

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

*Presented by:*

Jeffrey L. Forte, Esq.

Jill Hornig, Esq.



[www.fortelawgroup.com](http://www.fortelawgroup.com)

A chalkboard background with a row of colorful pencils along the top and bottom edges. The pencils are in various colors including yellow, orange, red, blue, green, and pink. The chalkboard is dark grey with some faint white marks.

# IEP

## INDIVIDUALIZED EDUCATION PLAN



[www.fortelaw.group.com](http://www.fortelaw.group.com) | [www.letstalkspedlaw.com](http://www.letstalkspedlaw.com)



### 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”

**CT 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](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](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>



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## 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 Re: \_\_\_\_\_  
 Student Name  
 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  
☐ The District is refusing the request to
2. ☐ Initiate  
☐ change
3. ☐ Identification/eligibility  
☐ 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:

July 2022

Page 1 of 2

outside

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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.

July 2022

Page 1 of 1

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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:**

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July 2022

Page 1 of 1

outside

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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**

- All of the child's classes are in the regular educational environment. ☐ ☐
- 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. ☐ ☐
- The child is educated in the school that he or she would attend if nondisabled. ☐ ☐
- 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**

- The PPT based the educational placement of the child upon the child's IEP. ☐ ☐
- The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled. ☐ ☐
- 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. ☐ ☐
- 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. ☐ ☐
- 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. ☐ ☐
- The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP. ☐ ☐
- The PPT considered any potential harmful effect of the placement on the child. ☐ ☐
- The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs. ☐ ☐
- The PPT considered any potential harmful effect of the placement on the education of other children. ☐ ☐

July 2022 Page 1 of 2

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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) \_\_\_\_\_

July 2022

Page 3 of 6

## Summary of Performance (SOP)

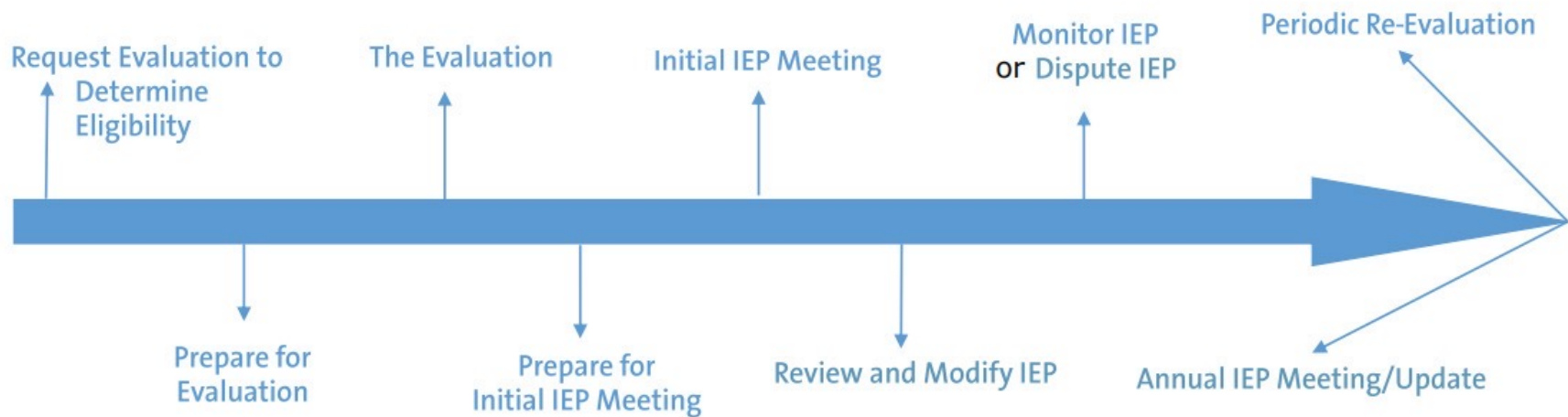
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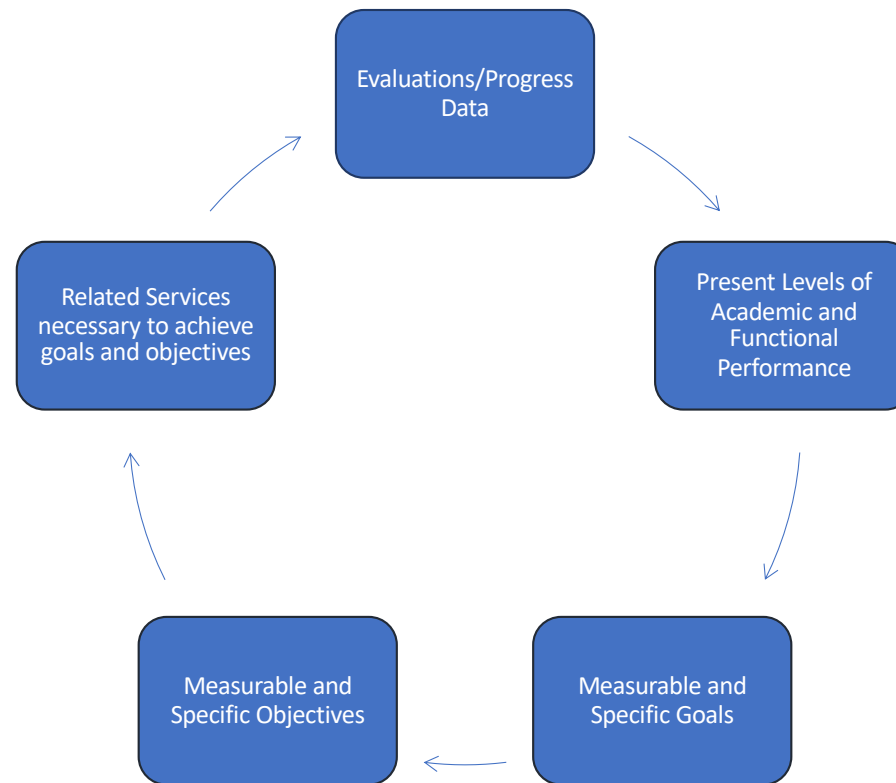
See <https://portal.ct.gov/-/media/SDE/Special-Education/New-IEP/CT-SEDS-Summary-of-Performance-July-2022.pdf>

# IEP Timeline



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

## IEP BASICS



## CT-SEDS INTERFACE: Referral and Evaluations

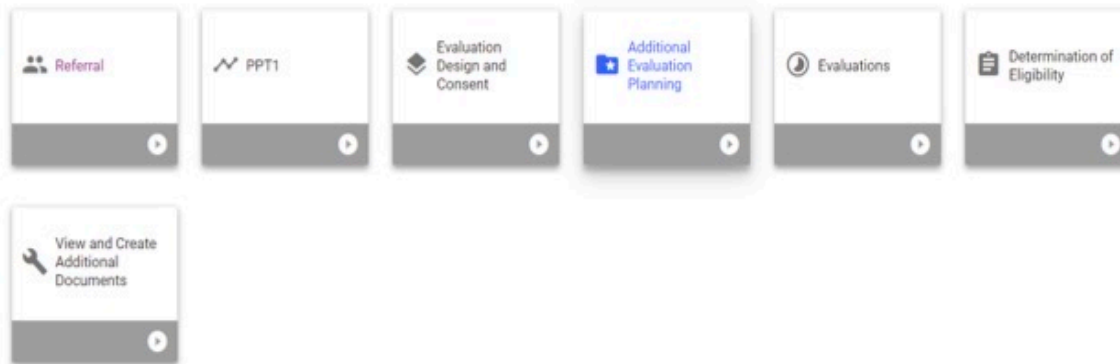
### Referral and Evaluations

Select action

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



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.



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>




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








## 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><b>Team Member Present (required)</b></p> <table border="0"> <tr> <td>Admin/Designee <input type="checkbox"/></td> <td>Spec Educ. Teacher <input type="checkbox"/></td> <td>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>Strategic Parent <input type="checkbox"/></td> <td>Speech/Lang <input type="checkbox"/></td> <td>Other (specify) <input type="checkbox"/></td> </tr> <tr> <td>Student <input type="checkbox"/></td> <td>Custom <input type="checkbox"/></td> <td>Other (specify) <input type="checkbox"/></td> </tr> <tr> <td>Student's Reg. Ed. Teacher <input type="checkbox"/></td> <td>Name: <input type="text"/></td> <td>Indicates if student's primary teacher: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</td> </tr> </table>	Admin/Designee <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"/>	Strategic Parent <input type="checkbox"/>	Speech/Lang <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Student <input type="checkbox"/>	Custom <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Student's Reg. Ed. Teacher <input type="checkbox"/>	Name: <input type="text"/>	Indicates if student's primary teacher: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Student Name</td> <td>Student</td> </tr> <tr> <td>Parent/Guardian Name</td> <td>Parent/Guardian</td> </tr> <tr> <td>Name 1</td> <td>Role 1</td> </tr> <tr> <td>Name 2</td> <td>Role 2</td> </tr> <tr> <td>Name 3</td> <td>Role 3</td> </tr> </tbody> </table> <p><i>(Additional rows will be added as needed)</i></p>		Name	Role	Student Name	Student	Parent/Guardian Name	Parent/Guardian	Name 1	Role 1	Name 2	Role 2	Name 3	Role 3
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**Changes:** Minor formatting

PPT Recommendations											
Current IEP	New IEP (starting with IEPs created after July 1, 2022)										
<p><b>LIST OF PPT RECOMMENDATIONS</b></p> <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p><b>Planning and Placement Team Recommendations</b></p> <p>The PPT recommends the following:</p> <p>Recommendation 1</p> <p>Recommendation 2</p> <p>Recommendation 3 <i>(Additional rows will be added as needed)</i></p>

**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)
<div> <div>Parent and Student input and concerns</div> <div></div> </div>	<div>ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT</div> <div>Parent and/or Student Input</div>
	<div>FUNCTIONAL PERFORMANCE</div> <div>Parent and/or Student Input</div>

**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 <small>(Specify the current performance)</small></th> <th>Strengths <small>(Include data as appropriate)</small></th> <th>Concerns/Needs <small>(Including specialized instruction)</small></th> <th>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</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>Art</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Music</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physical Education</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Area <small>(Specify the current performance)</small>	Strengths <small>(Include data as appropriate)</small>	Concerns/Needs <small>(Including specialized instruction)</small>	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities	Academic/Cognitive				Language Arts				Math				Science				Social Studies				Art				Music				Physical Education				Other				<div>GOAL AREA: <i>(e.g., Reading)</i></div> <div>Present Level of Performance</div> <div>Strengths</div> <div>Concerns/Needs</div> <div>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</div>
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Physical Education																																									
Other																																									

**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)
Summarize student preferences/interests as they relate to planning for transition services: _____	<b>Summary of the student's preferences and interests</b> Text appears here

**Changes:** Minor formatting

Transition Planning — Transition Assessments															
Current IEP	New IEP (starting with IEPs created after July 1, 2022)														
Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered) _____	<table border="1"> <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><b>Assessment Data Summary</b> Enter summary information here</p> <p><b>History of transition assessments</b></p> <table border="1"> <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
Transition Assessment	Date														
Example 1	Date														
Example 2	Date														
Transition Assessment	Date														
Example 1	Date														
Example 2	Date														
Example 3	Date														

**Changes:** A list of previous transition assessments will be included.

Transition Planning — PSOGS	
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 <u>only</u> 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 her/his rights under IDEA which will transfer at age 18.</p> <p><input type="checkbox"/> NA (Student will not be 17 within one year) <input type="checkbox"/> The student has been informed of her/his rights under IDEA which will transfer at age 18 <input type="checkbox"/> No 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)
<p> <input type="checkbox"/> Academic/Cognitive <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Communication <input type="checkbox"/> Career/Post-Secondary <input type="checkbox"/> Physical/Motor <input type="checkbox"/> Postsecondary Education Training  <input type="checkbox"/> Self-Advocacy <input type="checkbox"/> Independent Living <input type="checkbox"/> Other: Specify _____         </p> <p>Enter Dates for Evaluating and Reporting Progress in Boxes Below</p> <p>Check here if the student is 12 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked.)</p> <p>Measurable Annual Goal* (Linked to Present Levels of Performance) # _____</p> <p>Short-Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)</p> <p>Objective #1 _____</p> <p>Objective #2 _____</p> <p>Objective #3 _____</p> <p>Eval. Procedure _____</p> <p>Post. Criteria _____</p> <p>(% of Total, # of _____)</p> <p>Report Progress Below (Use Reporting Key)</p> <p>12 15 18 21 24</p>	<p><b>Annual Goal 1</b></p> <p>Goal Statement #1 for Reading _____</p> <p>Eval. Procedure _____</p> <p><b>Short-term Objectives/Benchmarks</b></p> <p>Progress Monitoring Schedule</p> <p>Obj. 1 _____</p> <p>Obj. 2 _____</p> <p>Obj. 3 (and more, if needed) _____</p> <p>Eval. Schedule _____</p> <p>Eval. Schedule _____</p> <p>Eval. Schedule _____</p> <p><b>CT Core Standards Aligned to this Goal</b> (Early Learning Development Standards)</p> <p>Standard 1 _____</p> <p>Standard 2 _____</p> <p><b>Related Service(s) necessary to achieve this goal (if any)</b></p> <p>Related Service Name _____</p>

**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.

Accommodations and Modifications	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><b>Accommodations and Modifications to be provided to enable the child:</b></p> <ul style="list-style-type: none"> <li>To advance opportunities toward attaining higher annual goals</li> <li>To be involved in and make progress in the general education curriculum</li> <li>To participate in extracurricular and other non-academic activities, and</li> <li>To be educated and participate with other children with and without disabilities</li> </ul> <p><b>Accommodations may include Assistive Technology Devices and Services</b></p> <p>Materials/Books/Equipment: _____</p> <p>Tests/Grades/Assessments: _____</p> <p>Grading: _____</p> <p>Organization: _____</p> <p>Environment: _____</p> <p><b>Site/Activities Where Required and Duration:</b></p> <p>_____</p>	<p><b>Supplementary Aids and Services</b></p> <p>Supplementary aids and services will be provided for the duration of the IEP unless otherwise noted.</p> <p><b>ACCOMMODATION</b> <b>Area(s)/Location(s)</b></p> <p>Example #1: _____ Location 1 Location 2</p> <p>Example #2: _____ Location 1 Location 2 Location 3 Location 4</p> <p>Example #3: _____ All areas/Locations</p> <p><b>MODIFICATION</b> <b>Area(s)/Location(s)</b></p> <p>Example #1: _____ Location 1 Location 2 Location 3</p> <p>Example #2: _____ Location 1 Location 2 Location 3</p> <p><b>ASSISTIVE TECHNOLOGY</b> <b>Area(s)/Location(s)</b></p> <p>Example #1: _____ Location 1</p> <p>Example #2: _____ All areas/Locations</p> <p><b>ADULT SUPPORT</b> <b>Area(s)/Location(s)</b></p> <p>Example #1: _____ all relevant locations</p>

**Changes:** The Supplementary Aids and Services section will include: Accommodations, Modifications, Assistive Technology, and direct Adult Support. Specific locations/classes will be selected for each.

Supports for Personnel															
Current IEP	New IEP (starting with IEPs created after July 1, 2022)														
<p><small>Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration).</small></p> <p>Frequency and Duration of Supports Required for School Personnel to Implement this IEP Include: _____</p>	<p><b>Indirect Services</b></p> <p><b>Are supports required for school personnel to implement this IEP?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, the following will appear)</p> <p><b>Supports required for school personnel to implement this IEP include:</b></p> <table border="1"> <thead> <tr> <th>Service</th> <th>Goal ID</th> <th>Frequency</th> <th>Duration</th> <th>Responsible Staff</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date							
Service	Goal ID	Frequency	Duration	Responsible Staff	Start Date	End Date									

**Changes:** The services that are currently recorded on the bottom of page 8 (e.g., consultation, classroom para) will be documented in the Indirect Services section of the new IEP

Statewide Assessments	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>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><b>Standard Assessments and Alternate Assessments</b>          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 &amp; 11). Standard Science Assessment or Alternate Science Assessment required in Grades 5, 8 and 11.</p> <p><b>Assessment Options: (Select ONE Option)</b></p> <p> <input type="checkbox"/> 1. Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 &amp; 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><b>Administration Options – Accommodations will be provided. (Select One Option):</b></p> <p> <input type="checkbox"/> The student is participating in the Smarter Balanced Assessments &amp; Standard Science Assessment and requires designated supports and/or accommodations*  <input type="checkbox"/> The student is participating in the Connecticut SAT &amp; Standard Science Assessment and will request accommodations**         </p>	<p><b>The student will participate in the Smarter Balanced Assessment.</b></p> <p><b>Assessment:</b> <u>Assessment Name</u></p> <p>Participation          With Accommodations</p> <p><u>Designated Supports and Accommodation(s)</u></p> <p>Example 1          Example 2</p> <p><b>The student will participate in the Next Generation Science Standards Assessment.</b></p> <p><b>Assessment:</b> <u>Assessment Name</u></p> <p>Participation          With Accommodations</p> <p><u>Designated Supports and Accommodation(s)</u></p> <p>Example 1</p> <p><b>The student will participate in the CTAA Assessment.</b></p> <p><b>The student will participate in the CT School Day SAT Assessment</b></p> <p><b>Assessment:</b> <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><b>English Language Proficiency Assessment</b></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><b>ENGLISH LANGUAGE PROFICIENCY (ELP) ASSESSMENT</b></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)</p> <p>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><b>Districtwide Assessments</b> (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><b>DISTRICTWIDE ASSESSMENTS</b></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</p> <p>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"> <li>For students whose behavior impedes learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:             <ul style="list-style-type: none"> <li><input type="checkbox"/> NA <input type="checkbox"/> A behavioral intervention plan has been developed.</li> <li><input type="checkbox"/> IEP Goals and Objectives have been developed to address the behavior.</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul> </li> <li>For students with limited English proficiency, the PPT 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"> <li><input type="checkbox"/> NA <input type="checkbox"/> Recommendation: (specify) _____</li> </ul> </li> <li>For students who are blind/visually impaired (BVI):             <ul style="list-style-type: none"> <li><input type="checkbox"/> NA <input type="checkbox"/> Instruction in Braille or use of Braille is being provided, as required.</li> <li><input type="checkbox"/> The PPT has 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.</li> </ul> </li> <li>For students with print-related disabilities (such as SL/Dyslexia, blind/low vision, physical limitations or organic dysfunction):             <ul style="list-style-type: none"> <li><input type="checkbox"/> NA <input type="checkbox"/> The PPT has considered accessible instructional/educational material (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): _____</li> </ul> </li> <li>For students who are deaf or hard of hearing:             <ul style="list-style-type: none"> <li><input type="checkbox"/> NA <input type="checkbox"/> See attached <u>updated</u> Language and Communication Plan (Form 5503B) - The PPT has 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.</li> </ul> </li> </ol>	<p><b>Special Considerations</b></p> <p>Does the student exhibit behaviors that impede learning for self or others?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes             <ul style="list-style-type: none"> <li><input type="checkbox"/> IEP goals and objectives will be developed to address the behavior.</li> <li><input type="checkbox"/> A behavioral intervention plan based on a functional behavior assessment has been developed.</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> No</li> </ul> <p>Is the student deaf or hard of hearing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Language and Communication Plan is updated.</li> <li><input type="checkbox"/> No</li> </ul> <p>Is the student blind or visually impaired?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes             <ul style="list-style-type: none"> <li><input type="checkbox"/> Instruction in Braille or use of Braille is being provided, as required.</li> <li><input type="checkbox"/> 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 needs (including an evaluation of the student's future need for instruction in Braille or the use of Braille).</li> </ul> </li> <li><input type="checkbox"/> No</li> </ul> <p>Does the student have limited English proficiency? (Student qualifies as an EL)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Student is native language is: (specify with PPT native language data)</li> <li><input type="checkbox"/> The PPT considered the language needs of the student as they relate to the student's IEP and recommends the following: _____</li> </ul> <p>Does the student require accessible educational materials (AEM)?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - The PPT determined that the student has a print-related disability (e.g., SL/Dyslexia, blind/low vision, physical disability). See annual goals/objectives and/or supplementary aids and services for details.</li> <li><input type="checkbox"/> No</li> </ul> <p>Does the student require an alternative mode of communication?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - The PPT considered the communication needs of the student. See annual goals/objectives and/or supplementary aids and services for details.</li> <li><input type="checkbox"/> No</li> </ul>

**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><b>PROGRESS REPORTING</b></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><b>Progress Reporting</b></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><b>EXIT CRITERIA</b></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><b>Anticipated Exit Criteria: The student will be exited from special education upon:</b></p>

*Changes: Renamed to Anticipated Exit Criteria*



## Current IEP

## Resources

## REGISTRATION ON IEPs and SECONDARY TRANSITION

1. Parents, including Noncustodial Parents and the student if 18 or older have been provided ☐ electronically or ☐ in hard copy; with relevant information and resources relating to E/Ps created by the OER (including, but not limited to, information relating to transition resources and services for high school students immediately upon the former disbursement of any child or in-pd requiring special education and of each PPT member. ☐ Adding a design ☐ Parent's Guide to Special Education ☐ E/P Manual ☐ OERs

The following documents were provided to the parent(s) at this meeting on MeetingDate 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

**Changes:** Included in the Resources section of the new IEP.  
Documents will be made available to parents via the parent portal or can be printed and mailed.

## Current IEP

[illegible]

## Special Education and Related Services

## SPECIAL EDUCATION SERVICES

[illegible]

#### RELATED SERVICES

[illegible]

**Changes:** Minor formatting with a revised list of instructional sites

Special Education and Related Services — Extended School Year (ESY)																																																																																																																																																																																														
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<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th rowspan="2">Special Education Services</th> <th rowspan="2">Goal ID</th> <th rowspan="2">Frequency</th> <th colspan="4">SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION</th> <th rowspan="2">If needed, description of Instructional Service Delivery (e.g. small group, team taught, etc.)</th> </tr> <tr> <th>Responsible Staff</th> <th>Service Implementer</th> <th>Start Date (month/yyyy)</th> <th>End Date (month/yyyy)</th> </tr> </thead> <tbody> <tr><td>Extended Services</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Instructional Site</td> <td>1. Regular Classroom</td> <td>2. Resource/Related Service Room</td> <td>3. Self-Contained Classroom</td> <td>4. Community-Based</td> <td>5. Other</td> <td colspan="3"></td> </tr> </tbody> </table> <p>Extended School Year Services: <input type="checkbox"/> Not Required <input type="checkbox"/> Required: See service delivery grid above or on an additional page 11 for services to be provided <input type="checkbox"/> Required: Continue to implement current IEP</p> </div> <div style="width: 48%;"> <div style="background-color: #f5f5f5; padding: 5px; margin-bottom: 5px;"> <b>ESY Services</b> </div> <p>Are extended school year (ESY) services required for the Student to receive FAPE?  <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, the following will appear)</p> <div style="background-color: #f5f5f5; padding: 5px; margin-bottom: 5px;"> <b>ESY SPECIAL EDUCATION SERVICES</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>Service</th> <th>Goal ID</th> <th>Frequency</th> <th>Duration</th> <th>Responsible Staff</th> <th>Service Implementer</th> <th>Start Date</th> <th>End Date</th> <th>Site</th> <th>Instructional Service Delivery</th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <div style="background-color: #f5f5f5; padding: 5px; margin-bottom: 5px;"> <b>ESY RELATED SERVICES</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>Service</th> <th>Goal ID</th> <th>Frequency</th> <th>Duration</th> <th>Responsible Staff</th> <th>Service Implementer</th> <th>Start Date</th> <th>End Date</th> <th>Site</th> <th>Instructional Service Delivery</th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div> </div>										Special Education Services	Goal ID	Frequency	SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION				If needed, description of Instructional Service Delivery (e.g. small group, team taught, etc.)	Responsible Staff	Service Implementer	Start Date (month/yyyy)	End Date (month/yyyy)	Extended Services																																																																																Instructional Site	1. Regular Classroom	2. Resource/Related Service Room	3. Self-Contained Classroom	4. Community-Based	5. Other				Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery																															Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery																														
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Instructional Site	1. Regular Classroom	2. Resource/Related Service Room	3. Self-Contained Classroom	4. Community-Based	5. Other																																																																																																																																																																																									
Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery																																																																																																																																																																																					
Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery																																																																																																																																																																																					

**Changes:** If needed, ESY Services will be documented separately.

Transportation	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p>Transportation: <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) _____ <input type="checkbox"/> N/A</p>	<div style="background-color: #f5f5f5; padding: 5px; margin-bottom: 5px;"> <b>Transportation</b> </div> <p>Does the Student require special transportation as a related service?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Regular Transportation (Display if No)</p> <p>Special Transportation will be provided with the following: (Display if Yes)</p> <p><b>Supports</b></p> <p>Specialized Equipment</p> <p>Vehicle Requirements</p>

**Changes:** Special transportation requirements are separated into three categories.

Special Education Hours and Time with Non-Disabled Peers (TWNDP)																							
Current IEP	New IEP (starting with IEPs created after July 1, 2022)																						
Length of School Day: (Specify) <input type="text"/> Number of Days/Week: (Specify) <input type="text"/> Length of School Year: (Specify) <input type="text"/>	<b>SCHOOL YEAR: 2022-23</b> <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 %
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 %																			
8. Total School Hours/Week: (Specify) <input type="text"/> 9. Special Education Hours/Week: (Specify) <input type="text"/> 10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers): <input type="text"/>																							

**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)
12. To the extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities: <input type="text"/> <input type="checkbox"/> Not applicable: Student will participate fully. 13. If the IEP requires removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that she would attend if not disabled, the IEP must justify this removal from the regular education environment. <input type="checkbox"/> Not applicable: Student will participate fully. <input type="checkbox"/> The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary): <input type="text"/>	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

**Changes:** Minor formatting

LRE Checklist	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><small>Note: The LRE Checklist (CDE155) must be completed and attached to this 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?</p> <p><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 Data Collection (Page 12)	
Current IEP	New IEP (starting with IEPs created after July 1, 2022)
<p><b>For Children 3 years of age</b></p> <p><small>Required Data Collection (Collect and/or update at every IEP)</small></p> <p>Free Appropriate Public Education (FAPE) by age 3: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the (a) FAPE is required, Section 37C-1017 (b) (1) (i) (A) indicates that the child does not receive FAPE by their 3rd birthday, why?</p> <p><input type="checkbox"/> Late referral (more than 90 days before FAPE required) <input type="checkbox"/> Misconduct (more than 90 days) <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 (FAPE, Date of referral/FAPE was: _____)</p> <p><b>Early Childhood (E.C.) Placement Settings (children ages 3 or younger OR grade is preschool)</b></p> <p>1. Provide the hours per week the child participates in an early childhood program which is provided as a part of the IEP (hours from pg. 12): _____</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 12 and 13:</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 (Residential Services) – applies only when a child does not spend time in any environment with non-disabled peers</p> <p><b>Education Placement 3 to 21 years of age</b></p> <p>1. Does the student live at any of the following locations?</p> <p><input type="checkbox"/> None of these locations (Default - 00)</p> <p><input type="checkbox"/> Temporary Housing Situation: Foster Home, Group Home, Subsidized Housing, and Temporary Shelters (01)</p> <p>(Housing that is not included by DCF, DHS, DHEHHS or other state agency.)</p> <p><input type="checkbox"/> Hospital (02)</p> <p><input type="checkbox"/> Private Residential Facility (03)</p>	<p><b>Additional Placement Information</b></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

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

**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)*

Page 1 of 16

DRAFT

DRAFT

### 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.

DRAFT

Page 2 of 16

- 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.

Special Considerations  
relating to behavior

CONNECTICUT STATE DEPARTMENT OF EDUCATION



## 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
Goal Statement #1 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	
Standard 2	
Related Service(s) necessary to achieve this goal (if any)	
Related Service Name	

DRAFT

Page 3 of 16

DRAFT

DRAFT

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

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

DRAFT

Page 4 of 16

DRAFT

DRAFT

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

DRAFT

Page 5 of 16

DRAFT

**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*

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**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.*

DRAFT

Page 7 of 16

DRAFT

DRAFT

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

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

DRAFT

Page 8 of 16



DRAFT

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

DRAFT

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

DRAFT

Page 9 of 16

DRAFT

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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

DRAFT

Page 10 of 16



## 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 Par 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 Memos	

\*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 Template 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 Smart 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
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#### ESY RELATED SERVICES

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

DRAFT

Page 11 of 16

DRAFT

DRAFT

#### 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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Page 12 of 16

DRAFT

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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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Page 13 of 16

DRAFT

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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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Page 14 of 16

DRAFT

The student will participate in the CTAA Assessment.

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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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Page 15 of 16



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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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Page 16 of 16



- 
- 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

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