

**EAST CARROLL PARISH**

**SPECIAL EDUCATION**

**HANDBOOK**

Revised July 2015

# **IEP RED NOTEBOOK TABLE OF CONTENT**

- I. Employees**
  - 1.A Special Education Services Responsibilities**
  - 1.B SER IEP Confidentiality Assurance Statement
  - 1.C Special Education Teacher Job Description
  - 1.D Special Education Teacher's Aide Job Description
  - 1.E COMPASS Process & Components
  - 1.F Observations (Pre/Post)
  - 1.G Walk-Through Observation (Informal)
  - 1.H Student Learning Target
  - 1.I Professional Growth Plan
  - 1. J Professional Development Workshop Evaluation Form
  - 1.K Compass Assessment List
  - 1.L Teacher Observation Schedule
  - 1.M Common Core Standards
  - 1.N Needs Assessment Survey

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **II. Beginning of School**

- 2.A School Calendars
- 2.B Beginning of the Year Checklist
- 2.C Access List/Confidentiality
- 2.D PAS Contact Assignment
- 2.E Professional Development for Sped
- 2.F Sped checklist
- 2.G Monthly Class Attendance Sheets
- 2.H Inclusion Activities/Instructional Logs
- 2I Daily Data Collection Log
- 2J Monthly/ Communication Log

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **III. Individualized Educational Program (IEP)**

- 3.A Student Registration/Add/Drop Form
- 3.B Louisiana Web Based IEP Address/Password
- 3.C IEP Procedures
- 3.D Preparing for the IEP Meeting
- 3.E IEP Participants and Their Roles
- 3.F IEP Timeline/Dates
- 3.G Materials Needed at the IEP Meeting
- 3.H Conducting an IEP Meeting
- 3.I IEP Team Responsibilities
- 3.J Conducting an IEP Team Meeting Without the Parent in Attendance
- 3.K After the IEP Meeting
- 3.L Implementing the IEP
- 3.M Receipt of Accommodations & Responsibilities
- 3.N Amending the IEP
- 3.O IEP's for Transfer Students
- 3.P Transition Page
- 3.Q Transition Service Help Pages
- 3.R Indicator 13 Compliance Checklist for Transition
- 3.S General Student Information Help Pages
- 3.T Instructional Plan Help Pages
- 3.U Accommodation Help Pages
- 3.V Program Service Help Pages
- 3.W Services/ Placement Help Pages
- 3.X LRE Determination Page
- 3.Y Steps for Creating A Standard-based IEP
- 3.Z IEP Folder Order Checklist
- 3AA How to determine the Preschool Setting
- 3BB. Instructional Plan Self Review Form

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **IV Progress Report**

- 4.A The IEP: Progress Monitoring Process
- 4.B Progress Report
- 4.C Monitoring, Tracking & Documenting Special Ed. Services
- 4.D Student 3 Weeks Progress Review
- 4.E Modification & Supplemental Aids/Service or Supports for Student and/or School Personnel
- 4.F Three and Six Weeks Progress Report Due Dates
- 4.G Instruction for Web Based Progress Report

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **V. Assessment**

- 5.A PARCC Accessibility and Accommodations
- 5.B PARCC FAQ
- 5.C Ed Performance
- 5.D Parent Guide for LAA 1-
- 5.E Testing Schedule

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **VI Discipline**

- 6.A Behavior Plan Procedures
- 6.B Discipline Charts
  - 6B.1 Removal is Not a Change of Placement
  - 6B.2 Definition: Change of Placement
  - 6B.3 Removal is a Change of Placement
  - 6B.4 Special Circumstances Due to a Weapon, Illegal Drugs, or Serious Bodily Injury
  - 6B.5 Protections for Student Not Yet Eligible for IDEA
  - 6B.6 Definitions: Special Circumstances
  - 6B.7 Discipline of Special Education Students
  - 6B.8 Appeals Process
- 6.C Functional Behavior Assessment (FBA)
- 6.D Manifestation Determination Requirements for IDEA Students
- 6.E Discipline Checklist Part 1
- 6.F Discipline Checklist Part 2
- 6.G Responsibilities of the IEP Team
- 6.H In-School Suspensions (ISS)
- 6.I Behavior Intervention Plan (BIP)
- 6.J Change of Placement Alert
- 6.K Understanding SER Discipline Report
- 6.L Daily Period By Period Behavior Report

# **IEP RED NOTEBOOK TABLE OF CONTENT**

## **VII. Extended School Year Program**

- 7.A The IEP Meeting & ESYS
- 7.B After the IEP Meeting
- 7.C ESYS Deadlines
- 7.D Pre ESYS Screening Checklist
- 7.E ESYS Fact Sheet
- 7.F ESYS Screening Dates
- 7.G ESYS Screening Determination Form
- 7.H Regression/Recoupement
- 7.I Critical Point of Instruction
- 7.J Blank Page
- 7.K Employment Criterion
- 7.L Transition Criterion
- 7.M Excessive Absences/Late Entry
- 7.N ESYS Criteria Documentation Form
- 7.O ESYS Eligibility Letter
- 7.P ESYS Ineligibility Letter
- 7.Q ESYS Determination Summary Form
- 7.R ESYS Criteria Summary Form
- 7.S ESYS Monitoring

## **IEP RED NOTEBOOK TABLE OF CONTENT**

### **VIII. Forms**

- 8.A** Notice and Consent Regarding Payment from Medicaid Benefits
- 8.B** Parent Notification Letter ( 2 pages)
- 8.C** Letter Inviting the Student ( 2 pages)
- 8.D** Agency Permission Letter
- 8.E** Agency Invitation Letter
- 8.F** Age Majority Letter
- 8.G** Record of Access
- 8.H** PAS Student Registration
- 8.I** SER 2-Preferral Activities-PAS
- 8.J** SER 3-Screening-PAS
- 8.K** SER 8-Special Education Service-(All Providers)
- 8.L** SER 4-Evaluation/ Reevaluation/Triennial Waiver
- 8.M** Post School Transition (2 pgs.)
- 8.N** SER 8
- 8.O** Blank
- 8.P** Summary of Performance
- 8.Q** Sped 108-Due Process Checklist
- 8.R** LAA1 Criteria Form
- 8.S** **Collaboration of Effort (Special Education-Regular Education)**
- 8.U** **Diploma Pathways Options (Top University Pathway)**
- 8.V** LAA 1 Career Plan ( Certificate of Achievement)
- 8.W** **Jump Start (Tops Tech Pathways) (Career Diploma)**
- 8.X** Community Based Training (CBT) Plan
- 8.Y** Work Evaluation Form
- 8.Z** Purpose of Community Based Training
- 8.AA** CBT Guidelines for Instructions
- 8.BB** Letter Announcing Change of Placement
- 8.CC** Purchase Order Form
- 8.DD** Absence Form From Work
- 8.EE** Travel Form
- 8.FF** Counseling Log
- 8.GG** Prior Written Notice-Revocation Letter
- 8.HH** Hearing Aid Log
- 8.II** Parent Notification Documentation (Sped 41)
- 8.JJ** Needs Assessment Survey
- 8.KK** Consideration of Assistive Technology
- 8.LL** Hospital Homebound
- 8.MM** Exit Documents
- 8.NN** Prior Notice of Proposed or Refused Action
- 8.OO** CBT Schedule

- 8.PP Offer of Compensatory Education Services
- 8.QQ Data Collection
- 8.RR Record Request Form
- 8. SS Equipment Reports

## **IEP RED NOTEBOOK TABLE OF CONTENT**

- IX. A.1 Act 833 Overview**
- B.2 How to Implement Act 833-Graduation**
- C.3 How to Implement Act 833-Promotion**
- D.4 How to Implement Act 833-Individual Performance Criteria**
- E.5 Preparing for Post Secondary Outcomes**
- F.6 Louisiana Special Education Guidance for High School Students**

**IEP RED NOTEBOOK  
TABLE OF CONTENT**

**X. Jump Start**

**IEP RED NOTEBOOK  
TABLE OF CONTENT**

XI. Louisiana Early Childhood Guidebook

**IEP RED NOTEBOOK  
TABLE OF CONTENT**

XII. End of the Year School Reports

**IEP RED NOTEBOOK  
TABLE OF CONTENT**

XIII. Special Education Processes & Procedural Safeguards

XIX. Technology/Resources



# **I. Employees**

## II. Beginning of School

# School Calendar

## Beginning of the Year Checklist

**The IEP dictates the schedule of each student. The schedule does not dictate the IEP.**

- \_\_\_\_\_ Obtain student schedules
  - Resource teachers will schedule groups of students after consultation with classroom teachers, PE, speech, and other service providers as identified on the IEP. The scheduled inclusion and reinforcement times must match the IEP.
  - Middle and high school teachers need to ensure that minutes and subject matter on the IEPs match the schedule.
  - Contact auxiliary personnel (O.T., P. T., Speech, counselor, etc), discuss schedule of services and communication, and documentation procedures.

\_\_\_\_\_ Review each IEP and complete ESY screening folder.

- \_\_\_\_\_ Review each IEP and copy:
  - All **accommodation/modification pages** (Have regular education teachers to initial that they have received a copy of the accommodation page).
  - **Instructional pages** shared with regular teacher,
  - **Health plan** request nurse's assistance to in-service personnel on individual health plan and /or
  - **Behavior plan**, give copy to regular teacher, auxiliary personnel, and others (paraprofessionals, bus drivers, etc.) as needed to implement individual education plans.

**Review this information with appropriate personnel and have the person sign the documentation form stating s/he has received this information. Remember new documentation needs to be done within 5 days of the new IEP.**

\_\_\_\_\_ File signed documentation forms in individual IEP folders or in documentation folder.

\_\_\_\_\_ Establish a **classroom management system** with posted rules and procedures for daily routines.

\_\_\_\_\_ Set up systems for Individual Behavior Plans if applicable in IEPs.

\_\_\_\_\_ Contact Counselor if student are to receive counseling services

\_\_\_\_\_ High school teachers: Identify students who are seventeen and send "Age of Majority" letters out. Send one letter to parent, one to the student, and attach one copy to the IEP.

### **First Week of School**

\_\_\_\_\_ Check roster each day for "warm bodies" and fax corrected roster to Special Services.

\_\_\_\_\_ Send copies of updated Special Education Student Information by completing the loss/gain report.

\_\_\_\_\_ Complete and turn in the Special Education Services Inventory.

- \_\_\_\_\_ Gather results of statewide testing data (PARRC) and file in IEP Folder.
- \_\_\_\_\_ Test students using **Ed Performance, Brigance or Staugler**
- \_\_\_\_\_ Review objectives and perform informal assessment on individual objectives and document findings.
- \_\_\_\_\_ If the IEP does not meet the current needs of the student reconvene the IEP.

## Special Education Checklist 2015-2016

Participant(s)	Activities	Due Dates
All Sped Teachers	All special education students on your roster have a current IEP, evaluation/reevaluation, the grade on the roster is correct. Check for Sped transfers.	By Aug. 21, 2015
	Copy of Teacher/Para Class Schedule	Aug. 21, 2015
	Complete all Pre-test (Scantron/Edperformance, Staugler, Brigance Test, Academy of Reading & Math). Review student Data	By Sept. 4, 2015
	Complete Student Learning Targets, Professional Growth Plans, sign job descriptions, schedule observations. Turn in copies to Evaluator.	By Sept. 11, 2015
	List Student and review records for Act 833 Criteria	Sept. 4, 2015
All Sped Teachers	Turn the Special Education Student Information Form in on each student listed on the roster.	By Sept. 11, 2015
	Room Inventory/Equipment list (including serial & model numbers). List of equipment that are in need of disposal (serial number & model numbers)	By Sept. 11, 2015
All Sped Teachers	The regular education teachers has signed and been given a copy of the student's accommodation page of the IEP. A copy has been turned in to sped office with regular ed. Teacher's signatures.	By Aug. 28, 2015
All Sped Teachers	Each special education IEP folder has a blank manila folder with ESYS written on it.	By Aug. 28, 2015
Resource Teachers/ Preschool Teachers	Regression/Recoupement Summary forms completed.	By Sept. 25, 2015
All Sped Teachers	<b>First six weeks end September 23, 2015.</b> Copy of Attendance Report & Logs, three week progress report, first six weeks progress report report card are put in the student's ESYS folder and copy sent to the sped office.	By Oct. 7, 2015

All Sped Teachers	A copy of Statewide Assessment results are attached to the IEP. A copy is turned into the sped office.	By Sept.30, 2015
Resource /Preschool Teachers	Start Regression/Recouement Pre-testing for first break. (Thanksgiving)	Oct. 13, 2015
<b>All Sped Teachers</b>	<b>Second six weeks end October 30, 2015.</b>  Copy of Attendance Report & Logs, three week progress report, second six weeks progress report and report card are put in the student's ESYS folder and copy sent to the sped office.	By Nov.13, 2015
Resource /Preschool Teachers	Complete all Regression/Recouement Pre-testing for first break. (Thanksgiving)	By Nov. 20, 2015
Resource /Preschool Teachers	Complete Regression/Recouement summary form by documenting pre-testing results for the first break (Thanksgiving)	By Nov. 20, 2015
Resource /Preschool Teachers	Begin post-test for regression/recouement for the first break.  Complete Regression/recouement summary form by documenting post-testing results for the first break (Thanksgiving)	By Dec. 1, 2015  By Dec. 4, 2015
Resource /Preschool Teachers	Mid Testing-Edperformance	Completed by Dec. 11, 2015
Resource /Preschool Teachers	Begin pre-test for regression/recouement for the second break. (Christmas)	By Dec. 8, 2015
<b>All Sped Teachers</b>	<b>Third six weeks end December 18, 2015</b>  Copy of Attendance Report & Logs, three week progress report, third six weeks progress report and report card are put in the student's ESYS folder and copy sent to the sped office.	By Jan. 15, 2016
Resource /Preschool Teachers	Begin post-test for regression/recouement for the second break (Christmas)	By Jan. 5, 2016

	Complete Regression/Recoupement summary form by documenting post-testing results for the second break (Christmas)	By Jan. 15, 2016
Resource /Preschool Teachers	Turn in the completed regression/recoupement for both breaks ( Thanksgiving & Christmas) to the sped office	By Jan. 29, 2016
All Sped Teachers	<ul style="list-style-type: none"> <li>• Start gathering data for IEP Review.</li> <li>• Start drafting IEPs .</li> </ul>	By Jan. 4, 2016
<b>Any sped teacher who has students 15 years old and above</b>	<p>Transition Planning</p> <p>Review Act 833 Criteria</p> <p>List students who qualify for Act 833</p> <p>Provide al information for Act 833</p>	Jan. 4, 2016
<b>All Sped Teachers</b>	<p><b>Fourth six weeks end February 16, 2016.</b></p> <p>Copy of Attendance Report &amp; Logs, three week progress report, fourth six weeks progress report and report card are put in the student's ESYS folder and copy sent to the sped office. Attendance Report &amp; Logs</p>	By March 11, 2016
All Sped Teachers	<p><b><u>2016Testing</u></b></p> <p>Spring Testing PARCC Phase 1</p> <p>Spring Testing PARCC Phase II</p> <p>ACT Series (Explore &amp; Plan)</p> <p>EOC Testing</p> <p>Advanced Placement Testing</p> <p>EOC Testing</p>	<p>March 14-18</p> <p>April 4-15</p> <p>April 4-15</p> <p>April 25-29</p> <p>May 2-13</p> <p>May 2-10</p>
	<p><b>Post Test Edperformance/Academy of Reading &amp; Math</b></p> <p>Needs Assessment</p> <p>Program Monitoring</p>	Completed by Feb. 26, 2016

All Sped Teachers	<p><b>Fifth six weeks end April 7, 2016</b></p> <p>Copy of Attendance Report &amp; Logs, three week progress report, fifth six weeks progress report and report card are put in the student's ESYS folder and copy sent to the sped office.</p>	By May 2, 2016
All	<p><b>Spring Break/Easter</b></p> <p>Review Data for SLTs End of year Compass conferences with Evaluator/ Evaluatee/Observations /Professional Growth Plan Acknowledgements/Student Learning Targets final scoring/ Acknowledgements/Comments</p>	<p>Mar. 28-April 1, 2016</p> <p>Mar. 15- April 15, 2016</p>
	<p>Turn in all ESYS materials including:</p> <ul style="list-style-type: none"> <li>• ESYS Screening Determination Forms</li> <li>• Eligibility or ineligibility letters</li> <li>• Critical Point of Instruction Documentation Form</li> <li>• ESYS Criteria Documentation Form</li> <li>• Progress Report/Report Cards</li> <li>• Any other data relating to ESYS</li> </ul>	By April 22, 2016
All Sped Teachers	<p><b>All IEP's</b> are to be completed, submitted and a copy turned in to Sped office.</p> <p>All evaluations/reevaluations completed up to October.</p>	<b>By May 9, 2016</b>
	<ul style="list-style-type: none"> <li>• Cumulative IEP Tracking Record Verification</li> <li>• Copy Cumulative IEP Tracking Record (Green)</li> <li>• Copy of Progress Report</li> <li>• Copy of Report Card</li> <li>• Copy of Promotion and Failure</li> <li>• Copy of Room Inventory/equipment (including serial &amp; model numbers). List of equipment that need disposal ( serial number &amp; model numbers. List of missing equipment.</li> <li>• Copy of End of the Year Students</li> </ul>	By May 17, 2016

	<p>Transferring</p> <ul style="list-style-type: none"> <li>• Update Address and telephone Number of students</li> <li>• Copy of Pre/Post Testing</li> <li>• Statewide test results</li> <li>• Dated goals and objectives on instructional pages</li> <li>• Verification of class roster</li> <li>• Red and Blue Handbook</li> <li>• Teacher Password/ID for computers, edperformance, academy of reading etc.</li> <li>• LapTop Computers</li> <li>• Ipads</li> <li>• Amplifiers</li> <li>• Borrowed Assistive Technology</li> </ul>	
<b>All Sped Teachers</b>	<p><b>Sixth six weeks end May 26, 2016</b></p> <p>Copy of Attendance Report &amp; Logs, three week progress report, six weeks progress report and report card are put in the student's ESYS folder and copy sent to the sped office.</p>	<b>May 26, 2016</b>

# **III. INDIVIDUALIZED EDUCATIONAL PROGRAM**

# IEP PROCEDURES

## Scheduling

- All IEPs must be scheduled, conducted and paperwork completed prior to the IEP expiration date. **(10 SCHOOL DAYS IN ADVANCE)**
- All parents and/or students are to receive notice of IEP meetings at least ten school days in advance. Parent Notification Letter-4 pages; Student Invitations Letter-2 pages (if 16 and above); Agency Permission Letter ( 2-pages-if 16 and above)
- All service providers and regular education teachers must receive at least ten school days notice prior to IEP meetings.
- If Pupil Appraisal is to attend the IEP meeting, they must receive ten school days notice prior to the IEP meeting.

## Participation in the Development of an IEP

- The ODR (Officially Designated Representative) must be in attendance at the IEP meeting and sign the IEP. The ODR is the Principal or Assistant Principal at the school.
- If a student receives OT, PT, speech, APE, and/or counseling services, those persons are to be present for the IEP meeting. If the IEP is being modified and does not affect that person's area of service or curriculum, the school system and parent can agree to not have that person present. The parent must put this agreement in writing. If a member of the IEP committee asks to be excused in whole or part and it involves modifications to or discussion of that member's area, the parent and the school system will need to be in agreement about the excuse. The parent will need to put it in writing. The excused member will need to submit in writing input about the development of the IEP to the parent and IEP committee. Complete the bottom portion of the parent notification letter on page 3 of 4. At least one regular education teacher must be in attendance at the IEP Meeting.
- All regular education teachers that teach the student must be involved in the development of the IEP, and at least one must attend the IEP meeting, and sign the IEP. Each regular education teacher should provide input related to the area of instruction s/he teaches. All regular education teachers involved with a student with behavior needs need to be involved in the development of the behavior plan and objectives.
- All signatures on the IEP must be in **BLUE INK**.

## The IEP

- **Draft IEPs must not be written during instructional times.** ( ELA & Math)
- All IEPs must be generated by the Web Based IEP program.
- **Have the IEP Facilitator to proofread your IEPs at least 10 days prior to the meeting.**

**Do not use white-out on any IEPs. If a mistake is made, draw ONE line through it and initial.**

- Do not change the placement of a student to a more restrictive environment if the IEP meeting is not a reevaluation IEP. A reevaluation must be requested from PAS to change a student's placement to more restrictive environment. (Use the [LRE Calculations Chart](#) to check placement).
- **Send a copy of the IEP to Special Services.** The original goes in the file at the school and the parent also gets a copy. When sending related information to Special Services such as the ten-day notice please attach this additional information to the IEP and send it at the same time that you send the IEP.
- SPED 8 (Services) and SPED 108 (Due Process Checklist) parent notification letter, five year plan, LAA 1 or LAA 2 criteria forms (if applicable), Connections criteria forms, agency letters, student invitation letter (if applicable) must be filled out and attached to ALL IEPs.
- If an IEP is sent back for correction, it will be indicated whether a new IEP must be conducted. If a new IEP is indicated, the entire committee must meet again.

# The IEP

## Preparing for the IEP meeting

### One Month In Advance

1. Check your IEP and Reevaluation calendar for upcoming IEP dates.
2. Notify IEP Facilitator if you will need assistance.
3. Notify the ODR and regular education teacher. Solicit input from all regular education teachers of that student
4. Gather information on child (see GSI checklist)
  - Testing data (statewide, evaluation, teacher testing – <http://www.edperformance.com/>)
  - Progress in regular class (grades, teacher comments)
  - Strengths/Support needs
  - Medical information
  - Gather transition information (for students turning 16 yrs old and older)
  - Review last evaluation and evaluation results
  - Review present IEP and progress reports
  - Review behavior concerns

### 20 Days in Advance of IEP due date

1. Notify the ODR and the regular education teachers of the date the IEP meeting will be held. If applicable, schedule and invite the para-professional, APE, Speech, Occupation and/or Physical Therapist(s), evaluation personnel, parish or school counselor, etc. Contact the transition coordinator.
2. Send parent 10 day-notification letter (part 1, part 2, part 3 and part 4), the booklet “**Education Rights of Exceptional Children**” and ESYP Fact Sheet home to the parent or guardian. For students 15 and older please complete the student invitation and response letter, and agency notification letter (If this is an IEP addressing transitional needs the transition coordinator will notify the agencies of IEP meeting if applicable).
3. Start a Due Process Checklist (SPED 108)
4. Write the draft IEP.

**TURN INTO THE SPED OFFICE A DRAFT IEP 10 DAYS IN ADVANCE OF THE IEP DUE DATE**

## Transition

### **What is Transition?**

- For students receiving special education services under IDEA, transition is preparing for and moving from school to work and community life.
- Is a coordinated set of activities occurring within a results-oriented process focused on facilitation movement from school to post –school
- Based on an individual student’s strengths, preference, and interests
- Includes instruction, related services, community experiences, employment, post-school adult living objectives, and when appropriate, daily living skills and functional vocation\evaluations

### **Why do we do Transition?**

- Because it is required by IDEA
- Because students who participate in transition activities are more successful in transitioning from high school into the adult world

### **When do you do a Transition IEP?**

- A Transition IEP must be in place prior to a student turning 16 years old and is to be updated every time the IEP is rewritten.
- An IEP committee can decide to do one earlier if they feel it will best benefit the student.

### **Where do you do a Transition IEP?**

- The transition page is the first page of the IEP.

### **The Transition Process: before you write the IEP**

- Get permission from parents to invite agencies (LRS OCDD etc.) to IEP meeting. (Complete Agency Permission Letter)
- Send prior notice letters to student, parent, and agencies.
- Notify all IEP team members about the date, time and location of the IEP meeting.

- Complete Interest Inventories: Complete student interview, parent interview, teacher interview and other evaluation information.
- Complete and update Employability Skills Inventory, Life Skill Inventory and Transition Inventory Plan. Maintain a copy in the IEP folder.
- Now you are ready to convene the IEP meeting. Begin your IEP meeting with the Transition Service Page.
- Compile information for the transition page of the IEP
  - Date of Student Invitation: should be the same date as the student invitation letter
  - Method of Student Invitation: student letter/oral
  - Measurable Post Secondary Goals: Training or Education Goal ( required); Employment Goal (required); and Independent Living Goals (if applicable)
  - Transition Assessments: List the multiple assessments used to address the student's career interests, vocational skills, employability, independent living skills, and self advocacy and other preferences and interests. Assessments documentation must be included in IEP folder.

## **Transition and the IEP: Services and Action Steps**

**Remember, this information should be based upon the student's preferences, interests and needs.**

The IEP Team should list specific information for each postschool outcome in the areas suggested below:

### **Services:**

- **Instruction/Related Services**- The acquisition of functional academic skills. Transportation and such developmental, corrective, and other supportive services determined by an IEP team as required assisting a student with a disability to benefit from special education.
- **Community Experiences**- Awareness of, access to, and full participation in one's community.
- **Employment/ Post School Adult Living**- The development of work skills and values in preparation for competitive paid work. Education after high school in the pursuit of personal, financial, or employment development.
- **Functional Vocational and Daily Living**- The acquisition of functional, adult living skills for independence in variety of living environments. The completion of assessments and inventories to identify career interests and aptitudes.

### **Action Steps:**

- Create action steps with the school to help the student reach his/her goals.
- Create action steps with the student to help him/her reach his/her goals.
- Create action steps with the family to help the student reach his/her goals.
- Create action steps with the agencies to help the student reach his/her goals.

## **Annual Goals and Short-term Objectives or Benchmarks**

- **Educational Needs Area-** Based on information obtained from the general student information, check the curriculum area (s) in which special education is needed. For students addressing transition check “academic/cognitive” as a need area.
- **Content Area: Academic/Cognitive**
- **Check “Target for Secondary Transition” if this is a transition goal or objective.**
- **Present level of Academic Achievement and Functional Performance** must describe how the student performs in the need area. To determine performance, formal or informal assessments, such as Employability Skills Inventory, Life Skills Inventory, Transition Plan Inventory, Ed performance, student, family, and teacher interview, teacher observation, student future vision statement, curriculum based assessments, teacher made test etc. may be used. This information forms the basis from which annual goals and short term objectives will be developed.
  
- The purpose of an **annual goal** is to project how much progress it is expected the student will make in one year. Annual goals must have a method of being measured.
  
- **Method of Measurement** – work samples, observational data, criterion reference tests, standardized test or norm referenced, developmental scales.
  
- **Short term objectives** should correlate with the student action steps. There should be a short term objective for each student action step.
- An objective is a statement of what the student will do (behavior).
- Each short term objective must include how well the student is to perform and for how long or how many times/he is to perform. (**Criteria:** accuracy, duration, speed/rate or latency)
- A short term objective must have a method by which performance of the behavior can be measured. This is the method you will be using in the classroom/school/work setting to determine whether or not the student is learning what you are teaching. Each objective must have a

**method of measurement.** (Teacher made test, teacher observation, student work samples etc.

- **Terminal Point of Review** is a statement specifying when it will no longer be necessary to continue teaching and assessing the student's performance of the behavior. It is the point at which we believe the student will have learned or acquired the behavior. ( 3 consecutive sessions, 4 out 5 sessions, a six week period, throughout the school term)
- Implement the school action steps and assist the student in achieving his/her action steps
- Review and rewrite the transition plan yearly at the IEP meeting and add new action steps to help the student achieve his goals.

## **IEP TIMELINE**

**A DRAFT IEP IS DUE IN THE SPED OFFICE 10 SCHOOL DAYS PRIOR TO THE SCHEDULED IEP MEETING. IT CAN BE EARLIER THAN 10 DAY BUT NOT LESS THAN.**

**EXCEPTION: IF A STUDENT TRANSFER IN FROM WITHIN THE STATE/OUT OF STATE THE DRAFT IEP IS DUE IN THE SPED OFFICE WITHIN 2 SCHOOL DAYS PRIOR TO THE SCHEDULED IEP MEETING**

**ALL IEP MUST BE CHECKED AND APPROVED BY THE IEP FACILITATOR BEFORE AN IEP MEETING IS CONDUCTED.**

**IF DRAFT IEP'S ARE NOT DONE WITHIN THE SPECIFIED TIME, THIS MATTER WILL BE FORWARDED TO THE PRINCIPALS AND SPED SUPERVISOR.**



**Materials Needed at the IEP Meeting**

\_\_\_\_\_ **Draft \*IEP (TRANSITION, GSI, INSTRUCTIONAL PLAN, PROGRAM/SERVICES, ACCOMMODATIONS, AND PLACEMENT/LEAST RESTRICTIVE ENVIRONMENT)**

**IF APPLICABLE**

\_\_\_\_\_ **LAA-1 Criteria Forms, Criteria Five Year Plan (High School Diploma, Certificate of Achievement or Skill Certificate)contact school counselor for a copy of Individual Year Plan**

\_\_\_\_\_ **BEHAVIOR PLAN (If applicable, with previous BEHAVIOR DOCUMENTATION) ( must have goals and objectives instructional page(s)**

\_\_\_\_\_ **INDIVIDUAL TRANSITION PLAN PAGE ((FOR 16 YEARS OLD AND OLDER, OR STUDENTS UNDER 15 IF NEEDED)**

\_\_\_\_\_ **AGE OF MAJORITY LETTER TO PARENT AND AGE OF MAJORITY LETTER TO STUDENTS WHO ARE 17 YEARS OLD**

\_\_\_\_\_ **IHP—INDIVIDUAL HEALTHCARE PLAN (STUDENTS WITH SERIOUS MEDICAL NEEDS—contact school nurse) \* Do not include a healthcare plan unless given by school nurse**

**MATERIALS TO BE GIVEN TO PARENTS UPON SIGNING PLACEMENT/LEAST RESTRICTIVE ENVIRONMENT PAGE**

\_\_\_\_\_ **ESYP FACT SHEET**

\_\_\_\_\_ **LOUISIANA EDUCATIONAL RIGHTS OF EXCEPTIONAL CHILDREN (request copies from Sped office)**

**MATERIALS THAT SHOULD BE ON HAND**

\_\_\_\_\_ **IEP FOLDER WITH RECENT RECORDS OF EXPIRING IEP, PROGRESS REPORTS, LAST EVALUATION, AND OTHER INFORMATION AS NEEDED. Objectives achieved on the expiring IEP must be marked with dates achieved.**

\_\_\_\_\_ **RECENT REPORT CARD AND STANDARDIZED TEST SCORES**

\_\_\_\_\_ **EXAMPLES OF STUDENT WORK**

\_\_\_\_\_ **TRANSITIONAL ASSESSMENTS (If applicable)**

\_\_\_\_\_ **ED PERFORMANCE TEST RESULTS (Suggested learning Activity page)**

\_\_\_\_\_ **FUNCTIONAL BEHAVIOR ASSESSMENT (If applicable)**

\_\_\_\_\_ **DETERMINATION OF LRE (TIME SHEET)** \*Only a specific parts of IEP can be filled out before the meeting. Review the blank IEP pages to make this determination\*

# CONDUCTING AN IEP MEETING

The following steps should take place at an IEP meeting to ensure that all parts of the IEP are covered and that the committee makes decisions that best meet the individual needs of the student. **USE BLUE INK AT THE IEP MEETING.**

1. Always start a meeting by introducing the team members and explaining their job description, making positive statements about the student and acknowledging parent concerns and questions.
2. Have all participants (including the student) who are present sign in on the **General Student Information** (GSI) page of the IEP. Individual students need to come to their IEP meetings unless the parent prefers that s/he does not.
3. **Review the previous IEP and transition page if applicable.** Discuss objectives achieved, student progress and difficulties from the previous year.
4. Read aloud the General Student Information (GSI) and the **addendum** if it applies. Corrections, deletions, and additions to this information should be made at this time. Do not forget to add parental concerns. If applicable, review the **Individual Health Plan** and/or **Transition Plan** before going to step 5.
5. Present the **Instructional Plan**. Review each page. Discuss current performance, goals and objectives. If applicable, the APE, Speech, OT, PT, or other service providers can assist you or review the instructional plan page related to them. If there is a **Behavior Plan** there **must** be an educational needs page that includes goals and objectives that address the behavior. Upon review of the behavior instructional page, review / edit the behavior plan.
6. Go to **Program / Services Page**.
  - Begin with the Louisiana Educational Assessment Program (LEAP Box). Decide with parent and all other IEP members which test is most appropriate for the student. Read Statewide Testing and Students with Disabilities if you are not familiar with the guidelines of statewide testing. Fill out the box appropriately. Discuss and complete the Accommodation(s) needed for LEAP Testing with the committee and mark the appropriate boxes.
  - Next, go to Regular Classes. Discuss and fill out this box. Skip over to the **Accommodations Page**. Complete this page with the input of all members, especially the regular teacher(s). Remember that the items marked on this page apply to the REGULAR classroom. The REGULAR education teacher will be responsible for carrying out these accommodations and modification. Remember to mark items that will be given for the standardized test.
7. Return to the **Program Services Page**.
  - Discuss and complete the box labeled Activities with Non-Disabled Peers.
  - Discuss and complete Student's Total Instructional Day box. (Use the LRE Calculation Chart to determine placement. Remember a student cannot go to a more restrictive placement without a reevaluation.

- Enter any comments in the **Comments Box** to clarify where the student spends time during the day and/or to clarify other items. Example: Student time will fluctuate throughout the school year in the CMC Lab
  - Discuss and complete the Special Transportation line.
  - Discuss and complete Supports Needed for School Personnel. Remember that this includes collaboration, in-services, and/or training needed by school employees to implement the IEP.
  - The only ESYS item that is completed is on the Program Service page. Under Extended School Year Services-Check the Criteria for Consideration.
  - Do not check ESY Instruction on the Instructional Pages
  - Do not check ESY Instruction on the Accommodations Page.
  - Do not type anything on the ESYS Form.
  - Is a teacher does any of those things listed above under ESYS, the IEP will get an error message and will not validate.
  - These items will be completed only when a student is determined eligible and you are ready to develop the ESYS.
8. Go to the Service/Placement/**Least Restrictive Environment** page.
- Review the students total instructional days and services (date to begin, duration minutes and sessions).
  - Review the Placement / Service Determination Checklist. Using the time documented on the **Service/Placement** page select the most appropriate setting. If placement is not inside regular class 80% or more of the day, write in statements explaining why this setting was chosen. If applicable, complete the Preschool Setting by marking the appropriate box.
  - In the Site Determination box, write down the school's name and have the principal sign and date the box. If the student is not at his regular neighborhood school, review and complete the **Site Determination** form with the parents.
  - Go to the Progress Reports box and write in 6. Explain to the parent that progress reports will be sent home with report cards every six weeks.
  - If a student is participating in Alternate Assessment, LAA 1, the parent marks the first item.
  - If a student is 17 give the Age of Majority Letter- parent and the Age of Majority Letter-Student to the family and have them mark the box. Keep a copy in the yellow IEP folder.
  - Go to the Parent/Student Consent for Services box.
  - Give the parent or student of age the following items: “**Educational Rights of Exceptional Children**” booklet and the “Extended School Year Fact Sheet.” Select appropriate boxes to consent services. Select applicable supporting documents make a copy of each selected document. Attach supporting documents to the IEP. Have the parent or student of age sign and date the boxes stating that the items have been received and that they agree to the IEP. Parents should initial and date in signature box

if they attended an IEP team meeting where the IEP was amended. ODR must sign and make sure their title is listed. **USE BLUE INK.**

- The ODR needs to check the box and sign assuring that these forms are attached.

Upon completion of the IEP and other related paperwork (behavior plan, Transition page, Alternate Assessment, etc.), copies should be made for the parent, the IEP folder, the IEP Facilitator, and any other school personnel involved.

## **Conducting an IEP Team Meeting without a Parent in Attendance.**

A meeting may be conducted without a parent in attendance if the public agency is enabled to convince the parents that they should attend. In this case, the public agency must keep a record of its attempts to arrange a mutually agreed on time and place such as—

- (1) Detailed records of telephone calls made or attempts and the results of those calls;
- (2) Copies of correspondence sent to the parents and any responses received; and (ex. 3 copies of the parent notification letters showing 3 attempts)
- (3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

**Complete the DUE PROCESS CHECKLIST (SPED 108) and Record of Parent Notification Sped 41**

# GENERAL STUDENT INFORMATION CHECKLIST

Everything on this checklist must be addressed. If an area is non-applicable to a particular student, write N/A. Use this form to gather and write the GSI portion of the IEP.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

## GENERAL INFORMATION ABOUT THE STUDENT:

- Age \_\_\_\_\_
- Grade(s) Retained \_\_\_\_\_
- Grade \_\_\_\_\_
- Current Setting \_\_\_\_\_

## STRENGTHS (what can the student do?):

---

---

---

## ACADEMIC, DEVELOPMENTAL, AND FUNCTIONAL NEEDS (Support Needs/Weaknesses)

---

---

---

---

## PARENTAL CONCERNS:

---

---

---

## EVAUATION/REEVALUATION RESULTS:

- Evaluation or reevaluation dissemination date: \_\_\_\_\_  
Exceptionality (ies) \_\_\_\_\_  
Diagnosed Impairments or Conditions \_\_\_\_\_  
Additional Services Needed \_\_\_\_\_  
If it is a recent evaluation included:  
Results of formal testing

---

---

---

Evaluation Priorities (weak areas and strengths according to evaluation)

---

---

---

**STATEWIDE ASSESSMENT RESULTS**

- State/Local Tests Results (check one and record results)  
\_\_\_\_\_ LAA1, \_\_\_\_\_ PARCC

---

---

---

**PROGRESS OR LACK OF EXPECTED PROGRESS IN GENERAL CURRICULUM**

- Progress in general education curriculum (teacher comments, grades, Academy of Reading, Observation/ (Age Fifteen and Above): Other Assessment (Transition Inventory Plan (TPI), Life Skills Inventory, Employability Skills Inventory etc.) etc.

---

---

---

---

---

---

---

---

---

---

- Review of last IEP (goals and objectives achieved/not achieved)

---

---

---

---

**CONSIDERATION SPECIAL FACTORS** (All areas below must be addressed) If not appropriate type N/A.

- **BEHAVIOR**—If behavior is NOT a concern, write “N/A. If behavior IS a concern include statements that address: examples of appropriate and inappropriate behavior, and behavioral strategies and supports. If there is a behavior plan state that in the GSI and attach it to the IEP.

---

---

- 
- 
- Limited English Proficient:

---

---

---

- Communication Needs of Child:

---

---

---

- Instruction in and use of Braille:

---

---

---

- Vision / Hearing Aids and results of vision/hearing screening

---

---

---

- Assistive Technology devices and services:

---

---

---

- Health Needs-(IHP needs to be attached to IEP)

---

---

---

**TRANSITION**

If student is turning 16 (currently 15) within the IEP year or is older, attach the five year plan to the IEP and make a statement briefly describing the student's vision for the future. The five year plan must be attached regardless of what grade the child is in. Include classes for the next year for students not in 8<sup>th</sup> grade.

---

---

---

Include information about the following items:

- Vocational Interest/Aptitude assessments (TPI) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Transition needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Agency Involvement: \_\_\_\_\_  
\_\_\_\_\_

**Age Majority Statement:** If student is turning 17 (currently 16) within the IEP year or is older make a statement that addresses the transfer of rights to the student.



# After the IEP

## STEPS AFTER THE IEP

- 1) Have the IEP Facilitator look over your IEP prior to sending it to Special Services. Forms required include:
  - The complete IEP- pages are: Transition Page if applicable, General Student Information, Instructional Plan, Accommodations Page, Program/Services, Service/Placement Page, , and the Placement/Least Restrictive Environment, and **ATTACHMENTS**.
  - Sped 108 Due Process Checklist completed
  - Completed copies of the Parent Notification Letter ( 4 pages)
  - **Sped 8 (Service Page)**
  - Student Letter of Invitation and Response sheet
  - Agency letter of Invitation
  - Agency Permission Letter

Additional Forms may include:

  - Behavior Plan
  - Healthcare Plan (Get from your Nurse)
  - Site Determination Form
  - LAA1 Criteria Forms
  - Assistive Technology Consideration Checklist
  - Individual Graduation Plan ( Get from your Counselor)
  - Summary of Performance Criteria Form
  - Parent Consent form for Medicaid Billing

  - 2) Send the IEP with the required attached forms to the Special Education Office.
  - 3) File the original of the final IEP with the required forms in the student IEP Folder.
  - 4) Provide a full copy or partial copy to related service providers.
  - 5) Provide a copy (ies) of the accommodations page and any other needed information such as behavior plan, shared objectives, etc. to the regular teacher(s). Have regular teachers to initial accommodation page. Remember this step needs to be completed every time the IEP is renewed and amended/modified.
  - 6) Monitor the progress of the goals and objectives on the IEP throughout the IEP year.

Do not forget to monitor for ESYP purposes.
  - 7) Each six weeks, report the progress made towards the goals and objectives on the **Progress Report Form** provided in the Web based IEP Program. Be sure to write comments that explain a student's success, progress and needs. These progress reports are to go home with the student on the same day as report cards. Keep a copy of each student's progress reports and a copy of the students report card in his/hers individual IEP folder in a manila folder labeled ESYP.





## **Implementing the IEP**

### COORDINATING INSTRUCTION WITH THE REGULAR EDUCATION TEACHER

**All students must have a regular education teacher as part of their IEP Committee.**

**All** regular education teachers that teach the student must be consulted and updated before the IEP meeting. Consultation must be documented in the General Student Information section (and other sections when applicable) of the IEP. Their comments and suggestions must be addressed by the committee.

**It is the responsibility of the special education teacher to coordinate the instructional program with the regular education teachers. Each teacher that a student sees must be consulted and notified.** Do not assume that no contact needs to be made because the student's grade is acceptable or the class is P.E or an elective. Contact with regular teachers must be documented. One suggestion is to have a designated day that information is exchanged and documented every week. Information can also be shared at grade level/department meetings. ***Be prepared to show proof of coordination such as Coordination Forms, Lesson Plans from regular education teachers, etc.***

**All regular education teachers, ancillary personnel and any other certificated or licensed personnel that implement the IEP must have access to the IEP and must be aware of the accommodations that are listed on the IEP. In addition, if applicable, they must be aware and inserviced on behavior plans, health plans and shared goals and objectives on the IEP.**

**The special education teacher must document that this information has been provided to the responsible parties.**

## **Monitoring, Tracking and Documenting Special Education Services**

Monitoring, tracking and documenting special education services are intended to help ensure that the provisions of special education services are carried out.

- Every three weeks within a grading period, the special education teacher will hold a collaboration meeting with the general education teachers to obtain information on the progress of each student with disabilities and complete the tracking form.
- A proposed monitoring calendar with progress review dates will be given to the special education teachers to follow. The tracking form may be used at anytime but at a minimum every three weeks.
- Complete Modification and Supplemental Aids/Services or Supports for Student and/or School Personnel form if the student is failing a subject(s).
- Special education teacher will provide special education office with a copy of the progress form and Modification and Supplemental Aids/Services or Supports for Student and/or School Personnel form at the end of each three week period.
- The special education central office staff will review reports and in collaboration with the special education and general education teacher decide what actions if any, are appropriate to assist the student.
- For follow-up, the special education centrally based support personnel will conduct school site visits to ensure services are being provided and to arrange for support when needed.

There will be formal observations and informal observational walk-through conducted throughout the school year by principals and supervisors or their designee.

## **Amending the IEP**

**Any changes to the IEP shall be agreed upon by both parent and the LEA. This shall be accomplished through the amendment process subject to the following conditions:**

- 1. only for changes being made to the IEP after the annual IEP Team meeting; and**
- 2. procedural guidelines for reconvening the IEP Team meeting shall be followed; and**
- 3. members of the student's IEP Team shall be informed of the changed made to the IEP through this approach.**

## **Students who Transfer into East Carroll Parish**

- **When a new student from out of state or within state enrolls at the school the principal or the principal's designee shall fax (318-559-3771) or email ([proberson@e-carrollschools.org](mailto:proberson@e-carrollschools.org) or [rthompson@e-carrollschools.org](mailto:rthompson@e-carrollschools.org) or [dwebb@e-carrollschools.org](mailto:dwebb@e-carrollschools.org) to the special education office the student's name, date of birth and social security number the same day of school registration.**
- **The Special Education Director or secretary will check SER to determine whether the student has a current IEP.**
- **If the student is from out of state carefully check the student's records for IEP/Evaluation. Ask the parent and student if any special services have been provided from the previous school(s).**
- **When requesting records for student, request special education record if be any. Provide the special education office with a copy of the written records.**
- **Once the student has been identified as a student with a disability, notify your special education teacher so that he/she can start services.**

**Reminder: Student with disability should not have a break in service. If so, East Carroll Parish School district is out of compliance with the Federal, State and local regulation.**

## **IEP'S for Children Who Transfer Public Agencies in the Same State**

IF a child with a disability (who had an IEP that was in effect in a previous public agency in the same State) transfer to a new public agency in the same State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child's IEP from the previous public agency), until the new public agency either—

- (1) Adopts the child's IEP from the previous public agency; or
- (2) Develops, adopts, and implements a new IEP that meets the applicable requirements

## **IEP'S for Children Who Transfer from another State**

IF a child with a disability (who had an IEP that was in effect in a previous public agency in another State) transfer to a public agency in a new State, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child's IEP from the previous public agency), until the new public agency either—

- (1) Conducts an evaluation (if determined to be necessary by the new public agency and
- (2) Develops, adopts, and implements a new IEP, if appropriate, that meets the applicable requirements.

- (1) Get records from principal. Review records to determine whether there are sped records available.
- (2) Conduct informal interview with parent and student.
- (3) Get address telephone number, last school attended, copy of the student birth certificate and social security card and any other pertinent information needed.
- (4) Complete Special Services Registration Form. Send copies to the Sped office as soon as possible. Also send a copy of the student birth certificate and social security card.
- (5) If a parent state that their child was receiving sped services in another city or state and there is no proof of records, contact Sped Supervisor or PAS contact person so that he can request records.
- (6) PAS will determine whether the evaluation meets Bulletin 1508 criteria. If his /her record doesn't meet Bulletin 1508 another evaluation will be conducted. After the completion of the evaluation an IEP will be developed by the IEP team.

# **IV. PROGRESS REPORTS**

## **Progress Reports**

### **PROGRESS REPORTS: Getting Started**

**Student progress reports reflect the extent to which the student and teachers have been addressing the individual objectives outlined in the student's IEP. Progress reports are very important in that they track and measure what the student is achieving.**

**Data collection is to be done regularly and it will help to make copies of the student goals and objectives at the beginning of the IEP year. These are quick ways to record data and be mindful of student progress.**

**Some important policies:**

- All service providers listed on the IEP must provide progress reports. (Speech, APE, OT/PT, etc., plus special education teacher)**
- Once goals and/or objectives are mastered, the mastery date must be indicated on the Progress Report AND on the IEP.**

- **Go into the files and physically mark with a pen the mastered goals, objectives, and dates they were mastered.**
- **Comments may also be added to the Progress Report to provide qualitative information.**
- **Remember to keep the documentation used to collect the data. These are any student grades, report card, your grade book, and coordination of services forms, student work, behavior documentation, and regression-recoupement documentation if applicable.**

## IMPORTANT 3 WEEKS & 6 WEEKS PROGRESS REPORT DATES

Progress Reports must be completed at the end of each reporting period. The three week progress reports are sent home once within a six week period. Six weeks progress reports are sent home with the report cards.. Send copies of the progress report to the sped office by the dates below. Objectives marked mastered on the progress report must be marked and dated on the student's IEP. **If the student is failing or not making progress, RECONVENE THE IEP TEAM AS SOON AS POSSIBLE to determine a plan of actions and provide follow-up! You must complete the Review of Progress form for each student.**

### 3 WEEKS PROGRESS REPORTING PERIOD END:

**\*\*Send three week progress report to parent within three days after the 3 week period end!\*\***

09/02/2015
10/09/2015
11/20/2015
01/28/2016
03/09/2016
05/06/2016

### END OF SIX WEEKS MARKING PERIOD

**Send 6 weeks progress report along with the student's report card.**

1 <sup>st</sup> SIX WEEKS	9/23/2015
2 <sup>nd</sup> SIX WEEKS	10/30/2015
3 <sup>rd</sup> SIX WEEKS	12/18/2015
4 <sup>th</sup> SIX WEEKS	2/16/2016
5 <sup>th</sup> SIX WEEKS	4/7/2016
6 <sup>th</sup> SIX WEEKS	5/26/2016

### COPIES OF 3 WEEKS & 6 WEEKS PROGRESS REPORT SENT TO SPED OFFICE BY:

1 <sup>st</sup> SIX WEEKS	10/07/2015
2 <sup>nd</sup> SIX WEEKS	11/13/2015
3 <sup>rd</sup> SIX WEEKS	01/15/2016
4 <sup>th</sup> SIX WEEKS	03/11/2016
5 <sup>th</sup> SIX WEEKS	05/02/2016
6 <sup>th</sup> SIX WEEKS	05/26/2016

# **V.ASSESSMENT**

## Assessments

# ED PERFORMANCE

### Overview

The Ed Performance Assessment Series is an assessment tool for teachers to use in planning instruction and for measuring student progress in the general curriculum. The data is based on the student's ability to function in the general curriculum.

The data generated by the assessment is a valuable tool in measuring what a student knows and what he does not know. Using this data, the teacher can create a more effective Individual Education Program for each student by choosing objectives that are relevant to the student's current needs.

The program can be accessed from any computer. Immediate results are available to the teacher to facilitate the student's learning and to more accurately determine what is needed to enhance their ability to learn.

The assessments are to be administered at least 3 times a year (At the beginning of the school year, middle and at the end of the school year to measure a student's gains).

### Login into Performance Series

Log into the site at [www.edperformance.com](http://www.edperformance.com)

Click on Staff Members/Admin Login on the left of the screen

Enter the Site ID: Your school's site identification number

Enter your Staff ID: Your first initial and last name (all in lower case)

Enter your Password: You will want to create your own for security

Select Login to proceed

**YOU WILL NOT BE ABLE TO GET INTO THE PROGRAM WITHOUT ALL THE ABOVE INFORMATION.**

If you have questions, contact Patricia Roberson.

The website also has a help section that is useful.

### Add a Student

Click on Site Admin

Click on Create a Student

Click Next to input student data

Follow Prompts to completion

### Edit Screen

Click on Student List  
Click on Student Name  
Click on Edit Student  
Click on Close

\*\* Do not delete students as all data will be lost. The students can be transferred to a new site when needed.

### **Student Testing**

The teacher must log off before logging on the student.  
Choose the test you wish to administer. (Reading or math)  
Enter the school's Site ID.  
Enter the student's ID (social security number).  
Enter student's password (first initial and last name written in lower case). Student will begin test.

Tests are not timed. The student can stop and restart at any time at the teacher's direction. The student can be logged back on where he left off. The test questions are administered randomly; therefore, not all students will receive the same items to begin the assessment. The first random items at each grade are adjusted to a lower level of difficulty so that the student will build confidence in taking the test.

The system will spoil the test if the student is going too fast and is presumed guessing or if the student is putting the same letter answer on most questions.  
The teacher can spoil the test if the test is invalid.

Student may receive appropriate modifications.

### **Using Data**

The data indicates what the student knows and does not know.  
It gives the teacher a map for teaching skills from the General Curriculum.  
It can be used in the IEP – GSI, Specific Current Performance, and Goals.

The Gains Report shows growth between testing periods. This is shown by subject and grade. This may be used in GSI – “Outcomes from Ed Performance testing has indicated the following ---”

### **Suggested Learning Objectives:**

Provides skills student can perform  
Provides skills student needs to know  
Provides information for Specific Current Performance  
Provides information for Goals and Objectives

### **Skills Connection**

Click on Skills Connection Online  
Click on Create a Paper-Based Test  
Select Templates – GLEs or All Skills  
Select Skills and Test Options  
Follow Prompts  
Click Save as Microsoft Word RTF  
Create a Title  
Click Save  
Choose Test  
Choose Study Guide  
Choose Answer Key  
Save Document created to own files

## Statewide Testing and Students with Disabilities

All students who receive special services in third grade and up must participate in statewide testing.

Regular testing for all students and for most special education students is as follows:

- The PARCC is for students in grades 3- 8

For students in special education who cannot participate in regular state assessments, the state provides two types of Louisiana Alternate Assessments for IEP committees to consider:

- [LAA 1](#) – This test is used mostly for students with significant disabilities and with students usually placed in community based instruction classes. This test does not require students to complete a paper test. Teachers score students on selected skills in their natural environment.

### **NOTE about [LAA 1](#)**

Few students can take one of these assessments and the IEP committee will need to review the forms to decide if the student qualifies. The IEP committees will need to complete, sign and attach the appropriate forms to the IEP if a student qualifies for one of these assessments.

### **IEPs and Assessment**

Documentation of the type of statewide assessment a student will participate in and the accommodations provided must be made on all IEPs for students entering in or above third grade on the *Program Service Page*.

IEP committees should review [Guidelines for Selecting Test Accommodations](#) when deciding on accommodations during an IEP meeting. Principals, Teachers and staff should review this information prior to administering statewide testing.

Special Education students participating in the same statewide testing as their peers will only needed the information on the *Program Service Page* completed on their IEP.

Special Education students participating in [LAA 1](#) will need the information on the *Program Service Page* complete and the appropriate form attached to their IEP. In addition, parents will need to mark the appropriate box on the *Placement Page* of the IEP stating that they understand that their child will participate in LAA 1.

## **Prior to Statewide Testing**

Students with accommodations for statewide testing on their IEPs should have similar accommodation marked on the accommodation page of the IEP. They should be provided these accommodations throughout the school year as needed for assignments and tests. These students need to be familiar with the accommodations they will receive during statewide testing.

Prior to statewide testing, schools need to make plans on how to meet the needs of students with accommodations in a way that helps the student perform his/hers best.



# VI. Discipline Behavior

## **Behavior**

### Behavior Plan Procedures

- Always document inappropriate behaviors and any interventions to attempt to resolve the behavior in the General Student Information in the IEP.
- Make sure the IEP team has been properly constituted. (ODR, regular education teacher, special education teacher, parent, student, school psychologist and or social worker and others).
- Prior to doing a Behavior Intervention Plan (BIP), a Functional Behavior Assessment (FBA) must be completed by the IEP committee.
  - “Within 10 school days of any decision to change the placement of a child with a disability because of violation of a code of student conduct” the LEA, the parent, and relevant members of the child’s IEP Team must conduct a manifestation determination.
  - The requirement that a child with a disability receive, as appropriate, a functional behavioral assessment and a behavioral intervention plan and modifications designed to address the child’s behavior now only applies to students whose behavior is a manifestation of their disability as determined by the LEA, the parent and the relevant members of the child’s IEP Team.
  - A change of placement occurs if the removal is for more than 10 consecutive school days, or if the public agency determines, on a case-by-case basis, that a pattern of removals constitutes a change of placement because the series of removals total more than 10 school days in a school year; the child’s behavior is substantially similar to the behavior that resulted in the previous removals; or because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another.
  - If a new behavior problem emerges, a revised Functional Behavior Assessment must be completed and an updated Behavior Intervention Plan written to target this new behavior.
- If there is a Behavior Intervention Plan, there must be corresponding behavior objectives to implement the plan. However, an IEP may contain objectives dealing with behavior (mild problems) that do not require a behavior plan.

- Best practice is to make the plan as simple as possible. Collaborate with PAS to implement and document.
- Make sure that everyone who receives a copy of the plan signs a Receipt of Accommodation and Responsibilities form to show that they received a copy and understand their responsibilities. Keep this form in the IEP Folder.
- Attach documentation (pre/post-test data, charts, checklists, interview notes, observation notes...) to the Receipt of Accommodation and Responsibilities form in the IEP folder.
- Always follow the parish policies for suspensions and other disciplinary actions.
- Attach Behavior Intervention Plan to the IEP. Send copies with the IEP.
- All students identified as having an Emotional Disturbance must have a Behavior Intervention Plan and behavior objectives. In addition, teachers are required to keep PAS staff updated on student performance and changes in the behavior.
- **Special Education Teacher present will keep Discipline IEP Minutes**

VII. EXTENDED  
SCHOOL YEAR  
PROGRAM  
(ESYS)

## **ESYS**

### **ABOUT EXTENDED SCHOOL YEAR SERVICES**

All students receiving Special Education Services must be monitored throughout the year for ESYS eligibility.

ESYS stands for Extended School Year Services. It is not summer school. It is a summer program that offers continuing services to students with disabilities if they qualify.

### **The IEP Meeting and ESYS**

During an IEP meeting the committee needs to mark the screening date(s) and the criteria(s) to be monitored in the ESYP box on the *Placement/LRE page* of the IEP.

At every IEP meeting teachers are to give parents the [ESYS Fact Sheet](#).

### **Choosing Dates**

Screening dates for ESYS will be the child's spring IEP date.

### **Choosing Criteria(s) for ESYS and Collecting Data**

The IEP Committee must decide which Criteria to monitor using the guidelines below.

- A. All students must be considered under Critical Point of Instruction. (ESYS hdbk p.13, 35: ESYP Forms p.7)
- B. Students with any of the disabilities below must also be monitored under Regression-Recoupment. (ESYP hdbk p.11, 35: ESYP Forms p.6)
  - Moderately Mentally Disabled
  - Autism
  - Severely Mentally Disabled
  - Deaf-Blind
  - Profoundly Mentally Disabled
  - Multi-disabled
  - Severe Language Disorder
  - Traumatic Brain Injury
- C. Students who have a transition service page in their IEP and are expected to exit at the end of the school year must be monitored under the Transition Criteria. (ESYP hdbk p.19, 37: ESYS Forms p.10)

**D.** The IEP Committee should decide at the IEP meeting if any of the other criteria below should be monitored

**D.** The IEP Committee should decide at the IEP meeting if any of the other criteria below should be monitored

Regression-Recoupment (ESYS hdbk p.11, 35: ESYF Forms p.6)

Critical Point of Instruction 1

Critical Point of Instruction 2

Special Circumstances:

Employment

Transition to Part B

Transition to Post School Outcomes

Excessive Absences

Extenuating Circumstances

## **After the IEP Meeting**

Teachers will need to refer to the [Extended School Year Services \(ESYS\) Handbook: Bulletin 1872](#) about what type of data to collect under each criterion and to the [ESYS Forms](#) to access required forms. **The teacher will need to collect data through out the school year.**

## **After Data Collection**

Data collection (screening) is to be completed in early spring.

- Teachers are to review data collected and determine eligibility or ineligibility for ESYS.
- Documentation and letters of ineligibility and eligibility are to be sent to parents at least 5 days after the IEP meeting. Teachers are to use the [ESYS Letter of Ineligibility](#) or the [ESYS Letter of Eligibility](#) .
- Copies of letters and documentation are to be kept in the student's IEP folder under ESYS. Another copy is to be sent to Pat Roberson with the [ESYS Screening Determination Form](#).
- **Teachers must meet with Special Education Director to discuss students who may qualify for services.** The teacher will send a copy of the [ESYS Letter of Eligibility](#). Teachers are to hold an ESY-IEP meeting within 15 days of the [ESYS Letter of Eligibility](#) being sent out. Teachers will complete the ESYS forms on SER.
- ESY- IEPs and the [ESYS Student Information Form](#) are to be sent to Special Education Director.

## **The Extended School Year Services (ESYS)**

ESYP services are given in the summer. The place, time and dates will be announced by the Special Education Supervisor. If you are interested in teaching ESYS please contact the Special Education Supervisor.

Teachers teaching ESYP are to complete and send home a copy of [ESYS Progress Report](#) at the end of services. Another copy should be sent to the student's school for the special education teacher to attach to the ESY-IEP and file in the student's IEP folder under ESYP.

### ESYS Deadlines

- All IEP folders should have been reviewed and the [ESYP Screening Checklist](#) Form completed. Keep a copy of this form in your essentials folder to remind you

to screen students for ESYS, the criteria used and what type of data to collect. Update this form as needed when IEPs are updated.

- **NOTE:** Students with Regression/Recoupment screening will need to be screened before and after two holidays (a break of at least 5 consecutive instructional days, collect 3 data points prior to the holiday and 5 data points after the break). Please screen these students the week before and the week after Thanksgiving and Christmas holidays. Please go to the [Extended School Year Program \(ESYP\) Handbook: Bulletin 1872](#) for more information.
- All screening must be completed on all students.
- Data collected needs to be reviewed and eligibility and ineligibility to of students for ESYS needs to be determined.
- The [ESYS Letter of Ineligibility](#) or the [ESYS Letter of Eligibility](#) needs to be sent home to parents. **All ESYS Letters of Eligibility must have prior discussion with Special Education Director before being sent home.** Attached to the letters must be copies of the documentation gathered to determine eligibility/ineligibility (CPI form, Regression/Recoup form and/or Transition criteria, etc...) Make two copies of the letter and the documentation gathered. File one copy in the student's yellow IEP folder under ESYP. Send the other copy to Pat Roberson.
- If the student is eligible for ESYS, an ESY IEP must be held within 15 days.
- A copy of the [ESYS Screening Determination Form](#) and copies of the letters of eligibility/ineligibility with documentation must be sent to the Special Services office.
- All ESY IEPs must be completed. Send a copy to the Special Services along with the [ESYS Student Information Form](#).

## **EXTENDED SCHOOL YEAR SERVICE (ESYS) FACT SHEET (Revised 2011)**

### **WHAT IS THE EXTENDED SCHOOL YEAR PROGRAM (ESYS)?**

The ESYP is a service designed to provide educational and related services in excess of the normal school year to students with disabilities based upon the student's needs and on the individually designed program (IEP) to meet those needs.

### **WHO MAY BE CONSIDERED FOR THE ESYS?**

All students with disabilities enrolled in special education programs must be considered for the ESYP. The criteria by which students may qualify for ESYP are 1) Regression-Recoupment, the loss of skills due to breaks in instruction; 2) Critical Point of Instruction; 3) Self-injurious Behavior; 4) Employment, the need for continued support to maintain paid employment (specific to students ages 16 - 21); 5) Transition, a need for support at the transition from school to adult living (specific to students exiting the local education agency this school year); 6) Excessive Absences caused by health conditions; and 7) Late Entry, for students who enter the local education agency after January 1. There are also Extenuating Circumstances the IEP team may consider.

### **HOW IS ELIGIBILITY DETERMINED?**

The special education teacher(s), general education teacher(s), and related service(s) personnel conduct a preliminary screening of the student's eligibility using student performance information/data that may include grades, documentation of skill loss, reduction of behavior problems, etc. The data/information collected throughout the school year must be used to determine whether there is a need for the ESYP. Parents may be asked to assist in the data collection process, when appropriate. Parents are to be informed that this screening is only a preliminary determination of eligibility.

### **HOW AND WHEN ARE PARENTS NOTIFIED OF SCREENING RESULTS?**

Parents are to be notified in writing of preliminary screening results by the school the child currently attends or by the local school board. Notification is to be made not later than five (5) business days after the preliminary screening date. If the screening indicates the data does not meet criteria for ESYP and the student appears to be ineligible to receive ESYP services and the parents disagree, they have the right to ask that the IEP team meet to discuss the data and review the decision. The final determination of eligibility is an IEP team decision. If after the IEP team meets, there is not agreement as to the student's eligibility, the parents have the right to request an expedited Due Process Hearing.

### **WHAT WILL BE COVERED IN THE ESYS?**

Once the student is determined to be eligible, the ESYP IEP team including the parent(s), teacher(s), an officially designated representative, student, and others, if applicable will determine the ESYP program. The team will identify the goal(s) and objectives to be used for instruction during the ESYP. The goal(s) and objectives will be based on the student's needs as determined during the ESYP screening process. The program will be an extension of the regular school year program, not a remediation or acceleration program.

### **HOW IS THE LENGTH OF ESYS DETERMINED?**

The number of days and hours per day each student will need to spend in the ESYP is determined by the ESYP IEP team and is based upon the actual time needed for the student to progress toward acquisition or maintenance of the goal(s) and objectives selected for ESYP.

### **WHERE WILL ESYS BE OFFERED?**

The ESYP IEP team will determine the setting for the ESYP based on the goal(s) and objectives identified for instruction. The ESYP site where services are delivered will be determined by the LEA administration and may be offered in the school the child regularly attends, in a centrally located school, at home, or in the community.

### **WILL TRANSPORTATION BE AVAILABLE FOR ESYS?**

In circumstances where transportation is necessary, the local education agency must offer transportation for all students eligible for ESYP. The offer must be reasonable. Types of transportation may include school bus, contracted carrier, or parental reimbursement.



**SPECIAL EDUCATION SERVICES**  
**ESYS PROGRESS REPORT**

**STUDENT:** \_\_\_\_\_  
**ID#:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_  
**HOMEBASED SCHOOL:** \_\_\_\_\_

Code Obj.	Description of Objective(s)	Progress- % Mastery

**Legend: M- mastered; P- partial mastery -%; L - limited progress**

**COMMENTS:**

**SER IEP**

<https://serp.doe.louisiana.gov/ser>

**To change your password every 30 days or earlier go to:**

<https://password.doe.louisiana.gov>

**ID #:** \_\_\_\_\_

<b>Current Password</b>	<b>Date Password Changed</b>	<b>New Password</b>
XXXXXXXXXXXXXX		

**\*\*\* If you forget your password type in your date of birth and the last four digit of your social security number, then change your password.**

**Write your password down. Change your password every 30 days or before. You must be responsible for remembering your password!**

## **Compensatory Services**

Every student who is eligible for special education services has an Individualized Education Program (IEP) The IEP is a written document specific to an individual student that details the content of the student's educational plan, including information about the services that will be provided for the student.

The IEP is a legally binding document. All services described therein must be provided. Conversely, if something is not documented within the IEP, the school has no obligation to provide it.

If, for any reason, a school district cannot provide the services listed in the IEP, the law requires that the parents be notified by the school district. When services have not been provided, the student may be entitled to "compensatory services." Compensatory services are services that "make up for: the services the student missed.

The manner in which compensatory services are to be delivered is not addressed in special education law, but is decided on a case by case basis by parents, schools, and sometimes the Louisiana State Department of Education.

- A student generally will not be awarded compensatory services unless the lack of those services has had a negative impact on the child's progress.
- It is expected that school staff will miss a service session, here and there, throughout the year due to illness, family emergencies, etc. Generally, one would not seek compensatory services for these few missed service sessions.
- The number of hours of compensatory service offered will not always exactly equal the number of hours of service that were missed.
- Compensatory services will not be provided when the services missed were the result of parent choice (i.e., family vacation, etc.)

If a parent feels that their child has missed IEP services (whether or not parents received the required notification from the school) and they feel s/he may be entitled to compensatory service, begin my simple asking your school to provide those services. Parents must request compensatory services in writing

# Forms

**East Carroll Parish Special Services  
Student Registration Add /Drop Form**

**1.8 STUDENT PROFILE**

State ID: \_\_\_\_\_  
First: \_\_\_\_\_  
\_\_\_\_\_  
Last: \_\_\_\_\_  
Suffix: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Current Grade: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Language: \_\_\_\_\_

**1.9 PARENT/GUARDIAN**

Title: \_\_\_\_\_  
First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Last: \_\_\_\_\_  
Suffix: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**1.10 JURISDICTION**

LEA: \_\_\_\_\_  
Begin Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Local Student ID: \_\_\_\_\_  
School Code: \_\_\_\_\_

**1.10.3 Changing Sites**

Service Provider: \_\_\_\_\_  
Provider SSN: \_\_\_\_\_  
Service Recipient: \_\_\_\_\_  
Service Location: \_\_\_\_\_  
School Code: \_\_\_\_\_

**School Codes**

018000-Special Education Office	018001-Griffin Middle School
018002-General Trass High School	018005-Southside
548001-Briarfield Academy	

**1.11 SPECIAL EDUCATION ACTIVITY**

**Entry Date:** \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ District/State: \_\_\_\_\_

-----  
**Complete only when the school has officially dropped the student.**

**Exit Date:** \_\_\_\_\_

**Exit Reason:**

<input type="checkbox"/> No Longer Receive SPED	<input type="checkbox"/> Moved to Another Parish	<input type="checkbox"/> Death
<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Moved out of State	
<input type="checkbox"/> Over Twenty One	<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> Certificate of Achievement	<input type="checkbox"/> GED & Local Skills Cert.	
<input type="checkbox"/> Local Skills Certificate	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Progress indicate services no longer needed		

**East Carroll Parish School Board  
Pupil Appraisal Services  
PRE-REFERRAL ACTIVITIES-[SER-2]**

**Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**[Pre-Evaluation Information]**

**1.12.1 Immediate Referral Reason**

- |   |   |
|---|---|
| <input type="checkbox"/> Severe or Low Incidence Impairment | <input type="checkbox"/> Violent Behavior |
| <input type="checkbox"/> Out of State Transfer              | <input type="checkbox"/> Infant/Toddler   |
| <input type="checkbox"/> Previous Special Education Student | <input type="checkbox"/> Select None      |

**Grade at Pre-Referral**

- |                                       |                            |                             |  |
|---------------------------------------|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1            | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12                      |
| <input type="checkbox"/> 2            | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> Infant Program (0-2)    |
| <input type="checkbox"/> 3            | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Preschool Program (3-5) |
| <input type="checkbox"/> 4            | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Kindergarten            |
| <input type="checkbox"/> Not Enrolled |                            |                             |  |

**Pre-Referral Reasons: (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Visual Difficulties         | <input type="checkbox"/> Reading Difficulties      | <input type="checkbox"/> Math Difficulties |
| <input type="checkbox"/> Other Academic Difficulties | <input type="checkbox"/> Social, Behavior Problems |  |
| <input type="checkbox"/> Motor Difficulties          | <input type="checkbox"/> Hearing Difficulties      |  |
| <input type="checkbox"/> Communication Difficulties  | <input type="checkbox"/> Gifted                    |  |
| <input type="checkbox"/> Talented                    | <input type="checkbox"/> Other                     |  |
| <input type="checkbox"/> Health Problems             |  |  |

**SBLC Entry Date:** \_\_\_\_\_

**SBLC Decision:**

- |   |   |
|---|---|
| <input type="checkbox"/> No further action at this time     | <input type="checkbox"/> Interventions Through RTI        |
| <input type="checkbox"/> Individual Evaluation              | <input type="checkbox"/> Pupil Appraisal Support Services |
| <input type="checkbox"/> Section 504 Eligibility Evaluation |   |

**SBLC Decision Date:** \_\_\_\_\_

Surrogate Parent Needed  (Check if Yes)

Surrogated Assigned Date: \_\_\_\_\_

Surrogate Need End Date: \_\_\_\_\_

**Part C Transition**

(Select One)  No  Yes

Transition meeting Notice Received \_\_\_\_\_

Transition Meeting Attended \_\_\_\_\_

Transition Meeting Date: \_\_\_\_\_

**East Carroll Parish School Board**  
**Pupil Appraisal Services**  
**Screening [SER 3]**

**Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

[Pre-Evaluation Information]

**1.13 SCREENING**

**\_\_\_Hearing Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Vision Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Health Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Speech/Language Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Motor Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Sensory Processing**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Assistive Technology Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Social/Emotional Behavior**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**\_\_\_Educational Screening**

**Date:** \_\_\_\_\_  
**Screening Results:** \_\_\_Normal \_\_\_At Risk

**East Carroll Parish School Board  
Pupil Appraisal Services- [SER 4-IE]  
Evaluation**

**1.8 STUDENT PROFILE**

State ID: \_\_\_\_\_  
 First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Suffix: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_  
 Language: \_\_\_\_\_

**1.9 PARENT/GUARDIAN**

Title: \_\_\_\_\_  
 First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Suffix: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**1.10 JURISDICTION**

**Sites**

LEA: \_\_\_\_\_  
 Begin Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Local Student ID: \_\_\_\_\_  
 School Code: \_\_\_\_\_

**1.10.3 Changing**

Service Provider: \_\_\_\_\_  
 Provider SSN: \_\_\_\_\_  
 Service Recipient: \_\_\_\_\_  
 Service Location: \_\_\_\_\_  
 School Code: \_\_\_\_\_

**School Codes**

018000-Special Education Office	018001-Griffin Middle School
018002-General Trass Senior High	018005-Southside
018004-Northside Elementary	548001-Briarfield Academy

**1.11 SPECIAL EDUCATION ACTIVITY**

**Entry Date:** \_\_\_\_\_

-----  
**Exit Date:** \_\_\_\_\_

**Exit Reason:**

<input type="checkbox"/> No Longer Receive SPED	<input type="checkbox"/> Moved to Another Parish	<input type="checkbox"/> Death
<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Moved out of State	<input type="checkbox"/> Over Twenty One
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Certificate of Achievement	
<input type="checkbox"/> GED & Local Skills Cert.	<input type="checkbox"/> Local Skills Certificate	<input type="checkbox"/> Louisiana GED
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Progress indicate services no longer needed		

**East Carroll Parish School Board**  
**Pupil Appraisal Services**  
**Evaluation (2 of 3)**  
**[SER 4]**

**Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**

**Initial Evaluation**                      **Decision/Start Date:** \_\_\_\_\_  
 **Reevaluation**  
 **Triennial Re-evaluation Waiver**    **Parental Waiver Permission: Date:** \_\_\_\_\_

**Reevaluation Reason:**     **Triennial Reevaluation**             **Significant Change in**  
**Placement Proposed**     **New Concern**                       **Declassification**

**Parent Decision:**

**Yes, Granted**             **No, Denied**            **Permission Request/Start Date:** \_\_\_\_\_

-----  
**Eligibility Determination Date:** \_\_\_\_\_ **Report Disseminated Date:** \_\_\_\_\_

**Evaluation Coordinator:** Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Educational Diagnostician                       Certified School Psychologist  
 Speech/Language Pathologist                       Qualified School Social Worker  
 Audiologist                       Educational Assessment Teacher  
 Speech and Hearing Therapist                       Speech/Hearing/Language Specialist  
 GT Teacher (Reeval only)                       Education Consultant  
 Other

-----  
**1.14.2.1 Evaluation Exceptionality:**

**Primary Exceptionality** \_\_\_\_\_

(Check if Yes)

**Exceptionality:**

Autism                       Visual Impairment-Blindness  
 Visual Impairment-Partially Seeing  
 Deaf-Blindness     Developmental Delay  
 Hearing Impairment-Deafness  
 Emotional Disturbance                       Hearing Impairment-Hard of Hearing  
 Specific Learning Disability                       Mental Disability-Mild  
 Mental Disability-Moderate                       Mental Disability-Severe  
 Mental Disability-Profound                       Multiple Disabilities             Gifted  
 Orthopedic Impairment                       Other Health Impairment             Talented  
 No Exceptionality                       Traumatic Brain Injury  
 Speech or Language Impairment     Unable to Complete Evaluation Process

**Specific Learning Disability:**

- Basic Reading Skills     Mathematics Calculations     Listening Comprehension
- Reading Comprehension     Oral Expression     Written Expression
- Reading Fluency     Mathematics Problem Solving

**Speech:**

- Articulation     Fluency     Language     Voice

**Talented:**

- Music     Theater     Visual Arts

**Multiple Disabilities:**

- Autism     Visual Impairment-Blindness     Hearing Impairment-Deafness
- Emotional Disturbance     Emotional Disturbance
- Mental Disability-Moderate     Mental Disability-Severe
- Mental Disability-Profound     Other Health Impairment
- Orthopedic Impairment     Traumatic Brain Injury

**Hearing Impairment-Hard of Hearing:**

- Permanent or Fluctuating Hearing Loss     Unilateral Hearing Loss
- High Frequency Hearing Loss

**Reason:**

- Select one     End of School Year
- Parentally Approved Extension
- Date Approved: \_\_\_\_\_    Days: \_\_\_\_\_

**Participant: (Must have at least 2 participants)**

- Select one     Audiologist     Educational Diagnostician
- Education Consultant     Psychiatrist     Pediatrician
- Optometrist/ Ophthalmologist     Orthopedist
- Other Medical Specialist
- Certified School Psychologist     Qualified School Social Worker
- Speech/ Language Pathologist     Teacher (Current)     Neurologist
- School Counselor     School Nurse     Other
- Physical Therapist     Occupational Therapist
- Adapted P.E. Teacher     Parent

**Date of Interpretation to Parent** \_\_\_\_\_    **Date of Interpretation to Teacher** \_\_\_\_\_

**Medical Diagnosis**

- Select one     Amputation     Arthrogyposis     Asthma
- Cancer     Cerebral Palsy     Diabetes     Congenital Herpes
- Epilepsy     Hydrocephalus     Leukemia     Sickle Cell
- Multiple Sclerosis     Osteogenesis     Spina Bifida     ADD

\_\_\_ Other Spinal Cord Injuries  
Conditions

\_\_\_ Severe Allergies

\_\_\_ Tourettes Disorder

\_\_\_ ADHA

\_\_\_ Narcolepsy

\_\_\_ Other

\_\_\_ External Physical

**September 2013**

**East Carroll Parish School Board  
Special Education Services  
SERVICES  
(SER 8)**

**Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Person (s) with IEP Authority:** \_\_\_\_\_  
**Start Date of Instructional Service:** \_\_\_\_\_  
**Service Category:** \_\_\_ Direct                      \_\_\_ Related                      \_\_\_ Support  
**Service Provider:** \_\_\_\_\_ **Provider SSN:** \_\_\_\_\_

**Service:**

<input type="checkbox"/> Speech/Language Pathology Service	<input type="checkbox"/> Special Education Instruction
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Counseling Services	<input type="checkbox"/> Adapted Physical Education
<input type="checkbox"/> Audiological Services	<input type="checkbox"/> Interpreting Services
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> School Health Services
<input type="checkbox"/> Orientation and Mobility Services	<input type="checkbox"/> Recreation
<input type="checkbox"/> Vocational Education	<input type="checkbox"/> Social Work Services in School
<input type="checkbox"/> Psychological Services	<input type="checkbox"/> Travel Training
<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical Service
<input type="checkbox"/> Parental Counseling and Training	

**Service Recipient:** (Select One)

Student                      \_\_\_ Parent                      \_\_\_ Teacher                      \_\_\_ Teacher and Student  
 Parent and Student                      \_\_\_ Teacher, Parent and Student

**Service Location:**

Special Class                      \_\_\_ Regular Class                      \_\_\_ Community

**Actual Time Spent in a Special Education Class:**

Minutes per day: \_\_\_\_\_ Days per week: \_\_\_\_\_

-----  
**Service Terminated** \_\_\_ (Check if Yes) **Date Service Terminated:** \_\_\_\_\_

**Reason for termination:**

No Longer Receive SPED                      \_\_\_ Moved to Another Parish                      \_\_\_ Death  
 Dropped Out                      \_\_\_ Moved out of State                      \_\_\_ Over Twenty One  
 High School Diploma                      \_\_\_ Certificate of Achievement                      \_\_\_ GED  
 Skills Cert.  
 Local Skills Certificate                      \_\_\_ Louisiana GED  
 Other \_\_\_\_\_  
 Progress indicate services no longer needed

**East Carroll Parish Special Education Services**  
**Post School Transition (1 of 2) SER 9**

**Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type:**  
 Exit Initial Plan  
 Exit First Year Follow-up  
 Exit Third Year Follow-up

**Contact:**  
 Death  
 Moved/Not Able to Contact  
 Incarcerated  
 Successfully Contacted  
 Return to High School Campus

**Living Arrangement:**  
 Live with Parents/Other Family  
 On My Own  
 With Friends  
 Agency Supported: Group Home  
 Agency Supported: Supervised  
Apartment  
 Agency Supported: Adult  
Nursing Home

**Post Secondary:**  
 Four Year University  
 Vocational Technical School  
 Do not Plan to Attend  
 Plan to Work

Community College  
 Military  
 Other Specialized Training

**Recreation:**  
 Sports  
 Life Long Learning Classes  
 Spending Time with Family

Church  
 Volunteer  
 Other

**Agency:**  
 LRS                       OMH                       BCSS                       OCDD  
 SSA                       None of the Above

**(SER 9) 2 of 2**

**Plan to Work?** \_\_\_\_ (Check if Yes)

**Work Environment:**

- \_\_\_ Independent Competitive Employment
- \_\_\_ Individual Placement
- \_\_\_ Mobile Crew
- \_\_\_ Enclave
- \_\_\_ Workshop
- \_\_\_ Day Activity Program

**Work Hours:** \_\_\_\_\_

**Career:**

- \_\_\_ Health Science
- \_\_\_ Hospitality/Tourism
- \_\_\_ Human Services
- \_\_\_ Information Technology
- \_\_\_ Law/Public Safety
- \_\_\_ Manufacturing
- \_\_\_ Government/Public Administration
- \_\_\_ Retail/Wholesale Sales/Services
- \_\_\_ Scientific Research Engineer
- \_\_\_ Transportation, Distribution, Logistics

Comments:

---

---

---

---

---

# Revocation of Consent

## Prior Written Notice Letter

Date: \_\_\_\_\_

Student: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

The purpose of this letter is to take back, or revoke, consent for my child to receive any and all special education and related services.

I understand and agree to the following:

- I have received a copy of my rights. I know that if I disagree with the services being offered on my child's IEP, I have options to resolve the disagreement with the school district, which include the following:
  - ❖ Follow the correct chain of command at the school, school district, and state levels;
  - ❖ Request a state IEP Facilitator to attend an IEP meeting;
  - ❖ Request a mediation meeting;
  - ❖ File an administrative complaint;
  - ❖ Request a due process hearing; or
  - ❖ Write a complaint to the Office of Civil Rights, US Department of Education.

I understand that, even though I disagree with the service the school district is providing, I am not required to take back, or revoke my consent for my child to receive special education and related services. I understand that for more information, I may contact the school district's special education director/supervisor, the Louisiana Department of Education, the Louisiana Parent Training and Information Center at 1-800-776-7736, or the Families Helping Families Resource Center in my area.

- My child will not receive special education and/or related services.
- My child will receive the same educational services and interventions available to any student in the general education program and will be treated as a general education student.

- My child will no longer be provided additional disciplinary protection should he/she behave in a manner that violates school policy, and that he/she will therefore be disciplined in same manner as any regular education student.
- The school district will not hold any further IEP meetings for my child.
- The school district is not required to remove references to special education and/or related services from my child's records.
- Once my revocation is effective, my child will not be a child with a disability for educational purposes. This means that my child will not be entitled to receive a free appropriate public education (FAPE) as defined under IDEA, or receive protections he/she received when identified as a child with a disability and an IEP.
- If I should change my mind, the school district must conduct an initial evaluation to determine eligibility under IDEA and, if necessary, hold an IEP meeting to decide if my child needs special education and/or related services.

Services to my child will be discontinued on this date: \_\_\_\_\_  
*(Date may be entered by parent/guardian/surrogate parent/competent major/student/LEA appointed authority.)*

\_\_\_\_\_  
 Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Special Education Director/  
 Designee

\_\_\_\_\_  
 Date

# East Carroll Parish School Board Special Educational Services

## PARENTAL NOTIFICATION LETTERS *PRIOR WRITTEN NOTICE*

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
School: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
To:  
To the Parent(s)/Guardian(s) of:  
\_\_\_\_\_:

Parents of a child with a disability have legal rights, called procedural safeguards, which are part of the *Regulations for Implementation of the Children with Exceptionalities Act*. The procedural safeguards are found in the enclosed copy of *Louisiana's Educational Rights of Children with Disabilities*.

If you are a person with a disability or speak another language, these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD or tape, or translated into another language). The Individuals with Disabilities Education Act recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

If you choose to receive your notification letter by electronic mail, please provide your e-mail address and initial on the line below.

E-mail address: \_\_\_\_\_ Initials: \_\_\_\_\_

The following arrangements have been made for the meeting:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_

At this meeting we will:

- Discuss the results of the evaluation and participate in the determination of eligibility.
  
- Develop, review, or amend an individualized education program (IEP) to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional needs of the child, and any other special factors. At this meeting, we will have a draft copy of the IEP for the Team to review. In all cases, the IEP

Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section of the IEP can be revised by the Team before the IEP is finalized.

Consider your child's transitional services needs. Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.

Beginning not later than the first IEP to be in effect when the child turns 16, (or younger if deemed appropriate by the IEP team), and updated annually, thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.

At the IEP Team meeting, discuss your child's possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because the latest information appears to support your child's participation in one of the alternate assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement and not the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.

Discuss at the IEP Team meeting your child's possible eligibility for working toward a Tops University Diploma or a Jump Start Career Diploma. Discuss Act 833.

Consider disciplinary action.

Reevaluate your child's continued need for special education and related services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:

A review of existing evaluation data, including evaluations and information provided by you.

A review of your child's progress toward meeting the measureable annual goals.

A review of current classroom-based local or state assessments and classroom-based observations.

A review of age-appropriate transition assessments related to training, education, employment and where appropriate, independent living skills, vocational and transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team).

Other tests and evaluation procedures that the IEP team and pupil appraisal staff decides are necessary.

Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority 18). We also need your permission to invite the selected representatives of adult transitional services listed below.

You may also bring other person(s) with you to assist in planning the IEP. The following persons listed below will be invited to attend this meeting:  
School System Personnel:

\_\_\_\_\_

Officially Designated Representative

\_\_\_\_\_

Regular Education Teacher

\_\_\_\_\_

Evaluation Representative

\_\_\_\_\_

Special Education Teacher

\_\_\_\_\_

Other Representative Agency

### Excusal Request

We are asking permission to excuse the following persons from the meeting:

\_\_\_\_\_

(Name and position)

This member's area of curriculum or related services **is not** being discussed at the meeting.

This member's area of curriculum or related services **will be** discussed at the meeting. Included is the member's input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.

Please return the attached sheet to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location is not convenient for you, please indicate when you can attend.

**Please check the appropriate spaces, sign and return to the school within three (3) days to:**

Name: \_\_\_\_\_

School: \_\_\_\_\_

I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*. **Note:** Parent(s)/guardian(s) of a child with a disability should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks for a copy.

I plan to attend the meeting to discuss the evaluation results at the time and place indicated in the notification letter. I plan to bring additional person(s) with me.

I am unable to attend the meeting to discuss the evaluation results at the time and place indicated in the notification letter.

The best day and time for me are .

I am unable to attend the meeting to discuss the evaluation results scheduled, in person, but I would still like to participate by telephone conference. Please call me at at the date and time specified.

I give permission for you to conduct the reevaluation and any additional tests that may be needed.

I plan to attend the IEP Team meeting at the time and place indicated in the notification letter. I plan to bring additional person(s) with me.

I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me are .

I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at at the date and time specified.

I give permission for you to invite the adult service agency (ies) listed on page 3 because they may be responsible for providing or paying for transition services.

I give permission for you to excuse the attendance of the IEP participants as noted on page 3.

**I revoke my consent** for special education and related services to be provided to my child.

If you have any special needs, please indicate them here:

\_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

East Carroll Parish School Board  
Special Education Services  
P.O. Box 792  
Lake Providence, Louisiana 71254  
**AGE OF MAJORITY LETTER TO STUDENT**

Date: \_\_\_\_\_

School: \_\_\_\_\_

To \_\_\_\_\_:  
(Student Name)

Immediately upon your eighteenth birthday, you will reach the age of majority in Louisiana. In accordance with provisions of the Individuals With Disabilities Education Act (IDEA), and *Bulletin 1706: Regulations for Implementation of the Children with Exceptionalities Act, Subpart A*, when an individual with an exceptionality reaches the age of majority and has not been determined to be incompetent, the local education agency shall give any notice required by IDEA and *Bulletin 1706* to both the individual and his or her parents. All other rights, however, under the IDEA and *Bulletin 1706*, transfer to the individual.

In the past your parent(s)/guardian(s) represented you and helped plan for your special educational needs. While your parents may still attend meetings and help with planning for your education, the rights that they had under law as your parents are now your rights.

If you need further information about the transfer of parental rights, you may contact:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

East Carroll Parish School Board  
Special Education Services  
P.O. Box 792  
Lake Providence, Louisiana 71254

**AGE OF MAJORITY LETTER TO PARENT**

Date: \_\_\_\_\_

School: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_:

Immediately upon \_\_\_\_\_'s eighteenth birthday, he/she will reach the age of majority in Louisiana. In accordance with provisions of the Individuals With Disabilities Education Act (IDEA), and *Bulletin 1706: Regulations for Implementation of the Children with Exceptionalities Act, Subpart A*, when an individual with an exceptionality reaches the age of majority and has not been determined to be incompetent, the local education agency shall provide any notice required by IDEA and *Bulletin 1706* to both the individual and his or her parent(s)/guardian(s). All other rights, however, under the IDEA and *Bulletin 1706*, transfer to the individual.

The rights that were yours to support and plan for your child's education will transfer to your child who is now legally an adult. While you can still participate in your child's IEP meetings, notices must now also go to your child who is the student with a disability.

If you need further information about the transfer of parental rights, you may contact:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

East Carroll Parish School Board  
Special Education Services  
P.O. Box 792  
Lake Providence, Louisiana 71254

**PRIOR NOTICE OF  
PROPOSED OR REFUSED ACTION  
BY THE LOCAL EDUCATION AGENCY**

Date: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_:

The purpose of this letter is to inform you of the school system's Individualized Education Program (IEP) Team's \_\_\_\_\_ to:  
*proposal /refusal*

- \_\_\_ Change your child's educational placement
- \_\_\_ Change your child's special education support service
- \_\_\_ Change your child's special education related service
- \_\_\_ Change your child's school exit option
- \_\_\_ Change your child's assessment decision
- \_\_\_ Change your child's eligibility for special education services\*
- \_\_\_ Other (describe) \_\_\_\_\_

The IEP team \_\_\_\_\_ to take this action because:  
*( proposes/refuses )*

*Pending successful completion of Carnegie unit subjects and passage of the GEE, the student will have met state graduation requirements and will be awarded a regular high school diploma. According to federal IDEA regulations, the student will no longer be eligible for special education services.*

**The IEP team considered the following options in making this decision:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information was used in making this decision:

- |                         |                                     |
|-------------------------|-------------------------------------|
| ___ IEP                 | ___ Evaluation                      |
| ___ Student Performance | ___ Teacher/Information/Observation |
| ___ Student Behavior    | ___ Other                           |

\_\_\_\_\_Parent Information

\_\_\_\_\_Medical Information

\_\_\_\_\_Report Cards/Statewide Assessment Data

**\* Note: Graduation from high school with a regular diploma terminates special education eligibility.**

Describe:

---

---

---

Parent(s)/guardian(s) of a child with a disability have legal rights, called procedural safeguards, which are part of the Individuals with Disabilities Education Act (IDEA) and *Bulletin 1706: Regulations for the Implementation of the Children with Exceptionalities Act, Subparts A and B.*

Parental rights can be found in *Louisiana's Educational Rights of Children with Disabilities*. You should have already received a copy of the handbook, but you may request an additional copy from your child's teacher. You can also find this handbook on the Louisiana Department of Education website, <http://www.louisianaschools.net>.

Should you want additional assistance in understanding your rights in this matter, you may contact the agencies identified below.

---

---

If you need further information, you may contact:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

East Carroll Parish School Board  
Special Education Services  
P.O. Box 792  
Lake Providence, Louisiana 71254  
**PARENTAL CONSENT TO SEEK MEDICAID REIMBURSEMENT**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to seek reimbursement for the IEP/Medicaid-covered health services that are provided to \_\_\_\_\_ during the \_\_\_\_\_ school year. I understand this access applies only if my child is Medicaid eligible. I also understand that this access may not result in any decrease in available lifetime coverage, may not result in any cost to me or my family, may not increase any premiums or lead to the discontinuation of my child's benefits or insurance, and may not create any risk of loss of my child's eligibility for home and community-based waivers based on total health-related expenditures. I understand that this consent must be renewed annually. I also understand that my refusal to allow access to the Medicaid benefits does not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to me.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



## Discipline Checklist Part 1

(Short Term Removals-Less than 10 consecutive school days)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Exceptionality \_\_\_\_\_ School: \_\_\_\_\_ Sped Teacher: \_\_\_\_\_

Date	Suspension Day(s)	Description of Action To Be Taken By School	Reason for removal	Referred by
	1	Fax Behavior Report to Sped Office		
	2	Fax Behavior Report to Sped Office		
	3	Fax Behavior Report to Sped Office		
	4	Fax Behavior Report to Sped Office-Contact school psychologist and/or social worker to discuss behavior-RTI.		
	5	Fax Behavior Report to Sped Office-Convene IEP Team-Considers PBS, counseling, class change, schedules, change of placement, psychological evaluation. Get permission from parent to conduct FBA.		
	6	Fax Behavior Report to Sped Office-Conduct FBA		
	7	Fax Behavior Report to Sped Office-School Psychologist and/or Social Worker-Conduct Student Observation		
	8	Fax Behavior Report to Sped Office-Gather Information		
	9	Fax Behavior Report to Sped Office-Schedule & Conduct IEP Team meeting, FBA, MDR, BIP		
	10	Fax Behavior Report to Sped Office- Before suspension can take place complete FBA, MDR, & BIP (if needed) <b>*****DANGER ZONE*****</b>		
	11	<b>Fax Behavior Report to Sped Office-<u>Must hold IEP meeting and Provide Services.</u> This is a Change of Placement.</b>		

## **Manifestation Determination Review**

### **When is the Manifestation Determination (MDR) Required?**

MDR's are required when a school decides to engage in a disciplinary change in placement of an IDEA student. The most common form of disciplinary change in placement is a removal of more than 10 consecutive school days.

A change of placement on the basis of accumulated short-term removals occurs if-

- The removal is for more than 10 consecutive school days; or
- The child has been subjected to a series of removals that constitute a pattern.

The school must determine, on a case by case basis, whether a pattern of removals constitutes a change of placement.

### **What is the Responsibility of the IEP Team?**

The MDR team members, including the parent, have reviewed all relevant information, including evaluation data, information regarding the disciplinary offense, relevant observations, the current IEP and placement, patterns of student behavior across settings and across time and other relevant information and input provided by staff and/or parents. Based on this review, the MDR team makes the following determinations:

- Was the conduct in question caused by, or directly and substantially related to the student's disability?
- Was the conduct in question the direct results of the school's failure to implement the student's IEP?

Notes: If any of the two questions above are answered "Yes", then the behavior must be considered a manifestation of the disabilities. In that event, the student cannot be removed to an interim alternative education setting or expelled longer than 10 consecutive school days.

The IEP teams must conduct a functional behavioral assessment (FBA), if one has not been done already, and implement a behavior intervention plan (BIP). If a BIP is already a part of the child's IEP, then the IEP team must review the BIP and modify it, as necessary, to address the behavior.

### **What Happens When Drugs, Weapons and Bodily Injuries Are Involved?**

In the situations of offenses involving drugs/controlled substances, weapons, or serious bodily injuries, a student may be removed for up to 45 school days to an interim disciplinary alternative education setting even if the MDR team determines that the behavior was a manifestation of disability. If the behavior is found to not be a manifestation of disability, then the school may proceed with regular disciplinary procedures and sanctions applicable to nondisabled students.

\*\*Serious bodily injury is defined strictly, as that which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of bodily member, organ, or metal faculty.\*\*

### **The Determination is Subject to Review Through Due Process and Judicial Proceedings.**

If a parent challenges a manifestation determination or disciplinary placement in an IDEA Due Process Hearing, the student must remain in the disciplinary setting pending the decision of the IDEA Hearing Officer or the expiration of the disciplinary placement term, whichever comes first.

### **Overall Practical Guidance on Manifestation Determination**

- Schools should prepare for MD's and work on developing a consensus among staff and administrators ahead of the meeting.
- Consult with the school psychologist and/or social worker.
- Make sure the campus comes with "clean hands" to the MD-Has it implemented the BIP? Done the counseling? Provided the basics of positive behavioral supports?  
**\*\*\*The spirit of the regulation, moreover, would rather support continued review and revision of positive behavioral interventions and supports, other changes to IEP services, or consideration of educational placement options, rather than engaging in continued short-term removal.\*\*\***
- Review all evidence available involving the offense-sometimes little details tell much about the manifestation issue.
- Ensure that IEP teams carefully plan the set of services to be provided during long-term disciplinary removals.
- \*\*Watch office stays where students linger awaiting administrative actions. Send to ISS or back to the class.

### **In School Suspension (ISS)**

In school suspension would not be considered a part of the days of suspension addressed in 300.530 as long as the child is afforded the opportunity to continue to appropriately participate in the general curriculum, continue to participate with nondisabled children to the extent they would have in their current placement.

## Discipline IEP Minutes

Date:

Student Name:

School:

Time of Meeting:

IEP Participants:

---

---

---

I. Issue:

---

---

---

---

II. Discussion:

---

---

---

---

---

---

---

---

III. Decision/Results:

---

---

---

---

---

---

---

---

**\*\*CONFIDENTIAL FILES\*\***

**ACCESS LIST**

Only those persons listed below have access to records in this file cabinet. Others needing to inspect records contained in the file cabinet must obtain permission from the Supervisor of Special Education.

Pat Foster Roberson.....	Director of Special Education
Renada Thompson.....	Special Education Secretary
Deborah Webb.....	EP Facilitator
Myrtis Magee.....	Social Worker
Reginald Jackson .....	School Psychologist
Connyettia Nelson .....	Education Diagnostician
Chaunce Davison.....	Adapted P.E. Teacher
Fleeter Morehouse .....	School Nurse
Tiny Eye Services.....	Speech Therapist
Tamika Lucas.....	Speech Therapist
Sara Holt.....	Speech Therapist
_____	Principal
_____	Assistant Principal
_____	Asst. Administrator
_____	Special Education Teacher
_____	Special Education Aide
_____	School Secretary
_____	Regular Education Teacher(s)

East Carroll Parish School District  
Statement of Assurance of Confidentiality

As an employee of East Carroll Parish School District, I will keep confidential all information which is relative to individual student records, all information discovered from observations or interviews as well as any other information that the school district requests be made confidential.

---

Print Name

---

Signature

---

Date

**East Carroll Parish School Board**

Special Education Department  
603 Fourth Street  
P.O. Box 792  
Lake Providence, Louisiana 71254  
(318) 559-3770 or (318) 559-3776  
FAX (318) 559-3771

Dr. Voleria Millikin  
Superintendent

Pat Foster Roberson  
Special Education Director

**SER IEP CONFIDENTIALITY ASSURANCE STATEMENT**

- I am aware that all student information is confidential and subject to local, state, and federal regulations regarding the privacy of individual student and family information.
- I will only access the SER system to write or review IEP's for student's that I am assigned (current caseload) to provide services or to assist other teachers in reviewing or writing IEP's for their students.
- I will not share my USER ID and Password with anyone other than designated SER security staff. (Special Education Director)
- I will maintain security and confidentiality when using SER.
- I will not leave my computer unattended when logged in on the SER website.
- I will ensure that unauthorized individuals cannot read confidential information while logged in on the SER website.
- I will ensure that every IEP is written using the Web-based SER IEP System effective immediately.
- I will complete the SER Online IEP with all details after the IEP meeting and complete the IEP by making it official. (The details will include participants names, parent concerns and everything added or changed on the paper copy during the IEP meeting)

I have read the above security statements. My signature below indicates that I agree to adhere to all of the security statements governing the SER system.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Schools (s)



# PROFESSIONAL DEVELOPMENT NEEDS ASSESSMENT

Name:

---

Position:

---

School:

---

Grade(s) Taught:

---

Directions: Please circle the number that most accurately indicates your need for professional development on each topic. Please list any comments or suggestions so that we can make the professional development seminars relevant to your needs.



1) Knowledge of PBIS

High Need

Low Need

\* Please comment and make suggestions:                    7   6   5   4   3   2   1

2) Behavior/Classroom Management

High Need

Low Need

\* Please comment and make suggestions:                    7   6   5   4   3   2   1

3) Tiered Approach to Behavior Intervention

High Need

Low Need

\* Please comment and make suggestions:                    7   6   5   4   3   2   1

4) Data Collection High Need  
Low Need  
5) \* Please comment and make suggestions: 7 6 5 4 3 2 1

6) Progress Monitoring in Behavior High Need  
Low Need  
\* Please comment and make suggestions: 7 6 5 4 3 2 1

7) Building Relationships with Culturally Diverse Students High Need  
Low Need  
\* Please comment and make suggestions: 7 6 5 4 3 2 1

8) How to Handle Minor Infraction(s)  
in the Classroom High Need  
Low Need  
\* Please comment and make suggestions: 7 6 5 4 3 2 1

9) Motivating the Unmotivated Learner High Need  
Low Need  
\* Please comment and make suggestions: 7 6 5 4 3 2 1

Please list any other topics in which you would like to receive professional development:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



If you have any questions, please call.

Thanks,

**EAST CARROLL PARISH SPECIAL SERVICES**  
**HOSPITAL HOMEBOUND SERVICES**  
603 FOURTH STREET  
LAKE PROVIDENCE, LOUISIANA 71254  
TELEPHONE: (318)-559-3770  
FAX: (318)-559-39771

## HOSPITAL/HOMEBOUND SERVICES

1. Qualifications
2. General Information
3. Regulations for the Hospital/Homebound Program
4. Responsibilities of the Parent
5. Responsibilities of the Referring School
6. Responsibilities of the Classroom Teacher
7. Responsibilities of the Hospital/Homebound Teacher

## QUALIFICATIONS

In order to qualify for Hospital/Homebound services, the following criteria must be met:

1. The student must live or be hospitalized within the boundaries of the East Carroll Parish Public School System.
2. The student must be free from communicable disease.
3. The student must be registered in a public school.
4. The anticipated length of the student's absence must be for at least 15 days and benefit from an instructional program.
5. Medical documentation regarding the student's medical and/or emotional diagnosis, and anticipated length of time the student will be unable to attend school must be provided to, and approved by, the Special Education Director. The application form must be completed by a medical doctor or a licensed psychiatrist/psychologist.

## GENERAL INFORMATION

The East Carroll Parish Public School System (ECPPS) Special Services Programs provides Hospital/Homebound services to all East Carroll Parish students in grades K-12, who meet the eligibility criteria of the Hospital/Homebound program. Instruction will continue while a student is at home or hospitalized within the boundaries of the East Carroll Parish Public School System because of medical, physical, and/or emotional problems.

Hospital/Homebound service provides instruction in core required subjects for grades K-12. The classroom teacher is responsible for providing the Homebound teacher a list of curriculum content that should be covered, including coursework, outlines, textbooks, and any other materials necessary to support the student's instructional program. The Homebound teacher will provide completed coursework to the classroom teacher for all subjects taught outside of his/her area of certification for the classroom teacher to review and determine the student's six week grade(s)

The ECPPS schools must appoint a designee who will be responsible for notifying Special Services Programs. The school designee must also provide a current copy of the Application for Hospital/Homebound form to the family upon knowledge of a student's request for Hospital/Homebound services. Students will not receive Hospital/Homebound services until all paperwork has been submitted to the Special Service office at (318)559-3770 and the special education director approves.

## **REGULATIONS FOR THE HOSPITAL/HOMEBOUND PROGRAM**

A regular program of study and preparation of lessons is required of each student. The amount of time will vary with the condition and needs of the student. This is to be determined by the teacher with input from the physician, nurse, psychologist, family, etc. An agreement between the parent, classroom teacher, hospital/homebound teacher and student will be made as to the amount of work to be accomplished by the student.

The physician's documentation for the Hospital/Homebound services must be submitted to the Special Services prior to approval of services. New physician's orders must be resubmitted if the probable period of confinement requires an extension of services. Pregnancy leaves will only receive 6 weeks of Hospital/Homebound services, unless otherwise specified by the physician due to complications.

## **RESPONSIBILITIES OF THE PARENT**

- To provide the Special Services Program with physician's orders documenting the need for Hospital/Homebound services.
- To notify the Special Service Program as soon as the student misses school due to planned or unplanned prolonged illness.
- To have a parent/guardian present in the home during the entire teaching period.
- To contact the school to obtain assignments in elective subjects not taught by the Hospital/Homebound teacher. Failure to obtain assignments may result in the failure of a course.
- To provide transportation to the library or agreed upon location where services will take place. If the student is unable to leave their home because of the seriousness of the student's medical condition, the parent will provide an area in the home for learning which includes table and chairs, computer, internet access, and other supplies needed for the instructional period. The instructional time should be free from distractions.
- To notify the Hospital/Homebound teacher as soon as possible if it is necessary to cancel the regular visit. Absences will be dealt with on an individual basis.
- To notify the Hospital/Homebound teacher prior to a scheduled session if a member of the household has a contagious/communicable disease. (i.e. pink eye, lice, flu, infectious mononucleosis, etc.)
- To ensure all materials are returned to the school once services have been terminated.

## **RESPONSIBILITIES OF THE REFERRING SCHOOL**

- To appoint a School Hospital/Homebound Designee who will be responsible for completing the School Referral Form and compiling all information requested to complete the referral.
- To notify the Special Service Program of a student's request for Hospital/Homebound services using the School Referral Form as soon as they are aware of the need for services, so that eligibility can be determined by the Special Education Director. A doctor's referral does not automatically guarantee the student's placement in the Hospital/Homebound program.
- To provide current Hospital/Homebound Physician Referral Forms to the families of students who are requesting Hospital/Homebound services. HH2 is for any medical reason students may need Hospital/Homebound services, and must be completed by a medical doctor. HH3 is for any student who may need Hospital/Homebound services for a psychological illness, and must be completed by a licensed psychiatrist or psychologist. (Outdated Hospital/Homebound doctor referral forms will not be accepted.)
- To contact the Special Services Program once a student's pregnancy leave begins. No earlier than two weeks prior to the date pregnancy leave is to begin, the School Hospital/Homebound Designee should send in the School Referral Form, along with the packet of required information to the special Services Program so that a Hospital/Homebound teacher can be assigned to the student.
- To provide academic assignments to the family in subject areas not taught by the Hospital/Homebound teacher.
- To provide standardized test materials and manuals, and interval tests and scoring guides to the Hospital/Homebound teacher for any students receiving Hospital/Homebound services during standardized testing and interval testing.
- To give the Hospital/Homebound teacher Infinite Campus rights to students once placed on their caseload, and create a Hospital/Homebound schedule for the student. Then, to remove the Hospital/Homebound teacher from that student's schedule at the end of the Hospital/Homebound services for that student.
- To count the student present on their school rolls when receiving Hospital/Homebound services because they are enrolled in a ECPSS instructional program.
- The school will send the following items with the School Referral Form (HH1) when referring students for Hospital/Homebound services:
  1. Copy of the current IEP for all students receiving special education services
  2. Copy of the Functional Behavior Assessment, Behavior Support Plan, and Progress Monitoring Data, when applicable
  3. Copy of the student's schedule
  4. Provide assignments and textbooks in subjects to be taught by the Hospital Homebound teacher.

## **RESPONSIBILITIES OF THE CLASSROOM TEACHER**

- To count the student present while receiving Hospital/Homebound services.

- To provide assignments, textbooks and workbooks to students pending eligibility of Hospital/Homebound services until the Hospital/Homebound teacher is officially assigned to the student.
- To provide assignments, textbooks and workbooks to students whose illness dictates that they will be out of school for 15 days or more.
- To provide assignments and textbooks to the School Hospital/Homebound Designee, and the Hospital/Homebound teacher in subjects to be taught by the Hospital/Homebound teacher.
- To collaborate with the Hospital/Homebound teacher regarding specific Common Core Standards, , IEP goals/objectives to be addressed each nine weeks. This information should be provided no later than two working days of initial contact with the Hospital/Homebound teacher. Ongoing collaboration with the Hospital/Homebound teacher shall occur via email, phone call, or school visits at a minimum of every two weeks.
- To collaborate with the Hospital/Homebound teacher for students using online instruction programs to ensure proper Common Core Standards are addressed.
- To provide assignments to the student and family in subject areas that may not be taught by the Hospital/Homebound teacher.
- Classroom teachers are responsible for assigning grades including report card grades and/or Carnegie units for students assigned to their caseload.
- To work collaboratively with the Hospital/Homebound teacher, parent, student, and other relevant professionals to determine the amount of work to be accomplished by the student while receiving Hospital/Homebound services. This decision will be based on the individual needs of each student.
- To amend or complete a new IEP once the student returns to the regular school campus, in order to change the student's placement from Hospital/Homebound back to a school campus placement.

## **RESPONSIBILITIES OF THE HOSPITAL/HOMEBOUND TEACHER**

- To assist the student in all core subject areas. Electives taught will be decided on an individual basis, taking into consideration whether the student needs these electives to graduate or be promoted to the next grade.
- To contact the parent within two working days of receipt of the Hospital/Homebound referral.
- To contact the School Hospital/Homebound Designee, school counselor and classroom teacher within two working days of receipt of the Hospital/Homebound referral.
- To work collaboratively with the classroom teacher, parent, student and other relevant professionals to determine the amount of work to be accomplished by the student while receiving Hospital/Homebound services. This decision will be based on the individual needs of each student. Ongoing collaboration with the classroom teacher shall occur a minimum of every two weeks via email, phone call and/or school visits.
- To schedule an IEP conference at the student's referring school within two days of receipt of the Hospital/Homebound Referral Packet, and amend or complete the Hospital/Homebound IEP within ten days of placement for all students currently receiving special education services.
- Notify parents as soon as possible when it is necessary to cancel the scheduled visit.

- To work collaboratively with the enrolling school to collect standardized testing materials and test manuals, administer standardized tests, and return materials and test manuals to enrolling schools for students assigned on their caseload during standardized testing time.
- To work collaboratively with the student's school to collect interval tests and scoring guides, and to return the tests to the enrolling school or a designated drop off site for scoring.

**(Maximum duration of Homebound services is 12 weeks. \*\*\*)**

**\*\*\*Note:** If an extension is needed beyond 12 weeks, a new form must be completed by the treating physician in detail and returned to the Special Services Program. Upon review, services will either be continued or denied.

Special Circumstances: If a student has an ongoing medical condition the Homebound Bound Services will be reviewed annually instead of twelve weeks.

**\*\*\*Note:** Upon approval of the Special Services Program, the length, duration, and frequency of services will be determined for each student, taking into consideration the recommendation of the referring doctor.

**\*\*\*Note:** For Special Education Students, the length, duration and frequency of services will be determined by the IEP Committee with consideration of the medical diagnosis.

➤ **The medical condition must be significant enough so that it impairs the student's ability to function in school and job related activities.**

NOTE: The Hospital/Homebound program provides instruction in core subject areas in K-12. Carnegie Units can be given upon completion of core high school classes. **LONG TERM HOSPITAL/HOMEBOUND PLACEMENT COULD RESULT IN A STUDENT BEING UNABLE TO COMPLETE NECESSARY COURSEWORK REQUIRED FOR PROMOTION or GRADUATION.** It is the responsibility of the parent to contact the school to obtain assignments from teachers for other promotional subjects and courses not provided by the Hospital/Homebound Program. Failure to obtain assignments may result in grade retention.

**EAST CARROLL PARISH SPECIAL SERVICES**  
**HOSPITAL HOMEBOUND SERVICES**  
603 FOURTH STREET  
LAKE PROVIDENCE, LOUISIANA 71254  
TELEPHONE: (318)-559-3770  
FAX: (318)-559-39771

**Hospital/Homebound Screening Form**

This form **begins** the referral process and **does not** guarantee that the student will qualify for Hospital/Homebound services. An Application for Hospital/ Homebound Services must be completed by the student's physician verifying the medical condition, and submitted to the Special Service Program. Eligibility will determined by the Special Education Services upon review of the application form. Questions about the application process can be emailed to proberson@e-carrollschools.org

**Section A**

Referring School: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Referral Source: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Male                      Female                      Grade: \_\_\_\_\_

Circle One:                      Regular or Special Education

If student is in Special Education, what is the exceptionality? \_\_\_\_\_

Reason for Referral:   \_\_\_ Medical            \_\_\_ Emotional    \_\_\_ Pregnancy            \_\_\_ Other  
\_\_\_\_\_

Anticipated date student will begin Homebound services, and duration of services:  
\_\_\_\_\_

Does the student have a computer in their home with high speed internet service? \_\_Yes\_\_ No  
Working email address: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_

**Section B**

Date Hospital/Homebound Application Form provided to Parent / Guardian: \_\_\_\_\_

Please complete the following section or attach a copy of student's emergency card:

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

East Carroll Parish Special Services  
603 Fourth Street  
Lake Providence, Louisiana 71254  
Telephone: 318-559-3770  
Fax: 318-559-3771

**Application for Hospital/Homebound Temporary Placement Due to Physical  
Illness or Injury (HH1)**

**THIS FORM MUST BE COMPLETED BY A LICENSED PHYSICIAN and FAXED DIRECTLY  
FROM THE DOCTOR'S OFFICE.**

**ACCORDING TO THE LOUISIANA DEPARTMENT OF EDUCATION GUIDELINES,  
HOMEBOUND INSTRUCTION SHOULD BE USED AS A LAST RESORT AFTER ALL OTHER  
OPTIONS AND/OR ALTERNATIVE SCHEDULES (i.e., HALF DAYS, WORK PACKETS) HAVE  
BEEN EXHAUSTED.**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_/\_\_/\_\_ Sex  
: \_\_\_\_\_

Grade: \_\_\_\_\_ Social Security Number:  
\_\_\_\_\_

Is the child currently in Special Education? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If In Special Education, What Is the Exceptionality? \_\_\_\_\_

Has this student received Hospital/Homebound services in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No If so,  
When? \_\_\_\_\_

Is this an extension of homebound services within the same school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have access to a computer and an Internet Service Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Name:  
\_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State:

Zip code \_\_\_\_\_ Home Telephone#: \_\_\_\_\_ Cell phone  
#: \_\_\_\_\_

Working email:  
\_\_\_\_\_

If the student will not be serviced at the above address, please indicate the address:  
\_\_\_\_\_

Responsible adult to be present during instruction:  
\_\_\_\_\_

Relationship to Student:  
\_\_\_\_\_

**\*\*\*\*To be completed by the parent/ guardian/ student of legal age:**

By submitting this application, I agree to release the following information to the Special Service Program, and to allow Homebound personnel to discuss with the applicant's doctor or nurse the applicant's progress and length of time in the program, and expected date of return to a classroom setting.

\_\_\_\_\_  
Signature of parent/ guardian or applicant of legal age

\_\_\_\_\_  
Date

1 of 2

Student's Name: \_\_\_\_\_

MEDICAL CERTIFICATION

**THIS SECTION MUST BE COMPLETED PROPERLY BY A CERTIFIED PHYSICIAN**

1. Give Specific Medical Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please explain, **in detail** why the student cannot function in a classroom setting. (Attach any additional medical documentation to support this application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The expected duration of the condition which prevents school attendance is:

3 weeks  4 weeks  5 weeks  6 weeks  7 weeks  
 8 weeks  9 weeks  10 weeks  11 weeks  12 weeks  
 Extension beyond 12 weeks  weeks

4. ECPSS Policy allows **six (6) weeks** for pregnancy after delivery. Expected delivery date:

\_\_\_\_\_

5. Is the above named student is free from communicable or infectious disease? (Circle one)

YES  NO

**Students whose expected absence from school is less than 15 days will not be approved for Hospital/ Homebound service. Please contact the school for assignments until student returns to school.**

The undersigned certifies that the above named student is medically unable to attend classes on a school campus.

\_\_\_\_\_  
Physician Name (Please type or print clearly)

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Physician's Signature \_\_\_\_\_

(Stamped Signatures are not accepted)

**Questions about the application process can be emailed to:**

**[proberson@e-carrollschools.org](mailto:proberson@e-carrollschools.org) or faxed to (318)559-3771 or call (318)559-3770**

-----  
**For Special Services use only (Please Check One)**

Approval for Homebound Services

Homebound Services Denied

\_\_\_\_\_  
Special Education Director Signature

\_\_\_\_\_  
Date

**East Carroll Parish Special Services  
603 Fourth Street  
Lake Providence, Louisiana 71254  
Telephone: 318-559-3770  
Fax: 318-559-3771**

**Application for Hospital/Homebound Temporary Placement Due to Emotional Illness (HH2)**

- **FORM MUST BE COMPLETED BY A LICENSED PSYCHOLOGIST OR PSYCHIATRIST.**
- **THIS FORM MUST BE FAXED FROM THE DOCTOR'S OFFICE DIRECTLY TO THE SPECIAL SERVICE PROGRAM.**

**ACCORDING TO THE LOUISIANA DEPARTMENT OF EDUCATION GUIDELINES, "HOMEBOUND INSTRUCTION SHOULD BE USED AS A LAST RESORT AFTER ALL OTHER OPTIONS AND/OR ALTERNATIVE SCHEDULES i.e., HALF DAYS, WORK PACKETS) HAVE BEEN EXHAUSTED."**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Is the child currently in Special Education? Yes No

If Yes, What Parish? \_\_\_\_\_

If in Special Education, What Is the Exceptionality? \_\_\_\_\_

The expected duration of the condition which prevents school attendance is:

3 weeks  4 weeks  5 weeks  6weeks  7 weeks  
 8 weeks  9 weeks  10 weeks  11 weeks  12 weeks

Is this an extension of homebound services within the same school year?  Yes  No

Has this student received Hospital/Homebound services in the past?  Yes  No

Is this a request for extension of services within the same school year?  Yes  No

Parent's/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Working email address:  
\_\_\_\_\_

Address where student will be serviced: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Responsible Adult to be Present during Instruction: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**NOTE:** The Hospital/Homebound program provides instruction in core subject areas in K-12. *LONG TERM HOSPITAL/ HOMEBOUND PLACEMENT COULD RESULT IN A STUDENT BEING UNABLE TO COMPLETE NECESSARY COURSEWORK REQUIRED FOR PROMOTION or GRADUATION.* It is the responsibility of the parent to contact the school to obtain assignments from teachers for other promotional subjects and courses not provided by the Hospital/Homebound Program. Failure to obtain assignments may result grade retention.

The emotional condition must be significant enough so that it impairs the student's ability to function in school and job/home related activities.

The following information below must be completed by a psychologist who is licensed to practice psychology and who is listed in, or meets the standards of the current edition of the National Register of Health Providers in Psychology, or a psychiatrist, and submitted to the school system and filed with the office.

1. Give Specific Psychological Illness:

\_\_\_\_\_

2. The student is being provided a program of continuous care and treatment that would be seriously disrupted by movement to the general educational environment.

Yes\_\_\_\_ No\_\_\_\_

3. This program of care and treatment in concert with the proposed homebound instruction should permit the return of the student to the general educational environment.

Yes\_\_\_\_ No\_\_\_\_

4. Expected date of return:

\_\_\_\_\_

5. Please explain, in detail why the student cannot function in a classroom setting. (Attach any additional medical documentation to support this application.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the student under the care of a Psychiatrist or Psychologist?

Yes\_\_\_\_

No\_\_\_\_

If yes, Name of Psychiatrist or Psychologist:

\_\_\_\_\_  
Phone #: \_\_\_\_\_ How frequent are the sessions?  
\_\_\_\_\_

7. Is the student under the care of any other Mental Health Professional?

Yes\_\_\_\_

No\_\_\_\_

If yes, Name of Mental Health Professional:

\_\_\_\_\_  
Phone #: \_\_\_\_\_ How frequent are the sessions?  
\_\_\_\_\_

8. Is the student on any medication: Yes\_\_\_\_ No \_\_\_\_

Student: \_\_\_\_\_

If yes, Name of Medication: \_\_\_\_\_ Dosage amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

9. Is the student involved in any organized social activities outside of school? Yes\_\_\_ No\_\_\_  
(Eg. Sports, Scouting, etc.) If yes, please list:

\_\_\_\_\_

Students whose expected absence from school is less than 15 days will not be approved for Hospital/ Homebound service. Please contact the classroom teacher for assignments.

**(Maximum duration of Homebound services is 12 weeks.\*\*\*)**

**\*\*\*Note:** If an extension is needed beyond 12 weeks, a new form must be completed by the treating physician in detail and returned to the Special Services Program. Upon review, services will either be continued or denied.

**Special Circumstances:** If a student has an ongoing medical condition the Homebound Bound Services will be reviewed annually instead of twelve weeks.

**\*\*\*Note:** Upon approval of the Special Services Program, the length, duration, and frequency of services will be determined for each student, taking into consideration the recommendation of the referring doctor.

**\*\*\*Note:** For Special Education Students, the length, duration and frequency of services will be determined by the IEP Committee with consideration of the medical diagnosis.

➤ The medical condition must be significant enough so that it impairs the student's ability to function in school and job related activities.

10. Plan of action for returning the student to the general education classroom environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the above named student is receiving a program of care and treatment as prescribed in the information stated above.

\_\_\_\_\_  
Psychiatrist's/ Psychologist's Name (*please type or print*)

\_\_\_\_\_  
Date

Address \_\_\_\_\_

Phone \_\_\_\_\_

Psychiatrist's/ Psychologist's Signature:

\_\_\_\_\_  
(Stamped Signatures are not accepted)

**\*\*\*\*To be completed by the parent/ guardian/ student of legal age:**

By submitting this application, I agree to release this information to the Special Services Program and to allow Homebound personnel to discuss with the applicant's doctor or nurse the applicant's progress and length of time in the program, and expected date of return to a classroom setting.

\_\_\_\_\_  
Signature of parent/ guardian or applicant of legal age

\_\_\_\_\_  
Date

**Questions about the application process can be emailed to:**

[proberson@e-carrollschools.org](mailto:proberson@e-carrollschools.org) or faxed to (318)559-3771 or call (318)559-3770

\_\_\_\_\_  
**For Special Services use only (Please Check One)**

\_\_\_\_\_ Approval for Homebound Services

\_\_\_\_\_ Homebound Services Denied

\_\_\_\_\_  
Special Education Director Signature

\_\_\_\_\_  
Date

**East Carroll Parish Special Services  
603 Fourth Street  
Lake Providence, Louisiana 71254  
Telephone: 318-559-3770  
Fax: 318-559-3771**

**Hospital Homebound Teacher Reference Sheet**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address:

\_\_\_\_\_

Parents Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Instruction Date to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Date of return to school: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location:

\_\_\_\_\_

**Directions to Home from Special Education Office:**

-----

**Student Class Schedule**

Period	Subject (s)	Teacher	Room #
1			
2			
3			
4			
5			
6			
7			
8			

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**East Carroll Parish Collaboration of Effort (Special Education-Regular Education)**

Student \_\_\_\_\_ Grade: \_\_\_\_\_ Gen Ed. Teacher: \_\_\_\_\_  
 Sped Teacher: \_\_\_\_\_

\_\_\_\_\_ is failing your class (es) listed below according to his/her progress report and/or report card. Please provide evidence of accommodations/modification that you provided in your class and document below.

	ELA	Math	Science	Social Stu
<b>Current Subject grades</b>				
<b>Current Performance (1-5)</b> -----				
<b>Completes Assignments</b> -----				
<b>Follows classroom rules</b> -----				
<b>Maintains good attendance</b> -----				
<b>Participates in activities</b> -----				
<b>Maintain good behavior</b> -----				
<b>Organizational Skills</b>				
<b>Results of Action Taken</b> (Circle one reporting period)	<b>Action taken by gen. teacher:</b>	<b>Action taken by gen. teacher:</b>	<b>Action taken by gen. teacher:</b>	<b>Action tak gen. teach</b>
1 <sup>st</sup> 6 weeks				
2 <sup>nd</sup> 6 weeks				
3 <sup>rd</sup> 6 weeks	<b>Action taken by Sped teacher:</b>	<b>Action taken by Sped teacher:</b>	<b>Action taken by Sped teacher:</b>	<b>Action tak Sped teach</b>
4 <sup>th</sup> 6 weeks				
5 <sup>th</sup> 6 weeks				
6 <sup>th</sup> 6 weeks				

Score each of the performance area below with a score of (1, 2, 3, 4 or 5): 1= never-(0%-29%); 2= make attempts-( 30%-49%); 3= sometimes-(50%-69%) 4= most of the time (70%-89%); 5=Always (90%-100%)

See attached accommodations/modification sheets for action codes for gen. ed. and sped teachers

## CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

### I.ENVIRONMENT

1. Assign preferential seating
2. **Provide individual instruction**
3. **Provide small group instruction**
4. 5. Assign peer tutors/work buddies/note takers
5. Provide desktop list of tasks
6. Alter physical room environment
7. Modify student's schedule (describe)
8. Other (specify)

### II.INSTRUCTION/MATERIALS

1. Modify assignments as needed (e.g., vary length, limit items)
2. **Utilize oral responses to assignments/tests (answers recorded)**
3. **Read class materials orally**
4. Provide study outlines/guides
5. Provide daily assignment list
6. Provide homework lists
7. Provide assistance/cues for transitions between activities
8. Provide options for students to obtain information and demonstrate knowledge
9. through use of alternative projects interviews oral reports
10. Shorten assignments
11. Modify/repeat/model directions
12. Utilize multi-sensory modes to reinforce instruction
13. **Transferred answers**
14. Use text/workbooks/worksheets at a modified reading level
15. Alter format of materials on page (type/highlight/spacing)
16. **Utilize large print**
17. **Utilize braille**
18. Utilize audio/recorded books
19. Utilize digital formats
20. Utilize graphic/pictorial mode materials
21. Utilize print with magnification
22. Color code materials
23. Other Instruction (specify) Other Materials (specify)

### III.COMMUNICATION ASSISTANCE - related to hearing loss only (describe)

### IV.TIME

1. **Increase the amount of time allowed to complete assignments and tests**
2. Limit amount of work required or length of tests
3. **Allow breaks during work periods, between tasks, during testing**
4. Provide assistance/cues for transitions between classes, lockers, and home
5. Other (specify)

## **V. TESTS/QUIZZES/PROJECTS**

1. Prior notice of tests Extra credit options
2. Limited multiple choice Extra response time
3. **Extra time – tests** Simplify test wording
4. Pace long term projects Hands-on-projects
5. Preview test procedures **Extra time-written work**
6. Student writes on test **Tests Read Aloud**
7. Objective tests **Individual testing**
8. Extra time – projects **Small group testing**
9. Rephrase test questions/directions **Transferred answers**
10. Test study guide **Answers recorded**
11. Shortened tasks
12. Modified tests (describe)
13. Other (specify)

## **VI. ASSISTIVE TECHNOLOGY**

1. **Digital Recorders Calculators Word Processors**
2. Manipulatives Organizers Adapted toys/games
3. Text-to-speech FM system
4. Colored reading filters Communication board/system
5. Eye gaze communication system Voice output device
6. Adapted grips/utensils/pencils/drawing tools Voice recognition software
7. Other AT devices (specify)
- 8.

## **VII. NONE**

X. Act 833

# XI. END OF SCHOOL

## **End of Year**

### **2015-2016 End of Year Sped School Reports**

#### **DUE DATES:**

- |        |   |
|--------|---|
| May 10 | All IEP's are to be turned in completed.  |
| May 17 | Room and Equipment Inventory (including serial numbers etc.)  |
| May 17 | Materials returned and Teacher Notebook (Red and Blue). The red book should be returned with the pages in numerical order.<br>Visually Impaired Textbooks<br>Materials checked out from the warehouse that are not a part of the curriculum. Lap Tops, iPads, Computer Software, Amplifiers |
| May 17 | Copy of Pre/Post Testing Results (State Test)   |
| May 17 | Cumulative IEP Tracking Record Verification   |
| May 17 | Copy of Cumulative IEP Tracking Records   |
| May 17 | Copy of Promotion and Failures  |
| May 17 | Copy of End of the Year Students Transferring   |
| May 17 | Verification of Class Roll  |
| May 23 | Attendance Logs, Roll Books, Speech Logs, Adapted P.E., PT/OT   |
| May 23 | Copy of Progress Reports Logs,  |
| May 23 | Keys....to Files<br>Password/ID for computers<br>Summer Addresses (Teacher and Paraprofessional)<br>Phone Number (Teacher and Paraprofessional)   |
| May 23 | An updated address and telephone number of your students  |

