

Darien Public Schools

Special Education and Student Services Presents: CT-SEDS and the New CT IEP

June 8, 2022

Ms. Shirley Klein, Assistant Superintendent for Special Education and Student Services
Dr. Scott McCarthy, Program Director for Special Education and Student Services, 6-12+
Ms. Kristin O'Reilly, Program Director for Special Education and Student Services, K-5
Ms. Laura Straiton, Program Director for the Early Learning Program

Agenda

- ❑ Overview of CT-SEDS and New CT IEP
- ❑ Overview of District Training and Implementation Timeline
- ❑ IEP Side by Side Comparison
- ❑ Parent Support and Resources
- ❑ Q & A

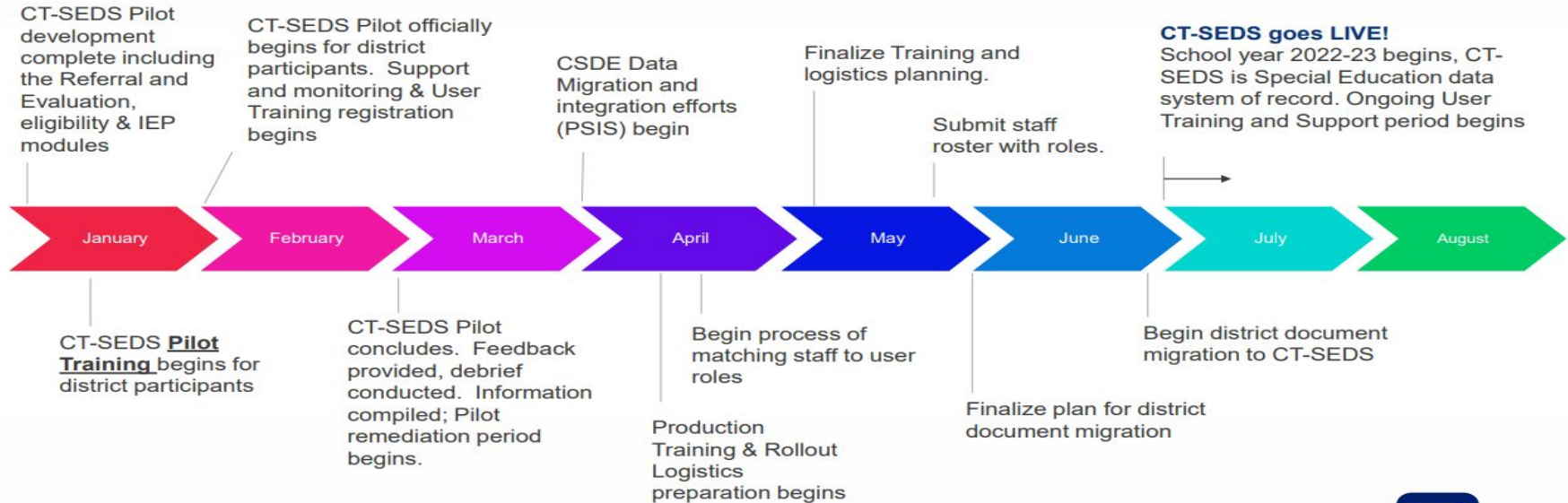
What is CT-SEDS?

The Connecticut State Department of Education, Bureau of Special Education (BSE), is implementing a new Individualized Education Program (IEP) document and a new Special Education Data System (CT-SEDS) effective in the 2022-23 school year.

In September 2020, the Connecticut State Department of Education (CSDE) entered into a partnership with the Public Consulting Group (PCG) to support its goals and vision of developing a comprehensive statewide Special Education Data System (CT-SEDS) to make available to all of its local school district partners in 2022. CT-SEDS adaptive electronic Individual Education Program (IEP) document is being designed to improve format and flow of information with intuitive, easy to use displays. The new system will include a parent portal for families to access their student's IEP and other important information as well as a language translation feature to ensure that parents receive information in their native language. The new and improved document will also assist planning and placement teams (PPTs) in navigating the special education process, leading to the development of high quality IEPs for Connecticut's students.

Timeline

CT-SEDS 2022 Timeline of Events



District Planning and Preparation

Training funded by the Connecticut State Department of Education and provided in partnership with SERC and the RESC Alliance support the implementation of the new IEP and CT-SEDS.

Administrators, administrative assistants, and certified staff across the District PreK-12 have already received IEP Quality training and 15 selected staff members will receive CT-SEDS Expert training after July 1, 2022.

IEP Side by Side Comparison

| Student Information | |
|--|--|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p>PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE</p> <p>Current Enrolled School: _____ Age: _____ Current Grade: _____ IEPs: _____ Grade Next Year: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> State</p> <p>Current Home School: _____ School Next Year: _____ Home School Next Year: _____</p> <p>SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?</p> <p>Case Manager: _____ Student Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Student Address: _____ Student Instructional Lang: <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) _____</p> <p>Parent/Guardian (Name): _____ Home District/Lang: <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) _____</p> <p>Parent/Guardian (Address): _____ Student Home Phone: _____ Parent Home Phone: _____</p> <p>Surrogate Name: _____ Parent Work Phone: _____ Mob. Phone: _____</p> <p>Surrogate Address: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____</p> <p>Most Recent Annual Review Date: _____ Next Annual Review Date: _____</p> <p>Reason for Meeting: <input type="checkbox"/> Review Referral <input type="checkbox"/> Prior to Referral <input type="checkbox"/> Review of Referral <input type="checkbox"/> Review of Eligibility <input type="checkbox"/> Review of IEP</p> <p>Primary Disability: <input type="checkbox"/> Review of IEP <input type="checkbox"/> Conduct Annual Review <input type="checkbox"/> Transition Planning <input type="checkbox"/> Identification/Communication <input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> Autism <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Other Health Impairment</p> <p><input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Hearing Impairment (Deaf or Hard of Hearing) <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> CHS - JED/CHD</p> <p><input type="checkbox"/> Developmental Delay (ages 3-5 only) <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Specific Learning Disabilities/Disorders <input type="checkbox"/> Visual Impairment <input type="checkbox"/> To be determined</p> | <p>Student Name: _____ Meeting Date: _____</p> <p>SASID: _____ Case Manager: _____</p> <p>Date of Birth: _____ Parent/Guardian Name: _____</p> <p>Current Grade: _____ Primary Disability: _____</p> <p>Current Enrolled School: _____ School Next Year: _____</p> <p>Most Recent Evaluation Date: _____ Next Reevaluation Date: _____</p> <p>Most Recent Annual Review Date: _____ Next Annual Review Date: _____</p> <p>Surrogate Parent: (if applicable) _____</p> <p>Reason for Meeting: _____</p> |

Changes: Some data will still be collected and stored in CT-SEDS but not printed on the IEP document.

| IEP Amendment Information | | | | | | | | | |
|---|--|---------|---------|--------------|------|--------------|------|--------------|------|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) | | | | | | | | |
| <p>Is this an amendment to a current IEP using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) <input type="checkbox"/> No</p> <p>If YES, what is the date of the IEP being amended? _____</p> | <p>IEP AMENDMENT (Only print for Amendments)</p> <p>IEP Amendment Implementation Date: _____</p> <p>The following section(s) of the IEP were amended:</p> <table border="1"> <thead> <tr> <th>Section</th> <th>Changes</th> </tr> </thead> <tbody> <tr> <td>Section name</td> <td>Text</td> </tr> <tr> <td>Section name</td> <td>Text</td> </tr> <tr> <td>Section name</td> <td>Text</td> </tr> </tbody> </table> | Section | Changes | Section name | Text | Section name | Text | Section name | Text |
| Section | Changes | | | | | | | | |
| Section name | Text | | | | | | | | |
| Section name | Text | | | | | | | | |
| Section name | Text | | | | | | | | |

IEP Side by Side Comparison

| PPT Members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------------------------|---|--|------------------------------|---|---------------------------------------|----------------------------------|--|---------------------------------------|---|-----------------------------------|------------------------------------|---|--|--------------------------------|---|--|------|------|--------------|---------|----------------------|-----------------|--------|--------|--------|--------|--------|--------|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Team Member Present (required)</p> <table> <tr> <td>Admin/Designee: <input type="checkbox"/></td> <td>Speech Therapist: <input type="checkbox"/></td> <td>OT: <input type="checkbox"/></td> </tr> <tr> <td>Parent/Guardian: <input type="checkbox"/></td> <td>School Psych: <input type="checkbox"/></td> <td>PT: <input type="checkbox"/></td> </tr> <tr> <td>Parent/Guardian: <input type="checkbox"/></td> <td>Social Work: <input type="checkbox"/></td> <td>Agency: <input type="checkbox"/></td> </tr> <tr> <td>Surrogate Parent: <input type="checkbox"/></td> <td>Speech/Lang: <input type="checkbox"/></td> <td>Other (specify): <input type="checkbox"/></td> </tr> <tr> <td>Student: <input type="checkbox"/></td> <td>Outdoors: <input type="checkbox"/></td> <td>Other (specify): <input type="checkbox"/></td> </tr> <tr> <td>Student's Reg. Ed. Teacher: <input type="checkbox"/></td> <td>Name: <input type="checkbox"/></td> <td>Other (specify): <input type="checkbox"/></td> </tr> </table> <p><small>*Address if student's primary residence... May choose more than one</small></p> | Admin/Designee: <input type="checkbox"/> | Speech Therapist: <input type="checkbox"/> | OT: <input type="checkbox"/> | Parent/Guardian: <input type="checkbox"/> | School Psych: <input type="checkbox"/> | PT: <input type="checkbox"/> | Parent/Guardian: <input type="checkbox"/> | Social Work: <input type="checkbox"/> | Agency: <input type="checkbox"/> | Surrogate Parent: <input type="checkbox"/> | Speech/Lang: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | Student: <input type="checkbox"/> | Outdoors: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | Student's Reg. Ed. Teacher: <input type="checkbox"/> | Name: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | <p>PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT</p> <table> <thead> <tr> <th>Name</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Student Name</td> <td>Student</td> </tr> <tr> <td>Parent/Guardian Name</td> <td>Parent/Guardian</td> </tr> <tr> <td>Name 1</td> <td>Role 1</td> </tr> <tr> <td>Name 2</td> <td>Role 2</td> </tr> <tr> <td>Name 3</td> <td>Role 3</td> </tr> </tbody> </table> <p><small>(Additional rows will be added as needed)</small></p> | Name | Role | Student Name | Student | Parent/Guardian Name | Parent/Guardian | Name 1 | Role 1 | Name 2 | Role 2 | Name 3 | Role 3 |
| Admin/Designee: <input type="checkbox"/> | Speech Therapist: <input type="checkbox"/> | OT: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian: <input type="checkbox"/> | School Psych: <input type="checkbox"/> | PT: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian: <input type="checkbox"/> | Social Work: <input type="checkbox"/> | Agency: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surrogate Parent: <input type="checkbox"/> | Speech/Lang: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student: <input type="checkbox"/> | Outdoors: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student's Reg. Ed. Teacher: <input type="checkbox"/> | Name: <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Role | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name | Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Name | Parent/Guardian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 1 | Role 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 2 | Role 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 3 | Role 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Changes: Minor formatting

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

IEP Side by Side Comparison

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

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

| Prior Written Notice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|---|--|---|---|---|--|--------------------------------------|--------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|-----------------------------|---|--|--|--|--|--|---|---|--|--|--|--|---|--|---|---|---|--|--------------------------------------|--------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------|--|------------------|-----|--|--|
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| <table border="1"> <thead> <tr> <th>Actions Proposed</th> <th>Reasons for proposed actions</th> <th>Evaluation procedures, assessment, records, or reports used as a basis for the actions proposed (date)</th> <th>Date these actions will be implemented</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Educational professional requests proposed actions</td> <td><input type="checkbox"/> Educational professional requests proposed actions</td> <td><input type="checkbox"/> Assessment _____ <input type="checkbox"/> Motor _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Evaluation results request proposed actions</td> <td><input type="checkbox"/> Evaluation results request proposed actions</td> <td><input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Request Cards _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved</td> <td><input type="checkbox"/> Previous IEP goals and objectives 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rejecting other options</td> <td>Other factors that are relevant to this action</td> <td>Exit Information</td> </tr> </tbody> </table> | Actions Proposed | Reasons for proposed actions | Evaluation procedures, assessment, records, or reports used as a basis for the actions proposed (date) | Date these actions will be implemented | <input type="checkbox"/> Educational professional requests proposed actions | <input type="checkbox"/> Educational professional requests proposed actions | <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Motor _____ | | <input type="checkbox"/> Evaluation results request proposed actions | <input type="checkbox"/> Evaluation results request proposed actions | <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Request Cards _____ | | <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Observation _____ <input type="checkbox"/> Review of Records _____ | | <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Checklist _____ <input type="checkbox"/> Social Emotional Behavior _____ | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ | | | | <input type="checkbox"/> Interview _____ <input type="checkbox"/> Other (specify and detail) _____ | | | | <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Individual _____ | | | | <input type="checkbox"/> Health/Mental _____ | | Actions Refused | Reasons for refused actions | Evaluation procedures, assessment, records, or reports used as a basis for the actions refused (date) | | <input type="checkbox"/> Educational professional requests refused | <input type="checkbox"/> Educational 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| | | <input type="checkbox"/> Interview _____ <input type="checkbox"/> Other (specify and detail) _____ | | | | <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Individual _____ | | | | <input type="checkbox"/> Health/Mental _____ | | Other options considered and rejected in favor of the proposed actions | Rationale for rejecting other options | Other factors that are relevant to this action | Exit Information | N/A | | |
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| <input type="checkbox"/> Educational professional requests proposed actions | <input type="checkbox"/> Educational professional requests proposed actions | <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Motor _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Evaluation results request proposed actions | <input type="checkbox"/> Evaluation results request proposed actions | <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Request Cards _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Observation _____ <input type="checkbox"/> Review of Records _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Checklist _____ <input type="checkbox"/> Social Emotional Behavior _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Interview _____ <input type="checkbox"/> Other (specify and detail) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Individual _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Health/Mental _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actions Refused | Reasons for refused actions | Evaluation procedures, assessment, records, or reports used as a basis for the actions refused (date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Evaluation results request refused | <input type="checkbox"/> Evaluation results request refused | <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Request Cards _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved | <input type="checkbox"/> Observation _____ <input type="checkbox"/> Review of Records _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Student has met LEP criteria | <input type="checkbox"/> Checklist _____ <input type="checkbox"/> Social Emotional Behavior _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Interview _____ <input type="checkbox"/> Other (specify and detail) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Individual _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Health/Mental _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other options considered and rejected in favor of the proposed actions | Rationale for rejecting other options | Other factors that are relevant to this action | Exit Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IEP Side by Side Comparison

| Parent and Student Input | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Parent and Student Input and concerns</th> <th></th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table> | Parent and Student Input and concerns | | | | | | | | | | | | | | <p>ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT</p> <p>Parent and/or Student Input</p> <p>FUNCTIONAL PERFORMANCE</p> <p>Parent and/or Student Input</p> |
| Parent and Student Input and concerns | | | | | | | | | | | | | | | |
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Changes: Input will be collected separately for (1) academic achievement and (2) functional performance.

| Present Levels of Performance and Impact Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--------------------|--|--|--|---------------|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Area (Directly describe current performance)</th> <th>Strengths (Include data as appropriate)</th> <th>Concerns/Needs (Including specialized instruction)</th> <th>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</th> </tr> </thead> <tbody> <tr> <td>Academic/Cognitive</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Language Arts</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Age Appropriate</td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> | Area (Directly describe current performance) | Strengths (Include data as appropriate) | Concerns/Needs (Including specialized instruction) | Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities | Academic/Cognitive | | | | Language Arts | | | | ☐ Age Appropriate | | | | | | | | | | | | | | | | | | | | <p>GOAL AREA: (E.g., Reading)</p> <p>Present Level of Performance</p> <p>Strengths</p> <p>Concerns/Needs</p> <p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p> |
| Area (Directly describe current performance) | Strengths (Include data as appropriate) | Concerns/Needs (Including specialized instruction) | Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic/Cognitive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language Arts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Age Appropriate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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IEP Side by Side Comparison

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

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

IEP Side by Side Comparison

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

Changes: Minor formatting

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

IEP Side by Side Comparison

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

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

| Annual Goals and Short-term Objectives | |
|--|--|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p> <input type="checkbox"/> Academic/Cognitive <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Communication <input type="checkbox"/> Cross/Free Motor <input type="checkbox"/> Postsecondary Education/Training </p> <p> <input type="checkbox"/> Self-Help <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living <input type="checkbox"/> Health <input type="checkbox"/> Other (Specify) </p> <p>Check here if the student is 13 years of age (Node Page 6, Transition Planning must be completed if this box is checked)</p> <p>Measurable Annual Goal (Linked to Present Levels of Performance) #</p> <p>Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)</p> <p>Objective #1</p> <p>Objective #2</p> | <p>Annual Goal 1</p> <p>Goal Statement #1 for Reading</p> <p>Short-term Objectives/Benchmarks</p> <p>Obj. 1</p> <p>Obj. 2</p> <p>Obj. 3 (and more, if needed)</p> <p>CT Core Standards Aligned to this Goal (Early Learning Development Standards)</p> <p>Standard 1</p> <p>Standard 2</p> <p>Related Service(s) necessary to achieve this goal (if any)</p> <p>Related Service Name</p> |

IEP Side by Side Comparison

Accommodations and Modifications

Current IEP

New IEP (starting with IEPs created after July 1, 2022)

| Accommodations and Modifications to be provided to enable the child: | Sites/Activities Where Required and Duration |
|---|--|
| <ul style="list-style-type: none"> - To advance appropriately toward attaining higher annual goals; - To be involved in and make progress in the general education curriculum; - To participate in extracurricular and other non-academic activities; and - To be educated and participate with other children with and without disabilities. | |
| Accommodations may include Assistive Technology Devices and Services | |
| Materials/Books/Equipment: | |
| Tests/Quizzes/Assessments: | |
| Grading: | |
| Organization: | |
| Environment: | |

Supplementary Aids and Services

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

| ACCOMMODATION | Area(s)/Location(s) |
|----------------------|--|
| Example #1 | Location 1, Location 2 |
| Example #2 | Location 1, Location 2, Location 3, Location 4 |
| Example #3 | All areas/Locations |
| MODIFICATION | Area(s)/Location(s) |
| Example #1 | Location 1, Location 2, Location 3 |
| Example #2 | Location 1, Location 2, Location 3 |
| ASSISTIVE TECHNOLOGY | Area(s)/Location(s) |
| Example #1 | Location 1 |
| Example #2 | All areas/Locations |
| ADULT SUPPORT | Area(s)/Location(s) |
| Example #1 | All areas/Locations |

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

Supports for Personnel

Current IEP

New IEP (starting with IEPs created after July 1, 2022)

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration).

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include:

Indirect Services

Are supports required for school personnel to implement this IEP?

☐ Yes ☐ No (If Yes, the following will appear)

Supports required for school personnel to implement this IEP include:

| Service | Goal ID | Frequency | Duration | Responsible Staff | Start Date | End Date |
|---------|---------|-----------|----------|-------------------|------------|----------|
| | | | | | | |

IEP Side by Side Comparison

| Statewide Assessments | | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) | | | | | | | | | | | | | | | |
| <p>Check the grade the student will be in when the test is given.</p> <table border="0"> <tr> <td><input type="checkbox"/> Grade Pre-K</td> <td><input type="checkbox"/> Grade K</td> <td><input type="checkbox"/> Grade 1</td> <td><input type="checkbox"/> Grade 2</td> <td><input type="checkbox"/> Grade 3</td> </tr> <tr> <td><input type="checkbox"/> Grade 4</td> <td><input type="checkbox"/> Grade 5</td> <td><input type="checkbox"/> Grade 6</td> <td><input type="checkbox"/> Grade 7</td> <td><input type="checkbox"/> Grade 8</td> </tr> <tr> <td><input type="checkbox"/> Grade 9</td> <td><input type="checkbox"/> Grade 10</td> <td><input type="checkbox"/> Grade 11</td> <td><input type="checkbox"/> Grade 12</td> <td></td> </tr> </table> <p>Standard Assessments and Alternate Assessments Smarter Balanced Assessments (Grades 3-8), Connecticut SAT (Grade 11) and the Connecticut Alternate Assessments (CTAA), include English Language Arts and Mathematics (Grades 3-8 & 11). Standard Science Assessment or Alternate Science Assessment required in Grades 5, 8 and 11.</p> <p>Assessment Options: (Select ONE Option)</p> <p><input type="checkbox"/> 1. Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8)</p> <p><input type="checkbox"/> 2. CTAA– (Includes Alternate Science Assessment for Grades 5, 8, and 11) ★</p> <p><input type="checkbox"/> 3. Connecticut SAT and Standard Science Assessment (Grade 11)</p> <p>Administration Options – Accommodations will be provided. (Select One Option):</p> <p><input type="checkbox"/> The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations*</p> <p><input type="checkbox"/> The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations**</p> | <input type="checkbox"/> Grade Pre-K | <input type="checkbox"/> Grade K | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12 | | <p>The student will participate in the Smarter Balanced Assessment.</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p>Designated Supports and Accommodation(s) <u>Example 1</u> <u>Example 2</u></p> <p>The student will participate in the Next Generation Science Standards Assessment.</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p>Designated Supports and Accommodation(s) <u>Example 1</u></p> <p>The student will participate in the CTAA Assessment.</p> <p>The student will participate in the CT School Day SAT Assessment</p> <p>Assessment: <u>Assessment Name</u></p> <p>Participation With Accommodations</p> <p>Designated Supports and Accommodation(s) <u>Example 1</u></p> |
| <input type="checkbox"/> Grade Pre-K | <input type="checkbox"/> Grade K | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 | | | | | | | | | | | | |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 8 | | | | | | | | | | | | |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12 | | | | | | | | | | | | | |

IEP Side by Side Comparison

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

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

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

IEP Side by Side Comparison

Alternate Assessment Eligibility Form and Justification Statement

Current IEP

- ☐ The **Alternate Assessment Eligibility Form** must be submitted and approved for **Statewide Assessments**.
The form is recommended for use in determining the need for alternate Districtwide Assessments.

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

New IEP (starting with IEPs created after July 1, 2022)

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

Statement displays here

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

Special Factors Information

Current IEP

- For students whose behavior impedes his/her learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
 - ☐ NA ☐ A behavioral intervention plan has been developed.
 - ☐ IEP Goals and Objectives have been developed to address the behavior.
 - ☐ Other (specify): _____
- For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
 - ☐ NA ☐ Recommendation: (specify) _____
- For students who are blind/visually impaired (VI):
 - ☐ NA ☐ Instruction in braille or use of braille is being provided, as required.
 - ☐ The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that: _____
- For students with print-related disabilities (such as SL/Dyslexia, blind/VI, physical limitations or organic dysfunction):
 - ☐ NA ☐ The PPT has considered accessible instructional/materials (AEM) and/or accommodations noted on page II of the IEP, if so which format/accommodation utilized: ☐ Large Print ☐ Digital Text ☐ Audio ☐ Other (specify): _____
- For students who are deaf or hard of hearing:
 - ☐ NA ☐ See attached **required** Language and Communication Plan (Form ED036) – The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

New IEP (starting with IEPs created after July 1, 2022)

Special Considerations

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

- ☐ NA
- ☐ Yes (check all that apply):
 - ☐ IEP goals and objectives will be developed to address the behavior.
 - ☐ A behavioral intervention plan based on a functional behavior assessment has been developed.
 - ☐ Other: _____

Is the student deaf or hard of hearing?

- ☐ NA
- ☐ Yes – Language and Communication Plan is required

Is the student blind or visually impaired?

- ☐ NA
- ☐ Yes
 - ☐ Instruction in braille or use of braille is being provided, as required.
 - ☐ The PPT determined that instruction in braille or the use of braille is not appropriate for this student after an evaluation of the student's skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille).

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

- ☐ NA
- ☐ Yes – Student's native language is: (Specify with PPS native language code).
The PPT has considered the language needs of the student as they relate to the student's IEP and recommends the following: _____

Does the student require accessible educational materials (AEM)?

- ☐ NA
- ☐ Yes – The PPT determined that the student has a print-related disability (e.g., SL/Dyslexia, dysgraphia, physical limitations). See annual goals/objectives and/or supplementary aids and services for details.

Does the student require an alternative mode of communication?

- ☐ NA
- ☐ Yes – The PPT reviewed the communication needs of the student. See annual goals/objectives and/or supplementary aids and services for details.

IEP Side by Side Comparison

| Progress Reporting | |
|--|--|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p>PROGRESS REPORTING</p> <p>1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Consistent with grade level report cards <input type="checkbox"/> Other (specify): _____</p> | <p>Progress Reporting</p> <p>A report of progress toward meeting the Annual Goals and Short Term Objectives included in this IEP will be provided to the parent(s):</p> |
| <p><i>Changes: Minor formatting</i></p> | |
| Exit Criteria | |
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p>EXIT CRITERIA</p> <p>1. Exit Criteria: Student will be exited from Special Education upon: (Check One) <input type="checkbox"/> Ability to succeed in Regular Education without Special Education support <input type="checkbox"/> Graduation <input type="checkbox"/> Age 21 <input type="checkbox"/> Other: _____ (specify)</p> | <p>Anticipated Exit Criteria: The student will be exited from special education upon:</p> |

| Information on IEPs and Secondary Transition | |
|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |

1. Parents, including Noncustodial Parents and the student 4-18 or older have been provided ☒ electronically or ☐ hard copy with relevant information and resources relating to IEPs created by the CDEE, including, but not limited to, information relating to transition resources and services for high school students immediately upon the formal identification of any child as a child requiring special education and at each PPT meeting thereafter. ☐ Building a Bridge ☐ Parent's Guide to Special Education ☐ IEP Manual ☐ OTHER:

2. The Parent's Transition Bill of Rights has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services. Parent's Transition Bill of Rights is available on the school district website. ☐ is enclosed with this document. ☒ was already provided, reviewed and discussed this school year (date)

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

- ☐ Procedural Safeguards in Special Education
- ☐ Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools
- ☐ A Parent's Guide to Special Education
- ☐ IEP Manual
- ☐ Building a Bridge
- ☐ Transition Bill of Rights
- ☐ Other _____

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

| Special Education and Related Services Grids | |
|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |

[illegible]

SPECIAL EDUCATION SERVICES

[illegible][illegible]

IEP Side by Side Comparison

[illegible]

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

| Transportation | |
|--|--|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p>Transportation:</p> <p> <input type="checkbox"/> Regular <input type="checkbox"/> Special (specify) <input type="checkbox"/> N/A </p> | <p>Transportation</p> <p>Does the Student require special transportation as a related service?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Regular Transportation <i>(Display if No)</i></p> <p>Special Transportation will be provided with the following: <i>(Display if Yes)</i></p> <p> Supports Specialized Equipment Vehicle Requirements </p> |

IEP Side by Side Comparison

Special Education Hours and Time with Non-Disabled Peers (TWNDP)

Current IEP

Length of School Day: (Specify)

Number of Days/Week: (Specify)

Length of School Year: (Specify)

8. Total School Hours/Week: (Specify)

9. Special Education Hours/Week: (Specify)

10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers):

New IEP (starting with IEPs created after July 1, 2022)

SCHOOL YEAR: 2022-23

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

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

Justification Statement for Removal from General Education Setting

Current IEP

13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities:

☐ Not Applicable: Student will participate fully

b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that other would attend if not disabled, the PPT must justify this removal from the regular education environment. ☐ Not Applicable: Student will participate fully

c) The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)

New IEP (starting with IEPs created after July 1, 2022)

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

Justification for the removal from the general education environment

IEP Side by Side Comparison

| LRE Checklist | |
|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p><small>Note: The LRE Checklist (EDK632) <u>must</u> be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is <u>recommended</u> that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.</small></p> | <p>Will the student be removed from the general education environment for 60% or more of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The LRE Checklist is required (Display if Yes)</p> |

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

| Required Date Collection (Page 12) | |
|--|---|
| Current IEP | New IEP (starting with IEPs created after July 1, 2022) |
| <p>Required Date Collection (Collect and/or update at every PPT)</p> <p>For Children 3 years of age:</p> <p>Provide Appropriate Public Education (FAPE) by age 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOE indicate that the child did not receive FAPE by their 3rd birthday, why?</small></p> <p><input type="checkbox"/> Late referral (less than 90 days before 3rd birthday) <input type="checkbox"/> Moved into district late <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Child initially found not eligible at age 3 (on referral to district at a later date) <input type="checkbox"/> Parent Choice <input type="checkbox"/> FAPE met via earlier PPT. Date of initial PPT was: _____</p> <p>Early Childhood (E.C.) Placement Settings (children ages 3 or younger OR grade is preschool):</p> <p>1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _____</p> <p>2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both page 2 AND 11:</p> <p><input type="checkbox"/> Regular E.C. Preschool or Kindergarten Program <input type="checkbox"/> E.C. Special Education Program in Separate Class <input type="checkbox"/> E.C. Special Education Program in Separate School <input type="checkbox"/> E.C. Special Education Program in Residential Facility <input type="checkbox"/> Home <input type="checkbox"/> Service Provider Location (Resident Services) -- applies only when a child does not spend time in any environment with non-disabled peers</p> <p>Education Placement 3 to 21 years of age:</p> <p>1. Does the student live at any of the following locations?</p> <p><input type="checkbox"/> None of these locations (Default - 00) <input type="checkbox"/> Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing, and Temporary Shelters (02) <small>(Housing that is subsidized by DOE, DHS, D&H&S or other state agency.)</small> <input type="checkbox"/> Hospital (03) <input type="checkbox"/> Private Residential Facility (05)</p> | <p>Additional Placement Information</p> <p>i Complete the following Education Placement information for the student.</p> <p>At the time of this IEP implementation, will the student be living at a hospital?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required)</small></p> <p>At the time of this IEP implementation, will the student be living at a Private Residential Facility? i</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required)</small></p> |

District Resources and Support for Parents

- ❑ Fall Parent Coffee Series at each building
- ❑ Parent Portal support
- ❑ Building-based Expert Trainer contacts at each building

State Resources for Parents

[CT SDE New IEP/CT-SEDS](#)

[Side-by-Side Comparison of the Current Connecticut IEP and the New IEP](#)

[5-Year Implementation Plan for Training on the New IEP and the Connecticut Special Education Data System \(CT-SEDS\)](#)

Questions

Please feel free to communicate questions in a variety of ways: unmute to comment, type questions into the chat, or email us at koreilly@darienps.org for more confidential communication.

Today's presentation will be posted on the Special Education District Website, linked [here](#).
The zoom recording will be sent to families via email by each of the seven schools.