

Process Chart 4

**ANNUAL IEP TEAM MEETING TO
DEVELOP THE IEP**

**Send Notice and Invitation to a Meeting/
Consent for Agency Participation.**

Convene the IEP Team to develop the IEP.

Provide the parent a copy of the IEP the *Notice of Proposal or Refusal to Take Action* and a copy of the *Special Education Rights* (if a copy was not provided within the past year). If a copy was provided, the date it was provided should be documented.

Complete the form *Persons Responsible for IEP Implementation* to document that person(s) responsible for implementing the IEP have been informed of his/her specific responsibilities and have access to the IEP.

Implement IEP.

Develop *Annual Goal Progress Report*.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.

NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

To: _____ Date Notice Sent: _____
 Name of Parent or Guardian

This notice is to invite you to a meeting for student _____, DOB _____ to be held:

Meeting Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Determine if Referral requires Evaluation (Provide Special Education Rights)
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Develop / Review / Revise IEP
- Discuss Annual Review of current IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise/Discuss Behavioral Intervention Plan
- Conduct a Resolution Session
- Other Reason to meet: _____

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 notified on _____ via _____
 - Career / Technical Representative
 - Agency Representative(s) for Transition (with parental consent / student age 19)
- Agency Name(s): _____

Agency notified via: _____ on _____

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.

If you require notice and an explanation of your rights in your native language, the LEA agency will accommodate 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, wish to arrange a conference, or need additional accommodations please contact:

_____ at _____ Or Email me: _____
 Contact Name Telephone number(s)

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.	
Results of 1 st Attempt: _____	
2 nd Attempt Date: _____	Action / Result: _____
3 rd Attempt Date: _____	Action / Result: _____

PARENT – STUDENT (Age 19 or older)	
Please check one of the following boxes, sign, date, and return this form to the contact (above) before: _____	
<input type="checkbox"/> I WILL be able to meet with you on the scheduled date and time.	
<input type="checkbox"/> I will NOT be able to meet on the scheduled date and time, but would like to reschedule, please contact me at _____	
<input type="checkbox"/> I will NOT be able to attend the meeting. The meeting may proceed without me.	
Please check one of the following boxes if agencies were invited (see if checked above):	
<input type="checkbox"/> I Give Consent for the representatives from the other transition agency(s) to attend the meeting. (Excluding the following agency(s): _____)	
<input type="checkbox"/> I DO NOT give consent for representatives from the other transition agencies to attend the meeting.	
Signature of Parent or Student (Age 19) _____	Date _____

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 _____ (student's name) for the _____ school year.

DATE	SIGNATURE	POSITION

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

Annual Goal Progress Report

Use the legends below to evaluate the student's progress toward the annual goals. The 1st column should indicate the Report of Progress using the numbers 1-6. The second column should indicate the Extent of Progress using the numbers 1-7.

Report of Progress on Annual Goals

1. Goal has been met.
2. Some progress made.
3. Very little progress made.
4. No progress made.
5. Very little progress made. Goal added or deleted. (Note in comments.)
6. Transfer record. (See previous school.)

Extent of Progress Toward Meeting Annual Goals

1. Goal mastered. (Enter date in comments.)
2. Anticipate mastery.
3. Do not anticipate mastery. (Note in comments.)
4. Not applicable during this grading period. NA
5. Goal not mastered. (Note in comments.)
6. Transfer record (See previous school.)
7. Excessive absences / tardies / truancy

District: _____

School: _____

Student Name: _____

Student Number: _____

IEP Initiation/Duration Dates From: _____ to _____

School Year: _____ to _____

IEP Annual Review Date: _____

Date Sent: _____

Measurable Annual Goals

Goal:	Progress	Extent	Comments

Special Education Teacher / Case Manager Name: _____

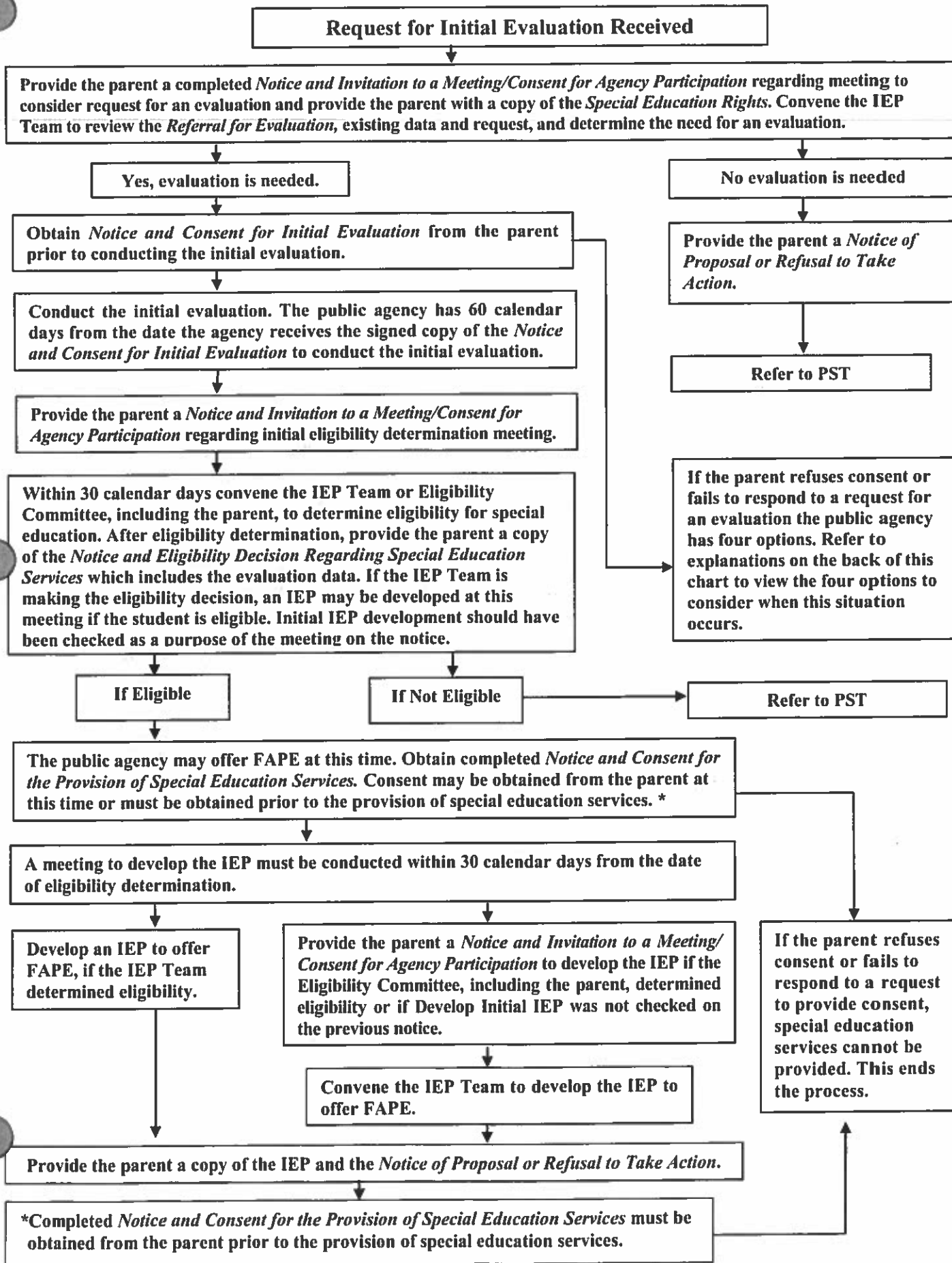
Telephone Number: _____

Parent / Guardian Signature: _____

Date Signed: _____

*** Hard copy should be placed in student's special education record.***

**Process Chart 1
SPECIAL EDUCATION PROCESS
Referral Through IEP Implementation**



NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

To: _____ Date Notice Sent: _____

Name of Parent or Guardian

This notice is to invite you to a meeting for student _____, DOB _____ to be held:

Meeting Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Determine if Referral requires Evaluation (Provide Special Education Rights)
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop Initial IEP
- Develop / Review / Revise IEP
- Discuss Annual Review of current IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise/Discuss Behavioral Intervention Plan
- Conduct a Resolution Session
- Other Reason to meet: _____

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 notified on _____ via _____
 - Career / Technical Representative
 - Agency Representative(s) for Transition (with parental consent / student age 19)
- Agency Name(s): _____

Agency notified via: _____ on _____

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.

If you require notice and an explanation of your rights in your native language, the LEA/agency will accommodate 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, wish to arrange a conference, or need additional accommodations please contact:

_____ at _____ Or Email me: _____
 Contact Name Telephone number(s)

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

Results of 1st Attempt: _____
 2nd Attempt Date: _____ Action / Result: _____
 3rd Attempt Date: _____ Action / Result: _____

PARENT – STUDENT (Age 19 or older)

Please **check one** of the following boxes, sign, date, and return this form to the contact (above) before: _____

- I **WILL** be able to meet with you on the scheduled date and time.
- I will **NOT** be able to meet on the scheduled date and time, but would like to reschedule, please contact me at _____
- I will **NOT** be able to attend the meeting. The meeting may proceed without me.

Please **check one** of the following boxes if agencies were invited (see if checked above):

- I **Give Consent** for the representatives from the other transition agency(s) to attend the meeting.
 (Excluding the following agency(s): _____)
- I **DO NOT** give consent for representatives from the other transition agencies to attend the meeting.

Signature of Parent or Student (Age 19) _____ Date _____

REFERRAL FOR EVALUATION

Date Received: _____

STUDENT INFORMATION

Student's Complete Legal Name: _____

Sex: _____ Grade: _____ Race: _____ Date of Birth: _____

School/Service Provider: _____

Parent Name(s): _____

Address: _____ Primary Phone: _____

Phone Contact Name: _____

Other Phone (Opt.): _____

Primary Language in Home: _____ Phone Contact Name: _____

Type of Referral: (Select one that represents the type of referral for the student.)

From Early Intervention Parent School Based

Person Referring: _____ Position: _____

Reason for Referral (List specific concerns):

The referral is based on concerns checked below and/or continuing concerns following interventions:

INSTRUCTIONAL CONCERNS

BEHAVIORAL CONCERNS

- Poor progress acquiring pre-literacy skills
- Poor progress acquiring basic reading skills
- Poor progress acquiring pre-numeracy skills
- Poor progress acquiring basic math skills
- Difficulty producing written work
- Few appropriate cognitive learning strategies
- Poor progress acquiring communication skills
- Difficulty producing speech sounds
- Other _____
- Other _____
- Other _____
- None

- Poor attention and concentration
- Noncompliance with teacher directives
- Excessively high/low activity level
- Difficulty following directions
- Easily frustrated
- Extreme mood swings
- Difficulty working with peers
- Difficulty staying on task
- Limited adaptive behavioral skills
- Inappropriate social interaction skills
- Other _____
- None

MEDICAL INFORMATION

1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes, what? Yes No

2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If yes, what? Yes No

3. Does student currently wear glasses? Yes No
4. Does student currently wear a hearing aid? Yes No
5. Is the student receiving any medication at school and/or at home? If yes, what? Yes No

6. Does this student currently use an assistive technology device? If yes, what? Yes No

HISTORICAL INFORMATION

Have the following been considered?

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 1. Latest report card. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Cumulative records containing grades and attendance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Current work samples. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Current interventions and supporting documentation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Other relevant information (from parent/school/other agencies). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 6. Relevant evaluations including state assessment results. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Student's grades have: | | | |
| <input type="checkbox"/> Improved each year | | | |
| <input type="checkbox"/> Stayed about the same each year | | | |
| <input type="checkbox"/> Declined each year | | | |
| <input type="checkbox"/> Dropped suddenly | | | |
| <input type="checkbox"/> Data not available | | | |
| 8. Student's grades in the indicated area(s) of concern are: | | | |
| <input type="checkbox"/> Above Average | | | |
| <input type="checkbox"/> Average | | | |
| <input type="checkbox"/> Below Average | | | |
| <input type="checkbox"/> Data not available | | | |

9. Compared to last year, this student has been absent: More Less About the same NA

10. Out of _____ school days for year to date, the student has been:

Absent	_____	days
Tardy	_____	times
Checked out	_____	times
Failing to attend class(es)	_____	times

11. Has this student ever repeated a grade(s)? If yes, which one(s)/how many times? Yes No NA

12. Has this student been suspended or expelled for disciplinary reasons during the current school year? If yes, explain. Yes No NA

13. Has this student been previously referred for special education services? If yes, note previous referral date. Yes No NA

14. Did this student qualify for special education services? Yes No NA

15. Has the student received other services such as, Title I, Migrant, 504, EL, etc.? If yes, which ones? Yes No NA

ENVIRONMENTAL, CULTURAL, AND/OR ECONOMIC CONCERNS

Use this checklist:

- (1) To determine factors impacting a student's learning and therefore excluding him/her from being identified as a student with a disability.
- (2) To determine whether or not a student needs to be administered a non-traditional intelligence test if there is environmental, language, cultural, and/or economic concerns checked.
- (3) To consider if there has been a lack of appropriate instruction in reading and/or math

Check each that applies to student.

- Limited experiential background
 - Irregular attendance (for reasons other than verified personal illness)
 - Transience in school years
 - Home responsibilities interfere with learning activities.
 - Lack of proficiency in any language (a discrepancy of two or more grade levels or years between the student's grade level or age in language and ability).
 - Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences)
 - Limited opportunity to acquire depth in English (English not spoken in the home, transience due to migrant employment of family, dialectal differences acting as a barrier to learning).
 - Limited cultural experiences (student does not participate in community activities).
 - The student receives other services such as Title I, Migrant, 504, EL, etc.
 - Limited participation in supplemental organized learning opportunities, e.g., preschool, Head Start, after school programs
- NONE OF THE ABOVE APPLY**

FOR IEP TEAM USE ONLY

Details on the Eligibility Report to contain data-based documentation (RTI and PST interventions) for questions 1 – 3 (prong 1) and questions 4 – 7 (prong 2). (Questions 4 – 7 may be waived for a child who has severe problems that require immediate attention, a preschool child, a child with articulation, voice, or fluency problems only, a child with a medical diagnosis of traumatic brain injury, and a parent referral.) See AAC 290-8-9.03(10)(d)4.

- Yes No 1. Does data-based documentation support that the child was provided appropriate instruction in regular education settings by qualified personnel, or for a preschool child, participation in age-appropriate activities?
- Yes No 2. Does the reason(s) for the referral have a direct impact on the child's educational performance, or for a preschool child, participation in age-appropriate activities?
- Yes No NA 3. Does the child make insufficient progress in meeting age or state approved grade level standards in areas of suspected disability? (NA for preschool only)
- Yes No NA 4. Does data-based documentation of progress monitoring demonstrate valid implementation of intervention(s)? (NA for preschool only)
- Yes No NA 5. Does data-based documentation demonstrate repeated assessment of achievement at reasonable intervals from multiple sources for the referral concern(s)? (NA for preschool only)
- Yes No NA 6. Does data-based documentation demonstrate the ineffectiveness of the intervention(s) for the referral concern(s)? (NA for preschool only)
- Yes No NA 7. Does documentation demonstrate that progress monitoring data was provided to the child's parent(s)?
- Yes No 8. Does the documented data overall support the referral concern(s)?

IEP TEAM RECOMMENDATIONS

- ACCEPTED FOR EVALUATION.** Education agency must obtain a signed *Notice and Consent for Initial Evaluation* prior to conducting the evaluation.
- NOT ACCEPTED FOR EVALUATION.** Education agency must provide the parent with *Notice of Proposal or Refusal to Take Action*.

POSITION	IEP TEAM MEMBER'S SIGNATURE	DATE
Parent	_____	_____
Parent	_____	_____
General Education Teacher	_____	_____
Special Education Teacher	_____	_____
LEA Representative	_____	_____
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	_____	_____
Student	_____	_____
_____	_____	_____

NOTICE AND CONSENT FOR INITIAL EVALUATION

Student: _____

The IEP Team met to discuss the request and/or referral for an evaluation for your child. The IEP Team, after reviewing existing information, has determined that an individual evaluation is needed to determine possible eligibility for special education and related services.

The LEA/agency proposes to conduct this evaluation for the following checked reasons:

- | | | |
|--|--|--|
| <input type="checkbox"/> To determine developmental level | <input type="checkbox"/> Behavior concerns | <input type="checkbox"/> To determine current academic performance |
| <input type="checkbox"/> To determine functional level | <input type="checkbox"/> Speech/language inconsistent with age | |
| <input type="checkbox"/> To determine eligibility under <i>Alabama Administrative Code</i> for out of state transfer | | <input type="checkbox"/> _____ |

Descriptions of other options considered and why the options were rejected.

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

The evaluation may also include assessments indicated in the following checked areas:

- | | | | |
|---------------------------------------|---|--------------------------------|-------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Observation | <input type="checkbox"/> Motor | _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Interview | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other | _____ |

If you consent to an evaluation the LEA/agency will provide the evaluation at no cost to you. Giving consent for an evaluation does not give consent for services. If you refuse consent for an initial evaluation, the LEA/agency may request a mediation and/or a due process hearing. If you give consent, you may revoke your consent at any time but not after the evaluation has been conducted.

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- I **GIVE PERMISSION** for the evaluation that has been proposed.
- I **DO NOT GIVE PERMISSION** for the evaluation that has been proposed. Please explain.
- _____
- _____

Signature of Parent or Student (Age 19)

Date of Signature

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 have information that can assist in this evaluation, have questions regarding this evaluation, wish to schedule a conference, or need another copy of your rights please contact:

Name: _____ Telephone: _____

Please return this form to: Address _____

Signature of Education Agency Official _____

Date Provided/Sent _____

Results of 1st Attempt: _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt: _____

Date Signed Consent Received by Public Agency _____