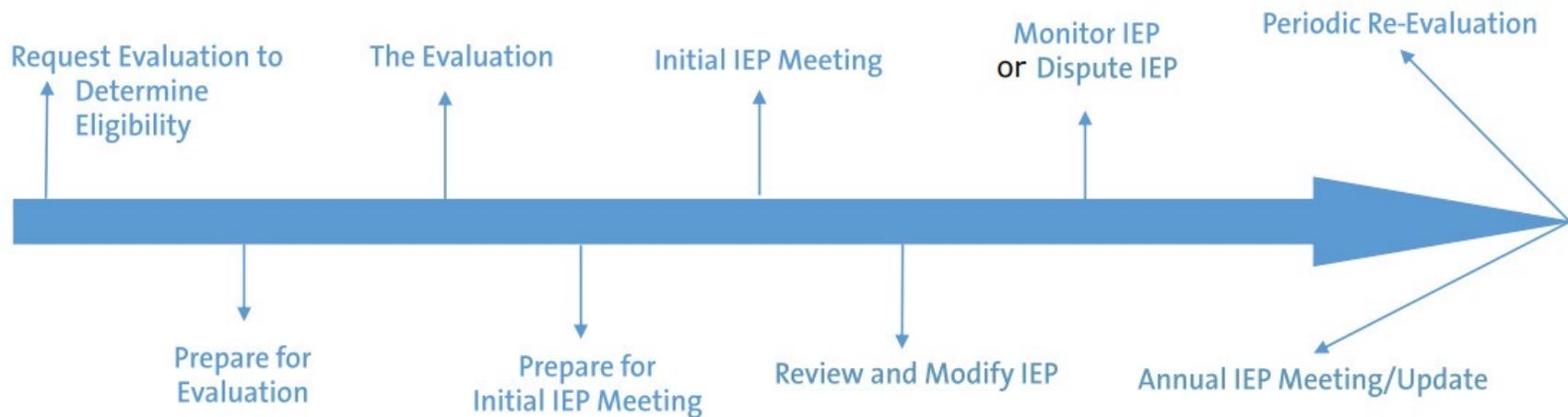
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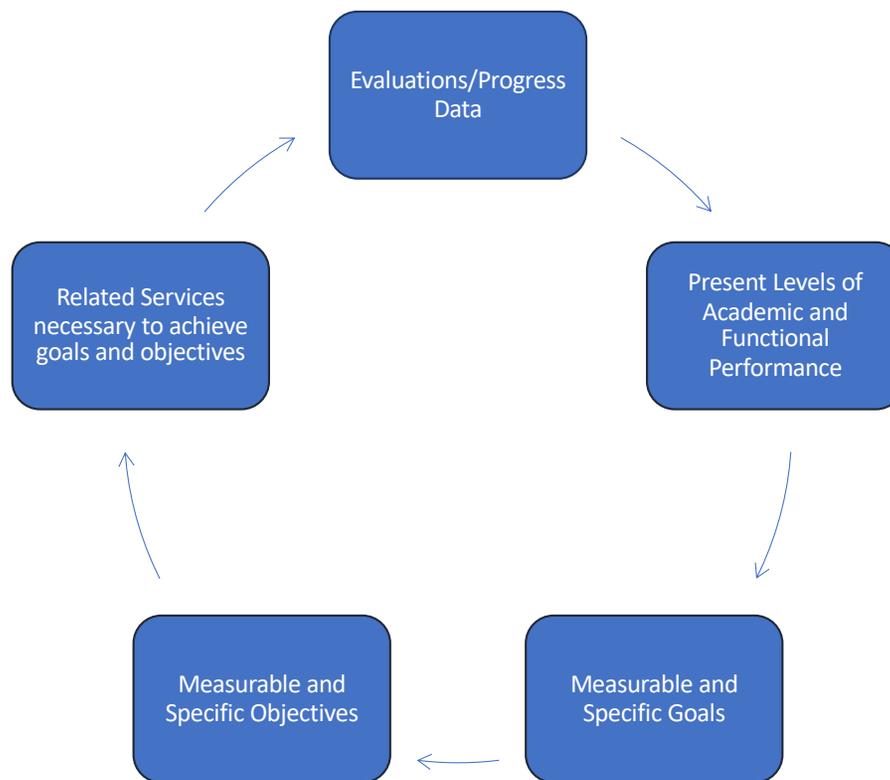
See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-Summary-of-Performance-July-2022.pdf>

IEP Timeline



*Adopted from *Autism Speaks, GP IEP Guide, 08/19/11.*

IEP BASICS



CT-SEDS INTERFACE: Referral and Evaluations

Referral and Evaluations

Select action

- Referral and Initial Evaluations Targeted Assessments (Non-Three-Year Reevaluation) Three-Year Reevaluation

i This process is used to complete a referral and initial evaluation for the student. This process should also be used if changes to the initial evaluations are needed or additional assessments will be added for the initial eligibility determination.

Referral PPT1 Evaluation Design and Consent Additional Evaluation Planning Evaluations Determination of Eligibility

View and Create Additional Documents

What the school team sees in CT-SEDS

CSDE 3.28.22 CT-SEDS Session 4 Special Education Referral and Eligibility Determination IEP Preview Series

See link, <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/IEP-Preview-Series-4-Referral-and-Eligibility-3-28-22.pdf>



CONNECTICUT STATE DEPARTMENT OF EDUCATION

Referral and Eligibility Determination

IEP Process

Select action

Create/Revise IEP

IEP Meeting Information

IEP Overview

Special Considerations

Present Levels, Annual Goals, Supplementary Aids/Services

Secondary Transition

Special Education and Related Services

Removal from General Ed

District and State Testing

PPT Recommendations

Create Prior Written Notice and IEP

What the school team sees in CT-SEDS



CONNECTICUT STATE DEPARTMENT OF EDUCATION

PPT Members																															
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																														
<p style="text-align: center; margin-bottom: 5px;">Team Member Present (required)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Admin/Designer <input type="checkbox"/></td> <td style="width: 33%;">Spec. Educ. Teacher <input type="checkbox"/></td> <td style="width: 33%;">OT <input type="checkbox"/></td> </tr> <tr> <td>Parent/Guardian <input type="checkbox"/></td> <td>School Psych <input type="checkbox"/></td> <td>PT <input type="checkbox"/></td> </tr> <tr> <td>Parent/Guardian <input type="checkbox"/></td> <td>Social Work <input type="checkbox"/></td> <td>Agency <input type="checkbox"/></td> </tr> <tr> <td>Speech/Lang <input type="checkbox"/></td> <td>Guidance <input type="checkbox"/></td> <td>Other (specify) <input type="checkbox"/></td> </tr> <tr> <td>Student <input type="checkbox"/></td> <td>Other (specify) <input type="checkbox"/></td> <td>Other (specify) <input type="checkbox"/></td> </tr> <tr> <td>Student/Reg. Ed. Teacher <input type="checkbox"/></td> <td>Name <input type="checkbox"/></td> <td>Notes if absent: <input type="checkbox"/></td> </tr> </table>	Admin/Designer <input type="checkbox"/>	Spec. Educ. Teacher <input type="checkbox"/>	OT <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	School Psych <input type="checkbox"/>	PT <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	Social Work <input type="checkbox"/>	Agency <input type="checkbox"/>	Speech/Lang <input type="checkbox"/>	Guidance <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Student <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Student/Reg. Ed. Teacher <input type="checkbox"/>	Name <input type="checkbox"/>	Notes if absent: <input type="checkbox"/>	<p style="text-align: center; margin-bottom: 5px;">PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Name</th> <th style="width: 40%; text-align: center;">Role</th> </tr> </thead> <tbody> <tr> <td>Student Name <input type="text"/></td> <td>Student <input type="text"/></td> </tr> <tr> <td>Parent/Guardian Name <input type="text"/></td> <td>Parent/Guardian <input type="text"/></td> </tr> <tr> <td>Name 1 <input type="text"/></td> <td>Role 1 <input type="text"/></td> </tr> <tr> <td>Name 2 <input type="text"/></td> <td>Role 2 <input type="text"/></td> </tr> <tr> <td>Name 3 <input type="text"/></td> <td>Role 3 <input type="text"/></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">(Additional rows will be added as needed)</p>	Name	Role	Student Name <input type="text"/>	Student <input type="text"/>	Parent/Guardian Name <input type="text"/>	Parent/Guardian <input type="text"/>	Name 1 <input type="text"/>	Role 1 <input type="text"/>	Name 2 <input type="text"/>	Role 2 <input type="text"/>	Name 3 <input type="text"/>	Role 3 <input type="text"/>
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Changes: Minor formatting

PPT Recommendations																			
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																		
<p style="text-align: center; margin-bottom: 5px;">LIST OF PPT RECOMMENDATIONS</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;"><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/></td></tr> </table>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<p style="text-align: center; margin-bottom: 5px;">Planning and Placement Team Recommendations</p> <p>The PPT recommends the following:</p> <p>Recommendation 1 <input type="text"/></p> <p>Recommendation 2 <input type="text"/></p> <p>Recommendation 3 (Additional rows will be added as needed) <input type="text"/></p>
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Changes: Minor formatting

PPT Meeting Summary	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)</p> 	N/A

Changes: The optional PPT Meeting Summary is not part of the new IEP but will be available as a separate document.

Prior Written Notice	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
	N/A

Changes: Prior Written Notice will be a separate document and not part of the new IEP; formatting is significantly different.

Parent and Student Input																			
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																		
<table border="1"> <tr> <td>Parent and Student input and concerns</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Parent and Student input and concerns																		<p>ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT</p> <p>Parent and/or Student Input</p> <hr/> <p>FUNCTIONAL PERFORMANCE</p> <p>Parent and/or Student Input</p>
Parent and Student input and concerns																			

Changes: Input will be collected separately for (1) academic achievement and (2) functional performance.

Present Levels of Performance and Impact Statement																																													
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																																												
<table border="1"> <thead> <tr> <th>Area</th> <th>Strengths</th> <th>Concerns/Needs</th> <th>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</th> </tr> <tr> <th>Describe current performance</th> <th>Describe data or appropriate</th> <th>Identify specialized instruction</th> <th></th> </tr> </thead> <tbody> <tr> <td>Academic/Cognitive</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Language Arts</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Math</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Science</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Social Studies</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physical Education</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Art</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Music</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Area	Strengths	Concerns/Needs	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities	Describe current performance	Describe data or appropriate	Identify specialized instruction		Academic/Cognitive				Language Arts				Math				Science				Social Studies				Physical Education				Art				Music				Other				<p>GOAL AREA: <i>(e.g., Reading)</i></p> <p>Present Level of Performance</p> <p>Strengths</p> <p>Concerns/Needs</p> <p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p>
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Changes: Present Levels information will be collected for each Goal Area and be printed above the annual goals related to the goal area.

Transition Planning — Student Preferences	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>Summarize student preferences/interests as they relate to planning for transition services: _____</p>	<p>Summary of the student's preferences and interests Text appears here</p>

Changes: Minor formatting

Transition Planning — Transition Assessments															
Current IEP	New IEP (starting with IEPs created after July 1, 2022)														
<p>Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered) _____</p>	<table> <thead> <tr> <th>Transition Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Example 1</td> <td>Date</td> </tr> <tr> <td>Example 2</td> <td>Date</td> </tr> </tbody> </table> <p>Assessment Data Summary Enter summary information here</p> <p>History of transition assessments</p> <table> <thead> <tr> <th>Transition Assessment</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Example 1</td> <td>Date</td> </tr> <tr> <td>Example 2</td> <td>Date</td> </tr> <tr> <td>Example 3</td> <td>Date</td> </tr> </tbody> </table>	Transition Assessment	Date	Example 1	Date	Example 2	Date	Transition Assessment	Date	Example 1	Date	Example 2	Date	Example 3	Date
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Changes: A list of previous transition assessments will be included.

Transition Planning — P SOGS	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP</p> <p>a) Post-School Outcome Goal Statement – Postsecondary Education or Training</p> <p><input type="checkbox"/> Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP</p> <p>b) Post-School Outcome Goal Statement – Employment</p> <p><input type="checkbox"/> Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP</p> <p>c) Post-School Outcome Goal Statement – Independent Living Skills (if appropriate)</p> <p><input type="checkbox"/> Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)</p>	<p>Postsecondary Outcome Goal Statements</p> <p>Postsecondary Education or Training</p> <p>Employment</p> <p>Independent Living Skills</p>

Changes: Minor formatting

Transition Planning — Course of Study	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><input type="checkbox"/> The course of study needed to assist the child in reaching the transition goals and related objectives will include (including general education activities)</p> <p><input type="checkbox"/> Student has completed academic requirements; no academic course of study is required – student's IEP includes only transition goals and services.</p>	<p>Course of Study</p> <p>Has the student completed academic requirements?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Course of Study: Description of coursework and/or activities needed to assist the student in achieving postsecondary goals, from the student's current year to the anticipated exit year</p> <p>Anticipated Exit Criteria: The student will be exited from special education upon:</p>

Changes: Minor formatting

Transfer of Rights	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>At least one year prior to reaching the age of 18, the student must be informed of his/her rights under IDEA which will transfer at age 18.</p> <p><input type="checkbox"/> No Student will not be 17 within one year. <input type="checkbox"/> The student has been informed of his/her rights under IDEA which will transfer at age 18. <input type="checkbox"/> All IDEA rights will transfer.</p>	<p>Transfer of Rights</p> <p>At least one year prior to reaching the age of 18, students must be informed of their rights under the IDEA that will transfer at age 18.</p> <p>Will the student be 17 within one year from today's date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of supporting documentation (Will appear if transfer of rights = No)</p>

Changes: Includes the upload of supporting documentation for cases in which parental rights do not transfer.

Annual Goals and Short-term Objectives																																																																																					
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																																																																																				
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Changes: Short-term Objectives will include a schedule for progress monitoring and a "by when" date for the achievement of objectives; Related CT Core Standards (or ELDS) will be included for Academic Goals; Associated related services will be indicated.

Statewide Assessments	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p style="text-align: center; font-size: small;">Check the grade the student will be in when the test is given.</p> <p> <input type="checkbox"/> Grade Pre-K <input type="checkbox"/> Grade K <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 </p> <p style="text-align: center;">Standard Assessments and Alternate Assessments</p> <p style="font-size: x-small;">Smarter Balanced Assessments (Grades 3-8), Connecticut SAT (Grade 11) and the Connecticut Alternate Assessments (CTAA), include English Language Arts and Mathematics (Grades 3-8 & 11). Standard Science Assessment or Alternate Science Assessment required in Grades 5, 8 and 11.</p> <p>Assessment Options: (Select ONE Option)</p> <p> <input type="checkbox"/> 1. Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8) <input type="checkbox"/> 2. CTAA– (Includes Alternate Science Assessment for Grades 5, 8, and 11) ★ <input type="checkbox"/> 3. Connecticut SAT and Standard Science Assessment (Grade 11) </p> <p>Administration Options – Accommodations will be provided. (Select One Option):</p> <p> <input type="checkbox"/> The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations* <input type="checkbox"/> The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations** </p>	<p>The student will participate in the Smarter Balanced Assessment.</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p><u>Designated Supports and Accommodation(s)</u></p> <p>Example 1 <u>Example 2</u></p> <p>The student will participate in the Next Generation Science Standards Assessment.</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p><u>Designated Supports and Accommodation(s)</u></p> <p>Example 1</p> <p>The student will participate in the CTAA Assessment.</p> <p>The student will participate in the CT School Day SAT Assessment</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p><u>Designated Supports and Accommodation(s)</u></p> <p>Example 1</p>

Changes: Individualized statewide assessment information will be included based on each student's grade, type of assessment, and need for designated supports or accommodations, which for Smarter Balanced will be submitted directly to the testing vendor on behalf of the district.

ELP Assessments	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>English Language Proficiency Assessment</p> <p><input type="checkbox"/> English Language Proficiency Assessment required for all English Learners Grades K-12</p> <p><input type="checkbox"/> Student requires designated supports/accommodations on the ELP assessment</p>	<p>ENGLISH LANGUAGE PROFICIENCY (ELP) ASSESSMENT</p> <p>Has the student been identified as an English Learner?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>English Language Proficiency Assessment is required for all English Learners Grades K-12. (Display if Yes)</p> <p>The student will participate in the ELP / Alternate ELP Assessment. (One option will display)</p> <p>Participation Participation level displayed here -- with or without accommodations</p> <p>Designated Supports and Accommodation(s) Example 1</p>

Changes: The ELP Assessment information will be required if the student has been identified as an English Learner.

Districtwide Assessments									
Current IEP	New IEP (starting with IEPs created after July 1, 2022)								
<p>Districtwide Assessments (Select all appropriate options.)</p> <p><input type="checkbox"/> N/A - No districtwide assessments are scheduled during the term of this IEP.</p> <p><input type="checkbox"/> Alternate Assessment(s) ★</p> <p>Select one of the following options:</p> <p><input type="checkbox"/> No accommodations will be provided, OR</p> <p><input type="checkbox"/> Accommodations will be provided as specified on Page 8, OR</p> <p><input type="checkbox"/> Accommodations will be provided as specified below.</p>	<p>DISTRICTWIDE ASSESSMENTS</p> <p>District Assessment participation displayed here</p> <table border="1"> <thead> <tr> <th>Assessment</th> <th>Participation</th> </tr> </thead> <tbody> <tr> <td>Example #1</td> <td>Example #1</td> </tr> <tr> <td>Example #2</td> <td>Example #2</td> </tr> <tr> <td>Example #3</td> <td>Example #3</td> </tr> </tbody> </table> <p>Designated Supports and Accommodations Displayed here, if any</p>	Assessment	Participation	Example #1	Example #1	Example #2	Example #2	Example #3	Example #3
Assessment	Participation								
Example #1	Example #1								
Example #2	Example #2								
Example #3	Example #3								

Changes: The name of the district assessment(s) will be included.

Alternate Assessment Eligibility Form and Justification Statement	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><input type="checkbox"/> The Alternate Assessment Eligibility Form must be submitted and approved for Statewide Assessments. The form is recommended for use in determining the need for alternate Districtwide Assessments.</p> <p>Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.</p>	<p>Alternate assessments must be specified and a statement provided for each as to why the student cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the student.</p> <p>Statement displays here</p>

Changes: While technically not part of the IEP, the Alternate Eligibility Assessment Form is built into the CT-SEDS process flow with minor formatting changes

Special Factors Information	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<ol style="list-style-type: none"> For students whose behavior impedes learning or that of others, the IEP team has considered strategies, including positive behavioral interventions and supports to address that behavior, and: <ul style="list-style-type: none"> <input type="checkbox"/> NA <input type="checkbox"/> A behavioral intervention plan has been developed. <input type="checkbox"/> IEP Goals and Objectives have been developed to address the behavior. <input type="checkbox"/> Other (specify): _____ For students with limited English proficiency, the IEP team has considered the language needs of the student as they relate to the student's IEP and recommended the following: <ul style="list-style-type: none"> <input type="checkbox"/> NA <input type="checkbox"/> Recommendations (specify): _____ For students who are blind or visually impaired (BVI): <ul style="list-style-type: none"> <input type="checkbox"/> NA <input type="checkbox"/> Instruction in braille or use of braille is being provided, as required. <input type="checkbox"/> The IEP team determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing needs including an evaluation of the student's future need for instruction in braille or the use of braille, that instruction in braille or the use of braille is not appropriate for this student. For students with print-related disabilities (such as SL/Dyslexia, blind/low vision, physical limitations or organic dysfunction): <ul style="list-style-type: none"> <input type="checkbox"/> NA <input type="checkbox"/> The IEP team has considered accessible instructional/educational materials (AIM) and/or accommodations noted on page 8 of the IEP, if so which format/accommodation allowed: <input type="checkbox"/> Large Print <input type="checkbox"/> Digital Text <input type="checkbox"/> Audio <input type="checkbox"/> Other (specify): _____ For students who are deaf or hard of hearing: <ul style="list-style-type: none"> <input type="checkbox"/> NA <input type="checkbox"/> See attached <u>updated</u> Language and Communication Plan (Form 5503b) - The IEP team determined after considering the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology. 	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Special Considerations</p> <p>Does the student exhibit behaviors that impede learning for self or others?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> IEP goals/objectives will be developed to address the behavior. <input type="checkbox"/> A behavioral intervention plan based on a functional behavior assessment has been developed. <input type="checkbox"/> Other: _____ <p>Is the student deaf or hard of hearing?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes - Language and Communication Plan is attached. <p>Is the student blind or visually impaired?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> Instruction in braille or use of braille is being provided, as required. <input type="checkbox"/> The IEP team determined that instruction in braille or the use of braille is not appropriate for the student after an evaluation of the student's skills, needs, and appropriate reading and writing needs (including an evaluation of the student's future need for instruction in braille or the use of braille). <p>Does the student have limited English proficiency? (Student qualifies as an EL)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes - Student is native language is: _____ (Specify with IEP team language data) <input type="checkbox"/> Yes - IEP team considered the language needs of the student as they relate to the student's IEP and recommended the following: _____ <p>Does the student require accessible educational materials (AEM)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes - The IEP team determined that the student has a print-related disability (e.g., SL/Dyslexia, blind/low vision, physical limitations). See annual goals/objectives and/or supplementary aids and services for details. <p>Does the student require an alternative mode of communication?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes - The IEP team considered the communication needs of the student. See annual goals/objectives and/or supplementary aids and services for details. </div>

Changes: Special Factors Information is included in the Special Considerations section near the beginning of the IEP.

Progress Reporting	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>PROGRESS REPORTING</p> <p>1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Consistent with grade level report cards <input type="checkbox"/> Other (specify): _____</p>	<p>Progress Reporting</p> <p>A report of progress toward meeting the Annual Goals and Short Term Objectives included in this IEP will be provided to the parent(s):</p>

Changes: Minor formatting

Exit Criteria	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>EXIT CRITERIA</p> <p>1. Exit Criteria: Student will be exited from Special Education upon: <input type="checkbox"/> Check One: <input type="checkbox"/> Ability to succeed in Regular Education without Special Education support <input type="checkbox"/> Graduation <input type="checkbox"/> Age 21 <input type="checkbox"/> Other (specify): _____</p>	<p>Anticipated Exit Criteria: The student will be exited from special education upon:</p>

Changes: Renamed to Anticipated Exit Criteria

Special Education Hours and Time with Non-Disabled Peers (TWNDP)																						
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																					
<p>Length of School Day: (Specify) _____</p> <p>Number of Days/Week: (Specify) _____</p> <p>Length of School Year: (Specify) _____</p>	<p>SCHOOL YEAR: 2022-23</p> <table border="1"> <thead> <tr> <th>Length of School Year</th> <th>Length of School Day</th> <th>Total School Hours/Week</th> </tr> <tr> <td>XXX Days</td> <td>X,XX Hours</td> <td>XX Hours</td> </tr> </thead> <tbody> <tr> <td>Start Date</td> <td>End Date</td> <td>Special Education Hours/Week</td> <td>Hours/Week with Non-Disabled Peers</td> <td>Percentage of Time with Non-Disabled Peer</td> </tr> <tr> <td>9/4/22</td> <td>1/22/23</td> <td>X,XX</td> <td>XX</td> <td>XX %</td> </tr> <tr> <td>1/23/23</td> <td>6/15/23</td> <td>X,XX</td> <td>XX</td> <td>XX %</td> </tr> </tbody> </table>	Length of School Year	Length of School Day	Total School Hours/Week	XXX Days	X,XX Hours	XX Hours	Start Date	End Date	Special Education Hours/Week	Hours/Week with Non-Disabled Peers	Percentage of Time with Non-Disabled Peer	9/4/22	1/22/23	X,XX	XX	XX %	1/23/23	6/15/23	X,XX	XX	XX %
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1/23/23	6/15/23	X,XX	XX	XX %																		
<p>7. Total School Hours/Week (Specify) _____</p> <p>8. Special Education Hours/Week (Specify) _____</p> <p>10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers) _____</p>																						

Changes: More specificity in TWNDP (e.g., a change from Semester 1 to Semester 2) will be provided. CT-SEDS will also allow for displaying different years if IEP is in effect over two school years.

Justification Statement for Removal from General Education Setting	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>13. To the extent, if any, to which the student will participate in regular classes and in extracurricular and other non-academic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: _____</p> <p>14. If the IEP requires any removal of the student from the school, classroom, extracurricular, or non-academic activities, (e.g., lunch, recess, transportation, etc.) that she would attend if not disabled, the IEP must justify the removal from the regular education environment. _____</p> <p>15. The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary) _____</p>	<p>Explain the extent to which the student will not participate in general education classes and non-academic activities with non-disabled peers</p> <p>Justification for the removal from the general education environment</p>

Changes: Minor formatting

LRE Checklist	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><small>Note: The LRE Checklist (202103) must be completed and attached to the IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.</small></p>	<p>Will the student be removed from the general education environment for 60% or more of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The LRE Checklist is required (Display if Yes)</p>

Changes: While technically not part of the IEP, the LRE Checklist is built into the CT-SEDS process flow.

Required Date Collection (Page 12)	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>Required Date Collection (Collect and/or update at every IEP)</p> <p>For Children 3 years of age</p> <p>Free Appropriate Public Education (FAPE) by age 3: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the (X) is updated, please provide the starting date and check the box to indicate that the child does receive FAPE by their 3rd birthday, why?</p> <p><input type="checkbox"/> Late referral from birth to 36 months before 3rd birthday <input type="checkbox"/> Medical condition age <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Child initially found not eligible at age 3 (as referred to district at a later date) <input type="checkbox"/> Parent Choice <input type="checkbox"/> FAPE not available (FFY, Date of initial IEP year: _____)</p> <p>Early Childhood (E.C.) Placement Settings (children ages 3 or younger OR grade to preschool)</p> <p>1. Provide the hours per week the child participates in an early childhood program which is part of the IEP (hours from 0-20): _____</p> <p>2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2.040-11:</p> <p><input type="checkbox"/> Regular E.C. Preschool or Kindergarten Program</p> <p><input type="checkbox"/> E.C. Special Education Program in Separate Class</p> <p><input type="checkbox"/> E.C. Special Education Program in Separate School</p> <p><input type="checkbox"/> E.C. Special Education Program in Residential Facility</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Service Provider Location (Respite Services) – applies only when a child does not spend time in any environment with non-disabled peers</p> <p>Education Placement 3 to 21 years of age</p> <p>1. Does the student live at any of the following locations?</p> <p><input type="checkbox"/> None of these locations (Default) (0)</p> <p><input type="checkbox"/> Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing, and Temporary Shelters (0)</p> <p>(Housing that is subsidized by HUD, DSH, DSHHS or other state agency)</p> <p><input type="checkbox"/> Hospital (0)</p> <p><input type="checkbox"/> Private Residential Facility (0)</p>	<p>Additional Placement Information</p> <p>Complete the following Education Placement information for the student.</p> <p>At the time of this IEP implementation, will the student be living at a hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Required)</p> <p>At the time of this IEP implementation, will the student be living at a Private Residential Facility?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Required)</p>

Changes: Some data elements will be collected during the IEP development process.

CONNECTICUT'S NEW IEP



DRAFT

Aug 2021

Individualized Education Program

[District Name] Public Schools

Student Name:	Meeting Date:
SASID:	Case Manager
Date of Birth:	Parent/Guardian Name:
Current Grade:	Primary Disability:
Current Enrolled School:	School Next Year:
Most Recent Evaluation Date:	Next Reevaluation Date:
Most Recent Annual Review Date:	Next Annual Review Date:
Surrogate Parent: (if applicable)	

Reason for Meeting:

PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

Name	Role
Student Name	Student
Parent/Guardian Name	Parent/Guardian
Name 1	Role 1
Name 2	Role 2
Name 3	Role 3

(Additional rows will be added as needed)

IEP AMENDMENT (Only print for Amendments)

IEP Amendment Implementation Date:

The following section(s) of the IEP were amended:

Section	Changes
Section name	Text
Section name	Text
Section name	Text

Planning and Placement Team Recommendations

The PPT recommends the following:

- Recommendation 1
- Recommendation 2
- Recommendation 3 *(Additional rows will be added as needed)*

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Special Considerations

Does the student exhibit behaviors that impede learning for self or others?

- No
 Yes (check all that apply)
 IEP goal(s) and objectives will be developed to address the behavior.
 A behavioral intervention plan based on a functional behavior assessment has been developed.
 Other:

Is the student deaf or hard of hearing?

- No
 Yes – Language and Communication Plan is required.

Is the student blind or visually impaired?

- No
 Yes
 Instruction in braille or use of braille is being provided, as required.
 The PPT determined that instruction in braille or the use of braille is not appropriate for this student after an evaluation of the student's skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille).

Does the student have limited English proficiency? (Student qualifies as an EL)

- No
 Yes – Student's native language is: *(Populate with PSIS native language data)*.
The PPT considered the language needs of the student as they relate to the student's IEP and recommends the following:

Does the student require accessible educational materials (AEM)?

- No
 Yes – The PPT determined that the student has a print-related disability (e.g., SLD/Dyslexia, blind/VI, physical limitations). See annual goals/objectives and/or supplementary aids and services for details.

Does the student require an alternative mode of communication?

- No
 Yes – The PPT reviewed the communication needs of the student. See annual goals/objectives and/or supplementary aids and services for details.

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- Special Factors (formally pg 10) is now referred to as the “Special Considerations Page.”
- Front-loaded to the beginning of the new IEP to pro-actively address special considerations when building the IEP.
- If a BIP is checked yes, CT-SEDs prompts user to attach the BIP to the IEP.
- See CSDE CT-SEDs IEP Preview Series Session 5 held on April 4, 2022 - <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/IEP-Preview-Series-5-Diagnostic-Placement---Special-Considerations-4-4-22.pdf>

CT-SEDS INTERFACE

Does the student exhibit behaviors that impede learning for self or others?

Yes No

Check all that apply:

- IEP goal(s) and objectives will be developed to address the behavior.
- A behavioral intervention plan based on a functional behavior assessment has been developed.
- Other

(Required)

EXAMPLE: Check all that apply:

- IEP goal(s) and objectives will be developed to address the behavior.
- A behavioral intervention plan based on a functional behavior assessment has been developed.
- Other

Goal Areas

 Select the area(s) for which goals are needed for the student.

  Warning! At least one functional goal should be developed to address the student's behavior.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Special Considerations
relating to behavior

CT-SEDS INTERFACE

EXAMPLE #2

Does the student exhibit behaviors that impede learning for self or others?

Yes No

Check all that apply:

- IEP goal(s) and objectives will be developed to address the behavior.
- A behavioral intervention plan based on a functional behavior assessment has been developed.
- Other



Behavioral Intervention Plan Documentation

[ATTACH DOCUMENTATION](#)

 Attach the current behavioral intervention plan. Attachments can be viewed at the bottom of the page.

 Relevant documentation must be uploaded.

Special Considerations
relating to behavior (cont'd)

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Connecticut State Department of Education
Bureau of Special Education
Prior Written Notice (PWN) Actions Proposed/Refused Reference Guide

Proposed/Refused Actions	PWN Checkboxes								Notes
	1a Proposing (taking an action)	1b Refusing	2a Initiate	2b Change	3a Identification/ Eligibility	3b An Evaluation	3c An Educational Placement	3d The provision of FAPE (IEP)	
1. The PPT recommends conducting an evaluation (initial, three year reevaluation, targeted assessment)	X		X			X			Due to a 2nd Circuit Court decision, questions exist whether FBAs are considered evaluations pursuant to the IDEA. The BSE has not yet issued guidance on this issue. For now, we recommend that you continue with the practice in your district and any legal advice provided by your legal counsel.
2. The PPT refuses a parent's request to conduct an evaluation (initial, three year reevaluation, targeted assessment)		X	X			X			
3. After an initial evaluation, the PPT determines that the student is eligible for special education	X		X		X				
4. After an initial evaluation, the PPT determines that the student is NOT eligible for special education	X		X		X				The district should provide a detailed description in the section titled "Description of Proposed or Refused Action" of the PWN document. Suggested text: "After reviewing evaluations, the PPT determined that the student is not eligible for special education."
5. The PPT recommends changing the student's primary disability	X			X	X				After initial identification/eligibility
6. The PPT refuses a parent's request to change a student's primary disability		X		X	X				
7. The PPT develops the first IEP for an eligible student	X		X					X	



<https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/PWN-Actions-Proposed-Refused-Ref-Guide-7-1-2022.pdf>

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Present Levels of Academic Achievement and Annual Goal(s) and Objectives

ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT

Parent and/or Student Input

GOAL AREA: (E.g., Reading)

Present Level of Performance

Strengths

Concerns/Needs

Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 1	Evaluation Method
<i>Goal Statement #1 for Reading</i>	<i>Eval Procedure</i>
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
<i>Obj. 1</i>	<i>Eval Schedule</i>
<i>Obj. 2</i>	<i>Eval Schedule</i>
<i>Obj. 3 (and more, if needed)</i>	<i>Eval Schedule</i>
CT Core Standards Aligned to this Goal <i>(Early Learning Development Standards)</i>	
<i>Standard 1</i>	
<i>Standard 2</i>	
Related Service(s) necessary to achieve this goal (if any)	
<i>Related Service Name</i>	

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Annual Goal 2	Evaluation Method
Goal Statement #2 for Reading	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obj. 1	Eval Schedule
Obj. 2	Eval Schedule
Obj. 3 (and more, if needed)	Eval Schedule
CT Core Standards Aligned to this Goal (Early Learning Development Standards)	
Standard 1	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

GOAL AREA: (E.g., Mathematics)

Present Level of Performance

Strengths

Concerns/Needs

Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 3	Evaluation Method
Goal Statement #1 for Mathematics	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obj. 1	Eval Schedule
Obj. 2	Eval Schedule
Obj. 3 (and more, if needed)	Eval Schedule

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CT Core Standards Aligned to this Goal: <i>(Early Learning Development Standards)</i>
Standard 1
Standard 2
Related Service(s) necessary to achieve this goal (if any)
Related Service Name

Additional Data/Assessment Information (not included in Present Level(s) of Performance)

Present Levels of Functional Performance and Annual Goal(s) and Objectives

FUNCTIONAL PERFORMANCE

Parent and/or Student Input

GOAL AREA: (E.g., Communication)

Present Level of Performance

Strengths

Concerns/Needs

Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Annual Goal 4	Evaluation Method
Goal Statement #1 for Communication	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obj. 1	Eval Schedule
Obj. 2	Eval Schedule
Obj. 3 (and more, if needed)	Eval Schedule

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CT Core Standards Aligned to this Goal
(*Early Learning Development Standards*)

Standards are optional for Functional Performance Goals

Related Service(s) necessary to achieve this goal (if any)

Additional Data/Assessment Information (not included in Present Level(s) of Performance)

Transition Planning

Is the PPT developing post-secondary/transition goals and services for the student?
 Yes No

Transition Assessment	Date
Example 1	Date
Example 2	Date

Assessment Data Summary
Enter summary information here

History of transition assessments

Transition Assessment	Date
Example 1	Date
Example 2	Date
Example 3	Date
Example 4	Date

Does the student require specially designed instruction to support independent living skills?
 Yes No
Transition planning and services must address independent living skills (Display if yes)
Transition planning and services to support independent living skills are not needed (Display if no)

Is the student in attendance at the meeting?
Yes or No appears here

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Transition Services Requirements

Pursuant to state statute, effective July 1, 2021, transition services are required for each child requiring special education beginning not later than the first individualized education program (IEP) to be in effect when such child turns **14 years of age**, or younger if determined appropriate by the planning and placement team (PPT), and updated annually thereafter.

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

See 9.17.22 CSDE Memo Re: Changes to Statutory Transition Requirements <https://portal.ct.gov/-/media/SDE/Special-Education/Secondary-Transition/September-17-2021-CSDE-Memo--Changes-to-Statutory-Transition-Services-Requirements-Effective-July-1.pdf>

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Summary of the student's preferences and interests

Text appears here

Were any outside agencies invited to attend the PPT meeting?

Text appears here

Has any participating agency agreed to provide or pay for services/linkages?

Yes or No appears here (If Yes, description)

Postsecondary Outcome Goal Statements

Postsecondary Education or Training

Employment

Independent Living Skills

Course of Study

Has the student completed academic requirements?

Yes No

No academic course of study is required and the student's IEP includes only transition goals and services.
(Display if Yes)

Course of Study: Description of coursework and/or activities needed to assist the student in achieving postsecondary goals, from the student's current year to the anticipated exit year. *(Display if No)*

Anticipated Exit Criteria: The student will be exited from special education upon:

Transition Present Levels, Goals and Objectives

Parent and/or Student Input: Transition

Present Level of Performance: Transition

Strengths

Concerns/Needs

Impact of student's disability on involvement and progress in the general education curriculum

TRANSITION GOAL AREA: POSTSECONDARY EDUCATION OR TRAINING

The Postsecondary Education/Training Annual Goal is supported by the following Annual Goal:

If selected, Goal # and Goal Statement will appear here.

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Annual Goal 5	Evaluation Method
Goal Statement #1 for Postsecondary Education/Training	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obl. 1	Eval Schedule
Obl. 2	Eval Schedule
Obl. 3 (and more, if needed)	Eval Schedule
Standards Aligned to this Goal	
Standard 1	
Standard 2	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

TRANSITION GOAL AREA: EMPLOYMENT

The Employment Annual Goal is supported by the following Annual Goal:
If selected, Goal # and Goal Statement will appear here.

Annual Goal 6	Evaluation Method
Goal Statement #1 for Employment	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obl. 1	Eval Schedule
Obl. 2	Eval Schedule
Obl. 3 (and more, if needed)	Eval Schedule
Standards Aligned to this Goal	
Standard 1	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

TRANSITION GOAL AREA: INDEPENDENT LIVING SKILLS (Will appear if needed)

The Independent Living Skills Annual Goal is supported by the following Annual Goal:

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If selected, Goal # and Goal Statement will appear here.

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Annual Goal 7	Evaluation Method
Goal Statement #1 for Independent Living Skills	Eval Procedure
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Obj. 1	Eval Schedule
Obj. 2	Eval Schedule
Obj. 3 (and more, if needed)	Eval Schedule
Standards Aligned to this Goal	
None	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

Special Education and Related Services

SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
---------	---------	-----------	----------	-------------------	---------------------	------------	----------	------	--------------------------------

RELATED SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
---------	---------	-----------	----------	-------------------	---------------------	------------	----------	------	--------------------------------

- *Instructional Site Codes:**
1a. General Education Setting 50% or more non-disabled peers
1b. General Education Setting less than 50% non-disabled peers
2a. Resource Setting
2b. Separate Setting/Program
2c. Related Service Setting
3a. Community-Based Setting 50% or more non-disabled peers
3b. Community-Based Setting less than 50% non-disabled peers

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Supplementary Aids and Services

Supplementary aids and services will be provided for the duration of the IEP unless otherwise noted.

ACCOMMODATION	Area(s)/Locations
Example #1	Location 1, Location 2
Example #2	Location 1, Location 2, Location 3, Location 4
Example #3	All areas/Locations

MODIFICATION	Area(s)/Locations
Example #1	Location 1, Location 2, Location 3
Example #2	Location 1, Location 2, Location 3

ASSISTIVE TECHNOLOGY	Area(s)/Locations
Example #1	Location 1
Example #2	All areas/Locations

ADULT SUPPORT	Area(s)/Locations
Example #1	All areas/Locations

Indirect Services

Are supports required for school personnel to implement this IEP?

Yes No (If Yes, the following will appear)

Supports required for school personnel to implement this IEP include:

Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date

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New IEP Document

Bureau of Special Education | July 1, 2022

Supplementary Aids and Services List of Examples

Accommodation Examples

Presentation	Student Response	Environment	Time/Scheduling
Alternative Text Highlighted or Color-Coded Texts Highlight Key Words Large Print Text Orally Read Tests/Directions Pair Written and Oral Instruction Repeat Instructions Rephrase Test Review Directions Questions/Directions Simplify Test Wording Supplementary Visuals Support Auditory Presentations with Visuals	Alternative Tests Alternative Worksheets Consumable Workbook Limited Multiple Choice Math Manipulatives No Handwriting Penalty Note Taking Assistance Oral Testing Prior Notice of Tests Recognition Software Reduce Answer Choices Speech to Text Devices Spell Check Student Write on Test Templates for Written Work Use manipulatives Word Prediction or Voice	Adaptive Workspace Appropriate Lighting Clear Work Area Preferential Seating Reduction of auditory stimulation Reduction of visual stimulation Study Carrel Use of fidget toys	Break Between Tasks Extra Time-Tests/Projects Extra Time- Written Work Extra Time- Assignments Minimizing or Structure transitions Pace Long Term Projects Short Breaks Throughout the Day Use timer
Organization	Behavioral Interventions and Support	Instructional Strategies	
Assignment Pad Set up Binder with Dividers, Folders, and Color-coding Daily Assignment List Daily Homework List Desktop List of Tasks Electronic Organizers Extra Space for Work Folders to Hold Work Give One Paper or Section at a Time Keep extra set of books at home List Sequential Steps Post Assignments Post Routines Provide Agenda Visual Schedule	Acknowledge positive work frequently Ask questions to encourage participation Assign student to run errands Behavior Contracts Chart Progress and Maintain Data Cue Expected Behavior Cueing/Prompts Daily Feedback to Student De-escalation Strategies Immediate Feedback Involve student in presenting the lesson Parent/Guardian Sign Homework Parent/Guardian Sign Behavioral Chart Modeling Expected Behavior by Adults Peer Supports/Mentoring Positive Reinforcement Proximity/Touch Control Reward good group behavior Self/Post Class Rules	Assign Study Partner Calculator Check Work in Progress Check for Understanding Concrete Examples Extra Drill/Practice Hands-on Projects Have Student Restate Information Manipulatives Multi-Sensory Approach Number Line Personalized Examples Provide Study Outlines Pre-teach Content Preview Test Procedures Provide Models Provide Notes/Outline to Student Provide Student with Vocabulary Word Bank Reduced Assignments Reduced Reading Shortened Tasks Supplemental Aids Test Study Guide Use of Mnemonics	

*Examples are not exhaustive

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New IEP Document

Bureau of Special Education | July 1, 2022

Supplementary Aids and Services List of Examples

Modification Examples

Content/Delivery of Instruction	Performance Criteria
Modified texts/reading material Modified content for lessons/homework Modified curriculum Simplify Assignment	Modified tests/assessments Pass/Fail Audit Course

*Examples are not exhaustive

Assistive Technology Examples

Presentation	Student Response	Environment	Time/Scheduling
Adapted Paper Closed Captioning Screen Reader Screen Enlargement Reading Guides Translation Services Document Scanner	Augmentative and Alternative Communication Solutions (AAC) Braille Writer Braille Note Taker with Refreshable Display Braille Translation software Communication Calculator Draft Writing Templates Picture Exchange Communication Speech Recognition Speech Amplification Systems Smartpen Spell and Grammar Checker Switch Access Switches Text to Speech Voice Output Communication Aids Word Prediction	Adapted Pointers Adapted Classroom Equipment Adapted Toileting Equipment Adapted Eating Utensils Alerting Devices Alternative Keyboards Alternative Mice Amplification Systems Assistive Listening Devices Book Holders Environmental Control Units Keypads Magnifiers Pen/Pencil Grips Positioning Aids Slant board Seat Cushions FM System Telecommunication Devices	Auditory Reminders Speech Prompting Device Timers Watches
Organization	Behavioral Interventions and Support	Instructional Strategies	AEM
Daily Planners Highlighters Outlining/Graphic Organizers Sticky Notes Note Taking Device	Behavior Chart Behavior Management Apps Incentive Sheets Noise Monitoring Devices Reminder/Prompting Devices Vision Board	Digital Recorder Financial Management Software Math Talk Math Simulations Multi-sensory Integrated Technology Programs Picture Cues	Accessible Media (Bookshare, Learning Ally) Audio Books Braille Large Print

*Examples are not exhaustive

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ESY Services

Are extended school year (ESY) services required for the Student to receive FAPE?

Yes No (If Yes, the following will appear)

ESY SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

ESY RELATED SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery

***Instructional Site Codes:**

- 1a. General Education Setting 50% or more non-disabled peers
- 1b. General Education Setting less than 50% non-disabled peers
- 2a. Resource Setting
- 2b. Separate Setting/Program
- 2c. Related Service Setting
- 3a. Community-Based Setting 50% or more non-disabled peers
- 3b. Community-Based Setting less than 50% non-disabled peers

Indirect Services for ESY

Supports required for school personnel to implement this IEP include:

Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date

Transportation

Does the Student require special transportation as a related service?

Yes No

Regular Transportation (Display if No)

Special Transportation will be provided with the following: (Display if Yes)

Supports

Specialized Equipment

Vehicle Requirements

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Removal from the General Education Environment

SCHOOL YEAR: 2022-23

Length of School Year		Length of School Day		Total School Hours/Week
XXX Days		X.XX Hours		XX Hours
Start Date	End Date	Special Education Hours/Week	Hours/Week with Non-Disabled Peers	Percentage of Time with Non-Disabled Peer
9/4/22	1/22/23	X.XX	XX	XX %
1/23/23	6/15/23	X.XX	XX	XX %

Explain the extent to which the student will not participate in general education classes and non-academic activities with non-disabled peers

Justification for the removal from the general education environment

Will the student be removed from the general education environment for 60% or more of the time?

Yes No

The LRE Checklist is required *(Display if Yes)*

At the time of this IEP implementation, will the student be living at a Private Residential Facility?

Yes No

The placement was made by: *(Display if Yes)*

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District and State Testing Information

ENGLISH LANGUAGE PROFICIENCY (ELP) ASSESSMENT

Has the student been identified as an English Learner?

Yes No

English Language Proficiency Assessment is required for all English Learners Grades K-12. (Display if Yes)

The student will participate in the ELP / Alternate ELP Assessment (One option will display)

Participation

Participation level displayed here – with or without accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Example 3

DISTRICTWIDE ASSESSMENTS

District Assessment participation displayed here

Assessment

Participation

Example #1

Example #1

Example #2

Example #2

Example #3

Example #3

Designated Supports and Accommodations

Displayed here, if any

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STATEWIDE ASSESSMENTS

District Assessment participation displayed here

What grade will the student be in during the next statewide assessment testing window?

Current Grade and/or Next Grade

The student will participate in the Smarter Balanced Assessment.

Assessment: *Assessment Name*

Participation
With Accommodations

Designated Supports and Accommodation(s) _____

Example 1 _____

Example 2 _____

Example 3 _____

Assessment: *Assessment Name*

Participation
Without Accommodations

Smarter Balanced designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

The student will participate in the Next Generation Science Standards Assessment.

Assessment: *Assessment Name*

Participation
With Accommodations

Designated Supports and Accommodation(s) _____

Example 1 _____

Example 2 _____

Example 3 _____

NGSS designated supports and accommodations will be submitted directly to the testing vendor on behalf of the district.

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The student will participate in the CTAA Assessment.

Assessment: *Assessment Name*

Participation
With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

The student will participate in the CTAS Assessment.

Assessment: *Assessment Name*

Participation
With Accommodations

Designated Supports and Accommodation(s)

Example 1

Alternate assessments must be specified and a statement provided for each as to why the student cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the student.

Statement displays here

The student will participate in the CT School Day SAT Assessment

Assessment: *Assessment Name*

Participation
With Accommodations

Designated Supports and Accommodation(s)

Example 1

Example 2

Connecticut SAT School Day accommodations must be submitted by the district directly to College Board.

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Transfer of Rights

At least one year prior to reaching the age of 18, students must be informed of their rights under the IDEA that will transfer at age 18.

Will the student be 17 within one year from today's date?

Yes No

Date of supporting documentation *(Will appear if transfer of rights = No)*

Progress Reporting

A report of progress toward meeting the Annual Goals and Short Term Objectives included in this IEP will be provided to the parent(s):

Resources

The following documents were provided to the parent(s) at this meeting or sent electronically with parental permission:

Resource 1 (e.g., Procedural Safeguards)

Resource 2

Resource 3

Resource 4

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-
- Stay involved
 - Read & know your child's IEP
 - Check the CSDE site frequently
 - File a FERPA request
 - Be prepared for your first CT-SEDS PPT
 - Connect with special education community resources

Making Sense of Connecticut's New IEP, Page by Page

Presented by:

Jeffrey L. Forte, Esq.

Jill Hornig, Esq.



www.fortelawgroup.com



IEP

INDIVIDUALIZED EDUCATION PLAN

