

ELEMENTARY STUDENT

STANDARDS-BASED IEP

Alabama State Department of Education, Special Education Services



Standards & Curriculum Guides

- Alabama College - & Career – Ready Standards

<http://alex.state.al.us/ccrs/>

<http://alex.state.al.us/specialed/>

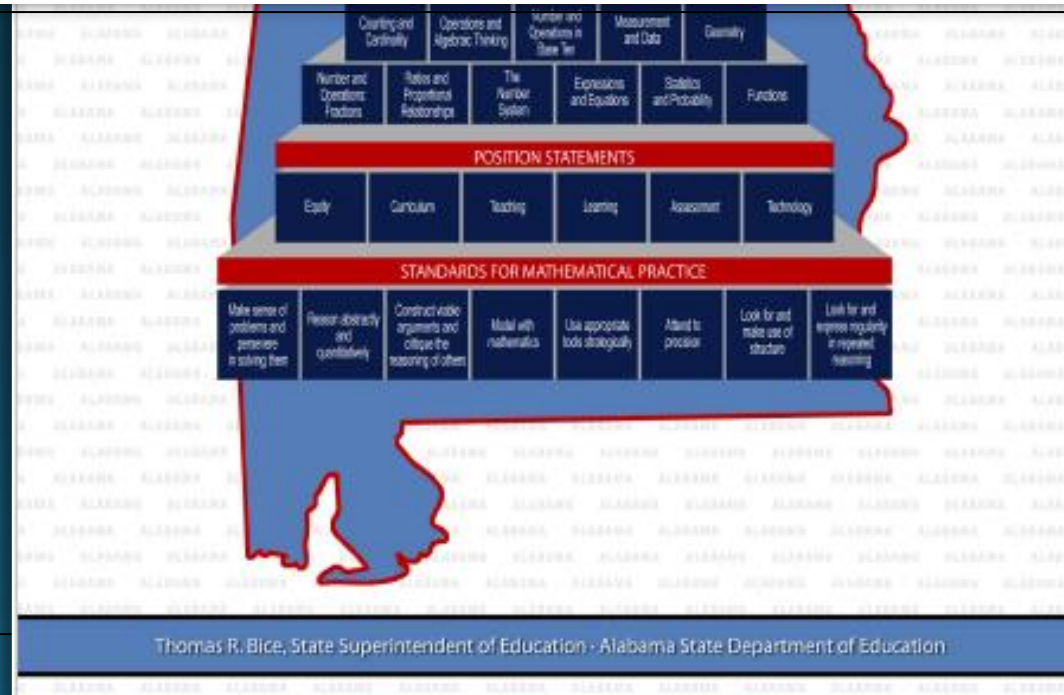
<http://www.alsde.edu/home/>



2015 REVISED ALABAMA COURSE OF STUDY
MATHEMATICS

The Number System 6th Grade

6. Fluently add, subtract, multiply, and divide multi-digit decimals using the standard algorithm for each operation. [6-NS3]



Standards & Curriculum Guides

- Alabama College - & Career – Ready Standards
- Alabama Curriculum Guides

<http://alex.state.al.us/ccrs/>

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Curriculum Guide

The Number System 6th Grade

6. Fluently add, subtract, multiply, and divide multi-digit decimals using the standard algorithm for each operation. [6-NS3]

Objectives:

- M. 6.6.1:** Solve division problems involving multi-digit whole numbers and decimal numbers.
- M. 6.6.2:** Solve multiplication problems involving multi-digit whole numbers and decimal numbers.
- M. 6.6.3:** Recall basic multiplication and division facts.
- M. 6.6.4:** Solve addition and subtraction of multi-digit decimal numbers (emphasis on alignment)
- M. 6.6.5:** Solve addition and subtraction of multi-digit whole numbers.
- M. 6.6.6:** Recognize place value of whole numbers and decimals.
- M. 6.6.7:** Demonstrate addition, subtraction, multiplication, and division of whole numbers and decimals using manipulatives.



Standards & Curriculum Guides

- Alabama College - & Career – Ready Standards
- Alabama Curriculum Guides
- Alabama Extended Standards

<http://alex.state.al.us/ccrs/>

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<http://www.alsde.edu/home/>



ALABAMA EXTENDED STANDARDS

M. ES 6.2: Recognize multiplication as repeated addition using fives and tens. (M 6.6.3)

Example: Which example represents a way to solve $5 \times 2 = \underline{\quad}$?

a) $5+5+5=15$

b) $5+5=10$

c) $5+5+5+5=20$

- *Objective: Use multiplication concepts to determine the value of a group of like coins or bills.*

Example A: Which multiplication sentence will determine the amount shown?



a) $6 \times 10\text{¢} = 60\text{¢}$

b) $6 \times 5\text{¢} = 30$

c) $5 \times 10\text{¢} = 50\text{¢}$

Example B: Which multiplication sentence will determine the amount shown?



a) $4 \times \$5 = \20

b) $3 \times \$5 = \15

c) $5 \times \$10 = \50



Standards & Curriculum Guides

- Alabama College - & Career – Ready Standards
- Alabama Curriculum Guides
- Alabama Extended Standards
- Alabama Transition Standards

<http://alex.state.al.us/ccrs/>

<http://alex.state.al.us/specialed/>

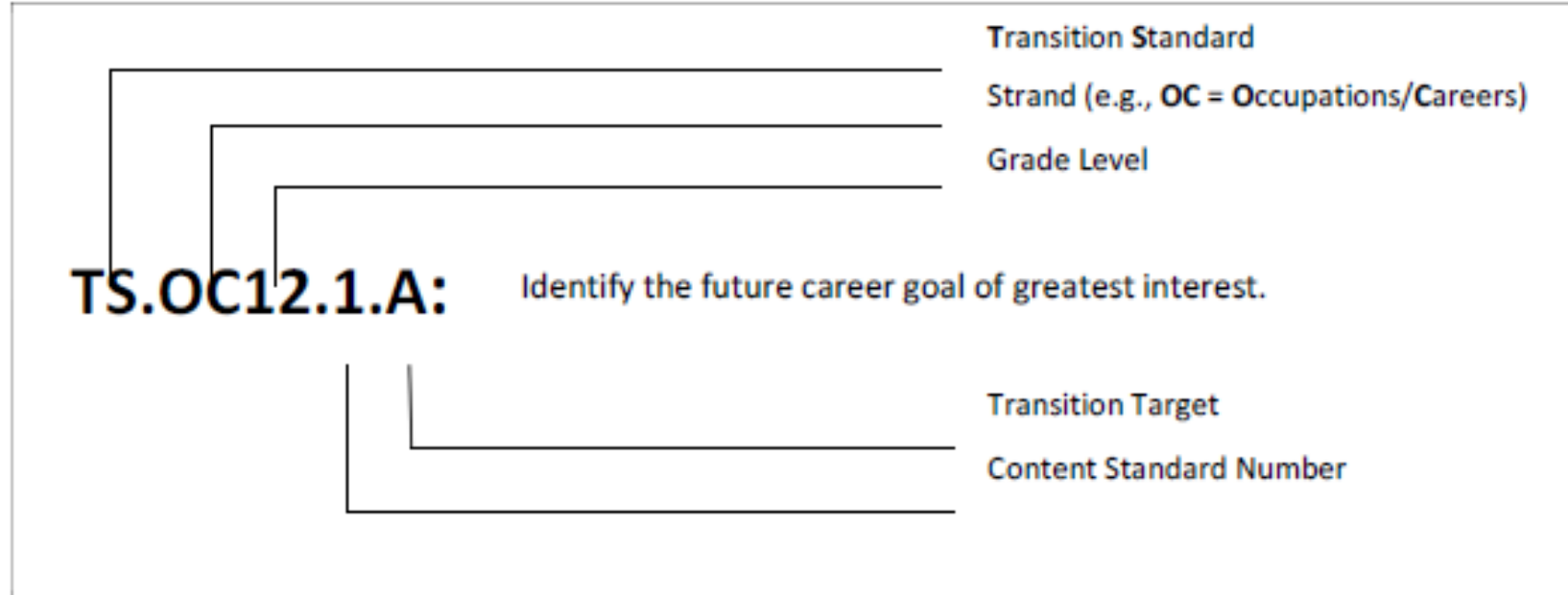
<http://www.alsde.edu/home/>



Organization of Transition Standards

The organizational components of Transition Standards 9, 10, 11, and 12 include the strand, grade level, content standard, and the transition target.

The system for numbering **TS.OC12.1.A**, for example, is based upon the following:



Standards & Curriculum Guides

- Alabama College - & Career – Ready Standards
- Alabama Curriculum Guides
- Alabama Extended Standards
- Alabama Transition Standards
- Alabama Developmental Standards for Preschool Children

<http://alex.state.al.us/ccrs/>

<http://alex.state.al.us/specialed/>

<http://www.alsde.edu/home/>



Alabama Developmental Standards for Preschool Children	Alabama Course of Study	Head Start Child Development and Early Learning Framework
Approaches to Learning	None	Approaches to Learning Logic and Reasoning
Language and Literacy	English Language Arts - Kindergarten	Language Development Literacy Knowledge and Skills
Mathematics	Mathematics - Kindergarten	Mathematics Knowledge and Skills
Science and Environmental Education	Science - Kindergarten	Science Knowledge and Skills
Technology	Technology Education	Science Knowledge and Skills
Social and Emotional Development	Social Studies	Social and Emotional Development Social Studies Knowledge and Skills
Physical Development	Physical Education	Physical Development and Health
Health and Daily Living	Health Education	Physical Development and Health
Creative Arts	Arts Education - Kindergarten	Creative Arts Expression



Standards & Curriculum Guides

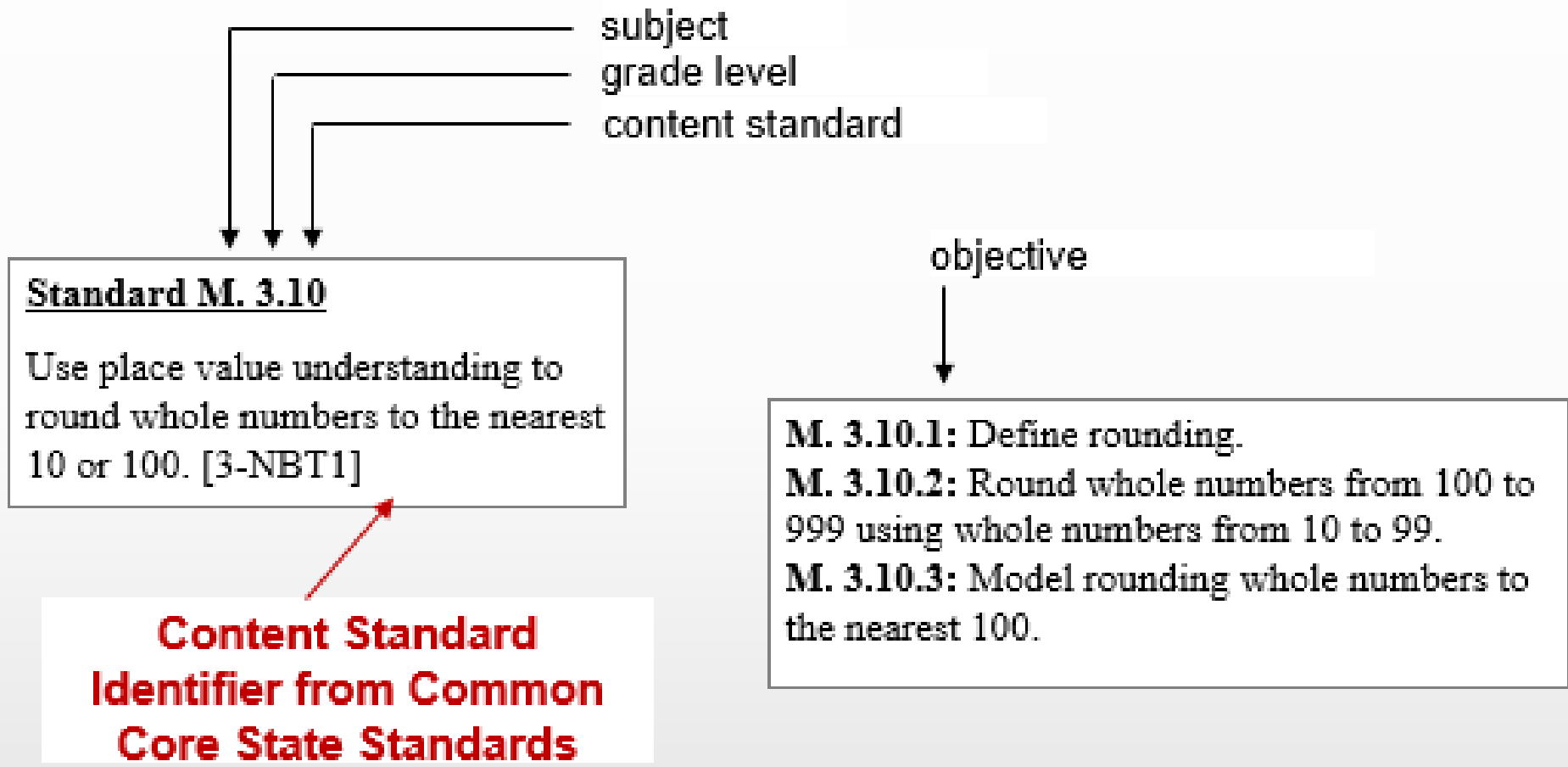
- Alabama College - & Career – Ready Standards
- Alabama Curriculum Guides
- Alabama Extended Standards
- Alabama Transition Standards
- Alabama Developmental Standards for Preschool Children

<http://alex.state.al.us/ccrs/>

<http://alex.state.al.us/specialed/>

<http://www.alsde.edu/home/>





PLEASE NOTE:
THE FOLLOWING EXAMPLE
IS ONLY ONE WAY
TO DEVELOP A STANDARDS-
BASED IEP

DISCLAIMER



STANDARDS-BASED IEP

Notice and Invitation to a Meeting/ Consent for Agency Participation

Alabama State Department of Education, Special Education Services



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: **Sallie Carson**

MEETING DATE: **05/11/2015** TIME: **10:00 AM** LOCATION: **Room 210 at Elementary School**

[] _____ [] _____
[] _____ [] _____

**Enclosure: Special Education Rights*

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

_____ at _____
(Name) (Telephone)

Signature of Education Agency Official

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to: _____
before _____

- I WILL BE ABLE TO MEET WITH YOU.
- I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
- I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____
Results of 1st Attempt _____
2nd Attempt Date _____ Action _____
Results of 2nd Attempt _____
Documented attempts to contact student/agency for an IEP Team meeting including transition services.
Student was notified on _____ via _____
Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
- _____
- _____

*** Enclosure: Special Education Rights**

Classroom 210 at Elementary School

People will be invited to meet with us:

Transition Agency (LEA) Representative
 Who Can Interpret the Instructional Implications of
 Assessment Results
 Special Education Teacher
 General Education Teacher

Special Education Agency Representative
 Agency Representative(s) for Transition**
 Title _____

If you would like to participate by phone, please contact the person listed below. If you would like to participate by someone from the Early Intervention Program, please contact the person listed below.

If you are unable to attend in your native language, the LEA/agency has a translator available. If you have any questions or need assistance, please contact:

(Telephone) _____

Name: _____

at another time.

If you want more information,

contact the person listed above to attend the meeting.

(EXCLUDING the following agencies: _____)

I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) _____

Date _____

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____

Results of 1st Attempt _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt _____

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson

MEETING DATE: 05/11/2015 TIME: 10

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
-
-

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you phone, please call the person below to make arrangements. If your child is transitioning from Early Intervention, you initial IEP Team meeting. Please contact the individual be

My signature below verifies that if you require notice an accommodated you to ensure your understanding. You are Rights document. If you want another copy of your right

(Name)

Signature of Education Agency Official

PARENT

Please check one of the following boxes, sign, date, and before

- I WILL BE ABLE TO MEET WITH YOU
- I CANNOT meet at the date and time indicate
- I WILL NOT BE ABLE TO MEET WITH

Please check one of the following boxes if agencies** a

- I GIVE CONSENT for representatives from
- (EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____
 Results of 1st Attempt _____
 2nd Attempt Date _____ Action _____
 Results of 2nd Attempt _____
 Documented attempts to contact student/agency for an IEP Team meeting including transition services.
 Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
 - Someone Who Can Interpret the Instructional Implications of the Evaluation Results
 - General Education Teacher
 - Special Education Teacher
 - Parent
 - Student
 - Career/Technical Representative
 - Other Agency Representative(s) for Transition**
- Agency Name _____

-
-
-



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
 MEETING DATE: 05/11/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Cynthia Mayo

at

123-456-7890

(Name)

(Telephone)

Cynthia Mayo

Signature of Education Agency Official

I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(EXCLUDING the following agencies: _____)

I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____
 Results of 1st Attempt _____
 2nd Attempt Date _____ Action _____
 Results of 2nd Attempt _____
 Documented attempts to contact student/agency for an IEP Team meeting including transition services.
 Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
MEETING DATE: 05/11/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

- The purpose of this meeting is to:
- Determine if Referral requires Evaluation*
 - Discuss the Need for Additional Data Collection
 - Determine Initial or Continued Eligibility
- The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
 - Someone Who Can Interpret the Instructional Implications of the Evaluation Results

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to: Cynthia Mayo
before 05/08/2015

- I WILL BE ABLE TO MEET WITH YOU.
- I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
- I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Brenda Carson
Signature of Parent or Student (Age 19)

05/05/2015
Date

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____

Results of 1st Attempt _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt _____

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
 MEETING DATE: 05/11/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
- _____
- _____

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) for Transition**
- Agency Name _____
- _____
- _____

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education*

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent 05/04/2015

Results of 1st Attempt Parent unable to attend-need to reschedule

2nd Attempt Date _____ Action _____

Results of 2nd Attempt _____

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____

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Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
 MEETING DATE: 05/11/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) for Transition**
- Agency Name _____

Complete Form and Close in SETS

- I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
- I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Brenda Carson
 Signature of Parent or Student (Age 19)

05/05/2015
 Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent 05/04/2015
 Results of 1st Attempt Parent unable to attend-need to reschedule
 2nd Attempt Date _____ Action _____
 Results of 2nd Attempt _____
 Documented attempts to contact student/agency for an IEP Team meeting including transition services.
 Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: _____

MEETING DATE: _____ TIME: _____ LOCATION: _____

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
- _____
- _____

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) for Transition**
- Agency Name _____
- _____
- _____

New Date/Time = New Meeting Notice

I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)

I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____

Results of 1st Attempt _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt _____

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson

MEETING DATE: 05/15/2015 TIME: 10:00 AM LOCATION: Room 210 at Elementary School

[] _____ [] _____
[] _____ [] _____

**Enclosure: Special Education Rights*

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

_____ at _____
(Name) (Telephone)

Signature of Education Agency Official

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to: _____
before _____

- I WILL BE ABLE TO MEET WITH YOU.
 I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
 I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)
 I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____
Results of 1st Attempt _____
2nd Attempt Date _____ Action _____
Results of 2nd Attempt _____
Documented attempts to contact student/agency for an IEP Team meeting including transition services.
Student was notified on _____ via _____
Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
MEETING DATE: 05/15/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School
The purpose of this meeting is to: _____ The following people will be invited to meet with us:
 Determine if Referral requires Evaluation* Local Education Agency (LEA) Representative
 Discuss the Need for Additional Data Collection Someone Who Can Interpret the Instructional Implications of the Evaluation Results
 Determine Initial or Continued Eligibility

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to: Cynthia Mayo
before 05/12/2015

- I WILL BE ABLE TO MEET WITH YOU.
- I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
- I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
(EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Brenda Carson
Signature of Parent or Student (Age 19)

05/10/2015
Date

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent _____

Results of 1st Attempt _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt _____

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
 MEETING DATE: 05/15/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
- _____
- _____

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) for Transition**
- Agency Name _____
- _____
- _____

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent 05/04/2015

Results of 1st Attempt Parent unable to attend-need to reschedule

2nd Attempt Date 05/08/2015 Action Phone call to parent- second notice sent

Results of 2nd Attempt Parent attended - meeting held

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____

Agency was notified on _____ via _____

ALSDE Approved Feb. 2015

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Sallie Carson
 MEETING DATE: 05/15/2015 TIME: 10:00 AM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

- Determine if Referral requires Evaluation*
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Review / Revise IEP
- Annual Review / Develop Annual IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Conduct a Resolution Session
- _____
- _____

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) for Transition**
- Agency Name _____
- _____
- _____

**Enclosure: Special Education Rights*

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Cynthia Mayo at 123-456-7890

(Name)

(Telephone)

Cynthia Mayo

Signature of Education Agency Official

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes, sign, date, and return this form to: Cynthia Mayo
 before 05/12/2015

- I WILL BE ABLE TO MEET WITH YOU.
- I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
- I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I want more information.

Please check one of the following boxes if agencies** are indicated above:

- I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
 (EXCLUDING the following agencies: _____)
- I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Brenda Carson

05/10/2015

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent 05/04/2015
 Results of 1st Attempt Parent unable to attend-need to reschedule
 2nd Attempt Date 05/08/2015 Action Phone call to parent- second notice sent
 Results of 2nd Attempt Parent attended – meeting held
 Documented attempts to contact student/agency for an IEP Team meeting including transition services.
 Student was notified on _____ via _____
 Agency was notified on _____ via _____

ALSDE Approved Feb. 2015



STANDARDS-BASED IEP Profile Page



INDIVIDUALIZED EDUCATION PROGRAM

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME		Sallie Carson							
DOB	06/14/2008	SCHOOL YEAR	2015	-	2016	GRADE	3	-	3
IEP INITIATION/DURATION DATES		FROM	08/17/2015		TO	05/20/2016			
THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.									

<p>Results of the most recent evaluations – Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results.</p>
<p>The academic, developmental, and functional needs of the student – Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities.</p>
<p>Other – Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.</p>
<p>For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's 3rd birthday – This should only be completed if the child is not being served under IDEA on the child's third birthday. (e.g., if a child's birthday is during the summer or holiday(s) justification is required).</p>

Page ____ of ____

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Strengths of the student –

Include information regarding the student's strengths in academic and functional areas.

Sallie has great listening skills as evidenced by her ability to provide correct responses during class discussions of informational text read aloud. She enjoys participating in class and will raise her hand repeatedly to provide an answer. Math is an area of strength for Sallie. She is able to add and subtract single digit numbers; tell time; determine money totals using coins and bills; identify and use units of measurement. Sallie exhibits helpful behavior as she is always asking if she can assist with anything in the classroom, whether it involves instruction or cleaning up at the end of the day. She exhibits caring behavior toward her peers and adults by giving them a hug or telling them “it’s okay” if she thinks the person is upset.



Parental concerns for enhancing the education –

Include all information regarding the Parental concerns for enhancing the education of their child.

Sallie's parents realize she is reaching normal milestones later than her older siblings. However, they are concerned about her progress in reading. Sallie is beginning to ask them why she is not able to read like her sisters and will even become upset stating that she is not smart. Her parents stated that they read stories with her at home and use sight word flash cards. She is able to recall some of the words individually but they are seeing minimal progress in reading passages. They have asked if Sallie can receive additional instruction in reading at school.



Student Preferences and/or Interests –

This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests. Include all information concerning student preferences and/or interests including transition information.

Sallie stated that her favorite activities at school include math class, listening to her teacher read aloud, and playing with her friends. She has two older sisters and one younger sister at home and based upon her mother's observations she prefers to play alone. She enjoys swimming and has participated on a competition team. She is currently taking tennis lessons and participates at the theatre within her community. She considers herself as having great memory skills due to the fact she can memorize necessary lines, as evidenced by her recent performance in a comical skit. However, due to her limited reading ability she stated that she relies on her older sisters to help her learn the lines.



Results of the most recent evaluations –

Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results.

Based upon progress monitoring, Sallie is reading on a level consistent with a student in kindergarten. She is able to distinguish letter names and sounds and identify some high frequency words in context, especially if paired with a picture or illustration. (ELA K.23.3) She actively participates in group readings and oral discussions, listening to stories or subject area text read aloud and responding to questions with 80% accuracy. (ELA K.9.1) She knows that she is struggling to read and is embarrassed; even asking, “Can I read good?” or will apologize saying, “I’m sorry that I can’t read.” Based upon recent classroom assessments Sallie is performing math at a level that is consistent with a student in the 2nd grade.



The academic, developmental, and functional needs of the student –

Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities.

When presented with a silent reading assignment, Sallie will look around at her classmates until everyone is busy and then sit quietly and appear to be reading. However, she does not participate during the class discussion, which is something she enjoys. If given a reading assignment for home, Sallie will ask if she can get her parents or her sister to read it to her. She needs to develop skills to increase her level of word recognition and comprehension of written text. She needs to develop strategies for identifying the main idea and supporting details to increase her understanding of informational text. Sallie's limited ability to read grade level text negatively affects her participation in the general education curriculum in reading, science, and social studies.



Other –

Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.

Sallie exhibits uncoordinated motor skills sometimes stumbling over her own feet or falling unexpectedly. This occurs 4 -5 times weekly. Information from her parents indicate that she was seen by an orthopedic doctor but the issue was in her hip and she would not need therapy at this time. They do want school staff to monitor her and notify them if she begins to express symptoms of pain in her hip.



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME		Sallie Carson							
DOB	06/14/2008	SCHOOL YEAR	2015	-	2016	GRADE	3	-	3
IEP INITIATION/DURATION DATES		FROM	08/17/2015	TO	05/20/2016				
THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.									
STUDENT PROFILE – WILL INCLUDE GENERAL STATEMENTS REGARDING:									
Strengths of the student –									
Include information regarding the student's strengths in academic and functional areas.									
Sallie has great listening skills as evidenced by her ability to provide correct responses during class discussions of informational text read aloud. She enjoys participating in class and will raise her hand repeatedly to provide an answer. Based upon recent classroom assessments Sallie is performing math at a level that is consistent with a student in the 2nd grade. She is able to add and subtract single digit numbers; tell time; determine money totals using coins and bills; and identify and use units of measurement. Sallie exhibits helpful behavior as she is always asking if she can assist with anything in the classroom, whether it involves instruction or cleaning up at the end of the day. She is also a very loving child in that she likes to hug people; often times when it is not appropriate. However, she does not seem to understand the concerns with this behavior.									
Parental concerns for enhancing the education –									
Include all information regarding the Parental concerns for enhancing the education of their child.									
Sallie's parents realize she is reaching normal milestones later than her older siblings. However, they are concerned about her progress in reading. Sallie is beginning to ask them why she is not able to read like her sisters and will even become upset stating that she is not smart. They read stories with her at home and use sight word flash cards. She is able to recall some of the words individually but they are seeing minimal progress in reading passages. They have asked if Sallie can receive additional instruction in reading at school.									
Student Preferences and/or Interests –									
This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests.									
Include all information concerning student preferences and/or interests including transition information.									
Sallie stated that her favorite activities at school include math class, listening to her teacher read aloud, and playing with her friends. She has two older sisters and one younger sister at home and based upon her parents observations she prefers to play alone. She enjoys swimming and has participated on a competition team. She is currently taking tennis lessons and participates at the theatre within her community. She considers herself as having great memory skills due to the fact she can memorize necessary lines, as evidenced by her recent performance in a small skit. However, due to her limited reading ability she stated that she relies on her older sister to help her learn the lines.									
Results of the most recent evaluations –									
Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results.									
Based upon progress monitoring Sallie is reading on a level consistent with a student in kindergarten. She is able to distinguish letter names and sounds and identify some high frequency words in context, especially if paired with a picture or illustration. (ELA K.2.3) She actively participates in group readings and oral discussions listening to stories or subject area text read aloud and responding to questions with 80% accuracy. (ELA K.9.1) She knows that she is struggling to read and is embarrassed; even asking, "Can I read good?" or will apologize saying, "I'm sorry that I can't read." Based upon recent classroom assessments Sallie is performing math at a level that is consistent with a student in the 2nd grade. She is able to add and subtract single digit numbers; tell time; determine money totals using coins and bills; and identify and use units of measurement.									
The academic, developmental, and functional needs of the student –									
Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities.									
When presented with a reading assignment for home Sallie will ask if she can get her parents or her sister to read it to her. She needs to develop skills to increase her level of word recognition and comprehension of written text. She needs to develop strategies for identifying key details in informational text. Sallie's limited ability to read grade level text negatively affects her participation in the general education curriculum in reading, science, and social studies.									
Other –									
Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.									
Sallie exhibits clumsy motor skills sometimes stumbling over her own feet or falling unexpectedly. This occurs 4-5 times weekly. Information from her parents indicate that she was seen by an orthopedic doctor but the issue was in her hip and she would not need therapy at this time. They do want school staff to monitor her and notify them if she begins to express symptoms of pain in her hip.									
For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's 3rd birthday –									
This should only be completed if the child is not being served under IDEA on the child's third birthday. (e.g., if a child's birthday is during the summer or holiday(s) justification is required).									



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

YES NO

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	[]	[✓]
• Does the student have a Behavioral Intervention Plan?	[]	[✓]
• Does the student have limited English proficiency?	[]	[✓]
• Does the student need instruction in Braille and the use of Braille?	[]	[✓]
• Does the student have communication needs?	[]	[✓]
• Does the student need assistive technology devices and/or services?	[]	[✓]
• Does the student require specially designed P.E.?	[]	[✓]
• Is the student working toward alternate achievement standards and participating in the <i>Alabama Alternate Assessment</i> ?	[]	[✓]
• Are transition services addressed in this IEP?	[]	[✓]

[] YES.

[] YES, with supports. Describe:

[] NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _____ weeks).

Page ____ of ____

ALSDE Approved Feb. 2015



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

- | | | |
|--|--------------------------|-------------------------------------|
| | YES | NO |
| • Does the student have behavior which impedes his/her learning or the learning of others? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the student have a Behavioral Intervention Plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TRANSPORTATION

Student's mode of transportation:

- Regular bus Bus for special needs Parent contract Other: Car rider

Does the student require transportation as a related service? YES NO

If yes, check any transportation needs:

- Bus assistance: Adult support Medical support
- Preferential seating
- Behavioral Intervention Plan
- Wheelchair lift and securement system
- Restraint system

Specify type:

Other. Specify: _____

Bus driver and support personnel are aware of the student's behavioral and/or medical concerns.

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _____ weeks).

Page ____ of ____

ALSDE Approved Feb. 2015



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:	YES	NO
• Does the student have behavior which impedes his/her learning or the learning of others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student have a Behavioral Intervention Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student have limited English proficiency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student need instruction in Braille and the use of Braille?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student have communication needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student need assistive technology devices and/or services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the student require specially designed P.E.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the student working toward alternate achievement standards and participating in the <i>Alabama Alternate Assessment</i> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Are transition services addressed in this IEP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TRANSPORTATION

Student's mode of transportation:
 Regular bus Bus for special needs Parent contract Other: Car rider

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

- YES.
- YES, with supports. Describe:

NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every 9 weeks).



STANDARDS-BASED IEP Annual Goal Page(s)



STUDENT'S NAME:

Sallie Carson

DOB: 06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Fluency

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

[\(Link to Curriculum Guides\)](#)



Fluency

21. Read with sufficient accuracy and fluency to support comprehension. [RF.3.4]
 - a. Read on-level text with purpose and understanding. [RF.3.4a]
 - b. Read on-level prose and poetry orally with accuracy, appropriate rate, and expression on successive readings. [RF.3.4b]
 - c. Use context to confirm or self-correct word recognition and understanding, rereading as necessary. [RF.3.4c]

Objectives:

- ELA 3.21.1: Read 50-90 words of connected text per minute orally with accuracy.
- ELA 3.21.2: Read 30-50 words of connected text per minute orally with accuracy.
- ELA 3.21.3: Retell text read to confirm comprehension.
- ELA 3.21.4: Recognize first and/or second grade sight words independently.
- ELA 3.21.5: Recognize first and/or second grade sight words with scaffolding.
- ELA 3.21.6: Recognize pre-primer/primer sight words independently.
- ELA 3.21.7: Recognize pre-primer/primer sight words with scaffolding.
- ELA 3.21.8: Decode regularly spelled multi-syllabic words with short and long vowels.
- ELA 3.21.9: Decode regularly spelled multi-syllabic words with short and long vowels with prompting.
- ELA 3.21.10: Describe rhythm, beat, and expression for reading aloud.



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a picture or illustration (ELA K.23.3).



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- **STRENGTHS:**

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a

She needs to increase her level of reading fluency to identify and read sight words at the second grade level (ELA 3.21.4).

- **HOW DISABILITY AFFECTS PERFORMANCE IN GENERAL EDUCATION CURRICULUM:**



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- **STRENGTHS:**

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a picture or illustration (ELA K.23.3).

Sallie's limited skills to read with accuracy affects her participation in the general education curriculum in the area of reading.

- **HOW DISABILITY AFFECTS PERFORMANCE IN GENERAL EDUCATION CURRICULUM:**



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a picture or illustration (ELA K.23.3). She needs to increase her level of reading fluency to identify and read sight words at the second grade level (ELA 3.21.2). Sallie's limited skills to read with accuracy affects her participation in the general education curriculum in the area of reading.



STUDENT'S NAME:

Sallie Carson

DOB: 06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Fluency

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

Based upon recent progress monitoring Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a picture or illustration (ELA K.23.3). She needs to increase her level of reading fluency to identify and read sight words at the second grade level (ELA 3.21.2). Sallie's limited skills to read with accuracy affects her participation in the general education curriculum in the area of reading

[\(Link to Curriculum Guides\)](#)



MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Curriculum Based Assessment | <input type="checkbox"/> Teacher/Text Test | <input type="checkbox"/> Teacher Observation | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> State Assessment(s) | <input type="checkbox"/> Work Samples | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |



ANNUAL GOAL:

- WHO (The Student):

Sallie

- BEHAVIOR (will do what):

will read 40 words of connected text and answer comprehension questions from subject area text

- CONDITIONS (under what conditions):

Through direct instruction

- CRITERION (to what level):

with 85% accuracy

- TIME FRAME (in what length of time):

by the end of the 4th nine weeks. (ELA 3.21.2)



Through direct instruction, Sallie will read 40 words of connected text and answer comprehension questions from subject area text with 85% accuracy by the end of the 4th nine weeks. (ELA 3.21.2)



MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

Through direct instruction, Sallie will read 40 words of connected text and answer comprehension questions from subject area text with 85% accuracy by the end of the 4th nine weeks. (ELA 3.21.2)

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- | | | | |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Curriculum Based Assessment | <input type="checkbox"/> Teacher/Text Test | <input type="checkbox"/> Teacher Observation | <input type="checkbox"/> Grades |
| <input checked="" type="checkbox"/> Data Collection | <input type="checkbox"/> State Assessment(s) | <input type="checkbox"/> Work Samples | |
| <input checked="" type="checkbox"/> Other: <u>Progress Monitoring</u> | <input type="checkbox"/> Other: _____ | | |



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson DOB: 06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Fluency

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

Based upon recent progress monitoring Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a picture or illustration (ELA K.23.3). She needs to increase her level of reading fluency to identify and read sight words at the second grade level (ELA 3.21.2). Sallie's limited skills to read with accuracy affects her participation in the general education curriculum in the area of reading

[\(Link to Curriculum Guides\)](#)

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

Through direct instruction, Sallie will read 40 words of connected text and answer comprehension questions from subject area text with 85% accuracy by the end of the 4th nine weeks. (ELA 3.21.2)

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- Curriculum Based Assessment Teacher/Text Test Teacher Observation Grades
- Data Collection State Assessment(s) Work Samples
- Other: Progress Monitoring Other: _____

BENCHMARKS:

Include at least two Benchmarks for students working on Extended Standards or for students in public agencies that require Benchmarks. Benchmarks are required for all students working on Extended Standards. This includes academic goals and functional goals, regardless of whether it is a testing year.

1. _____ Date of Mastery: _____
2. _____ Date of Mastery: _____
3. _____ Date of Mastery: _____
4. _____ Date of Mastery: _____



STUDENT'S NAME:

Sallie Carson

DOB:

06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Informational Text

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

[\(Link to Curriculum Guides\)](#)



11. Determine the main idea of a text; recount the key details and explain how they support the main idea. [RI.3.2]

Objectives:

- ELA 3.11.1:** Identify the main idea of a multiparagraph text as well as the focus of specific paragraphs within the text.
- ELA 3.11.2:** Identify the main idea and retell key details of a text.
- ELA 3.11.3:** Identify key details of a text.
- ELA 3.11.4:** Identify the main idea of a picture.



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based upon teacher observations, Sallie is able to recall facts from informational text that is read aloud. She actively participates in group readings and oral discussions by listening to stories or subject area text read aloud and responds to questions with 80% accuracy (ELA K.19.1).



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- **STRENGTHS:**

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in

She needs to develop strategies for identifying the main idea and supporting details to increase her understanding of informational text.

- **HOW DISABILITY AFFECTS PERFORMANCE IN GENERAL EDUCATION CURRICULUM:**



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

- **STRENGTHS:**

Based upon recent progress monitoring, Sallie is reading at a level that is consistent with a student in Kindergarten. She is able to identify high frequency words in context, especially if paired with a

Sallie's limited ability to read informational text on grade level affects her participation in the general education curriculum in the areas of science and social studies.

- **HOW DISABILITY AFFECTS PERFORMANCE IN GENERAL EDUCATION CURRICULUM:**



PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Based upon teacher observations, Sallie is able to recall facts from informational text that is read aloud. She actively participates in group readings and oral discussions by listening to stories or subject area text read aloud and responds to questions with 80% accuracy (ELA K.19.1). She needs to develop strategies for identifying the main idea and supporting details to increase her understanding of informational text. Sallie's limited ability to read informational text on grade level affects her participation in the general education curriculum in the areas of science and social studies.



STUDENT'S NAME:

Sallie Carson

DOB: 06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Informational Text

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

Based upon teacher observations Sallie is able to recall facts from informational text that is read aloud. She actively participates in group readings and oral discussions by listening to stories or subject area text read aloud and responds to questions with 80% accuracy (ELA K.19.1). She needs to develop strategies for identifying the main idea and supporting details to increase her understanding of informational text. Sallie's limited ability to read informational text on grade level affects her participation in the general education curriculum in the areas of science and social studies.

[\(Link to Curriculum Guides\)](#)



MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Curriculum Based Assessment | <input type="checkbox"/> Teacher/Text Test | <input type="checkbox"/> Teacher Observation | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> State Assessment(s) | <input type="checkbox"/> Work Samples | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |



ANNUAL GOAL:

- WHO (The Student):

Sallie

- BEHAVIOR (will do what):

will identify the connection between the main idea and supporting details of a passage to complete a graphic organizer

- CONDITIONS (under what conditions):

Through direct instruction of reading strategies

- CRITERION (to what level):

with 85% accuracy

- TIME FRAME (in what length of time):

by the end of the 4th nine weeks. (ELA 3.11.1)



Through direct instruction of reading strategies, Sallie will identify the connection between the main idea and supporting details of a passage to complete a graphic organizer with 85% accuracy by the end of the 4th nine weeks. (ELA 3.11.1)



MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

Through direct instruction of reading strategies Sallie will identify the connection between the main idea and supporting details of a passage to complete a graphic organizer with 85% accuracy by the end of the 4th nine weeks. (ELA 3.11.1)

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Curriculum Based Assessment | <input type="checkbox"/> Teacher/Text Test | <input type="checkbox"/> Teacher Observation | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> State Assessment(s) | <input checked="" type="checkbox"/> Work Samples | |
| <input checked="" type="checkbox"/> Other: <u>Teacher made graphic organizer</u> | <input type="checkbox"/> Other: _____ | | |



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson DOB: 06/14/2008

Identify the area the MEASUREABLE ANNUAL GOAL will address. The area may be an academic content area (e.g., math, science) and/or a functional area (e.g., behavior, organization). For all students working on Extended Standards (following the Alternate Achievement Standards pathway), each content area (e.g., reading, math, science, language arts, and social studies) must be addressed.

AREA: Reading Informational Text

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

Based upon teacher observations Sallie is able to recall facts from informational text that is read aloud. She actively participates in group readings and oral discussions by listening to stories or subject area text read aloud and responds to questions with 80% accuracy (ELA K.19.1). She needs to develop strategies for identifying the main idea and supporting details to increase her understanding of informational text. Sallie's limited ability to read informational text on grade level affects her participation in the general education curriculum in the areas of science and social studies.

[\(Link to Curriculum Guides\)](#)

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

Through direct instruction of reading strategies Sallie will identify the connection between the main idea and supporting details of a passage to complete a graphic organizer with 85% accuracy by the end of the 4th nine weeks. (ELA 3.11.1)

DATE OF MASTERY: _____

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

Curriculum Based Assessment Teacher/Text Test Teacher Observation Grades
 Data Collection State Assessment(s) Work Samples
 Other: Teacher made graphic organizer Other: _____

BENCHMARKS:

Include at least two Benchmarks for students working on Extended Standards or for students in public agencies that require Benchmarks. Benchmarks are required for all students working on Extended Standards. This includes academic goals and functional goals, regardless of whether it is a testing year.

1. _____ Date of Mastery: _____
2. _____ Date of Mastery: _____
3. _____ Date of Mastery: _____
4. _____ Date of Mastery: _____

Page ____ of ____

ALSIDE Approved Feb. 2015



STANDARDS-BASED IEP

Special Education and Related Service(s)



- **Special Education** must be completed for all students with an IEP and is defined as adapting the **content**, **methodology** or **delivery of instruction** to address the unique needs of the student that result from his/her disability.

- **CONTENT** (In what skill)
- **METHODOLOGY** (What teaching strategy/method will be used)
- **DELIVERY OF INSTRUCTION** (How *or* When)



The following slides will provide an example of adapting the content; an example of adapting methodology; and an example of adapting the delivery of instruction.

It is not required to include all three.



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
Teach decoding skills to increase reading fluency.	Weekly	200	8/17/2015-5/20/2016	Resource Classroom

**This is an example of adapting
Content**



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
Direct instruction using an evidence based reading program.	Weekly	200	8/17/2015-5/20/2016	Resource Classroom

This is an example of adapting Methodology



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
One on one instruction in resource classroom.	Weekly	200	8/17/2015-5/20/2016	Resource Classroom

This is an example of Delivery of Instruction



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
Special Education teacher will collaborate with general education teacher to provide supplementary, appropriate student level reading materials for use during instruction of subject area text.	Weekly	60	8/17/2015- 5/20/2016	General Education Classroom



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

DOB: 06/14/2008

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Special Education

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
Special Education teacher will collaborate with general education teacher and reading coach to prepare Science and Social Studies passages by "chunking the text."	Weekly	90	8/17/2015- 5/20/2016	General Education Classroom



Related Services		<input type="checkbox"/> Needed		<input checked="" type="checkbox"/> Not Needed	
Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)	

Supplementary Aids and Services		<input checked="" type="checkbox"/> Needed		<input type="checkbox"/> Not Needed	
Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)	
Pre-teach new vocabulary using images, flash cards, or visual prompts	Weekly		8/17/2015-5/20/2016	General Education Classroom	



Supplementary Aids and Services Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
------------	-------------------------------------	----------------	---------------------------------	------------------------

Provide graphic organizer to check for understanding of informational text

Weekly

8/17/2015-
5/20/2016

General
Education
Classroom



Supplementary Aids and Services Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
*Pre-teach new vocabulary using images, flash cards, or visual prompts	Weekly		8/17/2015-5/20/2016	General Education Classroom
*Provide graphic organizer to check for understanding of informational text				



Program Modifications	<input type="checkbox"/> Needed		<input checked="" type="checkbox"/> Not Needed	
Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)

Accommodations Needed for Assessments	<input checked="" type="checkbox"/> Needed		<input type="checkbox"/> Not Needed	
Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)

Formative classroom assessments using one of the following techniques: oral questioning, student conference, or project based

Weekly

8/17/2015-
5/20/2016

General
Education
Classroom



Assistive Technology Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

Support for Personnel Needed Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
Special Education staff will receive training in implementing the reinforcement components of the reading program	Once	60	8/14/2015-8/16/2015	Resource Classroom



STANDARDS-BASED IEP Signature Page



TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

EXTENDED SCHOOL YEAR SERVICES (ESY)

The IEP Team has considered the need for extended school year services. Yes No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

6-21 YEARS OF AGE 3-5 YEARS OF AGE

Least Restricted Environment:

COPY OF IEP

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: _____

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: _____

Date copy of **amended** IEP provided/sent to parent/student (age 19) _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

LEAST RESTRICTIVE ENVIRONMENT

Due to Sallie's need for individual intensive instruction on reading fluency and reading strategies instruction is best delivered in the resource classroom to allow her a quiet environment free from distractions.

6-21 YEARS OF AGE

3-5 YEARS OF AGE

01 100% to 80% of the Day Inside The Regular Education Environment

Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

EXTENDED SCHOOL YEAR SERVICES (ESY)

The IEP Team has considered the need for extended school year services. Yes No

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

Due to Sallie's need for individual intensive instruction on reading fluency and reading strategies instruction is best delivered in the resource classroom to allow her a quiet environment free from distractions.

6-21 YEARS OF AGE

3-5 YEARS OF AGE

Least Restricted Environment:

01.100% to 80% of the Day Inside The Regular Education Environment

COPY OF IEP

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: 05/22/2015

Date copy of amended IEP provided/sent to parent/student (age 19) _____

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: 05/04/2015

<small>LEA Representative</small>		
<small>Someone Who Can Interpret The Instructional Implications Of The Evaluation Results</small>		
<small>Student</small>		
<small>Career/Technical Education Representative</small>		
<small>Other Agency Representative</small>		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

EXTENDED SCHOOL YEAR SERVICES (ESY)

The IEP Team has considered the need for extended school year services. Yes No

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent	Brenda Carson	05/15/15
Parent	Jeff Carson	05/15/15
General Education Teacher	Meg Lowry	05/15/15
Special Education Teacher	Cynthia Mayo	05/15/15
LEA Representative	Crystal Richardson	05/15/15
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	Cynthia Mayo	05/15/15
Student		
Career/Technical Education Representative		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date



INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: Sallie Carson

TRANSFER OF RIGHTS

(Beginning not later than the IEP that will be in effect when the student reaches 18 years of age.)

Date student was informed that the rights under the IDEA will transfer to him/her at the age of 19 _____

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LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? Yes No

If no, explain:

Does this student receive all special education services with nondisabled peers? Yes No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

Sallie's need for intensive instruction in reading and reading strategies is best delivered in the resource classroom to allow her a quiet environment free from distractions.

6-21 YEARS OF AGE

3-5 YEARS OF AGE

Least Restricted Environment:

01 100% to 80% of the Day Inside The Regular Education Environment

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: 05/22/2015

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?

Yes No

If no, date sent: 05/04/2015

Date copy of **amended** IEP provided/sent to parent/student (age 19) _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
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Parent	Jeff Carson	05/15/15
General Education Teacher	Meg Lowry	05/15/15
Special Education Teacher	Cynthia Mayo	05/15/15
LEA Representative	Crystal Richardson	05/15/15
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	Cynthia Mayo	05/15/15
Student		
Career/Technical Education Representative		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date



STANDARDS-BASED IEP

Notice of Proposal or Refusal to Take Action



NOTICE OF PROPOSAL OR REFUSAL TO TAKE ACTION

The IEP Team has met to consider the following, regarding the educational program for:

STUDENT'S NAME: Sallie Carson

- | | | | |
|--|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Placement | <input type="checkbox"/> Other |
| <input type="checkbox"/> LEA Response to DPH Request | <input checked="" type="checkbox"/> Provision of Free Appropriate Public Education | <input type="checkbox"/> Other | |

DECISION REGARDING SPECIFIC ACTION PROPOSED OR REFUSED.

The IEP Team proposes to implement the IEP signed on 5/15/15 during the 2015-2016 academic school year.

It has been decided that action will be taken by the local education agency.

Check one:

- The local education agency will take the proposed action immediately and without undue delay.
- The local education agency's proposed action will be taken in _____ calendar days to afford the parent a reasonable period of time to consider the proposed action.



BASIS FOR DECISION(S)

Data collection of student performance indicates the need for specially designed instruction in the area of reading as outlined in the 2015-2016 proposed IEP.

DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

The option to not provide intensive reading instruction was rejected. Sallie's deficit in reading requires specialized instruction to enable her to receive full access to the general education curriculum.



**THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS,
AND/OR REPORTS WERE USED IN MAKING THE DECISION**

<input type="checkbox"/> Vision	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Grades	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Developmental Scales	<input type="checkbox"/> Other Agency Information
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Language	<input type="checkbox"/> Work Samples	<input type="checkbox"/> State Assessments
<input type="checkbox"/> Achievement	<input type="checkbox"/> Motor	<input type="checkbox"/> Discipline Records	<input checked="" type="checkbox"/> Other <u>Progress Monitoring</u>
<input type="checkbox"/> Behavior	<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Attendance Reports	<input type="checkbox"/> Other _____

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Cynthia Mayo

(Name)

at

334-242-8114

(Telephone)

Cynthia Mayo

Signature of Education Agency Official

Date Provided/Sent: 05/15/15

ALSDE Approved Feb. 2015



NOTICE OF PROPOSAL OR REFUSAL TO TAKE ACTION

The IEP Team has met to consider the following, regarding the educational program for:

STUDENT'S NAME: Sallie Carson

- Identification Evaluation Placement Other
 LEA Response to DPH Request Provision of Free Appropriate Public Education Other

DECISION REGARDING SPECIFIC ACTION PROPOSED OR REFUSED.

- The IEP Team proposes to implement the IEP signed on 5/15/15 during —
- the 2015-2016 academic school year. —

It has been decided that action will be taken by the local education agency.

Check one:

- The local education agency will take the proposed action immediately and without undue delay.
 The local education agency's proposed action will be taken in _____ calendar days to afford the parent a reasonable period of time to consider the proposed action.

BASIS FOR DECISION(S)

- Data collection of student performance indicates the need for specially —
- designed instruction in the area of reading as outlined in the 2015-2016 —
- proposed IEP. —

DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

The option to not provide intensive reading instruction was rejected. Sallie's deficit in reading requires specialized instruction to enable her to receive full access to the general education curriculum.

THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Vision | <input checked="" type="checkbox"/> Observation | <input type="checkbox"/> Grades | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language | <input type="checkbox"/> Work Samples | <input type="checkbox"/> State Assessments |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Motor | <input type="checkbox"/> Discipline Records | <input checked="" type="checkbox"/> Other <u>Progress Monitoring</u> |
| <input type="checkbox"/> Behavior | <input checked="" type="checkbox"/> Interview | <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Other _____ |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Cynthia Mayo

at 334-242-8114

(Name)

(Telephone)

Cynthia Mayo

Signature of Education Agency Official

Date Provided/Sent: 05/15/15

ALSDE Approved Feb. 2015



STANDARDS-BASED IEP

Persons Responsible for IEP Implementation



Persons Responsible for IEP Implementation
(Required Form in STI)

The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for Sallie Carson
(student's name) for the 2015-2016 school year.

DATE	SIGNATURE	POSITION
08/17/15	Meg Lowry	General Education Teacher
08/17/15	Carol Johnson	Instructional Assistant
08/17/15	Nancy Ray	Physical Education Teacher
08/17/15	Mary Campbell	Reading Coach

Signature and position of person responsible for informing school personnel of their responsibility.

Cynthia Mayo

Case Manager



Regional Specialist

Stephanie Frucci	1	Clare Ward	7
Shelia Bolling	2	Susan Goldthwaite	8
Regina Sankey	3	Curtis Gage	9
Denise Gilham	4	Tina Sanders	10
Cynthia Augustine	5	Diann Jones	11A
Brian Dunn	6	Joe Eiland	11B

Shirley Farrell-(All Regions)

Revised 1/16

