The Individualized Education Program (IEP) & the Planning and Placement Team (PPT) Process
Preparing for the Planning and Placement Team Meeting - PPT

The PPT meets to:

- Initiate and discuss evaluations
- Determine eligibility for special education and related services
- Develop, review and/or revise a child’s Individualized Education Program (IEP).
Prior to a referral to special education, alternative general education procedures & programs must be implemented.

Child may be referred initially to a Child Study Team/Student Assistance Team.

If difficulties persist, child may be referred for a special education evaluation.

Referral should be provided in writing; may use form ED 621.

A prompt referral to a planning and placement team (PPT) is required for any child who has been suspended repeatedly or whose behavior, attendance, including truant behavior, or progress in school is considered unsatisfactory or at a marginal level of acceptance.

Written notice shall be sent to the parents no later than five days after the date of referral.
Connecticut General Statutes 10-76d(a)(8)(B)Act

- Upon request, the district must provide an opportunity for that individual to meet with a member of the PPT prior to the referral PPT (i.e., first PPT meeting) to discuss the PPT process and the parent(s) concerns about the student.

  ✓ Upon receipt of referral, district should notify parents in writing of their right to request a meeting prior to the first PPT.

  ✓ At the referral PPT, the IEP meeting summary page (e.g., page 2) should document that: (1) the parent was informed of their right to a meeting prior to the first PPT; (2) that the parent did – or did not – request the meeting, (3) whether the meeting was held and if so, when and who attended and (4) the issues discussed.

  ✓ District should ensure that the PPT member designated the task of meeting with the parent, understands the PPT process and has the skills, knowledge and ability to explain the PPT process to a parent in a user-friendly manner.
Immediately upon the formal identification of a student as eligible for special education, districts must provide relevant information and resources that have been created by the State Department of Education relating to IEPs.

- CSDE recommends two publications, the *Parents’ Guide to Special Education* and the *IEP Manual*, as user-friendly resources that will be most helpful to parents. For students of transition age, *Building a Bridge* is also recommended.

- Publications provided at the eligibility PPT or if parents agree, district may provide the links to publications on CSDE’s website or send them electronically.

- Districts should request a return email confirming receipt.
Upon request, the district shall provide the results of the assessments and evaluations of the student that will be used to determine the student’s eligibility for special education at least three (3) school days before the PPT meeting at which the results of the assessments will be discussed for the first time. \[\text{Initial Evaluation ONLY}\]

- **Districts need to plan** to provide student’s reports at least 3 days prior to the PPT meeting in which they will be discussed in order to still comply with CT’s 45 school-day requirement for implementation of the IEP.

- **Parents need to be notified of their right to request their child’s assessment and evaluation reports** and such information should be recorded in the meeting summary page (i.e., IEP page 2).
**Identification Process**

1. **Referral for Special Education Evaluation** → **Planning & Placement Team (PPT) Must Meet to Consider Referral**

2. **PPT Reviews Existing Data**
   - Comprehensive Evaluation Not Needed - **No Suspected Disability**
   - Comprehensive Evaluation Needed. Existing Data Not Sufficient to Determine Eligibility
     - Determine Components of Comprehensive Evaluation
     - Obtain Parental Consent for Evaluation
     - Administration of Comprehensive Evaluation & Collection of Data
     - **PPT Reviews Comprehensive Evaluation Data**
       - Student Eligible for SPED Services based on a Disability
       - Student has a Disability but not Eligible for SPED Services [Section 504 Plan]
       - Insufficient Data to Determine Disability
         - Diagnostic Placement (limited to 8 weeks)
         - Mutual Agreement to Extend Evaluation Timeline for Determining SPED Eligibility for a Student with a Learning Disability (Form ED637)
   - Review of Existing Data → **Comprehensive Evaluation**

3. **Review of Existing Data → Comprehensive Evaluation**
   - **NO Disability**
     - **Disability**
IDEA - 34 C.F.R. Sec. 300.320 Definition of IEP

1. A statement of the child's present levels of academic achievement and functional performance, including—

2.(i) A statement of measurable annual goals, including academic and functional goals designed to--

   A. Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and

   B. Meet each of the child's other educational needs that result from the child's disability;

   (ii) For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives; [NOTE: in Connecticut, all children have short-term objectives]

3. A description of—(i) how the child's progress toward meeting the annual goals will be measured; and (ii) When reports on the progress the child is making toward meeting the annual goals (such as through quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;

4. A statement of the special education and related services and supplementary aids and services to be provided to or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—(i) To advance appropriately toward attaining the annual goals; (ii) To be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and (iii) To be educated and participate with other children with disabilities and nondisabled children;

5. An explanation of the extent to which the child will not participate with nondisabled children in the regular class and activities;

6. (i) A statement of any individual accommodations necessary to measure academic achievement and functional performance on State and district assessments; and If the IEP Team determines that the child must take an alternate assessment, a statement of why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the child; and

7. The projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications.
Cover Page

Provides demographic information and indicates the purpose of the meeting and the team members present

Indicates eligibility category/determination

Indicates whether this is an amendment to the IEP

- If this is an amendment to a current IEP, “YES” is checked and the date of the IEP being amended is noted. Pages 1, 2 and 3 and the amended pages are attached. The meeting date would be the date the parent(s) and district discussed and agreed to the amendment. Form ED 634 must be signed by the parent(s) and a district representative authorized to sign on behalf of the district.

- “Team Members Present” is used to indicate who attended the meeting. A signature by each team member in attendance is not required.

- Signatures are not required in Connecticut before implementation of an IEP.
PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Student: ___________________________ DOB: ___________ mmm/dd/yyyy

Current Enrolled School: ___________________________ Age: _______
District: ___________________________ Current Grade: ___________ Gender: <> Female <> Male

Current Home School: ___________________________ School Next Year: ___________

If your school district does not have its own high school, is the student attending his/her designated high school? Yes No NA

SASID #: ___________________________
Case Manager: ___________________________

Student Address: ___________________________

Parent/Guardian (Name): ___________________________
Parent/Guardian (Address): <> Same <>

Surrogate Name: ___________________________
Surrogate Address: ___________________________

Most Recent Annual Review Date: _____ mmm/dd/yyyy

Student Instructional Lang: <> English <> Other (specify): ___________________________
Home Dominant Lang: <> English <> Other (specify): ___________________________

Student Home Phone: ___________________________
Parent Home Phone: ___________________________

Parent Work Phone: ___________________________
Misc. Phone: ___________________________

Most Recent Eval. Date: _____ mmm/dd/yyyy
Next Reevaluation Date: _____ mmm/dd/yyyy

Reason for Meeting: <> Review Referral <> Plan Eval/Reeval <> Review Eval/Reeval <> Determine Eligibility
<> Determine Continuing Eligibility <> Develop IEP
<> Review or Revise IEP <> Conduct Annual Review <> Transition Planning <> Manifestation Determination
<> Other (specify) ___________________________

Primary Disability: <> Autism <> Emotional Disturbance <> Multiple Disabilities
<> Speech or Language Impaired <> Other Health Impairment
<> Deaf – Blindness <> Hearing Impairment (Deaf or Hard of Hearing)
<> Orthopedic Impairment <> Traumatic Brain Injury <> OHI – ADD/ADHD
<> Developmental Delay (ages 3-5 only) <> Intellectual Disability <> Specific Learning Disabilities
<> Visual Impairment <> To be determined

The next projected PPT meeting date is: ___________________________

Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) Yes No

Is this an amendment to a current IEP using Form ED 634? YES, attached is the ED 634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) No

If YES, what is the date of the IEP being amended? ___________________________

Team Member Present (required)

Parent/Guardian: ___________________________ School Psych: ___________________________
Parent/Guardian: ___________________________ Social Work: ___________________________
Surrogate Parent: ___________________________ Speech/Lang: ___________________________
Student: ___________________________ Guidance: ___________________________
Student’s Reg. Ed. Teacher: ___________________________ Nurse: ___________________________

1 Address of student’s primary residence. 2 May choose more than one.
List of PPT Recommendations and Meeting Summary

Note: Multiple copies of page 2 may be attached to an IEP as needed

- List of PPT Recommendations provides a snapshot of the student’s proposed program.
- It should be sufficiently specific so that parents and district members of the team understand the PPT recommendations.

- The Meeting Summary is optional; the school district determines whether to complete this section. If used, page 2 should accurately capture the essential components of the discussion that occurred at the meeting including the issues raised and elements of the prior written notice (page 3).
- The Meeting Summary is not a verbatim transcript of the entire PPT meeting. Therefore, if this section is used it should, if possible, be completed before the meeting concludes to ensure that parents and district members of the team are in agreement with the information set forth in the summary.
- Provide parents with a copy of the state developed Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools at the first PPT meeting following a child’s initial referral for special education and at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child’s IEP.
Purpose: Provide written communication to parents of actions proposed and/or refused by the team. 34 CFR § 300.503 requires written notice to be given to parents a reasonable time before a district proposes or refuses to initiate or change the identification, evaluation, educational placement or provision of FAPE to a child with a disability. Therefore, the Prior Written Notice should be clear, reasonably detailed and include all actions proposed or refused by the PPT.

Page 3 should be completed from left to right across the page. The PPT first identifies the action proposed or refused, then the reason (explanation) for the action and finally the Evaluation Procedures, Assessment, Records or Reports used as a Basis for the Action Proposed or Refused.

Next, other options considered and rejected in favor of the proposed actions, the rationale for rejecting other options, other factors relevant to this action and exit information should be completed.

Finally, the bottom of the page must note when the parents received the *Procedural Safeguards in Special Education.*
## Prior Written Notice

**Actions Proposed**

- ☐ Educational performance supports proposed actions
- ☐ Evaluation results support proposed actions
- ☐ Previous IEP goals and objectives have been satisfactorily achieved
- ☐ Student has met Exit Criteria
- ☐ Other ____________________________

<table>
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<tr>
<th>Reasons for proposed actions</th>
<th>Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)</th>
<th>Date these actions will be implemented</th>
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<td>☐ Achievement</td>
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<td>(Minimum five school days from date parent received prior written notice) date(s):</td>
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<td>☐ Adaptive</td>
<td>☐ Report Cards</td>
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<td>☐ Classroom Observation</td>
<td>☐ Review of Records</td>
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<td>☐ Cognitive</td>
<td>☐ Social Emotional Behavior</td>
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<td>☐ Communication</td>
<td>☐ Teacher Reports</td>
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<td>☐ Other</td>
<td>☐ (specify and dated)</td>
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<td>☐ Developmental</td>
<td>☐ Health/Medical</td>
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**Actions Refused**

- ☐ Educational performance supports refusal
- ☐ Evaluation results support refusal
- ☐ Previous IEP goals and objectives have been satisfactorily achieved
- ☐ Student has met Exit Criteria
- ☐ Other ____________________________

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<tr>
<th>Reasons for Refused actions</th>
<th>Evaluation procedure, assessment, records, or reports used as a basis for the refusal (dated)</th>
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<td>☐ Achievement</td>
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<td>☐ Health/Medical</td>
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**Other options considered and rejected in favor of the proposed actions**

- ☐ Full-time placement in general education with supplementary aids and services.
- ☐ No other options were considered and rejected.
- ☐ Other options considered and rejected in favor of this action: ____________________________

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<thead>
<tr>
<th>Rationale for rejecting other options</th>
<th>Other factors that are relevant to this action</th>
<th>Exit Information</th>
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<tr>
<td>☐ Options would not provide student with an appropriate program in the least restrictive environment</td>
<td>☐ There are no other factors that are relevant to the PPT decision</td>
<td>☐ Date of exit from Special Education</td>
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<td>☐ Other: ____________________________ (specify)</td>
<td>☐ Information/concerns shared by the parents</td>
<td>☐ Returning to general education</td>
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<td>☐ Other: ____________________________ (specify)</td>
<td>☐ Information/preferences shared by the student</td>
<td>☐ Reason for exiting Special Education:</td>
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**Parents please note:** Under the procedural safeguards of IDEA, a copy of the *Procedural Safeguards in Special Education* shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of *Procedural Safeguards in Special Education* which explains these protections is enclosed with this document. A copy of *Procedural Safeguards in Special Education* is available on school district website: [http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=329730](http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=329730). For a copy of *A Parent's Guide to Special Education in CT* and other resources contact SERC (800-842-8678) or go to: [http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=329730](http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=329730).
Present Levels of Academic Achievement and Functional Performance (“PLOP”)

Note: The information presented should be derived from report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples.

- The PLOP is the first page of the actual IEP and should provide a holistic view of the student’s current level of performance as it relates to the general education curriculum. Student strengths and concerns should be noted. The information provided should lead directly to a student’s goals, supports and services; the rest of the IEP should align with the PLOP.

- The PLOP should provide the information necessary to develop a meaningful IEP and provide a reasonable picture of how the student performs in the general education environment.

Parent and Student Input and Concerns

- Specific input from the parents and student (if appropriate) should be noted with a level of detail sufficient to understand and act upon. For example, stating that “Parents are not satisfied with the student’s level of progress” would not provide a sufficient level of detail.
Academic and Functional Areas

- The information provided should clearly explain what the student currently knows and/or can do in relation to the general education curriculum. Not every area across the entire row has to be completed but any discrepancy between age/grade level expectations and performance should be noted. *The concerns which impact a student’s educational performance and which require specialized instruction should result in a corresponding annual goal.*

- The impact of the student’s disability on his or her involvement and progress in the general education curriculum should be set forth in a way that leads to meaningful planning. For example, stating that “The student’s disability prevents the student from being successful in the general education curriculum” does not provide useful information. The *IEP Manual* includes examples of more informative statements.

The PLOP concerns and strengths should lead to the goals and objectives.
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
(The following information was derived from: report data, documentation from classroom performance, parent/student reports, curriculum based and standardized assessments, observations, including CMT and CAPT results and student samples).

### Parent and Student input and concerns

<table>
<thead>
<tr>
<th>Area (briefly describe current performance)</th>
<th>Strengths (include data as appropriate)</th>
<th>Concerns/Needs (requiring specialized instruction)</th>
<th>Impact of student’s disability on involvement and progress in the general education curriculum or appropriate preschool activities</th>
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## Present Levels of Academic Achievement and Functional Performance

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Beginning with the first IEP to be in effect when a student turns 16 (or younger if appropriate), and updated annually, IEPs must include transition planning and related goals and objectives.

A student’s preferences and interests should be documented and assessed on an on-going basis;

The PPT must consider whether outside agencies should be invited to the PPT meeting;

Post-School Outcome Goal Statements (PSOGs): Students with IEPS who are of transition age must have at least 2 PSOGs and at least 2 annual goals with objectives: 1: Postsecondary education or training and 2: Employment (and if appropriate, a PSOG and annual goal and objectives for independent living).

PSOGs are measurable statements related to goals a student hopes to achieve after high school and should include “After graduation…” or “Upon exiting high school…” with a specific measurable outcome.

Item 6: Check the first box if the student is still earning the credits necessary to obtain a high school diploma; check the second box if the student is only working on transition goals.

At least 1 year before turning 18, the student must be told that IDEA rights transfer to them at age 18.

Item 8: The Summary of Performance (SOP) must be completed for a student whose eligibility will terminate the following year due to graduation with a regular HS diploma or due to exceeding the age of eligibility. The date by which the SOP will be completed must be noted.
TRANSITION PLANNING

1. ☐ Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.
   ☐ This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.

2. Student Preferences/Interests – document the following:
   a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting? ☐ Yes ☐ No
   b) Did the student attend? ☐ Yes ☐ No
   c) How were the student’s preferences/interests, as they relate to planning for transition services, determined?
      ☐ Personal Interviews ☐ Comments at Meeting ☐ Functional Vocational Evaluations ☐ Age appropriate transition assessments ☐ Other __________________________
   d) Summarize student preferences/interests as they relate to planning for transition services: ____________________________________________________________

3. Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered)

4. Agency Participation:
   a) Were any outside agencies invited to attend the PPT meeting? ☐ Yes with written consent ☐ No (If No, MUST specify reason as listed in the IEP Manual)
   b) If yes, did the agency’s representative attend? ☐ Yes ☐ No
   c) Has any participating agency agreed to provide or pay for services/linkages? ☐ Yes ☐ No (If Yes, specify)

5. Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP
   a) Post-School Outcome Goal Statement - Postsecondary Education or Training:
      ☐ Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP
   b) Post-School Outcome Goal Statement – Employment:
      ☐ Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP
   c) Post-School Outcome Goal Statement - Independent Living Skills (if appropriate):
      ☐ Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)

6. Please select ONLY one:
   ☐ The course of study needed to assist the child in reaching the transition goals and related objectives will include (including general education activities):

   ☐ Student has completed academic requirements; no academic course of study is required – student’s IEP includes only transition goals and services.

7. At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.
   ☐ NA (Student will not be 17 within one year) ☐ The student has been informed of her/his rights under IDEA which will transfer at age 18 ☐ No IDEA rights will transfer

8. For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.
Measureable, individualized annual goals and short term objectives should align with the PLOP and relate directly to concerns and needs requiring specialized instruction noted on pages 4 and 5; Note that the specific PLOP must be indicated at the top of each goal page.

Goals and objectives should be individualized to meet the needs of the student, specific, measureable and, as appropriate, align with the general education curriculum. Goals should be reasonably achievable in one year.

Short term objectives are required for all annual goals; evaluation procedures and performance criteria must be specified for all short-term objectives although annual goals may be measured in terms of achievement of short-term objectives.

Goals/objectives, evaluation procedures and performance criteria should, as much as possible, be compatible, aligned and clear, all leading to the student’s attainment of his/her post-school outcomes.
Measurable Annual Goal* (Linked to Present Levels of Performance) #

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<tr>
<th>Eval. Procedure:</th>
<th>Report Progress Below (Use Reporting Key)</th>
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<tr>
<td>Perf. Criteria:</td>
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<td>(%, Trials, etc.)</td>
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Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective #1

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<th>Eval. Procedure:</th>
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Objective #2

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Objective #3

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<td>Perf. Criteria:</td>
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<td>(%, Trials, etc.)</td>
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Evaluation Procedures

1. Criterion-Referenced/Curriculum Based Assessment
2. Pre and Post Standardized Assessment
3. Pre and Post Base Line Data
4. Quizzes/Tests
5. Student Self-assessment/Rubric
6. Project/Experiment/Portfolio
7. Behavior/Performance Rating Scale
8. CMT/CAPT
9. Work Samples, Job Performance or Products
10. Achievement of Objectives (Note: use with goal only)
11. Other (specify)
12. Other (specify)

Performance Criteria

A. Percent of Change
B. Months Growth
C. Standard Score Increase
D. Passing Grades/Score
E. Frequency/Trials
F. Duration
G. Successful Completion of Task/Activity
H. Mastery
I. Other: (specify)
J. Other: (specify)

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)

M = Mastered
S = Satisfactory Progress – Likely to achieve goal
N = No Progress – Will not achieve goal
NI = Not Introduced
U = Unsatisfactory Progress – Unlikely to achieve goal
O = Other: (specify)

*Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.
Purpose of Accommodations and Modifications: Enable students to advance appropriately toward attaining goals, to be involved/make progress in general education; to participate in extracurricular /non-academic activities; and to be educated with disabled and nondisabled children.

Accommodations and modifications should be individualized and derived from a student’s individualized needs. The provision of numerous accommodations and modifications may not provide a truly individualized program.

Accommodations change how a student learns (ex.: assistive technology, preferential seating, an assignment pad, etc.); Modifications change what a student learns and modify curriculum content such as through modified or alternative assessments.

The PPT should clearly explain how to provide accommodations or modifications that are to be implemented “as needed.”

Consider where the accommodations and modifications will be provided; “all classes, all year” may not meet the needs of a student who does not require them all the time, everywhere.

The IDEA requires a statement of the program modifications or supports personnel need to implement the IEP. This is at the bottom of page 8 and may include a paraprofessional, consultation time with other personnel, professional development activities, etc.
Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

<table>
<thead>
<tr>
<th>Accommodations and Modifications to be provided to enable the child:</th>
<th>Sites/Activities Where Required and Duration</th>
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<tr>
<td>- To advance appropriately toward attaining his/her annual goals;</td>
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<td>- To be involved in and make progress in the general education curriculum;</td>
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<td>- To participate in extracurricular and other non-academic activities, and</td>
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<td>- To be educated and participate with other children with and without disabilities.</td>
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Accommodations may include Assistive Technology Devices and Services

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<th>Materials/Books/Equipment:</th>
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<th>Tests/Quizzes/Assessments:</th>
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<th>Behavioral Interventions and Support:</th>
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Note: *When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)*

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

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**STATE AND DISTRICT TESTING AND ACCOMMODATIONS**

The CMT/CAPT section and DISTRICTWIDE ASSESSMENTS section must be completed.

**CMT/CAPT**

Check the grade the student will be in when the test is given.

- [ ] Grade 3
- [ ] Grade 4
- [ ] Grade 5
- [ ] Grade 6
- [ ] Grade 7
- [ ] Grade 8
- [ ] Grade 10
- [ ] Grade 10 (Retest)
- [ ] Grade 11
- [ ] Grade 12
- [ ] Grades PK-2, 9 or 11-12; testing not required

**DISTRICTWIDE ASSESSMENTS**

Check the grade(s) the student will be in when the tests are given.

- [ ] Grade Pre-K
- [ ] Grade K
- [ ] Grade 1
- [ ] Grade 2
- [ ] Grade 3
- [ ] Grade 4
- [ ] Grade 5
- [ ] Grade 6
- [ ] Grade 7
- [ ] Grade 8
- [ ] Grade 9
- [ ] Grade 10
- [ ] Grade 11
- [ ] Grade 12

---

**CMTCAPT**

(You must select ONE of Assessment Options 1, 2, and 3 unless the student is in grades PK-2, 9 or 11-12 and testing is not required. Select any appropriate Administration Options.)

**Assessment Options:**

1. Standard CMT/CAPT for all tests
2. CMT/CAPT Modified Assessment System (MAS)* for:
   - [ ] math tests only
   - [ ] reading tests only
   - [ ] math and reading tests
   (This option includes the Standard CMT/CAPT for all tests not specified above.)
3. CMT/CAPT Skills Checklist

**Administration Options:**

(Check N/A for both options if student is assessed with Skills Checklist.)

- [ ] Yes
- [ ] No
- [ ] N/A

Accommodations will be provided.**

The completed CMT or CAPT Test Accommodations Form is attached.

- [ ] Yes
- [ ] No
- [ ] N/A

ELL exemption from reading and writing tests will be given.

NOTE: This exemption applies only to a student who has attended school in the U.S. for less than 12 months AND has limited English proficiency. The student must have taken an English language assessment (the LAS Links). This exemption is available for only ONE administration of the CMT or CAPT; the student may not be exempted from testing in subsequent years. Exempted students are not required to take the reading and writing tests, but must take all other CMT or CAPT tests. For further information, see the guidelines at [http://www.sde.ct.gov/sde/cam/view.asp?A=8108C&O=320320](http://www.sde.ct.gov/sde/cam/view.asp?A=8108C&O=320320).

**DISTRICTWIDE ASSESSMENTS**

(Select all appropriate options.)

- [ ] N/A - No districtwide assessments are scheduled during the term of this IEP.
- [ ] Standard Assessment(s)
- [ ] Alternate Assessment(s)

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

**Accommodations**

Select one of the following options:

- [ ] No accommodations will be provided, OR
- [ ] Accommodations will be provided as specified on Page 8, OR
- [ ] Accommodations will be provided as specified below.

---

* The CMT/CAPT (MAS) Eligibility Worksheet and FAQs document should be used for guidance on eligibility. Provide a completed copy of the worksheet to the district test coordinator for required registration of students assessed with the CMT/CAPT (MAS) on the CSDE CMT/CAPT Accommodations Data Collection website. A PPT decision to assess the student using the CMT (MAS) or CAPT (MAS) must be recorded on IEP page 3, Prior Written Notice.

** If accommodations are given, complete the CMT or CAPT Test Accommodations Form and attach to this IEP. Provide a copy of the form to the district test coordinator for required registration on the CSDE CMT/CAPT Accommodations Data Collection website.
CONSIDERATION OF SPECIAL FACTORS:

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and:
   - [ ] NA
   - [ ] A behavioral intervention plan has been developed
   - [ ] IEP Goals and Objectives have been developed to address the behavior
   - [ ] Other (specify) ____________________________

2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student’s IEP and recommended the following:
   - [ ] NA
   - [ ] Recommendation: (specify) ____________________________

3. For students who are blind or visually impaired:  
   - [ ] NA
   - [ ] Instruction in braille or the use of braille is being provided, as required
   - [ ] The PPT has determined, after an evaluation of the student’s reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student’s future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

4. For students who are deaf or hard of hearing:  
   - [ ] NA
   - [ ] See attached required Language and Communication Plan (Form ED 638) - The PPT has determined (after considering the student’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student’s language and communication mode, and considering whether the student requires assistive technology devices and services) that the services/modifications identified in the attached Language and Communication Plan are required.

PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
   - [ ] Quarterly
   - [ ] Consistent with grade level report cards
   - [ ] Other: (Specify) ____________________________

EXIT CRITERIA

1. Exit Criteria: Student will be exited from Special Education upon: (Check One)
   - [ ] Ability to succeed in Regular Education without Special Education support
   - [ ] Graduation
   - [ ] Age 21
   - [ ] Other: (specify) ____________________________
Purpose: Provide a snapshot view of the Student’s special education, related services, regular education participation, service time requirements and LRE information.

Special Education Services: Specially designed instruction delivered by a certified teacher or someone under the direction of a certified teacher; responsible staff and service implementer may not be the same person. Responsible staff designs specialized instruction, monitors implementation and reports progress on goals. Service implementers provide direct instruction and implementation of goals/objectives. Special education services must relate to a page 7 goal.

Related Services are provided as required to assist a student to benefit from special education. Such services are described on the bottom half of the grid and may not have their own page 7 goal (e.g., transportation as a related service), but must support a goal. Speech/language services may be provided as a related or special education service. If it is special education, it is listed on the top half of the grid; if a related service, it is on the bottom half of the grid.

Instructional Site: The setting where the services will be provided. If more than one instructional site is used, both settings should be reported using two rows in the grid.

Service Delivery: Describes the delivery of any instructional services that require explanation. For example: services provided in a co-taught class, small group or one-to-one should be indicated.
Total School Hours per Week: The total weekly hours the student is required to be in attendance and includes lunch, homeroom, recess, etc. Total school hours should reflect an IEP-shortened school day.

Special Education Hours per Week: Should be the same as the total hours of special education services set forth in the top half of the grid regardless of where the service delivery occurs. Therefore, special education services provided in the regular classroom environment would be included. This number does not include related service hours.

Time with Non-disabled Peers: Should equal the total school hours less service time outside regular classes; special education services in a regular education classroom counts as time with non-disabled peers.

Extracurricular Activities: Is completed by reviewing the past year’s activities.

Extended School Year: Must be considered for every student even if the decision is “no.”

The extent to which a student will not participate in general education, extracurricular activities or non-academic activities: How much time will the student not be participating in regular education? Why? The response should reflect a decision made on an individualized basis.
## Special Education, Related Services, and Regular Education

<table>
<thead>
<tr>
<th>Special Education Services</th>
<th>Goal(s) #</th>
<th>Frequency</th>
<th>Responsible Staff</th>
<th>Service Implementer</th>
<th>Start Date (mm/dd/yyyy)</th>
<th>End Date (mm/dd/yyyy)</th>
<th>Site*</th>
<th>If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)</th>
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### Related Services

**Note:** If any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities:

- [ ] Not Applicable: Student will participate fully

**b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend if not disabled, the PPT must justify this removal from the regular education environment.**

- [ ] Not Applicable: Student will participate fully

**Note:** The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the individuals with Disabilities Education Act.
**Student:**

**DOB:** mm/dd/yyyy

**District:**

**Meeting Date:** mm/dd/yyyy

---

## Required Data Collection

(Collect and/or update at every PPT)

### For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3.

- [ ] Yes
- [ ] No

If the Oct 1st reported “Annual Review/PPT Meeting Date” and child’s DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

- [ ] Late referral (less than 90 days before 3rd birthday)
- [ ] Moved into district late
- [ ] Other (Specify) __________
- [ ] Child initially found not eligible at age 3 (re-referred to district at a later date)
- [ ] Parent Choice
- [ ] FAPE met via earlier PPT. Date of initial PPT was __________

### Placement/Settings for students 5 or younger OR grade is preschool:

1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _______

2. Identify the placement/settings where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:

- [ ] Early Childhood Preschool or Kindergarten Program – includes 50% or more non-disabled children
- [ ] Early Childhood Special Education Program in Separate Class – includes less than 50% non-disabled children
- [ ] Early Childhood Special Education Program in Separate School – includes less than 50% non-disabled children
- [ ] Service Provider Location (itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

### Education Placement 3 to 21 years of age

1. **Primary Reason for Educational Location**

   - [ ] PPT
   - [ ] Charter School (Parental Choice)
   - [ ] CTHSS (Parental Choice)
   - [ ] Inter-district Magnet (Parental Choice)
   - Open Choice (Parent Placement)
   - Vo-Ag School (Parental Choice)
   - Service plan only (Parent Placement in Private School)
   - Medical (Hospital or Homebound)
   - Interim Alternative Education Setting-IAES
   - Expulsion
   - Parent/BOE Settlement Agreement
   - Due Process Hearing
   - Court Order Following Due Process
   - District transition/vocational program or age appropriate community based program
   - Homeless
   - Mediation Agreement (reached with participation of an SDE mediator)
   - Resolution Agreement (reached through a resolution session held in relation to a parent’s due process hearing request)
   - Non-Educational Restriction / Treatment Boundary (must answer 3a - who initiated non-educational restriction/treatment boundary)

2. **If student doesn’t live at home, where does he/she live?**

   - [ ] DCF Facility (District 336 only)
   - [ ] DMHAS Facility (District 337 only)
   - Municipal Detention Center (Bridgeport, Hartford, New Haven)
   - Private Detention Center e.g. SAGE, Washington Street Juvenile Detention Center
   - Hospital
   - Foster Home
   - Permanent Family Residence http://www.dir.ct.gov/dcf/Licensed_Facilities/finding_PFR.asp
   - Supported housing (housing subsidized by DCF, DDS, DMHAS or other state agency.)
   - Temporary Shelter (includes Permanency Diagnostic Center [PDC] and STAR shelters)
   - Group Home
   - Private Residential Treatment Center
   - Private Residential Educational School

3. **If student’s placement is not in a district program, who/what entity initiated the placement?**

   - [ ] State Agency Placement Grant applies if placement initiated by:
   - [ ] DCF
   - [ ] DDS
   - [ ] DMHAS
   - [ ] Judicial Department
   - [ ] Indian Nation
   - LEA Excess Cost Grant may apply when placement is made by:
   - [ ] PPT
   - [ ] Physician
   - [ ] Resolution Agreement
   - [ ] Settlement Agreement
   - [ ] Mediation Agreement
   - [ ] Hearing Decision

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## GRADUATION

The student is projected to graduate in what year? (Enter the school year formatted as YYYY-YYYY that is determined at the annual review during the student's 9th grade year.)

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**ED 620, Revised September 2012**
QUESTIONS ?