



# IEP Environment and Services

IEP Forms 1 and 1 2



PLAAFP

Goals

Accommodations  
Modifications

Services

# Specially Designed Instruction

*Dispelling the  
myths*

Is it part of the Multi-Tiered Systems of Support (MTSS), Response to Intervention (RTI), or Section 504 of the Americans with Disabilities Act?

No

Is it specific to a student who qualifies for special education services?

Yes

Is it used to help a student master IEP goals and ensure access to and progress in the general curriculum?

Yes

Does it go beyond differentiated instruction to address the unique needs that exist because of a student's disability?

Yes

Should it be implemented in addition to, not in place of, differentiated instruction?

Yes

# Per IDEA: Specially Designed Instruction (SDI)

- ▶ The IDEA regulations define special education as **“specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability.”** [34 C.F.R. § 300.39(a)(1)] The regulation continues:
  - ▶ Specially designed instruction means **adapting**, as appropriate to the needs of an eligible child under this part, the **content, methodology, or delivery** of **instruction**
  - ▶ To address the **unique needs** of the child that result from the child's disability; and
  - ▶ To **ensure access of the child to the general curriculum**, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

# Adapting Content, Methodology, and Delivery



## ► What does that mean?

- **Content:** Knowledge and skills being taught to the student
- **Methodology:** Instructional strategies or programs used with the student
- **Delivery of instruction:** The way (not where) in which instruction is delivered to the student

# Specially Designed Instruction in Practice

- ▶ SDI provides access to general education curriculum, so that the student can meet the educational standards
- ▶ SDI does not only provide momentary access to information, but creates knowledge in a child with a disability by teaching a transferable set of skills that can be **used across settings and time**

**NOTE:** Can include intervention materials, as well as components of the core curriculum. The instruction must be something **different** than what is provided by the general education teacher.

# Consider this...

- ▶ What happens if a child with a disability can access the general education curriculum without specially designed instruction or related services?
- ▶ *The child's eligibility would be called into question.*
- ▶ *Special education is two pronged and requires the need for specially designed instruction*



# Who Can Provide SDI?

## Qualifications of IDEA Personnel

Special Education Teachers

General Education Teachers

- ▶ As of 2018 - Arizona Revised Statutes §15-763 was recently amended to allow for the provision of specially designed instruction (SDI) by general education teachers or other certificated personnel. This must be appropriately explained in the IEP. (ADE, 2018)

Related services personnel

- ▶ State-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services



# Who Can Provide SDI?

## Referencing ADE Guide Steps

- ▶ Arizona Senate Bill 1317 enacted updates to Arizona Revised Statutes and states that Specially Designed Instruction:
- ▶ “Includes instruction that is delivered by a person who is certificated pursuant to section 15-203 and who is **determined by a pupil’s individualized education program team** to be an appropriate provider based on the pupil’s individual needs”

ARS 15-761 (32) (b)

300.18(b)  
300.39  
300.320(a)(4)  
ARS 15-763.A  
ARS 15-183(C)(5) &  
(E)(5)  
R7-2-401.G.4  
  
SF, SASF, SCFS

Review the following items when general education or other non-special education certified providers are noted in a student’s individualized education program (IEP) as the service provider for the specially designed instruction:

- An explanation of why the use of a general education teacher or other non-special education, certificated provider is appropriate to meet the needs of that specific student and to ensure access to the general education curriculum
- An explanation of how certificated special education personnel will be involved in the planning, progress monitoring, or delivery of SDI
- Verify the certification of the special education teacher of the child present at the IEP meeting through the Arizona Department of Education’s Online Arizona Certification Information System (OACIS)
- Verify the certification of the individual who is providing SDI, if different from the special education teacher of the child (not applicable for Charter PEAs)

Guiding questions teams can consider when discussing SDI:

- What content is being taught and what instructional practices are in place in the general education classroom?
- What differentiated instructional practices/Multi Tiered systems of support are already in place in the general education classroom?
- What changes to content, delivery or methodology are needed for the student?
- What specially designed instruction is needed?

# Environment and Services: Form I

SPED Services	Instr. Setting/ Location definition	Start Date	Total Minutes	End Date
(1) Math Problem Solving	Special Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				
(2) Reading	General Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				
(3) Reading	Special Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				

Special education services that are **required** for the student to make progress on goals (and objectives, as applicable)

- Services should be linked to PLAAFP data and specified goals

Location:

- If the same service is required in two different locations, create **two different service lines**

Examples:

Location:

- Special Education Classroom = I
- General Education Classroom = I
- General Education Classroom/Special Education Classroom = O
- Special schools = O
- Mr. Wilson = O

300.320(a)(7) SF,  
SASF,  
SCSF

The location, frequency, and duration of each special education service, related service, supplementary aid and service, support for school personnel and modification is included.

Student File Review Method:

Location of services generally refers to the type of environment that is the appropriate place for provision of the service. The location should not be a specific room (e.g., Mrs. Smith's class) but should reflect the type of location (special education classroom, general math class).

# Environment and Services: Form I

SPED Services	Instr. Setting/ Location definition	Start Date	Total Minutes	End Date
(1) Math Problem Solving	Special Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				
(2) Reading	General Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				
(3) Reading	Special Education Classroom	06/04/2021	0 per month	06/03/2022
Frequency and Duration: <input type="text"/>				
Provider(s): Special Education Teacher   -- Please select --   -- Please select --				
Specially Designed Instruction: <input type="text"/> <a href="#">(see examples)</a>				

Service start and end dates auto-populate based on what is entered on the coversheet

Check these dates and ensure accuracy, aligning to the intended start of each service, and end of each service

Start Date for services should be within **5 school days** following the conclusion of the IEP meeting. This should not exceed the previous IEP end date.

This allows the parent time to review our offer of FAPE prior to implementation of services.

**Total Minutes:** determine the exact number of minutes of specially designed instruction needed to **meet the specific goal(s)** developed for each service

- Recommend minutes per MONTH

**End Date** is typically the same as the end date of the IEP

**NOTE:** Different Service Start and End Dates may be required for each service depending on the unique circumstances of the student

# Environment and Services: Form I

SPED Services	Instr. Setting/ Location definition	Start Date	Total Minutes	End Date
(1) Math Problem Solving	Special Education Classroom	06/04/2021	0 per month	06/03/2022
<b>Frequency and Duration:</b> <input type="text"/> <b>Provider(s):</b> Special Education Teacher   -- Please select --   -- Please select -- <b>Specially Designed Instruction:</b> <input type="text"/> (see examples)				
(2) Reading	General Education Classroom	06/04/2021	0 per	06/03/2022
<b>Frequency and Duration:</b> <input type="text"/> <b>Provider(s):</b> Special Education Teacher   -- Please select --   -- Please select -- <b>Specially Designed Instruction:</b> <input type="text"/> (see examples)				
(3) Reading	Special Education Classroom	06/04/2021	0 per	06/03/2022
<b>Frequency and Duration:</b> <input type="text"/> <b>Provider(s):</b> Special Education Teacher   -- Please select --   -- Please select -- <b>Specially Designed Instruction:</b> <input type="text"/> (see examples)				

~~Periodically~~  
As needed  
Daily

Frequency and Duration: Clarify “anticipated” frequency and duration of the services to be provided

Align the statement to the goal(s) developed for this service

**Frequency** generally refers to how often a child will receive a service (such as the number of times per day or per week).

Frequency and duration:

- Pre-teaching vocabulary: Three 30-minute sessions per week = I
- Pre-teaching vocabulary: 90 minutes per week = O
- Receptive language therapy: Four 10-minute sessions per month = I
- Receptive language therapy: 40 minutes/month = O
- Counseling: Two 30-minute sessions per month = I
- Counseling: 3500 minutes/yr. = O
- Consultation for modifying assignments: Once weekly for 30 minutes = I
- Consultation for modifying assignments: ~~as needed~~ = O



# Environment and Services: Form I

SPED Services Instr. Setting/ Location definition Start Date Total Minutes End Date

(1) Math Problem Solving Special Education Classroom 06/04/2021 0 per month 06/03/2022

Frequency and Duration:

Provider(s): Special Education Teacher -- Please select -- -- Please select --

Specially Designed Instruction: (see examples)

Specialized Instruction(SDI) statements are **required** and should be a clear description of the SDI offered

## III.A.4 Special Education and Related Services

Statute and Forms	Explanation and Review Method
300.18(b) 300.39 300.320(a)(4) ARS 15-763.A ARS 15-183(C)(5) & (E)(5) R7-2-401.G.4  SF, SASF, SCFS	<p>The IEP describes the specially designed instruction (special education services) to be provided.</p> <p><b>Specially designed instruction (SDI)</b> means “adapting, as appropriate, to the needs of a student, the content, methodology, or delivery of instruction to address the unique needs that result from the student’s disability and to ensure access to the general curriculum as identified in the academic standards adopted by the state board of education.”</p> <p><b>Student File Review Method:</b> Review the entire IEP for a clear description of the specially designed instruction that adapts, as appropriate, to the needs of a student, the content, methodology, or delivery of instruction to address the unique needs that result from the student’s disability and to ensure access to the general curriculum.</p>

# Related Services

**“Related Services** means transportation and such developmental, corrective, and other supportive services as are **required to assist a child with a disability to benefit from special education**, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes.”

# Environment and Services: Form I

Statements clarifying the impact from holidays, field trips, etc. should not be included in the IEP

Each related service should be tied to at least one goal

**Note: Transportation does not require a goal**

Examples:

- Door-to-door transportation = **I**
- Educational interpreter = **I**
- Occupational therapy (sensory integration) = **I**
- Occupational therapy = **O**
- Counseling on stress management strategies = **I**
- Speech therapy (expressive language) = **I**
- Speech = **O**
- Parental counseling and training = **I**
- Team considered related services: none were needed = **I**
- N/A = **O**

300.34(a)  
300.320(a)(4)  
R7-2-401.G.4  
SF, SASF, SCSF

The IEP includes the consideration of related services to be provided.

**Student File Review Method:** Determine if the IEP team considered the need for related services. If there are no related services indicated on the IEP, there must be some notation that the team considered and rejected the need. If the team determined that related services were needed, the services must be clearly specified in the IEP. Transition services may be considered as a related service if they are required to assist a child with a disability to benefit from special education.

# Transportation



- ▶ Specialized transportation is a related service if it is required for the student to access FAPE, but it should not be assumed that all students require specialized transportation.
- ▶ Teams should FIRST inquire about how the family plans to get the student to and from school.
- ▶ Transportation is not offered or determined based on teacher or parent convenience
- ▶ **Review the need for transportation as a related service each year – remove/adjust as needed**



# Environment and Services: Form I

## Supplementary Aids/Assistive Technology and Services for **Students**

300.320(a)(4) 300.324(a) (3)(ii) 300.34(a) 300.42 R7-2-401.B.  1,13 SF, SASF, SCSF, SCSEAI	<p>The IEP includes any supplementary aids, services, and program modifications to be provided.</p> <p><b>Student File Review Method:</b> <u>Review the entire IEP</u> to determine if supplementary aids and services are to be provided or if program modifications are to be made.</p> <p><u>Supplementary aids and services</u> are defined as “aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate.” Examples include, but are not limited to, orientation and mobility training, interpreter assistance, assistive technology devices or services, and instructional aides.</p> <p><u>Program modifications</u> are defined as “substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content, or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.”</p>
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# Environment and Services: Form I

Supplementary Aids: Please select --

Instr. Setting/Location: 03/02/2020

Start Date: 03/01/2021

Total Minutes:

Provider:

End Date:

**Frequency and Duration:**

Add New/Save

Clarification:

Spell Check Save Changes

Frequency and duration must be specified

- Stating “as needed” or “daily” is NOT compliant

Examples include:

- FM system
- Cane
- Sign language Interpreter
- Activities of Daily Living
  - Toileting
  - Eating/Feeding
  - Mobility
  - Grooming
  - Use of assistive devices
  - Transferring
  - Positioning
  - Safety Monitoring

Examples:

- Instruction in using speech to text for writing assignments = I
  - Student will use a pencil grip whenever she is working on a written assignment. = I
  - Student may use a calculator for math problems. = I
  - Student will utilize a daily communication book (or homework assignment notebook) that will move between home and school with relevant notes for the parent/teacher. = I
  - To promote student's continued independence, leisure books with page turning adaptations will be available during non-instructional time. = I
  - Student will require an aide for toileting assistance. = I
  - A social skills coach will meet with student twice a week during P.E. = I
- 
- Student will have a sign language interpreter during classroom discussions. = I
  - Considered and not required at this time = I
  - N/A = O
  - Left blank and not addressed elsewhere in the IEP = O

# Environment and Services: Form I

The screenshot shows the 'Environment and Services: Form I' interface. Several fields are highlighted with colored ovals: 'Supplementary Aids' (green), 'Frequency and Duration:' (orange), 'Provider' (green), and 'End Date' (blue). The form includes a table with columns: 'Instr. Setting/Location', 'Start Date', 'Total Minutes', 'Provider', and 'End Date'. The 'Start Date' is set to '03/02/2020' and the 'End Date' is set to '03/01/2021'. Below the table is a text area for 'Clarification:' and buttons for 'Add New/Save', 'Spell Check', and 'Save Changes'.

Instr. Setting/Location	Start Date	Total Minutes	Provider	End Date
-- Please select --	03/02/2020			03/01/2021

Frequency and Duration:

Clarification:

Buttons: Add New/Save, Spell Check, Save Changes

Medicaid Specialist can assist in reviewing the IEP prior to locking documents

## Activities of Daily Living

Each required service should be documented under Supplementary Aids

Frequency and duration must be specified. **Do not enter a range of minutes**

Provider should be "Health Aide" or "Paraprofessional"

Ensure dates are correct for each service, especially when developing a preschool to kindergarten IEP

# Environment and Services: Form I

## What is Assistive Technology (AT)?

**Device:** Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to **increase, maintain, or improve the functional capabilities of a student** with a disability.

- ▶ Devices ranging from low-tech options (i.e. pencil grips) to high-tech options (i.e. SMART board, augmentative communication)

**Service:** Direct assistance needed in the evaluation of the need for and the selection, acquisition, or use of an AT device

- ▶ Include training the child (as well as staff who work with the child) to use the device

Build Independence – helps students with disabilities accomplish something that they could **not** do without it

Determined by the individualized needs of the student in all academic areas along with developmental, functional, and learning needs; not determined as “benefit”

# Assistive Technology Considerations Form

Chandler Unified School District

Welcome: **aarellano** | My Account ▾

Student Profile Meeting Notices Prior Written Notices Evaluation MET **IEP Designer** Reporting

IEP FORMS & REPORTS

**SUPPLEMENTAL IEP FORMS**

AT Considerations Form Review Signature Page

Placement Statement IEP Transition Plan Worksheet

The AT Form is accessible in PDF through e-IEPPRO on the IEP Designer module

Print the form and complete it at the IEP meeting for **EVERY** student. The form is intended to be a **conversation starter** and **evidence** that the team thoughtfully considered AT needs for the student.

# Assistive Technology Considerations Form

## Chandler Unified School District Assistive Technology (AT) Consideration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

The need for assistive technology devices/services is determined based upon the individual needs of the students and should be considered at each initial placement, annual review, and/or reevaluation. This document outlines AT needs that have been considered. Following a discussion of present level of academic achievement and functional performance (PLAAFP), and development of measurable annual goals, indicate any applicable assistive technology support that is required based upon the following areas.

**Guiding Questions: What is the need?; Which accommodation meets the need?; How does it meet the need?**

**1) Indicate yes/no for each area, (2) circle or add in accommodations that apply, and (3) complete summary/recommendations.**

AREA:	EXAMPLES:	
<b>Academics:</b>	Reading:	Highlighter, page turners, post-it notes, use of pictures/symbols with text; books on tape; text-to-speech software
AT Needs?	Written Expression:	Slant Board, rug lock, graphic organizers, pencil grip, raised paper, word processor with spell checker, word predictions, electronic spell checker/dictionary; adapted paper, prewritten words/phrases on cards or pocket charts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Math:	Number stamps, raised rulers; calculator, with/without large keys/display/voice output; special paper for number alignment; enlarged math sheets
	Learning/ Studying:	Print/picture schedule; aids to find materials (color coding...); highlighting text; pagers/electronic reminders; duplicate books
	COMMENTS:	
<b>Sensory:</b>	Hearing:	TTY/TDD with/without relay; signaling device; closed captioning; amplifications system; loop system; FM system
AT Needs?	Vision:	Magnifier; screen color contrast; Braille materials; Braille translation; enlarged or Braille/tactile labels for keyboard; enlarged materials; alternate color text/background; large cursor; enlarged books
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tactile/ Movement:	Weighted vest/blanket/lap pads, etc.; movement cushion; fidget toys; chewy toys; sensory diet (consult occupational therapist)
	COMMENTS:	
<b>Communication:</b>	Expressive/ Receptive:	Communication board with pictures/words/letters; eye gaze frame; scanning board; repetitive/predictable books
AT Needs?	Speech:	Recorded materials for model matching
<input type="checkbox"/> Yes <input type="checkbox"/> No	Voice/ Fluency:	Delayed auditory feedback
	COMMENTS:	
<b>Physical Access:</b>	Environment Control:	Appliance controls; battery operated toys/learning aids; keyguard; alternative keyboard; word prediction; track ball/joystick/head mouse; switch scanning; on screen keyboard; adaptive switches
AT Needs?		

- Offers *examples* of technology devices/services that may support needs in identified areas
- Not an exhaustive list
- Assists teams in considering the comprehensive needs of each student



# Assistive Technology Considerations Form

## Summary/Recommendations:

- ☐ All areas above have been considered. ☐ Others, as needed:

## Indicate choice below:

- ☐ A. Student's needs are being met WITHOUT assistive technology. (Indicate "considered but not needed" on IEP)
- ☐ B. Student's needs are being met WITH assistive technology (List generic names for technology items as well as necessary related services and support services for school personnel on the IEP)
- ☐ C. AT concerns continue to exist. *Proceed to Assistive Technology Consult:*
- Include recommendations determined by the team in the Present Levels and accommodations of the IEP, as well as the PWN
  - This form should follow the service page of the IEP in the special education file and uploaded to "Supporting Documents" in IEP PRO

Indicate final decisions made at the bottom of the form  
Assistive Technology is determined by **NEED** not benefit

Scan the form into Supporting  
Documents (e-IEPPRO)  
Include this form in the Brown  
File



Include all accommodations  
and AT in the student's IEP

# Environment and Services: Form I

## Supports that will be provided to Staff

The IEP includes a statement of supports that will be provided to school personnel.

**Student File Review Method:** Determine whether appropriate supports were considered. This area of the IEP should not be left blank but may be incorporated in various locations in the document.

Examples:

- Considered, but not needed at this time = I
- In-service training on tube feeding = I
- Staff and parent in-service on use of assistive technology device = I
- Special education consultation on modifications for weekly tests in spelling = I
- Paraprofessional training on positive behavioral supports = I
- Special education consultation = O
- N/A = O
- Teacher training = O
- Providing copy of IEP = O

Examples include

- ▶ Consultation between teachers and related service providers or itinerant staff
- ▶ Training
  - ▶ Medical
  - ▶ Adaptive equipment
  - ▶ Tube feeding
  - ▶ FM system
  - ▶ Communication system

### Supports For School Personnel

Supports From School Personnel Are Listed Below ([see examples](#)).

- ☐ Educationally relevant program modifications or supports for school personnel
- ☒ Check here if program modifications and supports from school personnel were considered but are not necessary to provide special education

Support	Instr. Setting/Location	Start Date	Total Minutes	Provider	End Date
	-- Please select --	11/15/2023			11/14/2024

Add New/Save



# Environment and Services: Form I

## Least Restrictive Environment

<p>300.320(a)(5) SF, SASF, SCSF</p>	<p>The extent to which the student <b>will not participate</b> with nondisabled peers is explained.</p> <p><b>Student File Review Method:</b> Determine whether the IEP contains an <b>explanation</b> of the extent to which the student will not be involved with nondisabled students <b>and why the instruction cannot be provided in a less restrictive environment</b>. This could be documented in a variety of ways or places within the IEP. The explanation must be individualized.</p> <p>The student's LRE must be determined on an individualized basis dictated by student's strengths/needs and <b>not</b> on a certain disability category, disability-driven program, or a PEA's staffing.</p>
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# Environment and Services: Form I

## Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus. Use the [Least Restrictive Environment Worksheet](#) to assist in determining the least restrictive environment.

-- Please Select --

## Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an

-- Please Select --

- (A) - Inside Regular Class 80% or more of the day.
- (B) - Inside Regular Class for not more than 79% of day and no less than 40% of the day.
- (C) - Inside Regular Class less than 40% of the day.
- (D) - Public or Private Separate Day School for greater than 50% of the school day.
- (E) - Public or Private Residential Facility for greater than 50% of the school day.
- (EA) - Public or Private Residential Facility for greater than 50% of the school day - placed by another state a...
- (EB) - Public or Private Residential Facility for greater than 50% of the school day - placed by another state a...
- (EC) - Public or Private Residential Facility for greater than 50% of the school day - placed by another state a...
- (FA) - Correctional Facilities with code A.
- (FB) - Correctional Facilities with code B.
- (FC) - Correctional Facilities with code C.
- (H) - Hospital or Home Program.
- (I) - Services provided in a regular classroom.
- (J) - Private School placement, enrolled by parent(s).
- (PA1) - Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special educa...
- (PA2) - Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special educa...
- (PB1) - Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special educ...
- (PB2) - Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special educ...
- (PD) - Separate Class. Attends a special education program in a class intended primarily for children with disab...
- (PE) - Separate School. Receives all special education and related services in public or private day schools des...
- (PG) - Residential Facility.
- (PH1) - Home AT LEAST 360 minutes per week.
- (PH2) - Home LESS THAN 360 minutes per week.
- (PS) - Service Provider Location or some other location that is not in any other category for less than 360 minu...

## LRE/AzEDS Program Code (i.e. A, B, C, PD, PS) –

These are ADE funding codes; they should **not** be a part of IEP discussions

- ▶ Determined by calculating the amount of time the student spends **away from non-disabled peers** during the school day – [See worksheet available in e-IEPPRO to assist with this calculation](#)
- ▶ Not necessarily correlated to the number of minutes the student will be receiving special education services during the school day
- ▶ Must be individualized, dictated by student's strengths/needs and explain why instruction cannot be provided in a less restrictive environment

# Least Restrictive Environment (LRE) Statement – Form I

## Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus. Use the [Least Restrictive Environment Worksheet](#) to assist in determining the least restrictive environment.

(A) - Inside Regular Class 80% or more of the day.

### Worksheet to Assist in Determining Least Restrictive Environment

Close

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus.

**Part A:** Record how many minutes in a typical full school day the student is only with students with special needs. Please adjust the worksheet to your school's daily schedule.

Period 1:	<input type="text" value="0"/>	Period 2:	<input type="text" value="0"/>	Period 3:	<input type="text" value="0"/>	Period 4:	<input type="text" value="0"/>	Period 5:	<input type="text" value="0"/>
Period 6:	<input type="text" value="0"/>	Period 7:	<input type="text" value="0"/>	Period 8:	<input type="text" value="0"/>	Lunch:	<input type="text" value="0"/>	Other:	<input type="text" value="0"/>
SLI:	<input type="text" value="0"/>	OT:	<input type="text" value="0"/>	PT:	<input type="text" value="0"/>	VI:	<input type="text" value="0"/>	HI:	<input type="text" value="0"/>

**Part B:** Record how many minutes in a typical full school day. The computer will add the minutes above and insert them into special education minutes per day field.

Total minutes in a typical full school day:

Special education minutes per day: (to be calculated)

**Part C:** Least Restrictive Environment percentage; total daily minutes student spends inside the general education classroom.

General Education minutes per day: (to be calculated)

(computer record minutes; Total minutes minus sped minutes)

Percent of the day inside GENERAL EDUCATION class: (to be calculated)%

(computer record percentage; Gen. Ed. minutes divided by total minutes)

Reset

Calculate

LRE CODE A = 80-100% of the day

LRE CODE B = 40-79% of the day

LRE CODE C = 0-39% of the day

The LRE Worksheet in e-IEPPRO can be used to assist with determining the appropriate AzEDS Program Code

Required information to use this worksheet

1. Total number of minutes in the school day
2. Number of daily minutes of each service that student will **ONLY** be with students with special needs

Do not include minutes of service provided in a location in which general education students are participating

# Environment and Services: Form I

## Least Restrictive Environment (LRE/AzEDS Program Code)

-- Please Select --

### Least Restrictive Environment (LRE/AzEDS Program Code)

-- Please Select --

- (PA1) - Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special educa...
- (PA2) - Attending Regular Early Childhood Program AT LEAST 10 hours per week; receiving majority of special educa...
- (PB1) - Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special educa...
- (PB2) - Attending Regular Early Childhood Program LESS THAN 10 hours per week; receiving majority of special educa...
- (PD) - Separate Class. Attends a special education program in a class intended primarily for children with disab...
- (PE) - Separate School. Receives all special education and related services in public or private day schools, des...

## Kindergarten Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus. Use the [Least Restrictive Environment Worksheet](#) to assist in determining the least restrictive environment.

-- Please Select --

### Kindergarten Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus. Use the [Least Restrictive Environment Worksheet](#) to assist in determining the least restrictive environment.

-- Please Select --

- (A) - Inside Regular Class 80% or more of the day.
- (B) - Inside Regular Class for not more than 79% of day and no less than 40% of the day.
- (C) - Inside Regular Class less than 40% of the day.
- (D) - Public or Private Separate Day School for greater than 50% of the school day.
- (E) - Public or Private Residential Facility for greater than 50% of the school day.
- (EA) - Public or Private Residential Facility for greater than 50% of the school day - placed by another state a...

## Preschool to Kindergarten IEP

- ▶ Program Codes change from preschool to kindergarten
- ▶ Ensure a Program Code is selected for both Preschool and Kindergarten

# Least Restrictive Environment (LRE) Statement – Form I

## Least Restrictive Environment (LRE/AzEDS Program Code)

To determine the Least Restrictive Environment, you will need to determine the percentage of an average day the student spends with their non-disabled peers in a general education setting on campus. Use the [Least Restrictive Environment Worksheet](#) to assist in determining the least restrictive environment.

-- Please Select --

Provide an explanation of the extent, if any, to which the student will NOT participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options.

**Note:** The explanation should include statements of "Why" and the "Extent" of services. ([see examples](#))

Spell Check

Save Changes

Guiding questions teams can consider when discussing LRE:

- What is the student's current level of functioning?
- What services does the child need to access and progress in the general curriculum?
- What modifications does the child need to access and progress in the general education curriculum?
- What additional supports does the child need to access and progress in the general education curriculum?
- Can the services, supports and/or modifications be provided in the general education classroom? If not, why?



# Environment and Services: Form I

Consider any potential harmful effects of this placement for the child or on the quality of services that he or she needs:

Spell Check

Save Changes

Reason for Different Service School: (only complete if the student is not attending their home school)

Student is at home school.

Spell Check

Save Changes

## Instructional Setting/Continuum of Service

☒ Not Applicable; the student is not placed in a public/private day school or other out-of-district alternative or private school, homebound, hospital or institution, or private residential facility.

Complete the following setting only if the student is placed in a public/private day school or other out-of-district alternative or private school, homebound, hospital or institution, or private residential facility.

### Instructional Setting:

Special Schools: These include both public and private schools and other out-of-district alternative or private school ▾

☐ The Exit Criteria have been developed and are as follows:

If exit criteria are needed, they would be entered here

Spell Check

Save Changes

This information should reflect considerations the IEP team discussed that might have a potential harmful effect on the student as a result of the placement decision.

Individualize for the student:  
**Polly** is attending a district-designated site to meet her needs

**Instructional Setting/Continuum of Service** will default to "Not Applicable"

If an alternative placement is required, uncheck the box and complete the remainder of the form

# Medicaid Services – Form I2

Cover Sheet (Form A) | PLAAFP 1-3 (Form B) | PLAAFP 4-5 (Form B) | Consider. (Form C) | Goals (Form D) |  
Accomm. (Form E) | Assess. (Form F) | Env. & Services (Form I) | **Medicaid Services (Form I2)**

Group Code: TRN      Student ID: PS123      Time Period: 10/22/2019 - 10/21/2020  
Last Updated:      Group/User Last Updated: /

**MEDICAID SERVICES / DSC DATA FORM (FORM I2)**

Review and complete Section A1 below as appropriate if the student receives the assistance of an aide to address any of needs listed (includes all aides serving students that have an IEP).

**A1. Assistance with Personal Care/Daily Living Skills / Activities of Daily Living**  
(Select all areas that apply - use ctrl or shift to select multiple items)

No options selected.

- grooming
- toileting
- transfers
- eating/feeding
- dressing
- positioning
- mobility
- use of assistive devices

Add New / Save Changes

**Scope of Health Aide Services - Personal Care/ADL**  
(select the maximum number of hours the student is expected to receive assistance with personal care/ADL)

**Scope of Health Aide Services - Personal Care/ADL**  
(select the maximum number of hours the student is expected to receive assistance with personal care/ADL)

- between 15 and 30 minutes per day
- between 30 and 60 minutes per day
- between 60 and 90 minutes per day
- between 90 and 120 minutes per day
- between 120 and 150 minutes per day
- between 150 and 180 minutes per day
- between 180 and 240 minutes per day
- between 240 and 300 minutes per day
- between 300 and 360 minutes per day
- between 360 and 420 minutes per day

(Select all areas that apply - use ctrl or shift to select multiple items)

Select all activities that apply as listed on the PLAAFP and indicate the maximum number of minutes the student is expected to receive assistance with personal care

Student Name: PRESCHOOL, POLLY  
Student ID: PS123 | State ID: 1234567

Medicaid Services / DSC (Form I-2)

IEP Meeting Date: 10/22/2019  
DOB: 3/12/2015

**\*\* Personal Care and Daily Living Skills**

For the duration of the IEP, the student shall have access to a health aide in the listed areas between 90 and 120 minutes per day. The health aide will assist the student in the area(s) of personal care/activities of daily living to address the following need(s):

- grooming (10/22/2019 through 10/21/2020)
- toileting (10/22/2019 through 10/21/2020)
- eating/feeding (10/22/2019 through 10/21/2020)
- mobility (10/22/2019 through 10/21/2020)

Print view

Dates will auto-fill. Verify that they match the dates on Form I (Env. & Services)

# Medicaid Services – Form I2

## D. Nursing Services

Review and complete sections D if the student will have access to any nursing services listed below.  
(Select the appropriate nursing service(s) only if the services are disability related and provided by an RN or LPN)

### D1. Nursing Services: Daily treatments

(Select all areas that apply - use ctrl or shift to select multiple items)

☒ tube feeding

respiratory management  
urinary management  
nutrition management  
bowel management  
suctioning  
seizure control  
catheter  
behavioral and family support  
crisis intervention  
Other:

Add New / Save Changes

Select all required nursing services

Select nursing services specific for daily administration of medication, and **specify required medication**

### D2. Nursing Services: Daily medication

**No options selected.**

Health condition requiring medication administration:

Add New / Save Changes

## E. Counseling

Complete this section if counseling is listed as a related service and the student receives on-going scheduled individual and/or group counseling provided by the school guidance counselor in the selected areas below.

**Student shall have access to counseling services to address behavioral health needs in the following area(s):**

(Select all areas that apply - use ctrl or shift to select multiple items)

**No options selected.**

verbal aggressiveness  
physical aggressiveness  
combative behavior  
withdrawn behavior  
inappropriate socialization  
dependency to increase independence  
lack of ability to follow rules/guidelines  
interruptions/ disrespect for others to increase appropriate behavior  
inappropriate life skills to increase appropriate life skills  
student family assistance in partnership with school to address stated needs

Counseling services are indicated in this section **if this is a service listed on Form I** (Env. & Services)



# Medicaid Services – Form I2

## F. Special Education Transportation

Complete the appropriate sections if the student needs special education transportation due to the disability, a medical necessity, and/or the ability to access the program site. Special education transportation MUST be listed as a related service on the service page.

### F1. The student has significant health-related needs in the area of:

(Select all areas that apply - use ctrl or shift to select multiple items)

**No options selected.**

need for adaptive vehicle due to physical disability (i.e. to accommodate a wheelchair or walker)  
need for a related medical condition  
as not to engage in any behavior that may be disruptive or unsafe (could be related to significant distractibility or behavior issues)  
to facilitate transfer from one authorized adult to another due to the disability  
need for additional supervision in an unstructured environment  
need for transportation in a separate non-adaptive vehicle due to behavior issues  
Student requires specialized transportation due to significant cognitive disability and will not be transported with non-disabled  
Student requires an adaptive vehicle to accommodate his/her wheelchair access. Student will not be transported with non-disabled  
Student cannot be transported with non-disabled peers due to significant behavioral problems. Student will access school bus  
Other:

Add New / Save Changes

### F2. Statement of related service that require the student to receive special education transportation:

(Select all areas that apply - use ctrl or shift to select multiple items)



The student will receive special education transportation due to their disability and/or behavioral/social-emotional needs. Curb to curb transportation needs indicated in the IEP will be provided

Add New / Save Changes

(Optional section: select only if appropriate)

### F3. Vehicle adaptations (optional section: select only if appropriate):

(Select all areas that apply - use ctrl or shift to select multiple items)

**No options selected.**

wheelchair capabilities  
harness  
car seat  
must be guided onto bus and into seat cannot manage boarding independently  
safety vest  
hand and/or feet restraints  
Other:

Add New / Save Changes

Select appropriate section for Transportation needs

Transportation required due to significant health-related needs

Transportation required as a related service to access special education/FAPE

Vehicle adaptations (only if needed)

- Wheelchair capabilities
- Harness
- Car seat (booster seat)
- Must be guided onto bus and into seat cannot manage boarding independently
- Safety Vest
- Hand and/or feet restraints
- Other



# Transportation

## Option: Safety Vest



The safety vest is designed for students who need something more than a standard seat belt . It will accommodate 31-168 lbs.



# Transportation

## Option: Booster Seat



Booster seats have a five-point restraint system, similar to an automobile child seat. Designed for students 25-65 lbs and up to 5'7" tall.

# Special Education Transportation Form

Transportation Forms are located in the **Miscellaneous Forms** module

Ensure form is fully completed and all information is accurate

Lock form immediately so Transportation is alerted and can route the student

- ▶ **Students must have a consistent a.m. and p.m. drop-off location**
- ▶ Morning and afternoon locations may differ, if consistent

THANK YOU