

Overview:

Revised IEP Form

Special Education Directors Meeting
November 1, 2019



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

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VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens

MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community

State Board of Education Goals

FIVE-YEAR STRATEGIC PLAN FOR 2016-2020

1

All
Students
Proficient
and Showing
Growth in All
Assessed
Areas



2

Every
Student
Graduates
from High
School and
is Ready for
College and
Career



3

Every
Child Has
Access
to a High-
Quality Early
Childhood
Program



4

Every
School Has
Effective
Teachers and
Leaders



5

Every
Community
Effectively
Uses a
World-Class
Data System
to Improve
Student
Outcomes



6

Every
School and
District is
Rated "C" or
Higher



Identifying Information

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year:_____ **Public Agency/School District:**_____

Student's Name:_____ **MSIS:**_____

IEP Committee Meeting Date: _____ / _____ / _____ **Projected Annual Review Date:** _____ / _____ / _____

IEP Implementation Date: _____ / _____ / _____ **Projected End Date:** _____ / _____ / _____
(Projected date when services and programs will begin) (Projected date when services and programs will end)

Date of Birth: _____ / _____ / _____ **Age:** _____ **Primary Eligibility:** _____

Gender: ☐ Female ☐ Male **Ethnicity:** _____ **Secondary Eligibility:** _____

Grade: _____ **School:** _____ **Current Eligibility Date:** _____ / _____ / _____

Projected Re-evaluation Date: _____ / _____ / _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP Committee Participants

IEP COMMITTEE PARTICIPANTS <i>(Signatures are not required.)</i>			
<input type="checkbox"/> Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		<input type="checkbox"/> Annual	
Name	Position	Name	Position

Names and Position of Excused IEP Committee Members <i>(Attach document to IEP)</i>			
Name	Position	Name	Position

The IEP meeting was conducted via alternate means of technology: <input type="checkbox"/> N/A	This IEP meeting was recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other: _____	

EVALUATIONS	
<i>Check any evaluations or follow-ups to determine special education services and/or related service needs.</i>	
<input type="checkbox"/> Functional Behavioral Assessment (FBA)	
<input type="checkbox"/> Assistive Technology Assessment	
<input type="checkbox"/> Occupation or Physical Therapy Evaluation	
<input type="checkbox"/> List other evaluation(s)/follow-up(s) _____	

PLAAFP – Strengths, Preferences, and Interests

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student's Strengths, Preferences, and Interests

Levels of performance should reflect the following and include current data sources: 1) the student's current performance in math and reading, 2) the strengths, both academic and functional, of the student; 3) a description of the student's social, behavioral, and/or emotional skills; 4) the student's interests; 5) the student's preferences; 6) If the student is 14 years or older, how the student's level of academic and functional achievement will affect the pursuit of postsecondary goals. If preschool, include developmentally appropriate activities.

PLAAFP – Impact of Disability and Student Needs

Impact of Disability and Student Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)

Levels of impact and needs should reflect the following and include current data sources: 1) the direct impact of the student's disability in accessing or progressing in the general curriculum (reading and math curriculum, behavior, and functional activities (if the student has a reading deficit, the student's Individual Reading Plan content should be included); 2) the gap for the student in academics, functionally, and/or developmentally and how this compares to his peers; 3) any needed accommodations and/or modifications; 4) If preschool, age-appropriate developmental skills the student is lacking compared to peers; and 5) transition skills—describe how the effects of the disability will impact postsecondary transition.

Individual Reading Plan (IRP)

Individual Reading Plan Checklist	
Following the identification of a reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following:	
	(a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data;
	(b) The goals and benchmarks for growth;
	(c) How progress will be monitored and evaluated;
	(d) The type of additional instructional services and interventions the student will receive;
	(e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;
	(f) The strategies the student's parent is encouraged to use in assisting the student to achieve reading competency; and,
	(g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development

Individual Reading Plan (IRP)

- Note: The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for Tier III (Intensive Intervention). These pages may be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or **for intensive reading interventions for Special Education students (K-4) and English Language Learners (ELLs).**

FAQ: Individual Reading Plans

Is the IRP now a requirement in addition to the IEP?

- Yes. In accordance with Section 37-177-1, the IRP is required for students (K-3) who, at any time, exhibit a substantial deficiency in reading, as well as students who were promoted to 4th grade with a good cause exemption. **The IRP is not a part of the Individualized Education Program (IEP).**

FAQ: Individual Reading Plans

Who is responsible for implementing the IRP for students with disabilities?

- The teacher providing reading instruction to the student is responsible for implementing the IRP. A student with a disability may receive reading instruction from the general education teacher and the special education teacher, including Inclusion and/or Resource. In this case, the student's general education teacher and special education teacher should work together to implement the IRP.

FAQ: Individual Reading Plans

If a student has a 504 Plan and receives intensive therapy in the dyslexia program, does he/she still need the IRP?

- Yes. **All** public school students (K-3) who, at any time, exhibit a substantial deficiency in reading, as well as students who were promoted to 4th grade with a good cause exemption are required to have an IRP.

FAQ: Individual Reading Plans

Is an IRP required for K-3 students receiving special education services who are classified as having a Significant Cognitive Disability (SCD) and who take the alternate assessment?

- No. Students classified as having a Significant Cognitive Disability qualify for Good Cause Exemption (GCE) B for “students with disabilities whose Individualized Education Program (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law”. Therefore, a student who meets the criteria for GCE “B” would not be required to have an IRP.

FAQ: Individual Reading Plans

What is the role of the Speech-Language Pathologist and/or the special education teacher in the IRP team, when the student also has an Individualized Education Program (IEP)?

- It is recommended that the development of an IRP be a team approach. In addition, it is recommended that the Speech-Language Pathologist and/or the special education teacher be an integral part of the team that writes the IRP for a student with an Individualized Education Program.

Age 3-5: Annual Goal Baseline Data

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Ages 3-5

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

ANNUAL GOAL BASELINE DATA

Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable "target" skill or behavior, (c) the condition under which the "target" skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

AREA OF ANNUAL GOAL

Social Emotional Skills and Relationships:

☐ Social ☐ Emotional ☐ Behavioral ☐ Other:

Knowledge and Skills:

☐ Communication ☐ Pre-Academic ☐ Cognitive ☐ Other:

Appropriate Behavior to Meet Needs:

☐ Gross/Fine Motor Skills ☐ Adaptive/Daily Living Skills ☐ Other:

Age 6-20: Annual Goal Baseline Data

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Ages 6-20

School Year: _____ Public Agency/School District: _____

Student's Name: _____ MSIS: _____

ANNUAL GOAL BASELINE DATA

Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable "target" skill or behavior, (c) the condition under which the "target" skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

AREA OF ANNUAL GOAL

Academic:

☐ Reading ☐ Math

Functional:

☐ Communication ☐ Social ☐ Emotional ☐ Behavioral ☐ Gross/Fine Motor Skills ☐ Adaptive Daily Living Skills

☐ Career and Technical Educational Employment ☐ Other: _____

Other:

☐ Other

Annual Goal Baseline Data

- The only information that should be here is the baseline for the annual goal on the same page.
- The baseline statement has four components:
 - Behavior – what the student can do
 - Condition – under what circumstances (i.e. small group, independently, when given grade-level material, etc.)
 - Criteria – how well the student can perform the task
 - Data source

Special Considerations

SPECIAL CONSIDERATIONS*	
Communication (Required)	
Does the student have special communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assistive Technology (Required)	
Does the student need assistive technology services or devices to maintain or improve functional capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student need assistive technology assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service for Students who are Blind or Visually Impaired <input type="checkbox"/> N/A	
<i>In the case of a student who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the student's reading and writing media, Braille instruction is not appropriate.</i>	
Instruction in Braille considered? <input type="checkbox"/> Yes <input type="checkbox"/> No Evaluation Date:	
Instruction in Braille appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the parents provided information regarding the Mississippi School for the Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service for Students who are Deaf or Hearing Impaired <input type="checkbox"/> N/A	
<i>In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student's language and communication mode.</i>	
Student's language and communication mode:	
Is direct instruction in the student's language and communication mode needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the parents provided information regarding the Mississippi School for the Deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Considerations

Behavior Intervention

☐ N/A

*In the case of a student whose behavior impedes the student's learning or the learning of other students, consideration **must** be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.*

1. Has the IEP Committee developed goals and interventions to address specific behavior concerns? ☐ Yes ☐ No
2. Has a Functional Behavioral Assessment (FBA) been conducted? ☐ Yes ☐ No Date Completed:
3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed? **

☐ Yes ☐ No

Date developed:

Implementation Date:

Review / Revised Dates:

***If a student has a BIP, he or she must have a corresponding annual goal(s) to address behavioral concerns.*

Services for Students with Limited English Proficiency

☐ N/A

In the case of a student with limited English proficiency, consideration is given to the language needs of the student as such needs relate to the student's IEP.

What is the student's native language? _____

Is the student receiving language acquisition services? ☐ Yes ☐ No If not, why? _____

If yes, date of the most recent Language Service Plan (updated annually):
(Attach Language Service Plan to IEP.)

*** Indicate all relevant Special Considerations in the PLAAFP.**

Language Service Plan for ELL

APPENDIX B | Language Service Plan *(for Students with Limited English Proficiency)*

This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form** _____

STUDENT NAME		_____			
PRIMARY LANGUAGE SPOKEN		_____		LANGUAGE(S) SPOKEN IN HOME	_____
ADDITIONAL LANGUAGE(S)	_____	DATE FIRST ENROLLED IN A U.S. SCHOOL	_____	IMMIGRANT STATUS (< 3 yrs)	_____
PARENT/GUARDIAN NAME		_____			
PHONE	(home) _____	(work) _____	(cell) _____		
HOME/SCHOOL COMMUNICATION to parent/guardian is requested in:		<input type="checkbox"/> English OR <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral OR <input type="checkbox"/> Written			

ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT							
Age Started School	_____	Years in Preschool/K	_____	Years in grades 1-5	_____	Years in grades 6-12	_____
Last grade completed	_____	<input type="checkbox"/> Interrupted Formal Education <input type="checkbox"/> Limited Schooling <input type="checkbox"/> No Formal schooling					
Has the student been referred for Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Special Education and Related Services

SPECIAL EDUCATION AND RELATED SERVICES					
Special Education					
Service	Area	Location	Start Date	End Date	Duration/Frequency
Related Services					
Service	Area	Location	Start Date	End Date	Duration/Frequency

Accommodations and Modifications

Program Modifications				
Service	Area	Location	Start Date	End Date
Instructional/Functional Accommodations				
Service	Area	Location	Start Date	End Date
Supports for Personnel				
Service	Area	Location	Start Date	End Date
Area				
A. Reading	F. Science	K. Music	P. Title I	T. Other: _____

Assessment: Students with SCD

STATE- OR DISTRICTWIDE ASSESSMENT FOR STUDENTS WITH A SIGNIFICANT COGNITIVE DISABILITY												
<i>Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.</i>												
	Grade Level (Age for non-graded students) <i>For non-graded students (coded 56, 58, 72, 74, or 78), peer grades are based on the student's age as of Sept. 1 of the applicable school year.</i>											
	PK <small>(5-7 yrs.)</small>	K-2 <small>(8 yrs.)</small>	3 <small>(9 yrs.)</small>	4 <small>(10 yrs.)</small>	5 <small>(11 yrs.)</small>	6 <small>(12 yrs.)</small>	7 <small>(13 yrs.)</small>	8 <small>(14 yrs.)</small>	9 <small>(15 yrs.)</small>	10 <small>(16 yrs.)</small>	11 <small>(17, 18 yrs.)</small>	12 <small>(17, 18 yrs.)</small>
MKAS2/Kindergarten Readiness Assessment												
Third Grade MAAP ELA Assessment												
MAAP-A (ELA)												
MAAP-A (Mathematics)												
MAAP-A (Science)												
MAAP-A EOC (English II)												
MAAP-A EOC (Algebra I)												
MAAP-A EOC (Biology)												
English Language Proficiency Test (ELPT)												
ACT (American College Test)												
Other:												
Other:												

Assessment: Students Without SCD

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM

STATE- OR DISTRICTWIDE ASSESSMENTS FOR STUDENTS WITHOUT A SIGNIFICANT COGNITIVE DISABILITY

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.

NOTE: The IEP Committee may not remove the requirement for English Learners to be assessed in all four domains because he/she is unable to participate in fewer than four. The student's ELP score must be based on the remaining domains in which it is possible to assess the student.*

	Grade Level											
	PK	K-2	3	4	5	6	7	8	9	10	11	12
MKAS ² / Kindergarten Readiness Assessment												
Third Grade MAAP ELA Assessment												
MAAP (English Language Arts/Literacy)												
MAAP (Mathematics)												
MAAP (Science)												
MAAP-EOC (Algebra I)												
MAAP-EOC (Biology I)												
MAAP-EOC (English II)												
MAAP-EOC (U.S. History)												
MS-CPAS2												
ACT (American College Test)												
English Language Proficiency Test (ELPT)*												
Other: _____												

Transition: Exit Options

Exit Options

Exit options must be reviewed with the parent and the student, as appropriate, before completing this section.

Check the exit option determined appropriate for the student.

☐

Traditional Diploma

☐

Career and Technical Endorsement

☐

Academic Endorsement

☐

Distinguished Academic Endorsement

☐

High School Equivalency (GED)

☐

Alternate Diploma is an option ONLY available to students that meet the criteria for Significant Cognitive Disabilities.

☐

Certificate of Completion

☐

Mississippi Occupational Diploma (MOD) is an option ONLY available to students that entered ninth grade prior to the 2017-18 school year.

Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting.

☐

Yes

☐

No

Interagency Linkages (Participating Agencies)

*List any agencies/person(s) (a) currently involved with the student or family, (b) able to provide needed information to the IEP Committee, and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment, and/or postsecondary education/training. **Written parental consent must be obtained before inviting any agencies/person(s) likely to be responsible for providing/paying for transition services.***

☐

Education/Training:

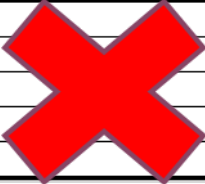
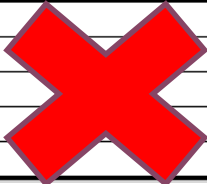
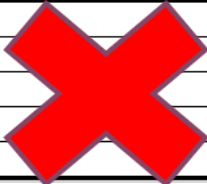
☐

Employment:

☐

Independent Living:

Course of Study

Course Of Study		
Select the course of study that supports the Student's postsecondary goal(s):		
<input type="checkbox"/> Agriculture, Food and Natural Resources	<input type="checkbox"/> Education and Training	<input type="checkbox"/> Law, Public Safety, and Security
<input type="checkbox"/> Architecture and Construction	<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Arts, Media, and Communications	<input type="checkbox"/> Government and Public Administration	<input type="checkbox"/> Marketing
<input type="checkbox"/> Business Management and Administration	<input type="checkbox"/> Health Science	<input type="checkbox"/> Science, Technology, Engineering and Mathematics
	<input type="checkbox"/> Hospitality and Tourism	<input type="checkbox"/> Transportation, Distribution, and Logistics
	<input type="checkbox"/> Human Services	
	<input type="checkbox"/> Information Technology	
Additional options (SCD only): <input type="checkbox"/> Supported Employment <input type="checkbox"/> Daily Living Activities <input type="checkbox"/> Customized Employment		
List the general and special education class(es) in the student's course of study for the previous, current, and projected year selected on the basis of the student's strengths, interests, preferences and desired postsecondary goals.		
Previous Year's Class(es)	Current Year's Class(es)	Projected Year's Class(es)
		

Least Restrictive Environment

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATIONS

Placement Option(s) Considered

☐ Yes ☐ No Is this placement based on the student's educational needs documented in this IEP?
34CFR300.114

If No, explain _____

☐ Yes ☐ No Is the student able to be satisfactorily educated in the general education environment for the entire school day? *34CFR300.114*

If No, explain _____

☐ Yes ☐ No If removal from the regular environment is necessary, is it based on the nature and severity of the student's disability and not the need for modifications in the general curriculum? *34CFR300.114*

If No, explain _____

☐ Yes ☐ No Is the educational placement as close as possible to the student's home? *34CFR200.116(b)(3)*

If No, explain _____

☐ Yes ☐ No Is the educational placement in the school the student would attend if the student did not have a disability? *34CFR300.116(c)*

If No, explain _____

☐ Yes ☐ No The IEP team considered all placement options and related services in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student.(300.116(d)) The IEP team also considered the potential harmful effects of the placement of the child and whether it would impede the ability of the child or other children to learn .

If No, explain _____

Documenting the Placement Decision

Placement Decision

Check the selected Placement Decision in the section below.

Preschool Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 3-5)

- ☐ Early childhood setting
- ☐ Early childhood special education
- ☐ Part-time early childhood/Part-time early childhood special education
- ☐ Home
- ☐ Residential facility
- ☐ Separate school
- ☐ Itinerant service outside the home

School Age LRE Environment (Least restrictive to most restrictive)

(Check one for students ages 6-20)

- ☐ Inside general education with no supplementary aids and services
- ☐ Inside general education with supplementary aids and services—includes itinerant instruction and resource room instructional support
- ☐ Special classes—full- or part-time self-contained
- ☐ Separate school—residential or day treatment
- ☐ Home instruction
- ☐ Correctional facilities
- ☐ Parentally placed in private schools

Least Restrictive Environment

Special Transportation

Is special transportation needed in the selected LRE? ☐ Yes ☐ No

MSIS Classification for LRE

Time Student Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification (Check one below for students ages 3-5)

- | | |
|---|---|
| <input type="checkbox"/> PC/Home | <input type="checkbox"/> PI/Regular program ten (10) or more hours per week and served in the regular program |
| <input type="checkbox"/> PE/Residential Facility | <input type="checkbox"/> PJ/Regular program ten (10) or more hours per week and served in another location |
| <input type="checkbox"/> PF/Separate School | <input type="checkbox"/> PK/Regular program less than ten (10) hours per week and served in the regular program |
| <input type="checkbox"/> PG/Separate Class | <input type="checkbox"/> PL/Regular program less than ten (10) hours per week and served in another location |
| <input type="checkbox"/> PH/Service Provider Location | |

School-age LRE Classification (Check one below for students ages 6-21)

- ☐ SA/Inside general education class 80% or more of the day
- ☐ SB/Inside general education class 40% to 79% of the day
- ☐ SC/Inside general education class less than 40% of the day
- ☐ SD/Separate School
- ☐ SF/Residential Facility
- ☐ SH/Home-Hospital
- ☐ SI/Correctional Facilities
- ☐ SJ/Parentally Placed in Private Schools

Signature Page

SIGNATURE PAGE FOR IEP

INITIAL OR ANNUAL SIGNATURES

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT

My rights and those of my child, as outlined in the Procedural Safeguards Notice, have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: _____ Date: _____

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: _____ Date: _____

Signature Page

ACKNOWLEDGEMENT OF STATE TESTING

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THIRD GRADE MAAP ELA ASSESSMENT

I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts) he or she will be required to participate in the Alternative Third Grade MAAP ELA Assessment.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way, but only students who meet the graduation requirements under State Board Policy Chapter 36, Rule 36.4 and 36.5 will be eligible to receive a traditional high school diploma.

Parent/Guardian Signature: _____ Date: _____



burning questions

Teresa Laney, M.S., CCC-SLP

Office Director II

Office of Special Education

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