

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

 School Year: 2019-2020

Public Agency/School District: _____ Student's Name: _____

 IEP Committee Meeting Date: 04/29/19

 IEP Implementation Date: (Projected Date when Services and Programs will Begin) 08/06/19

 Projected End Date: 05/21/20 Projected Date of Annual Review 04/10/20

 Student's Name: _____ Date of Birth: _____ Age: 14

 Race: Black or African American Ethnicity: Not Hispanic/Latino/Spanish Gender: F

 Primary Eligibility Category: Intellectual Disability Secondary Eligibility Category: _____

Subcodes: _____ Subcodes: _____

 Current Eligibility Date: 5/13/2019 Projected Reevaluation Date 5/13/2022

 MSIS Number: _____ Grade: 9 School: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

IEP COMMITTEE PARTICIPANTS

(Signatures are not required.)

☐ Initial (Written Parental Permission For Initial Placement must be signed before implementation)

☒ Annual

| Name | Position | Name | Position |
|------|-----------------------|------|--------------|
| | Agency Representative | | Other: _____ |
| | General Educator | | Other: _____ |
| | Special Educator | | Other: _____ |
| | Parent/Guardian | | Other: _____ |
| | Parent/Guardian | | Other: _____ |
| | Child | | Other: _____ |

Name and Position of Excused IEP Committee Members

An IEP Committee may be excused in whole or in part if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. Attach all written documentation to the IEP.

The IEP meeting was conducted via alternate means of technology:

This IEP Meeting was recorded:

☒ N/A ☐ Video Conferencing: ☐ Conference Call
☐ Other (specify): _____

☐ Yes ☒ No

EVALUATIONS

Indicate plans to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology, or other evaluation(s)/follow-up(s) to determine special education and/or related service needs:

No evaluations due

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT (Sign only AFTER the IEP has been reviewed)

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: N/A 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: 4.29.19

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District: _____

Student's Name: _____

IEP COMMITTEE PARTICIPANTS (Signatures are not required)

IEP Action: ☒ Review ☐ Revise ☐ Amend ☒ ESY

Date: 3.26.2020

| Name | Position | Name | Position |
|------|-----------------------|------|----------|
| | Agency Representative | | Other: |
| | General Educator | | Other: |
| | Special Educator | | Other: |
| | Parent/Guardian | | Other: |
| | Parent/Guardian | | Other: |
| | Student | | Other: |

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. Attach all written documentation to the IEP.

N/A

The IEP meeting was conducted via alternate means of technology:

This IEP Meeting was recorded:

☐ N/A ☐ Video Conferencing: ☒ Conference Call
☐ Other (specify): _____

☐ Yes ☒ No

EVALUATIONS

Indicate plans to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology, or other evaluation(s)/follow-up(s) to determine special education and/or related service needs:

NONE

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.
- ☐ I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: _____

Date: 3.26.2020

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., additional or deletion of services provided, increase or decrease in frequency of services provided).

_____ did not meet any of the three criteria for ESY.
 Annual review held by team

☒ Check to verify that all changes were made in the IEP.

Public Agency/School District:

Student's Name: _____

Ages 3 - 20

Student's Strengths, Preferences, and Interests

██████████ is a 14 year old 9th grader attending ██████████. Although she has a ruling of Intellectual Disability (ID), ██████████ has shown high adaptive and learning qualities. On April 26, 2019, ██████████ took the Moby Max math placement test. She used accommodations such as read aloud, scratch paper, and calculator. Her scores were consistent with a fourth grader. Her strengths include; geometry, place value, interpreting an equation. Her difficulties came from fractions and measurements. Although she is behind her grade level, this is still a good score since she has missed some of her foundation classes. On April 26, 2019, ██████████ took the Moby Max reading placement test. She used accommodations such as read aloud and paraphrasing the question. Her scores were consistent with a eighth grade level. Her strengths include comprehension, understanding the characters and their relationships. Her difficulties came from lack of vocabulary and drawing a conclusion from an abstract meaning. ██████████ is able to assist other students in the classroom. She is prefers one on one and small group learning. She prefers listening to information rather than reading the text. She enjoys learning.

Moby Max, teacher observations, parent input, classwork.

Although [REDACTED] has a ruling of Intellectual Disability (ID), she has high adaptive and learning skills. On April 26, 2019, [REDACTED] took the Moby Max math placement test. She used accommodations such as read aloud, scratch paper, and calculator. Her scores were consistent with a fourth grader. Her difficulties came from fractions, measurements, and division. Many of her difficulties are the results of lack of exposure due to attending self contained classes for most of the day. This will impact her in the classroom by being behind on foundational skills. On April 26, 2019, [REDACTED] took the Moby Max reading placement test. She used accommodations such as read aloud and paraphrasing the question. Her scores were consistent with a eighth grade level. Her strengths include comprehension, understanding the characters and their relationships. Her difficulties came from lack of vocabulary and drawing a conclusion from an abstract meaning. This will impact her in the classroom by not having as large as vocabulary as her peers, and use of figurative language used in work and in conversation. Functionally [REDACTED] is able to independent at home, school, and out in the community with minimal assistance. The assistance she needs, and will continue to be addressed is self advocacy.

Moby Max, teacher observations, parent input, classwork.

██████████, ██████████ mother, is very concerned about her education and wants her to be successful in school. She wants her to have the opportunity to earn a high school diploma.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Academic Performance Summary: ☒ Reading ☐ Math

Present Levels of Functional Performance Summary: ☐ Communication ☐ Social ☐ Emotional ☐ Behavioral

☐ Gross/Fine Motor Skills ☐ Career and Technical Education and Employment ☐ Adaptive/Daily Living Skills

☐ Other: _____

Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c) the current rate of performance based on baseline data.

When given a grade appropriate text, [REDACTED] is able to articulate to teacher the idea of a passage and analyze the story development with 45% accuracy over 3 out of 5 prompts.

Does this area impact the student's academic achievement?

☒ Yes ☐ No

Does this area impact the student's functional performance?

☒ Yes ☐ No

| Goal # | MEASURABLE ANNUAL GOAL | TA* | MOM |
|--|------------------------|-----|-----|
| 1 | Measurable Annual Goal | Y | D/P |
| Before the end of the school, when given a grade appropriate reading passage, [REDACTED] will determine the central ideas or themes of a text and analyze their development with 80% accuracy over 3 out of 5 prompts. RL.9.2 | | | |
| Short-Term Instructional Objectives/Benchmarks (STIO/B) | | | |
| Objective #1 | | | |
| Before the end of the first nine weeks, when given a grade appropriate reading passage, [REDACTED] will determine the central ideas or themes of a text and analyze their development with 50% accuracy over 3 out of 5 prompts. RL.9.2 | | | |
| Objective #2 | | | |
| Before the end of the second nine weeks, when given a grade appropriate reading passage, [REDACTED] will determine the central ideas or themes of a text and analyze their development with 60% accuracy over 3 out of 5 prompts. RL.9.2 | | | |
| Objective #3 | | | |
| Before the end of the third nine weeks, when given a grade appropriate reading passage, [REDACTED] will determine the central ideas or themes of a text and analyze their development with 70% accuracy over 3 out of 5 prompts. RL.9.2 | | | |
| Objective #4 | | | |
| Before the end of the school, when given a grade appropriate reading passage, [REDACTED] will determine the central ideas or themes of a text and analyze their development with 80% accuracy over 3 out of 5 prompts. RL.9.2 | | | |
| Objective #5 | | | |
| | | | |
| Report of Progress | | | |
| Methods of Measurement (MOM) | | | |

OBS = Observation

CRT = Criterion-Referenced Test

CBM = Curriculum-Based Measure

WS = Work Samples

D/P = Demonstration/Performance

Other =

4/20

*TA = Transition Activity

Child's Name: [REDACTED]

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).

Date of Report: 09/05/19

PAG: A

[REDACTED] can determine details with 50% accuracy in 2 out of 5 prompts

Date of Report: 10/04/19

PAG: A

[REDACTED] can determine details with 50% accuracy in 3 out of 5 prompts

Date of Report: 11/14/19

PAG: A

[REDACTED] can determine the central idea at 60% in 2 prompts

Date of Report: 12/20/19

PAG: A

[REDACTED] can determine the central idea at 70% in 3 out of 5 prompts

Date of Report: 02/06/20

PAG: A

[REDACTED] can determine the central idea at 75% in 2 prompts

Date of Report: 03/13/20

PAG: A

[REDACTED] can determine the central idea at 75% in 3 out of 5 prompts

Date of Report: 04/29/20

PAG: D

Annual goal had not been introduced because of school closures due to covid 19

Date of Report:

PAG:

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
 B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
 C. The annual goal has been met or exceeded.
 D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/GuardiansType: ☒ Progress Notes ☒ Report Cards ☒ Goals Sheet ☐ Other: _____Frequency: ☒ Every 4 ½ weeks ☐ Every 6 weeks ☒ Every 9 weeks ☐ Other: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Academic Performance Summary: ☐ Reading ☒ Math

Present Levels of Functional Performance Summary: ☐ Communication ☐ Social ☐ Emotional ☐ Behavioral

☐ Gross/Fine Motor Skills ☐ Career and Technical Education and Employment ☐ Adaptive/Daily Living Skills

☐ Other: _____

Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c) the current rate of performance based on baseline data.

When given a math problem that contains different properties of rational and irrational numbers, [REDACTED] is able to understand and complete the problem with 60% accuracy over 3 out of 5 times.

Does this area impact the student's academic achievement?

☒ Yes ☐ No

Does this area impact the student's functional performance?

☐ Yes ☐ No

| Goal # | MEASURABLE ANNUAL GOAL | TA* | MOM |
|--|------------------------|-----|-----|
| 2 | Measurable Annual Goal | Y | D/P |
| Before the end of the school year, [REDACTED] will understand and use the properties of rational and irrational numbers with 80% accuracy over 3 out of 5 prompts. N-RN.3 | | | |
| Short-Term Instructional Objectives/Benchmarks (STIO/B) | | | |
| Objective #1 | | | |
| Before the end of the first nine weeks, [REDACTED] will identify numbers on a real number line with 80% accuracy over 3 out of 5 prompts. N-RN.3 | | | |
| Objective #2 | | | |
| Before the end of the second nine weeks, [REDACTED] will tell the significance of rational and irrational numbers as subsets of real numbers and distinguish between the two with 80% accuracy over 3 out of 5 prompts. N-RN.3 | | | |
| Objective #3 | | | |
| Before the end of the third nine weeks, [REDACTED] know how to use the properties of exponents to evaluate expressions with exponents, including expressions containing negative and zero exponents. N-RN.3 | | | |
| Objective #4 | | | |
| Before the end of the school year, [REDACTED] will understand and use the properties of rational and irrational numbers with 80% accuracy over 3 out of 5 prompts. N-RN.3 | | | |
| Objective #5 | | | |
| | | | |
| Report of Progress | | | |
| Methods of Measurement (MOM) | | | |

OBS = Observation

CRT = Criterion-Referenced Test

CBM = Curriculum-Based Measure

WS = Work Samples

D/P = Demonstration/Performance

Other =

6/20

*TA = Transition Activity

Child's Name: [REDACTED]

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).

Date of Report: 09/05/19

PAG: A

[REDACTED] can id numbers at 80% in 2 prompts

Date of Report: 10/04/19

PAG: A

[REDACTED] can id numbers at 100% in 3 prompts

Date of Report: 11/14/19

PAG: A

[REDACTED] can tell the significance of numbers at 80% in 2 prompts

Date of Report: 12/20/19

PAG: A

[REDACTED] can tell the significance of numbers at 80% in 3 prompts

Date of Report: 02/06/20

PAG: A

[REDACTED] can use exponets at 80% in 2 prompts

Date of Report: 03/13/20

PAG: A

[REDACTED] can use exponents at 80% in 3 prompts

Date of Report: 04/29/20

PAG: D

Annual goal not introduced because of school closures due to covid 19

Date of Report:

PAG:

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
 B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
 C. The annual goal has been met or exceeded.
 D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/GuardiansType: ☒ Progress Notes ☒ Report Cards ☒ Goals Sheet ☐ Other: _____Frequency: ☒ Every 4 ½ weeks ☐ Every 6 weeks ☒ Every 9 weeks ☐ Other: _____

SPECIAL CONSIDERATIONS***Communication (Required)**Does the student have special communication needs? ☐ Yes ☒ No**Document the basis for the decision:**

does not have any special communication needs

Assistive Technology (Required)

Does the student need assistive technology services or devices to maintain or improve functional capabilities?

☐ Yes ☒ NoDoes the student need assistive technology assessment? ☐ Yes ☒ No**Document the basis for the decision:**

does not have any assistive technology needs.

Service for Students who are Blind or Visually Impaired☒ N/A*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.*Instruction in Braille considered? ☐ Yes ☐ No

Evaluation Date: _____

Is instruction in Braille appropriate? ☐ Yes ☐ No**Document the basis for the decision:**

Student is not Blind nor VI

Were the parents provided information about the Mississippi School for the Blind?

☐ Yes ☐ No**Service for Students who are Deaf or Hearing Impaired**☒ N/A*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.*

Student's language and communication mode: _____

Is direct instruction in the student's language and communication mode needed? ☐ Yes ☐ No**Document the basis for the decision:**

Student is neither Deaf nor HI

Were the parents provided information regarding the Mississippi School for the Deaf? ☐ Yes ☐ No**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 Date: _____

Document the basis for the decision:

has no need for behavior intervention

****If a student has a BIP, s/he 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 student's IEP.***Describe the specific needs and document the basis for the decision:**

Services not needed

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District

Student's Name

SPECIAL EDUCATION AND RELATED SERVICES
Special Education

| Service | Area | Location | Start Date | Duration/Frequency | End Date |
|----------------------------------|------------|-------------------|------------|--------------------|----------|
| Inclusion services | a, c, d, f | General Education | 08/06/19 | 55 min weekly | 05/21/20 |
| Organizational skills/strategies | u | Special Education | 08/06/19 | 15 min daily | 05/21/20 |
| | | | | | |
| | | | | | |
| | | | | | |

Document basis for the decision:

Assessments and IEP team decision

Instructional/Functional Accommodations

| Service | Area | Location | Start Date | Duration/Frequency | End Date |
|---|------|-------------------|------------|--------------------|----------|
| Allow extended time for assignments and tests | t | General Education | 08/06/19 | 30 min daily | 05/21/20 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Document basis for the decision:

Assessments and IEP team decision

Program Modifications

| Service | Area | Location | Start Date | Duration/Frequency | End Date |
|--|------|-------------------|------------|--------------------|----------|
| Modify tests and assignments to meet student's needs | t | General Education | 08/06/19 | 30 min weekly | 05/21/20 |
| | | | | | |
| | | | | | |
| | | | | | |

Document basis for the decision:

Assessments and IEP team decision

Related Services

| Service | Area | Location | Start Date | Duration/Frequency | End Date |
|---------|------|----------|------------|--------------------|----------|
| none | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Document basis for the decision:

No related service needed at this time

Supports for Personnel

| Service | Area | Location | Start Date | Duration/Frequency | End Date |
|--|------|-------------------|------------|--------------------|----------|
| Inclusion teacher in classes as needed | | General Education | 08/06/19 | 55 min per week | 05/21/20 |
| Collaboration between teachers | | General Education | 08/06/19 | 1x per nine wks | 05/21/20 |
| | | | | | |
| | | | | | |

Document basis for the decision:

Assessments and IEP team decision

Area

- | | | | | |
|-------------------|------------------------|--------------------------|-----------------|-----------------------------------|
| a. Reading | f. Science | k. Music | p. Title I | t. Other: <u>all subjects</u> |
| b. Spelling | g. Health | l. Art | q. Tech Prep | u. Other: <u>familiar setting</u> |
| c. English | h. Lunch | m. Computer Science | r. Vocational | v. Other: _____ |
| d. Math | i. PE | n. Clubs | s. Library | w. Other: _____ |
| e. Social Studies | j. Guidance/Counseling | o. Recreation Activities | x. Other: _____ | |

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

☐ This student is not required to participate in State-wide assessments as she or he is over 18 years of age.

☐ This student meets the criteria for SCD and is under 8 years of age.

Significant Cognitive Disability (SCD) Determination

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

☐ Yes ☒ No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.

☐ Yes ☒ No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.

☐ Yes ☒ No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavior disabilities, specific learning disabilities or social, cultural, or economic differences.

☐ The student **MEETS** the criteria for having a significant cognitive disability.

☒ The student **DOES NOT MEET** the criteria for having a significant cognitive disability.

For students classified as having an SCD, indicate the standards in which the student is instructed.

☐ This student meets the criteria for SCD and receives all instruction on **alternate academic achievement standards**.

☐ This student meets the criteria for SCD and receives instruction on **grade-level standards** in the following content area(s):

Indicate the assessment(s) in which the Student will participate (State- or district-wide assessments): Students may participate in the standard Grade Level/Subject Area Mississippi Assessment Program, or the Grade Level/Subject Area Mississippi Assessment Program-Alternate. Refer to Testing Students with Disabilities Regulations to determine appropriate assessments.

State- or District-Wide Assessments for Students with a Significant Cognitive Disability

Assessments for students who meet the criteria for significant cognitive disabilities and receive instruction on alternate academic achievement standards include the Mississippi Assessment Program - Alternate, English Language Proficiency Test, and/or additional tests.

| Indicate any assessments the student will complete during the current year: | Grade Level (Age for non-graded students) | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | For non-graded students (coded 56, 58, 72, 74, or 78), peer grades are based on the student's age as of September 1st of the applicable school year. | | | | | | | | | | | |
| | PK | K-2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | (5-7 yrs) | (8 yrs) | (9 yrs) | (10 yrs) | (11 yrs) | (12 yrs) | (13 yrs) | (14 yrs) | (15 yrs) | (16 yrs) | (17/18 yrs) | |
| Mississippi Academic Assessment Program -Alternate (ELA) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mississippi Academic Assessment Program -Alternate (Math) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mississippi Academic Assessment Program -Alternate (Science) | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language Proficiency Test (ELPT) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 those students who meet the graduation requirements under State Board Policy, Chapter 36, rule 36.4 and 36.5 will be eligible to receive a standard high school diploma.

Parent/Guardian Signature [REDACTED]

Date 4-29-19

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM**State- or District-Wide Assessments for Students without an SCD**

Assessments for students who receive instruction on grade-level standards include the Mississippi K-3 Assessment Support System (MKAS2), Mississippi Curriculum Test, 3rd Edition (MCT3), Mississippi Science Test 2 (MST2), Subject Area Testing Program, 2nd and 3rd Editions (SATP2/SATP3), Mississippi Writing Assessment Program, 3rd Edition (MWAP3), Mississippi Career Planning and Assessment System, 2nd Edition (MS-CPAS2), American College Test (ACT), Assessing Comprehension and Communication in English State-to-State for English Language Learners (ACCESS for ELL), and/or additional tests.

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

| | Grade Level | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | PK | K-2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| MKAS2/ Kindergarten Readiness Assessment | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | |
| MKAS2/ 3rd Grade Summative Assessment | | | <input type="checkbox"/> | | | | | | | | | |
| MAAP (English Language Arts/Literacy) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| MAAP (Mathematics) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| MAAP (Science) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| MAAP-EOC (Algebra I) | | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (Biology I) | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (English II) | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (US History) | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MS-CPAS2 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACT | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language Proficiency Test (ELPT) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THE MKAS2/3RD GRADE SUMMATIVE ASSESSMENT

I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts), he/she will be required to participate in the alternative 3rd Grade Summative Assessment.

Parent/Guardian Signature NA

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 those 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 [REDACTED]

Date 4.29.19

STATE-WIDE / DISTRICT-WIDE TEST ACCESSIBILITY / ACCOMMODATIONS

Refer to the current *Mississippi Testing Accommodations Manual*, and/or *American College Test (ACT) Accommodations for Students with Disabilities* for information regarding testing accommodations. All accommodations used for State-wide testing must also be used during the student's classroom instruction and assessments.

| Presentation Accommodations | Code | Test(s) |
|---|------|---------|
| 50 - Highlight key words/phrases in directions (e.g., complete sentences, show your work) by the test administrator | 50 | j,k,p |
| 48 - Use of memory aids, fact charts, resource sheets, and/or abacus Refer to Note 10 | 48 | j,k,p |
| 49 - Cue student to stay on task | 49 | j,k,p |
| 58 - Read test directions and test items to individual students or the group - repeating directions/items and paraphrasing directions only if needed Refer to Notes 8 | 58 | j,k,p |
| 98 - Other allowable accommodation | 98 | j,k,p |

Document the basis for the decision:

Assessments and IEP team decision

| Response Accommodations | Code | Test(s) |
|---|------|---------|
| 70 - Dictation of answers to test administrator/proctor (scribe) Refer to Note 8 | 70 | j,k,p |
| 82 - Spelling dictionaries (dictionaries show correct spelling of English words; do not give definitions) | 82 | j,k,p |
| 98 - Other allowable accommodation | 98 | j,k,p |

Document the basis for the decision:

Assessments and IEP team decision

| Timing and Scheduling Accommodations | Code | Test(s) |
|---|------|---------|
| 21 - With scheduled rest breaks | 21 | j,k,p |
| 98 - Other allowable accommodation | 98 | j,k,p |
| 23 - Extended time through the end of the day | 23 | j,k,p |

Document the basis for the decision:

Assessments and IEP team decision

| Setting Accommodations | Code | Test(s) |
|--|------|---------|
| 1 - At the front of the room | 1 | j,k,p |
| 6 - With a familiar teacher | 6 | j,k,p |
| 2 - Facing test administrator while directions given | 2 | j,k,p |

Document the basis for the decision:

Assessments and IEP decision

| Test | | |
|--------------------------------------|-------------------------|----------------------------|
| a. MKAS2/Kindergarten Readiness | f. MAAP-A (ELA) | i. MAAP-EOC (English II) |
| b. MKAS2/3rd Grade Reading Summative | g. MAAP-A (Math) | m. MAAP-EOC (US History) |
| c. MAAP (ELA) | h. MAAP-A (Science) | n. ACT |
| d. MAAP (Math) | i. ELPT | o. MS-CPAS2 |
| e. MAAP (Science) | j. MAAP-EOC (Algebra I) | p. Other: <u>all tests</u> |
| | k. MAAP-EOC (Biology I) | q. Other: _____ |
| | | r. Other: _____ |

INDIVIDUAL TRANSITION PLAN

Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.

Postsecondary Goals

Specify appropriate measurable postsecondary goals as identified by the student, parent(s) and IEP Committee. Postsecondary goals are based upon age-appropriate transition assessments related to employment, education and/or training, and, where appropriate, independent living skills.

Education/Training (Required) Related IEP Goal(s) #: 1,2

During school, [REDACTED] will be taking classes to get her ready for a college program such as CNA or some sort of trade

Employment (Required) Related IEP Goal(s) #: 1,2

After high school, [REDACTED] would like to get a job as a CNA or in an office

Independent Living (If Appropriate) Related IEP Goal(s) #: 1,2

At this time [REDACTED] is living and will continue to live with her mom [REDACTED] is able to help around the house with all chores and jobs.

Age-Appropriate Transition Assessments

| Transition Assessments (including student and family survey or interview) | Assessment Type | Responsible Agency/Person | Date Conducted | Report Attached |
|---|-----------------|------------------------------|-------------------|---|
| Education/Training (Required) | Interview | [REDACTED] | 03/19/19 | <input checked="" type="checkbox"/> Yes |
| Employment (Required) | Interview | [REDACTED] | 03/19/19 | <input checked="" type="checkbox"/> Yes |
| Independent Living (If Appropriate) | Interview | [REDACTED] | 03/19/19 | <input checked="" type="checkbox"/> Yes |

Transition Services

Transition services may include instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills to be provided before graduation to support the student in achieving his/her postsecondary goals.

Instruction (e.g., accommodations, tutoring, skills training, prep for college exam)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post- secondary goal(s). Specify any outside agency(ies) that will provide transition services.

[REDACTED] offers functional academic classes, life skills classes, votec.

The student will attend and take seriously the classes they need to help reach their post secondary goals

The parents will collaborate with student, teacher, and any outside agency.

Vocational Rehab will be in contact with school, parent, and student to assist in training, internships, and job opportunities.

Related Services (e.g., parent(s), technology, transportation, medical services, supported services)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post- secondary goal(s). Specify any outside agency(ies) that will provide transition services.

[REDACTED] offers functional academic classes, life skills classes, votec. [REDACTED] partners with Vocational Rehab and [REDACTED] Medical Services.

The student will attend and take seriously the classes they need to help reach their post secondary goals. The student will communicate with teachers and out side agencies to receive the needed services to reach their post secondary goals

The parents will collaborate with student, teacher, and any outside agency. The parent will provide or assist with any technology, medical, transportation needs for the student.

12/20

Outside services such as Vocational Rehab and Medical Services will assist in training different needs for the students.

Community Experiences (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

offers training in functional academics, life skills, and vocational. The student will attend the classes needed to reach their post secondary goal. The parent will assist the student by collaboration between the school and outside agency. Outside agency such as Vocational Rehab will assist in training, internships, and job opportunities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District

Student Name:

Development Of Employment Objectives and Functional Vocational Evaluation (e.g., career planning, guidance counseling, job and career interests, aptitudes and skills)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

performs different interest inventories such as a student interest questionnaire, parent input. offers guidance counseling to match the student's schedule to the classes that will most benefit the student's career interest. Job and career spotlights are used in the functional academic and life skill classes. Vocational classes are offered. The student is involved with classes and agencies to promote their employment objectives. Agencies such as Vocational Rehab assist with training, internships, and job opportunities.

Acquisition of Daily Living Skills and Other Post-School Adult Living Objectives (e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

offers functional academic, life skills, and vocational classes. These classes focus on self care, money management, advocacy, community, and independent skills. partners with outside agencies such as Vocational Rehab and Medical Services. Vocational rehab offers training, internships, and job opportunities.

Exit Options

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

The exit option determined appropriate for the student is:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Traditional Diploma | <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Mississippi Alternate Diploma <small>This option is only available to students that meet the criteria for Significant Cognitive Disability.</small> |
| <input type="checkbox"/> Career and Technical Endorsement | <input type="checkbox"/> Mississippi Occupational Diploma <small>This option is only available to students that entered 9th grade Prior to the 2017-2018 SY</small> | <input type="checkbox"/> Certificate of Completion |
| <input type="checkbox"/> Academic Endorsement | | |
| <input type="checkbox"/> Distinguished Academic Endorsement | | |

I understand to be awarded a Traditional High School diploma my student must meet the graduation requirements set forth in State Board Policy Chapter 36, Rule 36.2, 36.3, 36.4 and 36.5.

Parent/Guardian Signature

I understand that the Alternate Diploma is an exit option available to students identified by their IEP committee as having a Significant Cognitive Disability. I understand to be awarded the Alternate Diploma my student must meet the graduation requirements under State Board Policy, Chapter 78, Rule 78.1. I also understand that the Alternate Diploma is not the equivalent to a Traditional High School diploma.

NA

Parent/Guardian Signature

I understand that the Certificate of Completion is an acknowledgement of my student's participation in and completion of an Individualized Education Program (IEP). The Certificate of Completion is not the equivalent of a Traditional High School Diploma. Students that exit with a Certificate of Completion will have limited access to post-secondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my student has the right to a Free Appropriate Public Education (FAPE) through age 20.

NA

Parent/Guardian Signature

I understand that the Mississippi Occupational Diploma (MOD) is an option available to students that entered 9th grade prior to the 2017-2018 School Year. I understand that students considered for the MOD will participate in the Mississippi Academic Assessment Program (MAAP). I also understand that the MOD is not the equivalent of a Traditional Diploma. Students that exit with a MOD will have limited access to post-secondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my student has the right to a Free Appropriate Public Education (FAPE) through age 20.

NA

Parent/Guardian Signature

15/20

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"/> Architecture and Construction Arts, Media, and Communications <input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Education and Training <input type="checkbox"/> Finance <input type="checkbox"/> Government and Public Administration <input checked="" type="checkbox"/> Health Science <input type="checkbox"/> Hospitality and Tourism <input type="checkbox"/> Human Services <input type="checkbox"/> Information Technology | <input type="checkbox"/> Law, Public Safety, and Security <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing <input type="checkbox"/> Science, Technology, Engineering, And Mathematics <input type="checkbox"/> Transportation, Distribution, and Logistics |
|---|--|---|

Additional options (SCD only): ☐ Supported Employment ☐ Daily Living Activities ☐ 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) |
|---------------------------|--------------------------|----------------------------|
| History | Functional Academics | Foundations of Science |
| JMG | Life Skills | Foundations of Algebra |
| Functional Academics | PE | History grade 9 |
| Life Skills | | PE |
| | | Learning strategies |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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) who can 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 agency/person(s) likely to be responsible for providing/paying for transition services.

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Education/Training: | <input checked="" type="checkbox"/> Employment: | <input type="checkbox"/> Independent Living: |
| <div style="background-color: black; width: 50px; height: 20px; margin-bottom: 10px;"></div> | Vocational Rehab | |

TRANSFER OF RIGHTS

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Student's Signature: _____ Date: _____

10/20

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District: [REDACTED]

Student's Name: [REDACTED]

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATIONS**Placement Option(s) Considered**

Describe the placement option(s) the IEP Committee considered including any potentially harmful effects each option may have on the student or the quality of services to be provided. Include the level of support required for each placement option.

Document the basis for decision:

The following placement options were considered for [REDACTED] to receive a FAPE; general education, self contained classroom, resource room. Being inside a general education classroom for 80% or more everyday has been determined to be her least restrictive environment. The only time [REDACTED] will be outside of her general education setting will be when checking in for organizational check-ins and to take a test in a small group setting.

Non-Participation with Non-Disabled Peers

Describe the extent to which the student does not participate with his/her non-disabled peers. Document the basis for decision:

[REDACTED] will be in a general education setting with her non disabled peers for 80% or more of the day. She will attend every class, lunch, pe, any school assemblies with her peers. The only time [REDACTED] will be outside of her general education setting will be when checking in for organizational check-ins and to take a test in a small group setting.

Special Transportation

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

Document the basis for the decision:

[REDACTED] is able to use the bus with no issues

Percentage of 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 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

EXTENDED SCHOOL YEAR (ESY)

☐ This student attends a twelve (12) month program.

Determination of ESY Decision

Determination Date: 3.26.2020

All of the following criteria used in determining eligibility must be considered:

Regression-Recoupment: Refers to a student's loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.

Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.

Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.

Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.

☒ **Consideration:** The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the student needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the student needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

☐ This student's situation MEETS criteria for ESY Services based on:

(Indicate criterion that qualified student)

☐ This student's situation MEETS criteria for ESY Services, but the parent/guardian does not accept the services.

☒ This student's situation DOES NOT MEET the criteria for ESY Services.

Document the basis for the decision. Documentation of how the decision was made MUST be in the student's file.

[REDACTED] did not meet any of the three criteria for ESY. There were no regression, critical point, or extenuating circumstances.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B)

These must be existing measurable goals or STIO/Bs except for situations as described in the note above.

| | TA | MOM | Report of Progress | |
|--|----|-----|--------------------|-----|
| | | | CLP | PAG |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| TA = Transition Activity | Methods of Measurement (MOM) | | Report of Progress | |
|--------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------|
| | OBS = Observation | WS = Work Samples | CLP = Current Level of Performance | PAG = Progress on Annual Goal |
| | CRT = Criterion Reference Test | D/P = Demonstration/Performance | See Annual Goal page for codes | |
| | CBM = Curriculum Based Measure | Other: | | |

A Progress Report will be given to parents every _____ weeks(s) or at the end of the student's ESY services on _____

Date(s) progress report given to parent _____

| Types of Service | # of Weeks | Duration/Frequency | Area (See Special Education and Related Service page for code) | Location | Start Date | End Date |
|----------------------|------------|--------------------|---|----------|------------|----------|
| Educational Services | | | | | | |
| Related Services** | | | | | | |
| Transportation | | | | | | |
| Other: | | | | | | |
| Other: | | | | | | |

**Any related services provided (except transportation) must have a corresponding measurable annual goal or

School Year: 2019-2020

IDENTIFYING INFORMATION

Student's Name: _____ School: _____ District: _____

Social Security #: [REDACTED] MSIS ID #: [REDACTED] Race: Black or African Gender: F Date of Birth: [REDACTED] Age: 14

☐ Temporary #

Grade: 08 Student's Primary Language: English

Mother's Name: _____ Father's Name: _____ Address: _____

Home Phone #: [REDACTED] Work Phone #: [REDACTED] Emergency Phone#: [REDACTED] Primary Language: English

☐ Interpreter Needed

Primary Disability: Subcodes: Degree:

ID 1 2 3 4 5 6 7

Secondary Disability: _____ Subcodes: 1 _____ 2 _____ 3 _____ 4 _____ Degree: _____

☐ SCD **Assistive Technology:** _____ ☐ OT ☐ PT ☐ Adaptive PE ☐ Transportation ☐ Related Services

Criteria 1 ☐ Yes Criteria 2 ☐ Yes Criteria 3 ☐ Yes

| PRESCHOOL (Ages 3-5) LRE CLASSIFICATION | | SCHOOL AGE (Ages 6-21) LRE CLASSIFICATION | |
|---|---|---|--|
| Preschool Code(s): 1 _____ 2 _____ | | Placement Code(s): 1 <small>SA Special Education Outside Regular Class Less than 21% of Day</small> 2 _____ | |
| <input type="checkbox"/> PA/Gen Ed Early Childhood 80% + | <input type="checkbox"/> PE/Residential Facility | <input checked="" type="checkbox"/> SA/Inside Gen Ed 80% + | <input type="checkbox"/> SF/Residential Facility |
| <input type="checkbox"/> PB/Gen Ed Early Childhood < 40% | <input type="checkbox"/> PF/Separate School | <input type="checkbox"/> SB/Inside Gen Ed 40-79% | <input type="checkbox"/> SH/Home-Hospital |
| <input type="checkbox"/> PC/Home | <input type="checkbox"/> PG/Separate Class | <input type="checkbox"/> SC/Inside Gen Ed < 40% | <input type="checkbox"/> SI/Correctional Facilities |
| <input type="checkbox"/> PD/Gen Ed Early Childhood 40-79% | <input type="checkbox"/> PH/Service Provider Location | <input type="checkbox"/> SD/Separate School | <input type="checkbox"/> SJ/Parentally Placed in Private Schools |
| <input type="checkbox"/> PI/regular program ten (10) or more hours per week and served in the regular program | | | |

The graduation option determined appropriate for the child is: ☒ Regular High School Diploma ☐ Occupational Diploma ☐ Certificate of Life Skills

Graduation Plan: Traditional

☐ ESY ESY – Weeks _____ ESY – Hours/Weeks _____

Alternate Assessment

Grade Level MAAECF

MCT2 Language Arts

MCT2 Math

MS Elementary and Middle

4-Grades Science Test

Grades 4 & 7 Writing

Other (please specify)

Secondary Assessment

- ☐ Algebra I
- ☐ Biology I
- ☐ English II
- ☐ English II Writing
- ☐ US History from 1877
- ☐ MS-CPAS
- ☐ **MAAECF**
- ☐ Mathematics
- ☐ Science
- ☐ Language Arts

Projected date of Review/Revision

| | | |
|---------------------------|-----------------|-----------------|
| Initial Eligibility Date: | <u>11/29/07</u> | <u>11/29/10</u> |
| Date of Initial IEP: | <u>11/29/07</u> | <u>11/29/08</u> |
| Date of Annual IEP: | <u>04/29/19</u> | <u>04/29/20</u> |
| Current Eligibility Date: | <u>05/13/19</u> | <u>05/13/22</u> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021 Public Agency/School District: [REDACTED]
 Student's Name: [REDACTED] MSIS: [REDACTED]
 IEP Committee Meeting Date: 04/27/20 Projected Annual Review Date: 04/25/21
 IEP Implementation Date: 08/06/20 Projected End Date: 05/21/21
(Projected date when services and programs will begin) (Projected date when services and programs will end)
 Primary Eligibility: Intellectual Disability -
 Secondary Eligibility: _____
 Date of Birth: [REDACTED] Age: 15 Current Eligibility Date: 04/10/19 Grade: 99 10
 Gender: F Ethnicity: Not Hispanic/Latino/Spanish Projected Re-evaluation Date: 04/10/22
 School: [REDACTED]
 Parent/Guardian Name(s): [REDACTED]
 Address: [REDACTED]
 Phone Number: [REDACTED]
 Email: _____

| IEP COMMITTEE PARTICIPANT (Signatures are not required) | | | |
|---|-----------------------|--|--|
| <input type="checkbox"/> Initial (Written Parental Permission for Initial Placement must be signed before implementation.) | | | <input checked="" type="checkbox"/> Annual |
| Name | Position | Name | Position |
| [REDACTED] | Agency Representative | | Child |
| [REDACTED] | General Educator | | |
| [REDACTED] | Special Educator | | |
| [REDACTED] | Parent/Guardian | | |
| [REDACTED] | Parent/Guardian | | |
| Names and Positions of Excused IEP Committee Members (Attach document to IEP) | | | |
| Name | Position | Name | Position |
| | | | |
| | | | |
| | | | |
| | | | |
| The IEP meeting was conducted via alternate means of technology: <input type="checkbox"/> N/A <input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other: | | This IEP meeting was recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EVALUATIONS | | | |
| Check any evaluations or follow-ups needed to determine special education services and/or related service needs. | | | |
| <input type="checkbox"/> Functional Behavioral Assessment (FBA) <input type="checkbox"/> Assistive Technology Assessment <input type="checkbox"/> Occupational or Physical Therapy Evaluation <input type="checkbox"/> List other evaluation(s)/follow-up(s) | | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-21 Public Agency/School District: [REDACTED]

Student's Name [REDACTED] MSIS: [REDACTED]

IEP COMMITTEE PARTICIPANTS (Signatures are not required.)

IEP Action: ☒ Review ☐ Revise ☐ Amend ☒ ESY

Date: 4/5/21

| Name | Position | Name | Position |
|------------|-----------------------|------|-------------|
| [REDACTED] | Agency Representative | | Interpreter |
| [REDACTED] | General Educator | | Other: |
| [REDACTED] | Special Educator | | Other: |
| [REDACTED] | Parent/Guardian | | Other: |
| [REDACTED] | Parent/Guardian | | Other: |
| [REDACTED] | Student | | Other: |

Names and Positions of Excused IEP Committee Members (Attach document to IEP)

| Name | Position | Name | Position |
|------|----------|------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

The IEP meeting was conducted via alternate means of technology: ☒ N/A☐ Video Conferencing ☒ Conference Call ☐ Other:

This IEP meeting was recorded:

☐ Yes ☒ No

EVALUATIONS

Check any evaluations or follow-ups needed to determine special education services and/or related service needs.

- ☐ Functional Behavioral Assessment (FBA)
☐ Assistive Technology Assessment
☐ Occupational or Physical Therapy Evaluation
☐ List other evaluation(s)/follow-up(s)

PROCEDURAL SAFEGUARD 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.

- ☐ I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: [REDACTED]

Date: 4/5/2021

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).

- Determined ESY; student not eligible
 - Reviewed 2020-2021 IEP

- ☒ Check to verify that all changes were made in the IEP.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021 / Public Agency/School District: [REDACTED]Student's Name: [REDACTED] MSIS: [REDACTED]

IEP COMMITTEE PARTICIPANTS (Signatures are not required.)

| | | | |
|--|-----------------------|-------------|-------------|
| IEP Action: <input type="checkbox"/> Review <input type="checkbox"/> Revise <input checked="" type="checkbox"/> Amend <input type="checkbox"/> ESY | | Date: _____ | |
| Name | Position | Name | Position |
| [REDACTED] | Agency Representative | | Interpreter |
| [REDACTED] | General Educator | | Other: |
| [REDACTED] | Special Educator | | Other: |
| [REDACTED] | Parent/Guardian | | Other: |
| [REDACTED] | Parent/Guardian | | Other: |
| [REDACTED] | Student | | Other: |

Names and Positions of Excused IEP Committee Members (Attach document to IEP)

| | | | |
|------|----------|------|----------|
| Name | Position | Name | Position |
| | | | |
| | | | |
| | | | |
| | | | |

The IEP meeting was conducted via alternate means of technology: ☐ N/A ☐ Video Conferencing ☐ Conference Call ☐ Other: _____

This IEP meeting was recorded: ☐ Yes ☒ No

EVALUATIONS

Check any evaluations or follow-ups needed to determine special education services and/or related service needs.

- ☐ Functional Behavioral Assessment (FBA)
- ☐ Assistive Technology Assessment
- ☐ Occupational or Physical Therapy Evaluation
- ☐ List other evaluation(s)/follow-up(s)

PROCEDURAL SAFEGUARD 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.

☐ I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: [REDACTED]Date: 9/15/2020

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).

Discussed & revised IEP
 changed student's placement to homebound due to health/asthma
 concerns due to COVID 19.

☐ Check to verify that all changes were made in the IEP.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

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.

_____ has shown high adaptive and learning qualities. Her math performances are usually on a fourth grade level. Her strengths include; geometry, place value, interpreting an equation. Her difficulties came from fractions and measurements. In reading, when someone is reading to her, she is usually at a seventh grade level. Her strengths include comprehension, understanding the characters and their relationships. Her difficulties come from lack of vocabulary and drawing a conclusion from an abstract meaning. _____ is able to assist other students in the classroom. _____ likes art. She asks for lessons that can relate to art. She likes to watch movies and tv shows. She prefers one on one and small group learning. She prefers listening to information rather than reading the text. _____ is working towards post secondary goals within a self contained setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**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 academically, 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; 5) transition skills — describe how the effects of the disability will impact postsecondary transition; and 6) content of the EL student's Language Service Plan, if applicable.

In math, _____ difficulties came from fractions, measurements, and division. Many of her difficulties are the results of lack of exposure due to self contained classes for most of the day. This will impact her in the classroom by being behind on foundational skills. In reading _____ had difficulties with lack of vocabulary and drawing a conclusion from an abstract meaning. This will impact her in the classroom by not having as large of vocabulary as her peers, and use of figurative language used in work and conversation. Functionally, _____ is able to be independent at home, school, and out in the community with minimal assistance. The assistance she needs, and will continue to be addressed is self advocacy. Her disability will impact postsecondary transition by learning new skills for home and community.

Parent/Student Input

Include any concerns of the parent and, as appropriate, the student for enhancing his or her education.

Her mother is proud of what she has already accomplished. She wants _____ to be successful in school, home, and in the community.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Year: 2020-2021 MSIS #: [REDACTED] Ages 6 - 20
 Public Agency/School District: [REDACTED] Student's Name: [REDACTED]

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) condition under which the "target" skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

When using information such as weather report, recipe, or job instructions, [REDACTED] is able to interpret the instructions with 60% accuracy in three out of five attempts.

AREA OF ANNUAL GOAL

Academic: ☒ Reading ☐ Math

Functional: ☐ Communication ☐ Social ☐ Emotional ☐ Behavioral ☐ Gross/Fine Motor Skills ☒ Adaptive Daily Living Skills
☐ Career and Technical Education and Employment
☐ Other: _____

Other: ☐ Other _____

| Goal # | MEASURABLE ANNUAL GOAL | TA* | MOM |
|--------|------------------------|-----|-----|
| 1 | Measurable Annual Goal | Y | D/P |

Before the end of the school year, when using a report (weather, recipe, job instruction) [REDACTED] will interpret the information with 80% accuracy over three out of five attempts.

Short-Term Instructional Objectives/Benchmarks (STIO/Bs)

Objective #1

Before the end of the first nine weeks, when using a report (weather, recipe, job instructions) [REDACTED] will interpret the information with 60% accuracy over three out of five attempts.

Objective #2

Before the end of the second nine weeks, when using a report (weather, recipe, job instructions) [REDACTED] will interpret the information with 65% accuracy over three out of five attempts.

Objective #3

Before the end of the third nine weeks, when using a report (weather, recipe, job instructions) [REDACTED] will interpret the information with 70% accuracy over three out of five attempts.

Objective #4

Before the end of the school year, when using a report (weather, recipe, job instruction) [REDACTED] will interpret the information with 80% accuracy over three out of five attempts.

Objective #5

Report of Progress

Methods of Measurement (MOM)

OBS = Observation

CRT = Criterion-Referenced Test

CBM = Curriculum-Based Measure

WS = Work Samples

D/P = Demonstration/Performance

Other =

*TA = Transition Activity

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on SLOs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.). Include performance on each unmastered objective in each report of progress.

Date of Report: 10/08/20 PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #1 for the first 9 weeks with 80% accuracy.

Date of Report: 11/06/20 PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #1 for the first 9 weeks with 80% accuracy.

Date of Report: 12/17/20 PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #2 for the second 9 weeks with 75% accuracy.

Date of Report: 01/29/20 PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #2 for the second 9 weeks with 90% accuracy.

Date of Report: 03/04/21 PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #3 for the third 9 weeks with 80% accuracy.

Date of Report: 04/09/21 PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #3 for the third 9 weeks with 80% accuracy.

Date of Report: 05/14/21 PAG: C

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #4 for the fourth 9 weeks with 90% accuracy.

Date of Report: [REDACTED] PAG: [REDACTED]

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
 B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
 C. The annual goal has been met or exceeded.
 D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/Guardians

Type: ☒ Progress Notes ☒ Report Cards ☒ Goals Sheet ☐ Other: _____

Frequency: ☒ Every 4 ½ weeks ☐ Every 6 weeks ☒ Every 9 weeks ☐ Other: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Year: 2020-2021 MSIS #:
 Public Agency/School District: Student's Name:

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) condition under which the "target" skill or behavior can be observed, and (d) the current rate of performance based on baseline data.

When given a list of way to self advocate, during a scenario, can successfully choose from that list the best way to self advocate with 50% accuracy in three out of five observations.

AREA OF ANNUAL GOAL

Academic: ☐ Reading ☐ Math

Functional: ☒ Communication ☒ Social ☐ Emotional ☐ Behavioral ☐ Gross/Fine Motor Skills ☐ Adaptive Daily Living Skills
☐ Career and Technical Education and Employment
☐ Other:

Other: ☐ Other

| Goal # | MEASURABLE ANNUAL GOAL | TA* | MOM |
|---|------------------------|-----|-----|
| 2 | Measurable Annual Goal | Y | D/P |
| Before the end of the school year, When given a list of way to self advocate, during a scenario, will successfully choose from that list the best way to self advocate with 90% accuracy in three out of five observations. | | | |
| Short-Term Instructional Objectives/Benchmarks (STIO/Bs) | | | |
| Objective #1 | | | |
| Before the end of the first nine weeks, When given a list of way to self advocate, during a scenario, will successfully choose from that list the best way to self advocate with 60% accuracy in three out of five observations. | | | |
| Objective #2 | | | |
| Before the end of the second nine weeks, When given a list of way to self advocate, during a scenario, will successfully choose from that list the best way to self advocate with 70% accuracy in three out of five observations. | | | |
| Objective #3 | | | |
| Before the end of the third nine weeks, When given a list of way to self advocate, during a scenario, will successfully choose from that list the best way to self advocate with 80% accuracy in three out of five observations. | | | |
| Objective #4 | | | |
| Before the end of the school year, When given a list of way to self advocate, during a scenario, will successfully choose from that list the best way to self advocate with 90% accuracy in three out of five observations. | | | |
| Objective #5 | | | |
| Report of Progress | | | |
| Methods of Measurement (MOM) | | | |

OBS = Observation
 WS = Work Samples

CRT = Criterion-Referenced Test
 D/P = Demonstration/Performance

CBM = Curriculum-Based Measure
 Other =

*TA = Transition Activity

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on STTBs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.). Include performance on each unmastered objective in each report of progress.

Date of Report: 10/08/20

PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #1 for the first 9 weeks with 100% accuracy.

Date of Report: 11/06/20

PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #1 for the first 9 weeks with 80% accuracy.

Date of Report: 12/17/20

PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #2 for the second 9 weeks with 80% accuracy.

Date of Report: 01/29/20

PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #2 for the second 9 weeks with 90% accuracy.

Date of Report: 03/04/21

PAG: A

According to the current progress monitoring data [REDACTED] is showing sufficient progress toward meeting objective #3 for the third 9 weeks with 80% accuracy.

Date of Report: 04/09/21

PAG: A

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #3 for the third 9 weeks with 90% accuracy.

Date of Report: 05/14/21

PAG: C

According to the current progress monitoring data [REDACTED] has shown sufficient progress and has met objective #4 for the fourth 9 weeks with 100% accuracy.

Date of Report:

PAG:

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
 B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
 C. The annual goal has been met or exceeded.
 D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/Guardians

Type: ☒ Progress Notes ☒ Report Cards ☒ Goals Sheet ☐ Other:

Frequency: ☒ Every 4 ½ weeks ☐ Every 6 weeks ☒ Every 9 weeks ☐ Other:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

SPECIAL CONSIDERATIONS*

Communication (Required)

Does the student have special communication needs? ☐ Yes ☒ No

_____ has no special communication needs

Assistive Technology (Required)

Does the student need assistive technology services or devices to maintain or improve functional capabilities?

☐ Yes ☒ NoDoes the student need assistive technology assessment? ☐ Yes ☒ No

na

Services for Students who are Blind or Visually Impaired

☒ N/A*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.*Instruction in Braille considered? ☐ Yes ☐ No

Evaluation Date: _____

Instruction in Braille appropriate? ☐ Yes ☐ No

Were the parents provided information regarding the Mississippi School for the Blind?

☐ Yes ☐ No

Services for Students who are Deaf or Hearing Impaired

☒ N/A*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.*

Student's language and communication mode:

na

Is direct instruction in the student's language and communication mode needed?

☐ Yes ☐ No

Were the parents provided information regarding the Mississippi School for the Deaf?

☐ Yes ☐ No

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 ☐ No2. 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 English Learner Services? ☐ Yes ☐ No If not, why? _____

If yes, date of the most recent Language Service Plan (updated annually): _____

****The contents of the student's Language Service Plan should be considered when writing the PLAAFP. *Indicate all relevant Special Considerations in the PLAAFP.**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: [REDACTED]

Student's Name: [REDACTED]

MSIS: [REDACTED]

SPECIAL EDUCATION AND RELATED SERVICES

Special Education

| Service | Area | Location | Start Date | End Date | Duration/Frequency |
|----------------------|------|--|------------|----------|---|
| Academic instruction | u | Special Education <i>Handwritten: Homebound LSP</i> | 08/06/20 | 05/21/21 | 220 min daily <i>120 weekly</i> LSP |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Related Services

| Service | Area | Location | Start Date | End Date | Duration/Frequency |
|---------|------|----------|------------|----------|--------------------|
| none | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Program Modifications

| Service | Area | Start Date | End Date |
|---------|------|------------|----------|
| none | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Instructional/Functional Accommodations | | | | |
|---|------|------------|----------|--|
| Service | Area | Start Date | End Date | |
| Cue to stay on task | u | 08/06/20 | 05/21/21 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Supports for Personnel | | | | |
|-------------------------------------|------|---------------------|------------|----------|
| Service | Area | Location | Start Date | End Date |
| Paraprofessional to assist in class | u | Home bound | 8/6/20 | 5/21/21 |
| Collaboration | | When at School only | | |
| | | | | |
| | | | | |
| | | | | |

| Area | | | | |
|-------------------|------------------------|---------------------|----------------|----------------------------|
| A. Reading | F. Science | K. Music | P. Title I | U. Other: <u>all areas</u> |
| B. Spelling | G. Health | L. Art | Q. Technology | V. Other: <u>sped</u> |
| C. English | H. Lunch | M. Computer Science | R. CTE | W. Other: _____ |
| D. Math | I. PE | N. Extracurricular | S. Library | X. Other: _____ |
| E. Social Studies | J. Guidance/Counseling | O. Speech Language | T. EL Services | Y. Other: _____ |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM

- ☐ This student is not required to participate in statewide assessments as he or she is older than 18 years of age.
- ☐ This student meets the criteria for SCD and is younger than 8 years of age.

SIGNIFICANT COGNITIVE DISABILITY (SCD) DETERMINATION

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

- ☒ Yes ☐ No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- ☒ Yes ☐ No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- ☒ Yes ☐ No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.
- ☒ The student **MEETS** the criteria for having a significant cognitive disability.
- ☒ The student will receive instruction on the Alternate Academic Standards.
- ☐ The student **DOES NOT MEET** the criteria for having a significant cognitive disability.

STATE - OR DISTRICTWIDE ASSESSMENT FOR STUDENTS WITH 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 requirements for English Learners to be assessed in all four (4) domains of the ELPT. If the student is unable to participate in fewer than four (4) domains, the ELPT score will be based on the remaining domains in which it is possible to assess the student.

| | Grade Level (Age for non-graded students) | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | 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. | | | | | | | | | | | |
| | PK | K-2 (5-7 yrs.) | 3 (8 yrs.) | 4 (9 yrs.) | 5 (10 yrs.) | 6 (11 yrs.) | 7 (12 yrs.) | 8 (13 yrs.) | 9 (14 yrs.) | 10 (15 yrs.) | 11 (16 yrs.) | 12 (17, 18 yrs.) |
| MKAS ² /Kindergarten Readiness Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Grade MAAP ELA Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A (ELA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A (Mathematics) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A (Science) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A EOC (English II) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A EOC (Algebra I) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-A EOC (Biology) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language Proficiency Test (ELPT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACT (American College Test) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM**STATE-OR DISTRICTWIDE ASSESSMENTS FOR STUDENT 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 of the ELPT, if the student is unable to participate in fewer than four. The ELPT score will 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Grade MAAP ELA Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP (English Language Arts/Literacy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP (Mathematics) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP (Science) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (Algebra I) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (Biology I) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (English II) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAAP-EOC (U.S. History) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MS-CPAS2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACT (American College Test) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language Proficiency Test (ELPT)* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

STATE - OR DISTRICTWIDE TEST ACCESSIBILITY / ACCOMMODATIONS

Refer to the current *Mississippi Testing Accommodations Manual*, and/or *American College Test (ACT) Accommodations for Students with Disabilities* for information regarding testing accommodations. All accommodations used for statewide testing must also be used during the student's classroom instruction and assessments.

Presentation Accommodation

Code

Test(s)

58 - Read test directions and test items to individual students or the group - repeating directions/items and paraphrasing directly

58

p

98 - Other allowable accommodation

98

p

Response Accommodations

Code

Test(s)

98 - Other allowable accommodation

98

p

Timing and Scheduling Accommodations

Code

Test(s)

23 - Extended time through the end of the day

23

p

98 - Other allowable accommodation

98

p

Setting Accommodations

Code

Test(s)

3 - In a small group

3

p

98 - Other allowable accommodation

98

p

Test

- A. MKAS2/Kindergarten Readiness
- B. Third Grade MAAP ELA Assessment
- C. MAAP (ELA)
- D. MAAP (Math)
- E. MAAP (Science)

- F. MAAP-A (ELA)
- G. MAAP-A (Math)
- H. MAAP-A (Science)
- I. ELPT
- J. MAAP-EOC (Algebra I)
- K. MAAP-EOC (Biology I)
- L. MAAP-EOC (English II)

- M. MAAP-EOC (US History)
- N. ACT
- O. MS-CPAS2
- P. Other: all state and district
- Q. Other: _____
- R. Other: _____

Student Invitation to IEP Meeting
Notice of Individual Education Program (IEP)
Transition Planning Meeting

Student: _____ Date: 4-27-2020

Teacher: _____ School: _____

You are invited to Participate in your next IEP/Transition planning meeting scheduled for:

Date of IEP Meeting: 4-27-2020

Time: 10:00

Location: _____

At this meeting we would like to talk with you about how you are doing in school, what you would like to do when you complete school, and how we can help you meet your post-school goals. We will plan activities to help you prepare for your future, and learn the skills that you will need as an adult to be successful in living, learning, and working after you complete school.

Some questions to consider prior to the IEP/Transition meeting:

- Do you want to attend a college? Community or University or Career-Technical
- What kind of job do you want to have?
- Where will you live? On your own or with others? What do you want to know more about?
- What will you do with your free time?
- How much money can you earn? How will you pay your bills?
- What type of transportation will you have?

The following people have also been invited to your meeting to make suggestions and help plan:

Name: _____ Position/Agency: Principal

Name: _____ Position/Agency: Teacher

Name: _____ Position/Agency: _____

Name: _____ Position/Agency: _____

Name: _____ Position/Agency: _____

If you would like to invite anyone else, please let us know. We look forward to working with you to help you reach your personal and professional goals. Please sign and return by _____.

☐ Yes, I will attend at scheduled time.

☐ Yes, I would like to attend, but need to reschedule to a different time.

☐ No, I will not attend. Reason for not attending: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: [REDACTED]

Student's Name: [REDACTED]

MSIS: [REDACTED]

INDIVIDUAL TRANSITION PLAN

Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.

Postsecondary Goals

| Specify appropriate measurable postsecondary goals as identified by the student, parent(s), and IEP committee. Postsecondary goals are based upon age-appropriate transition assessments related to employment, education and/or training, and, where appropriate, independent living skills. | | Related IEP Goal(s) # |
|---|--------------------------------|-----------------------|
| Education/Training (Required) | [REDACTED] will interpret data | 1,2 |
| Employment (Required) | [REDACTED] will self advocate | 1,2 |
| Independent Living (If Appropriate) | [REDACTED] will interpret data | 1,2 |

Age-Appropriate Transition Assessments

| Transition Assessment (Including student and family survey or interview) | Assessment Type | Responsible Agency/Person | Date Conducted | Report Attached |
|---|-----------------|---------------------------|----------------|-----------------|
| Education/Training (Required) | Interview | [REDACTED] | 03/01/20 | No |
| Employment (Required) | Interview | [REDACTED] | 03/01/20 | No |
| Independent Living (If Appropriate) | Interview | [REDACTED] | 03/01/20 | No |

Transition Services

Transition services may include instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills to be provided before graduation to support the student in achieving his or her postsecondary goals.

Instruction (e.g., accommodations, tutoring, skills training, prep for college exams)

List the activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

[REDACTED] offers functional academic classes, life skills classes, votec.

The student will attend and take seriously the classes they need to help reach their post secondary goals.

The parents will collaborate with student, teacher, and any outside agency.

Vocational Rehab will be in contact with school, parent, and student to assist in training, internships, and job opportunities.

Related Services (e.g., parent(s), technology, transportation, medical services, supported services)

List the activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

[REDACTED] offers functional academic classes, life skills classes, votec. [REDACTED] partners with Vocational Rehab and [REDACTED] Medical Services.

The student will attend and take seriously the classes they need to help reach their post secondary goals. The student will communicate with teachers and out side agencies to receive the needed services to reach their post secondary goals.

The parent will collaborate with student, teacher, and any outside agency. The parent will provide or assist with any technology, medical, transportation needs for the student

Community Experiences (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary inst

List the activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

[REDACTED] offers training in functional academics, life skills, and votec. The student will the classes they need to reach their post secondary goal. The parent will assist the student by collaboration between the school and out side agency. Out side agencies

such as voc rehab will assist in training, internships, and job opportunities.

Public Agency/School District:

Student's Name: _____

MSIS:

List activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

List the activities the school, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

Course of Study

Select the course of study that supports the Student's postsecondary goals(s).

- | | | |
|--|---|---|
| <input type="checkbox"/> Agriculture, Food and Natural Resources | <input type="checkbox"/> Finance | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Government and Public Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Arts, Media, and Communications | <input type="checkbox"/> Health Science | <input type="checkbox"/> Science, Technology, Engineering and Mathematics |
| <input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Transportation, Distribution, and Logistics |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Human Services | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Information Technology | |
| | <input type="checkbox"/> Law, Public Safety, and Security | |

Additional Options (SCD only) ☒ Supported Employment ☒ Daily Living Activities ☐ Customized Employment

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: _____

Vocational Rehab

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021 Public Agency/School District: [REDACTED]
 Student's Name: [REDACTED] MSIS: [REDACTED]

ACKNOWLEDGEMENT OF EXIT OPTIONS

(Sign the appropriate option determined by the IEP Committee)

I understand that to be awarded a **Traditional High School Diploma**, my child must meet the graduation requirements set forth in State Board Policy, Chapter 36, Rules 36.2, 36.3, 36.4 and 36.5.

[REDACTED] - via Phone due to COVID 4/27/2020
 Parent/Guardian Signature: Date:

I understand that the **Alternate Diploma** is an exit option available to students identified by their IEP committee as having a Significant Cognitive Disability. I understand that to be awarded the Alternate Diploma, my child must meet the graduation requirements under State Board Policy, Chapter 78, Rule 78.1. I also understand that the Alternate Diploma is **not the equivalent** of a Traditional High School Diploma.

Parent/Guardian Signature: Date:

I understand that the **Certificate of Completion** is an acknowledgement of my student's participation in and completion of an Individualized Education Program (IEP). The Certificate of Completion is **not the equivalent** of a Traditional High School Diploma. Students that exit with a Certificate of Completion will have limited access to postsecondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my child has the right to a Free Appropriate Public Education (FAPE) through age 20.

Parent/Guardian Signature: Date:

I understand that the **Mississippi Occupational Diploma (MOD)** is an option available to students that entered ninth grade prior to the 2017-2018 School Year. I understand that students considered for the MOD will participate in the Mississippi Academic Assessment Program (MAAP). I also understand that the MOD is **not the equivalent** of a Traditional High School Diploma. Students that exit with a MOD will have limited access to postsecondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my child has the right to a Free Appropriate Public Education (FAPE) through age 20.

Parent/Guardian Signature: Date:

TRANSFER OF RIGHTS

(Signature of student beginning one (1) year before the student reaches the age of majority)

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Student's Signature: Date:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATION

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 Due to her disability _____ is unable to be successful in a gen ed classroom

☒ 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 _____

- ☒ Consideration: 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.

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
☐ Itinerant services outside the home
☐ Residential facility
☐ Separate school

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: [REDACTED]

Student's Name: [REDACTED]

MSIS: [REDACTED]

Special Transportation

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

[REDACTED] is able to use the bus daily

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

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)

- 9/15
- ☐ 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 Facility
 - ☐ SJ/Parentally Placed in Private Schools

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021

Public Agency/School District: _____

Student's Name: _____

MSIS: _____

EXTENDED SCHOOL YEAR (ESY)

☐ This student attends a twelve- (12) month program.

Determination of ESY Decision

Determination Date: 4/5/2021

*All of the following criteria used in determining eligibility **must** be considered:*

Regression-Recoupment: Refers to a student's loss of skill(s) on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.

Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.

Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a lengthy break in instruction would lead to a significant loss of progress.

Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.

☒ **Consideration:** The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

☐ This student's situation MEETS criteria for ESY Services based on _____

(Indicate criteria that qualified student)

☐ This student's situation MEETS criteria for ESY Services, but the parent/guardian does not accept the service.

☒ This student's situation DOES NOT MEET the criteria for ESY Services.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/Bs)

These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.

TA

MOM

Report of Progress

CLP

PAG

TA = Transition Activity

Method of Measurement (MoM)

OBS = Observation

WS = Work Samples

CRT = Criterion Referenced Test

D/P = Demonstration/Performance

CMB = Curriculum - Based Measure

Other:

Report of Progress

CLP = Current Level of Performance

PAG = Progress on Annual Goal

See Annual Goal page for codes

A Progress Report will be given to parents every _____ week(s) or at the end of the student's ESY services on _____

Date(s) progress report given to parent

| Types of Service | # of Weeks | Duration/Frequency | Area (See Special Education and Related Services page for code) | Location | Start Date | End Date |
|--------------------|------------|--------------------|---|----------|------------|----------|
| Education Services | | | | | | |
| Related Services** | | | | | | |
| Transportation | | | | | | |
| Other: | | | | | | |
| Other: | | | | | | |

**Any related services provided (except transportation) must have a corresponding measurable annual goal or STIO/Bs.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2020-2021 Public Agency/School District [REDACTED]
 Student's Name: [REDACTED] MSIS: [REDACTED]

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: mailed Date: 4/27/2020

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, Rules

Parent/Guardian Signature: _____ Date: _____