

ADMISSIONS AND PLACEMENT MANUAL

(The Gray Book)

**EXCEPTIONAL STUDENT
EDUCATION**

**REVISED
2023-24**

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Important Dates 2023-2024

Aug. 1 st	ESE Gray Book Training 8:30-12:30 (RES)
Aug. 3 rd	POD Day Training
Aug. 4 th	ESE Paraprofessional Training 8:00-11:00 (CES)
Aug. 7 th	TEACH Initial 8:00-4:00 (CES)
Aug. 7 th	TEACH Recertification 8:00-11:00 (AM) or 12:00-3:00 (PM) (CES)
Aug. 8 th	Ukeru Initial 8:00-3:30 (RES)
Aug. 8 th	Ukeru Recertification 12:30-3:30 (RES)
Aug. 9 th	Medication Administration 9:00-10:00 (WHS)
Aug. 9 th	Diabetes Training 1:00-2:30 (Virtual via MS Teams)
Aug. 11 th	Orientation with FSU Psychology Doctorial Interns 1:00- District Staff 1:30- Board Room-ESE Administrator and ESE Coordinators
Sept. 20 th	Prof. Dev. Day -Quality IEP
Oct. 9 th -13 th	October FTE Week (Survey 2)
Jan. 22 nd	Send out Possible Deferment Letters (New FORM) (WHS/WI Seniors)
Feb. 5 th -9 th	February FTE Week (Survey 3)
Mar. 15 th	Last Day for Referrals for Evaluation to be Submitted to District Office
Mar. 28 th	FEP-UA Letters to All Students with IEP or 504 Plan
April 8 th -10 th	Matriculation Meetings 4/8 Students working on Access Points 8th-9th -2:00-3:00 5th-6 th -3:00-4:00 4/9 Students with intensive Behavioral Supports 8th-9th -2:00-3:00 5th-6 th -3:00-4:00 4/10 All other students with IEPs receiving academic/behavioral supports 8th-9th 2:00-3:00 5 th -6 th 3:00-4:00
April 19 th	All Matriculation IEPs open with Present Level Statements Updated
May 1 st	Last Day for Decision of Standard Diploma Deferment
May 24 th	All IEPs closed in PEER
May 24 th	All IEPs sent to District Office

Trainings Needed for ESE Personnel

All ESE Teachers

Quality IEP

PEER

Case Managers for high needs students

Matrix

ALL LEAs and ESE Administrators

Quality IEP

Matrix

Facilitated IEP

LEARN/LEAd

Teachers and Parapros who might participate in a restraint.

TEACH

UKERU

Pre-K Teachers

Child Outcome Summary

STAFFING SPECIALIST MUST BE PRESENT FOR THE FOLLOWING

- Initial staffing or ineligibility meeting for any program
- Re-evaluation with NEW program eligibility
- Manifestation
- Tier III meetings where consent for evaluation is being requested
- Dismissal from any program
- Parent request for revocation of consent
- Adding/decreasing of Matrix Services
- Secondary – All IEP meetings for seniors

A meeting for any of the above requests will need to be scheduled with the appropriate school's Staffing Specialist.

A reasonable notice should be provided to accommodate the Staffing Specialist's schedule.

*As many Tier III meetings as possible.

IEP Required Members

By law, certain individuals must be involved in writing a child's Individualized Education Plan.

These are:

- the child's parent (knows the child)
- at least one of the child's special education teachers or providers (provides specialized instruction via direct indirect, or consultation and is responsible for developing the plan)
- at least one of the child's regular education teachers (if the student is, or may be, participating in the regular education environment) (Should be able to speak on child's progress in general curriculum and report progress on accommodations provided)
- a representative of the school system (LEA) facilitates meeting, creates agenda, oversees agreement, takes conference notes, finalizes IEP, updates FOCUS (if appropriate), uploads IEP (if appropriate)
- an individual who can interpret the evaluation results (Psychologist, Staffing Specialist, service provider who performed an assessment and presents results of assessment)
- representatives of any other agencies that may be responsible for paying for or providing transition services (if the student is 16 years or, if appropriate, younger)
- the student, as appropriate
- other individuals (i.e. related services) who have knowledge or special expertise about the child (i.e. PT, OT, SLP, Vision, Hearing, etc.)

Note that an IEP team member may fill more than one of the team positions if properly qualified and designated. For example, the service provider/special education teacher may also be the person who can interpret the child's evaluation results.

Each team member brings important information to the IEP meeting. Members share their information and work together to write the child's Individualized Education Plan. Each person's information adds to the team's understanding of the child and what services the child needs.

Non-Discrimination Hiring Policies

The following policy applies to students, applicants for admission, employees, and applicants for employment:

The School Board of Wakulla County, Florida does not discriminate in admission or access to, or treatment or employment in, its programs and activities on the basis of race, color, religion, age, sex, national origin, marital status, disability, religion, genetic information for applicants and employees, or any other reason prohibited by Federal and State law regarding non-discrimination. See 34 C.F.R. 100.6(d); 34 C.F.R. 106.9; 34 C.F.R. 110.25.

In addition, the School Board provides equal access to the Boy Scouts and other designated youth groups. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities. See 34 C.F.R. 108.9.

Disabled individuals needing reasonable accommodations to participate in and enjoy the benefits of services, programs, and activities of the School Board are required in advance to notify the administrator at the school/center at which the event or service is offered to request reasonable accommodation.

The designated Title IX and Section 504 Compliance Coordinator as required by 34 C.F.R. 100.6(d) is **Lori Sandgren, Executive Director of Human Resources**, 69 Arran Road, Crawfordville, Florida 32327; 850.926.0065; Lori.Sandgren@wcsb.us.

INTRODUCTION

The purpose of this manual is to provide people involved in Exceptional Student Education (ESE) with a detailed guide to the procedures for placement and the paperwork involved in these ESE programs.

This manual will be reviewed annually, and any changes will be dated and sent to each person holding a copy. The procedures for each step should be followed as stated in the manual. As a result of following these procedures, records will be maintained by ESE and evaluations and placements will be consistent county-wide. By consistently using the procedures and reviewing their effectiveness, this will become a useful document to all ESE teachers.

SECTION ONE

Instructions and Narrative for ESE Procedures

ORGANIZATION OF ESE FILES

- The below chart indicates the color of the folder for each exceptionality.

FILE COLOR CHART		
CODE	EXCEPTIONALITY	COLOR
P	Autism Spectrum Disorder (ASD)	Light Blue
H	Deaf or Hard of Hearing (DHH)	Blue
T	Developmentally Delayed (DD) (Age:3-9)	Gray
J	Emotional/Behavioral Disorder (EBD)	Green
U	Established Conditions (Age: 0-2)	Gray
L	Gifted	White
M	Hospital/Homebound (H/H)	Manila
W	Intellectual Disability (InD)	Red
C	Orthopedically Impaired (OI)	Light Green
V	Other Health Impaired (OHI)	Light Green
K	Specific Learning Disabled (SLD)	Yellow
F	Speech Impaired	Blue
G	Language Impaired	Blue
S	Traumatic Brain Injury (TBI)	Light Green
I	Visually Impaired	Pink
O	Dual Sensory Impaired (DSI)	Light Green
FILE COLOR CHART		
EXCEPTIONALITY	COLOR	
Response to Intervention (RTI)	Purple	
Restraint/Seclusion	Navy	
504 Plan	Teal Blue	
English Learning Language (ELL)	Manila	
Occupational Therapy (OT)	Light Green	
Physical Therapy (PT)	Light Green	
Not Placed Exceptionality	Black	

- Cumulative folders for ESE students should be identifiably marked at the top of the file using a colored dot appropriate to the student's classification. Meaning, if there is more than one classification, the folder needs to be the color of the "primary" classification and the colored dot(s) would be used to identify all other classifications. **Only one file should be created for each student.**
- For students who have been evaluated and not placed in an ESE program, the cumulative record should be marked at the top of the file using a black dot. This would indicate there is an inactive ESE file for this student.
- For students who have been dismissed, the dismissal date should be written on the existing-colored dot on the cumulative folder.
- If a student has been evaluated and/or enrolled for two or more ESE programs and is discontinued from one or more, but remains active in at least one program, the procedure in number 4 above should be used with one addition, "Inactive", "Not Placed" or other appropriate statements should be written across the colored dot for that program.

The Associate Dean(s) and/or Staffing Specialist will annually audit ESE files for adherence to these practices.



Wakulla County School Board

GUIDELINES FOR THE AUDIO RECORDING OF IEP/SECTION 504 MEETINGS

Neither federal nor state law requires that participants be allowed to videotape, audio record, or transcribe IEP/Section 504 meetings. Videotaping and court reporting are never allowed. Audio recording will be permitted during IEP/Section 504 meetings in accordance with the following circumstances:

1. The District will take whatever action is necessary to ensure a parent/guardian understands the proceedings at IEP/Section 504 meetings. That action may include allowing the parent/guardian to record the proceedings. But because the act of recording can inhibit the free discussion that should take place in the meeting and may, in fact, be counterproductive to a full understanding of the IEP/Section 504 meeting, recording will only be allowed if no other adequate accommodation can be provided. Therefore, a parent/guardian desiring to record must demonstrate that no other accommodation will allow him or her to fully and meaningfully participate in the meeting. Examples of such a need include a language barrier that cannot be resolved through the presence of an interpreter or by other means, or a disability as discussed below.
2. The Americans with Disabilities Act ("ADA") provides that no qualified person with a disability shall, by reason of such disability, be excluded from participation in, or denied the benefits of the services, programs, or activities of the School District. The ADA applies to IEP/Section 504 meetings in the same way as it does to other District activities. Therefore, the District will provide reasonable accommodations to persons who are disabled within the meaning of the ADA. Recording an IEP/Section 504 meeting may constitute such an accommodation, but the District may elect to provide accommodation other than recording so long as it is reasonable under that law. Persons who require any accommodation in order to ensure their full participation in the IEP/Section 504 process will be required to disclose the need for such accommodation and the specific accommodation requested at least three (3) days prior to the meeting via the Office of Exceptional Student Education (850) 926-0107. This disclosure shall be made prior to the IEP/Section 504 meeting to allow proper consideration and discussion of the request via the Wakulla County School District Office of Exceptional Education Services.
3. When recording is necessary in order to comply with the District's obligations under IDEA/Section 504 or the ADA, only audio recording will be allowed. Neither a court reporter nor videotaping will be permitted. When an audio recording is made of an IEP/Section 504 meeting by any participant,

the District's will also audio record and the Districts copy of the audio recording will be maintained and treated as an educational record under Florida and federal law.

4. The audio recording will not be a part of, substitute for, amend, expand, or limit the IEP itself or any other document or record prepared as a part of the IEP/Section 504 process.
5. Florida law allows the audio recording of a person's conversation only with that person's consent. The granting of permission by the district to audio record an IEP/Section 504 meeting will be deemed to be consent by the participants employed by or representing the District, but only to the extent that the audio recording is used to facilitate his or her understanding of the IEP/Section 504 meeting. Therefore, the audio recording and its contents will not be disseminated to any other person without the consent of all persons whose conversations were recorded.

Supporting/Legal Authority:

The refusal to allow the recording of an IEP meeting does not deny a student FAPE and does not impede or affect a parent's ability to meaningfully participate in an IEP meeting or exercise their rights under IDEA. Jackson County School Board v. A.L., et al., DOAH Case no. 12-2526E (Fla. DOAH 2012) (Final Order).

A parent is not entitled to bring a court reporter to an IEP meeting. F.C. v. Sch. Bd Of Miami-Dade County, Fl., 988 So. 2d. 614 (Fla.3d DCA 2009).

The Office for Special Education (OSEP) affirmed that neither a school board nor a parent has a right to record IEP meetings. OSEP Memorandum, 91-24, (July 18, 1991); OSEP Letter to Anon., 40 IDELR 70 (June 4, 2003).

The State of Florida has adopted procedural safeguards and due process protections consistent with federal regulations. Those procedural safeguards do not include a parent's right to record an IEP or other student meetings. 34 C.F.R. . §300.121 and §300.129; OSEP Letter to William L. Librera, Ed.D., (Dec. 20, 2004); Fla. Admin. Code R. 6A-6.03311.

There is no general right to record meetings under IDEA. Horen v. Bd. of Educ. of City of Toledo Pub. Sch. Dist., 655 F. Supp. 2d 794, 803 (N.D. Ohio 2009).

Recording is allowed based upon an impairment which prevents the parent from participating in the process such as when a parent has trouble understanding written and spoken English. E.H. v. Tirozzi, 735 F. Supp. 53, 57 (D. Conn. 1990).

A parent was allowed to record a meeting due to disability in the hand, making note taking difficult. V.W. v. Favolise, 131 F.R.D. 654 (D.Conn. 1990).

ACTIVITIES PRIOR TO REFERRAL

Follow IST process from Wakulla County Response to Intervention Handbook. After determining lack or insufficient Response to Intervention, student is referred to the Child Study Team (CST).

The following information must be provided:

Language/EBD/SLD/InD/ASD/OHI/OI/TBI	
Action	Person Responsible
Two Parent Conferences – <i>Note: A meeting with a parent/guardian solely to obtain consent for evaluation is not considered a conference for the purpose of documentation.</i>	
CONFERENCE – One <i>It is required that the first conference include documentation of discussion of the student's learning or behavior areas of concern, as well as interventions planned and the anticipated effects of the interventions. Other conferences, second and more, must include discussion of the student's responses to interventions and anticipated future actions to address the student's learning and/or behavior areas of concern.</i>	Intervention Support Team
CONFERENCE – Two <i>Two (2) conferences must have been conducted concerning the student's specific problem (both of which include the parent/guardian). These shall include at least one (1) referring teacher and the parent/guardian. Conferences may be by phone. However, messages left on an answering machine or notes sent home with the student are not acceptable. It is preferable to involve others including principal or assistant, psychologist or associate dean.</i>	
Two Observations	
<i>Observations should be conducted during routine classroom instruction and should address instruction, curriculum, and environmental factors as well as document the relationship between the student's classroom behavior and academic performance. Someone other than the person providing instruction at the time of the observation <u>should complete the observation</u>. The person conducting the observation should be trained in the observation system being used and be familiar with grade-level academic and behavioral expectations. Routine observations conducted by administrators, professional staff, or other teachers that address the purpose of the observation identified in the first sentence may meet the observation requirement, or the observation can be completed by a member of the problem-solving team assigned as part of the intervention planning process.</i>	Intervention Support Team
*Technical Assistance Paper - DPS - 2009-177	

<p><i>Interventions (Documented on IST Academic or Behavior Intervention Plan)</i></p> <p><i>Interventions should be developed within a definite timeframe that establishes a beginning as well as termination date. Objective measures by which the success of a given alternative can be determined should be employed.</i></p>	
<p><i>Interventions are <u>required</u> activities to address and resolve a student's learning or behavioral areas of concern prior to a referral for evaluation to determine eligibility for a student suspected of having a disability.</i></p> <p><i>Interventions may include supplemental academic instruction; change in class schedule or teacher; change in instructional strategies and techniques; interventions are provided by student services personnel, state or community agencies.</i></p> <p><i>An added requirement is that pre- and post-intervention measures of the academic and/or behavioral areas of concern must be conducted, requiring written documentation to assist in identifying appropriate interventions and measuring their effects.</i></p> <p><i>General interventions are to be compiled by general education staff. Evidence must be presented that at least two (2) educational alternatives and/or interventions have been attempted within the school. These alternatives should be dated by the person responsible and the results of the alternatives should be explained.</i></p> <p><i>Interventions may not be required for students who demonstrate severe:</i></p> <ul style="list-style-type: none"> <i>• cognitive, physical or sensory disorders</i> <i>• behavioral deficits that require immediate intervention to prevent harm to self and/or others</i> <p><i>If intervention is not required, you will need to complete the "Extraordinary Circumstances" form.</i></p>	<p>Intervention Support Team</p>

INSTRUCTIONS FOR EVALUATION AND STAFFING

Language/EBD/SLD/InD/ASD/OHI/OI/TBI	
Action	Person Responsible
Provide Procedural Safeguards and obtain Consent for Evaluation	Associate Dean
Observation in environment where area of concern will be demonstrated	Psychologist/ Psychology Intern/SLP
Review of data that demonstrates the student was provided well delivered scientific, research-based instruction and interventions addressing the identified area(s) of concern and delivered by qualified personnel in general education settings.	CST Team
Collect data-based documentation which was provided to the student's parent(s) or guardian(s) of repeated measures of achievement at reasonable intervals graphically reflecting the student's response to intervention during instruction. Complete Problem Solving Process Review Form.	CST Team
Review educationally relevant medical findings	CST Team
Conduct individual measure of achievement	Psychologist
Complete child behavior checklist/teacher report form, if needed.	Teacher/parent/ guardian
Complete Social History (Required for EBD/InD referrals, but could be completed for other referrals)	Associate Dean
Complete Adaptive Behavior Scales (Required for InD referrals, but could be completed for other referrals)	Associate Dean
Complete FBA, BIP (required for EBD referral, but could be completed for other referrals)	Associate Dean
After evaluation is complete, a meeting should be scheduled to review results with appropriate parties.	Associate Dean
The parent/guardian should be notified of the meeting time, date and place using the Meeting Notice. This notification should be sent 2 weeks in advance of the meeting. No meeting should be held without giving the parent/guardian sufficient time to respond and plan to attend the meeting.	Associate Dean
A second notice should be given to the parent/guardian if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.	Associate Dean
Hold eligibility/IEP meeting/placement with parent/guardian, associate dean/LEA, psychologist, ESE designee, Staffing Specialist, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.	Associate Dean ESE Administrator

Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent/guardian does not attend, the associate dean is responsible for obtaining parent/guardian(s) signature on eligibility and consent form. Parent/guardian(s) are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.	Staffing Specialist/ EP Team/ Associate Dean
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INSTRUCTIONS FOR REFERRAL, EVALUATION AND STAFFING

Gifted	
Action	Person Responsible
Parent/guardian or school personnel notify associate dean of potential giftedness, providing data relevant to student	Parent/Guardian/ classroom teacher
Associate Dean obtains consent to screen or evaluate (if data indicates need to proceed with evaluation, procedural safeguards are provided to parents/guardians). Evaluations are to be conducted within 60 days.	Associate Dean
If a screening is conducted, a CST if convened to review screening and other data and determine whether to proceed with evaluation	Associate Dean/CST
After evaluation is complete a meeting should be scheduled to review results with appropriate parties and possible consideration of Plan B.	Associate Dean
The parent/guardian should be notified of the meeting time, date and place using the Meeting Notice. This notification should be sent 2 weeks in advance of the meeting. No meetings should be held without giving the parent/guardian sufficient time to respond and plan to attend the meeting.	Associate Dean
A second notice should be given to the parent/guardian if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.	Associate Dean
Hold eligibility/EP meeting/placement with parent/guardian, associate dean/LEA, psychologist, ESE designee, Staffing Specialist, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.	Associate Dean/ESE Administrator
Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent/guardian does not attend, the associate dean is responsible for obtaining parent/guardian(s) signature on eligibility and consent form. Parent/guardian(s) are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.	Staffing Specialist/ EP Team/ Associate Dean
Speech	
Action	Person Responsible
Notify Speech/Language Pathologist (SLP) and/or associate dean for speech/language referral form.	Classroom teacher
Complete form and return to associate dean	Classroom teacher
If screening indicates no deficiency, SLP conferences with parent/guardian	SLP

If evaluation is needed, SLP conducts within 60 days of the date parental consent is obtained.	SLP
After evaluation is complete, a meeting should be scheduled to review results with appropriate parties.	Associate Dean
The parent/guardian should be notified of the meeting time, date and place using the Meeting Notice form. This notification should be sent 2 weeks in advance of the meeting. No meeting should be held without giving the parent and/or guardian sufficient time to respond and plan to attend the meeting.	Associate Dean
A second notice should be given to the parent/guardian if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.	Associate Dean
Hold eligibility/IEP meeting/placement with parent/guardian, associate dean/LEA, psychologist, ESE designee, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.	Associate Dean/ESE Administrator
Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent/guardian does not attend, the associate dean is responsible for obtaining parent/guardian(s) signature on eligibility and consent form. Parent/guardian(s) are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.	Staffing Specialist/ IEP Team/ Associate Dean

INSTRUCTIONS FOR ANNUAL IEP REVIEW

Action	Person Responsible
1. Set up meeting with parent and LEA representative. Notify parent/guardian by using the Meeting Notice form at least 2 weeks in advance.	ESE Teacher
2. Send e-mail to appropriate Staffing Specialist to review draft IEP 3 days in advance of meeting.	ESE Teacher
3. Hold meeting and develop IEP, FSP, or EP. If needed, complete Matrix after IEP is developed.	ESE Teacher/ LEA Rep.
4. If a change in placement is recommended and the parent/guardian was absent from the IEP meeting, provide Prior Written Notice at least 2 weeks prior to placement by certified, registered mail .	ESE Teacher
5. Send copies of IEP, and any other documents generated at IEP meeting (FBA, re-evaluation, signed Medicaid form, etc.), Meeting Notice, Meeting Participants, and Matrix (254 - 255) to the County ESE Office.	Associate Dean
6. If a student is due for re-evaluation for the coming year, you will want to go ahead and have re-evaluation team meet at IEP meeting and fill out Parent Notice and Consent for Re-evaluation Form and Parent Input Request . Give a copy of the Procedural Safeguards.	ESE Teacher
7. Give parent/guardian(s) Florida Empowerment for Students with Unique Abilities information and Medicaid letter.	ESE Teacher

*For students who have only an exceptionality of Hearing or Vision Impaired, a school-based case manager will be assigned to be a liaison to set up meetings and coordinate with general education teachers.

INSTRUCTIONS FOR RE-EVALUATION PROCESS

There are three options regarding a re-evaluation:

- Option one - A more frequent evaluation
- Option two – Three-year re-evaluation
- Option three - No re-evaluation requested (Option 3 not applicable for Vision Impaired, Hearing Impaired, and Dual-Sensory Impaired)

Required paperwork for a re-evaluation (Procedural Safeguards must accompany all paperwork given to parent): ***Remember ALL exceptionalities must be considered.** Whomever requests re-evaluation must check with all other exceptionalities to see if any want formal re-evaluation.

Option one and two:

- ☐ Meeting Notice
- ☐ Parent Input for Re-evaluation
- ☐ Parent/Notice Consent for Re-evaluation
- ☐ Meeting Notice (for feedback meeting)
- ☐ Re-evaluation Report (page 140) (**must be completed for every exceptionality**)
- ☐ Eligibility Notice/Consent for Services, a new IEP & Prior Written Notice, if necessary,
- ☐ Conference report

Option three:

- ☐ Meeting Notice
- ☐ Parent Input for Re-evaluation
- ☐ Parent Notice/Consent for Re-evaluation
- ☐ Conference report
- ☐ Re-evaluation Report (page 140)

Please send copies of all re-evaluation forms to ESE office.

Please give parent/guardian copies of appropriate forms.

The request for a full psychological evaluation may require a new referral packet. Check with the associate dean before requesting any full psychological re-evaluation.

For OT/PT evaluations (requested at re-evaluation conference)

- ☐ ESE Coordinator and Staffing Specialist notified of consideration prior to meeting notice
- ☐ Meeting Notice
- ☐ Teacher Input for or discussion
- ☐ Parent Input for Re-evaluation
- ☐ Parent Notice/Consent for Re-evaluation
- ☐ Prior to physical therapy evaluation, a prescription must be obtained from the physician
- ☐ Re-evaluation Report

The OT or PT will write the evaluation report. The associate dean is responsible for setting up the staffing if it is an initial OT/PT evaluation.

- ☐ Meeting Notice
- ☐ Eligibility Notice or conference report

In addition to the paperwork for Option one and Option two, the exceptionalities listed below require the following evaluations:

Vision Impaired - *Re-evaluations must include:*

- ☐ Medical eye exam within the last year
- ☐ Learning Media Assessment
- ☐ Functional Vision Evaluation

Deaf or Hard of Hearing - *Re-evaluations must include:*

- ☐ Audiological evaluation
- ☐ Screening for Ushers Syndrome at least once during grades 6-12 (*this does not take the place of a 3 year re-evaluation*).

Dual Sensory Impaired - *Re-evaluations must include:*

- ☐ Medical eye exam
- ☐ Observation of functional vision
- ☐ Audiological exam
- ☐ Documented observation of audiological functioning

For children over the age of 3:

- ☐ All above items
- ☐ Assessment of Speech/Language functioning
- ☐ Assessment of intellectual or academic functioning or developmental level

**** When convening the re-evaluation meeting, all IEP team members should be invited, (O.T., P.T., S.L.P., Vision Teacher, D.H.H. Teacher, etc.)**

INSTRUCTIONS FOR TRANSFER STUDENTS
ASSIGNMENTS OF OUT OF STATE TRANSFER STUDENTS

Action	Person Responsible
1. Inform associate dean of ESE transfer student during registration.	School Sec./ Asst. Principal
2. Verify student's enrollment in ESE with previous school (Intake Information for Out of State Transfer Student)	Associate Dean
3. If the Out of State Student transfers in with a current IEP, the local school is responsible for providing services as closely as possible to those described in previous IEP. In consultation with parent, initiate services ASAP. Document with a Prior Written Notice or conference. Arrange for a formal IEP/staffing ASAP.	ESE Admin./Staffing Specialist Associate Dean/or ESE Teacher
4. Upon receipt of permanent records, send psychological information to County ESE Office	Associate Dean
5. Review previous ESE records on transfer student	ESE Admin.
6. If records ARE acceptable: Notify associate dean Set meeting date for permanent staffing Complete staffing form Complete IEP – within 30 days of verification of ESE status Complete Matrix, if necessary Attach Procedural Safeguards If records ARE NOT acceptable: If appropriate, have parent/guardian sign Parent Notice/Consent for Evaluation. Follow initial evaluation procedures. Upon receipt of evaluation, set up staffing Complete staffing form Develop IEP Attach Procedural Safeguards Complete Matrix, if necessary	ESE Admin. or Designee Associate Dean Staffing Specialist ESE Teacher ESE Teacher ESE Teacher Associate Dean Associate Dean Associate Dean ESE Admin/Staffing Specialist ESE Teacher ESE Teacher ESE Teacher

INSTRUCTIONS FOR ASSIGNMENT OF OUT OF STATE TRANSFER STUDENTS

1. A student transferring into the school district from another state who received instruction or was eligible in an exceptional student education program is a transfer ESE student. The program names between states may vary.
2. Check Student Information Sheet to see if ESE program is noted. If yes, contact the associate dean.
3. Complete "Intake Information for Out of State Transfer Student". This information should be gathered using an IEP or psychological report brought with the child or from a phone call to the student's previous school.
4. Make sure that consent for release of student records is obtained, and mail request for records to previous school.
5. After verifying that the student has been previously enrolled in Exceptional Student Education, the following form should be completed:

"Eligibility Notice and Consent for Services" (The first two sections should be completed using the information gained when verifying the student's previous placement by the Staffing Specialist.)

6. The staffing committee for a transfer student can be informal if necessary. When the parent/guardian is present, efforts should be made to complete all paperwork at that time. If the parent/guardian is not present, "Meeting Notice" should be used to notify them of the meeting set to complete the above information. The ESE teacher and LEA representative should be present for this meeting as well as others involved with the student.

PERMANENT PLACEMENT OF OUT OF STATE

1. The ESE Administrator/Designee will review the records from the previous school. If all data is current and the student is transferring from outside of the State of Florida, and the student meets Wakulla County eligibility criteria, the student is ready to be placed in the Wakulla ESE program.
2. The associate dean should schedule an eligibility/IEP/placement meeting. Staffing Specialist **MUST** be present at staffing.

SUMMARY

Out of State Transfer

When an out-of-state ESE student enrolls, the staffing committee must convene to determine if the student meets Florida eligibility criteria or does not meet dismissal criteria.

Transfer information should include:

Information from sending school, Out of State Intake Information

1. Meeting Notice
2. Staffing Form
3. IEP with goals
4. Matrix, if necessary
5. Prior Written Notice

When transfer is complete, a copy of all ESE records should be sent to the district ESE office. (It is important that the out-of-state records are also sent.)

In-State ESE Transfers

Attached is a flow chart describing procedures for in-state transfers.

Transfer information should include:

1. Meeting Notice
2. IEP/with goals
3. Prior Written Notice
4. Matrix, if necessary

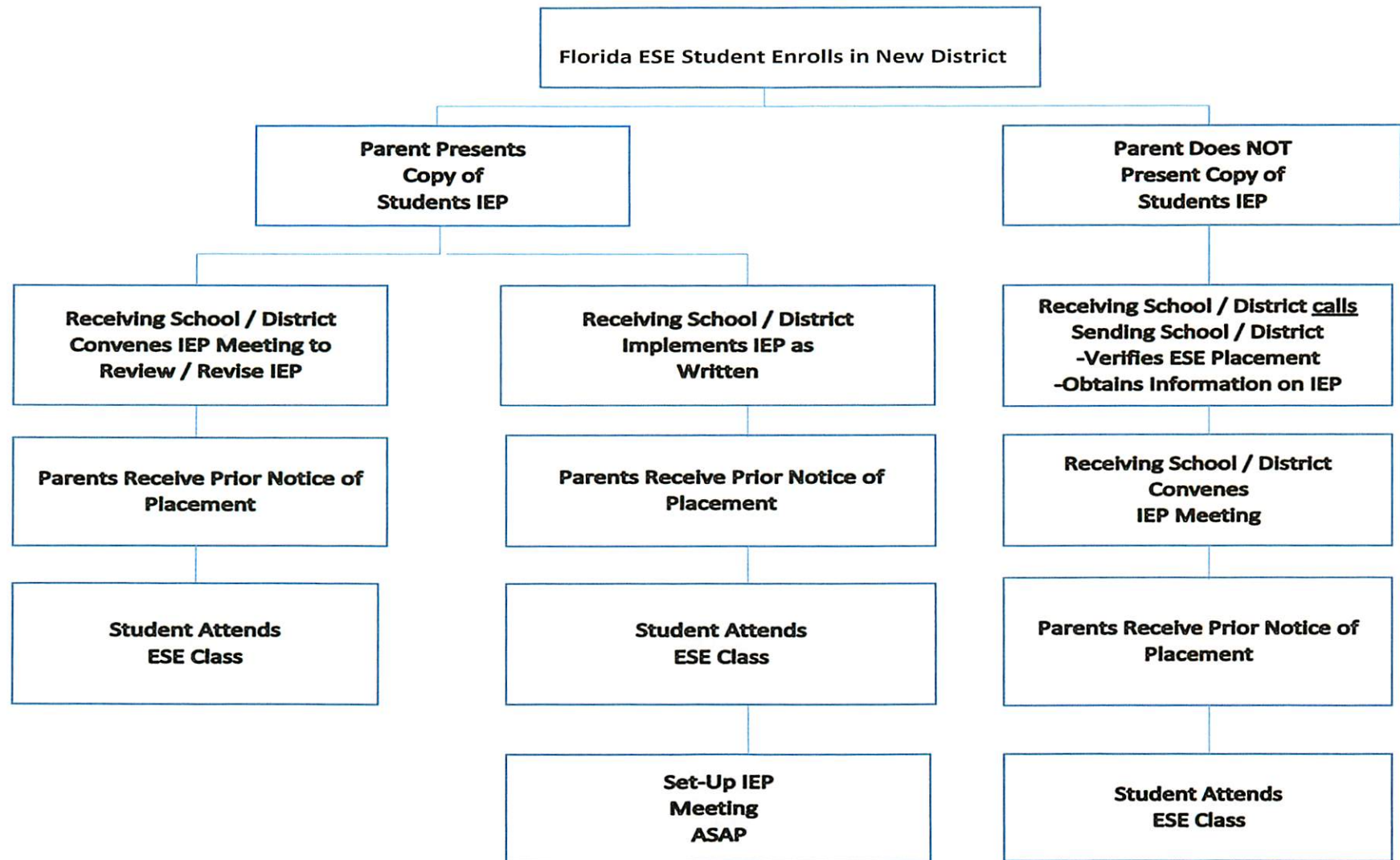
In-District ESE Transfer

1. When a student transfers from one school in the district to another in the same school year with a current IEP, and all the services and time remains the same, then no action should be taken. The student should be placed in ESE classes immediately.
2. If services and times must be changed, place the student in ESE classes and rewrite the IEP as soon as possible.

Returning Student Transfer

When a student returns to the district with a current IEP from his/her previous district, a new IEP must be written to reflect services in Wakulla. (This applies even if his/her previous Wakulla IEP has not expired. The previous district's current IEP now takes precedence over the original Wakulla IEP). Also complete a Prior Written Notice form

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
Placement of "FLORIDA" Exceptional Students

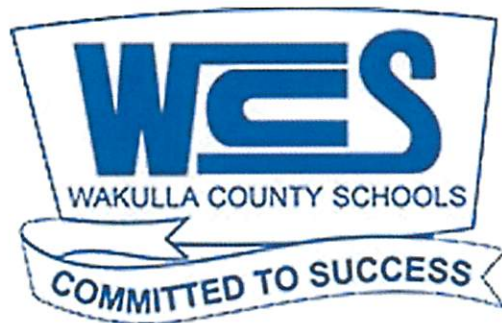


*Chart does not depict all procedural requirements (e.g., Parent Notice of IEP Meeting)

Student name
(last, first, middle) _____

Date request received
(office use only) _____

Referral Request for Hospital or Homebound Services



69 Arran Rd | Crawfordville, FL 32327
Phone: 850-926-0065 | Fax: 850-926-0125

Student name _____

Hover fields for instructions

Student Information

Student number Grade Date of birth Last 4 of SSN Gender

Race (Select all that apply)

- ☐ American Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Street _____ City _____ State _____ ZIP _____

Cell phone _____ Home phone _____ Email _____

Parent/Guardian Information

Parent/guardian name(s) Cell phone Work phone Email

School Information

Current school Current school district Contact name Contact phone

Check if student has one or more of the following current plans ESL program(s) _____

☐ Section 504 ☐ IEP ☐ EP (Gifted only) Setting _____

The Hospital/ Homebound staff forms a partnership with the student's assigned school in order to facilitate and support the delivery of educational services.

The public school where the student is currently enrolled will:

- Provide point of contact above for transitioning collaboration & communication
- Provide assignments, grades and maintain the record of attendance until the student is officially enrolled in the Hospital/Homebound program;
- Provide withdrawal grades and student schedule(s) to the Hospital/Homebound program, upon request;
- Provide applicable textbooks;
- Provide a copy of the current IEP, FBA/BIP or 504 plan, if applicable;
- Participate as a member of the Individual Education Plan (IEP) Team, as appropriate.

Information to be considered in the determination of eligibility

I am aware that the student named above is requesting services through Hospital/Homebound.

Principal signature/
date _____

Student name _____

Eligibility Criteria

According to 6A-6.03020 FAC, a student is eligible for educational instruction through homebound or hospitalized services if the following criteria are met:

- I. A physician licensed in Florida in accordance with Chapter 458 or 459, F.S., unless a report of medical examination from a physician licensed in another state is permitted in accordance with paragraph 6A-6.0331(3)(e), F.A.C., must certify that the student:
 - a. Is expected to be absent from school due to a physical or psychiatric condition for at least fifteen (15) consecutive school days, or the equivalent on a block schedule, or due to a chronic condition, for at least fifteen (15) school days, or the equivalent on a block schedule, which need not run consecutively; **and**,
 - b. Is confined to home or hospital;
 - c. Will be able to participate in and benefit from an instructional program;
 - d. Is under medical care for illness or injury that is acute, catastrophic, or chronic in nature; **and**,
 - e. Can receive instructional services without endangering the health and safety of the instructor or other students with whom the instructor may come in contact.
- II. The student is enrolled in a public school in kindergarten through twelfth grade.
- III. A parent, guardian or primary caregiver signs a parental agreement concerning homebound or hospitalized policies and parental cooperation.

I have read and understand the Eligibility Criteria as indicated and hereby give consent to Wakulla County Public Schools to:

1. Utilize the Hospital/Homebound Referral as a part of the evaluation procedures in consideration of eligibility;
2. Contact my child's physician(s) to exchange information and records regarding my child's medical condition(s), diagnosis, and instructional program to assist with educational planning.
3. Contact another agency(named below) to exchange information and records regarding my child's medical condition(s), diagnosis, and instructional program to assist with educational planning.

Agency name _____ Agency Phone _____

Physician's name _____ Agency Fax _____

Email _____

Signature of parent, guardian, surrogate,
or adult student and date

Student name _____

Parent/Guardian/Adult Student Agreement

Upon determination of eligibility for Hospital/Homebound, I understand and agree to:

- Provide signed consent for placement for services to begin;
- Provide a quiet, clean, well-ventilated setting for student and teacher in my home, as necessary;
- Ensure that a responsible adult is present;
- Establish a schedule for student study between delivered instructional times;
- Report to the Hospital/Homebound office daily any student absences that will prevent the teacher from providing instruction;
- Foster my child's/the student's independent work ethic and will assist only as needed;
- Obtain and provide transfer grades for current quarter or transcripts for course history as appropriate;
- If there is a change in physician, provide an additional Hospital/Homebound medical, completed by the new physician;
- Provide the Hospital/Homebound program staff any updated information regarding the physician's treatment plan for my child/the student;
- Understand that a discontinuation/dismissal from services may be considered through a reevaluation meeting;
- Understand the WCSB policies including the Code of Student Conduct and those of the Hospital/Homebound Program, during my child's/the student's enrollment in the Hospital/Homebound Program.

Additionally:

- I am aware that accelerated courses and electives courses are not available through the Hospital/Homebound program;
- Upon the dismissal/discontinuation of Hospital/Homebound services, I agree to enroll my child/the student into school or other instructional program;
- I understand that provision of incomplete information may delay the eligibility determination process into the Hospital/Homebound Program.

Signature of parent, guardian,
surrogate, or adult student and date

Student name _____

Hover fields for instructions

Physician Certification

Medical Information

(MUST BE COMPLETED BY A LICENSED PHYSICIAN IN FLORIDA, AS DEFINED IN CHAPTERS 458 & 459 F.S.)

Physician name Phone number Fax number Email

Street _____ City _____ State _____ ZIP _____

1. Diagnosis

2. Medical implications for instruction

3. Plan of treatment

4. Medications and precautions

Student name _____

Physician Certification (cont'd)

Physician Recommendations

Eligibility: According to 6A.6.03020 FAC, a Florida licensed physician must certify that the student meets ALL of the following criteria for eligibility. If the student is not eligible for the Hospital/Homebound program, he or she could be considered for other services.

☐ Yes ☐ No Is the student under medical care for illness or injury that is acute, catastrophic, or chronic in nature?

☐ Yes ☐ No Is the student expected to be absent from school due to a physical or psychiatric condition for at least fifteen (15) consecutive school days, or due to a chronic condition, for at least fifteen (15) school days which need not run consecutively?

☐ Yes ☐ No Is the student confined to the home, residential facility, or hospital?

☐ Home ☐ Facility or hospital _____ Date confined _____

☐ Yes ☐ No Is the student well enough to participate in and benefit from an instructional program?

☐ Yes ☐ No Can the student receive instructional services without endangering the health and safety of the instructor or other students with whom the instructor may come in contact?

Service Delivery Considerations

The following modes of delivery should be considered to serve students in the least restrictive environment (LRE). The student may be served:

- ☐ Full-time (Student is UNABLE to attend ANY portion of the school day at his/her district assigned school)
- ☐ Part-time (Student is ABLE to attend a partial school day/week at his/her district assigned school)
- ☐ Intermittently (Student will attend district assigned school; upon 3 days of consecutive chronic illness, academic support will be provided for a specified amount of time)

Comments _____

School Re-Entry Considerations

The Hospital/Homebound Program is designed to be a temporary instructional intervention to help children who are unable to attend school for medical or psychiatric reasons and is not intended to replace the classroom experience. The Hospital Homebound service delivery model is considered the most restrictive educational setting because students are not instructed with their non-disabled or disabled peers. In addition, the amount of instruction provided by the Hospital/Homebound Program may be significantly less than that provided by the school-based setting. However, every attempt is made to maintain continuity of curriculum and learning by providing an appropriate instructional program.

Suggested school re-entry date _____

Physician's Certification

I certify that this student is under my care and treatment for the aforementioned illness/condition. The information provided and my recommendations have been made based on the current medical needs of the patient, keeping in mind that the least restrictive educational setting is mandated by federal law. This further certifies that this treatment plan is medically necessary.

Physician signature (MD, ARNP, or PA) and date

IR ARNP or PA, print supervising physician's name

ACCESS LOG

Action	Person Responsible
1. Place an Access Log in each ESE folder.	Associate Dean
2. Each time ANYONE other than those employees of the WCSB with a legitimate educational interest as determined by the principal reviews the student's record FOR ANY REASON , have the person sign the Access Log.	

INSTRUCTION FOR ACCESS LOG

1. An "Access Log" should be placed in each ESE file.
2. Each time anyone other than school employees with a legitimate educational interest reviews the file, it must be noted on the Access Log. Also, any request for access which is denied must be noted on the Access Log.
3. The school principal is designated to determine who has a legitimate educational interest.

FOLDER CHECKLIST (optional)

Action	Person Responsible
1. Place a folder checklist in each ESE folder.	Associate Dean
2. Check the appropriate exceptionalities and up-date as needed	Associate Dean

PROCEDURES FOR CONSIDERATION OF OT OR PT RELATED SERVICES AND PROCEDURES FOR CONSULTATION/COLLABORATION DOCUMENTATION

OT/PT SCREENING/REEVALUATION:

- General Education or ESE Teacher will contact ESE coordinator with concerns.
- ESE Coordinator will contact the OT/PT via email to request a screening in all appropriate settings.
- At the completion of the screening, the therapist will recommend basic intervention techniques using the OT/PT referral form to be tried by the teacher.
- The form will be returned to the ESE coordinator who will give a copy to the teacher.
- After implementing the recommended interventions, the teacher will record the results on the referral form and return to the ESE coordinator.
- The ESE coordinator will give a copy of the screening form to the therapist.
- Using the information provided on the screening form (and addition observations if needed) the therapist will determine if the suggested interventions were successful or if a reevaluation is recommended. This will be recorded on the screening form and returned to the ESE coordinator.
- If the recommended interventions are successful, the process stops here. If concerns remain, the student will be referred for a reevaluation for OT/PT. (PT requires a doctor's prescription).
- Once a reevaluation referral is received, all reevaluation procedures will be followed.

CONSULTATION/COLLABORATION:

Consultation: sharing information between teachers, families, agencies and other in order to address the student's needs. In order to be checked on the Matrix, consultation must be regularly scheduled and conducted face-to-face or virtually as defined in each domain. Use Consultation Documentation Log (pg. 42).

Collaboration: a joint effort among teachers, families, agencies and others. Collaboration involves cooperative, proactive work on the part of all participants with all parties actively planning and carrying out interventions designed to meet a student's needs. In order to be checked on the Matrix, collaboration must be regularly scheduled and conducted face-to-face. Use Collaboration Documentation Log (pg 36).

OT/PT Screening Form

Student: _____ Therapist Completing Form: _____

Case Manager/Special Ed Teacher: _____ Gen Ed Teacher(s): _____

Screening was requested by: _____ Date given to therapist: _____

Screening Completion Date: _____

Concerns hindering student's participation within the school environment: check all that apply and follow up with recommended interventions. Your thorough information and description guide the therapist's understanding and ability to support the student. Attach additional documentation/notes as needed.

<u>Motor Aspects of Handwriting/Technology</u> ___ ability to effectively perform written expression tasks by handwriting or typing	<u>Pre-Vocational/Vocational</u> ___ ability to perform job-related tasks
<u>Functional Hand Skills</u> ___ ability to pick up and use objects ___ ability to use both hands together ___ ability to use scissors, glue, or other classroom tools	<u>Gross Motor/Access</u> ___ ability to navigate school environment appropriately. ___ accessing materials ___ ability to transfer safely and effectively
<u>Attention, Regulation, and Organization</u> ___ difficulty paying attention/off-task behaviors ___ ability to transition between activities ___ executive function challenges ___ ability to maintain emotional regulation ___ sensory processing differences	<u>Other noted observations:</u>

Recommended Interventions:

Results of Implementing Intervention (to be completed by teacher and returned by _____),

Therapist recommends reevaluation to determine eligibility for OT or PT services? YES NO

Please submit completed form to the ESE Coordinator.

SECTION TWO

ESE Forms

**WAKULLA COUNTY SCHOOLS Exceptional Student Education
PEER/DISTRICT/STUDENT SERVICES - FORMS**

*Forms are in Alphabetical Order

TITLE OF FORM	Type of Form	Page #
Access Log	District	34
Accommodations Not Permitted on FSA	Peer	35
Classroom Accommodations Log	District	36
Collaboration Documentation Log	District	37
Community Based Activities Sign-in, Sign-out Sheet	District	38
Community Based Instruction - Student Liabilities	District	39
Conference Report	District	40
Consent to Invite Agency Representatives with letter	District	41-42
Consultation Documentation Log	District	43
Data Log of Classroom Use of Therapy Equipment	District	44
Education Plan	Peer	45-48
Notice of Eligibility, Consent for Services	District	49-52
ESE Suspension Notice	District	53
Extended School Year Service Determination	District	54-55
Folder Checklist *	District	56
Functional Behavioral Assessment Worksheet Sample <i>(page 1 & 2)</i>	District	57-59
Gifted Characteristics Checklist	District	60
IEP	Peer	61-104
IEP - Employment & Community Competencies Training Plan	Gray Book	105
IEP Input Form - Parent	Peer	106
IEP Input Form - Teacher	Peer	107
Information for Florida School for the Deaf and Blind	Gray Book	108
Matrix of Services Data Entry	Peer	109-116
Family Empowerment Scholarships	Gray Book	117
Medicaid Letter (Parent Consent for Medicaid Billing)	Gray Book	118
Medical Eye Examination	Gray Book	119
Medical Prescription Form	District	120
Medical Referral for OHI, OI, and TBI Programs	District	123
Meeting Notice – EP (Gifted)	Peer	124-125
Meeting Notice - IEP	Peer	126-127
Meeting Notice - SP	Peer	128-129
Notice of Options to Accept or Defer Graduation	District	130
Notice of Transfer of Rights at Age of Majority	District	131-133
Out-of-State Intake Information for Transfer Student *	District	134-134
Parent Notice/Consent for Evaluation	District	136-139
Parent Notice/Consent for Pre-K Evaluation	District	140
Parent Notice/Consent for Re-evaluation	District	141-143
Parent Input for Re-evaluation	District	144
Plan of Care - Occupational Therapy	District	145
Plan of Care - Physical Therapy	District	146
TITLE OF FORM	Type of Form	Page #
PT/OT - Considerations for Educationally Relevant Therapy	District	147-149
Pre-K Multidisciplinary Evaluation Team Report	District	150
Prior Written Notice	Peer	151
Procedures for Exemptions from Standardized Assessments	District	152-165

Re-Evaluation Report (K-12)	District	166-168
Release of Information	District	169-170
Revocation of Consent - Procedures	Gray Book	171
Revocation of Consent Letter	Gray Book	172
Screening Report	District	173
Service Plan	Peer	174-175
Service Provider Training for School Personnel	District	176
Social/Developmental History Interview (page 1 & 2)	District	177-178
Speech – Referral Form	District	179
Summary of Graduation Options	District	180-184
Transition Information for Receiving School	District	185
Pre-K Matriculation Info for Receiving School	District	186
Transportation Services Form *	District	187
Waivers - FSA and EOC	Gray Book	188-190
INITIAL REFERRAL PACKET FORMS (pg. 162-163)		
Initial Referral Packet/Informational Program Requirements	See RtI Handbook	191-192
Referral Form/Request for Individual Evaluation *	District	193-194
Written Mutual Agreement for Extension of Time to Gather RtI Data	District	195
Procedure for Evaluation	Gray Book	196

*Optional

Wakulla County Schools
ACCESS LOG

Student Name: _____ **Student Identification Number** _____
Last First Initial

Name of Person/Agency Requesting Access	Purpose of Request	Records Released	Authorized by and Date

**Parent Notice and Consent for Student to Receive Instructional Accommodations
Not Permitted on Statewide Assessment**

Date: _____

District: _____

School: _____

Student Name: _____

Student #: _____

Accommodations are defined as adjustments to the presentation of the assessment questions, methods of recording examinee responses to the questions, scheduling for the administration of the assessment, settings for the administration of the assessment or use of assistive devices to facilitate the student's participation in the assessment. Statewide assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment's reliability or validity. Allowable statewide assessment accommodations are based on current instructional accommodations.

District personnel are required to implement the approved accommodations in a manner that ensures the test responses are the independent work of the student. Personnel are prohibited from assisting a student in determining how the student will respond or directing or leading the student to a particular response. In no case shall the accommodations authorized herein be interpreted or construed as an authorization to provide a student with assistance in determining the answer to any test item.

The IEP committee has determined that the following accommodations, which are listed on your child's IEP, will not be permitted as an accommodation in statewide assessment.

Do you consent for the accommodation(s) listed above to be provided in instruction but which are not allowable in statewide assessment?

☐ Yes, I give my written consent, and in doing so, my signature means that I fully understand the implications of the accommodations.

☐ No, I do not give my consent.

☐ I request a conference before granting consent

Parent Signature: _____ Date of Signature: _____

*For further information please contact the ESE Supervisor or associate dean.

Classroom Accommodations Log

Teacher:
Grading Quarter
School Year

Presentation	Scheduling	Setting
1. Oral presentation of directions	10. Extended time not to exceed school day	14. Small group test setting (5-10 students)
2. Oral presentation of items/answers choices		15. Reduced stimuli
3. Directions repeating and clarified	Scheduling	16. Preferential seating
4. Student demonstrates understanding of direction	11. Organizers, outlines, checklists, etc.	
5. Verbal encouragement	12. Spelling and grammar checks	
6. Reduced # of problems/questions required	13. Large handwriting paper	
7. Screen reader		
8. Fewer items per page		
9. Straightedge to maintain visual attention to items		

[illegible]

Collaboration Frequency from IEP	
For School Year	

Wakulla County Schools
COLLABORATION DOCUMENTATION LOG

Student: _____ Course: _____ Collaboration Date: _____
 Signatures: _____ (ESE) _____ (Reg. Ed.)
 What was discussed? _____

Student: _____ Course: _____ Collaboration Date: _____
 Signatures: _____ (ESE) _____ (Reg. Ed.)
 What was discussed? _____

Student: _____ Course: _____ Collaboration Date: _____
 Signatures: _____ (ESE) _____ (Reg. Ed.)
 What was discussed? _____

Student: _____ Course: _____ Collaboration Date: _____
 Signatures: _____ (ESE) _____ (Reg. Ed.)
 What was discussed? _____

[illegible]

Wakulla County Schools
**COMMUNITY BASED INSTRUCTION
STUDENT LIABILITY FORM**

Date: _____ Through _____ (on going)

I give permission for my child _____ to participate in the Community-Based Instruction program at _____ School for the school year _____. I understand that my child will be experiencing functional situations in the community including, but not limited to, restaurants, making purchases in grocery stores and retail stores, and using public transportation. I understand that this program will be conducted as specified in the child's Individual Education Plan.

Guardian/Parent Consent and Release

It is my understanding that the School Board of Wakulla County, Florida will exercise reasonable acceptable safety and health standards and will attempt to notify me in the event of an emergency such as would require a physician's attention. I do not hold the School Board of Wakulla County, Florida, or any of its employees, agents, or representatives responsible for the health or safety of my child, but do expect them to exercise all reasonable efforts to assure his or her well-being. You have permission to have a physician or surgeon attend my child, to the extent necessary to protect and preserve the health of my child, including but not limited to, performance of surgery deemed necessary.

Parent/Guardian Signature _____ Date _____

Medical Concerns/Allergies: _____

Physician: _____ Phone: _____

Medical Insurance Company: _____

Address: _____

Policy Number: _____ Exp. Date: _____

Medications: _____

Parent/Guardian Address _____

Home Phone _____

Work Phone _____

Other emergency names and phone numbers:

_____	_____
_____	_____
_____	_____

Wakulla County Schools
CONFERENCE REPORT

Student Name _____ Student Number _____ Date _____

Birth Date _____ Age _____ Grade _____ School _____

TYPE OF MEETING

☐ Child Study Team

☐ Parent Conference

☐ IEP/EP Team

☐ Reevaluation

☐ Attendance Conference

☐ Other: _____

Persons Present			
Name	Title	Name	Title

Case Status/ Reason for Conference:

Decision/Recommendations:

Wakulla County Schools
Exceptional Student Education
CONSENT TO INVITE AGENCY REPRESENTATIVES TO
TRANSITION IEP MEETING

Student's Legal Name _____ DOB _____ School _____ Date _____

ESE Program

Diploma Option

Projected Date of Graduation/Exit

Parent or adult student permission is necessary to release student's name, exceptional classification, date of birth, psychological, medical and educational records, and other information deemed appropriate at a meeting to plan for the student's future needs. Parent or adult student consent is also required when inviting agency representative to Transition IEP meetings. The information shared between the agencies shall be used for legitimate purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. All information will be used only for the purpose of assisting the student with educational and/or transition services. Note: The Family Educational Rights and Privacy Act (FERPA) allow schools to disclose records, without consent, to specific parties.

Parent/Adult Student Consent

Exchange of Information

- ☐ Yes, I give permission for the exchange of information.
☐ No, I do not give permission for the exchange of information.

Meeting Attendance

- ☐ Yes, I give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.
☐ No, I do not give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.

I am inviting _____ to the IEP meeting.
(Name of Agency)

Agencies authorized to exchange information

<input type="checkbox"/>	Agencies for Persons with Disabilities	<input type="checkbox"/>	Social Security Administration
<input type="checkbox"/>	Children's Medical Services	<input type="checkbox"/>	Once Stop Center/Workforce Plus
<input type="checkbox"/>	Division of Vocational Rehabilitation	<input type="checkbox"/>	Goodwill Industries
<input type="checkbox"/>	Division of Blind Services	<input type="checkbox"/>	United Cerebral Palsy
<input type="checkbox"/>	Department of Children and Families	<input type="checkbox"/>	Personal Development Services
<input type="checkbox"/>	Center for Autism and Related Disabilities	<input type="checkbox"/>	AmeriCorp through Volunteer Florida
<input type="checkbox"/>	Ability 1 st	<input type="checkbox"/>	*Other agencies or providers (i.e., physicians, psychologists)

*Other agencies/providers need specified:

PARENT/LEGAL GUARDIAN/SURROGATE/STUDENT (AGE 18 & ABOVE)

DATE

For adult student with legal rights, please check one box:

I give permission for _____ to share in my education. ☐ YES ☐ NO
(Parent or designee)

If you have any questions regarding this notice or the attached Procedural Safeguards, (Rule 6A-6.3311, FAC), you may contact the ESE District Office at (850) 926-0065 or the Florida Department of Education at (850) 245-0475. Additional copies of the Procedural Safeguards are available upon request
ES2066 revised 4/12



WAKULLA COUNTY SCHOOL BOARD



69 ARRAN ROAD
POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850)926-0065
FAX: (850) 926-0123

ROBERT PEARCE
SUPERINTENDENT

VERNA BROCK
DISTRICT I

MELISA TAYLOR
DISTRICT II

CALE LANGSTON
DISTRICT III

JOSH BROWN
DISTRICT IV

JO ANN DANIELS
DISTRICT V

Dear Parent or Guardian,

Attached is a copy of your Parent Meeting Notice to attend your student's upcoming IEP Meeting. Please remember if your student is involved with an outside agency, such as Vocational Rehabilitation (VR), Association for Persons with Disabilities (APD), Children's Medical Services (CMS), Big Bend Community Based Care (BBCBC), etc. to invite counselors or case managers to the meeting. As we work together to coordinate services for your student, they bring information and resources to the meeting that are valuable.

Due to Family Education Rights to Privacy Act (FERPA) and HIPPA, we are unable to contact these agencies directly without your consent, so it's critical for you to let agencies know that you'd like their participation in a timely manner so that they can plan their calendars accordingly.

On the back of this letter is Consent to Invite Agency Representatives to the Transition IEP Meeting and consent to exchange Information. Please complete and return with the Parent Meeting Notice, so that the IEP Team will be prepared with the appropriate resources for all to actively participate. If you are not currently involved with an agency but would like for a representative to attend the meeting, please indicate who you would like for the school to invite.

If you have questions/concerns please contact the ESE Contact listed on the Parent Meeting Notice.

Crawfordville Elementary • Medart Elementary • Shadeville Elementary • Riversink
Elementary Riversprings Middle School • Wakulla Middle School • Wakulla High School
Wakulla Education Center • Wakulla Institute

Consultation Frequency from IEP	
For School Year	

Wakulla County Schools
CONSULTATION DOCUMENTATION LOG

Student: _____ Course: _____ Consultation Date: _____

Signatures: _____ (ESE): _____ (Reg. Ed.)

What was discussed? _____

Student: _____ Course: _____ Consultation Date: _____

Signatures: _____ (ESE): _____ (Reg. Ed.)

What was discussed? _____

Student: _____ Course: _____ Consultation Date: _____

Signatures: _____ (ESE): _____ (Reg. Ed.)

What was discussed? _____

Student: _____ Course: _____ Consultation Date: _____

Signatures: _____ (ESE): _____ (Reg. Ed.)

What was discussed? _____

Student: _____

**Wakulla County School Board
Educational Plan (EP)**

Student Information

Meeting Date: / /	School:
Student Name:	Student Number:
Date of Birth: / /	Initiation Date: / /
Parent(s)/Guardian(s)::	Duration Date: / /
Address	

Present Levels of Performance

Describe any relevant factors or special considerations that relate to the EP. These include, but are not limited to, such factors as the student's English proficiency, medical or other needs that might affect how services are provided, or social/emotional needs that result from the student's giftedness.

Describe the parent's concern for enhancing the education of the student.

Describe the present levels of performance (e.g., what the student is able to do) based on the strengths and interests of the student and the recent evaluations, including class work and state- or district-wide assessments.

Measurable Annual Goals and Short-Term Objectives or Benchmarks

Goal:

Assessment Procedure(s):

How Progress will be Reported:

Short-term Objective(s) or Benchmark(s) (At least two are required):

Goal:

Assessment Procedure(s):

How Progress will be Reported:

Short-term Objective(s) or Benchmark(s) (At least two are required):

Goal:

Assessment Procedure(s):

How Progress will be Reported:

Short-term Objective(s) or Benchmark(s) (At least two are required):

Goal:

Assessment Procedure(s):

How Progress will be Reported:

Short-term Objective(s) or Benchmark(s) (At least two are required):

Special Education Services

Note: Unless a different date is entered below initiation and duration dates for all services are the same the plan as a whole

Specially Designed Instruction	Initiation Date	Duration Date	Frequency	Location
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

Related Services	Initiation Date	Duration Date	Frequency	Location
D The team considered the need for related services and determined none are needed at this time.				
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

The EP is accessible to each of the student's teachers who are responsible for implementation and each teacher of the student has been informed of the specific responsibilities related to implementing the IEP. Rule GA-6.030191, FAC.

Meeting Participants

Name	Title/Position	Signature

Meeting Notes

Note: Use this space to enter additional oafs or services if needed.

Wakulla County School Board
Exceptional Student Education Progress Report

Student Information

Student Name:	School:
Grade: --Select One--	Student Number:
Meeting Date: / /	Initiation Date: / /
	Duration Date: / /

Dear Parent/Guardian:

This progress report is provided to inform you of your child's progress toward meeting the annual goals on his/her education plan (EP). The information reported here applies only to the annual goals. Additional information regarding your child's progress in school is provided through the student report card. Please contact the school guidance counselor or your child's gifted teacher if you have any questions or concerns about this report.

Goal:

Short-term Objectives or Benchmarks:

Progress Comments

Date	Progress	Comment
/ /	--Select One--	
/ /	--Select One--	
/ /	--Select One--	

Goal:

Short-term Objectives or Benchmarks:

Progress Comments

Date	Progress	Comment
/ /	--Select One--	
/ /	--Select One--	
/ /	--Select One--	

Wakulla School District
Notice of Exceptional Student Education (ESE) Eligibility-Initial
Evaluation

Student:	Student ID:
DOB: Grade:	School:
Meeting/Review Date:	Effective Date:
Evaluation Completion Date:	Reevaluation Due Date:

Dear Parent or Guardian:

The school district is required to evaluate any child who may have a disability or be gifted and need exceptional student education (ESE) services, and to conduct periodic reevaluations of students with disabilities. For out-of-state transfer students, the district must determine if the student is eligible for ESE services in Florida. An evaluation of your child has been completed.

Evaluation/Reevaluation

The team reviewed the evaluation results, assessments, records, and/or reports listed below. Note: When applicable, the specific edition or version of any standardized measures that were administered are identified in the evaluation report (attached).

Eligibility

Based on evaluation results and the requirements of State Board of Education rules (or, for out-of-state transfer students, review of transfer documents):

- ☐ The student meets eligibility criteria for ESE services under the following:
- ☐ The student does not meet eligibility criteria for ESE services under the following:
- ☐ The student does not meet eligibility criteria for ESE services.

The student's primary exceptionality is:

Other factors relevant to the proposal include:

Other options that were considered and the reasons they were rejected include:

Parental Rights and Procedural Safeguards

As the parent of a student who may have a disability or be gifted, you have rights regarding this proposal under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Florida statutes and State Board of Education rules related to exceptional student education.

A copy of the procedural safeguards can be obtained as follows:

If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Name: **Phone/Email:**

Name: **Phone/Email:**

Meeting Participants

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who participated in the meeting via individual or conference telephone call, video conferencing or other similar method.

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discouraged, or attempted to discourage you from inviting a person of your choice.

Parent or Guardian: When signing below, please check the appropriate box in response to the following question:
Did any school personnel prohibit, discourage, or attempt to discourage you from inviting a person of your choice to today's meeting?

Parent/Guardian Name	Signature	Date
Parent/Guardian Name	Signature	Date
Other Participant Invited by the Parent	Signature	Date

**School District Personnel in Attendance: When signing below, please check the appropriate box in response to the question:
Did any school personnel prohibit, discourage, or attempt to discourage the parents from inviting a person of their choice to today's meeting?**

[illegible]

Wakulla School District
Consent for the Initial Provision of Exceptional Student Education (ESE) Services:
Student with a Disability

Student:	School:
Student ID:	Grade: _____ /DOB: _____
Date: _____	

Dear Parent or Guardian:

An evaluation was completed as described in the Notice of Exceptional Student Education (ESE) Eligibility that has been provided to you. In a meeting held your child was found eligible for ESE services as a student with a disability under the following:

We must have your informed consent in writing before we can begin to provide services. Please complete and return this page to:

Acknowledgement

- I have received copies of the Notice of Exceptional Student Education (ESE) Eligibility and evaluation report(s) and understand the eligibility determination.
- I have received a copy of the Notice of Procedural Safeguards for Parents of Students with Disabilities and understand my rights.
- I understand that an individual educational plan (IEP) must be in place before ESE services can begin, and that the IEP team, of which I am a member, will develop, review, or revise my child's IEP at least annually.
- I understand that my consent for ESE services is voluntary and can be revoked in writing at any time.
- I understand that by refusing to provide consent my child will not receive any ESE services or protections provided under IDEA, and the district will not be in violation of the requirement to provide a free appropriate public education to a student with a disability.

Consent

- ☐ **Yes, I consent** to the provision of ESE services for my child to meet his/her needs that result from a disability.
- ☐ **No, I do not consent** to the provision of ESE services for my child to meet his/her needs that result from a disability.
- ☐ I would like to discuss the proposed services before I provide consent. Please contact me at: _____

Parent/Guardian Signature

Date

Wakulla School District
Consent for the Initial Provision of Exceptional Student Education (ESE) Services:
Gifted Program

Student:	School:
Student ID:	Grade: IDOB:
Date:	

Dear Parent or Guardian:

An evaluation was completed as described in the Notice of Exceptional Student Education (ESE) Eligibility that has been provided to you. In a meeting held _____ your child was found eligible for ESE services as a gifted student.

We must have your informed consent in writing before we can begin to provide services. Please complete and return this page to:

Acknowledgement

- I have received copies of the Notice of Exceptional Student Education (ESE) Eligibility and evaluation report(s) and understand the eligibility determination.
- I have received a copy of the Procedural Safeguards for Exceptional Students who are Gifted and understand my rights.
- I understand that an educational plan (EP) must be in place before ESE services can begin, and that the EP team, of which I am a member, will develop, review, or revise my child's EP at least every three years in grades K-8 and every four years in grades 9-12.
- I understand that my consent for ESE services is voluntary and can be revoked in writing at any time.
- I understand that by refusing to provide consent my child will not receive any ESE services and the district will not be in violation of the requirement to provide such services.

Consent

- ☐ **Yes, I consent** to the provision of ESE services for my child to meet his/her needs as a gifted student.
- ☐ No, I do not consent to the provision of ESE services for my child to meet his/her needs as a gifted student.
- ☐ I would like to discuss the proposed services before I provide consent. Please contact me at: _____

Parent/Guardian Signature

Date

Wakulla School District
Notice of Exceptional Student Education (ESE) Eligibility - Out-of-State
Transfer

Student:	Student ID:
DOB: /Grade:	School:
Meeting/Review Date:	Effective Date:
Evaluation Completion Date:	Reevaluation Due Date:

Dear Parent or Guardian:

The school district is required to evaluate any child who may have a disability or be gifted and need exceptional student education (ESE) services, and to conduct periodic reevaluations of students with disabilities. For out-of-state transfer students, the district must determine if the student is eligible for ESE services in Florida. An evaluation of your child has been completed.

Evaluation/Reevaluation

The team reviewed the evaluation results, assessments, records, and/or reports listed below. Note: When applicable, the specific edition or version of any standardized measures that were administered are identified in the evaluation report (attached).

Eligibility

Based on evaluation results and the requirements of State Board of Education rules (or, for out-of-state transfer students, review of transfer documents):

- ☐ The student is eligible for ESE services in Florida under the following:
- ☐ Eligibility for ESE services cannot be determined. Comparable services will be provided until an initial evaluation is conducted and the district develops, adopts, and implements a new IEP or EP, if appropriate.

The student's primary exceptionality is:

Other factors relevant to the proposal include:

Other options that were considered and the reasons they were rejected include:

Parental Rights and Procedural Safeguards

As the parent of a student who may have a disability or be gifted, you have rights regarding this proposal under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Florida statutes and State Board of Education rules related to exceptional student education.

A copy of the procedural safeguards can be obtained as follows:

If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Name: Phone/Email:

Name: Phone/Email:

Meeting Participants

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who participated in the meeting via individual or conference telephone call, video conferencing or other similar method.

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discouraged, or attempted to discourage you from inviting a person of your choice.

Parent or Guardian: When signing below, please check the appropriate box in response to the following question:

Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today's meeting?

Parent/Guardian Name	Signature	Date
Parent/Guardian Name	Signature	Date
Other Participant Invited by the Parent	Signature	Date

School District Personnel in Attendance: When signing below, please check the appropriate box in response to the question:

Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today's meeting?

[illegible]

Wakulla County Schools
ESE SUSPENSION NOTICE

Student's Name: _____ School: _____ Date: _____
Student ID #: _____ Grade: _____ Teacher: _____ Sex: _____ Race: _____
Parent's Name: _____ Address: _____ Phone #: _____

ESE Primary Program: _____

Does IEP indicate that the student follow the Wakulla County Schools Student Code of Conduct? ☐ Yes ☐ No

Is this an emergency suspension? ☐ Yes ☐ No If yes, is meeting scheduled within two days? ☐ Yes ☐ No

A copy of the current IEP is attached. ☐ Yes ☐ No

SPECIFIC DESCRIPTION OF RULE VIOLATION

Description: _____

Date of Suspension: From _____ Through _____ Number of Days: _____
Type of Suspension: ☐ Out-of-School ☐ In-School (exclusion from instruction) ☐ Bus (FAPE)

Cumulative days suspended (including this suspension) this year: _____

Date for review of Student IEP

Total number of suspensions (including this suspension) this year: _____

For a student suspended for emergency suspension, convene an IEP meeting within two days. For a regular suspension, more than ten days cumulative or a pattern of exclusion in one year, a staffing committee must review the student's IEP before the suspension is up or before the student returns.

You may wish to have a conference with the principal regarding this suspension to discuss the infractions and actions noted above. We are certain that you, as parent, are concerned about your child's behavior at school and we welcome your cooperation and willingness to assist in the appropriate resolution of this situation.

I will be in my office during normal school hours if you care to discuss the suspension with me.

Signature of Administrator

Date

CONDITIONS OF SUSPENSION

When student is suspended for out-of-school suspension he/she is NOT to:

- a Attend any school function
- b Enter upon any school campus
- c Ride upon any Wakulla County School Bus

When a student is suspended from riding the school bus, his/her absence from school is NOT excused.

**Wakulla County School Board
EXTENDED SCHOOL YEAR SERVICES
DETERMINATION OF NEED FOR
STUDENTS WITH DISABILITIES**

Student: _____ IEP Meeting Date: _____

Extended school year (ESY) services are required if the IEP team has reason to believe that the provision of a free appropriate public education (FAPE) for an individual student would be jeopardized without such services. The following questions are intended to assist IEP team in making decisions regarding the necessity for ESY services. Parents, teachers, and other professionals are all valuable sources of information. For each question, provide the rationale for determining YES/NO for each area (N/A if the student has no goals in this area). If "YES" is indicated for one or more questions, ESY services may be needed.

Appropriate data to be reviewed includes, but is not limited to, the following:

- | | | |
|--|--------------------------------------|--|
| • Pattern of regression after past breaks in service | • Teacher-made checklists | • Records Review |
| • Pre-/post-tests | • Work samples | • Frequency charts |
| • Progress on annual goals | • Therapy Logs | • Referrals/discipline file |
| • Point sheets | • Anecdotal records from home/school | • Other documentation related to extenuating circumstances |
| • Report Cards | | |

1. Does the data indicate the likelihood that significant regressions will occur in critical life skills related to **academics**, or, for pre-K students, **developmentally appropriate pre-academic skills**, and that those skills cannot be recouped within a reasonable amount of time without ESY services? ☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

2. Does the data indicate the likelihood that significant regression will occur in critical life skills related to **communication**, and that those skills cannot be recouped within a reasonable amount of time without ESY services? ☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

3. Does the data indicate the likelihood that significant regression will occur in critical life skills related to **independent functioning and self-sufficiency**, and that those skills cannot be recouped within a reasonable amount of time without ESY services? ☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

4. Does the data indicate the likelihood that significant regression will occur in critical life skills related to **social/emotional development or behavior**, and that those skills cannot be recouped within a reasonable amount of time without ESY services? ☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

5. Does the data indicate the likelihood that the student is at a **crucial stage** in the development of a critical life skill, and that a lapse in services would substantially jeopardize the student's chances of learning that skill? This may include **emerging skills** as well as **critical points of instruction** on existing skills. ☐ YES ☐ NO

Supporting Data Reviewed?

Rationale:

6. Is the **nature of severity** of the student's disability such that the student would be unlikely to benefit from his or her education without the provision of ESY services? The nature of the disability may include the student's **rate of progress**. ☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

7. Are there **extenuating circumstances** pertinent to the student's current situation that indicates the likelihood that FAPE would not be provided without ESY services? Examples of students who may require ESY services under this criterion include, but are not limited to, the following:

- A student who has recently obtained paid employment and requires the services of a job coach in order to be successful.
- A student who requires ESY services in order to remain in his or her existing LRE and prevent movement to a more restrictive setting.
- A student whose frequent health-related absences have significantly impeded progress on goals related to critical life skills.

☐ YES ☐ NO

Supporting Data Reviewed:

Rationale:

Wakulla County Schools
FOLDER CHECKLIST

Student Name: _____ Student Number: _____

Place an X in the box representing all ESE programs in which the student is or has been enrolled in the district, as indicated in this ESE folder.

- ☐ Autism Spectrum Disorder
- ☐ Deaf/Hard of Hearing
- ☐ Developmentally Delayed (0-2)
- ☐ Developmentally Delayed (3-5)
- ☐ Dual Sensory Impaired
- ☐ Emotional Behavior Disorder
- ☐ Established Conditions
- ☐ Gifted
- ☐ Hospital/Homebound
- ☐ Intellectually Disabled
- ☐ Language Impaired
- ☐ Occupational Therapy
- ☐ Orthopedically Impaired
- ☐ Other Health Impaired
- ☐ Physical Therapy
- ☐ Specific Learning Disabilities
- ☐ Speech Impaired
- ☐ Traumatic Brain Injury
- ☐ Visually Impaired

Functional Behavioral Assessment Teacher Form

(Brief FBA)

Student Name: _____ Date of Birth: _____ Grade: _____

Teacher: _____ School: _____

WHEN does the behavior occur the most? (Time?) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Before/after school <input type="checkbox"/> lunch/recess	OTHER EVENTS OF CONDITIONS occurring right before this behavior: <input type="checkbox"/> teacher request <input type="checkbox"/> a consequence has been imposed <input type="checkbox"/> unexpected schedule change <input type="checkbox"/> other
WHERE does the behavior occur the most? <input type="checkbox"/> regular classroom <input type="checkbox"/> cafeteria <input type="checkbox"/> hallways <input type="checkbox"/> other	WHO is present when the problem behavior is most likely to occur: <input type="checkbox"/> teacher <input type="checkbox"/> peers <input type="checkbox"/> paraprofessional/TA <input type="checkbox"/> other
HOW OFTEN does the behavior typically occur? <input type="checkbox"/> times per day <input type="checkbox"/> times per week <input type="checkbox"/> random <input type="checkbox"/> other	

Motivation Assessment Scale

Direction: Read each question carefully and circle the ONE number that best describes your observations:

		Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
1.	Would the behavior occur continuously, over and over if this student were left alone for long periods of time?	0	1	2	3	4	5	6
2.	Does the behavior occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3.	Does the behavior seem to occur in response to your talking to other students in the room?	0	1	2	3	4	5	6
4.	Does the behavior ever occur to get a toy, food or activity that this student has been told he/she can't have?	0	1	2	3	4	5	6
5.	Would the behavior occur repeatedly, in the same way, for long periods of time, if no one were around?	0	1	2	3	4	5	6
6.	Does the behavior occur when any request is made of the student?	0	1	2	3	4	5	6
7.	Does the behavior occur whenever you stop attending to the student?	0	1	2	3	4	5	6
8.	Does the behavior occur when you take away a favorite toy, food or activity?	0	1	2	3	4	5	6
9.	Does it appear that this student enjoys performing the behavior?	0	1	2	3	4	5	6
10.	Does this student seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11.	Does this student seem to do the behavior to upset or annoy you when you are not paying attention to him/her?	0	1	2	3	4	5	6
12.	Does the behavior stop occurring shortly after you give this student the toy, food, or activity he/she requested?	0	1	2	3	4	5	6

		Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
13.	When the behavior is occurring, does the student seem calm and unaware of anything else going on around him/her?	0	1	2	3	4	5	6
14.	Does the behavior cease shortly after you stop making demands of this student?	0	1	2	3	4	5	6
15.	Does the student seem to initiate the behavior in order to get you to spend some time with him/her?	0	1	2	3	4	5	6
16.	Does this behavior seem to occur when the student has been told that he/she can't do something he/she had wanted to do?	0	1	2	3	4	5	6

Directions: Transfer the numeric answer for each question to the blanks below.

Scores are organized into columns by type of motivation. Add the total score and calculate the mean score for each motivation. Then determine the relative ranking by assigning the number "1" to the motivation with the highest mean score, the number "2" to the motivation with the second highest mean score, and so forth.

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
Total Score:				
Mean Score:				
Relative Ranking:				

Notes:

Wakulla County Schools
Behavior Intervention Plan -Tier
(to be completed after the FBA)

Student Information	Name: School:	DOB: Grade:	
FBA	Completed on:	<input type="checkbox"/> Simple <input type="checkbox"/> Full	Given by:
Problem Behavior: <i>(inappropriate behavior(s))</i>			
Replacement Behavior: <i>What is expected of the student?</i>			
Method of Teaching Replacement Behavior and by whom: <i>How will we teach the desired behavior and who will teach it?</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Direct instruction, by: <input type="checkbox"/> Anger management, by: <input type="checkbox"/> Role playing, by: <input type="checkbox"/> Behavior contract, by: <input type="checkbox"/> Decision-making lessons, by: <input type="checkbox"/> Social skills training, by: <input type="checkbox"/> Providing cues, by: <input type="checkbox"/> Other, by: </div> <div style="width: 35%;"> <input type="checkbox"/> Modeling, by: <input type="checkbox"/> Stress management, by: <input type="checkbox"/> Use of mentor(s): </div> </div>		
Accommodations, Interventions and Who is Responsible for Them: <i>What help will we give the student to help him/her succeed?</i> <i>These accommodations and interventions must be followed consistently by teacher(s), para professionals, and all school staff.</i>	Accommodations to assist the student in displaying the replacement behavior. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent prompts <input type="checkbox"/> Varied activities/breaks <input type="checkbox"/> Teacher/staff proximity <input type="checkbox"/> Private reprimand(s) <input type="checkbox"/> Chunk assignments <input type="checkbox"/> Review expectations daily or more often <input type="checkbox"/> Provide alternate recess <input type="checkbox"/> Provide cool-down space <input type="checkbox"/> Weekly (minimum) communication with parents </div> <div style="width: 35%;"> <input type="checkbox"/> Supervised and structured free time <input type="checkbox"/> Stress the positive, while teaching expected beh. <input type="checkbox"/> Predictable routine, schedule (review daily) <input type="checkbox"/> Specifically defined limits (ex. "You may answer me this way, but not this way.") <input type="checkbox"/> Avoid physical contact <input type="checkbox"/> Highly-structured setting <input type="checkbox"/> Specified study area <input type="checkbox"/> Avoid power struggles (we will talk later) <input type="checkbox"/> Other: _____ </div> </div>		
	Interventions with Person(s) Responsible: 1. 2.		
Progress Monitoring: <i>How will we know if it is working?</i> <i>All PM must include charting and graphing.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Direct observation <input type="checkbox"/> Daily behavior sheet <input type="checkbox"/> Weekly behavior sheet <input type="checkbox"/> Other: </div> <div style="width: 35%;"> <input type="checkbox"/> Number of discipline referrals <input type="checkbox"/> Tally of behaviors throughout day <input type="checkbox"/> Adherence to contract </div> </div>		
Time Span	Date Plan Begins: _____ Length of Time: _____ <input type="checkbox"/> two weeks <input type="checkbox"/> four weeks <input type="checkbox"/> other		
Positive Consequences for Appropriate Behavior	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Verbal, specific praise <input type="checkbox"/> Earned privilege - Describe: <input type="checkbox"/> Tangible rewards – describe: <input type="checkbox"/> Computer time </div> <div style="width: 35%;"> <input type="checkbox"/> Positive call/note home <input type="checkbox"/> Earned tokens/support <input type="checkbox"/> Free time/Choice <input type="checkbox"/> Positive visit to office <input type="checkbox"/> Other: </div> </div>		
Negative Consequence for Targeted Behavior	<input type="checkbox"/> Loss of points/tokens <input type="checkbox"/> Phone call home <input type="checkbox"/> Office visit/referral <input type="checkbox"/> Required escort	<input type="checkbox"/> Loss of privileges <input type="checkbox"/> In school suspension <input type="checkbox"/> Time out <input type="checkbox"/> Lunch detention	<input type="checkbox"/> Isolation/time out <input type="checkbox"/> Loss of free time/play <input type="checkbox"/> Loss of choices <input type="checkbox"/> Other:

School District of Wakulla County, Florida
EXCEPTIONAL STUDENT EDUCATION
GIFTED CHARACTERISTICS CHECKLIST

Date: _____ Completed by: _____

Student Name: _____ Return to: _____

INSTRUCTIONS: This student is currently being evaluated for possible inclusion in the Gifted Program. Your observations would be very helpful in the evaluation. Please use the ratings below and return this form to my mailbox. Thank you.

(0) Below Average (1) Average (2) Above Average (3) Superior (4) Outstanding

Learning Characteristics

	<u>Circle One</u>				
1. Evidences outstanding vocabulary, verbal fluency.	0	1	2	3	4
2. Possesses a large storehouse of information about a variety of topics.	0	1	2	3	4
3. Has quick mastery and recall of factual information.	0	1	2	3	4
4. Has rapid insight into cause-effect relationships. Tries to discover the how and why.	0	1	2	3	4
5. Has a ready grasp of underlying principles. Can make generalizations.	0	1	2	3	4
6. Is a keen and alert observer.	0	1	2	3	4
7. Reads a great deal on his/her own.	0	1	2	3	4
8. Reasons things out for himself/herself.	0	1	2	3	4
9. Is inquisitive.	0	1	2	3	4

Motivational Characteristics

1. Becomes absorbed and truly involved in certain topics or problems.	0	1	2	3	4
2. Is easily bored with routine tasks.	0	1	2	3	4
3. Needs little external motivation to follow through in work that initially excites him/her;	0	1	2	3	4
4. Strives toward perfection; is self-critical.	0	1	2	3	4
5. Works independently; requires little direction from teachers.	0	1	2	3	4
6. Is interested in many "adult" problems (religion, politics, etc.).	0	1	2	3	4
7. Is self-assertive or stubborn in his/her beliefs.	0	1	2	3	4
8. Likes to organize or bring structure to things.	0	1	2	3	4
9. Evaluates and passes judgments on events, people, things.	0	1	2	3	4

Creativity Characteristics

1. Displays curiosity.	0	1	2	3	4
2. Offers ideas or solutions to problems.	0	1	2	3	4
3. Is uninhibited in expression of opinion.	0	1	2	3	4
4. Is a high risk taker; is adventurous and speculative.	0	1	2	3	4
5. Displays intellectual playfulness (manipulates ideas; tries to adapt, improve or modify things).	0	1	2	3	4
6. Displays a keen sense of humor.	0	1	2	3	4
7. Shows emotional sensitivity.	0	1	2	3	4
8. Is nonconforming, in individualistic.	0	1	2	3	4
9. Criticizes constructively.	0	1	2	3	4
10. Questions arbitrary decisions.	0	1	2	3	4

Leadership

1. Carries responsibility well.	0	1	2	3	4
2. Is self-confident with peers and adults.	0	1	2	3	4
3. Seems to be well liked by his/her classmates.	0	1	2	3	4
4. Is cooperative.	0	1	2	3	4
5. Can express himself/herself well.	0	1	2	3	4
6. Adapts readily to new situations; is flexible.	0	1	2	3	4
7. Is sociable; outgoing.	0	1	2	3	4
8. Tends to dominate others.	0	1	2	3	4

Please list any special talents in areas such as music, art, drama, creative writing, etc.

Please list any extracurricular (i.e. sports, or club) activities this student participates in:

Do you believe this student needs and/or could benefit from the Gifted program:

Please specify any characteristics which might make participation in the Gifted program unwise for this student:

Wakulla County School Board

Individual Educational Plan (IEP)

Student Information

Meeting Date: / /	School:		
Student Name:	Student Number:		
Date of Birth: / /	Age:		
Address:	Grade:		
	IEP Initiation Date: / /		
Parent / Guardian 1:	IEP Duration Date: / /		
Parent / Guardian 2:	IEP Review Date Due: / /		
Primary Exceptionality:	Reevaluation Date Due: / /		
Other Program and Service Areas:			
Purpose of Meeting: (Check all that apply):			
<input type="checkbox"/> Initial IEP	<input type="checkbox"/> Annual IEP	<input type="checkbox"/> Interim IEP	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Evaluation/Reevaluation	<input type="checkbox"/> Manifestation Determination	<input type="checkbox"/> FBA / PBIP	<input type="checkbox"/> Other:
<input type="checkbox"/> Identifying Transition Services Needs <i>(Required at least annually beginning no later than first IEP to be in effect with the student turns 12)</i>			
<input type="checkbox"/> Consideration of Postsecondary Goals and Transition Services <i>(Required at least annually beginning no later than the first IEP to be in effect when the student turns 16)</i>			

Special Considerations: The following factors must be considered in the development of the IEP: YES NO N/A

<input type="checkbox"/>	<input type="checkbox"/>		Does the student's behavior impede his/her learning or that of others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the student's behavior impedes his/her learning or the learning of others, does the student have a functional behavioral assessment (FBA) and/or positive behavior intervention plan (PBIP).
		<input type="checkbox"/>	If student does not have FBA/PBIP, describe how positive behavioral interventions, supports, and/or other strategies will be used to address the behavior.
<input type="checkbox"/>	<input type="checkbox"/>		Does the student have limited English proficiency?
		<input type="checkbox"/>	If Yes, describe how the student's needs as an English language learner will be addressed.
<input type="checkbox"/>	<input type="checkbox"/>		Is the student Blind or visually impaired?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the student is blind or visually impaired, is instruction in Braille or the use of Braille appropriate? (If No, describe the results of the reading and writing evaluation upon which that determination is based under "General Factors and Assessment Data" or "Present Levels, Goals and Objectives".)
<input type="checkbox"/>	<input type="checkbox"/>		Does the student have communication needs? (If Yes, describe them under "Present Levels, Goals and Objectives" and include the ESE services and/or support required to meet those needs under the application sections(s) of the IEP.)
<input type="checkbox"/>	<input type="checkbox"/>		Is the student deaf or hard-of-hearing?
		<input type="checkbox"/>	If the student is deaf or hard-of-hearing, what opportunities for direct communication with peers and professionals in the student's language does the Communication Plan indicate are needed?
		<input type="checkbox"/>	If the student is deaf or hard-of-hearing, what opportunities for direct instruction in the student's language does the Communication Plan indicate are needed?
<input type="checkbox"/>	<input type="checkbox"/>		Does the student need assistive technology devices and services? (If Yes, address the need under "Present Levels, Goals and Objectives" and the applicable service or support area.
<input type="checkbox"/>	<input type="checkbox"/>		Is the student to participate in the regular PE program available to all students? (If no, address the need for specially designed PE under "Present Levels, Goals and Objectives" and the applicable service or support area.) Note: If the student CAN participate in the regular PE program but requires accommodations or supplemental aids and services, respond "YES" and identify the necessary supports under the applicable section(s) of the IEP.

Planning for High School Graduation

Describe how the student is being prepared to graduate with a standard diploma and how the student and parents have been informed of the standard diploma options and designations that are available. (Required NO LATER than the first IEP to be effective when the student turns 14.)

☐ N/A due to age of student

What graduation option is the student pursuing? (Required NO LATER than the first IEP to be in effect when the student turns 14).

☐ N/A due to age of student

☐ Standard High School Diploma – In accordance with s. 1003.4282(1)-(9), F.S. (24 credit options available to ALL students.)

☐ Standard High School Diploma – In accordance with s. 1002.3105 (5), F.S. (18 credit ACCL options available to ALL students.)

☐ Standard High School Diploma – In accordance with s. 1003.4282(11), F.S. (Available only to students with disabilities.)

If determined at this time, select one of the following:

☐ S. 1003.4282(11)(b)1. (Available only to "a student with a disability for whom the IEP team has determined that the Florida Alternate Assessment is the most appropriate measure of the student's skills.")

☐ S. 1003.4282(11)(b)2. Available only to "a student with a disability for whom the IEP team has determined that mastery of academic and employment competencies is the most appropriate way for the student to demonstrate his or her skills.")

☐ *Special Diploma Option 1

☐ * Special Diploma Option 2

*SB 850 repealed the Special Diploma option effective July 1, 2015. These options are available to student who were enrolled in grade 9 or higher prior to the 2014-15 school year and had an IEP in place on the effective date of the law (June 20, 2014) that stated the student was pursuing a Special Diploma

Is the student pursuing a diploma designation? (Required to be considered NO LATER than the first IEP to be in effect when the student turns 14).

☐ Yes If so, which designation? ☐ Scholar Designation ☐ Merit Designation

☐ No

Was a change made to the student's graduation option?

Beginning with students entering grade 9 in the 2014-15 school year, s. 1003.4282, F.S., states that any change in the student's graduation option specified in the IEP must be approved by the parent and is subject to verification for appropriateness by an independent reviewer selected by the parent as provided in s. 1003.572, F.S.

☐ N/A due to age of student

☐ Not applicable due to cohort. This student was enrolled in high school prior to the 2014-15 school year.

☐ No, the student's graduation option was not changed.

☐ Yes, the student's graduation option was changed.

If Yes, did the parent (or adult student) approve the changes?

☐ The parent (or adult student) approved the change to the student's graduation option.

☐ The parent (or adult student) was not in attendance at the IEP team meeting (or was in attendance but did not directly indicate approval or disapproval). S/he will be notified through the printed copy of the IEP of the requirements under s. 1003.4284(11)(b)3., F.S. and asked to notify the district if s/he does not approve of the changes.

Contact

Name:

Contact

Phone/E-mail:

☐ The parent (or adult student) stated that s/he does not approve of the change that was made to the student's graduation option.

Explain:

General Factors and Assessment Data

Describe any health concerns:

Describe the results of the most recent state-wide or district assessment(s) (e.g. Florida Standards Assessments for English/Language Arts and Math, FSA 2.0 Science, EOCs, Florida Alternate Assessment):

Describe the results of the initial or most recent evaluation (district and/or independent):

How was parent input obtained?

If "Other", please describe:

Describe the parent's concern for enhancing the education of the student:

Describe, if appropriate, any interagency responsibilities or any needed linkages:

Domains and Transition Services Activity Areas

Indicate below the domain(s) and/or transition service activity area(s) for which present level statements and goals will be developed. (At least one domain or transition service activity area must be selected.)

Domains

- ☐ Curriculum and Learning Environment
- ☐ Independent Functioning
- ☐ Communication
- ☐ Social/Emotional Behavior
- ☐ Health Care

Transition Service Activity Areas

- ☐ Instruction
- ☐ Related Services
- ☐ Community Experience
- ☐ Employment
- ☐ Post-School Adult Living
- ☐ Daily Living, if appropriate
- ☐ Functional Vocational Evaluation, if appropriate

Transition Components – Postsecondary Goals (FOR 16 AND OLDER)

How was student input obtained?

Describe the student's strengths, preferences and interests. If the results of age-appropriate transition assessments were not already provided under "General Factors and Assessment Data", include them here.

What is/are the student's measurable long-term postsecondary goals(s) related to postsecondary education and/or training?

What is/are the student's measurable long-term postsecondary goal(s) related to employment and career?

What is/are the students measurable long-term postsecondary goal(s) related to independent living (where appropriate)?

Indicate in the text box if a postsecondary goal in this area is not appropriate for this student.

Were changes made to one or more postsecondary goals?

Section 1003.5716(3), F.S., states that any changes in the long-term postsecondary goals must be approved by the parent and are subject to verification for appropriateness by an independent reviewer selected by the parent as provided in s. 1003.572, F.S.

☐ No, there were no changes made to the student's postsecondary goals.

☐ Yes, changes were made to one or more postsecondary goals.

If Yes, did the parent approve the changes?

☐ The parent (or adult student) approved the changes to the student's postsecondary goal(s).

☐ The parent (or adult student) was not in attendance at the IEP team meeting. S/he will be notified through the printed copy of the IEP of the requirements under s. 1003.5716(3), F.S. and asked to notify the district if s/he does not approve the changes.

Contact Name: _____

Contact Phone/E-mail: _____

☐ The parent (or adult student) stated that s/he does not approve of one or more changes that were made to the student's postsecondary goal(s).

Explain:

Transition Components – Course of Study

Describe the student's course of study, including how the student is expected to fully meet the requirements of s. 1003.4282(1)-(9), 1002.3105(5), 1003.4282(11)(b)1., 1003.4282(11)(b)2., F.S. to receive a standard high school diploma by age 22 and how the student will meet the online course requirements under s. 1003.4282(4), F.S. Indicate in the text box if this does not apply because the student is pursuing a Special Diploma.

If the student is pursuing the 24 credit standard diploma option, at least one course must be completed through online learning unless the student's IEP indicates an online course would be inappropriate. Students should be prepared for and given the opportunity to access an online course to the extent possible. A decision to waive the online course requirement for a student should be revisited at least annually. If applicable, document below the IEP team's decision to waive the online course requirement at this time:

☐ The IEP team has determined that an online course would be inappropriate for this student at this time.

Describe any additional outcomes and/or benefits at the time of the student's graduation that the IEP team, including the parent and the student, expects. Examples include things such as linkages with support agencies (e.g., Division of Vocational Rehabilitation, ARC, Florida Alliance for Assistive Services and Technology (FAAST), Centers for Independent Living) and guidance in accessing supports for students with disabilities provided by college and universities.

A student with a disability may defer the receipt of a standard high school diploma and continue to receive services if s/he meets the following requirements found at s. 1003.4282(11)(c), F.S.:

1. The IEP includes special education, transition planning, transition services, or related services through age 21; and
2. The student is enrolled in:
 - a) accelerated college credit instruction pursuant to 1007.27, F.S.
 - b) industry certification courses that lead to college credit,
 - c) a collegiate high school program,
 - d) courses necessary to satisfy the Scholar designation requirements, or
 - e) a structured work-study, internship or pre-apprenticeship program.

The decision to accept or defer receipt of a standard high school diploma must be made during the school year in which the student is expected to meet all the requirements.

Is this student deferring receipt of a standard diploma?

- ☐ Not yet determined
- ☐ No, the student is not deferring receipt of a standard high school diploma.
- ☐ Yes, the student is deferring receipt of a standard diploma.

Transition Components – Course of Study

Transfer of Rights

At least one year prior to the student's eighteenth birthday, the student was informed of his or her rights under Part B of the Individuals with Disabilities Education Act (IDEA 2004) that will transfer from the parent to the student on reaching the age of majority, which is eighteen years of age.

- ☐ Yes
- ☐ N/A due to age of student

A Separate and distinct notice of the transfer of rights was provided closer to the time of the student's eighteenth birthday.
Describe any health concerns:

- ☐ Yes
- ☐ N/A due to age of student

Provide additional information, as appropriate (e.g., date of receipt, initials documenting receipt):

Present Levels of Academic Achievement and Functional Performance

Include information on transition needs and/or self-determination as appropriate.

Use "Backup PLEP/Annual Goals" pages as needed for each domain/transition services activity area addressed and when additional goals are needed.

Domain / Transition Service Activity: (Select)

With regard to this domain or transition service activity area:

Describe the strengths of the student.

Describe the levels of achievement and functioning based on classroom data including observations, work samples, and age appropriate transition assessments (if appropriate).

Describe how the student's disability and/or giftedness affects the student's involvement and progress in the general curriculum.

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Number of "Backup PLEP/Annual Goals" pages attached:

Special Education Services

Specialty Designed Instruction	Initiation Date	Duration Date	Frequency	Location
	//	//		
	//	//		
	//	//		
	//	//		
	//	//		
Gifted Services	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> The team considered the need for gifted services and determined none are needed at this time:				
Explain:				
	//	//		
	//	//		
	//	//		
	//	//		

Related Services	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> The team considered the need for related services and determined none are needed at this time.				
	//	//		
	//	//		
	//	//		
	//	//		
Supplementary Aids and Services	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> The team considered the need for supplementary aids and services and determined none are needed at this time.				
	//	//		
	//	//		
	//	//		
Extended School Year Services	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> The team considered the need extended school year services and determined none are needed at this time.				
	//	//		
	//	//		

Classroom/Instructional Accommodations

These guiding questions are intended to be part of a systematic process for selecting, implementing and evaluating accommodations. Be sure to check the accommodations the student is currently using.

1. What instructional and assessment tasks are difficult for the student to do independently? Are these difficulties documented in the present level statement?
2. Why are these tasks difficult for the student?
3. What accommodations will allow the student to access the information and demonstrate performance of the tasks?
4. How will the IEP team know if the accommodations is effective?

☐ The IEP team has considered the guiding questions prior to the selection of the accommodations.

Presentation	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Signed presentation of directions	//	//		
<input type="checkbox"/> Signed presentation of items and answer choices	//			
<input type="checkbox"/> Oral presentation of directions	//	//		
<input type="checkbox"/> Oral presentation of items and answer choices	//	//		
<input type="checkbox"/> Directions repeated, clarified	//	//		
<input type="checkbox"/> Student to demonstrate understanding of directions (e.g., repeating or paraphrasing)	//	//		
<input type="checkbox"/> Copy of directions provided to student	//	//		
<input type="checkbox"/> Verbal encouragement (e.g., "keep working", "make sure to answer every question")	//	//		
<input type="checkbox"/> Leveled books	//	//		
<input type="checkbox"/> Note taking assistance	//	//		
<input type="checkbox"/> Recording books and text recordings	//	//		
<input type="checkbox"/> Simplified or graphic directions	//	//		
<input type="checkbox"/> Self-instruction and self-questions	//	//		
<input type="checkbox"/> Sample problems and tasks	//	//		
<input type="checkbox"/> Verbal description of images or reading descriptive text provided (students with visual impairments only)	//	//		
<input type="checkbox"/> Word recognition and comprehension supports. Describe:	//	//		
<input type="checkbox"/> Other Presentation Accommodations	//	//		
<input type="checkbox"/> Other Presentation Accommodations	//	//		
<input type="checkbox"/> Other Presentation Accommodations	//	//		
Paper-based Presentation Options	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Regular print	//	//		

<input type="checkbox"/> Large print	//	//		
<input type="checkbox"/> Braille Document	//	//		
<input type="checkbox"/> Reading passage booklet	//	//		
<input type="checkbox"/> One-item-per-page document	//	//		
<input type="checkbox"/> Few items per page	//	//		
<input type="checkbox"/> Increased space between items	//	//		
<input type="checkbox"/> Straightedge to maintain or enhance visual attention to test items	//	//		
<input type="checkbox"/> Portions of the assignment masked to direct attention to uncover item	//	//		
<input type="checkbox"/> Positioning tools, such as a book stand or page holder	//	//		
<input type="checkbox"/> Colored transparencies or overlays	//	//		
<input type="checkbox"/> Workbooks secured to the work area	//	//		
<input type="checkbox"/> Highlighter to mark key phrases or words in directions, items, and passages	//	//		
<input type="checkbox"/> Other Paper-based Presentation Accommodation	//	//		
<input type="checkbox"/> Other Paper-based Presentation Accommodation	//	//		
<input type="checkbox"/> Other Paper-based Presentation Accommodation	//	//		
Computer-based Presentation Options	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Large print	//	//		
<input type="checkbox"/> Color contrast	//	//		
<input type="checkbox"/> Zoom	//	//		
<input type="checkbox"/> Screen reader	//	//		
<input type="checkbox"/> Colored plastic transparent filters placed over the computer screen; eyeglasses with colored lens	//	//		
<input type="checkbox"/> Other computer-based Presentation Accommodation	//	//		
<input type="checkbox"/> Other computer-based Presentation Accommodation	//	//		
<input type="checkbox"/> Other computer-based Presentation Accommodation	//	//		
Responding	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Mouse, keyboard, or assistive technology or using any device to indicate answers	//	//		
<input type="checkbox"/> Written, signed, or verbal responses by student entered on the computer by administrator or proctor. Indicate type of response:	//	//		
<input type="checkbox"/> Computer switch, pointing device, or other communication device to indicate answers. Indicate type of device:	//	//		
<input type="checkbox"/> Assistive devices to access the keyboard (e.g., mouth stick or head wand), Indicate type of device:	//	//		
<input type="checkbox"/> Mathematics grids/guides to organize mathematical computation	//	//		
<input type="checkbox"/> Periodic check by administrator to be sure student is entering answer choices correctly	//	//		
<input type="checkbox"/> Answers entered directly in the work booklet, if a separate answer sheet is used	//	//		
<input type="checkbox"/> Braille responses on a separate answer sheet	//	//		
<input type="checkbox"/> Pencils, pencil grips, spacers or other handwriting supports	//	//		
<input type="checkbox"/> Slant board	//	//		
<input type="checkbox"/> Physical support or positioning	//	//		
<input type="checkbox"/> Alphabet strips	//	//		
<input type="checkbox"/> Dictionaries and thesauruses	//	//		
<input type="checkbox"/> Organizers, outlines, checklist and other writing supports	//	//		
<input type="checkbox"/> Spelling and grammar checks	//	//		
<input type="checkbox"/> Other Responding Accommodation	//	//		

<input type="checkbox"/> Other Responding Accommodation	//	//		
<input type="checkbox"/> Other Responding Accommodation	//	//		
Scheduling	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Assignments administered over several brief sessions, allowing frequent breaks	//	//		
<input type="checkbox"/> Specific sessions administered at specific time of day. Describe:	//	//		
<input type="checkbox"/> Extended time Describe:	//	//		
<input type="checkbox"/> Time management tools like checklists, assignment planners or visual schedules	//	//		
<input type="checkbox"/> Established timelines and/or predictable routines	//	//		
<input type="checkbox"/> Other Scheduling Accommodation	//	//		
<input type="checkbox"/> Other Scheduling Accommodation	//	//		
<input type="checkbox"/> Other Scheduling Accommodation	//	//		
Setting	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Assignments or test administered in a familiar place	//	//		
<input type="checkbox"/> Assignments or tests administered by a familiar person who has been appropriately trained	//	//		
<input type="checkbox"/> Assignments or tests administered individually	//	//		
<input type="checkbox"/> Assignments or test administered in a small group setting of a size comparable to the normal instruction group size. Describe:	//	//		
<input type="checkbox"/> Special lighting Describe:	//	//		
<input type="checkbox"/> Adaptive or special furniture Describe:	//	//		
<input type="checkbox"/> Special acoustics, such as FM system or special room Describe:	//	//		
<input type="checkbox"/> Increased opportunity for movement	//	//		
<input type="checkbox"/> Decreased opportunity for movement	//	//		
<input type="checkbox"/> Reduced stimuli (e.g., limit number of items around the student's computer station)	//	//		
<input type="checkbox"/> White noise (sound machine) or approved music to reduce auditory distractions Describe:	//	//		
<input type="checkbox"/> Physical access	//	//		
<input type="checkbox"/> Preferential seating	//	//		
<input type="checkbox"/> Compartmentalized containers and binders	//	//		
<input type="checkbox"/> Other Setting Accommodation	//	//		
<input type="checkbox"/> Other Setting Accommodation	//	//		
Other Assistive Devices	Initiation Date	Duration Date	Frequency	Location
<input type="checkbox"/> Visual magnification device Describe:	//	//		
<input type="checkbox"/> Auditory amplification device Describe:	//	//		
<input type="checkbox"/> Real coins	//	//		
<input type="checkbox"/> Abacus of product such as Graphic Aid for Mathematics, Math Window ® or geoboard (students with visual impairments only) Describe:	//	//		
<input type="checkbox"/> English/sign language or sign language/English dictionary; sign picture, word, synonyms, and index only; no definitions (students who use sign language as their primary means of communication only)	//	//		

<input type="checkbox"/> Other assistive technology typically used by the student in classroom instruction, provided the purpose of the assignment is not violated Describe:	//	//		
<input type="checkbox"/> Light box	//	//		
<input type="checkbox"/> Adapted calculator, raised number line, or Braille ruler (students with visual impairments only)	//	//		
<input type="checkbox"/> Other Assistive Device Accommodation	//	//		
<input type="checkbox"/> Other Assistive Device Accommodation	//	//		
<input type="checkbox"/> Other Assistive Device Accommodation	//	//		

Parent Consent Form for Accommodations Not allowed on Statewide Assessment

Only accommodations allowed by individual test administration manuals may be implemented on standardized tests. If the IEP team has determined the student requires classroom/instructional accommodations that will not be allowed on statewide assessments, a parent must consent to their use.

A parent has provided signed consent for classroom/instructional accommodations not allowed on statewide assessment.

- ☐ Yes
- ☐ N/A; no non-allowable accommodations are provided for this student.

Staff Supports

Do school personnel require supports in order for the student to: advance appropriately toward attaining goals; be involved and progress in the general education curriculum; and be educated and participate with other students?

☐ Yes. If yes, describe the supports needed:

☐ No

If applicable, IEP team member or designee responsible for outside agency transition services follow up (name or position):

Least Restrictive Environment

Explain the extent, if any, to which students (ages 6 through 21) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

The initiation date for this placement is: / /

The duration date for this placement is: / /

LRE for students ages 6 through 21:

The student's time in total school week is _____ minutes. Time is bell to bell, and includes time in "on-the-job training" (OJT) programs.

The student's time with nondisabled peers is _____ minutes. Include class time, lunch, recess, time between classes and, for OJT, time with work place peers if this time is spent with nondisabled peers.

- % ☐ Inside the regular class 80% or more of the day (regular level)
- % ☐ Inside the regular class no more than 79% of the day and no less than 40% of the day (resource level)
- % ☐ Inside the regular class less than 40% of the day (separate level)

The student receives his or her educational services in a:

- ☐ Regular public school, including traditional, magnet, or charter school (Z)
- ☐ Correction facility (C)
- ☐ Separate school (D)
- ☐ Residential facility (F)
- ☐ Home/hospital (H)

- ☐ Private school (P)
☐ None of the above (Z)

If none of the above, describe the setting/location here (e.g., IAES provided in a public library, school district office, school building after hours, etc.):

Number of "Backup LRE Placements" pages attached:

Assessments

State Assessments

Each student must participate in the statewide standardized assessment program based on state standards without accommodations, unless determined otherwise by the IEP team in accordance with Rule 6A-1.0943, F.A.C. Based on the nature and impact of this student's disability and educational program, the following has been determined;

- ☐ N/A for student's current grade
☐ The student will participate in the general statewide assessment (FSA 2.0 and End-of-Course Exams) WITHOUT accommodations.
 If known, indicate which assessment(s) the student will take:

- ☐ The student will participate in the general statewide assessment (FSA 2.0 and End-of-Course Exams) WITH accommodations.
 If known, indicate which assessment(s) the student will take:

- ☐ The student meets EACH of the following criteria and therefore is eligible for assessment through Florida Alternate Assessment (FAA) and Access End-of-Course Exams as applicable.

- ☐ The student has a significant cognitive disability;
 - ☐ Even with appropriate and allowable instructional accommodations, assistive technology, or accessible instructional materials, the student requires modifications, as defined in paragraph 6A-6.03411(1)(z), F.A.C., to the grade-level general state content standards pursuant to Rule 6A-1.09401, F.A.C.; and
 - ☐ The student requires direct instruction in academic areas of English language arts, math, social studies and science based on access points, pursuant to Rule 6A-1.09401, F.A.C., in order to acquire, generalize, and transfer skills across settings.
- Describe why the Florida Alternate Assessment and/or Access End-of-Course Exams is/are appropriate:

The IEP team has made a decision to assess this student using the state standards access points. The parent has been notified and provided information regarding the implications of this decision by receipt of "Parental Consent Form: Instruction in State Standards Access Points Curriculum and Florida Alternate Assessment Administration".

- ☐ Yes
☐ No

District Assessments

The following districtwide assessments or alternate districtwide assessments will be administered. If assessment accommodations are indicated on the IEP, they will apply, if applicable, to districtwide assessments.

For Students Participating in Assessments with Accommodations

Assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment's reliability or validity. Only accommodations allowed by individual test administration manuals may be implemented on standardized tests. In accordance with Rule 6A-1.0943, Florida Administrative Code, the need for any unique accommodations for use on state assessments must be approved by the Commissioner of Education.

Assessment Accommodations

Assessment Accommodations: The IEP must include any individual appropriate accommodations necessary to measure the student's academic and functional performance on statewide and districtwide assessments. Refer to the most current test administration manual for guidance and consider the accommodations the student is currently using. Check all that apply.

Presentation

- | | |
|--|---|
| <input type="checkbox"/> Signed presentation of directions | <input type="checkbox"/> Recorded books and text recordings |
| <input type="checkbox"/> Signed presentation of items and answer choices | <input type="checkbox"/> Simplified or graphic directions |

<input type="checkbox"/> Oral presentation of directions	<input type="checkbox"/> Self-instruction and self-questions
<input type="checkbox"/> Oral presentation of items and answer choices	<input type="checkbox"/> Sample problems and tasks
<input type="checkbox"/> Periodic check by administrator to be sure student is entering answer choices correctly	<input type="checkbox"/> Verbal description of images or reading descriptive text provided (students with visual impairments only)
<input type="checkbox"/> Student to demonstrate understanding of directions (e.g., repeating or paraphrasing)	<input type="checkbox"/> Verbal encouragement (e.g., "keep working", "make sure to answer every question")
<input type="checkbox"/> Copy of directions provided to student	<input type="checkbox"/> Other Presentation Accommodations
<input type="checkbox"/> Word recognition and comprehension supports Describe:	<input type="checkbox"/> Other Presentation Accommodations
<input type="checkbox"/> Leveled books	<input type="checkbox"/> Other Presentation Accommodations
<input type="checkbox"/> Note-taking assistance	<input type="checkbox"/> Other Presentation Accommodations
<input type="checkbox"/> Directions repeated, clarified	<input type="checkbox"/> Spelling and grammar checks
Paper-based Presentation Options	
<input type="checkbox"/> Regular print	<input type="checkbox"/> Positioning tools, such as a book stand or page holder
<input type="checkbox"/> Large print	<input type="checkbox"/> Colored transparencies or overlays
<input type="checkbox"/> Braille document	<input type="checkbox"/> Workbooks secured to the work area
<input type="checkbox"/> Portions of the assignment masked to direct attention to uncovered item	<input type="checkbox"/> Highlighter to mark key phrases or words in directions, items and passages
<input type="checkbox"/> Straightedge to maintain or enhance visual attention to test items	<input type="checkbox"/> Other Paper-based Presentation Accommodation
<input type="checkbox"/> Reading passage booklet	<input type="checkbox"/> Other Paper-based Presentation Accommodation
Computer-based Presentation Options	
<input type="checkbox"/> Large print font	<input type="checkbox"/> Colored plastic transparent filters placed over the computer screen; eyeglasses with colored lens
<input type="checkbox"/> Color contrast	<input type="checkbox"/> Other Computer-based Presentation Accommodation
<input type="checkbox"/> Zoom	<input type="checkbox"/> Other Computer-based Presentation Accommodation
<input type="checkbox"/> Screen reader	<input type="checkbox"/> Other Computer-based Presentation Accommodation
Responding	
<input type="checkbox"/> Mouse, keyboard, or assistive technology using either device to indicate answers	<input type="checkbox"/> Computer switch, pointing device, or other communication device to indicate answers Indicate type of device:
<input type="checkbox"/> Written, signed, or verbal responses by student entered on the computer by administrator/proctor Indicate response type:	<input type="checkbox"/> Assistive devices to access the keyboard (e.g., mouth stick or head wand) Indicate type of device:
<input type="checkbox"/> slant board	<input type="checkbox"/> Alphabet strips
<input type="checkbox"/> Physical support or positioning	<input type="checkbox"/> Dictionaries and thesauruses
<input type="checkbox"/> Mathematic grids/guides to organize mathematical computation	<input type="checkbox"/> Organizers, outlines, checklists and other writing supports
<input type="checkbox"/> Braille responses on a separate answer sheet	<input type="checkbox"/> Other Responding Accommodation
<input type="checkbox"/> Answers entered directly in the work booklet, if a separate answer sheet is used	<input type="checkbox"/> Other Responding Accommodation
<input type="checkbox"/>	<input type="checkbox"/> Other Responding Accommodation
<input type="checkbox"/> Pencils, pencil grips, crayons, spacers or other handwriting supports	<input type="checkbox"/> Other Responding Accommodation
Scheduling	
<input type="checkbox"/> Assignments administered over several brief sessions, allowing frequent breaks	<input type="checkbox"/> Specific sessions administered at specific time of day Describe:
<input type="checkbox"/> Established timelines and/or predictable routines	<input type="checkbox"/> Other Scheduling Accommodation
<input type="checkbox"/> Extended time Describe:	<input type="checkbox"/> Other Scheduling Accommodation
<input type="checkbox"/> Time management tools like checklists, assignments planners or visual schedules	<input type="checkbox"/> Other Scheduling Accommodation
Setting	
<input type="checkbox"/> Assignments or test administered in a familiar place	<input type="checkbox"/> Physical access
<input type="checkbox"/> Assignments or test administered by a familiar person who has been appropriately trained	<input type="checkbox"/> White noise (sound machines) or approved music to reduce auditory distractions

	Describe:
<input type="checkbox"/> Assignments or test administered in a small group setting of size comparable to the normal instruction group size Describe group size:	<input type="checkbox"/> Reduced stimuli (e.g., limited number of items around the student's computer station)
<input type="checkbox"/> Special lighting Describe:	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Adaptive or special furniture Describe:	<input type="checkbox"/> Compartmentalized containers and binders
<input type="checkbox"/> Increased opportunity for movement	<input type="checkbox"/> Other Setting Accommodation
<input type="checkbox"/> Decreased opportunity for movement	<input type="checkbox"/> Other Setting Accommodation
<input type="checkbox"/> Special acoustics such as FM system or special room Describe:	<input type="checkbox"/> Other Setting Accommodation

Other Assistive Devices

<input type="checkbox"/> Visual magnification device Describe:	<input type="checkbox"/> Real coins
<input type="checkbox"/> Auditory amplification device Describe:	<input type="checkbox"/> Light box
<input type="checkbox"/> Other assistive technology typically used by the student in classroom instruction, provided the purpose of the assignment is not violated Describe:	<input type="checkbox"/> Abacus or product such as Graphic Aid for Mathematics, Math Window®, or geoboard (students with visual impairments only) Describe:
<input type="checkbox"/> Adapted calculator, raised number line, or Braille ruler (students with visual impairments only)	<input type="checkbox"/> English/sign language or sign language/English dictionary; sign picture, word, synonyms and index only ; no definitions (students who use sign language as the primary means of communication only)
<input type="checkbox"/> Other Assistive Device Accommodation	<input type="checkbox"/> Other Assistive Device Accommodation

Unique Accommodations

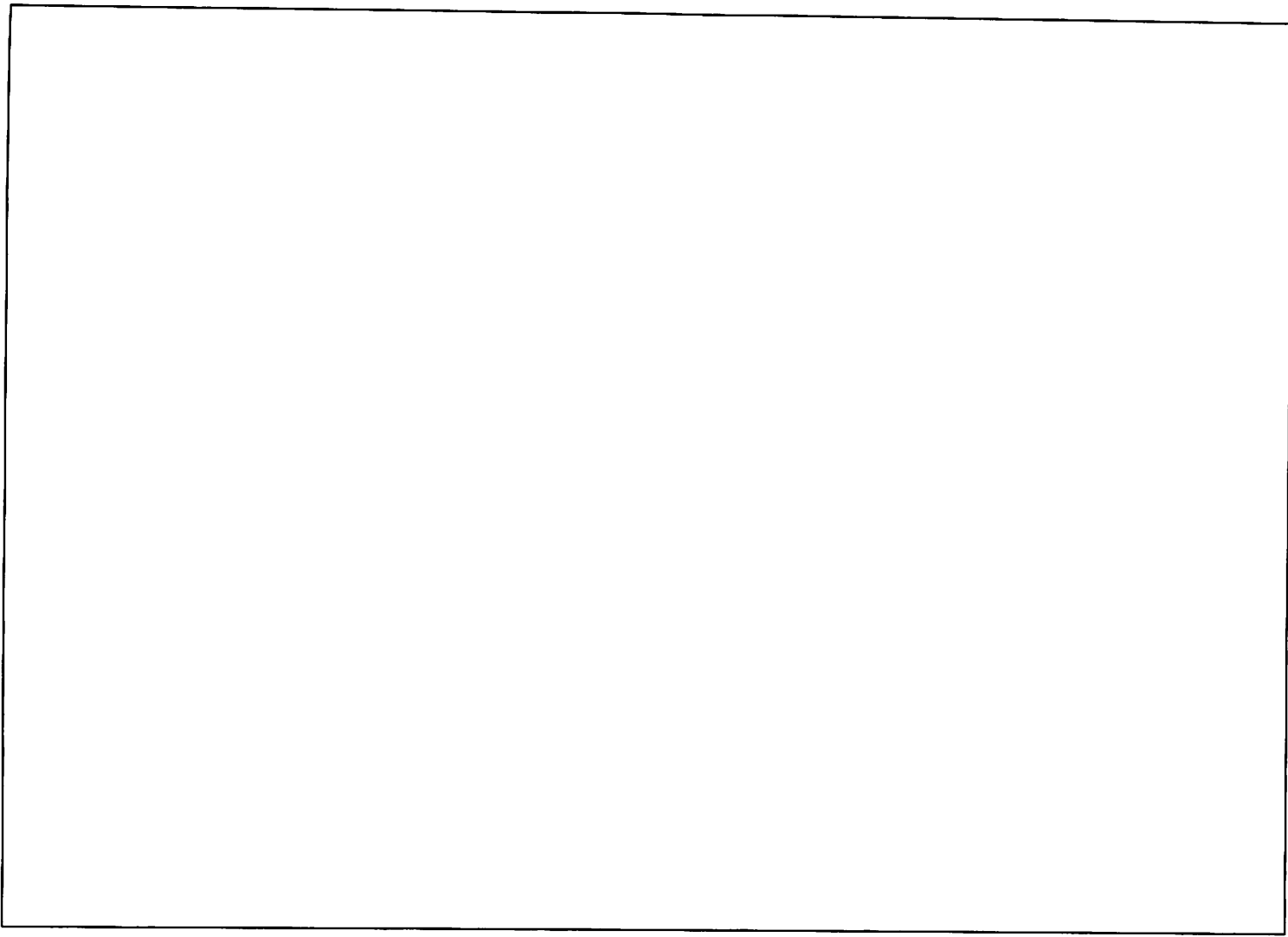
In accordance with Rule 6a-1.0943, F.A.C., school districts may request unique accommodations for individual students with disabilities. Each unique accommodation must be approved by the Commissioner of Education prior to its use. Written requests for unique accommodations must be submitted by using the Unique Accommodations Request Form. Accommodation request must be reviewed by district level staff before being sent to the FDOE. In addition, the signatures of both the district ESE coordinator and the district assessment coordinator are required.

- ☐ The IEP team **is not requesting** unique accommodations.
- ☐ The IEP team **will submit** a request for the following unique accommodation(s) to district level staff for consideration:

Accessibility and Implementation

- ☐ Yes, The IEP is accessible to each of the student's teachers who are responsible for implementation. (Rule 6A-6.03028, F.A.C.)
- ☐ Yes, Each teacher of the student has been informed of the specific responsibilities related to implanting the IEP.

Conference Notes



Backup Documents
Additional Present Level of Performance Statement/Annual Goals

Student:

Page:

Domain/Transition Service Activity area: (select)

With regard to this domain or transition service activity area:

Describe the strengths of the student in this domain/transition service activity area:

Describe the levels of achievement and functioning based on classroom data including observations, work samples, and age appropriate transition assessments (if appropriate)

Describe how the student's disability and/or giftedness affects the student's involvement and progress in the general curriculum:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Annual Goals:

Mastery Criteria:

Assessment Procedure(s):

Progress reports will be provided:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Short-term Objective or Benchmark:

Additional LRE Placement(s)

Student:

Page:

Least Restrictive Environment

Check each placement that applies

☐ LRE for students ages 3 through 5:

Explain the extent, if any, to which the child (ages 3 through 5) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

The initiation date for this placement is: / /

The duration date for this placement is: / /

Total minutes of special education and related services per week:

Does the child ever attend any regular early childhood program (at least 50% nondisabled children)?

Examples include, but are not limited to, Head Start; public or private kindergarten; public or private preschool programs, including Voluntary Prekindergarten (VPK); child development centers; and group child care centers.

If Yes, are the majority of the child's special education and related services provided inside or outside the regular early childhood program setting?

Does the child attend an early childhood exceptional student education (ESE) program?

☐ Yes – If yes, identify the type of early childhood ESE program that the child attends:

- ☐ Special education program at a regular school campus or community based setting (L)
- ☐ Special education program in a separate school designed specifically for children with disabilities (S)
- ☐ Special education program in a residential school or residential medical facility on an inpatient basis (B)

☐ No – If no, identify the location where the child receives all of his or her special education and related services:

- ☐ Home (principal residence of the child's parents or caregivers), including children who receive services both at home and in a service provider location (A)
- ☐ Service provider, including but not limited to, a private clinician's office, a clinician's office located in a school building, a hospital facility on an outpatient basis, library or other public location (J)

☐ LRE for students ages 6 through 21:

Explain the extent, if any, to which the child (ages 6 through 21) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

The initiation date for this placement is: / /

The duration date for this placement is: / /

LRE for students ages 6 through 21:

The student's time in total school week is _____ minutes. Time is bell to bell, and includes time in "on-the- job training" (OJT) programs.

The student's time with nondisabled peers is _____ minutes. Include class time, lunch, recess, time between classes, and, for OJT, time with work place peers if this time is spent with nondisabled peers.

- % ☐ Inside the regular class 80% or more of the day (regular level)
- % ☐ Inside the regular class no more than 79% of the day and no less than 40% of the day (resource level)
- % ☐ Inside the regular class less than 40% of the day (separate level)

The student receives his or her educational services in a:

- ☐ Regular public school, including traditional, magnet, or charter school (Z)
- ☐ Correction facility (C)
- ☐ Separate school (D)
- ☐ Residential facility (F)
- ☐ Home/hospital (H)
- ☐ Private school (P)
- ☐ None of the above (Z)

If none of the above, describe the setting/location here (e.g., IAES provided in a public library, school district office, school building after hours, etc.):

Meeting Participants

Student Name:		Student ID:		Date of Meeting:	/ /
Purpose of Meeting	<input type="checkbox"/> Initial IEP	<input type="checkbox"/> Annual Review	<input type="checkbox"/> IEP Amendment	<input type="checkbox"/> Interim IEP	

- ☐ Identifying Transition Service's Needs (required at least annually beginning no later than first IEP to be effective when the student turns 14)
☐ Consideration of Postsecondary Goals and Transition Services (required at least annually beginning no later than the first IEP to be in effect when the student turns 16)
☐ Part C of Part B Transition ☐ FBA/PBIP ☐ Evaluation/Reevaluation ☐ Eligibility ☐ Manifestation Determination
☐ Other

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who participated in the meeting via individual or conference telephone call, video conferencing or other similar method.

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discourages, or attempted to discourage you from inviting a person of your choice.

Parent or Guardian: When signing below, please check the appropriate box in response to the following questions:

Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today's meeting?

	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Parent or Guardian			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Parent or Guardian			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Parent or Guardian			Signature	Date

School District Personnel in Attendance: *When Signing below, please check the appropriate box in response to the following question:*

Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today's meeting?

	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Special Educational Agency Representative			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Special Educational Teacher/Service Provider			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
General Education Teacher			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Interpreter of Instructional Implications of Evaluation			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other Agency Representative			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other District Participant			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other District Participant			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other District Participant			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other Participant Invited by the Parent			Signature	Date
	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Other Participant Invited by the Parent			Signature	Date

Copy of the IEP is being provided to the parent in the following manner: Section 1002.39, Florida Statutes, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district, or, (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at www.floridaschoolchoice.org or on the Departments telephone hot line 1-800-447-1636

School District of Wakulla County, Florida
Employment and Community Competencies Training Plan
Components of the Individual Educational Plan

DEMOGRAPHIC DATA

Student Name: _____ Student Number: _____

Date of IEP Meeting: _____

School: _____

EMPLOYMENT COMPETENCIES

- 1.
- 2.
- 3.
- 4.
- 5.

CRITERIA FOR DETERMINING AND CERTIFYING MASTERY

- 1.
- 2.
- 3.
- 4.
- 5.

COMMUNITY COMPETENCIES

- 1.
- 2.
- 3.
- 4.
- 5.

CRITERIA FOR DETERMINING AND CERTIFYING MASTERY

- 1.
- 2.
- 3.
- 4.
- 5.

WORK SCHEDULE

A. NAME OF JOB _____

B. JOB SITE _____

C. DAYS OF WORK _____

D. NUMBER OF HOURS PER WEEK _____

E. NAME OF SUPERVISOR _____

F. WAGES _____

SIGNATURES

**DESCRIPTION OF SUPERVISION TO BE
PROVIDED BY DISTRICT STAFF**

Plan Developed by: _____

Student Signature _____

Parent/Guardian Signature _____

Teacher Signature _____

Employer Signature _____

LEA Representative Signature _____

METHOD OF INSURANCE COVERAGE

Exceptional Student Education
Parent Input – IEP/EP/SP

Student:

Date:

Dear Parent:

Your input is very important in developing a plan that meets your child's special needs. Please take a few minutes to think about what makes your child unique, the kinds of services the school has provided that have been helpful, whether or not your child has made progress, and the goals that you would like your child to reach in the year ahead. We encourage you to make notes and bring them with you to the IEP / EP / SP team meeting. If you are not able to attend the meeting, you may use this form to provide input to the team prior to the meeting.

1. Describe your child's strengths:

2. Describe your child's success this year:

(Think about the areas in which your child does well, including educational and social)

3. Describe concerns you may have about your child:

(Think about the areas that are most difficult or challenging for your child)

4. Include any additional concerns, helpful information or questions you may have:

Signature: _____

Date: _____

Submission of this form via e-mail constitutes the equivalent of a signature on the form.

Please attach any additional information you feel might be helpful in meeting child's educational needs.

Exceptional Student Education
Teachers/Service Provider Input – IEP/EP/SP

Student:	Grade:	Date:
<input type="checkbox"/> EP Team Meeting	<input type="checkbox"/> IEP Team Meeting	<input type="checkbox"/> SP Team Meeting

Teacher/Service Provider:

Class/Subject/ESE Services

NOTES/COMMENTS

1.	Describe the strengths of this student:
2.	Describe this student's performance/progress: <i>(Please include your classroom data source, such as observations, work samples, and age appropriate transition assessments, if applicable.)</i>
3.	Describe the area of needs for this student to ensure continued academic gains:
4.	Additional Comments and/or concerns regarding this student:
5.	Recommendations for goals, support services, etc., if applicable:

Teacher/Service Provider's Signature: _____

Please attach any additional information you feel might be helpful in meeting this student's educational needs.

Teacher/Service Provider Input – IEP/SP Bureau of Exceptional Education and Student Service January 2011 Florida Department of Education

FLORIDA SCHOOL FOR THE DEAF AND BLIND

Florida School for the Deaf and Blind

207 North San Marco Avenue

St. Augustine, FL 32084

Toll-free (in Florida) 1-800-344-3732 or (904) 827-2221

<http://www.fsdb.k12.fl.us>

Florida School for the Deaf and Blind (FSDB) is located in St. Augustine, Florida (30 miles south of Jacksonville). The Pre-K through 12th grade school provides numerous related and support services (e.g., speech therapy) at no cost to eligible Florida residents. Programs are offered to students who are Visually Impaired, Hearing Impaired, and Deaf/Blind (Dual Sensory-Impaired). Eligible students may also attend classes at St. Johns County Public Schools.

FSDB graduates pursue further education at colleges, universities, and technical training centers; and are represented in all types of occupations.

FSDB's boarding program (no cost) is a five-day program. Accordingly, all students are provided free weekly transportation home to centralized locations throughout the State of Florida by either a chartered bus or by an FSDB "yellow" bus.

Eligibility for Programs for the Visually Impaired	Eligibility for Dual Sensory Impaired (Deaf-Blind)
MEDICAL	MEDICAL
<ul style="list-style-type: none">1. A visual acuity of 20/70 or worse in the better eye after best possible correction2. A peripheral field loss that adversely affects the student's academic functioning.3. A progressive loss of vision that may adversely affect the student's academic functioning.	<ul style="list-style-type: none">1. Meets the definition of blind or partially sighted as determined by an eye physician2. Meets the definition of deaf or hard of hearing as determined by an audiologist. .
AND EDUCATIONAL	AND EDUCATIONAL
<ul style="list-style-type: none">1. A functional vision loss that inhibits processing through the visual channel.2. A functional vision loss that requires the usage of specialized techniques, equipment, textbooks, and/or materials	<ul style="list-style-type: none">3. Evidence that the hearing impairment has the potential to adversely affect the applicant's academic performance, social development, language development, communication skills, and/or intellectual functioning. .4. A functional vision loss that inhibits processing through the visual channel.5. Evidence that the applicant does not meet the criteria for lowest functioning intellectually disabled.
Eligibility for Programs for the Deaf/Hard of Hearing	
MEDICAL	
<ul style="list-style-type: none">1. A hearing impairment of 30 decibels or greater, pure tone average of 500, 1000, 2000, Hz ANSI unaided in the better ear.	
AND EDUCATIONAL	
<ul style="list-style-type: none">2. A hearing loss which has the potential to adversely affect the child's academic performance, social development, language development, communication skill, or intellectual functioning.	

Note: Certain students are ineligible for enrollment at FSDB. Please contact FSDB for further information.

Matrix of Services

For funding under the Florida Education Finance Program

2021 Version

Total of Ratings: _____ Cost
Factor: _____

Student Information

District: _____

Date Completed: _____

Student Name: _____

Student ID: _____

Date of Birth: _____ Grade: _____

School: _____

Names of Persons Completing Matrix:

Areas of Eligibility (Put a "P" next to the primary exceptionality. Check all others that apply.)	Data Entry Code
____ Autism Spectrum Disorder -----	P
____ Deaf-or-Hard-of-Hearing -----	H
____ Developmental-Delay (Age: 0-5) -----	T
____ Dual Sensory Impairment -----	O
____ Emotional or Behavioral Disability -----	J
____ Established Conditions (Age: 0-2) -----	U
____ Gifted -----	L
____ Hospitalized or Homebound -----	M
____ Intellectual Disability -----	W
____ Language Impairment -----	G
____ Orthopedic Impairment -----	C
____ Other Health Impairment -----	V
____ Specific Learning Disability -----	K
____ Speech Impairment -----	F
____ Traumatic Brain Injury -----	S
____ Visual Impairment -----	I
Areas of Related Service	
____ Language Therapy -----	X
____ Occupational Therapy -----	D
____ Physical Therapy -----	E
____ Speech Therapy -----	Y

Instructions

1. Check services or supports to be provided by school district to student in Domains A through E.
2. Mark appropriate level (1 through 5) for each domain and record level at bottom of each domain.
3. Check applicable special considerations, if any, and record total special considerations rating.
4. Total the five domain ratings, sum the total of domain ratings and special considerations rating, and record total in box at top of this page.
5. Determine cost factor using cost factor scale on the final page and record it in box at top of this page. (Note: For more information, see the Matrix of Services Handbook.)

Matrix Reviews after Interim IEP Meetings

Record interim reviews below if (1) there is no change in services and (2) the matrix is less than three years old.

Review Date _____ Reviewer's Initials _____

Review Date _____ Reviewer's Initials _____

Review Date _____ Reviewer's Initials _____

Student Name: _____

Matrix of Services – DOMAIN A

Curriculum and Learning Environment	
Level 1 <input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires minimal accommodations or supports to the curriculum or the learning environment	___ Accommodations or supports to the general curriculum ___ Curriculum compacting ___ Differentiated instruction ___ Electronic tools used independently ___ Accessible instructional materials ___ Accommodations on assessment or accessible assessment materials ___ Assistance with note taking and studying ___ Referrals to agencies ___ Consultation on a monthly basis with teachers, family, agencies or other providers
Level 3 <input type="checkbox"/> Requires a differentiated curriculum or extensive use of accommodations	___ Differentiated curriculum ___ Electronic tools and assistive technology used with assistance ___ Alternative textbooks, materials, assessments, assignments or equipment ___ Special assistance in general education class requiring weekly consultation ___ Assistance for some learning activities in the general education setting ___ Direct, specialized instruction for some learning activities ___ Weekly collaboration with family, agencies or other providers
Level 4 <input type="checkbox"/> Requires specialized instruction, modified curriculum, extensive modification to the learning environment, or assistive technology used with supervision	___ Extensive creation of special materials ___ Direct, specialized instruction or curriculum for the majority of learning activities ___ Instruction delivered within the community ___ Assistance for the majority of learning activities ___ Assistive technology used with supervision for the majority of learning activities
Level 5 <input type="checkbox"/> Requires modified curriculum and substantial modifications to the learning environment	___ Instruction in reading braille ___ Intensive curriculum or instructional approach for all learning activities ___ Group instruction at home or hospital ___ Individual instruction at home or hospital ___ Ongoing, continuous assistance for participation in learning activities

DOMAIN A RATING: _____

Matrix of Services – DOMAIN B

Student Name: _____

Social or Emotional Behavior	
Level 1 <input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic assistance or behavior supports	___ Consultation on a monthly bases with teachers, family, agencies or other providers ___ Specialized instruction or activities in self-advocacy and understanding of exceptionality ___ Behavior management system in general class ___ Monthly counseling or guidance ___ Monthly assessment of behavior or social skills
Level 3 <input type="checkbox"/> Requires weekly personal assistance or behavioral intervention	___ Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization ___ Weekly counseling or guidance ___ Behavior contract, including behavior outside the classroom ___ Weekly family counseling, assessment or interventions ___ Referral and follow-up for transitions to and from community-based programs ___ Weekly assessment of behavior as part of behavioral intervention plan ___ Weekly collaboration with teachers, family, agencies or other providers
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring, or intervention	___ Highly structured, individualized behavior intervention plan infused throughout the school day ___ Daily counselling or specific instruction on social or emotional behavior ___ Daily reports to family, agencies or others
Level 5 <input type="checkbox"/> Requires continuous personal assistance, monitoring and intervention	___ Intensive, individualized behavior management plan that requires very small group or on-on-one intervention ___ Therapeutic treatment infused throughout the educational program ___ Wraparound services for up to 24 – hour care

DOMAIN B RATING: _____

Student Name: _____

Matrix of Services – DOMAIN C

Independent Functioning

Level 1 <input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring or minor intervention	___ Monthly personal assistance with materials or equipment ___ Consultation on a monthly basis with teachers, family, therapists, service coordinator, or other providers ___ Organizational strategies or supports for independent functioning ___ Special equipment, furniture, strategies or supports for motor control in the classroom
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring or intervention	___ Specially designed organizational strategies or supports for independent functioning ___ Supervision to ensure physical safety during some daily activities ___ Weekly instruction in self-monitoring of independent living skills ___ Weekly monitoring of or assistance with independent living skills, materials, or equipment ___ Weekly collaboration with teachers, family, agencies or other providers
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring, or intervention	___ Supervision to ensure physical safety during the majority of activities ___ Individual assistance or supervision in activities of daily living, self-care, and self-management for part of the day ___ Special equipment or assistive technology for personal care with frequent assistance ___ Regularly scheduled occupational therapy, physical therapy or orientation and mobility training
Level 5 <input type="checkbox"/> Requires continuous personal assistance, monitoring, or intervention	___ Continuous supervision to ensure physical safety ___ Individual assistance or supervision in activities of daily living, self-care, self-management for the majority of the day ___ Occupational therapy, physical therapy, or orientation and mobility training more than once a week ___ Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)

DOMAIN C RATING: _____

Student Name: _____

Matrix of Services – DOMAIN D

Health Care	
Level 1 <input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students	___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring or minor intervention	___ Monthly personal health care assistance ___ Consultation on a monthly basis with student, teachers, family, agencies or other providers ___ Monthly monitoring of health status, procedures or medication ___ Specialized administration of medication ___ Monthly assistance with agency referrals or coordination
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring or intervention	___ Weekly monitoring or assessment of health status, procedures or medication ___ Weekly counseling with student or family for related health care needs ___ Weekly communication with family, physician, agencies, or other health-related personnel ___ Invasive or specialized administration of medication ___ Weekly collaboration with family, physicians, agencies or others
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring, or intervention	___ Daily assistance with or monitoring and assessment of health status, procedures or medication ___ Daily assistance with or monitoring of equipment related to health care needs ___ Administration of non-oral medication ___ Daily communication with family, physician, agencies or other health-related personnel
Level 5 <input type="checkbox"/> Requires continuous personal assistance or monitoring, and multiple interventions	___ Daily assistance with procedures such as catheterization, suctioning, tube feeding ___ Continuous monitoring and assistance related to health care needs

DOMAIN D RATING: _____

Student Name: _____

Matrix of Services – DOMAIN E

Health Care	
Level 1 <input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students	<ul style="list-style-type: none"> ___ Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/> Requires periodic assistance or minor intervention	<ul style="list-style-type: none"> ___ Monthly assistance with communication ___ Occasional assistance with personal amplification or communication systems ___ Consultation on a monthly basis with teachers, family, agencies or other providers
Level 3 <input type="checkbox"/> Requires weekly intervention or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> ___ Weekly intervention or assistance with language or communication ___ Weekly speech or language therapy or instruction ___ Weekly assistance with personal amplification or communication system ___ Weekly supervision of augmentative or alternative communication system ___ Weekly collaboration with teachers, family, agencies or others
Level 4 <input type="checkbox"/> Requires daily intervention or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> ___ Daily assistance or instruction with communication equipment ___ Daily integrated intervention and assistance related communication needs ___ Instruction in sign language for use as the primary method of communication ___ Interpreting services for part of the school day
Level 5 <input type="checkbox"/> Requires multiple interventions and assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> ___ Continuous assistance or instruction with communication equipment ___ Interpreting services for the majority or all of the school day ___ Multiple, continuous interventions to replace ineffective communication and establish appropriate communication

DOMAIN E RATING: _____

Student Name:

Matrix of Services – SPECIAL CONSIDERATIONS

Special Considerations

- ___ Add 13 points for students eligible for the hospital or homebound program who are receiving individual instruction at home or at a hospital. (Teacher and student must be at the same location.)
- ___ Add 13 points for prekindergarten children with a disability who are being served in the home or hospital on a one to one basis.
- ___ Add 3 points for prekindergarten students earning less than .5 FTE during an DTE survey period.
- ___ Add 3 points for students identified as visually impaired or dual-sensory impaired.
- ___ Add 1 point for students who have a score of exactly 17 total points and who are related Level 5 in three of the five domains.
- ___ Add 1 point for students who have a score of exactly 21 total points and who are related Level 5 in four of the five domains.

Special Considerations Rating: ____

Total of Domain Ratings	
Special Considerations Rating	
Total of Ratings	

COST FACTOR SCALE

Total of Ratings	Cost Factor
6 – 9	251
10 – 13	252
14 – 17	253
18 – 21	254
22 +	255

Wakulla County Schools
ESE FUNDING LEVEL
2023-2024

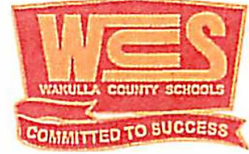
PROGRAM		
Matrix Number	Grade	Allocation
111	Basic K-3 with ESE Services	\$5,927.00
112	Basic 4-8 with ESE Services	\$5,282.00
113	Basic 9-12 with ESE Services	\$5,219.00
254	PreK - 12	\$19,576.00
255	PreK – 12	\$30,144.00

ESE GUARANTEED ALLOCATION		
Matrix Number	Grade	Allocation
251	PreK – 3	\$957.00
252	PreK – 3	\$3,090.00
253	PreK – 3	\$6,305.00
251	4 – 8	\$1,073.00
252	4 – 8	\$3,206.00
253	4 – 8	\$6,421.00
251	9 - 12	764.00
252	9 – 12	\$2,897.00
253	9 – 12	\$6,112.00



WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD
POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850) 926-0065
FAX: (850) 926-0123



ROBERT PEARCE
SUPERINTENDENT

EDWARD HAND
DISTRICT I

MELISA TAYLOR
DISTRICT II

CALE LANGSTON
DISTRICT III

JOSHUA BROWN
DISTRICT IV

LAURA LAWHON
DISTRICT V

April 1, 2023

Dear Parent or Guardian:

We would like to inform you that your student may be eligible to participate in the Family Empowerment Scholarship for Students with Unique Abilities Program (FES UA). This program was created to provide additional educational options for families of students with disabilities.

By participating in the FES UA Program, your student may have the option to attend a different public school in your district, attend a public school in an adjacent district, or receive a scholarship in the form of an education savings account (ESA). FES UA funds can be used for items such as private school tuition and fees, online learning programs, private tutoring, therapies, community college costs, and other approved customized learning services and materials.

Eligibility to participate in the ESA option of FES UA is established in section 1002.394, Florida Statutes, which also sets caps on the number of students who can enter the program each year. Parents interested in the option may submit an application to one of the state's two scholarship funding organizations (SFOs) that administer this program. Please take note of any deadlines for submission and completion of applications provided by the SFOs.

To learn more about your student's public school options, contact your district's school choice office. For more information on the ESA option of the FES UA program, please contact one of the SFOs below:

A.A.A. Scholarship Foundation – FL, LLC
P.O. Box 15719
Tampa, FL 33684
888-707-2465
info@aaascholarships.org

Step Up for Students
P.O. Box 54367
Jacksonville, FL 32245-4367
877-735-7837
info@stepupforstudents.org

Please note this letter serves to notify you that your child may be eligible to participate in the FES UA Program. This letter does not guarantee your student's eligibility to participate.

Sincerely,

Robert Pearce

Crawfordville Elementary ~ Medart Elementary ~ Riversink Elementary ~ Shadeville Elementary
Riversprings Middle School ~ Wakulla Middle School ~ Wakulla High School
Wakulla Education Center ~ Wakulla Institute

Parental Consent to Release Personally Identifiable Information for Medicaid Reimbursement

_____ School District

Our school district wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement. Medicaid reimbursement helps the school district fund costs of providing special education, related services and any other services allowable by Medicaid.

Individual Educational Plan (IEP) Services

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

Non-IEP Services

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

Consent given or denied (please read, initial, and sign and date at the bottom):

☐

I understand and give my consent to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Social Security number, Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

☐

I understand and do NOT give my consent to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

Parent/Guardian's Signature: _____ **Date signed:** ____/____/____

Parent/Guardian's Name (printed): _____

Student/Child's Full Name (printed): _____

Student/Child's Date of Birth: ____/____/____

**Wakulla County School Board
Exceptional Student Education
MEDICAL EYE EXAMINATION FORM FOR STUDENTS WITH VISION IMPAIRMENT**

Name of Patient _____ Date of Birth _____

School _____ Grade _____

Parent's Name _____ Phone _____

Address _____ City _____

1. Exam Date: _____

2. Etiology of eye condition: _____

3. Diagnosis: _____

4. Treatment regimen: _____

5. Prognosis: _____

Visual Impairment is: ☐ Stable ☐ Deteriorating ☐ Uncertain

6. Visual acuity:

Right Eye corrected: Near _____ Distance _____

Right Eye uncorrected: Near _____ Distance _____

Left Eye corrected: Near _____ Distance _____

Left Eye uncorrected: Near _____ Distance _____

Both eyes corrected: Near _____ Distance _____

7. Measure of field of vision: _____

8. Recommendation for lighting levels: _____

9. Recommendation for physical activity: _____

10. Recommendations for use of aids: _____

11. Recommendations for use of glasses: _____

12. There is documented eye impairment as manifested by at least one of the following:

Check all that apply:

____ A visual acuity of 20/70 or less in the better eye after best possible correction;

____ A peripheral field so constricted that it affects the student's ability to function in an educational setting;

____ A progressive loss of vision which may affect the student's ability to function in an academic setting; or

____ For children birth to five (5) years of age, bilateral lack of central, steady, or maintained fixation of vision with an estimated visual acuity of 20/70 or less after best possible correction; bilateral central scotoma involving the per macula area (20/80–20/200); bilateral grade III, IV, or V Retinopathy of Prematurity (ROP); or

____ a. A visual acuity of 20/70 or less in the better eye after best possible correction;

____ b. A peripheral field so constricted that it affects the student's ability to function in an educational setting;

____ c. A progressive loss of vision which may affect the student's ability to function in an academic setting.

Signature of Medical Eye Examiner

Type or Print Name

Date

Wakulla County Schools
MEDICAL PRESCRIPTION FORM

Student Name: _____ Date of Birth: _____ Student #: _____

Address: _____ City: _____

Dear Physician:

The above named student has been referred for, or has been receiving physical therapy as a part of the regular public school program. In order for this student to receive this service, a current medical prescription is necessary. Please complete, sign, and return all copies of this form to the address below:

Wakulla County School Board
ESE Department
69 Arran Rd.
Crawfordville, FL 32327

PHYSICIAN'S USE ONLY

Diagnosis: _____

Medication: _____

Precautions/Other Comments: _____

PHYSICAL THERAPY

At least one of the areas below must be checked for the child to receive physical therapy services:

- | | |
|--|---|
| <input type="checkbox"/> Developmental Motor Evaluation and training | <input type="checkbox"/> Splinting Perceptual and |
| <input type="checkbox"/> Fine Motor Evaluation Training | <input type="checkbox"/> Sensory Motor |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Gait/Mobility Training |
| <input type="checkbox"/> Feeding Evaluation/Training in Self-Feeding | <input type="checkbox"/> Functional Living Skills |
| <input type="checkbox"/> Breathing Exercises/Postural Drainage | <input type="checkbox"/> Catheterization |
| | <input type="checkbox"/> Other |

Physician's Name (Type or Print)

Physician's Signature

Address

Date

Data Log for Classroom Use of Assistive Technology and Therapy Equipment

Student Name _____ Teacher Name _____

Therapist Name _____ Therapy Type _____

☐ 1st Nine Weeks ☐ 2nd Nine Weeks ☐ 3rd Nine Weeks ☐ 4th Nine Weeks

Goal for Related/Supplementary Aid and Services

	1	2	3	4	5	6	7	8	9
Monday	---	---	---	---	---	---	---	---	---
Tuesday	---	---	---	---	---	---	---	---	---
Wednesday	---	---	---	---	---	---	---	---	---
Thursday	---	---	---	---	---	---	---	---	---
Friday	---	---	---	---	---	---	---	---	---

Goal for Related/Supplementary Aid and Services

	1	2	3	4	5	6	7	8	9
Monday	---	---	---	---	---	---	---	---	---
Tuesday	---	---	---	---	---	---	---	---	---
Wednesday	---	---	---	---	---	---	---	---	---
Thursday	---	---	---	---	---	---	---	---	---
Friday	---	---	---	---	---	---	---	---	---

Put the date at the top of each box and the appropriate symbol at the bottom: Example

8/15
 ✓

✓-Student received service

X-Student did not receive service (on back of page document date and why student did not receive service)

A-Student absent

At the end of each nine weeks, log will be given to the ESE Coordinator to be filed in the student's ESE folder.

Teacher's Signature _____

Wakulla County Schools
MEDICAL REFERRAL FOR THE ORTHOPEDICALLY IMPAIRED, OTHER HEALTH
IMPAIRED OR TRAUMATIC BRAIN INJURY PROGRAMS

Name of Patient: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent's Name: _____ Student's Latest Examination Date: _____

Florida Physician's Name (*print or type*): _____ Phone: _____

Check applicable disability:

- ☐ **OTHER HEALTH IMPAIRMENT** – Based on my examination, this student appears to have limited strength, vitality, or alertness due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette Syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury, which adversely affect his/her educational performance.
- ☐ **ORTHOPEDIC IMPAIRMENT** – Based on my examination, this student has a severe orthopedic impairment which adversely affects educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contracture).
- ☐ **TRAMATIC BRAIN INJURY** – Based on my examination, this student has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment which adversely affects educational performance. The injury is not congenital or degenerative and was not induced by birth trauma.

If a disability is checked above, please complete the following (*information must be legible*):

Specific type of impairment (*i.e. diagnosis*), explain: _____

Severity of impairment (*mild, moderate, severe*): _____

Prognosis, explain: _____

FUNCTIONAL IMPLICATIONS OF THE IMPAIRMENT FOR THE EDUCATION PROCESS

Check as appropriate:

- ☐ Difficulty with mobility and seating within a regular classroom or school bus
- ☐ Difficulty with self-help skills (*e.g. feeding/dressing/toileting*)
- ☐ Difficulty performing activities in a classroom (*e.g. cutting, writing, etc.*) which may require special adaptations to the program including:
 - ☐ Difficulty maintaining alertness/concentration in the classroom
 - ☐ Difficulty making appropriate decisions
 - ☐ Difficulty maintaining appropriate behavior due to impulsivity
 - ☐ Difficulty with short term or long term memory
- ☐ Participation in physical education activities only with the following modifications:
- ☐ Prescribed medication(s); including dosage(s) and frequency(ies): _____
* Intake on classroom functioning of each medication:
Explain:
 - ☐ Existing medical implication interferes or prevents the student from being able to be educated on a school campus (***required if requesting homebound services***). Explain:
 - ☐ Participation on school campus with the following modifications:
 - ☐ Other:

FLORIDA PHYSICIAN'S SIGNATURE

DATE

Student Name: _____

**Wakulla County Schools
Meeting Notice – EP**

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	
Parent(s) / Guardians Name		Address	

Dear Parent/Guardian/Student:

You have the opportunity and are encouraged to participate in conferences regarding the exceptional services provided to you, if a student, or your son/daughter as specified by State Board of Education Rule 6A-6.030191, Florida Administrative Code.

You are invited to participate in a meeting to discuss your child, or yourself if a student, at the date, time and place noted below. You may bring another person(s) with knowledge of specific expertise regarding you or your student to the meeting.

The meeting has been scheduled for (date) ____ / ____ / ____ at (time) _____ in/at (location) _____.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

EP Team Participants		Other Invited EP Team Participants	
<input type="checkbox"/>	Parents	<input type="checkbox"/>	Other:
<input type="checkbox"/>	*Student	<input type="checkbox"/>	Other:
<input type="checkbox"/>	*General Education Teacher	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Teacher of the Gifted	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Local Educational Agency Representative	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Interpreter of Instructional Implications of Evaluation Results	<input type="checkbox"/>	Other:

*At least one general education teacher of the student must participate by attending the meeting or providing written documentation of the student's strengths or needs.

Safeguard Contacts and Information

Name: _____

Name: _____

Contact Number: _____

Contact Number: _____

Please respond to confirm your attendance at the meeting, inform the team if you plan to request accommodations for a person with a disability, and/or request an interpreter. If the meeting date, time or place is not convenient for you, we will make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

As a parent of a student, you have specific rights and protections which are described in the Procedural Safeguards for Exceptional Students Who are Gifted. A copy of the procedural safeguards is attached or has been provided in the following way:

Student Name: _____

Wakulla County Schools
Meeting Notice – EP

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	

The meeting has been scheduled for (date) ____/____/____ at (time) _____ in/at (location) _____.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

EP Team Participants	Other Invited EP Team Participants
Parents	Other:
*Student	Other:
*General Education Teacher	Other:
Teacher of the Gifted	Other:
Local Educational Agency Representative	Other:
Interpreter of Instructional Implications of Evaluation Results	Other:

*At least one general education teacher of the student must participate by attending the meeting or providing written documentation of the student's strengths or needs.

Please check all that apply. Sign and return this page of the form to the school as soon as possible.

I have received a copy of the procedural safeguards.	YES	NO
--	-----	----

Meeting Participation (Check all that apply)

<input type="checkbox"/>	I will attend the scheduled date and time. I plan to bring _____ Title/Role: _____
<input type="checkbox"/>	I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: DATE: _____ TIME: _____
<input type="checkbox"/>	I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
<input type="checkbox"/>	I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: _____
<input type="checkbox"/>	I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: _____
<input type="checkbox"/>	I need a foreign/sign language interpreter for the following language/mode of communication: _____
<input type="checkbox"/>	I wish to provide written input regarding my child (Please attach)

Signature of Parent/Guardian/Surrogate Parent/Student

Contact Phone

Date

Student Name: _____

Wakulla County Schools
Meeting Notice – IEP

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	
Parent(s) / Guardians Name		Address	

Dear Parent/Guardian/Student:

As a student or parent/guardian of a student with a disability, or who may have a disability, you have the right and are encouraged to participate in meetings regarding exceptional education and placement as specified in State Board of Education Rules 6A-6.03028 and 6A-6.030281, Florida Administrative Code and Sections 300.132 and 300.501 of Title 34 of the Code of Federal Regulations (34 CFR 300.132,300.501). You are invited to participate in a meeting to discuss your child, or yourself if a student, at the date, time and place noted below. You may bring another person(s) with knowledge or specific expertise regarding you or your student to the meeting.

The meeting has been scheduled for (date) ____/____/____ at (time) _____ in/at (location) _____.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

Required IEP Team Participants	Other Invited IEP Team Participants
Parents	Other:
*Student	Other:
**General Education Teacher	Other:
ESE Teacher/ESE Provider	Other:
Local Educational Agency Representative	Other:
Interpreter of Instructional Implications of Evaluation Results	Other:
Other:	Other:

*Required beginning at age 14

**Required for students who are or may be participating in the general education environment

The school district may request that some IEP team member(s) indicated above not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed in this meeting.

This will be indicated on page 2.

The school district may also request that some IEP team member(s) above be excused from attending the meeting. If there area(s) of curriculum or related services is/are being modified or discussed in this meeting, written input is ☐ included with this notice or ☐ will be provided prior to the meeting.

This will be indicated on page 2.

As a parent of a student with a disability, you have specific rights and protections which are described in the Notice of Procedural Sageguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or has been provided to you in the following way:

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

Name: _____

Name: _____

Contact Number _____

Contact Number: _____

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

Note: Section 1002.39, Florida Statutes, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to: (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district; or (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at www.floridaschoolchoice.org or on the Department's telephone hotline at 1-800-447-1636.

Student Name: _____

Wakulla County Schools
Meeting Notice – IEP

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	

The meeting has been scheduled for (date) ____/____/____ at (time) _____ in/at (location) _____.
The purpose(s) of the meeting is/are: _____

The following individuals have been/will be invited to attend:

Required IEP Team Participants	Other Invited IEP Team Participants
Parents	Other: _____
*Student	Other: _____
**General Education Teacher	Other: _____
ESE Teacher/EST Provider	Other: _____
Local Educational Agency Representative	Other: _____
Interpreter of Instructional Implications of Evaluation Results	Other: _____
Private School Representative	Other: _____
Other: _____	Other: _____

IEP Team Member Participation

Pursuant to 34 CFR 300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is /are not being modified or discussed. Please check one, if applicable:

☐ I agree that attendance is not required.

☐ I do not agree that attendance is not required.

The school district request that the following members be excused from the IEP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting, and written input is ☐ included with this notice or ☐ will be provided prior to the meeting. Please check, if applicable:

Name of Members being excused: _____

☐ I consent to this/these excusal(s).

☐ I do not consent to this/these excusal(s).

Outside Agency Representatives

Pursuant to 34 CFR 300.321(b)(3), your consent is required to invite an outside agency representative to the IEP team meeting, Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check on, if applicable:

Name of members being invited from other agencies: _____

☐ I consent to invite the representative(s) to attend this IEP team meeting.

☐ I do not consent to invite the representative(s) to attend this IEP team meeting.

Meeting Participation (Check all that apply)

	I will attend the scheduled date and time. I plan to bring _____	Title/Role: _____
	I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: DATE: _____ TIME: _____	
	I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.	
	I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: _____	
	I will not be able to attend, but wish to provide written input regarding my child. (see attached)	
	I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: _____	
	I need a foreign/sign language interpreter for the following language/mode of communication: _____	
	I wish to provide written input regarding my child (Please attach)	

Signature of Parent/Guardian/Surrogate Parent/Student

Contact Phone

Date

Student Name: _____

**Wakulla County Schools
Meeting Notice – SP**

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	
Parent(s) / Guardians Name		Address	

Dear Parent/Guardian/Student:

As the parent/guardian of a student with a disability, you have the right and are encouraged to participate in meetings regarding exceptional education and placement of your son/daughter as specified in State Board of Education Rules 6A-6.03028 and 6A-6.030281, Florida Administrative Code and Sections 300.132 and 300.501 of Title 34 of the Code of Federal Regulations (34 CFR 300.132,300.501). You are invited to participate in a meeting to discuss your child at the date, time and place noted below. You may bring another person(s) with knowledge or specific expertise regarding your student to the meeting.

The meeting has been scheduled for (date) ____/____/____ at (time) _____ in/at (location) _____.
The purpose(s) of the meeting is/are:

Note: Beginning at age 14, or younger, if determined appropriate by the SP team, the student will be invited to the meeting. Depending on the services provided, the purpose of the meeting may be to identify the student's transition services needs. Beginning at age 16, or younger, if determined appropriate by the SP team, the purpose of the meeting may be to consider the student's post-secondary goals and transition services.

The following individuals have been/will be invited to attend:

Required SP Team Participants	Other Invited SP Team Participants
Parents	Other:
*Student	Other:
**General Education Teacher	Other:
ESE Teacher/ESE Provider	Other:
Local Educational Agency Representative	Other:
Interpreter of Instructional Implications of Evaluation Results	Other:
Private School Representative	Other:
Other:	Other:

*Required beginning at age 14

**Required for students who are or may be participating in the general education environment

The school district may request that some SP team member(s) indicated above not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed in this meeting. If you agree, please indicate on page 2.

As a parent of a student with disability, you have specific rights and protections which are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or have been provided to you in the following way:

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

Name: _____

Name: _____

Contact Number: - _____

Contact Number: _____

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

Note: Section 1002.39, Florida Statutes, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to: (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district; or (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at www.floridaschoolchoice.org or on the Department's telephone hotline at 1-800-447-1636.

Student Name: _____

Wakulla County Schools
Meeting Notice – SP

Date of Notice	/ /	School:	
Student Name		Date of Birth	
Student ID		Phone Number	

The meeting has been scheduled for (date) ____/____/____ at (time)_____ in/at (location) _____.
The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

Required SP Team Participants	Other Invited SP Team Participants
Parents	Other:
*Student	Other:
**General Education Teacher	Other:
ESE Teacher/EST Provider	Other:
Local Educational Agency Representative	Other:
Interpreter of Instructional Implications of Evaluation Results	Other:
Private School Representative	Other:
Other:	Other:

SP Team Member Participation

Pursuant to 34 CFR 300.321(e), a member of the SP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is /are not being modified or discussed. Please check one, if applicable:

- ☐ I agree that attendance is not required.
☐ I do not agree that attendance is not required.

The school district request that the following members be excused from the SP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting, and written input is ☐ included with this notice or ☐ will be provided prior to the meeting. Please check, if applicable:

Name of Members being excused: _____

- ☐ I consent to this/these excusal(s).
☐ I do not consent to this/these excusal(s).

Outside Agency Representatives

Pursuant to 34 CFR 300.321(b)(3), your consent is required to invite an outside agency representative to the IEP team meeting, Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check on, if applicable:

Name of members being invited from other agencies: _____

- ☐ I consent to invite the representative(s) to attend this SP team meeting.
☐ I do not consent to invite the representative(s) to attend this SP team meeting.

Meeting Participation (Check all that apply)

<input type="checkbox"/>	I will attend the scheduled date and time. I plan to bring _____ Title/Role: _____
<input type="checkbox"/>	I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: DATE: _____ TIME: _____
<input type="checkbox"/>	I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
<input type="checkbox"/>	I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: _____
<input type="checkbox"/>	I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: _____
<input type="checkbox"/>	I need a foreign/sign language interpreter for the following language/mode of communication: _____
<input type="checkbox"/>	I wish to provide written input regarding my child (Please attach)

Signature of Parent/Guardian/Surrogate Parent/Student

Contact Phone

Date

**Notice of Option to Accept or Defer Graduation
And Receipt of Standard High School Diploma**

Notice to be provided as soon as possible but **no later than January 30** of the year in which the student is expected to meet graduation requirements.

Date of Notice

Notice to Parent and Student:

According to all relevant information, _____ is expected to meet graduation requirements by
(Student's Name)
the end of this school year. Under Florida law, a student with a disability who meets the standard high school diploma requirements may now defer receipt to the diploma and continue to receive services, where the student meets the following two requirements:

1. The student has an Individual Education Plan (IEP) that prescribes special education, transition planning, transition services or related services for the student through age 21; and
2. The student is enrolled in accelerated college credit instruction pursuant to Florida Statue 1007.27, industry certification courses that lead to college credit, a collegiate high school program, courses necessary to satisfy the Scholar Diploma designation requirements, or a structured work-study, internship, or pre-apprenticeship program.

Because all requirements for graduation and diploma deferral appear to be met, this is to notify you that if you wish to defer graduation and receipt of the standard high school diploma, you must notify the District's Exceptional Student Education Office by completing the information below and returning it to the school counselor **as soon as possible, but not later than May 15th of this school year**. If you notify the Office of your desire to defer graduation and the receipt of the diploma, an IEP meeting will be convened as soon as possible to review the benefits of deferring the standard high school diploma, including continuation of educational and related services, to address all services and program options available, and to note your decision to defer on the IEP.

If you do not notify this Office of a desire to defer graduation and receipt of diploma by the **May 15th deadline**, the school district will be released from its obligation to continue to provide free appropriate public education (FAPE). A student's failure to attend a graduation ceremony will not constitute a deferral of graduation and receipt of a diploma.

If you wish to defer gradation and receipt of a high school diploma, please sign, date and return this Notice as soon as possible, but not later than May15th of this school year:

☐ Yes, I wish to defer graduation and receipt of a high school diploma. Please convene an IEP meeting as soon as possible.

Signature of Parent/Adult Student

Date

Please do not hesitate to contact this office at (850) 926-0065 ext. 9900 if you have any questions or concerns about this Notice.

Wakulla County School District
Exceptional Student Education (ESE)

**Transfer of Rights at Age of Majority (Age 18)
Parent Notification**

School: _____ Date: _____
Student Name: _____ DOB: _____ Age: _____

Florida law provides for the transfer to rights when an individual reaches the age of majority at age 18. An exception to this transfer can occur only if, in response to a petition, a court determines that the individual is incapacitated and a guardian is appointed. This is especially important for students with disabilities who receive exceptional student education (ESE) services under the Individuals with Disabilities Education Act (IDEA).

Under IDEA, all rights accorded to you as the parent(s)/guardian(s) of a student with a disability transfer to your student on his/her 18th birthday. In addition, IDEA provides that you retain the right, along with the student, to receive any notices about his/her ESE program.

Your student has reached the age of majority and no documentation of court action limiting the transfer of rights under IDEA has been provided to the district. **Therefore, this notice is to inform you that all rights and protections previously accorded to you as the parent(s)/guardian(s) now transfer to your student.**

If you have any questions regarding this notice or wish to obtain a copy of the *Notice of Procedural Safeguards for Parents of Students with Disabilities*, please contact the following:

Name/Title: _____	Name/Title: _____
Phone: _____	Phone: _____

Wakulla County School District

Exceptional Student Education (ESE)

**Transfer of Rights at Age of Majority (Age 18) Student
Notification**

School: _____ Date: _____

Student Name: _____ DOB: _____ Age: _____

Florida law provides for the transfer to rights when an individual reaches the age of majority at age 18. An exception to this transfer can occur only if, in response to a petition, a court determines that the individual is incapacitated and a guardian is appointed. This is especially important for students with disabilities who receive exceptional student education (ESE) services under the Individuals with Disabilities Education Act (IDEA).

Under IDEA, all rights accorded to your parent(s)/guardian(s) with regard to your ESE services transfer to you on your 18th birthday. In addition, IDEA provides that your parent(s)/guardian(s) retain the right, along with you, to receive any notices about your ESE program.

You have reached the age of majority and no documentation of court action limiting the transfer of rights under IDEA has been provided to the district. **Therefore, this notice is to inform you that all rights and protections previously accorded to your parent(s)/guardian(s) now transfer to you.**

If you have any questions regarding this notice or wish to obtain a copy of the *Notice of Procedural Safeguards for Parents of Students with Disabilities*, please contact the following:

Name/Title: _____

Name/Title: _____

Phone: _____

Phone: _____

Wakulla County School District
Exceptional Student Education (ESE)

**Transfer of Rights at Age of Majority Description of
Rights (Age 17)**

School: _____ Date: _____

Student Name: _____ DOB: _____ Age: _____

Florida law provides for the transfer to rights when an individual reaches the age of majority at age 18. An exception to this transfer can occur only if, in response to a petition, a court determines that the individual is incapacitated and a guardian is appointed. This is especially important for students with disabilities who receive exceptional student education (ESE) services under the Individuals with Disabilities Education Act (IDEA).

Under IDEA, all rights accorded to the parent(s)/guardian(s) with regard to a student's ESE services transfer to the student on his/her 18th birthday. Beginning no later than one year before the 18th birthday, **the student must be informed of the rights that will transfer.**

Parents' and students' rights under IDEA are often called procedural safeguards, and are described in the ***Notice of Procedural Safeguards for Parents of Students with Disabilities*** that is attached.

You will turn 18 within the next year. At that time, your parent(s)/guardian(s)' rights under IDEA will transfer to you. Some examples of the rights that will transfer include:

- The right to give or revoke consent for an evaluation or reevaluation
- The right to give or revoke consent for services
- The right to give or revoke consent to invite certain agency representatives to IEP team meetings
- The right to participate in mediation, file a state complaint, or request a due process hearing
- The right to receive written notice before any changes can be made to your educational program

Your signature below indicates that the rights and protections under IDEA that will transfer were explained to you by: _____

Name

Title

Student Signature: _____

Date: _____

Wakulla County Schools
OUT OF STATE INTAKE INFORMATION FOR TRANSFER STUDENT

Student Name: _____ D.O.B.: _____ Grade: _____

School: _____ Student ID # _____

Date Enrolled: _____ Parent's Name: _____

Phone: (home) _____ (work) _____

Last School Attended: _____

Principal or Person to Contact: _____ Phone: _____

Date of Call: _____ Caller: _____ Respondent: _____

ESE Program Assignment(s): _____ Time Per Week: _____

Subject Areas in ESE: _____ Time Per Week: _____

Check if received:

- ☐ Signed Release of Student Records
- ☐ IEP
- ☐ Psychological
- ☐ Social/Medical Report

- ☐ Signed Parent Participation form
- ☐ Eligibility and Assignment Staffing Form
- ☐ Signed Parental Notice/Consent for Evaluation

Most recent psychological (date): _____

Intellectual: Test: (_____) Verbal IQ: (_____) Performance IQ: (_____) Full Scale IQ: (_____) Academic: Test: _____

Scores: Reading _____ Language _____ Math _____ Spelling _____
Scores: Reading _____ Language _____ Math _____ Spelling _____

Processing: Test _____ Scores: _____

Behavioral/Social/Emotional: _____ Adaptive Behavior: _____ Scores: _____

Social History: _____ Date: _____

Behavior Scales: _____ Ratings: _____

Medical Information: _____

For ESE Office Use Only:

Before permanent placement, the student needs:

- ☐ vision, hearing, speech/language screening
- ☐ records received from out-of-state
- ☐ psychological evaluation
- ☐ update testing in: ☐ academic ☐ process
☐ adaptive ☐ projectives
- ☐ speech/language

The student is a transfer student, therefore,

Comments:

Note: Send copy to ESE County Office

County waives pre-referral information immediately after student has enrolled.

Florida Department of Education
Parental Consent Form
Instruction in the State Standards Access Points Curriculum and
Florida Alternate Assessment Administration



Student: _____ Date: _____
Student D.O.B.: _____ Parent(s) Name: _____
District: _____ School: _____

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child (or myself, if I am an adult student) to be provided instruction in the state standards access points curriculum and to be administered the Florida Alternate Assessment (FAA) (if applicable, based on my child's grade level).

Based on Section 1003.5715, Florida Statutes, I understand that the Wakulla County School district may not provide instruction in the state standards access points curriculum and administer the FAA unless I have provided written consent on this form; or the school district made documented and reasonable efforts to obtain my consent, and I have failed to respond; or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the school district and I otherwise agree.

My consent is being sought because the IEP team has determined that the proposed actions are necessary in order for my child to receive a free appropriate public education. If I refuse to consent to the proposed actions, my child may not receive all the services and supports that the IEP team has determined are needed, which may impact my child's educational progress. I understand that, if I give consent, my child will not be eligible for a standard high school diploma but may receive instruction within the general education setting based on his or her IEP. I understand that access to future opportunities such as enrollment in college or enlistment in the military may be limited if my child does not have a standard high school diploma. This consent will remain in effect until the next annual review of the IEP, or until the next IEP meeting if instruction in state standards access points curriculum and administration of the FAA is addressed, whichever event occurs first.

☐ I consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child's grade level).

Parent signature Date Parent Signature Date

☐ I do not consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child's grade level).

Parent signature Date Parent Signature Date

If you sign "*I do not consent for placement*," within ten school days, the school district must develop and implement new instruction and assessment procedures in accordance with a new IEP or must request a due process hearing.

As a parent of a student with a disability, you have specific rights and protections that are described in the *Notice of Procedural Safeguards for Parents of Students with Disabilities*. To receive a copy, or for assistance understanding your rights, contact:

_____ at _____ OR _____ at _____
(District designee) (Telephone/email) (Alternate contact) (Telephone/email)

Documentation of attempts to obtain consent:

1. Date Sent/Method Used: _____
2. Date Sent/Method Used: _____

Rule 6A-6.0331; Form 313181 – English; Effective March 2014

*****WAKULLA County School District*****

Notice and Consent for Initial Exceptional Student Education (ESE) Evaluation

Student:	Student ID:
DOB:	School:
Grade:	Date:

Dear Parent or Guardian:

The school district is required to seek parental consent to conduct a full and individual evaluation for any child who may have a disability and need special education and related services or for any child who may be gifted and need a special program. The purpose of this notice is to describe the evaluation we are proposing to help us meet your child's educational needs and request your consent to conduct it.

Reason for Referral

We have reviewed the following information about your child's current educational performance and/or developmental progress: **Rtl data:**

We are recommending an evaluation at this time to determine whether your child has a disability because:

The student's response to general education interventions indicates that s/he may be a student with a disability in need of special education and related services.

Other factors considered in the development of this proposal include:

Evaluation Plan

An initial ESE evaluation must address all areas related to the suspected exceptionality and be sufficiently comprehensive to determine whether a child has a disability or giftedness and his or her educational needs. Evaluation procedures vary depending on the suspected exceptionality and the information already available. Descriptions of commonly used evaluation procedures and the requirements for each exceptionality are attached. Based on our review, we are proposing an evaluation to address the following suspected exceptionality(ies):

The evaluation will include the following procedures:

Other options that were considered and the reasons why they were rejected include:

Parental Rights and Procedural Safeguards

As the parent of a student who may have a disability or be gifted, you have rights regarding this proposal under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, F.A.C., pertaining to students with disabilities or Rule 6A-6.03311, F.A.C., pertaining to gifted students.

A copy of the procedural safeguards is provided with this notice.

If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Parental Consent

We must have your informed consent in writing before we can conduct this evaluation. Your consent is voluntary and may be revoked at any time. However, revocation will not negate an action that occurred while the consent was in place. This consent is limited to the initial evaluation, and does not include consent for the provision of special education and related services or placement in an ESE program. Please complete and return this page to:

Check all that apply.

☐ Yes, I consent to the proposed evaluation.

☐ No, I do not consent to the proposed evaluation.

☐ I would like to discuss the proposed evaluation before I provide consent. Please contact me at:

Parent/Guardian Signature: _____ Date: _____

Revisions to Evaluation Plan

This evaluation plan is based on the information currently available. Preliminary results may cause an evaluator to suspect a different disability; identify additional procedure(s) needed to ensure the evaluation is sufficiently comprehensive; or deem that proposed procedure(s) are not relevant or necessary. Please initial next to the action(s) you want us to take if a change is recommended.

___ **Conduct additional recommended procedures** to ensure a sufficiently comprehensive evaluation and notify me of the changes. I understand this will not delay completion of the evaluation.

___ **Eliminate procedures** in the proposed evaluation plan if they are deemed no longer relevant or necessary and notify me of the changes.

___ **Do not make any changes to the evaluation plan.** Please contact me to discuss any recommended changes.

Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR CHILD FIND EVALUATION

Student: _____ DOB: _____

School: _____

Grade: _____

Date: _____

Dear Parent/Guardian:

Based on the Child Find Referral, we feel additional is needed. An individual evaluation is recommended to assist us in meeting the educational needs of your child:

<input type="checkbox"/> Developmental	Assessment of Intellectual communication and social skills
<input type="checkbox"/> Speech/Language	Fluency and voice quality

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

<input type="checkbox"/> Yes	I give permission for the evaluation and understand my rights as explained on the Summary of Procedurals Safeguards.
<input type="checkbox"/> No	I do not give permission for the evaluation for the following reasons:
<input type="checkbox"/> Other	I request a conference before giving permission for testing.

Parent/Guardian Signature

Date

Address

Phone Number

As parent(s)/guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Act (IDEA) and Rule 6A-6.03311, FAC, Procedural Safeguards for Students with Disabilities or Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Students who are Gifted. Further explanation of rights and copies may be obtained.

WMIS SS2047

***** ***** **WAKULLA County School District** ***** *****

Notice and Consent for Exceptional Student Education (ESE) Reevaluation

Student:	Student ID:
DOB:	School:
Grade:	Meeting Date:
Reevaluation Due Date:	Reevaluation Date:

Dear Parent or Guardian:

Each student with a disability must be reevaluated at least once every three years, and may be reevaluated more frequently if the district determines that conditions warrant it or if the parent requests it. The purpose of this notice is to describe the proposed reevaluation, and, if applicable, request your consent to conduct it. The district is proposing to conduct

Review		
The following, evaluation procedures, assessments, records, or reports about the student's current educational performance and/or developmental progress were reviewed:		
Basis for Proposal		
The student is currently eligible for ESE services under the following exceptionality(ies):		
IEP team members considered the following questions:		
Yes	No	
		Is more information needed to determine if the student continues to have the disability(ies) indicated above?
		Is more information needed to determine if the student continues to need special education and related services?
		Is more information needed to determine the student's educational needs and present levels of academic achievement and related developmental needs?
		Is more information needed to determine if any additions or modifications to the special education and related services are needed to enable the student to meet the annual goals of the IEP and participate, as appropriate, in the general education curriculum?

Other factors, if any, relevant to the development of this proposal include:

Reevaluation Plan
Based on the review described above and the requirements of State Board of Education rules, the district is proposing the following:
<input type="checkbox"/> Option A: Additional information is needed to determine eligibility and/or for educational planning. A list of descriptions of commonly used evaluation procedures is attached. We are requesting your consent to conduct the following procedures: achievement: basic reading; learning media assessment; orientation and mobility; vision: medical eye exam, functional vision.
<input type="checkbox"/> Option B: No additional information is needed at this time. <ul style="list-style-type: none"> <input type="checkbox"/> The student continues to be eligible for ESE services under: <input type="checkbox"/> The student is newly determined to be eligible for ESE services under: <input type="checkbox"/> The student is no longer eligible for and is being discontinued from ESE services under: <input type="checkbox"/> The student no longer meets eligibility criteria for ESE services and is being dismissed from the ESE program.
Other options that were considered, if any, and the reason they were rejected, include:.

Parental Rights and Procedural Safeguards
As a parent of a student who may have a disability or be gifted, you have rights under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, Florida Administrative Code.
A copy of your procedural safeguards is provided with this notice.
If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Notice and Consent for Exceptional Student Education (ESE) Reevaluation

Student:.	Student ID:
DOB:	School:
Grade:	Meeting Date:
Reevaluation Due Date:	Reevaluation Date:

Parent Response

The district is proposing the reevaluation option checked below. Please indicate your consent/agreement, sign, and return this page to:.

☐ **Option A: Additional Information Is Needed**

We must seek informed consent in writing from a parent before conducting the formal evaluation procedures listed on Page 1 of this notice. Descriptions of commonly used evaluation procedures are attached for your information. Your consent is voluntary and may be revoked at any time. Revocation will not negate an action that occurred while the consent was in place. The reevaluation can proceed without parental consent if the district has made reasonable attempts to obtain consent and the parent has not responded.

Please indicate whether you consent to the proposed reevaluation.

- ☐ I consent to the proposed reevaluation.
- ☐ I do not consent to the proposed reevaluation.
- ☐ I would like to discuss the proposed reevaluation before I consent. Please contact me at:

Parent/Guardian Signature _____ Date _____

☐ **Option B: No Additional Information Is Needed At This Time**

You have the right to request additional assessments or other reevaluation procedures if you disagree with the team's decision that no additional information is needed to determine whether your child continues to be a student with a disability and his or her educational needs.

Please indicate whether you agree with this decision.

- ☐ I agree with this decision.
- ☐ I do not agree with this decision. I am requesting assessment to address the following:
- ☐ I would like to discuss the proposed reevaluation before I consent. Please contact me at:

Parent/Guardian Signature _____ Date _____

Wakulla County Schools
Exceptional Student Education
Parent Input for Re-Evaluation

Student Name: _____ Date: _____
Parent/Guardian's Name (Person completing form): _____

Check one:

☐ Completed by parent/guardian ☐ Personal Interview ☐ Telephone Interview
(If interview, conducted by _____ Date: _____)

1. How long has your child been receiving special education services? _____

2. Describe any current concerns you have about your child's educational program: _____

3. What goals do you have for your child? _____

4. Have there been any recent changes in your child's behavior or school performance? ☐ Yes ☐ No
If yes, please describe: _____

5. Has your child had any serious medical or psychological problems that have occurred during the last 3 years? ☐ Yes ☐ No
If yes, please explain: _____

6. Has your child received a psychological or educational evaluation from another agency or private practitioner in the last 3 years? ☐ Yes ☐ No If yes, who did it, where was it done, and what was the outcome? (Please provide a copy of the report, if you have one.) _____

7. Is your child currently taking any prescribed medications ☐ Yes ☐ No If yes, please describe the medication and the condition for which it was prescribed: _____

8. Have there been any significant changes in your home or family relationships during this last 3 years? ☐ Yes ☐ No If yes, please describe: _____

9. Is there any additional information about your child that you think is relevant to your child's 3 year re-evaluation? ☐ Yes ☐ No

10. Additional Comments: _____

Parent/Guardian Signature

Date

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET YOUR CHILD'S EDUCATIONAL NEEDS.

Return to the school by: _____ (Date)

**Wakulla County Schools
Exceptional Student Education
Occupational Therapy Plan of Care**

School year: _____ IEP Date: _____ Plan of Care Date: _____

Student's Name: _____ Grade: _____ Birth Date: _____

School: _____

Areas of Functional Limitations:

<input type="checkbox"/>	Neuromotor	<input type="checkbox"/>	Movement Patterns	<input type="checkbox"/>	Balance/Equilibrium
<input type="checkbox"/>	Strength	<input type="checkbox"/>	Sensory/Perception	<input type="checkbox"/>	Fine Motor Skills
<input type="checkbox"/>	ROM/Orthopedic				

Assessment of Current Status: *See present level on attached Annual Goals & Objectives*

Treatment Plan:

<input type="checkbox"/>	Switches/Computer Use	<input type="checkbox"/>	Visual/Perceptual Motor Skills	<input type="checkbox"/>	ADL Activities
<input type="checkbox"/>	UE Strengthening	<input type="checkbox"/>	UE Weight Bearing/Shifting	<input type="checkbox"/>	Oral Motor Skills
<input type="checkbox"/>	Muscle Facilitation	<input type="checkbox"/>	Grasping Skills	<input type="checkbox"/>	Sensory Processing
<input type="checkbox"/>	Establish Classroom Plan	<input type="checkbox"/>	Bilateral Skills	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Monitor Classroom Functioning	<input type="checkbox"/>	Coordination with PT/Speech/Vision/Mobility	<input type="checkbox"/>	Home Program/Family Training
<input type="checkbox"/>	Splinting/Adaptive Equipment	<input type="checkbox"/>	Writing/Pre-Writing	<input type="checkbox"/>	Social Work/Play Skills/Attending Skills

Comments: _____

Equipment

<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Splints	<input type="checkbox"/>	Adaptive Chair
<input type="checkbox"/>	AFO's if needed	<input type="checkbox"/>	Prone Stander	<input type="checkbox"/>	Other:

Long Term Goals: *See attached IEP Annual Goals & Objectives*

Short Term Goals: *See attached IEP Annual Goals & Objectives*

Frequency: _____ per

Duration: _____ minutes

Therapist: _____

Date: _____

**Wakulla County Schools
Exceptional Student Education
Physical Therapy Plan of Care**

School year: _____ IEP Date: _____ Plan of Care Date: _____

Student's Name: _____ Grade: _____ Birth Date: _____

School: _____

Areas of Functional Limitations:

<input type="checkbox"/>	Neuromotor	<input type="checkbox"/>	Movement Patterns	<input type="checkbox"/>	Balance/Equilibrium
<input type="checkbox"/>	Strength	<input type="checkbox"/>	Sensory/Perception	<input type="checkbox"/>	Fine Motor Skills
<input type="checkbox"/>	Transfers	<input type="checkbox"/>	Gait	<input type="checkbox"/>	ROM/Orthopedic
<input type="checkbox"/>	Other:				

Assessment of Current Status: *See present level on attached Annual Goals & Objectives*

Treatment Plan:

<input type="checkbox"/>	Strengthening	<input type="checkbox"/>	Consult with OT/SLP/Vision	<input type="checkbox"/>	Staff Training
<input type="checkbox"/>	ROM/Stretching	<input type="checkbox"/>	Developmental Motor Skills	<input type="checkbox"/>	Equipment Needs
<input type="checkbox"/>	Transfers/Weight Shifting	<input type="checkbox"/>	Functional Living/Self Care Skills	<input type="checkbox"/>	Gain/Mobility Training
<input type="checkbox"/>	Establish Classroom Plan	<input type="checkbox"/>	Facilitation of More Normal Movement	<input type="checkbox"/>	Balance Equilibrium
<input type="checkbox"/>	Coordination	<input type="checkbox"/>	Home Programs/Family Training	<input type="checkbox"/>	Other:

Comments:

Equipment

<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Splints	<input type="checkbox"/>	Adaptive Chair
<input type="checkbox"/>	AFO's if needed	<input type="checkbox"/>	Prone Stander	<input type="checkbox"/>	Other:

Long Term Goals: *See attached IEP Annual Goals & Objectives*

Short Term Goals: *See attached IEP Annual Goals & Objectives*

Frequency: _____ per

Duration: _____ minutes

Recommendation:

<input type="checkbox"/>	Continue Therapy	<input type="checkbox"/>	Physical Therapy Consult
<input type="checkbox"/>	Discontinue	<input type="checkbox"/>	Not Qualified at this time (see Cert)

Therapist: _____ Date: _____

Student Profile

Personal Care – management of personal needs and equipment within the educational environment			
1	2	3	4
<p>Student demonstrates adequate dressing/undressing, hygiene, self-feeding skills, or oral motor skills with/without present equipment or devices.</p> <p>Student demonstrates adequate personal care skills using equipment/devices.</p>	<p>Student requires supervision, prompts for dressing/undressing, hygiene, self-feeding, or oral motor skills.</p> <p>Student requires supervision, prompts to use personal care equipment/devices.</p>	<p>Student requires physical assistance or specific strategies for dressing, undressing, hygiene, self-feeding or oral motor skills.</p> <p>Student requires multiple equipment/devices and needs physical assistance.</p>	<p>Student requires intensive training by therapist to facilitate emerging dressing/undressing, hygiene, self-feeding, or oral motor skills.</p> <p>Student requires multiple equipment/devices and needs intensive training by therapist in use of devices.</p>
Mobility – safe and adequate movement, (e.g., transfers, transitions between positions or locations, the ability to navigate architectural barriers) within the educational environment.			
1	2	3	4
<p>Student demonstrates adequate mobility with present equipment or devices.</p> <p>Student demonstrates adequate mobility without equipment or devices.</p> <p>Student demonstrates adequate transfer and transition skills.</p>	<p>Student uses equipment or devices for mobility with supervision/prompts.</p> <p>Student requires supervision and prompts for safe and adequate mobility.</p> <p>Student requires supervision and prompts to complete transitions/transfers.</p>	<p>Student requires physical assistance or specific strategies to use equipment for mobility.</p> <p>Student requires physical assistance or specific strategies for safe and adequate mobility.</p> <p>Student requires physical assistance or specific strategies to complete transitions/transfers.</p>	<p>Student requires intensive training by therapist in specific strategies for new equipment.</p> <p>Student requires intensive training by therapist to demonstrate emerging mobility skills.</p> <p>Student requires intensive training by therapist to demonstrate emerging transition/transfer skills.</p>
Gross Motor – developmental motor skills, positioning equipment, and/or static/dynamic balance needed to participate within the educational environment.			
1	2	3	4
<p>Student can assume, maintain or change positions needed for participation.</p> <p>Student demonstrates adequate gross motor skills needed for participation.</p> <p>Student demonstrates adequate use of equipment/positioning devices for gross motor skills.</p>	<p>Student requires supervision and prompts to assume, maintain or change positions.</p> <p>Student requires supervision and prompts to perform gross motor skills.</p> <p>Student requires supervision and prompts to use equipment/positioning devices for gross motor skills.</p>	<p>Student requires physical assistance and/or specific strategies to assume, maintain or change positions.</p> <p>Student requires physical assistance or specific strategies to perform gross motor skills.</p> <p>Student requires physical assistance and/or specific strategies to use equipment/positioning devices for gross motor skills.</p>	<p>Student has emerging skills and requires intensive training by therapist to assume, maintain or change positions.</p> <p>Student requires intensive training to perform gross motor skills.</p> <p>Student requires multiple trails of positioning equipment to access the educational environment.</p>

Student's needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.

Student Profile

Fine Motor/Visual Motor – visual perception, visual motor, and fine motor skills needed to manipulate and manage materials within the educational environment			
1	2	3	4
Student demonstrates adequate visual perceptual and/or visual motor skills.	Student requires supervision and prompts to perform visual perceptual and/or visual motor skills.	Student requires physical assistance and/or specific strategies to perform visual perceptual and/or visual motor skills.	Student requires intensive training by therapist to perform visual perceptual and/or visual motor skills.
Student can manipulate objects/tools/adaptive devices.	Student requires supervision and prompts to manipulate objects/tools/adaptive devices.	Student requires physical assistance and/or specific strategies to manipulate objects/tools/adaptive devices.	Student requires intensive training by therapist to demonstrate emerging manipulation of objects/tools/adaptive devices.
Sensory Processing – body awareness and sense of movement, sensory perception, exploration, and interaction with others during play and work activities within the educational environment			
1	2	3	4
Student tolerates movement, touch, textures, sights, sounds and smells occurring in educational environment. Student seeks appropriate sensory input.	Student requires supervision and prompts to tolerate touch, textures, sights, sounds and smells or to seek appropriate sensory input.	Student requires physical assistance and/or specific strategies to tolerate movement, touch, textures, sights, sounds and smells or to seek appropriate sensory input.	Student requires intensive interventions by therapist to tolerate movement, touch, textures, sights, sounds and smells or to seek appropriate sensory input.
Student adequately uses suggested techniques for self-regulation.	Student requires supervision and prompts to utilize suggested techniques for adequate self-regulation.	Student requires physical assistance and/or specific strategies to utilize suggested techniques for adequate self-regulation.	Student requires intensive training by therapist to use suggested techniques for self-regulation.
Student is able to make choices, organize, motor plan and initiate tasks.	Student requires supervision and prompts to make choices, organize, motor plan and initiate tasks.	Student requires physical assistance and/or specific strategies to make choices, organize, motor plan and initiate tasks.	Student requires intensive training by therapist to make choices, organize, motor plan and initiate tasks.

Student's needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.

Therapy Profile

Number of years student has received Educationally Relevant Therapy			
1	2	3	4
More than 8 years of therapy	5 to 8 years of therapy	3 to 5 years of therapy	Less than 3 years of therapy
Potential response to Educationally Relevant Therapy			
1	2	3	4
Student is expected to function in the educational environment without therapy services.	Student is expected to maintain current level of performance with periodic therapy services in the educational environment.	Student is expected to make progress towards educational goals with therapy services.	Student is expected to make significant progress towards educational goals with therapy services
Student's Learning Environment			
1	2	3	4
Student is able to access the learning environment with/without use of compensatory skills or modifications.	Periodic review or modification of the student's learning environment, including community-based instruction sites, is necessary.	Regular review or modification of the student's learning environment, including community-based instruction sites, is necessary. .	Extensive review or modification of the student's learning environment, including community-based instruction sites, is necessary.
Therapy Services to be provided to student			
1	2	3	4
<p>Student does not require intervention by the therapist once suggested modifications are in place.</p> <p>Student does not require intervention by the therapist to access and benefit from special education.</p>	Student requires periodic support from the therapist to benefit from special education.	Student requires regular support from the therapist to benefit from special education.	Student requires extensive support from the therapist to benefit from special education as student's educational needs are frequently changing.
Support Services to be provided to school staff and/or parents			
1	2	3	4
Staff/parents do not require therapist involvement to establish a program and select adaptive equipment, techniques or routines.	Staff/parents require periodic therapist involvement and/or training to establish a program and select adaptive equipment, techniques or routines.	Staff/parents require regular therapist involvement and or training to establish a program and select adaptive equipment, techniques or routines.	Staff/parents require intensive therapist involvement and/or training to establish a program and select adaptive equipment, techniques or routines.

Wakulla County School Board
PRE-K MULTI-DISCIPLINARY EVALUATION TEAM WRITTEN REPORT

Student Name: _____
School: _____ Grade: _____
Date _____
DOB: _____

1. This child ☐ is, ☐ is not, developmentally delayed.
2. The basis for making the determination includes procedures and criteria established by Rule 6A-61.03027, FAC, and are incorporated in the Wakulla County School Board's *Special Programs and Procedures for Exceptional Students*.
3. a. There ☐ is, ☐ or is not, a delay of 2.0 standard deviations below the mean or 25% delay on scores yielding months in at least one area of development or a delay of 1.5 standard deviations below the mean or a 20% delay on scores yielding months in at least two or more of the following areas of development:
 - 1) Adaptive or self-help development
 - 2) Cognitive development
 - 3) Communication development
 - 4) Social or emotional development
 - 5) Physical development including fine, or gross, or perceptualb. The child does not exhibit a delay as defined by the above criteria; however, exhibits abnormal or questionable sensory-motor responses, atypical or irregular patterns of language or cognition, or problematic social/emotional patterns as documented by the attached report compiled by persons capable of making an informed clinical opinion.
4. The Educational relevant medical findings, if any, include:

See Developmental Evaluation Confidential Report, dated _____ or attached
_____ Report.

5. The team finds this student's developmental delay ☐ is, ☐ is not, due to environmental/cultural or economic disadvantages.

This report ☐ does, ☐ does not, reflect the conclusions of the following team members. (If this report does not reflect the conclusions of the team members, a separate report must be filed by any member who is not in agreement.)

Signature – Evaluator

Signature – Parent

Signature – Other

Signature – LEA Teacher

Signature – Other

Signature – Other

Wakulla County Schools
PRIOR WRITTEN NOTICE

To the Parents/Guardians of: _____ DOB: _____

School: _____

Date of Notice: _____

The Individuals with Disabilities Education Act (IDEA) requires that prior written notice be given to parents a reasonable time before the school district proposes or refuses to initiate or change the identification, evaluation, or educational placement of a student with a disability, or the provision of a free appropriate public education (FAPE) to the student. (34 CFR 300.503)

1. The following action is being proposed or refused:

2. This action is being proposed or refused because:

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:

4. Other options that were considered and the reasons those other options were rejected, are as follows:

5. Other factors relevant to the proposal or refusal include:

Parents of students with a disability have protections under the procedural safeguards provided by the IDEA. If a copy of the procedural safeguards is not provided with this notice, one can be obtained on the Florida Department of Education website (www.fldoe.org/ese/procedural.pfd).

For assistance in understanding your procedural safeguards or the information described above, please contact:

Name and/or title:	Phone and extension:
Name and/or title	Phone and extension:

Notice completed by:

Signature

Date

**PROCEDURES FOR EXEMPTIONS OF CERTAIN STUDENTS WITH
DISABILITIES FROM PARTICIPATION IN STATEWIDE STANDARDIZED
ASSESSMENTS**

Under Florida law, IEP teams may determine that certain students with disabilities should be granted an exemption from the administration of a statewide assessment. There are two types of exemptions that will require notification of and participation by the district's ESE Director/designee to ensure proper procedures are followed. The two types of exemptions, as outlined below, are the "Extraordinary Exemption" and the "Medical Complexity Exemption".

Obtaining the "Extraordinary Exemption"

Section 1008.212, F.S. provides for the provision of an Extraordinary Exemption for some students with disabilities. An IEP team may determine that a student with a disability is prevented by a "circumstance" or "condition" from physically demonstrating the mastery of skills that have been acquired and are measured by a statewide standardized assessment and may recommend that an extraordinary exemption from the administration of a statewide assessment be granted. It is important to note that a learning, emotional, behavioral or significant cognitive disability or the receipt of services through the homebound or hospitalized program is not, in and of itself, an adequate reason for granting of an extraordinary exemption.

Definitions that apply to Extraordinary Exemption provisions

"Circumstance" means a situation in which accommodations allowable for use on the statewide standardized assessment, a statewide standardized end-of-course assessment, or another alternate assessment are not offered to a student during the current year's assessment administration due to technological limitations in the testing administration program which lead to results that reflect the student's impaired sensory, manual, or speaking skills rather than the student's achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

"Condition" means an impairment, whether recently acquired or longstanding, which affects a student's ability to communicate in modes deemed acceptable for statewide assessments, even if appropriate accommodations are provided, and creates a situation in which the results of administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment would reflect the student's impaired sensory, manual, or speaking skills rather than the student's achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

Procedure for requesting/obtaining an Extraordinary Exemption

A student's IEP team, which must include the parent, may submit to the school district's Superintendent a written request for an extraordinary exemption at any time during the school year, but not later than 60 calendar days before the current year's assessment administration for which the request is made. The written request must include all of the following:

- a. A written description of the student's disabilities, including a specific description of the

- student's impaired sensory, manual or speaking skills.
- b. Written documentation of the most recent evaluation data.
- c. Written documentation, if available, of the most recent administration of the statewide standardized assessments.
- d. A written description of the circumstance's or conditions effect on the student's participation in statewide standardized assessments.
- e. Written evidence that the student has had the opportunity to learn the skills being tested.
- f. Written evident that the student has been provided appropriate instructional accommodations.
- g. Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student's IEP which are allowable in the administration of a statewide standardized assessment.
- h. Written evidence of the circumstance or condition as defined under the law; and
- i. The name, address and phone number of the student's parent.

Based upon the documentation provided by the IEP team, the school district's Superintendent will recommend to the Florida Commissioner of Education whether an extraordinary exemption from participation in a given statewide assessment administration should be granted or denied. The school district's recommendation and accompanying documentation must be sent to the Florida Department of Education. Office of the Commissioner, 325 West Gaines Street, Tallahassee, Florida 32399-0400. The school district must also provide a copy of the school district's Notice of Procedural Safeguards (as found on FDOE's website) to the parent. If the parent disagrees with the IEP team's recommendation, the dispute resolution methods (i.e., mediation and due process hearings) described in the procedural safeguards shall be made available to the parent.

Upon receipt of the request, documentation and recommendation, the Commissioner shall verify the information documented, make a determination and notify the parent and the school district Superintendent in writing within 30 calendar days after the receipt of the request whether the exemption has been granted or denied. In order for the extraordinary exemption to be granted by the Commissioner, all required documentation must be submitted and must provide sufficient evidence that the identified circumstance or condition prevents the student from physically demonstrating the mastery of skills that have been acquired and are measured by the statewide standardized assessment. If the Commissioner grants the exception, the student's progress must be assessed in accordance with the goals established in the student's individual education plan. If the Commissioner denies the exemption, the notification must state the reasons for the denial.

Where the parent of a student with a disability disagrees with the Commissioner's denial of an extraordinary exemption, the parent may request an expedited due process hearing on that issue. If the parent requests an expedited hearing, the Florida Department of Education is required to inform the parent of any free or low-cost legal services and other relevant services available in the area. The Florida Department of Education must also arrange a hearing with the Division of Administrative Hearings (DOAH), which must be commenced within 20 school days after the parent's request for the expedited hearing. The assigned DOAH administrative law judge is required to make a determination within 10 school days after the expedited hearing occurs. The standard of review for the expedited hearing is de novo, and the Florida Department of Education has the burden of proof.

It is also required that beginning June 30, 2014 and each June 30 thereafter, the Commissioner must

annually submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives the number of extraordinary exemptions requested, the number of extraordinary exemptions granted under this section and the criteria by which all decisions were made. The Commissioner must also regularly inform district testing and special education administrators of the procedures established for extraordinary exemption.

Obtaining the “Medical Complexity Exemption”

Florida law also contemplates an exemption for participation in statewide standardized assessments for a student with “medical complexity” if the parent consents in writing and the student’s IEP team determines that the student should not be assessed based upon medical documentation that the student meets the definition of a child with medical complexity.

Definitions that apply to “Medical Complexity Exemption”

“A child with a medical complexity” means a child who, based upon medical documentation from a physician licensed under Florida laws, Chapter 458 or 459, is medically fragile and needs intensive care due to a condition such as congenital or acquired multisystem disease; has a severe neurological or cognitive disorder with marked functional impairment; or is technology dependent for activities of daily living; and lacks the capacity to take or perform on an assessment.

Procedures for requesting/obtaining a Medical Complexity Exemption

If the parent consents in writing, and the student’s IEP team determines that the student should not be assessed based on medical documentation that confirms that the student meets the criteria of medical complexity, the parent may select one (1) of the following assessment exemption options:

Exemption Option 1: A one-year exemption approved by the school district’s Superintendent. If the Superintendent is provided written documentation of parental consent and appropriate medical documentation to support the IEP team’s determination that the child is a child with medical complexity, then the Superintendent may approve a one-year exemption from all statewide standardized assessments. For all students approved by the school district’s Superintendent for a one-year exemption, the Superintendent must report, beginning June 01, 2015 and each June 1 thereafter, to the district’s school board and the Florida Commissioner of Education the total number of students who are identified with medical complexity and were granted a one-year exemption by the Superintendent. In addition, and at this time, the Superintendent must provide to the Commissioner each student’s name, grade level and specific statewide standardized assessment(s) from which the student was exempted.

Exemption Option 2: A one-, two- or three-year or permanent exemption approved by the Florida Commissioner of Education. If the Commissioner is provided written documentation of parental consent; school district Superintendent approval; the IEP team’s determination that the child is a child with medical complexity based upon appropriate medical documentation; and all medical documentation, then the Commissioner may exempt the child from all statewide standardized assessments for up to 3 years. In order for the Commissioner to consider such an exemption, the following information must be submitted by the school district’s Superintendent to the Commissioner

of Education no later than 30 calendar days before the first day of the administrative window of the statewide standardized assessment for which the request is made:

1. The student's name, grade level and the statewide standardized assessment for which the exemption request is made;
2. The name, address and phone number of the student's parent's;
3. Documentation of parental consent for the exception;
4. Documentation of the superintendent's approval of the exemption;
5. Documentation that the IEP team considered and determined that the student meets the definition of medically complex as defined in Section 1008.22(9), F.S.; and
6. Medical documentation of the student's condition as determined by a physician licensed in accordance with Chapter 458 or 459, F.S.

Upon receipt of the request, documentation and recommendation, the Commissioner shall verify the information documented, make a determination, and notify the parent and the school district's Superintendent in writing within 20 calendar days after the receipt of the request whether the exemption has been granted or denied.

**EXCEPTIONAL STUDENT EDUCATION
EXTRAORDINARY EXEMPTION REQUEST FORM**

Student Name: _____ Student Number: _____
School: _____ Eligibility: _____
IEP Date: _____

Requirements to be completed by the IEP team with the assistance and participation of the district's ESE Director/designee:

Note: **This completed application, along with accompanying documentation, must be submitted to the attention of the school district's Superintendent no later than 60 calendar days before the current year's assessment administration.**

The IEP team, including the parent, may submit to the school district's Superintendent a written request for an extraordinary exemption at any time during the school year, but not later than 60 days before the current year's assessment administration for which the request is made. The request must include all of the following: *(Check each to ensure that all have been included)*

- ☐ A written description of the student's disabilities, including a specific description of the student's impaired sensory, manual, or speaking skills.
- ☐ Written documentation of the most recent evaluation data.
- ☐ Written documentation, if available, of the most recent administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment.
- ☐ A written description of the condition's effect on the student's participation in the statewide standardized assessment, an end-of-course assessment, or an alternate assessment.
- ☐ Written evidence that the student has had the opportunity to learn the skills being tested.
- ☐ Written evidence that the student has been provided appropriate instructional accommodations.
- ☐ Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student's IEP, which are allowable in the administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment in prior assessments.
- ☐ Written evidence of the circumstance or condition as defined in under the law.

ESE Director/Designee Signature

Date

To be completed by school districts Superintendent and forwarded to the Florida Commissioner of Education, along with all supporting documentation:

Requested exemption is _____ Recommended _____ not Recommended

Superintendent Signature

Date

School: _____

A written description of the student's disabilities, including a specific description of the student's impaired sensory, manual, or speaking skills

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across the entire width of the page, typical of notebook or legal stationery. The background is a solid off-white color.

School: _____

Required Supporting Documentation:

Written description of the most recent evaluation data

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across the entire width of the page, typical of notebook or legal stationery. The background is a solid off-white color.

School: _____

Written documentation, if available, of the most recent administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There are no margins, text, or other markings on the paper.

School: _____

Written evidence that the student has had the opportunity to learn the skills being tested

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There are no margins, text, or other markings on the paper.

School: _____

Written evidence that the student has been provided appropriate instructional accommodations

[illegible]

School: _____

Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student's IEP, which are allowable in the administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment in prior assessments

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, typical of notebook or primary writing paper. The background is white, and there are no margins, text, or other markings present.

School: _____

Written evidence of the circumstance or conditions defined as follows:

a. "Circumstance" means a situation in which accommodations allowable for use on the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment pursuant to s. 1008.22(3)(c) are not offered to a student during the current year's assessment administration due to technological limitation in the testing administration program which lead to results that reflect the student's impaired sensory, manual, or speaking skills rather than the student's achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

b. "Condition" means an impairment, whether recently acquired or longstanding, which affects a student's ability to communicate in modes deemed acceptable for statewide assessments, even if appropriate accommodations are provided, and creates a situation in which the results of administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment would reflect the student's impaired sensory, manual, or speaking skills rather than the student's achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page, providing a guide for handwriting or typing. The background is a solid off-white color.

**EXCEPTIONAL STUDENT EDUCATION
MEDICAL COMPLEXITY EXEMPTION REQUEST FORM**

Student Name: _____ Student Number: _____
School: _____ Eligibility: _____
IEP Date _____

Parent's name, address and phone:

Statewide standardized assessment(s) for which this exemption request is being made:

The IEP team has determined that this student should be exempt from statewide standardized assessments, including the FAA, based upon medical complexity. In addition, the parent consents to this request, as indicated by the parental signature below, and the ESE Director/designee has participated in the preparation of this request.

The following medical complexity exemption is selected by the parent: (Choose one of the two options selected by the parent and complete and prepare required documentation in support as required for that Option):

 OPTION 1: A one-year exemption approved only by the school district's Superintendent.

The following is included in support of this request, as required:

- ☐ Written consent from the parent as reflected by signature below; and
- ☐ Documentation from a physician licensed under Florida laws, Chapter 458 or 459, indicating that the student is medically fragile and needs intensive care due to a condition, such as congenital or acquired multisystem disease; has a severe neurological or cognitive disorder with marked functional impairment; or is technology dependent for activities of daily living; and lacks the capacity to take or perform on an assessment.

Action by Superintendent: By the Superintendent's signature below, the requested on-year exemption is granted. It is understood that the Superintendent must report, beginning June 1, 2015 and each June 1 thereafter, to the district's school board and to the Florida Commissioner of Education the total number of students who are identified with medical complexity and were granted a one-year exemption by the Superintendent. At this time, the Superintendent must also provide to the Commissioner each student's name, grade level and specific statewide standardized assessment(s) from which the student was exempted.

 OPTION 2: Submitted no later than 30 calendar days before the first day of the administration window of the statewide standardized assessment for which the request is made, an exemption approved by the Florida Commissioner of Education for: (check which is request)

- ☐ **One year**
- ☐ **Two year**
- ☐ **Three year**
- ☐ **Permanently**

The following is included in support of this request, as required:

- ☐ Written consent from the parent as reflected by signature below;
- ☐ The school district's Superintendent's approval of the requested exemption, as reflected by signature below;
- ☐ The IEP team has considered and determined that the child is a child with medical complexity based upon appropriate medical documentation;
- ☐ All medical documentation of the student's condition in support of the IEP team's determination and as determined by a physician licensed in accordance with Florida laws, Chapter 458 or 459.

Request for exemption approved and consented to by:

_____	_____
Parent/Guardian(s) Signature	Date

_____	_____
Superintendent	Date

By signing this document, I hereby consent to the submission of this Request for Exemption from Standardized Assessment based upon Medical Complexity as determined by the IEP team and supported by required medical documentation.

Wakulla County Schools
Exceptional Student Education
Re-Evaluation Report (K-12)

Student Name: _____ School _____ DOB _____

- ☐ No Formal Assessment Recommended
 ☐ Dismissal Summary
☐ Formal Assessment Recommended

Formal Assessment Type	Date	Name of Assessment	Evaluator
Academic			
Physical Therapy			
Occupational Therapy			
Speech			
Language			
Assistive Technology			
FBA			
IQ			
Other (Specify)			

Formal Assessment Results

IEP TEAM RECOMMENDATIONS:

Continued Need for Special Education Services

- ☐ YES ☐ NO

(If NO is checked, complete Staffing Form
& Notice of Dismissal)

Related Services:

- ☐
- ADD
- ☐
- DISCONTINUE
- ☐
- N/A

- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Language Therapy
- ☐ Orientation & Mobility
- ☐ Behavior Services
- ☐ Physical Therapy

Change in Eligibility Status

- ☐ YES ☐ NO

(If YES is checked, complete Staffing Form)

Next Re-evaluation Due Date:

Form completed by:

Date: _____

Review of Student Progress/Comments

Wakulla County Schools
Exceptional Student Education
Results of Re-Evaluation Needs Review

Student's Name: _____ Student #: _____ DOB: _____ Grade _____

School: _____ Today's Date: _____

Current ESE Programs: _____

Current ESE Related Services: _____

An Individual Education Plan (IEP) meeting was held to discuss the re-evaluation needs of this student. At this meeting, the following information on the student's progress was reviewed by the IEP team:

Current Progress Data (list and describe):

Classroom grades: _____

Standardized test Scores: _____

Progress toward IEP Goals: _____

Progress on Behavior Plan: _____

Other: _____

Based upon the review of the above data, the IEP team determined that:

- ☐ No additional data is required to determine that the student continues to require ESE services and will remain in the current ESE programs/services.
- ☐ No additional data is required to determine that the student has mastered the IEP goals and is successful in the classroom without ESE services in the Program(s) and will be dismissed from those programs. *(Include Prior Written Notice)*
- ☐ No additional data is required to determine that the student has met exit criteria and will be dismissed from the Speech Impaired or Language Impaired Program *(Include Prior Written Notice)*
- ☐ No additional data is required to determine that the student has mastered annual goals relevant to Related Services in the area(s) of: *(check appropriate services) (Include Prior Written Notice)*

<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Language Therapy
<input type="checkbox"/>	Occupational Therapy; or
<input type="checkbox"/>	Physical Therapy and services will be discontinued

- ☐ IEP Team has determined that a formal re-evaluation is needed. Follow procedures for formal re-evaluation, including Informed Notice and Consent for Re-evaluation and Parent Input for Re-evaluation.

STUDENT INFORMATION

Date: _____

I, _____

(Parent/Guardian/18 year old Student)

Hereby authorize: *(include name of person to contact)* _____

To release the following records regarding my child/children

Student's Legal Name

Birth Date

School

Student's Legal Name

Birth Date

School

Student's Legal Name

Birth Date

School

Which includes:

<input type="checkbox"/>	Psychological data	<input type="checkbox"/>	Cumulative data
<input checked="" type="checkbox"/>	Personality test(s)	<input checked="" type="checkbox"/>	Withdrawal grades
<input checked="" type="checkbox"/>	Adaptive behavior scales	<input type="checkbox"/>	Dates of attendance
<input type="checkbox"/>	Social/ Medical History	<input type="checkbox"/>	Graduation requirements
<input type="checkbox"/>	Present levels of subject area performance	<input type="checkbox"/>	Grade level
<input type="checkbox"/>	ESE records including IEP		Health/Immunization records/TBrecords <i>(Initial to release)</i>

To: _____

(Name)

(Address)

(FaxNumber)

THESE RECORDS MAY NOT BE RELEASED TO ANOTHER PARTY AND/OR AGENCY WITHOUT PRIOR APPROVAL OF THE PARENT/ GUARD IAN AND/OR ELIGIBLE STUDENT.

NOTE: The federal law (Buckley Amendment) does not require prior written consent of the student or parent/ guardian when releasing information to officials of schools in which the student intends to enroll or other school officials within the facility who have legitimate educational interests in the information.

Authorized Signature

Date

Relationship

Address

Home Telephone

City

State

Zip

If no number, please give a number where you can be contacted

Wakulla County School District

Parent Consent to Release Information to Outside Agencies

Family Education Rights to Privacy Act (FERPA)

For Release of Records to:

Agency Name

Address

Agency Contact Name

Phone Number

Fax Number

I hereby consent to the provision of information from the education records of my child as follows:

Student Name

Student Date of Birth

This Consent covers medical records contained in educational records maintained by the School District under the Individuals with Disabilities Education Act (IDEA) and/or Section 504 of the Rehabilitation Act (Section 504).

The only type of information that is to be released pursuant to this consent is *(initial each as appropriate)*

- _____ Academic Records (includes courses taken, grades received, GPA, transcripts, Response to Intervention (RTI) data and assessment data)
- _____ Disciplinary Records (includes disciplinary referrals, disciplinary action, Response to Intervention (RTI) data for behavior, suspensions, expulsions)
- _____ Exceptional Student Education (ESE) Records (includes IEP's, evaluations, reports, psychological evaluations and reports)
- _____ Section 504 Records (includes evaluations, Section 504 Plans and other relevant documentation)
- _____ Attendance Records
- _____ Other: Specify
- _____ Counseling
- _____ Coordination of mental health services

_____ Coordination of therapy

_____ Other: _____

In providing my consent to the release of records, I understand that the information will be released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent. I understand that I may revoke this Consent by providing written notice to the Principal of the school from which records are being requested. I further understand that until this revocation is made, this Consent shall remain in effect for the current school year and educational records will continue to be provided to the agency listed for the specific purpose(s) listed above.

Please note: Parent Consent to Release Student Information forms must be completed annually.

Student Name (Print)

Signature of Student (if 18 years of age or older)

Parent Name (Print)

Signature of Parent (if student is younger than 18 years
of age)

XC: Student's Cumulative Folder
 Student's ESE Folder
 Student's Section 504 Folder

WMIS SS2182 New 05/15

Wakulla County School Board
PROCEDURES FOR REVOCATION OF CONSENT

If a parent contacts a teacher and requests revocation of ESE services, the teacher will:

- provide data supporting the need for continued service
- explain that FSA accommodations will no longer be an option
- explain that the student will no longer be eligible for a McKay scholarship or FSA Waiver (for high school students)
- explain that the revocation applies to all ESE services (OT, PT, Speech, Language) with the exception of gifted; and
- explain that the child will lose all rights afforded under IDEA.

If the parent still wants to pursue revocation, the teacher is to notify the Principal or his/her designee who will provide the parent with the attached letter and again inform him/her of what revocation will mean to the student in terms of loss of services/opportunities.

If the parent revokes services, the request must be honored at that time.

Once the letter is signed, the student becomes a general education student. If a parent requests ESE services again, the student will be evaluated and eligibility will be determined through the RTI process. If current intervention data is available and the time since revocation is short, the evaluation period should be short. However, if time between the revocation and request for evaluation is lengthier, it is treated as an initial evaluation and could take several weeks. ESE records will continue to be transferred when students move/withdraw and will not be expunged. If a student commits an offense requiring disciplinary action after Revocation of Consent, there are no restrictions on suspension days.

If a parent signs a Revocation of Consent, the teacher(s), LEA and staffing specialist should convene within ten days and complete a conference form providing data on whether the student met or did not meet dismissal criteria for the ESE program. The conference form should be filed in the ESE folder along with the Parent Revocation of Consent. This conference form is available for download from the district website. In addition, an Informed Notice of Intent to Change Identification, Placement or Provision of FAPE and Eligibility Determination and Placement Staffing form must be completed. Please send a copy of the completed Revocation of Consent to the ESE Director and the district office will enter the data.



ROBERT PEARCE
SUPERINTENDENT

VERNA BROCK
DISTRICT I

MELISA TAYLOR
DISTRICT II

WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD POST
OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850)926-0065
FAX: (850) 926-0123



CALE LANGSTON
DISTRICT III

JOSH BROWN
DISTRICT IV

JO ANN DANIELS
DISTRICT V

Date:

Director, Exceptional Student Education
Wakulla County Schools
69 Arran Rd.
Crawfordville FL 32327

Dear Director:

I am writing to revoke my informed consent for the special education and related services and the placement of my child, _____ who attends _____, in a special education (exceptional student education, [ESE]) program. I understand this is my choice as described in the Individuals with Disabilities Education Act, Title 34 of the CFR, Section 300.300. I also understand that by revoking my consent, my child will no longer be considered a student with a disability and the following provisions, including but not limited to, will no longer be available to my child: accommodations on the statewide assessments; FSA Waiver for graduation; discipline rules that apply specifically to students with disabilities; specially designed instruction; and related services. I also understand that I will be held to the academic and behavioral standards required by students on regular student progression.

In the future, if I wish to be identified as a student with disability under IDEA, I must give my informed consent for an initial evaluation and if appropriate, my informed consent for initial placement for special education services. I understand that the initial evaluation and eligibility process must be followed for my child to be determined a student with a disability under IDEA.

Sincerely,

Parent's Signature

Student Name _____ Student ID Number _____ DOB _____

Crawfordville Elementary • Medart Elementary • Shadeville Elementary • Riversink Elementary
Riversprings Middle School • Wakulla Middle School • Wakulla High School
Wakulla Education Center • Wakulla Institute

Wakulla County Schools

SCREENING REPORT

Date: _____ Student Number: _____
 Student: _____ DOB: _____
 Primary Language: _____ School: _____
 Grade: _____ Teacher: _____ Referred by: _____
 Reason: _____

<p style="text-align: center;">HEARING</p> <p>Passed: _____ Failed: _____</p> <p>COMMENTS:</p>	<p style="text-align: center;">VISION</p> <p>Passed: _____ Failed: _____</p> <p>R _____ L _____</p> <p>Glasses/Contact Lenses: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>COMMENTS:</p>
<p>Person Responsible/Position _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>Person Responsible/Position _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> YES <input type="checkbox"/> No</p>
<p style="text-align: center;">SPEECH</p> <p>Passed: _____ Failed: _____</p> <p> Articulation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Fluency: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Voice: <input type="checkbox"/> Pass <input type="checkbox"/> Fail </p> <p>COMMENTS:</p>	<p style="text-align: center;">LANGUAGE (Omit for Speech Screening)</p> <p>Passed: _____ Failed: _____</p> <p> Test Results: Joliet 3-minute screener <input type="checkbox"/> Pass <input type="checkbox"/> Fail CELF (screening) <input type="checkbox"/> Pass <input type="checkbox"/> Fail Other _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail </p> <p style="text-align: right;"> TOTAL SCORE _____ EXPRESSIVE SCORE _____ RECEPTIVE SCORE _____ OTHER _____ </p> <p>COMMENTS:</p>
<p>Person Responsible/Position _____</p> <p>Instrument Used: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>Person Responsible/Position _____</p> <p>Instrument Used: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> YES <input type="checkbox"/> No</p>

Student: _____

**Wakulla School District
Services Plan (SP)**

I. Student Information

Date of Meeting:	Initiation Date:
Student Name:	Duration Date:
Student ID:	Reevaluation Due Date:
DOB:	School Number:
Grade:	School:
Primary Exceptionality:	
Other Exceptionality:	
Parents:	Address:

II. Present Levels of Performance

Special Considerations as they relate to the services to be provided (e.g. limited English proficiency):

Concerns of the parent for enhancing the education of the student, as they relate to the services to be provided:

Based on the results of recent evaluations, class work, the interests and strengths of the student, and other available data, as related to the services to be provided, the student is able to:

The student's disability affects the student's involvement and progress in the general curriculum (or, for a preschool child, participation in appropriate activities) in the following way, as it relates to the services(s) to be provided:

Student: _____

III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

Goal: Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Goal Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Goal Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Student: _____

III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

Goal: Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Goal Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Goal Description:	
Short-term Objectives or Benchmarks:	
Progress toward the annual goal will be measured by:	
Progress toward the annual goal will be reported to parents by:	

Student: _____

IV. Exceptional Education Services

Specially Designed Instruction	Initiation	Duration	Frequency	Location

If any of the services you have provided relate to transportation please provide an explanation of these services:

Specially Designed Instruction	Initiation	Duration	Frequency	Location

V. Classroom Accommodations

Instructional (classroom) accommodations will be provided, as appropriate, to private school students with disabilities receiving services through enrollment in a general education course offered by the public school.

Accommodation	Initiation	Duration	Frequency	Location

VI. Assessment Accommodations

Assessment accommodations will be provided, as appropriate, to private school students with disabilities who choose to participate in the statewide assessment. The district shall provide locations and times to take all assessments under section 1008.22, Florida Statutes.

Assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment's reliability or validity. Only accommodations allowed by individual test administration manuals may be implemented on standardized test. In accordance with Rule 6A-1.0943, Florida Administrative Code, the need for any unique accommodations for use on state assessments must be approved by the Commissioner of Education.

Presentation:	
---------------	--

Responding:	
Scheduling:	
Setting:	
Assistive Devices:	
Other:	

VII. Requirements

The district has calculated the proportionate share of federal funding for such services as required by the Individuals with Disabilities Education Act (IDEA). The school district has determined the services to be provided under this services plan in consultation with private school representatives and representatives of the parents of parentally placed private school students with disabilities.

VII. Conference Notes

Meeting Participants

Student Name: _____ Student ID: _____

Purpose of Meeting: _____ Date of Meeting: _____

The signatures below represent individuals who were in attendance at the meeting and participated in the development of the IEP / EP / SP.

Pre-printed names alone represent individuals who participated in the meeting via conference phone call, video conferencing, or other off-site participation. Hand-printed names with the statement "written input" represent individuals who provided written input to the team regarding the student.

_____ Parent/Guardian	_____ Signature	_____ Date
_____ General Education Teacher	_____ Signature	_____ Date
_____ Special Education Teacher/ESE Service Provider/Teacher of the Gifted	_____ Signature	_____ Date
_____ LEA Representative	_____ Signature	_____ Date
_____ Interpreter of Instructional Implications of Evaluation Results	_____ Signature	_____ Date
_____ Administrator	_____ Signature	_____ Date
_____ Student	_____ Signature required if 14 years or older	_____ Date
_____ Other Agency Representative	_____ Signature	_____ Date
_____ Other	_____ Signature	_____ Date
_____ Other	_____ Signature	_____ Date
_____ Other	_____ Signature	_____ Date
_____ Other	_____ Signature	_____ Date

Describe how a copy of the IEP/EP/SP was provided to the parent:
PEER Downloadable Form (Rev. 1/11)

Wakulla County School Board
SOCIAL/DEVELOPMENTAL HISTORY INTERVIEW

(This interview is to be conducted in person with Parent/Guardian or through phone contact only)

Respondent's name: _____ Interviewer's Name: _____

Identifying Information

Compiled on: _____

Student's Name: _____ Student's No.: _____ Date of Birth: _____

Student's Race: _____ Sex: ☐ Male ☐ Female Current Age: _____

Student's Home Address: _____

Home Telephone Number: _____ Emergency Phone Number: _____

Father's Name: _____ Father's Age: _____ Occupation: _____

Last Grade Completed in School: _____ Legal Guardian: ☐ Yes ☐ No

Mother's Name: _____ Mother's Age: _____ Occupation: _____

Last Grade Completed in School: _____ Legal Guardian: ☐ Yes ☐ No

With whom does student live? _____

Other Family Members:

Name	Age	Relationship
------	-----	--------------

Medical Information

Name of Physician: _____	Date of last examination: _____
Medications student takes: _____	
Description of student's general health: _____	

Pregnancy

Check one:	<input type="checkbox"/> Normal full term	<input type="checkbox"/> Premature	<input type="checkbox"/> Overdue
Describe any illness of mother during pregnancy: _____			

Medications of the mother during pregnancy:	Prescribed Medications	_____
	Smoking (how many packs)	_____
	Alcohol (how many per day)	_____
	Non-Prescribed Medications	_____

Place of Birth: _____ Baby's birth weight: _____

Any complications or difficulties about the birth?

Did the baby have any illnesses immediately after birth?

Developmental History

Age sat up: _____	Age walked: _____	First Word: _____
When did toilet training begin? _____		Age toilet trained: _____
Any problems with toilet training? _____		
Any problems learning to walk or talk? _____		
Attended nursery school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____	
Attended Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____	

Social/Developmental History Interview

Behavioral Information

Does the child exhibit any problems in the following areas? (If so, please describe):

<input type="checkbox"/> Sleeping:	<input type="checkbox"/> Asthma:
<input type="checkbox"/> Hearing:	<input type="checkbox"/> Headache:
<input type="checkbox"/> Speech:	<input type="checkbox"/> Nail biting:
<input type="checkbox"/> Vision:	<input type="checkbox"/> Worries:
<input type="checkbox"/> Timidity:	<input type="checkbox"/> Eating concerns:
<input type="checkbox"/> Bedwetting:	<input type="checkbox"/> Jealousy:
<input type="checkbox"/> Soiling:	<input type="checkbox"/> Nightmares:
<input type="checkbox"/> Temper Tantrums:	<input type="checkbox"/> Silent periods:
<input type="checkbox"/> High activity level:	<input type="checkbox"/> Fainting Spells:
<input type="checkbox"/> Prone to accidents:	<input type="checkbox"/> Other:

How is the child's relationship to the parents? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

What types of discipline are the most effective with the child?

Family and Relatives

Have any of the student's relatives had any of the characteristics below? ☐ Yes ☐ No

(If yes, check all that apply)

<input type="checkbox"/> Emotional Problems	Relationship:
<input type="checkbox"/> Academic Difficulties	Relationship
<input type="checkbox"/> Medical Problems	Relationship
<input type="checkbox"/> Physical Problems	Relationship

School History

What circumstances commonly cause conflict between you and your child?

How would you describe your child's problems?

What is your view of when and how the problem began?

Additional Comments

Wakulla County Schools
SPEECH REFERRAL and OBSERVATION
Pre-K through Grade 12

Student: _____ Student Number: _____ DOB: _____
Gender: _____ Grade: _____ School: _____ Teacher: _____
ESE ☐ Yes ☐ No Exceptionality(ies): _____ Referral Date: _____
Dates of Classroom Teacher Parent Contact: _____ Type of Contact: _____
Parent names(s)/contact/email/phone number(s): _____

Teacher Observation		SLP Observation
Check items frequently observed		Date(s) of Observation(s) _____ (2x fluency) Location of Observation(s) _____
<input type="checkbox"/>	Difficulty producing sounds in words.	Relevant Observations:
<input type="checkbox"/>	Difficult to understand student's speech (single words, phrases, or connected speech)	
<input type="checkbox"/>	Substitutes, deletes, or distorts sounds in words	
<input type="checkbox"/>	Consistently repeats parts of words or whole words	Educational Impact:
<input type="checkbox"/>	Prolongs sounds in words	
<input type="checkbox"/>		
<input type="checkbox"/>	Seems to "block" or hesitate in saying words	Social Impact:
<input type="checkbox"/>	Voice pitch seems abnormally high or low	
<input type="checkbox"/>	Voice volume seems inappropriately loud or soft	
<input type="checkbox"/>	Voice is hoarse, breathy, or harsh	Information gathered from parent(s)/guardian(s):
<input type="checkbox"/>	Regularly loses voice within sentences	
<input type="checkbox"/>	Regularly loses voice by the end of the school day	
<input type="checkbox"/>	Other	Other:

Classroom Teacher: Describe how the problems checked above are adversely affecting student's performance and/or functioning in the educational environment. Consider both academic and social factors.

Teacher Signature: _____

Hearing Screening Date:					
Right Ear 25dB at	<input type="checkbox"/> 1000 Hz	<input type="checkbox"/> 2000 Hz	<input type="checkbox"/> 4000 Hz	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail (DOR)
Left Ear 25dB at	<input type="checkbox"/> 1000 Hz	<input type="checkbox"/> 2000 Hz	<input type="checkbox"/> 4000 Hz	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail (DOR)
<input type="checkbox"/> Instrument Used	<input type="checkbox"/> Audiometer		<input type="checkbox"/> Other		
Vision Screening Date:					
Right Eye	20 /	Left Eye	20 /	Both Eyes	20 /
<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Pass		<input type="checkbox"/> Failed (DOR)		
Instrument Used	<input type="checkbox"/> Eye Chart	<input type="checkbox"/> 2+lens	Other		

Recommendations bases on consultation and observations:

Follow-up required? ☐ Yes ☐ No If yes, specify:

☐ Further observation ☐ Formal evaluation ☐ Other: _____

Date SLP discussed finding with parent: _____ Type of Contact: _____

Speech/Language Pathologist: _____ Date: _____

Wakulla County Schools
Exceptional Student Education Summary
of Graduation Options

SUMMARY OF PERFORMANCE
Graduating Seniors

For a student whose eligibility terminates due to graduation with a general education diploma or exceeding the age requirements, the school system must provide the student with a summary of the student's academic achievements and functional performance, which shall include recommendations on how to assist the student in meeting his/her post-secondary goals. The SOP should include personal identification information, post-secondary goals, a summary of academic and functional performance, and recommendations for assisting the student in meeting his/her post-secondary goals.

For students who obtain a Special Education Diploma and who have not reached age 22, the school system should offer FAPE and document it on the review IEP. FAPE should be offered to all students with disabilities through their 21st year.

A Prior Written Notice must be given to the parent and/or adult student, along with the Summary of Performance explaining that graduation from high school with a standard or special diploma constitutes a change of placement.

Summary of Academic Achievement and Functional Performance

Student Name: _____ Date of Birth: _____

Year of Graduation/Exit: _____ Primary Language: _____

Address: _____

Address / City / State / Zip

Phone Number: _____ School District: _____

Student's Primary Disability: _____

Student's Secondary Disability (if applicable): _____

When was the student's disability (or disabilities) formally identified? _____

Date this summary was completed: _____

This form was completed by: Name: _____ Title: _____

School: _____ E-mail: _____ Phone: _____

Student's Postsecondary Goals

Postsecondary Area	Postsecondary Goal
Education/Training (required)	
Employment (required)	
Independent Living (required)	

Summary of Performance (Complete all sections that are relevant to the student. Attach copies of any assessment/data reports that provide additional or supplementary information, if appropriate.)

Area	Present Level of Performance (ie-grade level, standard scores, strengths, preferences, needs, etc.)	Essential accommodations, assistive technology, and/or modifications utilized in high school.
Reading (basic reading/decoding, reading comprehension, reading fluency)		
Math (calculation skills, algebraic problem solving, quantitative reasoning)		
Written Language (written expression, writing fluency, spelling)		
Functional Performance (id- general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational employment, etc.)		

Recommendations to Assist the Student in Meeting Postsecondary Goals

Postsecondary Area	Recommendations
Education/Training	
Employment	
Independent Living (if appropriate)	
Other recommendations	

Other information (include here any other relevant information provided by the student, parent(s), school staff, and/or other agency personnel that may assist the student in transitioning from high school to post-high school.)

--

A copy of this Summary was provided to the student on: _____
Date

Signature of district staff providing copy to student

Position/title

Part 3 - Student Input (Highly Recommended)

SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

- A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?
- C. Which of these accommodations and supports has worked best for you? Why do you think they worked best?
- D. Which of these accommodations and supports have not worked? Why do you think they did not work?
- E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?
- F. What areas do you think you need to improve upon (communication, self-advocacy, study skills, etc.)?

SUMMARY OF PERFORMANCE

QUESTION	ANSWER
For which students is the Summary of Performance required and when should a Summary of Performance be provided?	<i>Students who are receiving special education services when leaving high school and who are leaving due to receiving a regular diploma or by reaching the maximum age of eligibility are required to have a Summary of Performance. The Summary of Performance should ideally be provided to the student just prior to leaving the high school setting. Completion of the Summary too far in advance of graduation or leaving high school may result in incomplete records, recommendations, and summarizations of both academic achievement and functional performance.</i>
Do students who receive a GED require a Summary of Performance?	<i>No, only those students who leave high school with a regular diploma or by reaching maximum age of eligibility require a Summary of Performance.</i>
Do students who have been staffed out of special education during their senior year prior to graduation or who have dropped out require a Summary of Performance?	<i>No, if special education services have ended prior to the student leaving the high school setting with a diploma or by reaching the maximum age of eligibility, no Summary of Performance is required. If the special education student drops out, no Summary of Performance is required.</i>
Is the Summary of Performance part of the IEP?	<i>No, the Summary of Performance is NOT a part of the IEP; it falls under the section of IDEA 2004 that determines the need for re-evaluation prior to exiting special education.</i>
Can the student's current IEP be the Summary of Performance?	<i>No, as stated above, the Summary of Performance is not regarded as the IEP and is clearly identified as a separate process from the IEP. If the Summary were intended to be part of the IEP, it is likely the reauthorization would have included it in the section of IDEA 2004 pertaining to IEP content. It is the current interpretation by CDE that this must be a separate document from the IEP.</i>
Who needs to be present when reviewing the Summary of Performance with the student and his/her family?	<i>The primary service provider (case manager), the student and the parent are the only people required to review the Summary of Performance. This does not need to be a formal meeting, but documentation that the Summary has been provided should be obtained. This can be done by collecting signatures on the Summary of Performance.</i>
Are new assessments required to complete the Summary of Performance?	<i>No, IDEA 2004 clearly indicates that schools have NO obligation to provide assessment solely for the identification or eligibility for other agencies or services not related to K-12 education.</i>
If a student has not met all their IEP goals and objectives, does this influence the Summary of Performance?	<i>No, the Summary of Performance is provided when the student approaches the termination of his/her Free and Appropriate Public Education and therefore is based on the attainment of the diploma or the reaching of maximum age of eligibility (the student's progress on IEP goals and objectives is not a factor).</i>
What is the process for students who receive a Certificate of Completion, a modified diploma, or leave high school without documentation and do so prior to reaching the maximum age of eligibility?	<i>Students who leave high school under the circumstances above must have an eligibility review meeting to establish the change in placement. A student may continue to qualify for special education, but refuse to continue services and therefore leave the high school setting. It is important to note that for these students FAPE has not ended and they may return to continue special education or regular education services until age 21.</i>
Is a Summary of Performance required for students who are expelled?	<i>No, students who are expelled and have an IEP are still entitled to FAPE and therefore shall not receive a Summary of Performance until they have either received a diploma or reached the maximum age of eligibility.</i>

WAKULLA COUNTY SCHOOL BOARD
TRANSITION INFORMATION FOR RECEIVING SCHOOL

Student: _____ Date: _____
Teacher: _____ Class/Grade: _____

This form is intended to act as input during the development of a student's IEP. Please check all that apply and comment as you feel necessary to help us develop the best possible goals for this student's academic success. All suggestions are welcome as well.

Student Strengths:

- ☐ Classroom Discussion
- ☐ Art/Drawing/Sketching
- ☐ Arriving on-time for class
- ☐ Being adequately prepared for each class
- ☐ Following rules
- ☐ Reading ☐ Math ☐ Science
- ☐ Writing
- Completing Assignments on time
- Helping Others
- Other _____

Student Priority Needs:

- ☐ Controlling Behavior
- ☐ Appropriate Behavior in Common Areas
(lunch, hallway, library, restroom, etc.)
- ☐ Reading ___ Writing ___ Math ___ Science
- ☐ Spelling
- ☐ Listening
- ☐ Completing/Turning in Assignments
- ☐ Staying on Task
- ☐ Complying with school/classroom rules
- ☐ Attending School Regularly Interacting
- ☐ Appropriately with Peers Interacting
- ☐ Appropriately with Adults Respecting
- ☐ Others (Students/Adults) Respecting
- ☐ Property (of others or school) Being On-
- ☐ Time to Class
- ☐ Being Prepared for Class
- ☐ Following Direction

- ☐ Excessively Talking in Class
- ☐ Completes Assignments When Absent
- ☐ Other _____

Accommodations That Would Help This Student Are:

- ☐ Preferential Seating
- ☐ Shorter Assignments
- ☐ Extra Time on Assignments
- ☐ Daily Agenda Book/Homework Sheet
- ☐ Daily Behavior Sheet/Home Note
- ☐ Extra Cues or Prompting from Teacher
- ☐ Separate Setting (such as ESE classroom) for taking tests
- ☐ Other _____

Student is Performing:

- ☐ Developmental Level _____
- Reading: ☐ Below Grade Level
- ☐ Beginning of Current Grade Level
- ☐ On Grade Level
- ☐ Above Grade Level
- ☐ FSA Level
- Math: ☐ Below Grade Level
- ☐ Beginning of Current Grade Level
- ☐ On Grade Level
- ☐ Above Grade Level
- ☐ FSA Level

Diploma Option _____

Current ESE classes/services: _____

Special Considerations: _____

If this student should not be scheduled with another student for any reason, please indicate here: _____

WAKULLACOUNTYSCHOOLBOARD
PRE-K MATRICULATION INFORMATION FOR RECEIVING SCHOOL

Student: _____

Date: _____

Teacher: _____

Class/Grade _____

Student Strengths		Accommodations that would help this student are	
<input type="checkbox"/> Color/shape/letter/number recognition	<input type="checkbox"/> Preferential seating		
<input type="checkbox"/> Showing diligence with classroom assignments	<input type="checkbox"/> Shorter assignments		
<input type="checkbox"/> Classroom discussion	<input type="checkbox"/> Extra time on assignments		
<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Daily agenda book/homework sheet		
<input type="checkbox"/> Arriving on-time to school	<input type="checkbox"/> Daily behavior sheet/home note		
<input type="checkbox"/> Communicating his/her ideas	<input type="checkbox"/> Extra cues or prompting from teacher		
<input type="checkbox"/> Following rules/routines	<input type="checkbox"/> Separate setting (such as ESE classroom) for taking test		
<input type="checkbox"/> Pre-writing/fine motor skills	<input type="checkbox"/> Visual supports (i.e. visual daily schedule)		
<input type="checkbox"/> Phonemic awareness	<input type="checkbox"/> Other		
<input type="checkbox"/> Playing well with others			
<input type="checkbox"/> Helping others			
<input type="checkbox"/> Attending to stories			
<input type="checkbox"/> Other:			
Student Priority Needs			
<input type="checkbox"/> Controlling behavior	<input type="checkbox"/> Interacting appropriately with adults		
<input type="checkbox"/> Appropriate behavior in common areas (lunchroom, hallway, library, restroom, etc.)	<input type="checkbox"/> Respecting others (students/adults)		
<input type="checkbox"/> Pre-writing/Fine motor skills	<input type="checkbox"/> Respecting property (of others or school)		
<input type="checkbox"/> Phonemic Awareness	<input type="checkbox"/> Being on-time to school		
<input type="checkbox"/> Listening	<input type="checkbox"/> Communication with others		
<input type="checkbox"/> Completing projects independently	<input type="checkbox"/> Following directions		
<input type="checkbox"/> Staying on task	<input type="checkbox"/> Excessively talking in class		
<input type="checkbox"/> Complying with school/classroom rules	<input type="checkbox"/> Building confidence		
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Color/shape/letter/number recognition		
<input type="checkbox"/> Interacting appropriately with peers	<input type="checkbox"/> Other		
Developmental Evaluations			
<input type="checkbox"/> N/A Headstart			
Total Development SS			
Cognitive	<input type="checkbox"/> Below Age Level <input type="checkbox"/> On Age Level <input type="checkbox"/> Above Age Level		
Communication SS	<input type="checkbox"/> Below Age Level <input type="checkbox"/> On Age Level <input type="checkbox"/> Above Age Level		
Social/Emotional SS	<input type="checkbox"/> Below Age Level <input type="checkbox"/> On Age Level <input type="checkbox"/> Above Age Level		

Current ESE classes/services:

Special Considerations

If this student should not be scheduled with another student for any reason, please indicate here:

WMIS ES2038

Transportation Services Form		
Student:	Student #:	Date:
District:	School:	Contact Person/Phone #:
Placement: <input type="checkbox"/> Out-of-Zone district school <input type="checkbox"/> Out-of-district (specific receiving district):		
Pick-up/Drop-off Location: <input type="checkbox"/> Bus stop <input type="checkbox"/> Home stop		
A.M. Address:	P.M. Address: (if different from A.M.)	
Communication Issues: <input type="checkbox"/> Student uses sign language <input type="checkbox"/> Student uses a communication device (please describe): <input type="checkbox"/> Other (please describe)		
Equipment: <input type="checkbox"/> Air Conditioning (physician request attached) <input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Motorized <input type="checkbox"/> Lap tray (will remove during transit) <input type="checkbox"/> Positioning or seating device <input type="checkbox"/> Car Seat Height: <input type="checkbox"/> Child Safety Restraint System (CSRS) <input type="checkbox"/> Safety Vest Weight: <input type="checkbox"/> Integrated Seat Waist: <input type="checkbox"/> Lap belt <input type="checkbox"/> Crutches <input type="checkbox"/> Walker Can the student climb the bus steps? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Issues: <input type="checkbox"/> Allergies (please describe): <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler <input type="checkbox"/> Brittle Bones <input type="checkbox"/> Diabetic <input type="checkbox"/> Needs snack on bus <input type="checkbox"/> Oxygen <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Seizures <input type="checkbox"/> Medication (please identify) <input type="checkbox"/> Shunt <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Tracheotomy Equipment <input type="checkbox"/> Ventilator <input type="checkbox"/> Other health conditions (please describe):		
Personnel: <input type="checkbox"/> Attendant/paraprofessional to assist the student with: <input type="checkbox"/> Behavioral issues (include behavioral intervention plan) <input type="checkbox"/> Physical needs <input type="checkbox"/> Safety needs <input type="checkbox"/> Nurse <input type="checkbox"/> 1:1 Attendant		
Other needs: <input type="checkbox"/> Isolated Reimbursement <input type="checkbox"/> Other (please describe):		
Plan B (short-term plan when equipment is broken, nurse is sick, etc.) <input type="checkbox"/> Parent will transport the student <input type="checkbox"/> Other (please describe):		

**STATEWIDE STANDARDIZED
RESULTS WAIVER FOR
STUDENTS WITH
DISABILITIES**

Section 1008.22(3)(c)(2), Florida Statutes (F.S.), states the following:

"A student with a disability, as defined in s.1007.02 F.S., for whom the individual education plan (IEP) team determines that the statewide, standardized assessments under this section cannot accurately measure the student's abilities, taking into consideration all allowable accommodations, shall have assessment results waived for the purpose of receiving a course grade and a high school diploma."

SECTION ONE: STUDENT INFORMATION

In order to be considered for the waiver from the State Standardized assessment requirement, the student must meet all of the following criteria:

1. Be identified as a student with a disability, as defined in s. 1007.02, F.S.
2. Have an active individual educational plan (IEP)
3. Have taken the statewide, standardized assessment with appropriate allowable accommodations at least once.
4. Have demonstrated, as determined by the IEP team, achievement of the course standards.

Student Name: _____ School: _____

Student ID Number: _____ Student Grade: _____ Date of Birth: _____

Date of IEP Team Meeting(s): _____

Disability* (indicate all that apply):

☐

Orthopedic impairment (C)

☐

Specific learning disability (K)

☐ Speech impairment (F)

☐ Autism Spectrum Disorder (P)

☐ Language impairment (G)

☐ Traumatic brain injury (S)

☐ Hearing impairment, including deafness (H)

☐ Other health impairment

☐ (V) Visual impairment, including blindness (I)

☐ Intellectual disability (W)

☐ Emotional or behavioral disability (J)

** Letters are codes used to report students by exceptionality through the Department of Education's automated student information system.*

SECTION TWO: COURSE/ASSESSMENT PERFORMANCE

Complete the boxes below and attach documentation of the following:

Course Code and Title: _____ Course Grade: _____

Statewide, Standardized Assessment Score: _____ Date of Administration: _____

Accommodations Provided:

☐ Flexible Time ☐ Frequent Breaks ☐ Flexible Setting ☐ Paper-Based Administration ☐ Oral Directions

☐ _____ ☐ _____ ☐ _____

SECTION THREE: TEAM REVIEW

Why does the statewide, standardized assessment not accurately measure the student's abilities?

(Check at least one Check all that apply)

- ☐ The student received the follow accommodations in the classroom that are not allowed on the statewide, standardized assessment but are indicated on the IEP: *(describe or attach information)*

☐ The student's disability prohibits the student from responding to the written test, even with allowable accommodations, so that the results of the test reflect the student's impaired sensory, manual, or speaking skills rather than the student's abilities.

☐ Other:

What evidence did the team review to determine that the results of the statewide, standardized assessment results are not an accurate measure of the student’s abilities?

(Check at least one. Check all that apply. Attach documentation

	Classroom work samples	Coursework grade	Teacher observation
<input type="checkbox"/>	for items checked.)		
<input type="checkbox"/>			
<input type="checkbox"/>	Intensive remediation activities on the required course standards		
<input type="checkbox"/>	Higher-level, related coursework (honors, advanced placement, etc.)		
<input type="checkbox"/>	Related postsecondary coursework through dual-enrollment		
<input type="checkbox"/>	Performance on other academic standardized assessments (ACT, SAT, PERT, etc.)		
<input type="checkbox"/>	Portfolio		

SECTION FOUR: IEP TEAM DECISION

Based on consideration of the student's disability, academic performance, assessment performance, accommodations provided, and demonstration of proficiency of the course standards, the IEP team has determined the passing score for the statewide, standardized assessment should be waived to receive a course grade or a standard diploma, as applicable.

☐

Yes

Pursuant to s.1003.4282(10)(e), any waiver of the statewide, standardized assessment requirements by the Individual Education Plan team must be approved by the parent and is subject to verification for appropriateness by an independent reviewer selected by the parent as provided for in s.1003.572.

PARENT/GUARDIAN APPROVAL REQUIRED (Beginning with 9th grade cohort for 2014-2015)

I approve the waiver of statewide, standardized assessment results. ☐ Yes ☐ No

Signature of Parent/Guardian and/or Student, if 18 yrs. old (required)

Date

If the IEP team has determined that passing the results of the statewide, standardized assessment will not be waived, the student and the parent have been informed of the district's obligation to make available to the student a free appropriate public education until the end of the semester in which the student turns 22 or receives a standard diploma, whichever comes first (Rule 6A-6.03028(1), Florida Administrative Code).

SIGNATURES

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Teacher: _____ Date: _____

Teacher: _____ Date: _____

LEA Representative: _____ Date: _____

Title of LEA Representative: _____

Other: _____ Date: _____

**FILE THE COMPLETED WAIVER FORM AND REQUIRED ATTACHMENTS IN THE STUDENT'S CUMULATIVE
FOLDER**

**STATEWIDE, STANDARDIZED ASSESSMENT RESULTS/COURSE
PERFORMANCE**

Complete this section or attach a copy of the student's statewide, standardized results and IEP accommodations provided. (Additional copies of this page may be made when considering more than one statewide, standardized assessment for waiver of results.)

Name of Assessment: _____

Date of Administration: _____

Score or Level Achieved: _____

Accommodations Provided: _____

Why doesn't the statewide, standardized assessment accurately measure the student's abilities? (Check at least one. Check all that apply.)

☐ The student received the following accommodations in the classroom that are not allowed on the statewide, standardized assessment: (describe or attach information)

☐ The student's disability prohibits the student from responding to the test, even with allowable accommodations, so that the results of the test reflect the student's impaired sensory, manual or speaking skills rather than the student's abilities.

☐ Other _____

What evidence did the team review to determine that the results of the statewide, standardized assessment results are not an accurate measure of the student's abilities? (Check at least one. Check all that apply.)

☐ Classroom work samples

☐ Course grades

☐ Teacher observations

☐ Relevant classroom data derived from formative assessment

☐ Intensive remediation activities on the required course standards

☐ Higher-level, related coursework (honors, advanced placement, etc.)

☐ Related postsecondary coursework through dual enrollment

☐ Other standardized academic assessments: _____

☐ Portfolio: _____

IEP TEAM RECOMMENDATION

The following determination has been made by the IEP team:

The IEP team has approved the waiver of this statewide, standardized assessment results.

☐ Yes ☐ No

In the event that the IEP team determined that the results will not be waived, the student and the parent have been informed of the district's obligation to make available to the student a free appropriate public education through age 21 (until the student turns 22 or until the end of the semester or school year in which the student turns 22, in accordance with the school district's policy) or receives a standard diploma, whichever occurs first Rule6A-6.03028(l), F.A.C.).

PARENT/GUARDIAN APPROVAL REQUIRED (Beginning with 9th grade cohort for 2014-2015)

I approve the waiver of statewide, standardized assessment results. ☐ Yes ☐ No

Signature of Parent/Guardian/Student, if 18 years old

Date

Section 1003.4282 (10)(e), F.S., requires parental approval of the waiver of statewide, standardized assessment results. In the event that the parent does not approve the waiver of the statewide, standardized assessment results, the IEP team should document this in the meeting notes. In this circumstance, if the IEP team believes that the waiver of results should be provided to the student, regardless of the parent's lack of approval, then the school is advised to provide a notice of refusal to the parent with a copy of the Procedural Safeguards.

IEP Team Signatures

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

Teacher: _____ Date: _____

Exceptional Student Education Teacher: _____ Date: _____

Local Educational Agency Representative: _____ Date: _____

Title of Local Educational Agency Rep.: _____

Other: _____ Date: _____

THE COMPLETED WAIVER FORM MAY BE FILED IN THE STUDENT'S CUMULATIVE FOLDER.

SECTION THREE

Initial Referral Packet

**SEE RESPONSE TO INTERVENTION
HANDBOOK
FOR REFERRAL PACKET/INFORMATION**

State Board of Education Requirements for Initial Exceptional Student Education (ESE) Evaluation

Evaluation procedures and eligibility criteria for exceptional student education are established in State Board of Education rules. The required evaluation procedures and/or areas that must be assessed for each exceptionality are provided below. After reviewing all relevant information available about a student, a team of professionals, with input from the parent, identifies the procedures needed to ensure the evaluation is sufficiently comprehensive to identify all of the student's exceptional student education needs. Evaluators then choose the most appropriate evaluation instruments given the student's age, grade, areas of concern, status as English language learners, and other relevant factors.

Exceptionality (Authority)	Minimum Required Evaluation Procedures/Assessment Areas
Autism Spectrum Disorder (Rule 6A-6.03023)	Observations; social/developmental history addressing core features of ASD; psychological evaluation identifying present levels of performance, patterns of development in language, social interaction, adaptive behavior, and cognitive skills; speech/language evaluation; consideration of medical information
Deaf or Hard of Hearing (Rule 6A-6.03013)	Audiological examination; developmental skills or academic achievement; social development; receptive and expressive communication; nonverbal assessment of intellectual functioning (or developmental scales for a student under age seven if determined to be more appropriate)
Developmental Delay (Rule 6A-6.03027)	Information from parents; standardized and/or criterion-referenced instruments, judgment-based assessments, observation, functional skills assessments, or other procedures selected in consultation with the parents, or informed clinical opinion; when needed, observation of atypical functioning in one or more areas
Dual-Sensory Impairment (Rule 6A-6.03022)	Medical eye examination; audiological evaluation; comprehensive assessment of skills known to be impacted by hearing and vision impairments, to include: functional hearing; social development; receptive and expressive communication; functional vision; learning media; and, if appropriate, orientation and mobility and sign language; if available, medical report describing the etiology or diagnosis of the student's medical condition that does, or has the potential to, result in dual sensory loss
Emotional/Behavioral Disability (Rule 6A-6.03016)	Functional behavioral assessment (FBA); data on the student's response to interventions targeting the function of the behavior; social developmental history; psychological evaluation, including behavioral observations and interview(s), assessment of emotional and behavioral functioning, and assessment of developmental functioning and skills, as appropriate; review of educational data and relationship between academic performance and emotional/behavioral disability; academic evaluation if needed; medical evaluation, if the ESE administrator or designee determines that behavior may be precipitated by a physical problem
Gifted (Rule 6A-6.03019)	Characteristics of the gifted checklist; intellectual development; as applicable, procedures specified in approved district plan to increase participation of students from underrepresented groups
Homebound/Hospitalized (Rule 6A-6.03020)	Annual medical statement of the disabling condition or diagnosis with medical implications for instruction; additional evaluation data may be requested by the team
Intellectual Disability (Rule 6A-6.03011)	Intellectual functioning; adaptive behavior; academic or pre-academic achievement or developmental scale; social developmental history
Language Impairment (Rule 6A-6.030121)	For all students: interviews, checklists, or questionnaires of parent(s)/guardian(s), teachers, and others, as applicable; observation(s); standardized norm-referenced language assessment(s). For school-age students: the student's response to research-based general education interventions targeting the identified areas of concern
Orthopedic Impairment (Rule 6A-6.030151)	Report of medical examination within the previous 12 months; educational evaluation identifying student's educational and environmental needs
Other Health Impairment (Rule 6A-6.030152)	Report of medical examination within the previous 12 months; educational evaluation identifying student's educational and environmental needs
Specific Learning Disability (Rule 6A-6.03018)	Evidence from multiple sources regarding the student's achievement on grade level standards (some districts require an individually administered, standardized test of achievement addressing the identified area(s) of concern); data on the student's response to interventions, including current level of performance and rate of improvement; evidence regarding the effect of exclusionary factors on the student's achievement
Speech Impairment (Rule 6A-6.03012)	For all speech disorders: information from parent(s) and teacher(s); observation(s); examination of the oral mechanism structure and function. For speech sound disorders, one or more standardized assessments to determine whether the errors are phonetic or phonological). For fluency disorders: assessment of motor aspects of speech behavior, student attitude, social and educational impact; speech sample. For voice disorders: medical examination
Traumatic Brain Injury (Rule 6A-6.030153)	Report of medical examination within the previous 12 months; evidence of pre- and post-injury capabilities from more than one person, including parent, in more than one situation; educational evaluation identifying student's educational and environmental needs; neuropsychological evaluation, if requested by the ESE administrator or designee
Visual Impairment (Rule 6A-6.03014)	Medical eye examination; comprehensive assessment of skills known to be impacted by visual impairment (e.g., functional vision, learning media, orientation and mobility)

Notice and Consent for Initial Exceptional Student Education (ESE) Evaluation

Student:	Student ID:
DOB:	School:
Grade:	Date:

Dear Parent or Guardian,

The school district is required to seek parental consent to conduct a full and individual evaluation for any child who may have a disability and need special education and related services or for any child who may be gifted and need a special program. The purpose of this notice is to describe the evaluation we are proposing to help us meet your child's educational needs and request your consent to conduct it.

Reason for Referral

We have reviewed the following information about your child's current educational performance and/or developmental progress: Rtl data:

We are recommending an evaluation at this time to determine whether your child has a disability because:

The student's response to general education interventions indicates that s/he may be a student with a disability in need of special education and related services.

Other factors considered in the development of this proposal include:

Evaluation Plan

An initial ESE evaluation must address all areas related to the suspected exceptionality and be sufficiently comprehensive to determine whether a child has a disability or giftedness and his or her educational needs. Evaluation procedures vary depending on the suspected exceptionality and the information already available. Descriptions of commonly used evaluation procedures and the requirements for each exceptionality are attached. Based on our review, we are proposing an evaluation to address the following suspected exceptionality(ies):

The evaluation will include the following procedures:

Other options that were considered and the reasons why they were rejected include:

Parental Rights and Procedural Safeguards

As the parent of a student who may have a disability or be gifted, you have rights regarding this proposal under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, F.A.C., pertaining to students with disabilities or Rule 6A-6.03311, F.A.C., pertaining to gifted students.

A copy of the procedural safeguards is provided with this notice.

If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Parental Consent

We must have your informed consent in writing before we can conduct this evaluation. Your consent is voluntary and may be revoked at any time. However, revocation will not negate an action that occurred while the consent was in place. This consent is limited to the initial evaluation, and does not include consent for the provision of special education and related services or placement in an ESE program. Please complete and return this page to:

Check all that apply.

☐ Yes, I consent to the proposed evaluation.

☐ No, I do not consent to the proposed evaluation.

☐ I would like to discuss the proposed evaluation before I provide consent. Please contact me at:

Parent/Guardian Signature

Date

Revisions to Evaluation Plan

This evaluation plan is based on the information currently available. Preliminary results may cause an evaluator to suspect a different disability; identify additional procedure(s) needed to ensure the evaluation is sufficiently comprehensive; or deem that proposed procedure(s) are not relevant or necessary.

 Please initial next to the action you want us to take if a change is recommended.

 Conduct additional recommended procedures to ensure a sufficiently comprehensive evaluation and notify me of the changes. I understand this will not delay completion of the evaluation.

 Eliminate procedures in the proposed evaluation plan if they are deemed no longer relevant or necessary and notify me of the changes.

 Do not make any changes to the evaluation plan. Please contact me to discuss any recommended changes.

Wakulla County Schools
REFERRAL FORM/REQUEST FOR INDIVIDUAL EVALUATION

Student _____ Age _____ DOB _____ Race _____ Sex _____

School _____ Grade _____

Parent's Name _____

Address _____ City _____ State _____

Home Phone (_____) _____ Work Phone (_____) _____

Student lives with ☐ both parents ☐ Mother ☐ Father ☐ Guardian

The following factors have been ruled out as possible causes of the student's failure to respond to interventions:

<input type="checkbox"/> Poor or inconsistent attendance	<input type="checkbox"/> Recent changes in the family system
<input type="checkbox"/> Socio-cultural differences	<input type="checkbox"/> Recent illness or medical issues
<input type="checkbox"/> Hearing/vision concerns	<input type="checkbox"/> Limited English Proficiency (LEP)
<input type="checkbox"/> Lack of appropriate instruction (<i>no preschool experience; minimal instruction in math; has not had certain reading components taught, etc.</i>)	

Is this a referral for gifted services? ☐ Yes ☐ No (*If yes – skip to Reason for Evaluation-Indicate Gifted Referral*)

Has the Child Study Team reviewed the records of strategies and interventions implemented? ☐ Yes ☐ No

Does MTSS data support the conclusion that the student has failed to progress adequately with all available Tier 3 interventions (insufficient rate of learning OR progress that can only be sustained through ESE services)?

☐ Yes ☐ No

Parents have been conferring with the team (at least 2 conferences) and are aware of their child's current standing. ☐ Yes ☐ No

Is this child currently in ESE? ☐ Yes ☐ No (If yes, what exceptionality(ies)? _____)

Please include the MTSS data folder, current IEP (if applicable), and any other pertinent information with this request.

Reason for evaluation:

- | | | |
|---|--|--|
| <input type="checkbox"/> Verification of Placement | <input type="checkbox"/> Classroom Behavior Problems | <input type="checkbox"/> Speech/Language Problems |
| <input type="checkbox"/> Intellectual Evaluation | <input type="checkbox"/> Poor Academic Achievement | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Physical Problems | <input type="checkbox"/> Reading Problems | <input type="checkbox"/> Gifted Referral/Screening |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Parent Request |
| <input type="checkbox"/> Initial MTSS data evaluation | | |

Signature of Guidance Counselor/MTSS
Facilitator

Approved by ESE Director/Designee Date

60 Day Due Date: _____

Wakulla County Schools
WRITTEN MUTUAL AGREEMENT FOR EXTENSION OF TIME TO
GATHER RESPONSE TO INTERVENTION DATA

The school district shall ensure that initial evaluations of students suspected of having a disability are completed within sixty school days that the student is in attendance after the school district's receipt of parental consent for the evaluation. 6A.6.0331 F.A.C.

The evaluation must adhere to the time frame required by paragraph 6A.60331 (3)(d) F.A.C. unless extended by mutual written agreement of the student's parent(s) or guardian(s) and a group of qualified professionals. 6A-6.03018 (3)(b) F.A.C.

Student: _____ Date: _____

Date of Consent for Evaluation: _____

After reviewing the data, the Child Study Team recommends the following: *(including but not limited to additional classroom observations, instructional interventions, behavioral interventions, etc.)*

The Child Study Team will convene on _____ (date) at _____ (time) to review additional data from the above recommendations and agrees to extend the evaluation timeline as a result of these recommendations.

Parent: _____ Teacher: _____

Associate Dean: _____ Teacher: _____

Psychologist: _____ Administrator: _____

Staffing Specialist: _____ Reading Coach: _____

Other: _____ Other: _____

Procedure for Evaluation

Prior to CST:

Staffing Specialist will review RtI data.

At CST:

- Team will review RtI data, including parents, school administrator, FSU Psychology Intern, Instructional Coach and Staffing Specialist
- Staffing Specialist gets signed consent from parents to evaluate and provides parents with procedural safeguards.
- Copy of signed consent given to FSU Psychology Intern to conduct psycho-educational portion of evaluation.
- The Instructional Coach will take the RtI data notebook (which should include graphs) to use in writing RtI summary report.

Within 60 days of the consent being received by the school:

- The psycho-educational portion of the evaluation is completed by the FSU Psychology Intern and information and instructional recommendations provided to Instructional Coach for Report.
- Instructional Coach completes RtI Summary Report including information and instructional recommendations provided by the FSU Psychology Intern.
- A feedback/staffing meeting is scheduled with parents.

If a parent requests an evaluation prior to completion of the RtI process, explain that a large part of the evaluation is documentation of the student's response to evidence-based interventions addressing the area(s) of concern in a reasonable amount of time. Once the parent signs consent, data can only be collected for 60 days. If the parent insists on an evaluation, we collect RtI data (Tier 2 and 3) simultaneously with other evaluations deemed necessary.

SECTION FOUR

Program Eligibility Review

WAKULLA COUNTY SCHOOL BOARD
AUTISM SPECTRUM DISORDERS (ASD) ELIGIBILITY REVIEW
WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA

Meeting Date:	Date of Receipt of Parental Consent:
----------------------	---

Demographic Information

Student Name:	ID#:	Subgroup(s):
School:	Grade	Retention History:

Previous Evaluations (including ineligible):	DOB:
---	-------------

Yes	No	1. Uneven developmental profile as evidenced by current or previously exhibited inconsistencies across or within these developmental domains:	Data Source	Date of Data Source
		Language		
		Social interaction		
		Adaptive behavior		
		Cognitive skills		
Yes	No	2. Impairment in social interaction as evidenced by the delay, difference, absence, or abnormality in the ability to relate to people or the environment. These may include one or more of the following behavioral indicators:	Data Source	Date of Data Source
		Limited joint attention and limited use of facial expressions directed toward others		
		Does not show or bring things to others to indicate an interest in the activity		
		Demonstrates difficulties in relating to people, objects, and events		
		A gross impairment in ability to make and keep friends		
		Significant vulnerability and safety issues due to social naiveté		
		May appear to prefer isolated or solitary activities		
		Misinterprets others' behaviors and social cues		
Yes	No	3. Impairment in verbal and/or nonverbal language or social communication skills as evidenced by one or more behavioral indicators:	Data Source	Date of Data Source
		Showing lack of spontaneous limitations of lack of varied imaginative play		
		Absence or delay of spoken language		
		Limited understanding and use of nonverbal communication skills such as gestures, facial expressions, or voice tone		
		Odd production of speech including intonation, volume, rhythm, or rate		
		Repetitive or idiosyncratic language or inability to initiate or maintain a conversation when speech is present		
		Not using a finger to point or request		
Yes	No	4. Restricted repetitive and/or stereotyped patterns of behavior, interests, or activities as evidenced by one or more behavioral indicators:	Data Source	Date of Data Source
		Insistence on following rules or rituals		
		Demonstrating distress or resistance to changes in activity		
		Repetitive hand or body mannerisms		
		Lack of true imaginative play versus reenactment		
		Over-reaction or under-reaction to sensory stimuli		
		Rigid or rule-bound thinking		
		Encompassing preoccupation with one or more stereotyped or restricted patterns of interest that is abnormal either in intensity or focus		

ALL FOUR AREAS MUST BE MARKED "YES" IN ORDER TO MAKE A RECOMMENDATION TO BE CONSIDERED FOR ELIGIBILITY AS A STUDENT WITH AN "ASD".

Yes	No	Student meets eligibility criteria and demonstrates a need for special education and related services.
-----	----	--

The basis for making the determination includes procedures and criteria established by Rule 6A-6.03023 and are incorporated in Wakulla County School's Special Program and Procedures.

Signatures of group determining eligibility. Each of the following individuals certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

<i>ESE Administrator/Designee</i>	<i>General Education Teacher</i>	<i>Parent</i>
<i>School Psychologist</i>	<i>Speech/Language Pathologist</i>	<i>ESE Teacher: Name/Position</i>
<i>Student</i>	<i>Other: Name/Position</i>	<i>Other: Name/Position</i>
The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each member's conclusion.		
<i>Name/Position</i>	<i>Name/Position</i>	<i>Name/Position</i>

WAKULLA COUNTY SCHOOL BOARD
EMOTIONAL/BEHAVIORAL DISABILITIES ELIGIBILITY REVIEW
WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA

Meeting Date:		Date of Receipt of Parental Consent:	
Demographic Information			
Student Name:		ID#:	Subgroup(s):
School:		Grade	Retention History:
Previous Evaluations (including ineligible):			DOB:
Yes	No	Team determination, based upon review of specific data (expected level of performance and peer level of performance), is that the student has been provided with appropriate behavioral skills in the general education settings, delivered by qualified personnel.	
Yes	No	Team has reviewed data-based documentation of repeated observations at reasonable intervals, reflecting functional performance of student progress during the instruction, which was provided to parent(s).	
Yes	No	The team has implemented at least two interventions, which were designed from information gathered from a functional behavior assessment and monitoring of performance prior to referral for evaluation; the student has shown poor or limited response to scientific, research-based interventions implemented in the general education classroom.	
Specify interventions implementation period, and results of progress monitoring:			
Date of FBA :		Date of BIP:	
1. Implementation Period _____ Results of Progress Monitoring _____			
2. Implementation Period _____ Results of Progress Monitoring _____			
Yes	No	The team has determined that the student has demonstrated an inability to maintain adequate performance in the educational environment that cannot be explained by physical, sensory, socio-cultural, development, medical or health (with the exception of mental health) factors.	
a. Internal factors characterized by (check those applicable):			
		feelings of sadness, or frequent crying, or restlessness, or loss of interest in friends and/or work, or mood swings, or erratic behavior; or	
		The presence of symptoms such as fears, phobias, or excessive worrying and anxiety regarding personal or school problems; or	
		behaviors that result from thoughts and feelings that are inconsistent with actual events or circumstances, or	
		Difficulty Maintaining normal thought processes, or excessive levels of withdrawal from persons or events; or	
As evidenced by:			
Yes	No	The student demonstrates one or more of the following characteristics described below:	
As evidenced by:			
b. External factors characterized by (check those applicable):			
		An inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other adults in the school setting; or	
		Behaviors that are chronic and disruptive such as compliance, verbal and/or physical aggression, and/or poorly developed social skills that are manifestations of feelings, symptoms, or behaviors as specified in those referenced in (a.).	
Yes	No	The characteristics described in (a) and (b) above, must be present for a minimum of six (6) months duration and in two (2) or more settings.	
		Check those applicable:	
		School:	
		Educational Environment:	
		Transition to and/or from school:	
		Other:	
As evidenced by:			
Yes	No	The team's findings are not primarily the result of a visual, hearing or motor disability; intellectual disability or learning disabilities; cultural factors; environmental or economic disadvantage; or limited English proficiency.	
		If no, explain:	
Yes	No	The student meets eligibility criteria and demonstrates a need for special education and related services.	
As evidenced by:			
Signatures of Multidisciplinary Team:			
<i>ESE Administrator/Designee</i>		<i>General Education Teacher</i>	<i>Parent</i>
<i>School Psychologist</i>		<i>Speech/Language Pathologist</i>	<i>ESE Teacher: Name/Position</i>
<i>Student</i>		<i>Other: Name/Position</i>	<i>Other: Name/Position</i>
The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each member's conclusion.			
<i>Name/Position</i>	<i>Name/Position</i>	<i>Name/Position</i>	

Wakulla District Schools
EXTRAORDINARY CIRCUMSTANCES EXCEPTION FOR
BEHAVIORAL CONCERNS

Background Information: _____ **Date:** _____

Student Name: _____ Student #: _____ DOB: _____

Current School: _____ Grade: _____

School Cumulative Folder Review

Reviewed by: _____

Evidence of (6 months or more ago):

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Prior history of satisfactory relationships
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Prior history of compliant behavior
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Prior history of non-aggressive/non-destructive behavior
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Prior history of age appropriate social skills

Behavior Observations (attach statements):

School Psychologist: _____ Date: _____

OR

Behavior Specialist: _____ Date: _____

Recent onset (within the past 6 months) of: (attach evidence)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Extreme feelings of sadness
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Frequent crying
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Loss of interest in friends and/or school work
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Moods swing for no apparent reason
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Erratic or restless behavior
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Fascination with death or violence
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Suicidal statements/attempts
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Fears or phobias
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Excessive worrying and/or anxiety
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Views are inconsistent with actual events
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Has strange or unrealistic ideas
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Withdraws from others for no apparent reason

1.	Student experienced a significant life event(s) or crisis within the past 6 months:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	STOP
2.	Student's current difficulties have an adverse educational impact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	STOP
3.	Student's difficulties are attributed to physical, sensory, socio-cultural, developmental, medical, or health factors:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	STOP
4.	Student's emotional responses can be attributed to age, culture, gender, or ethnicity:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	STOP

Student referred for a psycho-educational evaluation with an Extraordinary Circumstances Exception:

<input type="checkbox"/> No	Student will be referred to the Problem Solving Team to initiate interventions
<input type="checkbox"/> Yes	Student will be referred to the Problem Solving Team to initiate a psycho-educational evaluation

_____	_____	_____
ESE Director/Designee	School Psychologist	Behavior Specialist

WMIS ES2243 REVISED 7/13

WAKULLA COUNTY SCHOOL BOARD

INTELLECTUAL DISABILITIES ELIGIBILITY REVIEW WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA

Meeting Date:	Date of Receipt of Parental Consent:
----------------------	---

Demographic Information

Student Name:	ID#:	Subgroup(s):
School:	Grade	Retention History:

Previous Evaluations (including ineligible):	DOB:
---	-------------

Yes	No	
		The measured level of intellectual functioning is more than two (2) standard deviations below the mean on an individually measured, standardized test of intellectual functioning.
		The measured level of adaptive functioning is more than two (2) standard deviations below the mean based on the composite score or based on two (2) out of three (3) domains on a standardized test of adaptive behavior that includes parental or guardian input.
		The level of academic or pre-academic performance on a standardized test of achievement or a standardized developmental scale is consistent with the performance that is expected of a student of comparable intellectual functioning.
		The social/developmental history identified the developmental, familial, medical/health and environmental factors impacting the student's functioning and documents the student's functional skills outside the school environment.

In accordance with Rule 6A-6.03011(5)(a)-(e), Florida Administrative Code (FAC), the eligibility team must document that eligibility was based on the analysis of data that incorporates the following information. Documentation is attached.

1. The basis for the team making the determination that the student is a student with an Intellectual Disability:

2. The determination has been made in accordance with the requirements of eligibility as identified in Rule 6A-6.0331, FAC

		Parental involvement in general education intervention (K-12)
		Observations of the student in the educational environment to document the student's areas of concern (K-12)
		Review of existing data, including anecdotal, social, psychological, medical, attendance and achievement (PreK-12)
		Vision and hearing screening (PreK-12)
		Evidence-based interventions addressing the identified areas of concern, to include pre-intervention and ongoing progress monitoring (K-12)

3. Noted behavior during the observation of the student and the relationship of that behavior to the student's academic and intellectual functioning:

4. Educationally relevant medical findings, if any:

5. Other factors, such as vision, hearing, motor, or emotional/behavioral disability; cultural factors; environmental or economic factors, irregular patterns of attendance or high mobility rate; classroom behavior; or limited English proficiency affecting the student's achievement level, but not the primary cause of the student's difficulties:

Yes	No	The student demonstrated a need for special education services
Yes	No	The team agrees that the analysis of data supports consideration for eligibility for an Intellectual Disability.

Signatures of group determining eligibility. Each of the following individuals certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

<i>ESE Administrator/Designee</i>	<i>General Education Teacher</i>	<i>Parent</i>
<i>School Psychologist</i>	<i>Speech/Language Pathologist</i>	<i>ESE Teacher: Name/Position</i>
<i>Student</i>	<i>Other: Name/Position</i>	<i>Other: Name/Position</i>

The following team members **DISAGREE** with the conclusion of the group. Attach a separate statement presenting each member's conclusion.

<i>Name/Position</i>	<i>Name/Position</i>	<i>Name/Position</i>

WAKULLA COUNTY SCHOOL BOARD

Exceptional Student Education OTHER HEALTH IMPAIRMENT ELIGIBILITY CHECKLIST

Date: _____
 Student Name: _____ Student #: _____ DOB: _____
All questions must be checked yes to meet criteria for Physically Impaired with Other Health Impairment.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the student have a health problem? (Including but not limited to, asthma, attention deficit disorder or attention hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury.) Specify Health Problem: _____										
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the health problem chronic or acute? If yes, check ALL that apply: <input type="checkbox"/> Chronic (long-standing, continuous over-time, or recurring frequently) Evidenced by: _____ <input type="checkbox"/> Acute (severe or intense) Evidenced by: _____										
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the student's health problem result in limited strength vitality, or alertness? If yes, check ALL that apply: <input type="checkbox"/> Limited strength (inability to perform typical or routine tasks at school) Evidenced by: _____ <input type="checkbox"/> Limited vitality (inability to sustain effort or endure throughout out an activity) Evidenced by: _____ <input type="checkbox"/> Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize Environmental stimuli including a heightened alertness) Evidenced by: _____										
<input type="checkbox"/> YES <input type="checkbox"/> NO	As a result of the student's health problem, is there evidence that results in reduced efficiency in schoolwork and adversely affects the student's educational performance in one or more of the following areas? If, yes check ALL that apply: Consider both academic anon-academic skills and progress. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Pre-academic or academic achievement</td> <td><input type="checkbox"/> Adaptive behavior</td> </tr> <tr> <td><input type="checkbox"/> Classroom performance</td> <td><input type="checkbox"/> Behavior</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Motor skills</td> </tr> <tr> <td><input type="checkbox"/> Social/Emotional Functioning</td> <td><input type="checkbox"/> Vocational skills</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other – Describe: _____</td> </tr> </table> Evidenced by: _____	<input type="checkbox"/> Pre-academic or academic achievement	<input type="checkbox"/> Adaptive behavior	<input type="checkbox"/> Classroom performance	<input type="checkbox"/> Behavior	<input type="checkbox"/> Communication	<input type="checkbox"/> Motor skills	<input type="checkbox"/> Social/Emotional Functioning	<input type="checkbox"/> Vocational skills	<input type="checkbox"/> Other – Describe: _____	
<input type="checkbox"/> Pre-academic or academic achievement	<input type="checkbox"/> Adaptive behavior										
<input type="checkbox"/> Classroom performance	<input type="checkbox"/> Behavior										
<input type="checkbox"/> Communication	<input type="checkbox"/> Motor skills										
<input type="checkbox"/> Social/Emotional Functioning	<input type="checkbox"/> Vocational skills										
<input type="checkbox"/> Other – Describe: _____											
<input type="checkbox"/> YES <input type="checkbox"/> NO	The student needs special education as defined in rule 6A-6.03411 (1)(c). Special education refers to specially designed instruction and related services.										

Signatures of group determining eligibility. Each of the following individuals certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

<i>ESE Administrator/Designee</i>	<i>General Education Teacher</i>	<i>Parent</i>
<i>School Psychologist</i>	<i>Speech/Language Pathologist</i>	<i>ESE Teacher: Name/Position</i>
<i>Student</i>	<i>Other: Name/Position</i>	<i>Other: Name/Position</i>

The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each member's conclusion.

<i>Name/Position</i>	<i>Name/Position</i>	<i>Name/Position</i>

Wakulla County School Board

Specific Learning Disability and/or Language Impaired Program Eligibility Review

Name: _____ Male Female DOB: _____ Date: _____
ID#: _____ School: _____ Grade: _____

Summary of Eligibility Criteria for a Language Impairment and/or Specific Learning Disabilities		
Yes	No	The student does not achieve adequately for the student's chronological age or does not meet grade-level standards in one or more of the following areas (check all that apply):
Language Impaired Areas:		Specific Learning Disability Areas:
<input type="checkbox"/>	Oral Expression	<input type="checkbox"/>
<input type="checkbox"/>	Listening Comprehension	<input type="checkbox"/>
<input type="checkbox"/>	Written Expression	<input type="checkbox"/>
<input type="checkbox"/>	Social Interaction	<input type="checkbox"/>
<input type="checkbox"/>	Phonological Processing	<input type="checkbox"/>
<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Observations were conducted in accordance with rule 6.A-6.03018(5)F.A.C.	
<input type="checkbox"/>	The student's learning difficulties are not primarily the result of lack of learning experiences and scientific, research-based instruction appropriate for the student's chronological age or grade-level standards in the general education setting.	
<input type="checkbox"/>	Student does not make adequate progress based on response to scientific, research-based intervention.	
<input type="checkbox"/>	The student's learning difficulties are not primarily the result of any of the factors impacting learning, such as: a visual, hearing, or motor disability; Intellectual disability; emotional/behavioral disability; cultural factors; irregular pattern of attendance and/or high mobility rate; classroom behavior; environmental or economic factors; or limited English Proficiency; (LI only): Age; Gender	
<input type="checkbox"/>	The student needs interventions that differ significantly in intensity and duration from what can be provided through general education resources alone.	
<input type="checkbox"/>	The student demonstrates a need for special education services.	
The student demonstrates evidence of eligibility. What categorical area has been determined most appropriate? <input type="checkbox"/> Language Impaired <input type="checkbox"/> Specific Learning Disability		
Signatures of Group Determining Eligibility. Each of the following certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of rule 6A-6.0331.		
<u>ESE Administrator/Designee</u>	<u>General Education Teacher</u>	<u>Parent</u>
<u>School Psychologist</u>	<u>Speech/Language Pathologist</u>	<u>ESE Teacher</u>
<u>Principal/Designee</u>	<u>Student</u>	<u>Other: Name/Position</u>
The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each members conclusion.		
<u>Other: Name/Position</u>	<u>Other: Name/Position</u>	<u>Other: Name/Position</u>

SECTION FIVE

Gifted Part B

SECTION SIX

Surrogate Parent Policies and Procedures

A. General Instructions

1. The SP&P Document presents policies for surrogate parents. Surrogate parents are for exceptional education students or children suspected of being exceptional students and whose parents are unknown, unavailable, or for students who are wards of the State or Court. The need for a surrogate parent shall be determined for any student who is in need of an individual appointed to act in the place of a parent in safeguarding a child's rights in the special education decision making process.
2. It is the responsibility of the Superintendent or the Department of Education contracted designee to ensure that students are represented by a parent or person in a parental relationship to the student, as defined by state law and Section 300.515 of Title 34 of Federal Code of Federal Regulations. Foster parents may serve as the parent.
3. Form 1, Need for Exceptional Student Education Surrogate Parent, is used by staffing personnel and principal to determine and document that a student requires a surrogate parent.
4. Form 2, Surrogate Parent Application, is completed by persons who wish to become surrogate parents and returned to the ESE Director. Disposition of appointment and termination are recorded in the 'for office use' section.
5. Form 3 is a recommended form letter for the Superintendent to sign to appoint a surrogate parent. This form does not identify the student to whom the person will serve as surrogate, but rather acknowledges the eligibility to be appointed.
6. Form 4 is a form used by the ESE Director to assign the surrogate parent to a student. It is permissible for one surrogate to represent more than one student, this case use a new number.
7. Form 5 is the recommended form letter for the Superintendent to terminate a surrogate parent's appointment. Conditions for termination are specified on the form.

NOTE: *Senate Bill 1128 amended Section 39.0016 pertaining to surrogate parents and contains the following provisions, applicable to SWDs in shelters and foster care:*

- *♦ Surrogate parent re-defined as individual appointed to act in the place of a parent in educational decision-making and in safeguarding a child's rights under the IDEA.*
- *A dependency court may appoint a surrogate, in addition to the Superintendent. Whoever appoints first must be accepted by the other.*
- *If a Guardian Ad Litem is already appointed, the Superintendent must first consider that guardian to be appointed as the surrogate parent.*

**Wakulla County School Board
Exceptional Student Education**

NEED FOR EXCEPTIONAL STUDENT EDUCATION SURROGATE PARENT

Student Name _____ DOB _____

Address _____ Grade _____ Race _____

City _____ State _____ Zip _____

Present School _____ ESE Assignment _____

Parent/Guardian _____ Home/Work Telephone _____

Address _____

City _____ State _____ Zip _____

Documentation required to determine need for surrogate parent.

Student is a ward of: _____ State _____ Date _____
_____ Court _____ Date _____

Certified

Letter: _____
Date Sent _____ Date Receipt Returned _____ Results _____

Signature _____

Home Visit Date _____ Results _____

Signature _____

Date _____ Results _____

Signature _____

Telephone Calls:

Date _____ Telephone Numbers Called _____ Results _____

Signature _____

Other Agencies/School Contacted:

Date _____ Phone _____ Name of Agency/School Person Contacted _____ Results _____

**Wakulla County School Board
Exceptional Student Education**

SURROGATE PARENT APPLICATION

Name _____ DOB _____

 Last First M.I.
Address _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (Place of Employment) _____

U.S. Citizen ☐ Yes ☐ No

Employee of County Schools ☐ Yes ☐ No

Florida Resident ☐ Yes ☐ No

Education _____
(Last grade completed)

Degrees: _____

Major areas of educational interests: _____

Primary language spoken: _____ Other languages _____

☐ Can you read in the above language(s)?

☐ Can you speak in the above language(s)?

☐ Can you interpret in the above language(s)?

With what age students are you most familiar?

☐ 3-5 yrs.

☐ 6-10 yrs.

☐ 11-13 yrs.

☐ 14-18 yrs.

☐ 19-21 yrs.

Do you have children attending the County Schools? ☐ Yes ☐ No

If yes:

Student's Name	Present School	ESE Program

Please submit names of two references:

Name _____ Address _____ City/State/Zip _____

Name _____ Address _____ City/State/Zip _____

For Office Use:

Application received _____

Recommendations received _____

Training completed _____

Name submitted to Superintendent _____

Approved by Superintendent _____

Terminated by Superintendent _____

**Wakulla County School Board
Exceptional Student Education**

SUPERINTENDENT'S SURROGATE PARENT APPOINTMENT LETTER

Dear _____,

Congratulations on completing the required training to become a Surrogate Parent. We appreciate your interest in fulfilling that most important role. Your student(s) assignment will be given at a later date.

By the authority vested in me, I do hereby appoint you as a Surrogate Parent in the Wakulla County Schools.

Sincerely,

Superintendent of Schools

cc: Director of Exceptional Student Education

**Wakulla County School Board
Exceptional Student Education**

SURROGATE PARENT-STUDENT ASSIGNMENT

Date_____

Surrogate Parent_____Home Telephone_____

Address_____Emergency Telephone_____

City_____State_____Zip_____

You have been assigned as a surrogate parent for the following student:

Student's Name_____ID#_____

Date of Birth_____Sex_____Race_____

Address_____Home Telephone Number_____

City_____State_____Zip_____

Present
School_____Principal_____Phone_____

Current School Programs(s)

Associate Dean _____

A copy of this form will also be in the student's school file and in the ESE file.

Sincerely,

ESE Director
Form 4

**Wakulla County School Board
Exceptional Student Education**

SUPERINTENDENT'S SURROGATE PARENT TERMINATION LETTER

Date _____

Dear _____,

Your services as a surrogate parent for _____
(Student's name)

are no longer required because of the following circumstance(s):

- _____ the student is no longer eligible or in need of ESE program(s).
- _____ the legal guardianship for the student is assigned to a person who can carry out the role of the parent.
- _____ the parent, who was previously unknown became known.
- _____ you no longer wish to represent the student or are unable to represent the student as you indicated in writing.
- _____ the student moved to a geographic location that is not reasonably accessible to you.
- _____ you no longer adequately represent the child for the following reasons:

Sincerely,

Superintendent of Schools

cc: Director of Exceptional Student Education

SECTION SEVEN

Procedures for Reporting Restraint/Seclusion

Manual Physical Restraint and Seclusion

District policy, implementing 1003.573 FS, provides direction for the authorized training, reporting and monitoring of manual physical restraint within the Wakulla County Public School district. Wakulla County School Board employees do not use any mechanical restraint devices or seclusion.

Manual physical restraint must only be used as a last resort, i.e., in emergency situations where aggressive and/or self-injurious behaviors present an immediate, significant, and imminent threat to the physical safety of the student and/or others. Manual physical restraint is never to be used as a punishment or as an instructional tool and is to be used only for the period of time needed to contain the behavior of concern and eliminate the immediate threat of harm to the student and/or others.

Mechanical restraint is the use of any device or equipment to restrict a student's freedom of movement. The term does not include devices implemented by trained school personnel or utilized by a student that have been prescribed by appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, such as:

- Adaptive devices or mechanical supports used to achieve proper body position, balance or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports;
- Vehicle safety restraint when used as intended during the transport of a student in a moving vehicle; restraints for medical immobilization;
- Orthopedically prescribed devices that permit a student to participate in activities without the risk of harm;
- Restraint devices that permit a student to participate in activities without risk of harm to self or others as determined by the IEP committee.

Use of the above devices for purposes not prescribed is considered a mechanical restraint and require the same reporting methods and timelines required for incidents of manual physical restraint.

Seclusion is the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. The room must be lit and meet the Fire Marshal Code. Wakulla County School Board Employees do not implement seclusion. This type of incident must be reported to the parent and DOE using the same reporting methods and timelines required with manual physical restraint.

Seclusion does not include timeout, which is a behavior management technique that is part of an approved program, involving the monitored separation of the student in another part of the room or in a separate non-locked setting in full view of staff and is implemented for the purpose of calming.

Wakulla County School District Guidelines for Manual Physical Restraint

1. What is manual physical restraint?

- Manual physical restraint is a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely.
- It is to be used by a trained teacher or staff member
- It does not include and does not allow for the use of mechanical restraint devices such as straps, belts or tie downs.
- It also does not include a physical escort which means a temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student who is acting out to walk to a safe location.
- It also does not include physical contact for the purposes of instruction, such as hand over hand positioning, guided practice or the guiding of students to insure safety.

2. What are the circumstances when manual physical restraint might be used with students?

- Manual physical restraint is not an instructional tool for the development of pro- social behaviors in the classroom or school. Rather it is a method to prevent students from harming themselves or others it should only be used as a last resort in emergency situations when an immediate, significant and imminent threat to the physical safety of the student and/others exists.
- Manual physical restraint should only be used for the period of time needed to contain the behavior of concern and eliminate the immediate threat of harm to self and/or others. Classroom settings should clearly demonstrate the use of positive strategies designed to increase and maintain appropriate behaviors while reducing inappropriate behaviors. Any restraint lasting more than 20 minutes must immediately be reported to the principal or his/her designee.
- Manual physical restraint procedures **might** be used to intervene with students in the following situations:

✓Aggression: Demonstration of behaviors that pose a clear threat to physical safety of others, e.g., repeated hitting, kicking, head butting or use of any body part, weapon or object that shows intent to injure others.

✓Self-injury: Demonstration of behaviors that pose a clear threat to the physical safety of the student, e.g., repeated head banging, face slapping, eye-poking or self-biting.

3. Who should implement manual physical restraint procedures?

- Only school personnel who have mastered and are credentialed in district approved training in the appropriate application of specific techniques and procedures associated with the use of this level of instruction.

- School Resource Officers who have received training and are credentialed in law enforcement approved techniques for student restraint.

4. Manual Physical Restraint Training

- The Wakulla County School District has selected TEACH (Techniques for Effective Adolescent & Child Handling) provided through Professional Education Services, Inc. as the approved training for manual physical restraint. Training is provided by certified TEACH trainers, credentialed through PES, Inc.
- The goal of the TEACH program is to provide a safe, restraint free environment that educates both student and staff in alternative measures to address aggressive behavior.
- TEACH Training is divided into two components, TEACH I and TEACH II. TEACH I curriculum encompasses understanding student behavior and interaction; communication (verbal and nonverbal); assessing agitation; physical intervention procedures (blocks and releases). TEACH II is training for manual physical restraint and includes control techniques.
- Only school staff trained and credentialed in TEACH II will provide manual physical restraint.
- The initial training for TEACH I is six hours; and TEACH II is an additional three hours. Recertification must be conducted annually and is 2 hours for TEACH I and 2 hours for TEACH II. TEACH I training/certification is a prerequisite for TEACH II.
- A list of TEACH I and TEACH II certified participants is maintained in the office of the district Director of ESE/Student Services. It is updated after each training and copies provided to each school level administrator. The list contains initial certification dates, as well as recertification dates.
- The Director of ESE/Student Services schedules TEACH I and II training annually for new employees as well as recertification training. Additional trainings are scheduled during the year as needed.

5. Monitoring of Manual Physical Restraint

- During each episode of physical restraint, a trained staff member must observe the restraint and record information on the ***Restraint Data Record***.
- The ***Restraint Data Record*** must be complete and filed in the student's classroom folder.
- If a School Resource Officer participates in the restraint, it must be reported and school district procedures followed until the point that an arrest occurs.
- Any restraint lasting more than 20 minutes must immediately be reported to the principal or his/her designee.
- The lead teacher/administrator in the restraint completes the ***Incident Report*** and submits a copy for review by the designated school level administrator.
- After reviewing the ***Incident Report***, the school level administrator notifies the district ESE director and a discussion (including other involved personnel) of antecedent behavior(s) occurs as well as the need for additional supports/services (new FBA; revision of BIP) in an effort to reduce the number of restraints.
- The district Director of ESE monitors incident reports monthly to insure that

procedure is followed.

6. Reporting

- **Parental Notification of Manual Physical Restraint and Parent Acknowledgement of Manual Physical Restraint.** Parent(s)/guardian(s) must be informed of each episode of restraint before the end of the school day in which it occurs. They must be informed in writing and attempts must also be made and documented to contact the parent(s) by telephone, e-mail or both. Wakulla County uses the **Parent Notification of Manual Physical Restraint** to inform parents on the day of the restraint. The **Parent Notification of Manual Physical Restraint** is sent home with the student on the day that the restraint takes place, and a copy is filed in the student's navy blue restraint incident folder. The **Parent Acknowledgement of Manual Physical Restraint** (second page of **Parental Notification of Manual Physical Restraint**) is also sent home with the **Parent Notification of Manual Physical Restraint** and a self-addressed, stamped envelope is enclosed for the parent to return it to school. The lead teacher/administrator in the restraint is responsible for the initial parent notification by phone or email; completing and sending the written **Parent Notification of Manual Physical Restraint**; putting forth good effort to procure acknowledgement of notification and documenting these contacts. This reporting is required for all students with disabilities. (Students with 504 Plans or Individual Education Plans) If the **Parent Acknowledgement of Manual Physical Restraint** is not returned within five school days, the parent will be contacted by phone and/or e-mail to request it be sent back. If it is not returned within ten school days, the parent will again be contacted by phone or email. These contacts are documented by the lead teacher or administrator in the restraint on the **Restraint Record of Contact** form.
- **Restraint Incident Report and Written acknowledgement of Receipt of Incident Report.** Within 24 hours of each episode of manual physical restraint, the teacher and administrator implementing the restraint will complete the online **Florida Department of Education Restraint Incident Report** and submit to the principal and ESE Director for review. After review, by the principal and ESE Director the report will be submitted by the ESE Administrator to the Florida Department of Education and the district Director of ESE/Student Services notified. Parents MUST RECEIVE a copy of the incident report within three days after the restraint, and the school must keep a copy of the incident report in the student's navy blue restraint incident folder. The parent's copy of the incident report will be mailed with a self-addressed, stamped envelope for returning the **Acknowledgment of Receipt of Incident Report** to the school. When the acknowledgement is received, it is also filed in the navy blue restraint incident folder. This reporting is required for all students with disabilities. If the **Acknowledgement of Receipt of Incident Report** is not returned within five school days, the parent will be contacted by telephone and/or e-mail to request its return. If it is not returned within ten school days, the parent will again be contacted by telephone and/or email. These contacts are documented on the

Restraint Record of Contact form.

- For each episode of restraint, notification must be submitted to the person at each school center responsible for discipline data entry into the Gateway System. The data must be entered on the DB screen under Discipline Action. The code is R for physical restraint. This data element is required for ALL students who are restrained.

7. Filing

- A copy of the ***Parent Notification of Manual Physical Restraint*** and ***Florida Department of Education Restraint Incident Report*** will be filed in a navy blue restraint incident folder by individual student. This navy folder will be housed with the classroom records until the end of the school year, at which time it will become a part of the student's ESE Folder as a part of his/her student record.
- It is the responsibility of the teacher or administrator who performs the restraint to insure that forms are filed and to make a reasonable effort to procure the signed ***Parent Acknowledgement of Manual Physical Restraint*** (the second page of the ***Parent Notification of Restraint***) and ***Acknowledgement of Receipt of Incident Report*** (the second page of the incident report) from the parent/guardian. Return of these forms is assisted by sending a self-addressed stamped envelope with each form and following up with a phone call or email requesting their return within five school days of the date they are sent, and again after ten school days if they have still not been returned. These contact attempts are recorded on the Restraint Record of Contact form.
- The ***Restraint Record of Contact*** form should be filed in the navy blue student folder and contains dates of parent contacts regarding the ***Parent Acknowledgement of Manual Physical Restraint*** and ***Acknowledgement of Receipt of Incident Report***.
- The ***Restraint Data Record*** should also be filed in the navy blue student folder for each episode of restraint.

8. Maintenance of Records

- ***Restraint Data Record; parent Notification of Manual Physical Restraint; Parents Acknowledgment of Manual Physical Restraint; Department of Education Restraint Incident Report; Restraint Record of Contact and Acknowledgement of Receipt of Incident Report*** will be filed in navy blue student restraint incident folders for each incident of restraint.
- At the end of the school year, the navy blue restraint incident folders will be filed with the official school copy of the ESE student records.
- It is the responsibility of the lead teacher/administrator performing the restraint to insure that the files are maintained accurately and appropriately. This includes reasonable effort to procure the ***Parent Acknowledgement of Manual Physical Restraint*** as well as ***Acknowledgement of Receipt of Incident Report*** by calling and/or emailing the parent if they have not been returned. This occurs at five school days after the documents have been sent home, and again at ten school days if needed.

Parent Notification of Manual Physical Restraint

Date:

Dear Parent/Guardian of _____:

Today your child was manually physically restrained at school. You will receive a copy of the Restraint Incident Report within three days of this notice. It will provide details of the restraint, including the teacher and staff participating and monitoring the restraint; the location; and behaviors leading up to the restraint.

Type of restraint used: _____

Visible marks/injuries occurring during the restraint: _____

If you have questions after receiving the Incident Report, please contact your student's teacher.

Please acknowledge your receipt of this notification by signing and returning the second page of this notification entitled Parent Acknowledgement of Manual Physical Restraint. Your student's teacher has also attempted to contact you by phone, email or both. If you did not receive this contact, please update your phone number and/or email address on the second page.

Record of Notification Attempts:

Phone: Number(s) called: _____

Voice Mail _____ Spoke with _____

Email sent: ____none available ____yes (attach copy)

Wakulla County Receipt of Notification of Restraint Incident Report

Date: _____

Dear Parent/Guardian of _____:

Attached to this letter is a copy of the Incident Report providing specific information regarding the manual physical restraint of your student for your records. If you have any questions after reviewing the report, please contact your student's teacher.

Please sign and return this receipt verification to your student's teacher within three days of receipt.

I received a copy of the Wakulla County Manual Physical Restraint Incident Report.

Parent/Guardian Signature _____ Date _____

Restraint Data Record

Student: _____

Teacher: _____

School: _____

Date: _____

Time Start: _____ Time End: _____

Staff implementing/monitoring (and title): _____

Other non-student witness(es) (name and title): _____

Total Time (duration): _____

Location of Restraint: _____

Scoring Code for Student Behavior for Each Minute	Reason for Restraint	Specific Positive Strategies used prior to restraint
<input checked="" type="checkbox"/> Student calm	The student engaged in the following major maladaptive behavior during _____:	<input type="checkbox"/> Positive redirection <input type="checkbox"/> Given option to "chill out" <input type="checkbox"/> Removed other students from area <input type="checkbox"/> Used de-escalation strategies <input type="checkbox"/> Used reinforcement program Changed staff interacting with student Other _____
<input checked="" type="checkbox"/> Student disruptive, threatening		
<input checked="" type="checkbox"/> Student actively resisting / maintaining aggression	___ Aggression ___ Property Destruction ___ AWOL ___ Verbal Aggression ___ Threat ___ Severe disruption of learning environment	
<input checked="" type="checkbox"/> Restraint Completed		
Behavior Plan Implementation		
<input type="checkbox"/> The classwide behavior program was implemented as written. <input type="checkbox"/> The students individual plan was implemented		

Instructions: During a physical management procedure, have a monitor record, once per minute, the student's status. Observe for physical distress and take immediate action if any health risk. Score under "1" if it is a one-person hold, "M" for multiple person hold.

Release from restraint criteria Physical restraint is terminated when the student has been calm for the time period agreed upon in the school's protocol or the student's written program. This will be based on whether or not the student is still engaging in behavior that could result in harm to the student being restrained or other students or teachers.

Minutes Student's Behavior (see scoring code above)

Minutes	1	M	1	M	1	M	1	M	1	M	1	M	1	M	1	M	1	M
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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Administrator notified here

Additional information

How was it determined that there was imminent risk of serious injury or death to the student or others:

Describe what occurred immediately following restraint:

Describe any injuries, visible marks or emergencies that occurred during restraint.

Restraint Incident Report

In Accordance with Section 1003.573, Florida Statutes, Use of Seclusion and Restraint on Students with Disabilities, within 24 hours of releasing a student with a disability from restraint or seclusion, an incident report must be completed. If the student's release occurs on a day before the school closes for the weekend, a holiday or another reason, the incident report must be completed by the end of the day the school reopens. A copy of the incident report must be sent to the parent or guardian within 3 school days after the student was manually physically restrained or secluded. Mailing a hard copy of this report to the parent or guardian will satisfy the requirement to provide an incident report as noted above. Note: The incident reporting requirement is separate from the requirement in the law to notify the parent in writing on the day the incident occurred.

* indicates a required field

***Student First Name:**

***Student Last Name:**

Student Middle Name/Initial:

***Date of Birth:**

***Grade:**

☐ Pre-K

☐ Grade 6

☐ Kindergarten

☐ Grade 7

☐ Grade 1

☐ Grade 8

☐ Grade 2

☐ Grade 9

☐ Grade 3

☐ Grade 10

☐ Grade 4

☐ Grade 11

☐ Grade 5

☐ Grade 12

***Race:**

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |

***Ethnicity:**

- | | |
|---|---|
| <input type="checkbox"/> Hispanic / Latino origin | <input type="checkbox"/> Not Hispanic / Latino origin |
|---|---|

***Gender:**

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

***Primary Exceptionality:**

- | | |
|--|--|
| <input type="checkbox"/> Section 504 Only | <input type="checkbox"/> Deaf or Hard of Hearing |
| <input type="checkbox"/> Hospital/Homebound | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Dual Sensory Impaired | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Emotional/Behavioral Disorder |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Traumatic Brain Injury | |

***Date of Incident:**

***Start Time, restraint (HH:MM AM/PM):**

***End Time, restraint (HH:MM AM/PM):**

***Location at which restraint occurred:**

- ☐ ESE Classroom ☐ General Education Classroom
☐ Bus / Bus Zone ☐ Bathroom
☐ Cafeteria ☐ Hallway / Breezeway
☐ Playground ☐ Off Campus (Description required)
☐ Other (Description required)

Description:

***Type of restraint:**

--

***Person(s) using or assisting in restraint:**

First Name	Last Name	Position

Non-student witnesses:

First Name	Last Name	Position

***Context in which restraint occurred. Describe what was happening at the time the incident occurred, including the activity or type of interaction the student was involved in prior to the behavior that resulted in restraint. This is the antecedent to the incident.**

***Student's behavior leading up to and precipitating the decision to use restraint. Describe what the student was doing prior to and during the incident that required the use of restraint. What was the behavior that warranted the use of restraint?**

***Describe specific behavioral strategies used to prevent/deescalate the behavior. Clearly describe (not list) any and all intervention/strategies used, both long term (i.e. specific strategies in an individual behavior intervention plan and/or classroom management plan) and more immediate (removal of audience, distraction, etc.) in relation to the time shortly before this particular restraint occurred. Specifically describe the interventions that were unique to the student and this particular restraint.**

***How was it determined that there was imminent risk of serious injury or death to the student or others?**

***Describe what occurred with the student immediately after termination of restraint.**

--

***Describe any injuries, visible marks, or medical emergencies that occurred during restraint.**

--

Name: _____ Date of Incident: _____

Checklist of Forms for Manual Physical Restraint

- _____ **Parental Notification of Manual Physical Restraint** – parent must be informed in writing by the end of the school day.
- _____ **Parent Signed Acknowledgement of Manual Physical Restraint** – sent home with self-address stamped envelope (or at least two attempts documented to get signed acknowledgement).
- _____ **FLDOE Restraint Incident Report** – done within 24 hours, submitted to principal for review, after review the report submitted to DOE; Parent sent report within three days.
- _____ **Acknowledgement of Receipt of Incident Report** returned by parent. If not returned in five (5) days, parents must be contacted, if not returned in ten (10) days, contact again. There must be evidence of two (2) attempts to secure Acknowledge of Receipt of Incident Report.
- _____ **Restraint Data Record** – done by trained staff
- _____ **Restraint Record of Contact** – ALL contacts are documented here

Confirmed by School Administrator/Designee

RESTRAINT Incident Report

Keep the copy of the report for your records. Sign and return this page to school.

Student First Name:

Student Last Name:

Student Middle Name/Initial:

Date of Birth:

School:

Date of Incident:

Time of Incident:

I acknowledge receipt of the incident report.

Parent Signature

Date

SECTION EIGHT

Assistive Technology

WAKULLA COUNTY ASSISTIVE TECHNOLOGY PLAN

Wakulla County Schools
Updated July 2019

SECTION NINE

IEP MEETING NOTES AND TIPS

Wakulla County School Board FACILITATED IEP MEETING

When getting ready for an IEP meeting, consider the following factors:

- What is the purpose of your meeting?
 - o Is it to decide on placement and services, feedback meeting future planning, etc.?
 - o Are all participants clear n the purpose?
- What services are being offered?
 - o Have all stakeholders been invited?
 - o If the program is at another school, do you have representatives from that school?
- What are the desired outcomes of the meetings?
 - o Are the outcomes clear to all participants?
- What is the best way to set up the meeting space to facilitate a positive meeting?
 - o Do the parents feel welcome and involved based on their spot in the seating arrangement?
 - o Can they see the projection of the IEP clearly?
 - o Did everyone stand to greet the parent so they don't feel intimidated?
- What is the role of each participant?
 - o During introductions did each person define their role?
 - ☐ Don't assume the parents know everyone because you have met before. Reintroduce yourselves and state your role in the meeting.
 - o Who will facilitate, record conference notes, etc.?
- Do you have a detailed agenda?
 - o What is the game plan for the meeting with specific steps (and time allocation, if needed) that will lead to positive results?
 - o Is the agenda posted and reviewed at the beginning of the meeting?
 - o Do you refer to the agenda if the meeting gets off topic?
- Have ground rules been established and posted in order to help the meeting run smoothly?
 - o Did all participants have input into the ground rules?
 - o Did everyone come to a consensus in approval of the ground rules?

An agenda helps IEP meeting participants understand what is going to be discussed during the meeting and what is relative to be discussed at each point of the meeting. Review the agenda at the start of the meeting to help keep the meeting on track. This will also help participants know when to raise concerns within the discussion. If there are time constraints, add a time allotment for each area of the agenda. If participants get off topic, remind the group of the agenda. Have hard copies for each participant or post in a visible area of the room.

Sample Agenda

- Welcome
 - Purpose of the meeting
 - Introductions with role of each participant
 - Agenda
 - Ground Rules
- Review evaluations
 - Parent Questions and concerns
- IEP – answer parent questions and make changes as needed
 - General information/Special Consideration/Domains
 - Present Levels
 - Annual Goals and Benchmarks
 - Special Education Services
 - Related Services
 - Least Restrictive Environment
 - Accommodations (classroom and testing)
- Review all changes to IEP
- Complete and sign all paperwork
- Finalize IEP
- Give parents copy of final IEP

As an example of how you can adjust the agenda to meet your specific needs, this is the agenda I have posted in my office for initial Pre-K Staffings. I review this agenda with all parents after introductions.

Pre-K IEP Agenda

- Introductions
- Go over all Evaluation Reports
 - o Get Parent Input
 - o Answer Parent Questions about IEP
- Sign all paperwork
- Finalize IEP
- Teacher goes over Pre-K information with parent
 - o Answer parent questions about Pre-K
- Give parent copy of paperwork

Ground Rules or Group Norms

Ground rules can be generic and permanently posted in the meeting room or can be developed by the IEP team at the meeting. If you use generic rules, go over the rules then ask the group if they would like to see any others added to the list. After reviewing (and adding to) the rules, get a consensus on agreement from the participants.

Sample Ground Rules/Group Norms

- Communicate clearly and listen carefully
- Respect the views of others
- Share your views willingly
- Ask and welcome questions for clarification
- Be open to the ideas and views presented
- Honor time limits and stay on task

Wakulla County Schools
IEP MEETING WITH A REQUEST FOR RE-EVALUATION
(Because the re-evaluation due date is within the duration of the IEP)

- ☐ Send home Meeting Notice with re-evaluation **also** as a purpose of the meeting (2-3 weeks before IEP date)
 - Don't forget to invite therapists if they are a part of the team
 - Include Procedural Safeguards
 - Include Parent Input for IEP form
- ☐ Teacher Input form can be completed if you request excusal
- ☐ IEP (annual review or amendment)
 - Goals-Measurable
 - Accommodations-must be justified in present level statement
 - Assessment Accommodations-make sure the match general accommodations.
 - Transportation Services form-any child living within 2 miles or rides a van/special bus.
 - For amendments-if you have a meeting with the parent you must print a signature page. If the amendment is via conference call with teacher and parent you will not need a signature page, but if the meeting was scheduled with parent and parent does not show you must still have a signature page. Document in conference notes on IEP the reason IEP was amended.

Items to bring to IEP meeting:

- ☐ Signed meeting notice (if returned) If not, print new one
- ☐ Parent input form for IEP (if returned)
- ☐ Parent Consent for Re-evaluation-**Team must sign at the top of this form**
- ☐ Parent input for Re-evaluation (parent can complete at meeting or return later)
- ☐ Teacher Input form (if necessary)
- ☐ Completed progress report (if annual review)
- ☐ Consult/Collaboration Logs (if reflected in IEP)
- ☐ Positive Behavior Plan (if reflected in IEP)

Forms required at end of meeting for parent copy, school, ESE office

- ☐ Copy of Consent for re-evaluation signed by parent AND TEAM
 - If at this meeting the team decides "no assessment recommended" (Option 3) then the Re-evaluation report can be completed at this time and a new re-eval date can be put on the IEP and then finalized.
 - The new re-evaluation date is the date of this meeting if Option 3.
 - If Option 1 or 2 then a feedback will be scheduled when the re-evaluation is completed.
- ☐ Meeting Participants
- ☐ Parent Input and meetings (Senate Bill 1108)
- ☐ Consent for FSAA/Access Points (Senate Bill 1108)
- ☐ FES UA Letter
- ☐ Signed and dated Medicaid form
- ☐ Finalized IEP
- ☐ Transfer of Rights (age 17)

Wakulla County Schools
IEP MEETING WITH NO RE-EVALUATION OR FEEDBACK MEETING
(Because the re-evaluation date is not anywhere near)

To Do:

- ☐ Meeting Notice with Annual Review or Amendment as a purpose of the meeting sent home 2-3 weeks before IEP date)
 - Don't forget to invite therapist if they are a part of the team
- ☐ Send home with Meeting Notice
 - Procedural Safeguards
 - Parent Input for IEP form
- ☐ Teacher Input form can be completed if you request excusal
- ☐ IEP (annual review or amendment)
 - Goals – Measurable
 - Accommodations – must be justified in present level statement
 - Assessment Accommodations – Make sure matches general accommodations.
 - Transportation Services form – Any child living within 2 miles or rides a van/special bus.
 - For amendments – If you have a meeting with the parent, you must print a signature page. If the amendment is via conference call with teacher and parent, you will not need a signature page, but if the meeting was scheduled with the parent and parent does not show, you must still have a signature page.

Items to bring to IEP Meeting:

- ☐ Signed meeting notice (if returned) – If not, print a new one
- ☐ Parent Input form for IEP (if returned)
- ☐ Teacher Input form (if necessary)
- ☐ Completed progress report (if annual review)
- ☐ Consult/Collaboration Logs (if reflected in IEP)
- ☐ Positive Behavior Plan (if reflected in IEP)

Forms required at end of meeting for parent copy, school and ESE office:

- ☐ Meeting Participants
- ☐ Parental Input and Meetings (Senate Bill 1108)
- ☐ McKay Letter
- ☐ Signed and dated Medicaid form
- ☐ Consent for FSAA/Access points if Special Diploma (Senate Bill 1108)
- ☐ Finalized IEP
- ☐ Transfer of Rights (age 17)

Wakulla County Schools
IEP WITH RE-EVALUATION OR FEEDBACK MEETING
(a re-evaluation has been done and results need to be shared with Parent)

To Do:

- ☐ Meeting Notice with re-evaluation also as purpose of meeting (sent home 2-3 weeks before IEP date)

Bring to meeting:

- ☐ Current IEP
- ☐ Re-evaluation test results (usually a write up by the psychologist, itinerant, etc.)
- ☐ Re-evaluation Report (137 in gray book)

If the re-evaluation results warrant a change to the IEP, then amend the current IEP at this meeting making the changes, **updating the re-evaluation date**, and document reason for amendment on the conference notes with IEP paperwork.

If the re-evaluation results do not warrant any change to the IEP, then you **still need to amend it to reflect the new re-evaluation date** and document the reason for the amendment in the conference notes with IEP paperwork.

REMEMBER: The new re-evaluation date should always be three years from the first date of testing on the report and documented on the re-evaluation report.

- ☐ Meeting Participants Form will need to be completed

Forms required at end of meeting for parent copy, school and ESE Office:

- ☐ Amended IEP
- ☐ Copy of re-evaluation (report(s))
- ☐ Signed document relating to Parental Input and Meetings (Senate Bill 1108)
- ☐ Meeting Participants

Writing Quality Present Level Statements

The IEP team is required to consider the strengths and academic, developmental, and functional needs of the student when developing the student's IEP. This is generally documented in the present level statement. It is important that the statement be written in language that is easily understood by all who will use the student's IEP.

Strengths

A student's strengths may involve specific areas of the curriculum where the student is performing well and the student's preferences and interests. Strengths may include the student's abilities or behaviors in home, school, community, and work settings. When describing strengths, the team should focus on specific skills that relate to the domain or transition services area. When possible, the team may use the student's strengths and preferences to determine needed services and supports.

Jonathan is a sixth-grade student who is very interested in science and the world around him. He is a keen observer and learns by listening to his teachers and interacting with peers as they discuss topics in the classroom. He prefers listening to information on a computer while he follows the text on the screen. When information is presented in an audible format, Jonathan is able to recall main ideas and details.

Current Performance

In describing the student's current performance, the description may begin with the starter phrase "Based on . . ." Using this phrase to begin the statement makes it clear the statement is based on specific data collected about the student. The first sentence provides an overall description of the student's performance in a particular area and includes sources of information on which the statement is based.

Based on performance on the FSA 2.0 Reading, curriculum-based assessments, and teacher observations, Jonathan's reading skills are at a beginning fourth-grade level, two years below his current grade level.

This is followed by specific information from relevant sources. If specific assessments are referenced, teams should include the complete title and acronym. Test scores should be reported with the date of testing and a narrative that provides an interpretation or explanation of the scores and the instructional implications of the test results. If standard scores are provided, the statement should include a description of the meaning of the score.

As a result of scores that indicated a low success probability on the Florida Comprehensive Assessment Test (FSA) Reading, Jonathan was administered the Word Analysis ability and the Adjusted Maze tests from the Florida Assessment for Instruction in Reading (FAIR). His scores were below the 30th percentile on both measures, indicating he was at a high-risk level at the beginning of the school year. Based on scores in FAIR Reading Comprehension ability, Jonathan also has difficulty with reading comprehension, as shown by lower scores in clusters assessing words and phrases in context, comparison and cause/effect, and reference and research. Jonathan struggles with fluency and has difficulty decoding multisyllabic words and using context to determine unknown words.

Effect of the Disability

The present level statement must include a description of the effect of the disability. IEP teams are encouraged to use the starter phrase, “As a result of the student’s disability . . .” or to include the phrase, “effect of the disability. . .” when describing the specific skills, behaviors, or capabilities impacted by the student’s disability. The description should include the data and source of the information, such as assessments, observations, or teacher reports. This description goes beyond naming the type of disability and describes how the impairments affect the student’s learning and behavior. For example, if the team notes that the student works at a very slow pace, evidence of this need should be described in the present level statement.

Takes twice as much time as peers to complete written assignments and assessments when using a braille.

Has a hard time staying on task and interrupts others and self.

The description of the effects of the disability will guide the team in determining what services, supports, and accommodations the student needs.

As a result of his disability, Jonathan has difficulty recognizing vocabulary words and comprehending grade-level materials. He is able to comprehend and remember the content when the information is presented in an audible format.

In summary, the present level statement should include the relevant data sources, student’s strengths, levels of achievement and performance, and effect of the disability that will lead to quality annual goal statements and the identification of needed services and supports.

Developing Quality IEPs

Student: Andy

Meeting Date: 5/24/2011

Example

Andy's receptive language skills are better than his expressive language skills. The speech/language pathologist conducted an oral mechanism examination on February 17, 2011. Andy is able to open and close his mouth with ease. He seems to struggle to coordinate motions when his tongue is outside his mouth. Little movement of the soft palate was noted when he was making sounds.

More recent speech testing was completed in April 2011. On the Clinical Assessment of Articulation and Phonology, Andy's scores indicated severely impaired skills in speech sound production. He omitted sounds and syllables from words and substituted one sound for another. No sound distortions were noted during testing.

Interagency responsibilities or linkages, if needed:

None

Results of Florida Comprehensive Assessment Test:

Test Year: N/A Test Grade: N/A

Reading		Math	
Achievement Level:	N/A	Achievement Level:	N/A
Scale Score:	N/A	Scale Score:	N/A

Content Areas	Points Possible	Points Earned	State Means	Content Areas	Points Possible	Points Earned	State Means
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Present Level of Academic Achievement and Functional Performance

Information on transition needs and/or self-determination is included here as appropriate.

Domain/Transition Service: Curriculum and Learning Environment

The strengths of the student related to this domain(s) are as follows:

Andy does very well in routine classroom activities that he likes and can remember steps of repeated lessons. He enjoys coloring pictures and working with simple puzzles, stacking blocks, and lock boxes. He is able to cut a straight line.

He enjoys morning circle and is able to pay attention and participate for about 20 minutes. He is motivated by praise and positive adult attention. Frequently he will turn and face the other adults in the room to show how proud he is of his accomplishments.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:

Example

Sample Individual Educational Plans

Student: Andy
Meeting Date: 5/24/2011

LANGUAGE AND EMERGENT LITERACY

Andy can match and identify 23 letters of the alphabet. He recognizes 12 of 15 single consonant sounds and can identify words that start with those sounds. He can match objects and pictures with the same beginning sounds. He is unable to distinguish same and different sounds in isolation or fill in simple rhymes. Andy can also recognize and spell his name and recognizes the names of five of his friends.

Andy can match events to pictures from a read aloud story. He answers two out of four questions correctly about a familiar story if the questions are about the pages that were just read. Andy has difficulty attending to more than two pages at a time without having to be reminded to pay attention to the story. Typically developing five-year-old children can ask and answer a variety of questions about a story after it is read aloud.

MATHEMATICS

Andy can match numerals 1 to 10, but is inconsistent in naming them. He can count to five by rote, but has difficulty counting sets of objects to 10 because he doesn't use one-to-one correspondence. He can match objects by color, shape, and size, but cannot sort by size and shape (little squares, big circles). Typically developing five-year-old children can relate quantities to 20 with numerals, sets of objects, and number names and show understanding of addition and subtraction by joining and separating sets of objects.

The student's disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy has difficulty staying on task and remembering what he needs to do as a result of his short attention span. He needs maximum support from adults (remain close by; provide verbal/ visual prompts, frequent verbal praise, and additional explanations of the activity) to get started and maintain his effort and attention. He also requires extensive support from adults to stay focused on tasks he doesn't like. When Andy is participating in tasks that he knows and likes, the teacher can reduce the continuous prompts and supervision to periodic reminders (one reminder in five minutes). When he is learning a new activity, Andy requires verbal praise, continuous prompting and supervision, and reduced distractions.

Andy has difficulty shifting from one activity to another and can be disruptive if the next activity is not one he wants to do. He requires one to two minutes of continuous visual/verbal prompting to get back to the task.

Last school year, Andy's teachers noted that he significantly regressed in his use of appropriate behaviors and participation in learning activities after winter and spring school breaks. He had to relearn the routines and expectations of the classroom.

Example

Sample Individual Educational Plans

Student: Andy
Meeting Date: 5/24/2011

Progress reports will be provided:
If other, describe:

Nine weeks

Short-Term Objectives or Benchmarks:

Goal:

Given concrete objects, Andy will solve five simple mathematical problems involving joining and separating sets up to 20 objects.

Mastery criteria:

Other:

Four of five opportunities

Assessment procedures:

Weekly teacher-developed checklist or chart

Progress reports will be provided:

Nine weeks

If other, describe:

Short-Term Objectives or Benchmarks:

Andy will correctly count sets with up to 20 objects in four of five opportunities.

Andy will relate sets with up to 20 objects with numerals and number names with 100 percent accuracy in four of five opportunities.

Domain/Transition Service Area: Communication

The strengths of the student related to this domain(s) are as follows:

Andy uses words to express himself. He is able to understand more than he can say.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:

Based on the results of his most recent language evaluation (February 2011), Andy struggled to ask questions during play, answer "what" and "where" questions, understand negatives in sentences, and identify categories of objects in pictures. Andy was able to independently answer two of 10 yes/no questions accurately. Often, he repeated a portion of the question. For example, if Andy is asked, "Did you eat lunch?" he will usually reply, "Eat lunch." When given a cue, such as, "Andy, yes or no?" after the question is asked, he answered the question accurately. On average Andy will answer seven of 10 "wh" questions accurately. He is able to follow one-step verbal directions in four out of five opportunities. Andy typically speaks in three- to five-word phrases or sentences.

Developing Quality IEPs

Student: Andy
Meeting Date: 5/24/2011

Example

Andy's speech is characterized by errors in multiple sounds, including sounds and syllables left out of words and substituting one sound for another. He exhibits speech characteristics of gliding (one for run), stopping (berry for very), fronting (tar for car), final consonant deletion (coe for comb), and consonant blend reduction (poon for spoon). Andy deletes syllables within multisyllabic words.

His prekindergarten teacher said that he was very difficult to understand when he talked. When Andy is not understood, he typically repeats himself without modifying the message. His repetitions often become chant-like.

The student's disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy's language impairment affects his ability to communicate his thoughts and ideas effectively. It also negatively impacts his ability to understand and apply new concepts in the curriculum. He has difficulty developing and maintaining positive social relationships with both peers and adults.

Andy's speech impairment affects his ability to be understood by his teachers and peers. Multiple articulation errors may also indicate a possible disordered phonological system (ability to detect and use the sound system of language), which could negatively impact his acquisition and development of reading and spelling skills.

Annual Goals and Short-Term Objectives or Benchmarks

Goal:	Given five basic yes/no questions about classroom activities and events, Andy will answer all five questions without prompting.
Mastery criteria:	
Other:	Five consecutive opportunities
Assessment procedures:	Documented observation
Progress reports will be provided:	Nine weeks
If other, describe:	

Short-Term Objectives or Benchmarks:

Goal:	Given five basic "wh" questions (who, what, where) about classroom activities and events, Andy will correctly answer all five questions.
Mastery criteria:	
Other:	Five consecutive opportunities
Assessment procedures:	Documented observation

Example

Sample Individual Educational Plans

Student: Andy

Meeting Date: 5/24/2011

Mastery criteria:

Other:

Four of five opportunities, randomly sampled

Assessment procedures:

Documented observation

Progress reports will be provided:

Nine weeks

If other, describe:

Short-Term Objectives or Benchmarks:

Andy will smoothly navigate up to three obstacles in his path and make up to three surface level changes without losing his balance (balance loss: excessive movement in arms and trunk, needing to take quick, extra steps to recover, falling) on campus in four of five opportunities.

Andy will smoothly walk up and down a group of low steps (at least five steps) holding onto a single rail with his right hand on campus in four of five opportunities.

Andy will carry objects of varying sizes in his hands while walking at least 30 feet without losing his balance (balance loss: excessive movement in arms and trunk; needing to take quick, extra steps to recover; falling) in the classroom or on campus in four of five opportunities.

Domain/Transition Service: Social/Emotional Behavior

The strengths of the student related to this domain(s) are as follows:

Andy enjoys interactions with adults, especially those he knows well. He can be very affectionate and will call for adult attention when he is pleased with what he has done. Andy is very motivated by praise and adult attention. He often seeks attention from peers especially when playing outside.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:

On October 1, 2010, a functional behavior assessment was initiated. The positive behavior intervention plan outlines strategies, including the use of visual cues, first/then contingency statements, and a social skills curriculum with emphasis on focusing attention and controlling behavior. Andy continues to have occasional aggressive episodes of yelling, spitting, and hitting during unstructured activities and during transitions from preferred to non-preferred activities. These episodes typically occur about two times per week for no longer than five minutes. Andy responds well when an adult talks about the behavior immediately after it occurs. He is usually able to return to the group activity within five minutes. On occasion, he becomes over-focused on the episode and repeats the phrases the adult uses to redirect the behavior.

Developing Quality IEPs
Student: Andy
Meeting Date: 5/24/2011

Example

When entering play situations with peers, Andy can typically stay in a center and engage in parallel play near peers for 10 minutes if he is interested in the items in the center (preferred activities). Andy has difficulty when he is asked to share, take turns, or negotiate the use of an item. Andy is more successful in play activities when he has an adult nearby to facilitate and prompt him to interact appropriately with peers. Typical five-year-old children can follow the expectations of classroom routines and participate effectively in activities with other children.

The student's disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy has difficulty interacting with peers and participating in play activities and tasks he doesn't like (non-preferred activities). He shows resistance to changing tasks (transition). These behaviors negatively affect his involvement in the general curriculum. Andy requires social skills instruction, supervision, and frequent prompts to be able to engage with peers and participate in classroom activities.

Andy is easily distracted by people and activities in the classroom. He is strong-willed and at times may resist teacher-directed activities. He needs varying amounts of physical support, encouragement, prompting, and adult supervision to succeed in his learning environment, depending on how familiar he is with the activity and if he is willing to participate.

Annual Goals and Short-Term Objectives or Benchmarks:

Goal:	Andy will effectively engage in reciprocal play activities by taking turns and sharing with peers during adult-facilitated play activities.
Mastery criteria:	Four of five opportunities for 10 minutes
Other:	
Assessment procedures:	Teacher-developed checklist or chart, documented observation
Progress reports will be provided:	Nine weeks
If other, describe:	

Short-Term Objectives or Benchmarks

Examples of Specialized Instruction

Speech Therapy	Language Therapy	Adaptation to regular curriculum
Instruction in Braille	Augmentative communication device	Sign Language interpretation
Job coaching	Social skills instruction	Monitor behavior
Orientation and mobility training	Instruction in organizing information	Supported employment
Instruction in expressive communication	Instruction in strategies for daily living	Assistance with personal care
Instruction in functional academics	Instruction in study skills	Instruction in math skills
Instruction in all curriculum areas	Assistance in independent living skills	Instruction in self-control strategies
Community based instruction	Specialized curriculum in all subject areas	Support in all classes
Specially designed instruction (list ESE academic or other course/subject)	Assistance with academic instruction (list academic course)	Instruction in reading comprehension strategies

Examples of Related Services

Physical Therapy	Occupational Therapy	Functional Behavior Assessment
Behavior Management Plan	Special learning aids	Assistive Technology
Interpreter	Translator	Guidance/counseling
Health Aide	Orientation and mobility training	Auditory amplification system
Parent training to help student acquire Skills to support IEP	Assistance with health concerns – specify the concern	School health services
Transportation (This is where you could indicate ESE student living within 2 miles of school.)		
Specialized transportation: Medical equipment is required; Medical condition requires a special transportation environment as per physician prescription; Aide or monitor required due to disability and specific need of student; Shortened day due to disability; School assigned is out of district.		

Examples of Supplementary Aids and Services (aids, services and other supports provided in general education)

Special reading materials (i.e. Braille)	Large print books	Curriculum adaptations
Note Taker	Specially designed software	Sign language interpreter
Use of a calculator	Special seating arrangements	FM Trainer
Alpha Smart	Franklin Speller	On-on-one aide

REMINDERS:

1. Parents are given safeguards:

A copy of the procedural safeguards must be given to the parents of a student with a disability only onetime a school year, except that a copy also must be given to the parents:

- Upon initial referral or parent request for evaluation;
- In accordance with the discipline procedures when a change in placement occurs;
- Upon receipt of the first State compliant and upon receipt of the first request for a due process hearing in a school year;
- Upon request by a parent;
- In accordance with the provisions of Section 1008.212, F.S., upon the school district superintendent's recommendation to the Commissioner of Education that an extraordinary exemption for a given state assessment be granted or denied.

2. Matrix:

If you think a student's IEP may generate matrix funding, notify the associate dean and staffing specialist who will review the IEP. Do Not complete a matrix on PEER until after the meeting.

3. Attendance:

If a student has 5 unexcused absences or absences for unknown reasons within a 90-day period, you need to call a CST meeting and possibly write an attendance goal.

4. If a student is gifted and also disabled, gifted services are addressed on the IEP.

5. At age 12, students are invited to IEP meetings.

JUST SOME IDEAS/THOUGHTS

Examples of "How the disability affects the student....."

Cognitive/Academic

- Cognitive ability prevents the completion of coursework even with modification
- Reads and comprehends significantly below grade level
- Cognitive functioning is below grade level
- Has difficulty following directions
- Has difficulty following multi-step directions
- Has difficulty comprehending standard text books
- Decoding skills are significantly below grade level
- Has difficulty spelling without assistance
- Has difficulty completing mathematical word problems
- Has difficulty memorizing basic math facts
- Has difficulty working in large groups

Behavior

- Behavior prevents completion of work
- Talks out in class, touches others
- Unable to comprehend rules and consequences
- Requires constant monitoring for safety of self and others
- Has difficulty maintaining appropriate behavior during instructional time
- Has difficulty controlling emotional outbursts
- Has difficulty accepting criticism from others
- Has difficulty expressing feelings when frustrated
- Has difficulty making appropriate choices when facing a conflict

IMPACT OF DISABILITY

What does impact of disability mean?

LET'S REVIEW

- Identifies, in part, why the student needs special education services.
- Addresses the student's "unique" needs.
- Addresses the student's difficulties.
- Provides basis for determining goals and accommodations.

Must include, "How the child's disability affects his/her involvement and progress in the general curriculum..."

For preschool children, "... How the disability affects participation in appropriate activities.

For each area of need, you will develop an impact of disability statement.

In other words...

If a child is age appropriate and working on the Sunshine State Standards at grade level, you do NOT need to write an impact of disability statement for that domain or transition area.

ASSESSMENT

How to determine the unique needs of the student?

REVIEW OF RECORDS - ESE FOLDER

Assessments could include:

- Information from child study (CPS)
- Original psychological
- Evaluation report(s)
- Reevaluations
- FBA
- Annual assessments for PLP

AUTISM SPECTRUM DISORDER - ASD

Autism Spectrum Disorder (ASD)

- One who has a disability reflected in severe disorders of communication, behavior, socialization, and academic skills, and whose disability was evident in the early developmental stages of childhood. The autistic child appears to suffer primarily from a pervasive impairment of cognitive and perceptual

functioning and, the consequences of which are manifested by a limited ability to understand communicate, learn and participate in social relationships.

Autism Spectrum Disorder - Overview

- A neurological disorder
- Cognitive abilities range from gifted to mentally handicapped
- Uneven profile/splinter skills
- Usually identified in the first three years of life
- 4:1 male to female ratio

IMPACT OF ASD ON CURRICULUM AND INSTRUCTION

- May perseverate on a topic
- May appear not to be paying attention
- May call out answers
- May have difficulty attending
- May have very limited interests
- May have interfering behaviors

IMPACT OF ASD ON SOCIAL/EMOTIONAL BEHAVIOR

- May have difficulty sharing items
- May be distracted by background noise, or visual details
- May not understand the "big picture"
- May have difficulty with transitions
- May have difficulty filtering noises
- May focus on wrong piece of information/instruction
- May hear selectively
- May fidget, bounce, rock, flap
- May run away from a stressful situation

IMPACT OF ASD ON INDEPENDENT FUNCTIONING

- May be unusually resistant to change

- Routines may develop quickly
- May not understand importance of the abstract (money, eating a well-balanced meal)
- May have limited special interests that are highly developed

IMPACT OF ASD ON INDEPENDENT FUNCTIONING (Sensory)

- May not like light touch, certain clothing
- May seek deep pressure
- May have difficulty changing clothing for the weather
- May be fascinated with touching certain textures

IMPACT OF ASD ON COMMUNICATION

- May lack communicative reciprocity
- May have difficulty perceiving, understanding or using non-verbal cues
- May use jargon or gibberish when speaking
- May be very concrete or literal
- May not understand abstract language
- May not understand the use of language
- May have difficulty in volume control, cadence, intonation
- May use echolalia or rote phrases, scripts
- May have large vocabulary but not know what they've said
- May be non-verbal

IMPACT OF ASD ON EMPLOYMENT

- Inability to filter input/instructions
- Difficulty deciphering what is relevant
- May not be able to generalize between supervisors
- May be compulsive (often overdo a task or job)
- May have difficulty taking breaks
- May have difficulty organizing work space
- May not be able to make judgment decisions

- May not understand the social rules of the workplace
- May not ask for assistance

DEAF OR HARD OF HEARING (DHH)

ELIGIBILITY CRITERIA DEAF OR HARD OF HEARING

Medical: An audiological evaluation documents a permanent or fluctuating hearing threshold level that interferes with progress in any one of the following areas:

Developmental skills or academic performance, social-emotional development or linguistic and communicative skills.

Educational: The student needs special education.

IMPACT OF DHH ON CURRICULUM AND LEARNING

- May develop vocabulary slowly
- May have difficulty with multiple meaning words
- May have difficulty understanding and writing complex sentences
- May have difficulty decoding
- May have difficulty with phonemic awareness
- May lack background knowledge

IMPACT OF DHH ON CURRICULUM AND LEARNING

- May have difficulty with reading comprehension
- May have difficulty with fluency in reading
- May need more time to process information
- May have difficulty with word problems in math

IMPACT OF DHH SOCIAL/EMOTIONAL BEHAVIOR

- May have delayed development of social skills
- May appear to have "selective" hearing
- May appear to be inattentive
- May be overly blunt in remarks to teachers and peers
- May be "caught" demonstrating misbehaviors more than hearing peers
- May be fatigued

- May feel isolated or misunderstood and display inappropriate behaviors
- May feel uncomfortable around hearing peers
- May reject hearing aids or FM devices
- May not accept hearing loss

IMPACT OF DHH ON INDEPENDENT FUNCTIONING

- May appear to understand, but is actually having difficulty
- May miss information during class activities and conversations
- May misunderstand information presented
- May have difficulty identifying who is speaking
- May have difficulty in noisy environments

IMPACT OF DHH ON COMMUNICATION

- May have language delays which affect understanding of new concepts
- May be difficult to understand when speaking.
- May miss information during class activities and conversations
- May misunderstand information presented
- May be uncomfortable communicating with peers or in class

IMPACT OF DHH ON COMMUNICATION

- May have difficulty hearing word endings ("s" or "ed")
- May misunderstand or misuse verb tense, plurals, subject-verb agreement, and possessives
- May have significant articulation errors
- May sound "ffar"

IMPACT OF DHH ON EMPLOYMENT

- May have difficulty with social skills
- May have difficulty following directions
- May have difficulty asking for help
- May have difficulty managing hearing aids or cochlear implant
- May have difficulty using self-advocacy skills to manage hearing loss

DEVELOPMENTAL DELAY

ELIGIBILITY CRITERIA- Developmental Delay (DD)

The child is three to five years old and there is documentation of either (a), (b), or (c):

- a. A score of two standard deviations below the mean (Developmental Quotient= 70) in at least one area of development;
- b. A score of 1.5 standard deviations below the mean (Developmental Quotient=78) in at least two areas of development;
- c. Based on clinical opinion, the eligibility staffing committee makes the recommendations that a developmental delay exists and exceptional student education services are needed.

IMPACT OF DD ON CURRICULUM AND LEARNING

- May have difficulty attending
 - May have difficulty retaining previously learned information
 - May need frequent feedback and reinforcement
 - May benefit from verbal cues, prompts and modeling
 - May have difficulty grasping essential school readiness skills
-
- ❖ *Jaden's ability to focus on activities and concepts will determine his ability to be successful in the classroom. It is important that he increase his attention span and spatial sense to fully participate in classroom activities.*
 - ❖ *James has difficulty sitting still and paying attention to classroom activities for more than a few minutes at a time. He needs small group instruction so that he can receive frequent teacher prompts to help him stay on task.*
 - ❖ *Ben's cognitive and academic skills are significantly delayed for his age which may make it difficult for him to retain previously learned information. He requires frequent feedback and small group instruction.*
 - ❖ *Sally's attention skills are very short. She needs constant verbal cues to stay on task and has difficulty grasping essential school readiness skills.*
 - ❖ *Damien's attention problems result in failure to follow the teacher's directions, talking out of turn and responding inappropriately during group activities. The inability to stay focused is making it difficult for him to show persistence and complete classroom activities.*
 - ❖ *Lauren has difficulty retaining information and requires lots of repetition when learning new concepts. He needs small group instruction where he can receive the support he needs to be successful.*
 - ❖ *Susan is very active and often loses focus during whole group activities. She needs a small group setting where she can receive teacher cues to help her stay focused.*

IMPACT OF DD ON INDEPENDENT FUNCTIONING

- May need assistance with daily living skills
- May have difficulty requesting information
- May have difficulty understanding cause of problems and offering possible solutions
- May have difficulty formulating questions impacting ability to ask for assistance or clarification when needed
- May show signs of impulsivity across a variety of settings
- May have difficulty with eye-hand coordination

- May have poor balance and coordination
- ! *Randy's fine motor skills are significantly delayed for his age. He is able to perform large motor tasks appropriately, but he needs hand over hand assistance to manipulate objects such as scissors and writing tools.*
- ! *Billy needs constant assistance with daily living skills. His inability to take care of his own needs is impeding his ability to function independently at school.*
- ! *In unstructured settings and transitional times of the day, Joanne's activity level increases and she more likely violates school rules and requires constant reminders. Her inability to focus is impairing her ability to develop habits and character traits such as responsibility, independence and self-direction.*

IMPACT OF DD ON COMMUNICATION

- May withdraw, cry, shut down
- May have difficulty expressing needs and wants
- May impact ability to comment, request or reject
- May have difficulty understanding and expressing ideas using complex sentences when speaking
- May impact ability to follow multi-step directions
- May have very limited communication
- May appear to not be paying attention
- May not follow the social rules of conversation
- ! *James does not interact with peers and has only single word verbalizations. He becomes easily frustrated as he tries to communicate needs and wants to adults and peers.*
- ! *Joseph is typically unable to ask or answer the simple "Wh" questions which limit his ability to gain a deeper understanding of the concepts he is learning.*
- ! *Bob often withdraws or shuts down when he is unable to express his needs effectively. He has very limited communicating making it difficult for him to fully participate in classroom activities.*

IMPACT OF DD ON SOCIAL/EMOTIONAL BEHAVIOR

- May withdraw or isolate from others; not interact with peers and adults
- May be hesitant to speak in small group or class of peers
- May display social skills that are immature; not age appropriate
- May display verbal or physical aggression
- May feel isolated or shy away from participating in social interactions
- May have temper tantrums
- May have difficulty following rules
- May have difficulty developing and maintaining peer relationships
- May have difficulty joining in classroom activities
- May have difficulty accepting the explanations of adults

- *Emma engages in socially inappropriate behaviors with her peers that include physical outbursts, interrupting, whining and impulsivity. These behaviors impede her from joining in classroom activities.*
- *Bob is easily distracted and often off task. He needs constant reminders, modeling and feedback to follow rules and participate appropriately in the life of the classroom.*
- *Amelia does not initiate play with her peers and only plays alongside others when they have toys that are interesting to her. She often takes those toys rather than ask for a turn (on average 4 times per day). Amelia's social skills interfere with her educational performance and development of relationships to work and play cooperatively with others.*
- *Due to Susan's delays, she has difficulty initiating and engaging in appropriate interactions with peers. She needs teacher modeling and support to learn acceptable ways to interact with peers.*

EMOTIONAL/BEHAVIORAL DISABILITY (E/BD)

ELIGIBILITY CRITERIA - Emotional/Behavioral Disability (E/BD)

A student with an Emotional/Behavioral Disability (E/BD) demonstrates an inability to maintain adequate educational performance in the educational environment that cannot be explained by physical, sensory, socio-cultural, developmental, medical, or health factors.

In addition, a student with an E/BD demonstrates one or more of the following internal or external characteristics (and meets all other requirements of the E/BD rule):

- Internal factors characterized by:
 1. Feelings of sadness, or frequent crying, or restlessness, or loss of interest in friends and/or school work, or mood swings, or erratic behavior; **or**
 2. The presence of symptoms such as fears, phobias, or excessive worrying or anxiety regarding personal or school problems; **or**
 3. Behaviors that result from thoughts and feelings that are inconsistent with actual events or circumstances, or difficulty maintaining normal thought processes, or excessive levels of withdrawal from persons or events; **or**
- External factors characterized by:
 1. An inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other adults in the school setting; **or**
 2. Behaviors that are chronic and disruptive such as noncompliance, verbal and/or physical aggression, and/or poorly developed social skills that are manifestations of internal factors (described in 1-3 on the previous slide).

IMPACT OF E/BD ON CURRICULUM AND LEARNING

- May appear anxious and/or worried and unable to concentrate
- May have difficulty attending
- May be obsessive about a task
- May appear sad and show no interest in activities
- May elope, (run or walk away) from a stressful situation
- May display noncompliant behaviors
- May display verbal and/or physical aggression
- May display many other behaviors that are an impact of *their* disability and interfere with learning

IMPACT OF E/BD ON SOCIAL/EMOTIONAL BEHAVIOR

- May withdraw or isolate from others; not interact with peers and adults
- May appear sad and/or cry easily
- May display social skills that are immature; not age-appropriate
- May often over or under react to situations
- May avoid interaction with others due to fears or phobia's
- May elope; run or walk away from an “uncomfortable” social situation
- May display verbal and/or physical aggression

IMPACT OF E/BD ON INDEPENDENT FUNCTIONING

- May be disorganized
- May not complete or turn in assignments
- May become overwhelmed by a task
- May appear fearful
- May have phobia's
- May “shut down”
- May elope; run or walk away
- May display self-injurious behaviors
- May display verbal and/or physical aggression

IMPACT OF E/BD ON COMMUNICATION

Students with E/BD often have difficulty communicating and expressing themselves “appropriately”. They often display the behaviors that are an impact of *their* disability rather than communicating 'appropriately'.

- May withdraw, cry, 'shut down', elope
- May appear anxious, worried, fearful
- May persevere on or 'not let go of an issue (particularly issues related to fairness, may seem paranoid)
- May process information based on thoughts and feelings that are inconsistent with actual events or circumstances
- May display verbal and/or physical aggression toward others
- May display self-injurious behaviors

IMPACT OF E/BD ON EMPLOYMENT

- May not understand and/or apply the social rules of the workplace
- May be disorganized
- May become overwhelmed by a task
- May over react to situations
- May be compulsive
- May not ask for assistance
- May not generalize between supervisors
- May lack self-advocacy skills

INTELLECTUAL DISABILITY

ELIGIBILITY CRITERIA - Intellectual Disabilities (InD)

"Significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance" (IDEA).

IMPACT OF InD ON CURRICULUM AND LEARNING

Individuals with an Intellectual Disability:

- Develop at below-average rate
- Experience difficulty in learning and social adjustment
- Vary in their ability to learn and in their ability to be independent and socially responsible

IMPACT OF InD ON CURRICULUM AND LEARNING

- Short attention span
- Difficulty retaining information
- Need frequent feedback and reinforcement
- Benefit from verbal cues, prompts, modeling

IMPACT OF InD ON SOCIAL/EMOTIONAL BEHAVIOR

- May display temper tantrums, self-injurious behaviors, self-stimulations
- May have difficulty demonstrating age-appropriate social interactions with peers
- Difficulty following rules

IMPACT OF InD ON INDEPENDENT FUNCTIONING

- May need assistance with organizing and completing tasks
- May require assistance with daily living skills
- May be medically involved
- May require assistive technology for ambulation and self-care

IMPACT OF InD ON COMMUNICATION

- Difficulty expressing needs and wants
- Very limited communication (participatory level)
 - May require assistive technology and communication training (participatory level)

IMPACT OF InD ON EMPLOYMENT

- Difficulty with following directions
- Short attention span
- May benefit from supported employment and preparation for vocation and community living

LANGUAGE IMPAIRED

ELIGIBILITY CRITERIA - Language Impaired (LI)

An impairment in the language system is an abnormal processing or production of:

- **Form** including
 - Phonology (system of sounds)
 - Syntax (grammar), and
 - Morphology (forms of words)
- **Content** including semantics (word meaning), or
- **Function** including pragmatics (use of language in context)

IMPACT OF LI ON CURRICULUM AND LEARNING

- May impact comprehension of written and spoken language.
- The student may have difficulty summarizing information.
- May have difficulty retaining previously learned material.
- May have difficulty understanding new curriculum material due to delays in grammatical understanding and use and/or meaning.

IMPACT OF LI ON SOCIAL/EMOTIONAL BEHAVIOR

- The student may have difficulty developing and maintaining peer relationships.
- The student may have difficulty joining in activities.
- The student may have difficulty interpreting and responding to body language of others.
- The student may have difficulty accepting the opinion of others and offering his own opinion in a socially acceptable manner.
- May use simple language and current social phrases to cover inability to express ideas and participate in social situations.

IMPACT OF LI ON INDEPENDENT FUNCTIONING

- May have difficulty requesting information.
- May have difficulty understanding the cause of problems and offering possible solutions.
- May have difficulty filtering out unnecessary information.
- May have difficulty formulating questions impacting ability to ask for assistance or clarification when needed.

IMPACT OF LI ON COMMUNICATION

- May impact ability to comment, request, or reject.
- Difficulty using different communication styles for different situations.
- Difficulty understanding and expressing ideas using complex sentences when speaking or writing.
- May have difficulty understanding new curriculum concepts and vocabulary
- May have difficulty understanding and using idioms, metaphors, and/or humor.
- Difficulty predicting outcomes or future events.
- May have difficulty following directions involving prepositions.
- May have difficulty using nouns, verbs, and modifiers, pronouns, articles, irregular nouns and verbs, future tense, past tense to describe curriculum related vocabulary.
- May have difficulty understanding and using verbal analogies.
- May have difficulty answering comprehension questions.
- May have difficulty with abstract concepts.

IMPACT OF LI ON EMPLOYMENT

- May have difficulty understanding tasks, procedures, and/or sequencing events.
- May have difficulty understanding the cause of problems and offering possible solutions.
- May have difficulty predicting outcomes or future events.
- May have difficulty following directions involving prepositions

PHYSICALLY IMPAIRED WITH OTHER HEALTH IMPAIRMENT - (PI with OHI)

ELIGIBILITY CRITERIA - Physically Impaired with Other Health Impairment (PI with OHI)

- Other health impaired means having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance.

IMPACT OF PI with OHI ON CURRICULUM AND LEARNING

- May have difficulty paying attention to details.
- May have difficulty staying focused.
- May have difficulty locating school work and books.
- May have difficulty participating in group learning activities due to fatigue.
- Comprehension may be affected due to distractibility.
- May have difficulty remembering what has been read or heard.
- May have difficulty sorting out important information from the surrounding environment.

IMPACT OF PI with OHI ON SOCIAL/EMOTIONAL

- May feel isolated from peers when not able to participate fully in activities.
- May fidget or chew while thinking.
- May feel nervous or anxious.
- May touch and feel everything including friends and teachers.
- Social interactions and reciprocity may be affected.

IMPACT OF PI with OHI ON INDEPENDENT FUNCTIONING

- May have difficulty processing and following directions.

- May have difficulty breaking tasks into small steps.
- Work area and materials may be disorganized.
- May have difficulty sitting during some learning activities.
- May be distracted by noise.
- May have difficulty arranging things on a page or aligning numbers.

IMPACT OF PI with OHI ON COMMUNICATION

- May have difficulty with word retrieval.
- May have difficulty understanding intended meaning.
- May make inappropriate comments.
- May have difficulty staying on topic.
- May have difficulty communicating wants and needs effectively.
- May not advocate for personal needs.

IMPACT OF PI with OHI ON EMPLOYMENT

- May have difficulty paying attention to details.
- May have difficulty staying focused.
- May have difficulty sorting out relevant information.
- Development of peer relations in work environment may be affected.
- May have difficulty remembering and following directions.
- May become tired and unable to complete tasks.
- Excessive absences may impact job performance.
- Energy levels may fluctuate.

PHYSICALLY IMPAIRED WITH ORTHOPEDIC IMPAIRMENT - (PI with OI)

ELIGIBILITY CRITERIA- Physically Impaired with Orthopedic Impairment (PI with OI)

Orthopedically Impaired means a severe skeletal, muscular, or neuromuscular impairment which adversely affects a child's educational performance, and includes impairments resulting from congenital anomaly, disease and other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures)

IMPACT OF PI with OI ON CURRICULUM AND LEARNING

- May impact ability to participate in group activities in various classroom settings.
- May impact student's ability to produce written work.
- May impact ability to manipulate materials to respond.
- May be unable to independently access needed materials.
- May have difficulty holding books and turning pages.
- May have difficulty accessing curriculum materials, textbooks, workbooks, art materials, writing tools.

IMPACT OF PI with OI ON SOCIAL/EMOTIONAL

- Student may be self-conscious about the disability which may interfere with peer relationships and interpersonal interactions.
- Student may be unable to raise hand to indicate a desire or need resulting in frustration and reduced involvement in activities
- Student may not advocate for needs and accommodations necessary to manipulate materials
- Student may shy away from participation in sports and other physical activities.

IMPACT OF PI with OI ON INDEPENDENT FUNCTIONING

- May impact the ability to move from one setting to another (indoors and outdoors).
- May impact ability to manipulate materials.
- Student may have difficulty producing written work.
- May impact ability to participate in sports, physical education, and playground activities.
- May impact ability to dress, eat, or toilet independently.
- May have difficulty accessing core instructional materials.

IMPACT OF PI with OI ON COMMUNICATION

- May impact student's ability to communicate orally.
- May have difficulty asking questions or making comments.
- May need extra time to initiate and respond.
- May need an alternative format to initiate and respond.
- May impact student's development of independent and effective

- May miss opportunity to respond when not given enough time.
- May need add time to process and formulate responses

IMPACT OF PI with OI ON EMPLOYMENT

- May impact the student's ability to move about the work environment, sit or manipulate materials as required to execute a job or employment skill.
- May have difficulty with speech and/or vision.
- May have difficulty taking care of personal needs.
- May impact ability to secure materials.
- Student may need to learn to advocate for assistance.
- May have difficulty moving from one location to another.

SPECIFIC LEARNING DISABILITY (SLD)

ELIGIBILITY CRITERIA -

- Documented evidence which indicates that general education interventions have been attempted and found to be ineffective in meeting the student's educational needs.
- Evidence of a disorder in one or more of the basic psychological processes required for learning. Evidence of academic achievement which is significantly below the student's level of intellectual functioning. Evidence that learning problems are not due primarily to other handicapping conditions.

IMPACT OF SLD ON CURRICULUM AND LEARNING

- May interfere with oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem solving
- May interfere with both short and long term memory

IMPACT OF SLD ON SOCIAL/EMOTIONAL BEHAVIOR

- May have difficulty forming friendships
- May have difficulty with social development
- May appear less mature than their same age peers

IMPACT OF SLD INDEPENDENT FUNCTIONING

- May have difficulty completing tasks
- May have organizational weaknesses
- May show signs of impulsivity across a variety of settings
- May have coordination problems that make them appear clumsy or disoriented in space
- May have difficulty with eye-hand coordination

IMPACT OF SLD ON COMMUNICATION

- May impact the ability to follow directions
- May appear to not be paying attention
- May have difficulty communicating thoughts
- May have difficulty understanding what others say
- May not follow the social rules of conversation

IMPACT OF SLD ON EMPLOYMENT

- May have difficulty following multi-step directions given orally or written
- May have difficulty completing tasks in a given time frame
- May have difficulty prioritizing tasks
- May have difficulty with self-advocacy skills

SPEECH IMPAIRED (SI)

ELIGIBILITY CRITERIA -

An impairment in articulation is substitutions, distortions, or omissions of speech sounds which are of a non-maturational nature.

An impairment in fluency is abnormal flow of speech which impairs rate and rhythm and may be accompanied by struggle behavior.

An impairment in voice is absence or abnormal production of voice quality, pitch, loudness, resonance, or duration.

IMPACT OF SI ON CURRICULUM AND LEARNING

- Multiple articulation errors and/or phonological disorder may impact phonological awareness and reading.
- May have difficulty decoding.

IMPACT OF SI ON SOCIAL/EMOTIONAL BEHAVIOR

- The student may be hesitant to speak in front of a group or class of peers.

- The student may feel isolated or shy away from participating in social interactions.

IMPACT OF SI ON INDEPENDENT FUNCTIONING

- Significant speech problems may cause the student to refrain from asking for assistance when needed.

IMPACT OF SI ON COMMUNICATION

- May reduce intelligibility of speech.
- The listener may not understand the message.
- The voice may be too loud or too soft for effective communication.
- Pitch breaks and/or loss of voice impacts the ability to effectively communicate with others.
- The interruptions in flow of speech and sound repetitions may be distracting to the listener.
- The errors may distract the listener from the intended message.

IMPACT OF SI ON EMPLOYMENT

- May be hesitant to ask questions or speak with supervisors and/or co-workers
- May feel isolated or shy away from participating in work related interactions.
- May impact ability to perform certain duties that involve speaking to the public.
- May avoid saying certain words due to anticipated mis-articulation or stuttering.
- May not be able to speak loud enough for others to hear.

ELIGIBILITY CRITERIA - Physically Impaired with Traumatic Brain Injury (PI with TBI)

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term includes open or closed head injuries resulting in impairments in one or more areas specified in Rule 6A-6.03015(4)(a)2.,FAC, but does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

IMPACT OF PI with TBI ON CURRICULUM AND LEARNING

- May have difficulty remembering facts and names.
- May have difficulty with reasoning skills.
- May have difficulty with abstract thinking.
- May need extra time for processing.

- May need extra time for responding.
- May have difficulty finding specific information in text or auditorily.
- May have difficulty remembering previously learned information and retaining new information.

IMPACT OF PI with TBI ON SOCIAL/EMOTIONAL

- May become depressed or anxious when unable to perform previously known skills after the injury.
- Social judgment may be impaired.
- Social interactions may be difficult due to changes in behavior.
- May have difficulty with problem solving and critical thinking skills.
- May have behavioral outbursts.

IMPACT OF PI with TBI ON INDEPENDENT FUNCTIONING

- May have difficulty adapting to routine environments.
- May have short attention span.
- Perceptual/motor skills may be affected.
- May have difficulty participating in activities due to fatigue.
- May be disorganized and have trouble locating materials and books.
- May have poor balance and coordination.
- May have difficulty with time management.

IMPACT OF PI with TBI ON COMMUNICATION

- May have difficulty retrieving vocabulary.
- Speech intelligibility may be affected.
- May have pragmatic and social language delays.
- May have difficulty perceiving, understanding or using non-verbal cues.
- May be very concrete or literal.
- May have difficulty with concepts and abstract language.
- May have difficulty answering questions.

IMPACT OF PI with TBI ON EMPLOYMENT

- May need extra time for processing and responding.
- May become depressed or anxious when unable to perform previously known skills.
- May have difficulty with problem solving and critical thinking skills.
- May have behavioral outbursts.
- May have vocabulary deficits and difficulty with comprehension.
- May be disorganized and have difficulty with time management.

VISUALLY IMPAIRED (VI)

ELIGIBILITY CRITERIA

1. A medical eye report documenting a visual acuity of 20/70 or less in the better eye after best correction; a peripheral field so constricted that it impacts function in the educational setting, or a known progressive loss of vision.
2. A functional vision evaluation performed by a qualified teacher of the visually impaired or an Orientation & Mobility specialist.

IMPACT OF VION CURRICULUM AND LEARNING

- Limitations in accessing printed materials
- Difficulty accessing board work
- May require assistance/modification to access general education curriculum
- May need assistance/training to maneuver school

IMPACT OF VION SOCIAL/EMOTIONAL BEHAVIOR

- Students may not have skills to interact with their sighted peers
- Concepts of personal space and social norms “may” be missing or under developed
- Feelings of isolation, low self-esteem or self-image may occur

IMPACT OF VION INDEPENDENT FUNCTIONING

- May require alternative modes for reading and writing, such as Braille or magnification of print
- Assistive technology may be needed for student to produce written materials
- Specialized training, such as Orientation & Mobility may be required to foster independence

IMPACT OF VISION EMPLOYMENT

- Limitations in accessing printed materials, including computers.
- Specialized training, such as Orientation & Mobility may be required to foster independence
- Degree of vision loss may impact what types of visual tasks an individual can perform.

STRATEGIES

STRATEGIES FOR CURRICULUM AND LEARNING

- Make learning concrete.
- Create alternatives to large group instruction.
- Provide more time to learn and practice targeted skills
- Explain directions clearly and simply

STRATEGIES CURRICULUM AND LEARNING

- Focus on one topic for several days rather than moving from topic to topic.
- Involve all parts of the brain.
- Keep visual and auditory distractions to a minimum.
- Give frequent opportunities for students to move.

STRATEGIES CURRICULUM AND LEARNING

- Structure the classroom
- Use visuals during instruction (maps, charts, graphs, color coded systems, schedules, etc.)
- Teach to students' strengths and interests
- Make flashcards for studying

STRATEGIES CURRICULUM AND LEARNING

- Use guided imagery
- Assign one step of an assignment at a time or one worksheet/page at a time
- Show videotapes specific to content
- Use movement, rhythm, and rhyme to memorize new material
- Provide hands on activities
- Use mnemonics

STRATEGIES FOR SOCIAL/EMOTIONAL

- Teach, reteach and prompt social skills and replacement behaviors
- Immediately reinforce positive behaviors
- Use a signal that will indicate to a student when he or she is engaging in inappropriate social behavior
- Ignore some inappropriate behaviors that do not effect anyone's safety

STRATEGIES FOR SOCIAL/EMOTIONAL

- Establish and use predictable routines in class activities and transitions
- Use principles of Applied Behavioral Analysis (ABA)
- Motivate and reinforce students on an individual basis

STRATEGIES FOR SOCIAL/EMOTIONAL

- Provide frequent feedback and reinforcement
- Include activities on self-determination skills and interpersonal skills in lessons

STRATEGIES FOR INDEPENDENT FUNCTIONING

- Write daily schedules.
- Provide students with a daily task list.
- Give succinct directions.
- Model and demonstrate what students will be required to do.
- Create line and place markers for students to use when reading.

STRATEGIES FOR INDEPENDENT FUNCTIONING

- Assign preferential seating.
- Get student's attention before addressing him/her.
- Use visual supports such as writing assignments on board.
- Provide opportunities for skill to be generalized into natural settings

STRATEGIES FOR INDEPENDENT FUNCTIONING

- Check frequently for understanding.
- Repeat directions.

- Provide verbal cues, prompts, and modeling
- Provide supervision to ensure safety
- Teach independence
- Create organizational systems

STRATEGIES FOR INDEPENDENT FUNCTIONING

- Outline items to be completed
- Sequence steps on flashcards
- Allow time for practice

STRATEGIES FOR COMMUNICATION

- Use visuals to help students answer questions
- Have student repeat paraphrase directions to assist with comprehension
- Paraphrase what student has said providing language model
- Ask student to retell activities and predict future events
- Teach, re-teach and prompt effective communication

STRATEGIES FOR COMMUNICATION

- Identify who is speaking during group discussion
- Restate when student has difficulty understanding
- Provide opportunities for students to practice skills
- Use gestures when instructing

STRATEGIES FOR COMMUNICATION

- Reduce background noise
- Create a quiet workspace

SPRING IEP SCHOOL TO SCHOOL MATRICULATION PLAN

BEGINNING APRIL 1st

(Please note that if a student's IEP expires in April or May you will need to write a NEW IEP. Sending schools should communicate with the receiving schools as to who these students are)

For students matriculating from Pre K to Kindergarten, 5th grade to 6th grade and 8th grade to 9th grade, we will be using the amendment process or writing a new IEP depending of due date. Sending teachers will go to the current IEP and click on "amend" or open a new IEP. Sending teachers will also need to update the present level statement at this time and verify that the current service(s) are accurate.

Receiving teachers can then go to the amendment, or new IEP and create a meeting notice. The receiving teacher can decide this date. The purpose of the meeting is "IEP Amendment" or "Annual Review" AND if student is twelve or older, "transition". If you are adding or dismissing a program then also choose, "Eligibility".

Receiving teachers will add the next years' service under Special Education. The initiation date is the first day of the new school year and the duration date is the date *THAT* IEP expires (usually the month of the student's birthday). Receiving teachers can add a goal under the current domains or add a domain and goal. Under Conference Notes the receiving teacher will need to explain what the amendment was for. Most common would be "IEP amended on ______ to add goals and services for the next school year."

School Level Matriculation Notes *Pre-K to K*

If the student is DD only, the pre-k will do the DD dismissal (if warranted) and review the IEP to make sure services are continued until the end of school. If a student's IEP expires before the last day of school, a new IEP must be written to address services until the last day of school. This is **not** an extension but an annual review.

For students who are DD and another exceptionality, the elementary school will do the DD dismissal (if warranted) for those students whose IEPs are due in April - August. Depending on the due date, the elementary school will either write a new IEP or amend the old IEP to show DD dismissals and services until the end of school and for fall. Pre-K will open the IEP; write present level statements, LRE, pre-k services through the end of the school year and Prior Written Notice. The elementary school will write the goals and objectives, services for fall, LRE for elementary school and review the Prior Written Notice. The elementary school sends out the meeting notice.

In the case of an outstanding ASD, InD or EBD evaluation that was initiated at pre-k, the pre-k will be responsible for having the feedback, possible staffing and making sure a new IEP is written to reflect appropriate services. Pre-K will notify elementary schools. The pre-k will do present level statements, LRE, and pre-k services through the end of the school year. The elementary school will write the goals and objectives, LRE at elementary school, and the services for next year as well as the Prior Written Notice. This meeting will be held at pre-k with the appropriate elementary school sending an LEA if necessary, a regular teacher if necessary and an ESE teacher. The pre-k will send out the meeting notice.

The ESE staffing specialist at the pre-k will notify the ESE contact at the appropriate school regarding these meetings.

<i>School Level Progression Questions</i>	<i>Pre-K</i>	<i>Pre-K</i>	<i>K-12</i>	<i>K-12</i>
Sending or receiving teacher	For New IEP	To Amend	For New IEP	To Amend
Who opens the IEP?	Sending-Pre-K	Sending-Pre-K	Sending	Sending
Who changes for dates the close of school?	Sending-Pre-K	Sending-Pre-K	Sending	Sending
Who adds the new goals?	Receiving	Receiving	Receiving	Receiving
Who attends the meeting?	Receiving	Receiving	Receiving	Receiving
Where is the meeting held?	Receiving	Receiving	Receiving	Receiving
Who sends out the meeting notice?	Receiving	Receiving	Receiving	Receiving
Who marks the current accommodations?	Sending-Pre-K	Already there	Sending	Sending
Who adds services for fall?	Receiving	Receiving	Receiving	Receiving
Who addresses changes in the LRE?	Receiving	Receiving	Receiving	Receiving
Who does the written prior notice?	Sending-Pre-K	Sending-Pre-K	Receiving	Receiving
Who adds/updates present levels?	Pre-K	Pre-K	Sending	Sending
Who adds the new accommodations?	Receiving	Receiving	Receiving	Receiving
Who adds the assessments to be taken?	Receiving	Receiving	Receiving	Receiving

Pre-K will add a line in the service section for students being dismissed from DD, leaving only Sp or Lng – “Communication support in all curriculum areas.” Duration is 6/4/14 (the last day of school). A curriculum goal does not have to be written. The Speech or Language goals will cover this. Curriculum goals can be deleted.

Which IEP’s are “new”? Memo will be sent in February with dates.

Which IEP’s are to be amended? Memo will be sent in February with dates.

When should sending teachers have IEP’s open and ready for the receiving teacher? Memo will be sent in February with dates.

School/Progression IEPs

Pre K – Elementary

If students are being dismissed from Development Delay prior to May, and retaining a speech or language program, the new amendment will be written with a communications goal addressing the deficit area. If the student is still eligible for language services, under Section VI on the IEP, it will read, “Language support in all curriculum areas” with an initiation date of the IEP date and ending on the last day of school. If speech is the program area being retained, the statement will read, “Communications support in all curriculum areas”. The location in both instances will be Separate Classroom. THERE IS NO NEED FOR A CURRICULUM GOAL. If the student is being pulled out for therapy, the therapist will have a service line that addresses speech and/or language therapy and the frequency/location. For pre-k, the duration will end on the last day of school, and the elementary therapist will add a line addressing the frequency/duration and location of services beginning the first day of school.

EXAMPLE:

Special Education Services				
Specially Designed Instructions	Initiation	Duration	Frequency	Location
Instruction in all Curriculum Areas	A	B	Daily	Separate Classroom
Speech Therapy	C	D	30 minutes/2x weekly	Therapy room

Language Therapy	C	D	39 minutes/2x weekly	Therapy room or general education.
Speech and Language Therapy	E	F	30/min week	Therapy Room

KEY: A,E – Reflects date of IEP Amendment (current service)
B,F – Reflects last day of school
C – Reflects first day of new school year (next year service)
D – Reflects expiration date of IEP

Because the placement will be different in the above example, (from Separate Class at pre-K to resource at the elementary school) we have to notify the parent in the Prior Written Notice Form that the IEP meeting will be an Annual Review as Well as a Change of Placement. Do this on the Prior Written Notice by using the example below:

Prior Written Notice *EXAMPLE

1. The following action is being proposed or refused:
As of ___/___/___ (first day of school), Least Restrictive Environment (service placement will be changed from separate class to general education classroom. All academic instruction will be in the general education setting without ESE support other than speech and language therapy. After ___/___/___ (last day of school), only communication goals will be addressed in the IEP.

Speech and language frequency will be increased from 30 minutes to 1 hour of speech and 1 hour of language per week.

2. This action is being proposed or refused because:
The student is transitioning to kindergarten in the fall and has been dismissed from developmentally delayed.

Speech and language therapy will be increased to target goal more aggressively.

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:

Teacher input, SLP input, formal testing (name of test), etc.

4. Other options that were considered and the reasons those other options were rejected, are as follows:

Continued full time placement or no services does not provide appropriate intensity of services.

5. Other factors relevant to the proposal or refusal include: N/A

****At the IEP meeting you will also document in Conference Notes that Prior Written Notice was provided stating that the LRE will change in August.***

Least Restrictive Environment *EXAMPLE

Explain the extent, if any, to which the student will not participate with nondisabled students in the general education class, extracurricular and non-academic activities.

Due to developmental and speech delays it is difficult for her to hear and distinguish word parts. She also has difficulty repeating words back to the teacher due to her speech delay. Needs to be given opportunities to participate in classroom phonological awareness in a self-contained classroom to ensure her reading readiness and future school success.

As __/__/__ (first day of school), will be placed in a general education classroom and will no longer be in a separate class. Her speech and language therapy frequency will increase to 1 hour of language and 1 hour of speech. Her LRE will be 1830 minutes.

This will keep us from having to amend IEPs in August to reflect the new service delivery model.

IT IS CRUCIAL THAT DATA ENTRY FOLKS ARE AWARE OF THIS AND CHANGE THE DATA IN FOCUS AFTER ROLL OVER TO MATCH THE NEW LRE SETTING ON THE IEP.

Elementary to Middle School/Middle School to High School

If the service delivery model is changing, for example from pullout to accommodations classes or inclusion to pull out, you must notify the parent in a Prior Written Notice and document in Conference Notes on the IEP. Sections VI and VII on the IEP will also reflect the changes.

See example below:

Prior Written Notice

1. The following action is being proposed or refused:

EXAMPLE

Change in placement from resource to regular class. 2 ESE classes in middle school will be on consultation at WHS. This change takes place __/__/__, when student is in 6th/9th grade.

2. This action is being proposed or refused because:

Schedule change at transition to high school; change of placement.

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:

IEP team meeting/scheduling. Performance warrants the opportunity for general curriculum.

4. Other options that were considered and the reasons those other options were rejected, are as follows:

Continue current service, increase services. These options were rejected as they did not meet the student's needs.

5. Other factors relevant to the proposal or refusal include: N/A

Special Education Services	EXAMPLE – see page 1 for initiation/duration explanation			
Specially Designed Instructions	Initiation	Duration	Frequency	Location
Learning strategies			45 min daily	ESE
Instruction in math, language arts (8 th grade)			1 x 9 weeks	ESE
Self-determination training			1 x 9 weeks	ESE

Least Restrictive Environment***EXAMPLE**

Explain the extent, if any, to which the student will not participate with nondisabled students in the general education class, extra-curricular and non-academic activities.

Student is currently receiving instruction in math, language arts in ESE.

In August 20__ student will be fully included in general curriculum except learning strategies.

Total Weekly Minutes: 2000

Total weekly minutes in the general education setting: 2500

% []	Regular – in the general education setting 80% to 100% of the time
75% []	Resource – in the general education setting 40% to 79% of the time
% []	Separate – in the general education setting 0% to 39% of the time

Conference Notes

On __/__/__, the student's schedule will reflect a change in placement from resource to regular class. Informed notice of this change was provided at this meeting with parent agreement of the schedule change without another meeting.

Sending teachers are responsible for:

1. Writing present level statements
2. Entering specially designed instruction from the date of new IEP through the end of school year

Receiving teachers are responsible for verifying that the initiation of service aligns with the date of the new IEP meeting.

Data Entry must change the LRE minutes in Gateway after rollover. Associate Deans must inform Data Entry of this.

**Florida Department of Education
Parental Consent Form/Prior Written Notice
Student Placement in an Exceptional Education Center**

Student: _____

Date: _____

Student D.O.B.: _____

Parent(s) Name: _____

District: _____

School: _____

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child to be placed in an exceptional student education (ESE) center, except in circumstances when a placement is made in an ESE center school related to specific violations of the district's code of student conduct. An ESE center or special day school means a separate public school to which nondisabled peers do not have access.

I understand that if I indicate "do not consent" below, the Wakulla County School District may not place my child in an ESE center without a due process hearing and/or appeals process. I understand that if I do not return this form, after reasonable efforts to obtain my consent, the district may proceed with this action.

Based on Section 1003.5715, Florida Statutes, I understand that the school district may not place my child in an ESE center unless they have made documented and reasonable efforts to obtain my consent, and I have failed to respond or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the parent and the school district otherwise agree.

Your consent is being sought because the IEP team has determined that the proposed actions are necessary in order for your child to receive a free appropriate public education. If you refuse to consent to the proposed actions, your child may not receive all the services and supports that the IEP team has determined are needed, which may impact your child's educational progress.

The options considered by the IEP team that were not chosen include

These options were not chosen because they did not:

- ☐ Provide for the type or intensity of instruction and related services as determined necessary by the IEP team
- ☐ Provide for education in the least restrictive environment
- ☐ Other

Other factors that were relevant to the options considered are:

I understand that if I give consent, my child will not participate in an educational setting with nondisabled peers, but will have access to intensive services as determined necessary by the IEP team.

☐ Does consent for placement in an ESE center

Parent signature Date Parent Signature Date

☐ Does not consent for placement in an ESE center

Parent signature Date Parent Signature Date

As a parent of a student with a disability, you have specific rights and protections that are described in the Notice of Procedural Safeguards for Parent of Students with Disabilities. To receive a copy of the procedural safeguards or for assistance understanding your rights, you may contact:

_____ at _____ OR _____ at _____
(District Designee) (Telephone/email) (Alternate contact) (Telephone/email)

Documentation of attempts to obtain consent:

1. Date Sent/Method Used: _____
2. Date Sent/Method Used: _____

SECTION TEN

SECONDARY TRANSITION

Secondary transition

Secondary transition refers to the process a student with a disability goes through as they move from high school to whatever comes next, including postsecondary education, employment and independent living. In Florida this begins at age 14 or earlier and may not end until 22 for students with significant disabilities.

The term "transition services" or "transition planning" means a coordinated set of activities for a child with a disability that:

- Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment); continuing and adult education, adult services, independent living, or community participation
- Is based on the individual child's needs, taking into account the child's strengths, preferences, and interests
- Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation

State Laws and Regulations

The statutes and rule referenced below are specific to Secondary Transition. Please refer to the [Florida Statutes and State Board of Education Rules - Hyperlinked Index](#) (PDF) for a complete listing of laws and regulations applicable to exceptional student education.

- [Section 1004.6495, F.S., Florida Postsecondary Comprehensive Transition Program and Florida Center for Students with Unique Abilities](#)
- [Section 1003.5716, F.S., Transition to postsecondary education and career opportunities](#)
- [Section 1003.4282\(10\), F.S., Requirements for a standard high school diploma](#)
- [6A-1.09963, F.A.C., High School Graduation requirements for Students with Disabilities](#)

Technical Assistance

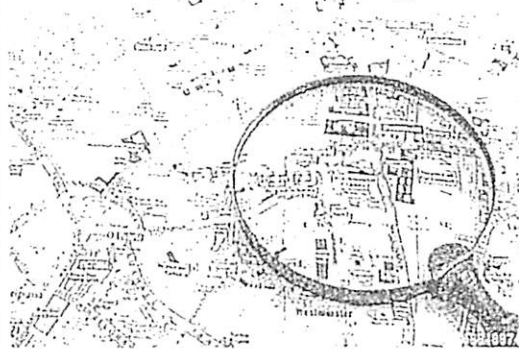
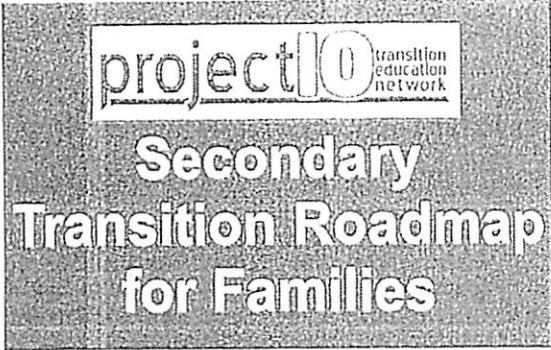
- [DPS: 2015-34 - High School Graduation Options for Students With Disabilities](#) (PDF)
- [DPS: 2015-16 - Waiver of Statewide, Standardized Assessment Results for Students with Disabilities](#) (PDF)
- [Memorandum: Workforce Innovation and Opportunity Act \(WIOA\)](#) (PDF)

Transition Services Checklist



Transition Services Requirements for Individual Educational Plans (IEPs) developed for students age 14 – 21	AGE					
	14	15	16	17	18	19-21
<p>* Bold represents IDEA (federal) requirements</p> <p><i>* Italics represent additional requirements in Florida legislation</i></p>	<p>* Gray boxes denote items that are not required for that age group.</p>					
Provide notice to parent of the IEP meeting, indicating that the student will be invited to attend and that the purpose of the meeting will be to identify transition services.						
Invite the student to the IEP meeting.						
<i>After obtaining written consent from the parent or adult student to invite an agency representative and release personally identifiable information, invite a representative of any agency to attend the IEP meeting that is already providing or likely to provide transition services to the student.</i>						
Document steps taken to ensure that the student's strengths, preferences and interests were considered.						
Discuss measurable postsecondary goals based on age-appropriate transition assessment in the areas of education, training, employment, including career goals, and independent living (where appropriate).						
Develop measurable postsecondary goals based on age-appropriate transition assessment in the areas of education, training, employment, including career goals and independent living (where appropriate). (If there are changes to postsecondary or career goals included in an IEP, the parent or adult student must approve the changes; parents may choose an independent reviewer to help decide if the change is appropriate.)						
Develop measurable annual goals related to the student's needs transition services.						
Discuss diploma designations (Scholar and/or Merit) in the IEP meeting and determine if the student will work toward one. <i>The decision is made by the parent until the student has reached the age of majority and parental rights have transferred.</i>						
Document the diploma decision. <i>Note: This requirement must be addressed in the IEP developed before a student turns 14.</i>						
<i>Review the diploma decision and revise if needed.</i>						
Develop a statement regarding the student's course of study leading to a standard diploma (description of instructional program and experiences).						
Update the statement regarding the student's course of study leading to a standard diploma (description of instructional program and experiences), if needed.						
Begin identifying transition services needs of students (through annual goals, short-term objectives/ benchmarks, or services). Document the need for self-determination and self-advocacy to assist the student to participate in IEP process. <i>Document the consideration of pre-employment transition services (Pre-ETS). These services are offered through Vocational Rehabilitation at no expense and include the following:</i>						
1. Career Exploration Counseling 2. Work Readiness Training 3. Self-Advocacy Training 4. Postsecondary Education Counseling 5. Community-Based Work Experiences						

Transition Services Requirements for Educational Plans (IEPs) developed for students age 14 – 21	AGE					
	14	15	16	17	18	19-21
* Bold represents IDEA (federal) requirements * <i>Italics represent additional requirements in Florida legislation</i>	* Gray boxes denote items that are not required for that age group.					
<i>Develop a statement identifying the Career and Professional Education (CAPE) digital tool certificates and the CAPE industry certifications that the student wants to attain before high school graduation, if any</i>						
Continue identifying transition services needs of students (through annual goals, short-term objectives/ benchmarks, or services). Document the need for self-determination and self-advocacy to assist the student to participate in IEP process.						
Develop transition services in each of the needed transition services activity areas (i.e. instruction, related services, community experiences, employment, post-school adult living and, if appropriate, daily living skills and functional vocational evaluation) that focus on improving the academic and functional achievement of the student. (Services can be provided earlier as appropriate.)						
<i>Develop the statement of outcomes and additional benefits expected by the parent and the IEP team by the time the student graduates.</i>						
<i>As needed, revise the statement of outcomes and additional benefits expected by the parent and the IEP team by the time the student graduates.</i>						
Reconvene the IEP team to identify alternative strategies to meet the student's transition objectives if an agency fails to provide transition services described in the IEP.						
<i>Discuss and document deferring receipt of a standard diploma prior to the year the student will meet graduation requirements. This is required in order for the student to continue receiving transition or related services. (Age may vary based on multiple factors.)</i>						
In the year the student is expected to meet graduation requirements, if a student will defer receipt of the diploma, the request to defer must be received by the school district before May 15 th in order for the student to continue receiving transition or related services. The request to defer is only needed once. (Ages may vary depending on when graduation requirements are completed.)						
Discuss the transfer of rights and responsibilities that occur at age 18, including the options that are available to assist with decision-making.						
Inform the parent and the student of the rights that will transfer to the student, at least one year prior to the student's 18 th birthday, and document the notification on the Transition IEP.						
Provide the parent and student a separate and distinct notice regarding the transfer of rights near (prior to) the student's 18 th birthday.						
Provide a Summary of Performance (SOP) for students exiting with a standard diploma or aging out of their program.						
If the student is graduating prior to age 22, provide the parent and adult student with "Notice of Change of Placement" prior to graduation. (Age may vary based on multiple factors.)						



The Journey Begins

The goal of the public school system in Florida is to graduate all students ready for college and career. College and career readiness skills, as described at <http://www.fl DOE.org/schools/higher-ed/fl-college-system/college-career-readiness.shtml>, include the following:

- Communication
- Intellectual curiosity
- Commitment to learning
- Critical, analytical thinking
- Time management

Building these skills and abilities begins in early childhood. This "roadmap" is designed to give the families of students with disabilities an overview of the "milestones" needed to assist all students with disabilities achieve their greatest potential. A successful transition to adult life requires careful planning and a partnership between students, families, schools, school districts and community agencies.



Mapping Transition Services

Transition services are a coordinated set of services that help students prepare for post-school activities, such as going to college or working, getting services from adult agencies, living independently and participating in community activities.

The individual educational plan (IEP) team must begin the process of identifying the need for transition services before the student with a disability reaches the age of 14, so that goals are in place by the time the student turns age 16, but can begin earlier. Early transition planning may prevent a student from dropping out of school and also provides the extra planning time needed to set up adult services for a student with significant disabilities. The IEP team includes the parent or parents, the student and teachers. When planning for transition, the IEP team should include representatives of agencies that are likely to provide or pay for services. Agencies can only be included with the parent's consent or the consent of a student who has reached the age of majority and to whom rights have transferred. Additional information is provided at <http://www.fl DOE.org/academics/exceptional-student-edu/secondary-transition.shtml>.

Student Responsibilities	Family Responsibilities
<div data-bbox="175 391 272 519"> </div> <p data-bbox="305 385 748 506">Students are in the driver's seat for the transition process. Their responsibilities, which begin in middle school, are listed as follows:</p> <ul data-bbox="203 540 760 1059" style="list-style-type: none"> • Attend class and complete homework; • Accept responsibility for chores at home; • Develop and use self-determination and self-advocacy skills, e.g., learning more about the student's disability and how to get the services and supports needed to achieve long-term goals; • Learn to use and maintain assistive technology, if appropriate; • Take an active role in developing the IEP and in the IEP team meetings that follow; • Engage in career awareness and exploration activities, such as completing transition assessments; and • Think about the services that will help in daily adult life so the appropriate agencies can be invited to the IEP team meetings. 	<div data-bbox="1263 391 1360 519"> </div> <p data-bbox="792 385 1230 506">Students have the best outcomes when families take an active role. The following is a list of family responsibilities:</p> <ul data-bbox="824 540 1365 1081" style="list-style-type: none"> • Ask questions, make suggestions and keep records of transition-related services and activities; • Review graduation requirements and help make decisions about diploma options; • Review IEP goals and support the student in developing postsecondary goals; • Help the student practice self-advocacy skills; • Help develop a portfolio that includes an updated IEP, assessment scores, learning style information, grade-point average, class rank, honors or awards, work evaluations, work experiences and other related information; and • Provide opportunities to explore post-school options, such as college tours or work experiences.

School and School District Responsibilities	Agency Responsibilities
<div data-bbox="175 1264 272 1391"> </div> <p data-bbox="305 1257 776 1378">The purpose of exceptional student education (ESE) in Florida is to help every student with a disability progress in school and prepare for life after school. Some of the school and school district responsibilities are as follows:</p> <ul data-bbox="203 1470 764 1917" style="list-style-type: none"> • Set high expectations for all students; • Find the best way to teach every student; • Ensure students have the accommodations and modifications they need to be successful; • Teach students self-determination and self-advocacy skills; • Encourage and help students to participate in IEP team meetings; • Hold IEP team meetings that address the student's academic needs; • Make sure that annual goals are related to postsecondary goals; • Link students with state and community agencies that can help them; and • Arrange work experiences. 	<div data-bbox="1295 1264 1393 1391"> </div> <p data-bbox="808 1257 1247 1527">A variety of agencies may play a role in providing services to students. The IEP team should make connections between the agencies and the student. Agencies can only be contacted or invited to work with the student with parental consent or the consent of a student who has reached the age of majority. Key agencies are as follows:</p> <ul data-bbox="841 1555 1398 1917" style="list-style-type: none"> • Agency for Persons with Disabilities; • CareerSource Florida; • Centers for Independent Living; • Division of Blind Services; • Division of Vocational Rehabilitation (VR); • Leisure and recreation service providers; • Medical, health or mental health service providers; • Mental Health Program, Florida Department of Children and Families; and • Other community-based organizations and providers of services to adults.



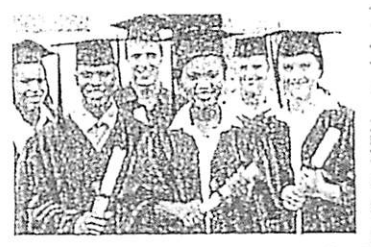
Destination Graduation

Florida High School Diploma Options

There are several high school completion options available to public school students in Florida. Choosing one is an important decision. Opportunities for employment and further education and training can depend on the option chosen.

The options in Florida currently include the following:

- 24-Credit Standard Diploma,
- 18-Credit Academically Challenging Curriculum to Enhance Learning (ACCEL) Option,
- International Baccalaureate (IB) Diploma Program
- Advanced International Certificate of Education (AICE) Diploma Program,
- Special Diploma (this option is not available to students who began ninth grade in 2014-15 or later) and
- Performance-Based Exit Option/GED® Exit Option.



24-Credit Standard Diploma: There are three 24-credit high school diploma options. Details are provided in the table on the following page. The majority of students with disabilities will complete the option available to all students. There are also two options available only to students with disabilities. Both require the 24 credits listed in the table and both allow students to substitute a career and technical (CTE) course with related content for one credit in ELA IV, mathematics, science and social studies (excluding Algebra I, Geometry, Biology I and U.S. History). Students who choose the academic and employment option must earn at least .5 credits via paid employment. Students with significant cognitive disabilities earn credits via access courses are assessed using an alternate assessment. Learn more information about this in Milestone 8.

18-Credit ACCEL Option: Students in the 18-credit ACCEL Option must meet all the graduation requirements for a 24-credit standard diploma, except they need to earn only three elective credits instead of eight and physical education and an online course are not required.

IB Diploma Program: The IB Diploma Program is designed for highly motivated students aged 16-19. It is based on a rigorous two-year pre-university course of study with international examinations and university credit.

AICE Diploma Program: The AICE Diploma Program is designed for students aged 16-19 who are seeking advanced study in preparation for college or university study. The AICE Diploma Program is based on the Cambridge International Examinations curriculum and assessment.

Special Diploma: All students with disabilities who entered ninth grade in 2014-15 or after are working toward a standard diploma. In the 2014 Legislative Session the special diploma statute was repealed. Students who were already in high school and whose IEP stated that they were working toward a special diploma may continue to do so, or they can choose to work toward a standard diploma. Changing diploma options may mean a student will need extra time in high school to complete graduation requirements.

The Performance-Based Exit Option: The Performance-Based Exit Option is an alternate route to a diploma for students who are at least 16 years of age, do not have enough credits, have a low grade point average, or are overage for their current grade level. This option is NOT designed to be a preferred or accelerated program for early exit. The Performance-Based Exit Option is also known as the "GED® Exit Option." This option is NOT available in all schools or districts.

Each year the Florida Department of Education posts an *Academic Advisement Flyer- What Students and Parents Need to Know* at <http://www.fldoe.org/academics/graduation-requirements>. The information in milestones 7 and 10 is from the 2016-17 version.

**Florida 24-Credit Standard Diploma High School Graduation Options for Students
Entering Ninth Grade in 2014-15 and After**

24-Credit Standard Diploma option available to all students, including students with disabilities.	24-Credit Standard Diploma option with academic and employment requirements, available only to students with disabilities.	24-Credit Standard Diploma option available only to students with significant cognitive disabilities, who take access courses and the alternate assessment.
4 Credits English Language Arts (ELA)		
<ul style="list-style-type: none"> ELA I, II, III and IV ELA honors, Advanced Placement (AP), AICE, IB and dual enrollment courses may satisfy this requirement 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute a career and technical education (CTE) course with content related to English for English IV 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute access courses for general education courses May substitute a CTE course with content related to English for English IV
4 Credits Mathematics		
<ul style="list-style-type: none"> One of which must be Algebra I and one of which must be Geometry Industry certifications that lead to college credit may substitute for up to two mathematics credits (except for Algebra I and Geometry) 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute a CTE course with content related to mathematics for one mathematics credit (except for Algebra I and Geometry) 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute access courses for general education courses May substitute a CTE course with content related to mathematics for one mathematics credit (except for Algebra I and Geometry)
3 Credits Science		
<ul style="list-style-type: none"> One of which must be Biology I, two of which must be equally rigorous science courses Two of the three required credits must have a laboratory component An industry certification that leads to college credit substitutes for up to one science credit (except for Biology I) An identified rigorous Computer Science course with a related industry certification substitutes for up to one science credit (except for Biology I) 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute a CTE course with content related to science for one science credit (except for Biology I) 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute access courses for general education courses May substitute a CTE course with content related to science for one science credit (except for Biology I)
3 Credits Social Studies		
<ul style="list-style-type: none"> 1 credit in World History 1 credit in U.S. History 0.5 credit in U.S. Government 0.5 credit in Economics with Financial Literacy 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute a CTE course with content related to social studies for one social studies credit (except for U.S. History) 	<ul style="list-style-type: none"> Must earn credits for all of the courses listed in the first column May substitute access courses for general education courses May substitute a CTE course with content related to social studies for one social studies credit course (except for U.S. History)
1 Credit Fine and Performing Arts, Speech and Debate, or Practical Arts		
8 Elective Credits		
	<ul style="list-style-type: none"> Must include 0.5 credit in an employment-based course May include ESE courses 	<ul style="list-style-type: none"> May include employment based courses
1 Credit Physical Education to include the integration of health		
1 Online Course		
Online course may be waived by IEP team		
Students must earn a 2.0 grade-point average on a 4.0 scale and achieve satisfactory performance on statewide assessments unless a waiver of assessment results is granted by the IEP team.		

Diploma Designations

Students may earn one or more designations on their standard high school diploma.

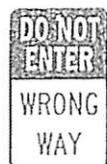
Scholar Designation:

- Earn one credit in Algebra II (must pass EOC);
- Pass the Geometry EOC;
- Earn one credit in Statistics or an equally rigorous mathematics course;
- Pass the Biology I EOC;
- Earn one credit in Chemistry or Physics;
- Earn 1 credit in a course equally rigorous to Chemistry or Physics;
- Pass the U.S. History EOC;
- Earn two credits in the same World Language; and
- Earn at least one credit in AP, IB, AICE or a dual enrollment course

A student is exempt from the Biology I or U.S. History assessment if the student is enrolled in an AP, IB or AICE Biology I or U.S. History course and the student takes the respective AP, IB or AICE assessment and earns the minimum score to earn college credit.

Merit Designation: To earn a merit designation a student must meet the standard diploma requirements and attain one or more industry certifications from the list established per section 1003.492, Florida Statutes. To earn industry certifications, students take CTE courses and must pass a related certification test. CTE programs are organized into 17 different career clusters.

WRONG WAY: Avoid Dropout Danger



Dropping out of high school negatively impacts students in many ways. Students who drop out of school are less likely to find their desired employment; less likely to earn as much as a high school graduate; more likely to need public assistance; and more likely to commit a crime.

There are many factors that influence students to drop out of high school. All of these factors fall into the following three general categories:

- Push-Out – School consequences, such as too many absences from school
- Pull-Out – Student distractions or attractions, such as the need to work and earn money
- Fall-Out – Circumstances beyond school or student control, such as, a family move (Jordan, Lara & McPartland, 1994; Watt & Roessingh, 1994; Doll, Eslami & Walters, 2013).

As mentioned in mile marker four, students experience the best outcomes when families are involved and take an active role in the education of their children. Some of the benefits students experience as a result of strong family engagement, regardless of income level or education background, are as follows:

- Children do better in school and they stay in school longer.
- School culture and environment as a whole gets better for all involved.
- Children do best when parents can play a variety of parts in children's learning.
- The more the relationship between families and the school is a real partnership, the higher the student achievement.
- Families, schools, and community groups all contribute to student achievement (Henderson & Mapp, 2002).

Taking an Alternate Route



About 1 percent of all students, or approximately 10 percent of all students with a disability, have profound and complex learning challenges that impact all of their activities, including school, independent functioning, community living, leisure and work. The IEP teams of these students, which include the parents, after carefully reviewing student performance, assessment and evaluation results, and other records, may request written parental consent to have the student placed on access points. Students on access points are assessed using an alternate assessment, currently the Florida Standards Alternate Assessment (FSAA).

Access points are expectations for students with significant cognitive disabilities. They provide access to the general education curriculum as they reflect the core intent of the Florida standards, but at a reduced level of complexity. Access points are taught within access courses, but this does not necessarily mean that students taking these courses must be in a separate classroom. Access courses can be taught in a general education classroom with the support of an ESE teacher, allowing students to spend time with nondisabled peers.

Usually the identification of a significant cognitive disability happens before the transition years, but this is not always the case. Sometimes the decision to place a student on access points happens in high school, especially if the student has a condition that worsens as the student grows older.

School districts offer many different types of transition programs to students on access points to help them learn to work and live as independently as possible. Many colleges and universities also offer programs for these students as well. More information about these can be found on page seven. Milestone 9, which discusses deferral of the standard diploma, also contains information that is especially important for the parents of students with significant cognitive disabilities.



Changing Lanes: Deferring Receipt of a Standard Diploma

The legislation that allows all students the opportunity to work toward a standard diploma also allows certain students with disabilities to defer receiving the diploma and continue to receive educational services from the school district. Deferral is necessary because students who receive a standard high school diploma are no longer eligible for a free appropriate public education (FAPE). There are two parts to deferral.

First, a student must have an IEP that "prescribes special education, transition planning, transition services, or related services through 21." This means that, because of the disability, a student must need continued education and services.

Second, a student must be enrolled in one of several specific educational programs. These programs include accelerated college credit, industry certification courses that lead to college credit, a collegiate high school, courses necessary for a Scholar designation, or structured work-study, internship or pre-apprenticeship programs. School districts offer a variety of extended transition programs that meet these requirements.

Students defer in the semester in which they are expected to meet all of the requirements for a standard diploma. However, planning for the deferral must take place early so that the correct language is on the IEP and the team has time to choose the best program. Districts may allow a student who defers to participate in graduation activities.

Students with disabilities who earn a standard diploma and do not defer are NOT eligible for any further services from the school district, so it is very important that students with significant cognitive disabilities consider deferring receipt of their standard diploma.

Students who earn a special diploma may return to the district and request educational services at any time before they turn 22 years of age.

Extended Transition (Florida 18-22 Programs)

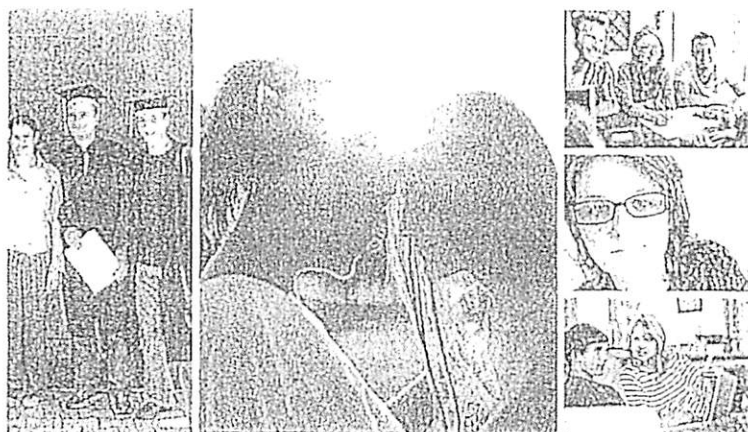
Program	Program Description	Student Qualifications
Project SEARCH	A business-led, one-year, school-to-work program that takes place entirely at the workplace. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration and relevant job-skills training through strategically designed internships. For more information, contact Carly Dellefsen (http://project10.info/Contact.php).	Students with significant intellectual and developmental disabilities in their last year of high school eligibility who have a desire to achieve competitive employment.
Transition Programs for Students with Intellectual Disabilities (TPSID)	Inclusive, postsecondary education transition programs wherein students take courses for credit or audit, leading to certifications or certificates of completion. They can be associated with a school district (dual enrollment) or independent. For more information, contact the Florida Consortium on Inclusive Higher Education (www.FCIHE.com).	Students with an intellectual disability who possess a high level of independence.
District Specific Community Based Instruction (CBI) and Community Based Vocational Education (CBVE)	Both programs provide instruction in naturally occurring community environments providing students "real life" experiences. CBVE programs are typically business sites in the community wherein students learn specific employment skills working alongside paid employees and CBI programs can occur anywhere within the community.	Students with significant cognitive disability taking access courses who want to be employed or need experiences within the community.
District Specific Transition Programs	Varied programs at high schools, technical centers, or other sites where students continue to take courses through the school system. Some may participate in student-based enterprises, non-paid or paid employment, or learn technical, life and/or employment skills.	Students who desire to participate, have deferred their high school diplomas, and have a continuing need for transition services.
Dual-Enrollment Programs	Allows high school students to earn credit toward a postsecondary diploma, certificate, or degree at the same time they are working toward a high school diploma. Classes are held at the high school or postsecondary institution.	Qualifications vary but often include minimum grade point averages (GPA) and entrance assessments.
Self-Determination and Self-Advocacy Training	Classes, curricula and programs which develop or enhance a student's ability to speak and act on their own behalf and make decisions that affect their lives.	Students with a disability who have an individual educational plan (IEP) and a need in this area.
Social Skills Training	Classes, curricula, lessons and programs which help students who have challenges relating to other people.	Students with a disability who have an IEP and a need in this area.
School-Based Enterprises	A set of entrepreneurial activities undertaken by students that provides an economic, social and educational return to the student, school and community.	Students with a disability who have an IEP and a desire to participate.
Employability Skills Training	Classes, curricula, lessons and programs which teach skills students will need in employment.	Students with a disability who have an IEP and a desire to participate. These programs may require acceptance for eligibility with a certain agency, such as VR.

Heading in a New Direction: Post-School Options



Postsecondary Education

Students who want to get more education or training after high school have many choices in Florida. There are also numerous opportunities for students to identify services to support postsecondary success.



Career and Technical Centers

Florida offers students 46 accredited career and technical centers throughout the state, which provide the education and certification necessary to work in a particular career or technical field. Programs are flexible for students and provide industry-specific education and training for a wide variety of occupations.



The Florida College System

The 28 state colleges offer career-related certificates and two-year associate degrees that prepare students to transfer to a bachelor's degree program or to enter jobs requiring specific skills. Many also offer baccalaureate degrees in high-demand fields. Florida College System institutions have an open door policy. This means that students, who have earned a standard high school diploma, have earned a high school equivalency diploma or have demonstrated success in postsecondary coursework will be admitted to an associate degree program.



State University System

There are 12 public universities in Florida that offer four-year bachelor-level degrees, as well as graduate and professional degrees. Admission into Florida's public universities is competitive. Prospective students should complete a rigorous curriculum in high school and apply to more than one university to increase their chance for acceptance. To qualify to enter one of Florida's public universities, a first-time-in-college student must meet the following minimum requirements:

- High school graduation with a standard diploma
- Admission test scores
- 16 Credits of approved college preparatory academic courses
- 4 English (3 with substantial writing)
- 4 Mathematics (Algebra I level and above)
- 3 Natural Science (2 with substantial lab)
- 3 Social Science
- 2 World Language (sequential, in the same language)
- 2 Approved electives



Disability Services at Colleges and Universities

The Individuals with Disabilities Education Act (IDEA), which requires public schools to create an IEP and provide services to students with disabilities, does not apply after a student graduates from high school. Adults, including college students, fall under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Students with disabilities who plan to attend college must self-identify as a person with a disability and be prepared to take an active role in determining what accommodations are needed to help them be successful. The Summary of Performance, a document that must be provided to students with disabilities when they leave high school, may be a starting point, but colleges will require additional documents and each college may ask for different items. Many colleges require a recent evaluation. To make sure accommodations are in place before classes start, students should contact the disability services office at the technical center, college or university they want to attend as far in advance as possible. Find contact information for disability services providers at <http://data.fldoe.org/workforce/contacts/default.cfm?action=showList&ListID=40>.

Inclusive Higher Education

Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID)

In TPSID programs, students with intellectual disabilities study alongside nondisabled peers on a college campus. Students may take courses, practice social skills and learn employability skills while engaging with others in a college environment. Inclusion with same-age peers, better access to employment opportunities and improving their independent living skills are among the goals of students with intellectual disabilities attending college. Students who earn a standard diploma based on the access curriculum are eligible to apply. The Florida Consortium on Inclusive Higher Education (FCIHE) is charged with increasing access to and engagement in college coursework and college life culminating in a chosen career path and competitive employment for individuals with an intellectual disability. The FCIHE provides technical assistance and mini-grant funding for program start-up or enhancement. For more information, please visit www.FCIHE.com.

The Florida Center for Students with Unique Abilities (FCSUA)

The FCSUA, located at the University of Central Florida, was created by the Florida Legislature in 2016. The purpose of the center is to increase independent living, inclusive and experiential postsecondary education and employment opportunities for students with intellectual disabilities. Funding is available to help colleges set up new programs and also for student scholarships to attend these programs.

There are several important distinctions between TPSID and FCSUA funding opportunities. FCSUA policies require the following:

- Students must have exited from the K-12 system to be eligible for FCSUA scholarships.
- Students may exceed the age of 22 and remain eligible for an FCSUA scholarship.
- Postsecondary programs must have Florida Postsecondary Comprehensive Transition Program (FPCTP) status or be in the application process to be eligible to receive grant funding.
- Postsecondary programs must also be accessible to students who have exited the K-12 system.

FCIHE and FCSUA work collaboratively to provide a variety of postsecondary opportunities for students with intellectual disabilities. For more information, please visit www.FCSUA.org.

Agency Linkages

As students transition toward post-school life, it is important that community agencies participate in the transition process. Specific agencies should be identified through the IEP process for your student. Several key agencies that support students post-school are described below.



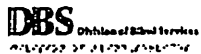
Agency for Persons with Disabilities (APD)

APD is able to support its customers through supported employment for individuals on the Medicaid Waiver, individualized services through the Consumer-Directed Care Plus (CDC+) and the Employment Enhancement Project (EEP). For more information, please visit APD's website at www.apd.myflorida.com.



CareerSource Florida

Local CareerSource centers support businesses and job-seekers to promote successful employment outcomes for the benefit of everyone involved. For more information, please visit CareerSource Florida's website at <https://careersourceflorida.com>.



Division of Blind Services (DBS)

DBS provides transition services through a coordinated team including the student, parents or family members, educators, service providers and friends. The team assists young people who are blind or severely visually impaired to reach their selected goals and prepare them to function in the real world through developing the ability to travel independently, live independently, use assistive technology skills and read using the Braille system. Learn more about DBS at <http://dbs.myflorida.com/Transition/index.html>.

Employment First Florida

Florida is an Employment First state. This means that employment is the first option for ALL individuals, even those with significant disabilities. Employment means an integrated job paying at or above minimum wage, either with or without the support of a job coach. A new federal law, the Workforce Innovation and Opportunity Act, sets aside funds for VR to use for students to help them learn pre-employability skills and to provide internships and other work experiences during high school. These experiences will help students have a better idea of what they want to do after they leave school. Learn more about Employment First Florida at <http://www.employmentfirstfl.org/>.



Florida Coordinating Council for the Deaf and Hard of Hearing (FCCDHH)

The FCCDHH serves as a coordinating body which recommends policies that address the needs of the hearing loss community in Florida. Multiple agencies serve individuals with hearing loss, such as Florida Division of Blind Services (DBS), Vocational Rehabilitation (VR) and others. Find more information about

services for youth who are deaf or hard of hearing on the FCCDHH website at <http://www.floridahealth.gov/provider-and-partner-resources/fccdhh/resources/index.html>.



Florida Developmental Disabilities Council (FDDC)

The FDDC was established to help plan individual and family-centered supports for persons with disabilities in Florida. The Council also guides the development and administration of services for people with developmental disabilities by planning and funding research, innovations, and programs designed to improve the quality of their lives. The FDDC developed a detailed resource of postsecondary education programs that serve students with intellectual and developmental disabilities. The *Florida Postsecondary Education Guide* provides information about entrance requirements, application details, program descriptions, housing opportunities, work and volunteer opportunities, transportation availability and costs. The guide is accessible at http://www.fddc.org/sites/default/files/DDCouncil_EducationGuide.pdf



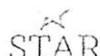
Florida Parent Centers

FND and the regional parent centers are federally funded providers of parent training and information (PTI) services. Assistance and support is provided to parents, educators, community organizations and faith-based groups to increase the types of parental involvement and engagement to increase student academic achievement across Florida. Learn more about Florida PTI services and find the center closest to you at <http://fndusa.org/>.



Vocational Rehabilitation (VR)

VR is a key partner in the transition of students with disabilities from school to employment. VR Transition Youth Services help students with disabilities to prepare for, get and keep a job. VR can help students access career counseling, postsecondary education or training and work experience. Students with disabilities may apply to VR as early as age 14. Learn more about VR Transition Youth Services at <http://rehabworks.org/stw.shtml>.



STAR VR STAR Portal

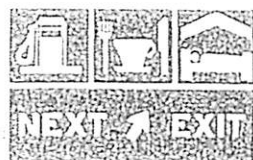
Students who are 14-21, in high school or postsecondary education, may receive Pre-Employment Transition Services (Pre-ETS) without having to apply or be found eligible for VR services. Students must have a current Individual Educational Plan (IEP), 504 Plan, or other documentation from the school stating the student is being served as a student with a disability. Pre-ETS include: Job Exploration Counseling, Work Readiness Training, Work-Based Learning Experiences, Self-Advocacy Training and Peer Mentoring, and Postsecondary Educational Counseling. Learn more about the VR STAR Portal at http://www.rehabworks.org/stw_star.shtml.

Resources

There are lots of online resources for parents. A few of the most helpful as related to preparing for college and careers after high school are as follows:

A Parent and Teacher Guide to Section 504

http://www.fldoe.org/core/fileparse.php/690/url0070055_504bro.pdf



Career and Technical Education Course Substitution Guidelines
<http://www.fldoe.org/core/fileparse.php/7571/url1/CTEsubstitutions.pdf>

Florida Center for Students with Unique Abilities
www.fcsua.org

Florida Consortium on Inclusive Higher Education
www.fcihe.com

Graduation Requirements Online Course
<http://pdportal.florida-esd.org>

Parent Involvement Website
<http://forparents.florida-esd.org>

Project 10: Transition Education Network
www.Project10.info

School Choice Resources for Parents, Florida Department of Education
<http://www.fldoe.org/schools/school-choice/parent-resources/>

Step Up for Students
<https://www.stepupforstudents.org/>

Technical Assistance Paper: High School Graduation Options for Students with Disabilities
<http://info.fldoe.org/docshare/dsweb/Get/Document-7322/dps-2015-34.pdf>

School CHOICE: Financial Resources to Support Education

Some parents decide that the public school system is not the best place for their child. In addition to other options, Florida offers scholarships for students with disabilities:

The John M. McKay Scholarships for Students with Disabilities Program allows parents of students with disabilities to choose the best academic environment for their children. This program provides eligible students the opportunity to attend a participating private school or transfer to another public school. Eligible students include students who have been issued an IEP or a 504 Accommodation Plan that is effective for more than six months. Students must also have been enrolled and reported for funding by a Florida school district the year prior to applying for a scholarship.

The Gardiner Scholarship, previously known as the Personal Learning Scholarships Accounts (or PLSA) program, helps parents individualize the educational plans for their children with certain special needs. This scholarship allows parents to direct money toward a combination of programs and approved providers, which includes schools, therapists, specialists, curriculum and technology, as well as a college savings account.



FLORIDA DEPARTMENT OF

EDUCATION
fldoe.org

Florida Department of Education
Bureau of Exceptional Education and Student Services

Compliance Self-Assessment
2020-21

SPP 13 – Secondary Transition Age 16 (T16)

This protocol addresses the requirements specific to the State Performance Plan (SPP) 13 – Measurable Postsecondary Goals and Transition Services, as well as secondary transition in general. As such, it must be used in conjunction with the basic protocol when conducting a comprehensive individual educational plan (IEP) review or a focused self-assessment related to SPP 1 – Graduation with a Standard Diploma and SPP 2 – Dropout Rate for students age 16 years and older.

The Individuals with Disabilities Education Act (IDEA) and the implementing regulations of section 300.320(b) of Title 34 of the Code of Federal Regulations (34 CFR §300.320(b)) require that IEPs for students age 16 years, or younger if determined appropriate by the IEP team, address the areas of education; training; employment; and, where appropriate, independent living (SPP Indicator 13). The National Secondary Transition Technical Assistance Center (NSTTAC) developed a seven-item checklist to help states collect data to meet Indicator 13 requirements. Items T16-2 and T16-9 through T16-16 reflect the items on the NSTTAC checklist updated in May 2012. Items T16-1 and T16-3 through T16-8 reflect additional procedural compliance standards the bureau determined to warranted inclusion in this self-assessment.

The Summary of Performance (SOP) is an important requirement found in IDEA and the implementing regulations. The SOP is required for students exiting with a standard diploma or aging out of their educational program. It provides information on the academic achievement and functional performance of the student, including copies of evaluations, assessments, and other relevant reports and recommendations on how to assist the student in meeting their postsecondary goals. (For additional information, see the November 15, 2010, memorandum entitled, "Update on IDEA 2004 Requirements for Summary of Performance and Suggested Template," included in State Performance Plan/Annual Performance Report (SPP/APR) Indicators/Download Documents on the ESE General Supervision Website at <http://beess.fcim.org/>.) Please note that during site visits or other desktop reviews, districts will be required to pull summaries of performance from the previous year.

For each standard, refer to the guidance provided in this document when determining if the standard is met. Some standards include multiple components.

Mark "yes" if all components are met.

Mark "no" if one or more components are not met.

Mark "n/a" if the standard does not apply to this student.

Items T16-1 through T16-8

- T16-1.** The notice of the IEP team meeting included a statement that a purpose of the meeting was the consideration of postsecondary goals and transition services, that the student would be invited, and identified any agency that would be invited to send a representative.
(34 CFR §300.322(b)(2))

Review the notice for the following:

- The purpose of the meeting includes the consideration of postsecondary goals and transition services for the student.
- There is a statement that the student will be invited to the meeting.
- If needed, there is a statement that an agency representative will be invited to the meeting (review the participants section of the IEP to determine if an agency participated; if so, this must be indicated on the notice).

If an agency is identified after the notice has been sent, a second notice (or an addendum to the first notice) must be sent.

- ✓ Mark "yes" if the answer to the first two bullets is "yes" and the third bullet is "yes" or "n/a."
- ✓ Mark "no" if the answer to one or more of the three bullets is "no."

**T16-2. The student was invited to the IEP team meeting.
(34 CFR §300.321(b)(1))**

Review the notice to determine if the student was invited. Examples of documentation include a salutation on the notice that includes both the student and the parent or a separate notice provided to the student. If there is no evidence the student was invited, review the participants section of the IEP.

- ✓ Mark "yes" if the student was invited or in attendance.
- ✓ Mark "no" if the student did not attend and there is no documentation that the student was invited.

**T16-3. The student's strengths, preferences and interests were taken into account. If the student was unable to attend the meeting, other steps were taken to ensure that the student's preferences and interests were considered.
(34 CFR §§300.43(a)(2) and 300.321(b)(2); Rules 6A-6.03028(3)(c)8. and (g)1. and 6A-6.03411(1)(nn)2.-4., F.A.C.)**

The student's strengths, preferences and interests must be taken into account when developing measurable postsecondary goals to facilitate the student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Review the IEP to determine if these were considered.

If a student did not attend the meeting, there should be evidence that the school district obtained student input through other methods, such as student or family conferences, interest inventories, career exploration activities, vocational interest and aptitude inventories, situational assessments, and input from other personnel associated with the student. Information from interest inventories completed prior to the IEP team meeting or information on the IEP itself may be evidence of this requirement.

The student's preferences and interests may be documented in the present level of performance sections of the IEP or may be included as a separate item for verification.

If the student does not attend the IEP meeting to identify transition services needs or consider postsecondary and career goals and transition services, the school district must take other steps to ensure that the student's preferences and interests are considered.

- ✓ Mark "yes" if there is evidence that the student's input was solicited and considered.
- ✓ Mark "no" if there is no evidence that steps were taken to obtain and consider the strengths, preferences and interests of a student who did not attend the meeting.

- T16-4. Beginning in eighth grade, or during the school year in which the student turns 14, whichever is sooner, the IEP must include a statement of whether the student is pursuing a course of study leading to a standard diploma, to include a Scholar or Merit designation. (Rule 6A-6.03028(3)(h)8., F.A.C.)**

Beginning with IEPs written during the student's eighth grade year or during the school year of the student's 14th birthday (whichever is sooner), the course requirements for the standard diploma option must be discussed by the IEP team. The IEP team must review the diploma decision annually and, if appropriate, revise the diploma decision accordingly.

- ✓ Mark "yes" if the diploma option is indicated.
- ✓ Mark "no" if the student is 14 years or older, will turn 14 in this school year, or in the eighth grade or higher and no diploma option is indicated.

- T16-5. Beginning not later than the first IEP to be in effect when the student attains the age of 16, or younger if determined appropriate by the parent and the IEP team, the IEP must include the following statement that must be updated annually; A statement of appropriate measurable long-term postsecondary education and career goals based upon age-appropriate transition assessments related to training, education, employment, and, if appropriate, independent living skills and the transition services, including pre-employment transition services and courses of study needed to assist the student in reaching those goals. (s. 1003.5716, F.S.)**

- ✓ Mark "yes" if the IEP for the student who has attained the age of 16 includes a statement of transition services including pre-employment transition services needed to assist the student in reaching postsecondary goals.
- ✓ Mark "no" if the IEP for the student who has attained the age of 16 does not include a statement of transition services including pre-employment transition services needed to assist the student in reaching postsecondary goals.

- T16-6. In order to ensure quality transition planning and services, IEP teams shall begin the process of identifying transition services needs of students with disabilities, to include consideration of the student's need for instruction or the provision of information in the areas of self-determination and self-advocacy to assist the student to be able to actively and effectively participate in IEP team meetings and self-advocate, beginning no later than age 14, so that needed postsecondary goals may be identified and in place by age 16. (s. 1003.5716, F.S.; Rule 6A-6.03028(3)(h)8., F.A.C)**

Review the IEP for evidence that the IEP team considered the student's need for instruction or the provision of information in the area of self-determination and self-advocacy. This may be addressed through annual goals, short-term objectives or benchmarks, or through services in the IEP.

Although the requirement to consider the student's need for instruction or the provision of information in the area of self-determination and self-advocacy begins no later than age 14, this requirement must be reviewed and addressed annually as part of IEP development. Students' self-determination and self-advocacy needs may differ by age. Self-advocacy may be a critical area one year; goal setting or choice making may be more important during another school year. Districts are encouraged to conduct ongoing assessment to determine the student's most critical needs in the area of self-determination and self-advocacy.

There are numerous ways to address self-determination and self-advocacy instruction for students served full time in general education. It may be integrated into character education or other relevant courses; training may be provided to students via half-day or full-day workshops; or one-on-one information sessions may be provided by the counselor or teacher of record.

- ✓ Mark "yes" if information regarding self-determination and self-advocacy is in the IEP.
- ✓ Mark "no" if no information regarding self-determination and self-advocacy is in the IEP.

T16-7. If a participating agency responsible for transition services failed to provide the transition services as described in the IEP, the IEP team was reconvened to identify alternative strategies to meet the transition objectives as indicated on the IEP.
(34 CFR §300.324(c)(1); Rule 6A-6.03028(3)(h)9.d., F.A.C.)

Review the IEP to determine if an agency is expected to provide or pay for transition services. If so, review the student's record, service logs and other available documents for evidence that the agency provided the services as required.

- ✓ Mark "yes" if the agency did not provide services as required, and the IEP team was reconvened to identify alternative strategies to assist the student in meeting the goals and objectives on the IEP.
- ✓ Mark "no" if the agency did not provide services as required and the IEP team was not reconvened.
- ✓ Mark "n/a" if no agency was involved or if there is no evidence that an agency failed to provide services as required.

T16-8. The IEP for a student who is 17 years old includes the following:

- a) A statement that the student has been informed of the rights that will transfer at age 18.
(34 CFR §§300.320(c) and 300.520(a)(1); Rule 6A-6.03028(3)(h)10., F.A.C.)

At least one year prior to the student's 18th birthday, the student must be informed of

the rights that will transfer. If the student is 17 years old, review the IEP for documentation that the transfer of rights was discussed. This applies only to the year prior to the student's 18th birthday.

- ✓ Mark "yes" if this statement is included in the IEP for a student who is 17 years old.
- ✓ Mark "no" if this statement is not included for a student who will turn 17 years old.
- ✓ Mark "n/a" for all other students.

b) A separate and distinct notice of the transfer of rights was provided to the parent and the student prior to the student's 18th birthday.
(34 CFR §§300.320(c), 300.520(a)(1) and 300.625; Rule 6A-6.03311(8)(c), F.A.C.)

This standard applies only to students who are 18 years old. There must be a separate and distinct notice to the parent and the student informing them of the transfer of rights. If there is not a place on the IEP for this to be documented, ask school staff how this is done.

- ✓ Mark "yes" if there is documentation of this notice prior to the student's 18th birthday.
- ✓ Mark "no" if there is no evidence the notice was provided prior to the student's 18th birthday.
- ✓ Mark "n/a" for all other students.

Items T16-9 through T16-19

Measurable Postsecondary Goals and Transition Services: Measurable postsecondary goals related to education, training and employment are required for all students age 16 years and older. A measurable postsecondary goal for independent living is required only for those students for whom the IEP team has determined it is appropriate. Note that for the following section of the review there are four response rows, one for each of the areas addressed by IDEA. Respond to each of the following items as they relate to each designated area.

T16-9. There are measurable postsecondary goals in the designated areas (i.e., education; training; employment/career*; and, where appropriate, independent living skills).

*Career is referred to only in state law

(34 CFR §300.320(b)(1); s. 1003.5716, F.S.; Rule 6A-6.03028(3)(h)8.c., F.A.C.)

"The IDEA and its implementing regulations do not define the terms 'training' and 'education.' However, the areas of training and education can reasonably be interpreted as overlapping in certain instances. In determining whether postsecondary goals in the areas of training and education overlap, the IEP Team must consider the unique needs of each individual student with a disability, in light of his or her plans after leaving high school. If the IEP Team determines that separate postsecondary goals in the areas of training and education would not result in the need for distinct skills for the student after leaving high school, the IEP Team can combine the training and education goals ... However, the guidance we are providing is not intended to prohibit the IEP Team from developing separate postsecondary goals in the areas related to training and education in a student's IEP, if deemed appropriate by the IEP Team, in light of the student's postsecondary plans. On the other hand, because employment is a distinct activity from the areas related to training and education, each

student's IEP must include a separate postsecondary goal in the area of employment, in addition to at least one postsecondary goal in the areas of training and education. .
 ... A student's IEP must include a separate postsecondary goal in the area of independent living skills, where appropriate."

(September 26, 2011, OSEP Letter to Commonwealth of Virginia Department of Education Special Education and Student Services Assistant Superintendent H. Douglas Cox, Retrieved <http://www2.ed.gov/policy/speced/quid/idea/letters/2011-3/index.html> and Questions and Answers on Secondary Transition, Revised September 2011, OSEP, Retrieved https://sites.ed.gov/idea/files/Transition.QA_September_2011_FINAL.pdf.

Each measurable postsecondary goal must meet the following requirements:

- Be measurable; you must be able to "count it" or observe it.
- Be intended to occur after the student graduates from school.
- Include a time frame.
- Be updated annually; the goal need not be revised, but should be reviewed to ensure that it continues to be appropriate and accurate.

Locate the section of the IEP that includes the student's postsecondary goals.

- ✓ Mark "yes" in the appropriate row if there is a measure postsecondary career goal and, for students age 17 years and older, there is evidence that the goal was reviewed and updated, if appropriate the following is true:
- ✓ Mark "no" in the appropriate row if there is no career goal, if the goal is not measurable, or if there is no evidence that the goal was reviewed and updated, if appropriate, one of the following is true:
- ✓ Mark "n/a" in the appropriate row if no postsecondary goal is required for independent living.

Examples could be developed from any of the following:

- "Immediately following graduation, [the student] will ..."
- "Within six months of graduation, [the student] will ..."
- "Within four years of graduation, [the student] will ..."
- "By September [specific year], [the student] will ..."

Phrases such as "[The student] plans to ..., wants to ..., is thinking about ..., has expressed an interest in ..." are not measurable. The goals should reflect outcomes, not activities or steps toward a goal. For example, "applying for vocational rehabilitation services" is a step toward achieving a goal, not the postsecondary goal itself. Be certain that postsecondary goals reflect post-school outcomes, not goals to be achieved while enrolled in the school district. A "measurable postsecondary goal" is NOT the same as a "desired post-school outcome."

T16-10. The measurable postsecondary goals were based on age-appropriate transition assessments in the designated areas (i.e., education; training; employment/career*; and, where appropriate, independent living skills).

**Career is referred to only in state law.*

(34 CFR §300.320(b)(1); s. 1003.5716, F.S.; Rule 6A-6.03028(3)(h)9.c., F.A.C.)

Review the IEP and other available components of the student's record to determine if information from age-appropriate transition assessments has been considered in developing measurable postsecondary goals.

- ✓ Mark "yes" if there is evidence of information from an age-appropriate transition assessment related to that area.
- ✓ Mark "no" if there is no assessment or does not apply to the area in question.

Transition assessment information must be age appropriate; gathered over time; reflect the student's strengths, interests, and preferences; and contain information from multiple sources. Consider statewide, standardized assessment, Florida Standards Alternate Assessment (FSAA), college entrance tests, self-determination assessments, interest inventories, personality or preference tests, career assessments and situational assessments. Ask the following question: "Is the age-appropriate transition assessment information reflected in the IEP sufficient to support this student's measurable postsecondary goals?"

- T16-11. The IEP includes measurable annual goals, including academic and functional goals that are related to the student's transition service needs. The annual goals should be designed to meet the student's needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum, and also to meet the student's other needs that result from the disability. Short-term objectives or benchmarks must be included for students with disabilities who take alternate assessments aligned to alternate achievement standards, or any other student with a disability as determined by the IEP team.**

(34 CFR §300.320(a)(2); Rule 6A-6.03028(3)(h)2. and 3., F.A.C.)

Review the IEP to determine if there are measurable annual goals or short-term objectives or benchmarks, if applicable, that will help the student make progress toward the stated postsecondary goals.

Locate the section of the IEP that includes the student's postsecondary goals. For each of the postsecondary goal areas (for both measurable and not measurable goals).

- ✓ Mark "yes" in the appropriate row if there is a measurable annual goal or short-term objective or benchmark, if applicable, included in the IEP that will help the student make progress toward the stated postsecondary goal.
- ✓ Mark "no" in the appropriate row if there is no measurable annual goal or short-term objective or benchmark, if applicable, included in the IEP that will help the student make progress toward the stated postsecondary goal.
- ✓ Mark "n/a" in the appropriate row if no postsecondary goal is required for independent living.

Short-term objectives or benchmarks must be included for students with disabilities who take alternate assessments aligned to alternate achievement standards. Short-term objectives or benchmarks may be developed for any other student with a disability as determined by the IEP team.

For an annual goal to be measurable, it must have an explicit, observable behavior

(what the student will do), conditions (specific circumstances or assistance that will affect performance or behavior), and criteria (what will be measured and how well the student must perform).

There does not need to be a separate measurable annual goal for each postsecondary goal. It is logical that, when writing (or reviewing), the IEP team should ask "what postsecondary goal(s) does this measurable annual goal support?" The IEP team should also ask "what measurable annual goals are needed to help this student achieve the postsecondary goal(s)?"

T16-12. There are transition services on the IEP to assist the student in reaching the measurable postsecondary goals.

(34 CFR §300.320(b)(2); Rule 6A-6.03411(1)(nn), F.A.C.)

Review the IEP to determine if a type of instruction, related services, community experience, or development of employment and other post-school adult living objectives are included. If appropriate, determine if acquisition of daily living skills and provision of a functional vocational evaluation are listed in association with meeting the postsecondary goals.

Locate the section of the IEP that includes the student's postsecondary goals. For each of the postsecondary goal areas, check to see if one or more of the following are addressed in the measurable annual goals or in other components of the IEP in association with meeting the postsecondary goals:

- Instruction
- Related services
- Community experiences
- Development of employment and other post-school adult living objectives
- Acquisition of daily living skills
- Provision of a functional vocational evaluation

Transition services may be addressed through the development of measurable annual goals or short-term objectives or benchmarks, if applicable, special education services, related services, program modifications or supports for school personnel, supplementary aids and services, or statewide and districtwide assessment accommodations or modifications. The examples below could be further developed into measurable annual goals or addressed in other relevant sections of the IEP.

- ✓ Mark "yes" in the appropriate row if one or more postsecondary goal is evident.
- ✓ Mark "no" in the appropriate row if no postsecondary goal is evident.
- ✓ Mark "n/a" in the appropriate row if no postsecondary goal is required for independent living.

T16-13. The transition services include courses of study needed to assist the student to reach the postsecondary goals.

(34 CFR §300.320(b)(2))

The courses of study describe the student's instructional program and experiences. Examples include the following:

- Participation in advanced-placement courses
- Participation in courses that provide community-based experiences to help the

student acquire adult living and employment skills

Review the IEP to determine whether the student's courses of study align with the student's identified postsecondary goals.

- ✓ Mark "yes" if the student's courses of study align with the student's identified postsecondary goals.
- ✓ Mark "no" if the student's courses of study do not align with the student's identified postsecondary goals or if there is no course of study identified.
- ✓ Mark "n/a" in the appropriate row if no postsecondary goal is required for independent living.

T16-14. The district obtained consent from the parent, or from the student whose rights have transferred, prior to inviting to the IEP team meeting a representative of an agency likely to provide or pay for transition services.

(34 CFR §300.321(b)(3); Rule 6A-6.03028(3)(c)9., F.A.C.)

If an agency representative was invited, review the folder for evidence that the parent or adult student provided consent. A separate consent must be obtained from the parents or a child who has reached the age of majority for each IEP team meeting. Consent must be obtained before a representative of any participating agency that is likely to be responsible for providing or paying for transition services can be invited to the meeting.

Notice cannot be provided to agency representatives prior to the district's receipt of parent consent or consent from the student whose rights have transferred. Consent may be documented on the notice of the IEP team meeting, as long as the notice was not sent to the agency representative prior to receipt of the consent, or on another form prior to receipt of the consent.

- ✓ Mark "yes" if either of the following is true:
 - Consent is evident.
 - The parent initiated the invitation.
- ✓ Mark "no" if both of the following are true:
 - Timely consent is not evident.
 - The agency representative was invited.
- ✓ Mark "n/a" if an agency representative was not invited to the meeting.

T16-15. If transition services are likely to be provided or paid for by another agency, a representative of the agency was invited to participate in the IEP team meeting.
(34 CFR §300.321(b)(3); Rule 6A-6.03028(3)(b)5., F.A.C.)

For each of the postsecondary goal areas, review the IEP to determine if there are transition services included that will likely be provided or paid for during the current year by any agency other than the school district.

If agency participation is expected, review the notice of the meeting and the participants section of the IEP or other documentation to determine if an agency representative was invited.

- ✓ Mark "yes" if an agency representative is included on the notice of the meeting or if

- an agency representative attended the meeting.
- ✓ Mark "no" if there is no evidence that the district attempted to invite the agency representative.
- ✓ Mark "n/a" if either of the following is true:
 - No agency is likely to provide or pay for transition services for one or more of the postsecondary goals during the current year.
 - The district sought consent from the parent to invite an agency representative but consent was not given.

It is important that the IEP team begin discussing possible agency involvement early. In some cases, agencies may need to be invited to an IEP team meeting when the student is 16 or younger. In other cases, it may be determined that, although communication with the agency or between the family and the agency is required, it is not necessary to invite an agency representative to participate in an IEP team meeting until closer to the time the student exits. Districts are encouraged to work with their interagency councils to determine when agencies need to be invited for students who do not have immediate needs from agencies but will need services post-school.

T16-16. The IEP includes appropriate measurable postsecondary goals that are annually reviewed and based upon: an age-appropriate transition assessment; transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals; and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority. (34 CFR §§300.320(b) and (c) and 300.321(b); Rule 6A-6.03028(3)(b), (c) and (h), F.A.C.)

- ✓ Mark "yes" if standards T16-2 and T16-9 through T16-15 are all answered "yes" or "n/a."
- ✓ Mark "no" if one or more of standards T16-2 and T16-9 through T16-15 are all answered "no."

T16-17. During the IEP transition planning process, the IEP team and the parent collaborated to determine an intent to pursue a standard diploma with a Scholar or Merit designation or a certificate of completion, as applicable. (s. 1003.5716, F.S.; Rule 6A-6.03028(3)(h)8.a., F.A.C.)

- ✓ Mark "yes" if there is evidence (IEP conference notes, emails, meeting notices, etc.) to indicate collaboration regarding intent to pursue a standard diploma with a designation or a certificate of completion.
- ✓ Mark "no" if there is no evidence to indicate collaboration regarding intent to pursue a standard diploma with a designation or a certificate of completion.

T16-18. Any change in the postsecondary and career goals is approved by the parent (or as applicable, the adult student). (s. 1003.5716, F.S.)

- ✓ Mark "yes" if the IEP indicates approval by the parent or adult student of the

- change in the postsecondary and career goals.
- ✓ Mark "no" if there is no evidence of approval by the parent or adult student if postsecondary and career goals have been changed.
- ✓ Mark "n/a" if the parent failed to respond to the district's request to approve.

T16-19. A summary of performance (SOP) was provided to the student before the student graduated with a standard diploma or before the student exceeded the age to qualify for a free appropriate public education (FAPE). The student participated in the process of completing the SOP, and the SOP contains a summary of the student's academic achievement and functional performance. The SOP also contains recommendations on how to assist the student in achieving the student's postsecondary goals, including the use of accommodations, especially those the student felt were most beneficial. (34 CFR §300.305(e)(3); Rule 6A-6.0331(8)(f), F.A.C.)

- ✓ Mark "yes" if all of the following is true:
 - An SOP was provided to the student before the student graduated with a standard diploma or before the student exceeded the age to qualify for FAPE.
 - The student participated in the process of completing the SOP.
 - The SOP contains a summary of the student's academic achievement and functional performance.
 - The SOP contains recommendations on how to assist the student in postsecondary goals.
- ✓ Mark "no" if the answer to one or more of the four bullets is "no."
- ✓ Mark "n/a" if either of the following is true:
 - The student did not graduate.
 - The student did not graduate with a standard diploma.