



REQUEST FOR PROPOSALS (RFP)
STATE OF CONNECTICUT ELECTRONIC IEP SYSTEM
RFP # 15SDE0004-RFP

PURPOSE: This is a Request for Proposals (RFP) issued by the Connecticut State Department of Education (CSDE). This RFP is seeking to select an eligible vendor that can satisfy the State's existing need for the development, provision and implementation of a statewide, electronic Individualized Education Program (IEP) system that is fully compliant with the Individuals with Disabilities Education Act and all Connecticut State special education laws.

Department Contact: Marquelle Middleton, Associate Education Consultant
Date Issued: October 1, 2015
Due Date: November 20, 2015

Table of Contents

REQUEST FOR PROPOSALS..... 4

PROJECT BACKGROUND 4

SCOPE OF SERVICES AND SERVICE SPECIFICATIONS..... 5

 STATE MONITORING AND MANAGEMENT REQUIREMENTS 6

 LEA SPECIFICATIONS AND REQUIREMENTS 7

 TECHNICAL REQUIREMENTS AND SYSTEM NEEDS..... 8

SELECTION CRITERIA..... 10

PROPOSAL REQUIREMENTS..... 11

CONTRACT 13

SCORING RUBRIC 16

APPENDICES 18

CONNECTICUT STATE DEPARTMENT OF EDUCATION

**Dr. Dianna R. Wentzell
Commissioner of Education**

The Connecticut State Department of Education (CSDE) is committed to a policy of equal opportunity/affirmative action for all qualified persons. The CSDE does not discriminate in any employment practice, education program, or educational activity on the basis of **race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The CSDE does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction.** Inquiries regarding the CSDE's nondiscrimination policies should be directed to:

Levy Gillespie
Equal Employment Opportunity Director
State of Connecticut Department of Education
25 Industrial Park Road
Middletown, CT 06457
860-807-2071
Levy.Gillespie@ct.gov

REQUEST FOR PROPOSALS

The Connecticut State Department of Education (CSDE) is seeking submission of written proposals, on a competitive basis, from eligible software companies to provide electronic individualized education program (eIEP) software to be used by all local education agencies, regional boards of education and technical schools in the State of Connecticut beginning with the 2016-2017 school year. The eIEP software will optimize the creation, submission and sharing of IEP forms and related documents among authorized system users including districts, schools and the CSDE.

PROJECT BACKGROUND

Pursuant to Sections 269 and 270 of Public Act 15-5ss and in accordance with the provisions of section 4a-57 of the Connecticut General Statutes, the Connecticut State Department of Education (CSDE) seeks to create and maintain a single, statewide, electronic Individualized Education Program (eIEP) and monitoring system to improve outcomes for students with disabilities. The development of a Connecticut statewide eIEP system to be provided to all school districts will (a) enhance the collection and reporting process of student data and information, (b) significantly reduce burden on school districts, (c) streamline reporting and monitoring of special education programs; (d) facilitate ease of record transfer between LEAs, and (e) improve the quality of IEPs, which would translate to better educational services for children.

Overall Benefits

- Improve the quality and timeliness of services to students with disabilities in the State of Connecticut;
- Facilitate the improvement of outcomes for students with disabilities, and increase their engagement, achievement and graduation levels; and
- Eliminate the need for multiple data systems, thereby allowing for more timely, accurate and informed decision-making.

Local Education Agency (LEA) Benefits

- Support district's efforts to align IEPs to curriculum expectations based on the Connecticut Core Standards resulting in improvement in academic achievement for students with disabilities;
- Significantly reduce the financial and reporting burden;
- Provide a single system of data entry and collection to assist in standardizing the special education process and associated documents across school districts;
- Allow the CSDE to be more efficient and effective in conducting program-monitoring activities and in providing targeted support to LEAs allowing desk audits to be conducted through the online system.

Student and Family Benefits

- Improved communication to promote engagement and accessibility between parents, LEAs and the CSDE by providing immediate access to student IEPs; and
- Improved transfer of student documents between parents, LEAs, and the CSDE, particularly for highly mobile student populations.

CSDE Benefits

- Increase the CSDE's ability to close Connecticut's achievement gap by improving the achievement of students with disabilities;
- Provide a uniform method of data collection and submission that will allow the CSDE to use that information to support analysis and evaluation of program effectiveness, quality and to meet requirements of mandated federal reporting;
- Support the Office of Special Education Programs (OSEP) and the CSDE's focus on achieving an appropriate balance between compliance and student outcomes; and
- Reduce the number of Statewide complaints regarding IEP content and completion, thereby allowing resources to be used more effectively by the CSDE.

SCOPE OF SERVICES AND SERVICE SPECIFICATIONS

The CSDE is soliciting proposals to select a vendor to provide a web-based electronic individual education program software (eIEP) on behalf of the CSDE for use by (170) local education agencies (LEAs) inclusive of (7) Regional Boards of Education and the CT Technical High School System beginning with the 2016-17 school year. The solution must be user friendly and flexible, with the ability to respond to changing legislative mandates and satisfy reporting obligations at the local, state, and federal levels. The selected and purchased software will include the following high-level requirements:

1. Allow authorized users to create and submit a complete digital copy of a student's IEP or Services Plan and related documents via the eIEP software for students with disabilities and students in the referral process. Related documents must include, but are not limited to, all CSDE forms related to special education.
(See <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322680#IEP>.)
2. Provide twenty-four hour access for an unlimited number of authorized users to use the eIEP software.
3. Provide an electronic catalog of goals and objectives aligned with the Individuals with Disabilities Education Act (IDEA) as well as the curriculum standards adopted by the State Board of Education.
4. Allow LEAs, Regional Boards of Education and the CTHSS to purchase additional add-ons to supplement the state's eIEP software (e.g., Gifted and Talented, 504 Plans, Medicaid).

5. Protect a student's IEP or Services Plan and related documents created, submitted and shared using the eIEP software from unauthorized access, destruction, use, modification or disclosure in accordance with current industry standards.
6. Design eIEP software able to be hosted by the CSDE.
7. Provide variable-level edit checks in addition to case management and data cleaning reports for the purpose of identifying potential inconsistencies and errors in data and ensure data quality and accuracy.
8. Provide an alert system to enable users to monitor special education compliance.
9. Utilize design elements that are compatible with and maintain current Family Education Rights and Privacy Act (FERPA) security guidelines.
10. Enable the electronic transfer of records when a student transfers to a different school, program or district in an effort to facilitate the sharing of student IEP/Services Plan information between districts, including historical data, with the ability to add new documents to the student record.
11. Enable the electronic sharing/viewing of records for a student whose IEP/Services Plan is being implemented by another service provider who is not the LEA legally responsible for the student's education (e.g., Charter Schools, Regional Education Service Centers (RESCs), Magnet Schools, Approved Private Special Education Programs (APSEP)).
12. Facilitate the required use of data migration activities as requested by the CSDE to retain necessary historical records.
13. Use the CT SASID (State Assigned Student Identifier) as a unique student identifier where required.
14. Guarantee the eIEP software is compatible with existing CSDE data systems.
15. Ensure the eIEP software can accommodate a scheduled statewide rollout by law.
16. Produce interfaces and screen layouts that will mirror that of all existing CSDE IEP and related special education forms as well as any anticipated or required form changes in the future.
17. Collaborate with CSDE Stakeholders and provide periodic updates throughout the planning and development cycles, to best utilize user feedback regarding workflows, user interfaces, graphics, screen layout and quality assurance testing.
18. Provide unrestricted access for the CSDE to all data in the system.

The CSDE and LEAs will have current ownership, right, title and interest in all data stored, generated, both historical and current.

State Monitoring and Management Requirements

Authorized CSDE employees will use the eIEP software to conduct state level monitoring and management to facilitate and ensure compliance monitoring for mandated federal and state reporting needs. Data access will include aggregate views and calculations as well as the ability to view individual student records as needed.

ITEM CODE	GROUP	DETAILED COMPONENT DESCRIPTION
SM.1	<i>State Monitoring</i>	Access individual student records/data.
SM.2	<i>State Monitoring</i>	Access district and school-level aggregate data.
SM.3	<i>State Monitoring</i>	View progress of federal indicators in aggregate with drill down capability to district, school, program and student level data/records. <ul style="list-style-type: none"> • Indicator 5: Least Restrictive Environment (LRE) • Indicator 6: LRE of Early Childhood • Indicator 11: Evaluation Timelines • Indicator 13: Transition IEPs
SM.4	<i>State Monitoring</i>	Access all data in a secure, role-based manner.
SM.5	<i>State Monitoring</i>	Configure system for state branding

LEA Specifications and Requirements

Authorized Local Education Agency (LEA) users will use the eIEP software to fulfill mandated federal/state special education reporting requirements. Specifically, authorized LEA users will: (a) electronically report Individualized Education Program and related data on appropriate students; (b) access and run necessary data cleaning and case management reports; (c) access student level records in their assigned district and school; (d) manage necessary administrative functions and user system preferences and (e) improve communication to promote engagement and accessibility between parents and LEAs by providing immediate access to student IEPs. LEA Users will be assigned role-based access to the system with specific permissions governing data accessibility.

ITEM CODE	GROUP	DETAILED COMPONENT DESCRIPTION
LEA.1	<i>LEA Needs and Requirements</i>	Electronically report all Individualized Education Program data elements and related data specific to Connecticut needs and compliance requirements.
LEA.2	<i>LEA Needs and Requirements</i>	View/Print IEPs and related documents.
LEA.3	<i>LEA Needs and Requirements</i>	View previous evaluation reports.
LEA.4	<i>LEA Needs and Requirements</i>	Collect electronic signatures for IEP and related documents where appropriate and permitted in accordance with IDEA.
LEA.5	<i>LEA Needs and Requirements</i>	Incorporate related special education documents provided by the CSDE.

ITEM CODE	GROUP	DETAILED COMPONENT DESCRIPTION
LEA.6	<i>LEA Needs and Requirements</i>	Access individual student records/data.
LEA.7	<i>LEA Needs and Requirements</i>	Access district, school and program-level aggregate data.
LEA.8	<i>LEA Needs and Requirements</i>	View progress of federal indicators in aggregate with drill down capability to district, school, program and student level data/records. Indicator 5: Least Restrictive Environment (LRE) Indicator 6: LRE of Early Childhood Indicator 11: Evaluation Timelines Indicator 13: Transition IEPs
LEA.9	<i>LEA Needs and Requirements</i>	Access all data in a secure, role-based manner.
LEA.10	<i>LEA Needs and Requirements</i>	Access an optional library of goal and objectives and allow for direct entry of individualized, measureable goals and objectives.
LEA.11	<i>LEA Needs and Requirements</i>	View, download and print student reports and lists generated across various special education variables.
LEA.12	<i>LEA Needs and Requirements</i>	Create users and manage user profile information; Set permissions for users including organizational management of users, including but not limited to certifier, district writer, school writer, program implementer, parent user and read-only access.
LEA.13	<i>LEA Needs and Requirements</i>	View dynamic and summative reports and graphs with drill down capabilities for specific compliance indicators.
LEA.14	<i>LEA Needs and Requirements</i>	View and download data cleaning reports customized by CSDE
LEA.15	<i>LEA Needs and Requirements</i>	Request transfer, transfer, rescind transfer, and view notice of transfer of student records between schools and districts.
LEA.16	<i>LEA Needs and Requirements</i>	Generate notices and send electronic alerts/notifications on specific records to authorized users with appropriate user permissions.
LEA.17	<i>LEA Needs and Requirements</i>	Allow for improved LEA communication with parents to promote engagement and system accessibility by providing immediate access to student IEPs.

Technical Requirements and System Needs

All work done under the resulting contract will meet all technical, security, accessibility and privacy standards in effect with the CSDE at the time of implementation including but not

limited to those outlined below. Requirements and expectations regarding identity management, security and data confidentiality are addressed below.

ITEM CODE	GROUP	DETAILED COMPONENT DESCRIPTION
TR.1	<i>Technical Requirements</i>	Create a system that operates on multiple web browsers and with agreed upon operating systems.
TR. 2	<i>Technical Requirements</i>	Leverage role-based access to system functionalities and available data.
TR.3	<i>Technical Requirements</i>	Develop data schemas with consideration for national standards and CSDE's data dictionary.
TR.4	<i>Technical Requirements</i>	Provide functionality at state, district, school and program levels.
TR.5	<i>Technical Requirements</i>	Provide online help that can be updated by CSDE staff on an ongoing or as needed basis.
TR.6	<i>Technical Requirements</i>	Employ high quality graphic user interface (GUI) tested for usability according to industry best practices.
TR.7	<i>Technical Requirements</i>	Configure for easy updates and preservation of user defined preferences and data elements in accordance with industry best practices.
TR.8	<i>Technical Requirements</i>	Enhance data quality and accuracy by controlling for data conformity (e.g., phone number formats, dates) in accordance to industry best practices.
TR.9	<i>Technical Requirements</i>	Rely on common printing solutions such as Adobe's Acrobat Reader for printing functionality and exportable reports in multiple formats.
TR.10	<i>Technical Requirements</i>	Meet all technical, security, web accessibility and privacy standards in effect with the CSDE at the time of implementation, including but not limited to FERPA.
TR.11	<i>Technical Requirements</i>	Provide security functions to limit access to authorized users.
TR.12	<i>Technical Requirements</i>	Support integration with CSDE single-sign-on authentication and provide role-based authorization controls to different aspects of the eIEP software.
TR.13	<i>Technical Requirements</i>	Meet industry standard for accessing all browsers and platforms.
TR.14	<i>Technical Requirements</i>	Require necessary data elements to be compatible to CSDE formatting
TR.15	<i>Technical</i>	Provide error messages that are user-friendly and advise of

ITEM CODE	GROUP	DETAILED COMPONENT DESCRIPTION
	<i>Requirements</i>	possible corrections.
TR.16	<i>Technical Requirements</i>	Require utilization of CSDE’s gateway/portal for any proposed software implementation and user sign-on.

SELECTION CRITERIA

A selection committee will review and score all proposals. The following information, in addition to the requirements, terms and conditions identified throughout this RFP, will be considered as part of the selection process. Applicants must address each of the items detailed below.

A. Qualifications and Experience

a. Demonstrated ability to provide services: Organization’s experience

- i. Provide a detailed explanation of the experience your organization has to support the CSDE in the above activities as outlined.
- ii. Provide a list of Connecticut school districts (not including individual buildings, charters or private schools) currently being served by the organization’s software and the start date of the engagement.
- iii. Provide a reference list with contact information for up to five (5) school districts currently using the proposed eIEP software

b. Demonstrated Product Sustainability and Client Satisfaction

- i. What is the client retention rate of the software company’s eIEP software among school districts (not including individual buildings, charters or private schools) over the past five years? Over the past ten years?
- ii. Provide a letter of reference from up to two (2) current customers of your eIEP software.
- iii. Provide a detailed explanation or evidence of the ease of use of the eIEP software.

c. Demonstrated ability to provide Training and Support to CSDE and LEAs

- i. Provide a detailed explanation describing how the company proposes to implement, train and support CSDE staff and LEAs through a scheduled system rollout of the eIEP software. Provide a sample project implementation and training plan which includes specific project phases, milestones, roles and responsibilities of all parties involved.
- ii. Describe in detail the onsite in-district training methodology including the groups to be trained, training group size, topics covered, training session duration and training delivery methods.
- iii. Describe in detail any ongoing „online“ training for skill refreshers, new staff members and/or new system features.

d. Demonstrated ability to migrate legacy data to new eIEP software

- i. Provide a detailed explanation of how your organization will engage in data migration activities for current and historical IEP and related documents into the eIEP software.

B. Connecticut Special Education Requirements

a. Demonstrated ability to meet Special Education needs specific to Connecticut

- i. Provide evidence that your organization is able to provide a Connecticut specific system that meets all special education requirements or that the proposed eIEP software can be configured to meet CSDE and LEA needs.

C. Organizational Resources

a. Proposed resources of providing services

Provide a detailed explanation of the resources you will use to provide all requested services.

D. Pricing

a. Proposed pricing

Provide budget narrative and an itemized, detailed budget including all anticipated cost of purchase, licensing, implementation, training and scheduled maintenance.

E. Organizational information

a. Financial stability

Provide any documentation that supports the organizations past, present, and future financial stability. This may include any financial support up to and including audited financial statements.

b. Quality assurance

Provide a narrative that describes what your organization does to maintain the high quality of its products and services.

c. Appropriate insurance

A statement that contains a listing of current active business insurance of the organization is sufficient. Certificates of insurance are acceptable, but not required, unless a contract is awarded that specifies this need.

PROPOSAL REQUIREMENTS

I. Contract period

The State intends that this contract shall begin July 1, 2016. The State reserves the right to extend this contract or parts thereof with mutual consent between both parties.

II. Quantities and/or Usages

These are estimated quantities and/or usages only and in no way represent a commitment and/or intent to purchase. Actual quantities may vary, and will be identified on individual purchase orders issued by the requesting state entity.

III. Contract Award

The State reserves the right to award this Contract in a manner deemed to be in the best interest of the State and may include, but not be limited to:

- A. by item, group of items or in its entirety;
- B. geographic location to adequately service the entire State of Connecticut in the best possible manner; or
- C. multiple vendor awards.

IV. Stability of Proposed Prices

Any price offerings from proposers must be valid for a period of 120 days from the due date of the proposals.

V. Amendment or Cancellation of the RFP

The CSDE reserves the right to cancel, amend, modify, or otherwise change this RFP at any time if it deems it to be in the best interest of the State to do so.

VI. Proposal Modifications

No additions or changes to any proposal will be allowed after the proposal due date, unless such modification is specifically requested by the CSDE. The CSDE, at its option, may seek proposer retraction and/or clarification of any discrepancy or contradiction found during its review of proposals.

VII. Proposer Presentation of Supporting Evidence

Proposers must be prepared to provide any evidence of experience, performance, ability, and/or financial surety that the CSDE deems to be necessary or appropriate to establish fully the performance capabilities represented in their proposals.

VIII. Proposer Demonstration of Proposed Services and or Products

At the discretion of the CSDE, proposers must be able to confirm their ability to provide all proposed services. Any required confirmation must be provided at a site approved by the CSDE and without cost to the State.

IX. Erroneous Awards

The CSDE reserves the right to correct inaccurate awards. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the CSDE shall not constitute a breach of contract on the part of the CSDE since the contract with the initial proposer is deemed to be void and of no effect as if no contract ever existed between the CSDE and such proposer.

X. Proposal Expenses

Proposers are responsible for all costs and expenses incurred in the preparation of proposals and for any subsequent work on the proposal that is required by the CSDE.

XI. Ownership of Proposals

All proposals shall become the sole property of the State and will not be returned.

XII. Ownership of Subsequent Products

Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State unless otherwise stated in the contract.

XIII. Oral Agreement or Arrangements

Any alleged oral agreements or arrangements made by proposers with any state agency or employee will be disregarded in any state proposal evaluation or associated award.

XIV. Subcontractors

The CSDE must approve any and all subcontractors utilized by the successful proposer prior to any such subcontractor commencing any work. Proposers acknowledge by the act of submitting a proposal that any work provided under the contract is work conducted on behalf of the State and that the Commissioner of the CSDE or his/her designee may communicate directly with any subcontractor as the State deems to be necessary or appropriate. It is also understood that the successful proposer shall be responsible for all payment of fees charged by the subcontractor(s). The successful proposer shall provide a performance evaluation of any subcontractor promptly to the CSDE upon request. The successful proposer must provide the majority of services described in the specifications.

XV. Freedom of Information Act

All of the information contained in a proposal submitted in response to this RFP is subject to the provisions of Chapter 3 of the C.G.S. Sections 1-7 et seq. and the Freedom of Information Act (FOIA), C.G.S. Sections 1-200 et seq. The FOIA declares that, except as provided by federal law or state statute, records maintained or kept on file by any public agency (as defined in the statute) are public records and every person has the right to inspect such records and receive a copy of such records.

CONTRACT

This RFP is not a contract and, alone, shall not be interpreted as such. Rather, this RFP only serves as the instrument through which proposals are solicited. The state will pursue negotiations with the highest scoring proposal. If, for some reason, the CSDE and the initial proposer fail to reach consensus on the issues relative to a contract, then the CSDE may commence contract negotiations with other proposers. The CSDE may decide at any time to start the RFP process again. Thereafter, Proposers will be required to sign a formal contract as

identified in “Contract.” The contract may include a liquidated damages clause at the discretion of the State.

INSTRUCTIONS TO BIDDERS

I. Proposal Schedule

EVENT	TIME (eastern standard time zone)	DATES (all dates are state business days)
RFP Issued		October 1, 2015
Written “Questions & Comments” Deadline	2:00 p.m.	October 30, 2015
Response Deadline	4:00 p.m.	November 20, 2015

During the period from your organization’s receipt of this RFP, and until a contract is awarded, your organization shall not contact any employee of the State of Connecticut for additional information, except in writing, using the following e-mail address: Marquelle.Middleton@ct.gov

II. Questions

Questions for clarifying the RFP must be submitted in writing and must be received by 2:00 p.m. on October 30, 2015, in the State of Connecticut. Answers to questions received will be posted as an Addendum on November 6, 2015 on the CSDE web site at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2683&Q=320346>. Questions must be e-mailed to Marquelle.Middleton@ct.gov and will not be accepted via any other means of communication.

III. Proposals

- a. Please submit one proposal for all services described in the scope of services and service specifications sections of this RFP.
- b. Submit (1) proposal in hardcopy that bears the original signature of the applicant and (1) e-copy in PDF format sent via email to Marquelle Middleton at Marquelle.Middleton@ct.gov. All proposals submitted become the property of the CSDE and part of the public domain.
- c. Proposals must follow the guidelines that are contained in this document and its appendices.

- d. All proposals (see instructions in item a) must be received by:
4:00 p.m., Friday, November 20, 2015

**LATE PROPOSALS WILL NOT BE ACCEPTED.
EXTENSIONS WILL NOT BE GRANTED.**

The mailing and delivery address is:

Connecticut State Department of Education
Performance Office
165 Capitol Avenue, Room 351
Hartford, CT 06106
Attn: Marquelle Middleton

- e. The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals including any confidential information will be shared with the Screening Committee. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
- f. Signed Statement of Assurances

Scoring Rubric

<u>Proposer:</u>	Total Score: _____ / 100
	<u>Evaluator Name:</u>

Section	Evaluator Score	Weighting	Max. Possible Score	Total Points
eIEP Product Model and Service Approach		x8	32	_____ / 32
Technical Accommodations		x5	20	_____ / 20
Purchase Cost and Information		x5	20	_____ / 20
Product Sustainability and Client Satisfaction		x4	16	_____ / 16
Training and Support		x2	8	_____ / 8
Organization Qualifications and Experience		x1	4	_____ / 4

Total Score: _____

Area of Review/Evaluation	<u>1 – Below</u>	<u>2- Partially Meets Needs</u>	<u>3- Adequately Meets Needs</u>	<u>4- Exceed Needs</u>
eIEP Product Model and Service Approach	Offers insufficient information regarding the organization’s product model and service approach to delivering the services solicited through the RFP	Offers a somewhat clear explanation of the organization’s product model and service approach that could be strengthened by greater detail and specificity.	Offers a comprehensive and well-written explanation of the organization’s product model and service approach as solicited through the RFP	Offers an exceptionally clear, comprehensive and compelling description of the organization’s product model and service approach as solicited through the RFP.
Technical Accommodations	The proposal provides insufficient evidence of the organization’s ability to meet the set forth technical requirements as solicited through the RFP	The proposal provides some evidence to suggest the organization’s ability to meet the set forth technical requirements as solicited through the RFP	The proposal provides sufficient evidence to validate the organization’s ability to meet the set forth technical requirements as solicited through the RFP	The proposal provides ample evidence of the organization’s ability to meet the set forth technical requirements as solicited through the RFP

Area of Review/Evaluation	1 – Below	2- Partially Meets Needs	3- Adequately Meets Needs	4- Exceed Needs
Organization Qualifications and Experience	The proposal provides insufficient evidence of the organization’s overall qualifications and demonstrated ability to satisfactorily provide the requested services.	The proposal provides some evidence to suggest the organization’s overall qualifications and demonstrated ability to satisfactorily provide the requested services.	The proposal provides sufficient evidence to validate the organization’s overall qualifications and demonstrated ability to satisfactorily provide the requested services.	The proposal provides ample evidence of the organization’s overall qualifications and demonstrated ability to satisfactorily provide the requested services.
Product Sustainability and Client Satisfaction	The proposal provides insufficient evidence of the organization’s ability to meet the specific IEP and special education reporting needs of the State of Connecticut.	The proposal provides some evidence to suggest the organization’s qualifications and ability to satisfactorily meet the specific IEP and special education reporting needs of the State of Connecticut.	The proposal provides sufficient evidence to validate the organization’s specific IEP and special education reporting needs of the State of Connecticut.	The proposal provides ample evidence of the organization’s specific IEP and special education reporting needs of the State of Connecticut.
Training and Support	The proposal provides insufficient evidence of the organization’s ability and plan to provide necessary training and support to all authorized users.	The proposal provides some evidence to suggest the organization’s ability and plan to provide necessary training and support to all authorized users.	The proposal provides sufficient evidence to validate the organization’s ability and plan to provide necessary training and support to all authorized users.	The proposal provides ample evidence of the organization’s ability and plan to provide necessary training and support to all authorized users.
Purchase Cost and Information	The proposal fails to provide any cost information and/or cost information is unclear and lacks alignment with organization’s proposed services.	The proposal provides some cost information; however the presentation of this information may be disorganized or lack detail and alignment to the services requested through the RFP.	The proposal provides adequate cost information, including a breakdown of the proposed services aligned to the RFP.	The proposal provides clear and sufficient cost information aligned to the proposed services, showing justifications for all costs.

APPENDICES

IEP forms and all CSDE forms related to special education in the state of Connecticut can be accessed at the provided web address:

(See <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322680#IEP>)

- Appendix
A
Statement of Assurances
- Appendix
B
Form ED 620 - Individualized Education Program (IEP) form
- Appendix
C
Form ED621 – Referral to Determine Eligibility for Special Education and Related Services
- Appendix
D
Form ED622 - Referral to Determine Eligibility for Special Education and Related Services
- Appendix
E
Form ED623 – Notice of Planning and Placement Team Meeting
- Appendix
F
Form ED624 – Documentation of Attempts to Seek Parent/Guardian Participation
- Appendix
G
Form ED625 – Notice of Consent to Conduct Initial Evaluation
- Appendix
H
Form ED626 – Consent for Initial Provision of Special Education

- Appendix

I

Form ED627 – Notice of Consent to Conduct a Reevaluation

- Appendix

J

Form ED 628 – Confidential File Access Record

- Appendix

K

Form ED629L – Multidisciplinary Evaluation Report – (Landscape Version)

- Appendix

L

Form ED629P – Multidisciplinary Evaluation Report – (Portrait Version)

- Appendix M
Form ED630 - Reading Worksheet
- Appendix N
Form ED631 – Math Worksheet
- Appendix O
Form 632 - Least Restrictive Environment Procedural Checklist
- Appendix P
Form ED633 – Planning and Placement Team Attendance
- Appendix Q
Form ED634 – Agreement to Change an Individualized Education Program without Convening a Planning and Placement Team Meeting
- Appendix R
Form ED635 – Summary of Performance
- Appendix S
Form ED637 – Mutual Agreement to Extend Evaluation Timelines – SLD
- Appendix T
Form ED638 – Language and Communication Plan

APPENDIX A
STATEMENT OF ASSURANCES

The Statement of Assurances Signature Page must provide the authorized of the applicant. (Please note that the authorized signatures of the eligible applicant must also be provided on the cover page.)

PROJECT TITLE:

THE APPLICANT: _____ HEREBY ASSURES THAT:

(Insert Applicant Name)

- A. The applicant has the necessary legal authority to submit a proposal in response to this RFP and to contract for the provision of the services described therein.
- B. The filing of this application has been authorized by the applicant's governing body, and the undersigned official has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application.
- C. The activities and services for which assistance is sought under this RFP will be administered by or under the supervision and control of the applicant.
- D. The project will be operated in compliance with all applicable state and federal laws and in compliance with regulations and other policies and administrative directives of the Connecticut State Board of Education, and the Connecticut State Department of Education (CSDE).
- E. The applicant shall use appropriate fiscal control and accounting procedures to ensure proper disbursement of all funds awarded.
- F. The applicant will submit a final project report and such other reports, as specified, to the CSDE, including information relating to the project records and access thereto as the CSDE may find necessary.
- G. The CSDE reserves the exclusive right to use and grant the right to use and/or publish any part or parts of any summary, abstract, reports, publications, records and materials resulting from this project.
- H. At the conclusion of the contract period, the applicant will provide for an independent audit report acceptable to the CSDE in accordance with Sections 7-394a and 7-396a of the Connecticut General Statutes, and the applicant shall return to the CSDE any monies not expended in accordance with the approved program/operation budget as determined by the audit.
- I. The applicant acknowledges and agrees that nothing in this Solicitation shall be construed as a modification, compromise or waiver by the State of any rights or defenses of any immunities provided by federal law or the laws of the State of Connecticut to the State or any of its officers and employees, which they may have had, now have or will have with respect to all matters arising out of this Solicitation. To the extent that this section conflicts with any other section, this section shall govern.
- J. Required Contract Language. The applicant acknowledges that the following language shall be included in any contract awarded pursuant to this RFP.
 - 1. Executive Orders. Any Agreement awarded by the State of Connecticut is subject to Executive Order No. 3 of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices; Executive Order No. 17 of Governor Thomas J. Meskill, promulgated

February 15, 1973, concerning the listing of employment openings; Executive Order No. 16 of Governor John G. Rowland, promulgated August 4, 1999, concerning violence in the workplace. Such Agreement may also be subject to Executive Order 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions. All of these Executive orders are incorporated into and made a part of the Agreement as if they had been fully set forth in it. At contractor's request, the CSBE shall provide a copy of these Orders to the contractor.

2. Indemnification. Applicant agrees that if awarded a contract pursuant to this RFP, it shall indemnify, defend and hold harmless the State of Connecticut ("State") and its officers, representatives, agents, servants, employees, successors and assigns from and against any and all (1) claims arising, directly or indirectly, in connection with the agreement, including the acts of commission or omission (collectively, the "Acts") of the contractor or contractor parties; and (2) liabilities, damages, losses, costs and expenses, including but not limited to, attorneys' and other professionals' fees, arising, directly or indirectly, in connection with claims, acts or the agreement. Contractor shall use counsel reasonably acceptable to the State in carrying out its obligations under this section. The contractor's obligations under this section to indemnify, defend and hold harmless against claims includes claims concerning confidentiality of any part of or all of the contractor's rights of any person or entity, copyrighted or un-copyrighted compositions, secret processes, patented or unpatented inventions, articles or appliances furnished or used in the performance of the agreement.
3. Protection of Confidential Information. Contractor and Contractor Parties, at their own expense, have a duty to and shall protect from a Confidential Information Breach any and all Confidential Information which they come to possess or control, wherever and however stored or maintained, in a commercially reasonable manner in accordance with current industry standards.
 - a. Each Contractor or Contractor Party shall develop, implement and maintain a comprehensive data - security program for the protection of Confidential Information. The safeguards contained in such program shall be consistent with and comply with the safeguards for protection of Confidential Information, and information of a similar character, as set forth in all applicable federal and state law and written policy of the Department or State concerning the confidentiality of Confidential Information. Such data-security program shall include, but not be limited to, the following:
 - i. A security policy for employees related to the storage, access and transportation of data containing Confidential Information;
 - ii. Reasonable restrictions on access to records containing Confidential Information, including access to any locked storage where such records are kept;
 - iii. A process for reviewing policies and security measures at least annually;
 - iv. Creating secure access controls to Confidential Information, including but not limited to passwords; and
 - v. Encrypting of Confidential Information that is stored on laptops, portable devices or being transmitted electronically.
 - b. The Contractor and Contractor Parties shall notify the Department and the Connecticut Office of the Attorney General as soon as practical, but no later than twenty-four (24) hours, after they become aware of or suspect that any Confidential Information which Contractor or Contractor Parties have come to possess or control has been subject to a Confidential Information Breach. If a Confidential Information Breach has occurred, the Contractor shall, within three (3) business days after the notification, present a credit monitoring and protection plan to the Commissioner of Administrative Services, the Department and the Connecticut Office of the Attorney General, for review and approval. Such credit monitoring or protection plan shall be made available by the Contractor at its own cost and expense to all

- individuals affected by the Confidential Information Breach. Such credit monitoring or protection plan shall include, but is not limited to reimbursement for the cost of placing and lifting one (1) security freeze per credit file pursuant to Connecticut General Statutes § 36a-701a. Such credit monitoring or protection plans shall be approved by the State in accordance with this Section and shall cover a length of time commensurate with the circumstances of the Confidential Information Breach. The Contractors' costs and expenses for the credit monitoring and protection plan shall not be recoverable from the Department, any State of Connecticut entity or any affected individuals.
- c. The Contractor shall incorporate the requirements of this Section in all subcontracts requiring each Contractor Party to safeguard Confidential Information in the same manner as provided for in this Section.
 - d. Nothing in this Section shall supersede in any manner Contractor's or Contractor Party's obligations pursuant to HIPAA or the provisions of this Contract concerning the obligations of the Contractor as a Business Associate of the Department.
 - e. The above section uses the terms "Confidential Information" and "Confidential Information Breach" as defined below.
 - i. "Confidential Information" shall mean any name, number or other information that may be used, alone or in conjunction with any other information, to identify a specific individual including, but not limited to, such individual's name, date of birth, mother's maiden name, motor vehicle operator's license number, Social Security number, employee identification number, employer or taxpayer identification number, alien registration number, government passport number, health insurance identification number, demand deposit account number, savings account number, credit card number, debit card number or unique biometric data such as fingerprint, voice print, retina or iris image, or other unique physical representation. Without limiting the foregoing, Confidential Information shall also include any information that the Department classifies as "confidential" or "restricted." Confidential Information shall not include information that may be lawfully obtained from publicly available sources or from federal, state, or local government records which are lawfully made available to the general public.
 - ii. "Confidential Information Breach" shall mean, generally, an instance where an unauthorized person or entity accesses Confidential Information in any manner, including but not limited to the following occurrences: (1) any Confidential Information that is not encrypted or protected is misplaced, lost, stolen or in any way compromised; (2) one or more third parties have had access to or taken control or possession of any Confidential Information that is not encrypted or protected without prior written authorization from the State; (3) the unauthorized acquisition of encrypted or protected Confidential Information together with the confidential process or key that is capable of compromising the integrity of the Confidential Information; or (4) if there is a substantial risk of identity theft or fraud to the client, the Contractor, the Department or State.
4. Insurance. Applicant agrees that while performing the services specified in the agreement that it shall carry sufficient insurance as applicable according to the nature of the service to be performed so as to "save harmless" the State of Connecticut from any insurable cause whatsoever. If requested, the Contractor shall file certificates of insurance with the CSDE prior to the performance of services.
 5. Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the Contactor is a Business Associate under the requirements of the HIPAA, the Contractor must agree to comply with all terms and conditions of HIPAA and the regulations promulgated thereunder.
 6. Campaign Contribution Restrictions. For all State contracts, defined in Conn. Gen. Stat. § 9-612(g)(1) as having a value in a calendar year of \$50,000 or more, or a combination or series of

such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the Contract expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." CSBE shall make such notice available to the applicant upon request.

7. Nondiscrimination.

a. For purposes of this Section, the following terms are defined as follows:

- i. "Commission" means the Commission on Human Rights and Opportunities;
- ii. "Contract" and "contract" include any extension or modification of the Contract or contract;
- iii. "Contractor" and "contractor" include any successors or assigns of the Contractor or contractor;
- iv. "Gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose;
- v. "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
- vi. "good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;
- vii. "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced;
- viii. "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders;
- ix. "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of Connecticut General Statutes § 32-9n; and
- x. "public works contract" means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms "Contract" and "contract" do not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat. Section 1-120, (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign

government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

- b. (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes §§ 46a-56, 46a-68e and 46a-68f; and (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes § 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.
- c. Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- d. The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- e. The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes §46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such

litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

- f. The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.
- g. (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes § 46a-56; and (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this Section and Connecticut General Statutes § 46a-56.
- h. The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

I, the undersigned authorized official; hereby certify that these assurances shall be fully implemented.

Signature: _____

Name (typed): _____

Title (typed): _____

Date: _____

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Age: _____ Current Grade: _____ H.S. Credits: _____ Grade Next Yr: _____ Gender: Female Male

Current Home School: _____ School Next Year: _____ Home School Next Year: _____

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ Yes No NA

Student Address¹: _____ Student Instructional Lang: English Other: (specify) _____

Parent/Guardian (Name): _____ Home Dominant Lang: English Other: (specify) _____

Parent/Guardian (Address): Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ mm/dd/yyyy Next Reevaluation Date: _____ mm/dd/yyyy

Most Recent Annual Review Date: _____ mm/dd/yyyy Next Annual Review Date: _____ mm/dd/yyyy

Reason for Meeting²: 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 Orthopedic Impairment Speech or Language Impaired Other Health Impairment (OHI)
 Deaf – Blindness Hearing Impairment (Deaf or Hard of Hearing) Specific Learning Disabilities Traumatic Brain Injury OHI – ADD/ADHD
 Developmental Delay (ages 3-5 only) Intellectual Disability Specific Learning Disabilities/Dyslexia Visual Impairment To be determined

The next projected PPT meeting date is: _____ mm/dd/yyyy

- 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 ED634? YES, attached is the ED634 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? _____ mm/dd/yyyy

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____
Parent/Guardian: _____ School Psych: _____ PT: _____
Parent/Guardian: _____ Social Work: _____ Agency: _____
Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____
Student: _____ Guidance: _____ Other: (specify) _____
Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

¹ Address of student's primary residence. ² May choose more than one

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRIOR WRITTEN NOTICE			
Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)	Date these actions will be implemented
	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Motor _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Developmental _____ (specify and dated) _____	
Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)	
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Health/Medical <input type="checkbox"/> Achievement _____ <input type="checkbox"/> Motor _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Other (specify and dated) _____	
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services.	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/>	<input type="checkbox"/> Date of exit from _____ <input type="checkbox"/> Special Education _____ <input type="checkbox"/> Returning to general education
<input type="checkbox"/> No other options were considered and rejected.			

Other options considered and rejected in favor of this action: _____

Other: _____
(specify)

Reason for exiting Special Education: _____

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 was made available previously this school year (date)_____ is enclosed with this document. A copy of Procedural Safeguards in Special Education is available on school district website: <http://www> [Delete if not available on line]. If you

need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). 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=320730>.

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area	Strengths	Concerns/Needs	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
<p>(briefly describe current performance)</p> <p>Behavioral/Social/Emotional:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<p>(include data as appropriate)</p> <hr/> <hr/> <hr/> <hr/>	<p>(requiring specialized instruction)</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Communication:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Vocational/Transition:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Health and Development including Vision And Hearing:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Fine and Gross Motor:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Activities of Daily Living:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<p>Other:</p> <p><input type="checkbox"/> Age Appropriate</p> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

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.

Student: _____

Last Name, First Name

DOB: _____

mm/dd/yyyy

District: _____

Meeting Date: _____

mm/dd/yyyy

- Academic/Cognitive Self Help
 Social/Behavioral
 Communication
 Gross/Fine Motor Health
 Postsecondary Education/Training Other: (specify) _____

Enter Dates for Evaluating and Reporting Progress in Boxes Below

Check here if the student is 15 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked)

1	2	3	4
5	6	7	8

Measurable Annual Goal* (Linked to Present Levels of Performance) # _____

Eval. Procedure: _____
 Perf. Criteria: _____
 (% , Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective #1

Eval. Procedure: _____
 Perf. Criteria: _____
 (% , Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #2

Eval. Procedure: _____
 Perf. Criteria: _____
 (% , Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #3

Eval. Procedure: _____
 Perf. Criteria: _____
 (% , Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures

1. Criterion-Referenced/Curriculum Based Assessments
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. Smarter Balanced and CT Alternate Assessments
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)
 U=Unsatisfactory Progress – Unlikely to achieve goal
 N = No Progress – Will not achieve goal
 M = Mastered
 NI = Not Introduced
 S = Satisfactory Progress – Likely 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.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

<p>Accommodations and Modifications to be provided to enable the child:</p> <ul style="list-style-type: none"> - To advance appropriately toward attaining his/her annual goals; - To be involved in and make progress in the general education curriculum; - To participate in extracurricular and other non-academic activities, and - To be educated and participate with other children with and without disabilities. <p>Accommodations may include Assistive Technology Devices and Services</p>	<p>Sites/Activities Where Required and Duration</p>
<p>Materials/Books/Equipment: _____</p> <p>_____</p>	
<p>Tests/Quizzes/Assessments: _____</p> <p>_____</p>	
<p>Grading: _____</p> <p>_____</p>	
<p>Organization: _____</p> <p>_____</p>	
<p>Environment: _____</p> <p>_____</p>	
<p>Behavioral Interventions and Support: _____</p> <p>_____</p>	
<p>Instructional Strategies: _____</p> <p>_____</p>	
<p>Other: _____</p> <p>_____</p>	

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: _____

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

STATE AND DISTRICT TESTING AND ACCOMMODATIONS

STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS				DISTRICTWIDE ASSESSMENTS				
Check the grade the student will be in when the test is given.				Check the grade(s) the student will be in when the tests are given.				
<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade Pre-K	<input type="checkbox"/> Grade K	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 10 CAPT Science Only	<input type="checkbox"/> Grades PK-2, 9 or 12; testing not required	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12			<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	

Smarter Balanced Assessments and the Connecticut Alternate Assessment (CTAA) Smarter Balanced Assessments and the CTAA include English Language Arts and Mathematics. ALL students in grades 5 & 8 will also take the CMT Science Test. Students in Grade 10 will ONLY take the CAPT Science.

Assessment Options: (Select Only ONE Option.)

- 1. Smarter Balanced Assessments (Includes CMT Science for grades 5 & 8)
- 2. CTAA - CT Alternate Assessment* (Includes CMT Skills Checklist Science for grades 5 & 8)
- 3. Grade 10 ONLY (Select ONE): CAPT Science CAPT Skills Checklist Science

Administration Options:

Yes No

Accommodations will be provided. **

The completed Test Supports/Accommodations Form is attached. Accommodations MUST also be entered on the CSDE Accommodations Collection Website.

Yes No

EL (formerly ELL) exemption from reading and writing tests will be given.

NOTE: This exemption applies only to students attending a U.S. school for the first time for less than 12 months AND who have limited English proficiency. Exempted students are not required to take the reading and writing tests, but must take all other tests. For further information, see the [EXEMPTION GUIDELINES](#).

* CTAA and CMT/CAPT Science Skills Checklists Eligibility & Learner Characteristics Inventory (LCI) should be used for guidance on eligibility. Provide a completed copy of the LCI to the district test coordinator for required registration of students assessed with the CT Alternate Assessment (CTAA) and the CMT/CAPT Science Skills Checklists on the CSDE Accommodations Collection Website. A PPT decision to assess the student using the CTAA or the CMT/CAPT Science Skills Checklists must be recorded on page 3 of the IEP, Prior Written Notice.

**If accommodations are given, attach a copy of the Test Supports/Accommodations Form to the IEP and provide a copy to the district test coordinator for required registration on the CSDE Accommodations Collection Website.

DISTRICTWIDE ASSESSMENTS (Select all appropriate options.)

N/A - No districtwide assessments are scheduled during the term of this IEP.

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.

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.

Student: _____
Last Name, First Name

DOB: _____
mm/dd/yyyy

District: _____

Meeting Date: _____
mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

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 ED638) - 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) _____

Student: _____
Last Name, First Name

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 by age 3 (re-referred to district at a later date) Parent Choice FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 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 E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:
 - Regular E.C. Preschool or Kindergarten Program
 - E.C. Special Education Program in Separate Class
 - E.C. Special Education Program in Separate School
 - E.C. Special Education Program in Residential Facility
 - Home
 - 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. Does the student live at any of the following locations?
 - None of these locations (Default - 00)
 - Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)
 - Hospital (03)
 - Private Residential Facility (09)

Student: _____

DOB: _____

2. Special Services History:

Are you aware of any special services provided for this child now or in the past?

Yes

No

If Yes, describe the type, location, and provider of the service.

3. Other Relevant Information:

4. Parent Notification:

Has the parent/guardian been notified about your concerns regarding this student?

Yes

No

If Yes, method of notification: _____

Date(s) parent/guardian was notified: _____

Signed: _____ Date: _____
(Signature of individual completing this form)

***Please note:** The special education referral date immediately affords the student and parent(s) all special education procedural safeguards. This referral also “starts the clock” with respect to the timelines specified in RCSEA 10-76d-13(a)(1) and (2) which provide that “(1) *The individualized education program shall be implemented within forty-five days of referral or notice, exclusive of the time required to obtain parental consent.* (2) *In the case of a child whose individualized education program calls for out-of-district or private placement, the individualized education program shall be implemented within sixty days of referral or notice, exclusive of the time required to obtain parental consent.*” If a parent communicates in writing directly with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the date the staff member receives this written communication constitutes the date of referral. If a parent communicates verbally with a staff member that they wish to refer their child for an evaluation to determine her/his eligibility for special education services, the staff member should provide the parent with a copy of this referral form and, when necessary, assist the parent in completing this form. It should be understood that, in all instances, this is a referral for an evaluation to determine eligibility for special education services. Actual eligibility for special education services is determined by the PPT only after an evaluation has been completed.

[DISTRICT NAME] PUBLIC SCHOOLS
PARENT NOTICE OF REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Date: _____

(Name of Parent/Guardian or Student)

(Street Address)

(City/Town) (State) (Zip Code)

Dear _____

The purpose of this letter is to advise you that your child, _____, _____
(Student's Name) (DOB)

has been referred for consideration of eligibility for special education services. The referral was made by:

_____, on _____
(Name of person or team making referral) (Date)

The next step in the referral process is to schedule a Planning and Placement Team meeting (PPT). At this meeting the available information regarding your child's current school performance will be reviewed and evaluation procedures for determining eligibility for special education services will be considered. Parent participation in this process is very important. We ask that you make every effort to attend this meeting.

Enclosed with this letter are the following materials:

- A copy of the referral which outlines specific concerns and the information used as the basis for this referral, including alternative strategies employed prior to the referral.
- A copy of the Procedural Safeguards in Special Education. If you would like a further explanation of these procedures please contact: _____, at _____.
- A Planning and Placement Team meeting notice. (If a notice is not included with this letter you will receive one in a separate mailing.)
- Other: (specify) _____

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact, _____, _____
(Name) (Title)

at _____

Sincerely,

(Name and Title)

[DISTRICT NAME] PUBLIC SCHOOLS
 NOTICE AND CONSENT TO CONDUCT AN INITIAL EVALUATION

Date: _____

Dear _____

Your child, _____, _____ has been referred for an evaluation to determine
 (Student's Name) (DOB)

eligibility for special education services. Federal and State regulations require that the school district obtain the written consent of parents before conducting such an evaluation.

- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards, an explanation of these procedures, or if you have any questions, please contact:

_____ at _____
 (Name) (Title) (Telephone Number)

This document includes the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to review and obtain copies of all records used as a basis for a referral.
- D. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).
- E. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- F. Parents have the right to utilize due process procedures.

- The tests/evaluation procedures listed below were recommended
- The PPT has decided that the available evaluation information listed below is sufficient to determine eligibility:

Reason: (specify) _____

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:

- No adaptations/accommodations required
- Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

- I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

 Parent/Guardian Signature Date

- I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

 Parent/Guardian Signature Date

*Failure of the parent to respond to a request from the Board for consent to conduct an initial evaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

**[DISTRICT NAME] PUBLIC SCHOOLS
CONSENT FOR THE INITIAL PROVISION OF SPECIAL EDUCATION**

Date: _____

I. Identification Information:

Student: _____ DOB: _____
School: _____ Grade: _____
Parent/Guardian: _____

II. Consent Requirements:

Federal regulations mandate that parents (guardians) give written consent for the initial provision of special education services. The consent must be in writing and given prior to the provision of special education services. (NOTE: An Individualized Education Program [IEP] must be developed prior to the initial provision of special education services.)

- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

_____ at _____
(Name and Title) (Telephone Number)

Included in this document are the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. Parental failure to respond within 10 school days from the date of this notice shall be construed as refusal of consent.
- C. Parents have the right to utilize due process proceedings if they disagree with the identification, evaluation or educational placement of or the provision of a free appropriate public education (FAPE) to their child.

III. Written Consent

- I consent to** the initial provision of special education services.

_____ Date _____
Parent/Guardian Signature

- I do not consent to** the initial provision of special education services. I understand that by refusing consent for the initial provision of special education services, I waive all rights to special education services and protections at the time consent is refused.

_____ Date _____
Parent/Guardian Signature

[DISTRICT NAME] PUBLIC SCHOOLS
NOTICE AND CONSENT TO CONDUCT A REEVALUATION*

Date: _____

Dear _____

A Planning and Placement Team (PPT) meeting regarding your child, _____, _____
(Student's Name) (DOB)

was held on _____ . The team determined that an evaluation should be conducted for the following reason:
(meeting date)

- To comply with Federal and State regulations which require that each child receiving special education and related services must be reevaluated at least every three years to determine eligibility for special education services.
- To assess your child's current level of functioning
- Other: (specify) _____
- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

_____ at _____
(Name) (Telephone Number)

This document includes the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to be fully informed of all evaluation results and must be provided with a copy of the evaluation report(s).
- D. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- E. Parents have the right to utilize due process procedures.

Evaluation Procedures:

- The tests/evaluation procedures listed below were recommended
- The PPT has determined that no additional tests/evaluations are needed to determine continuing eligibility for special education services (and no parent consent is required) because: (specify) _____

Parents, please be aware that you have the right to request an assessment to determine continuing eligibility for special education services and that the school district is not required to conduct such an assessment unless requested by parents.

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are: No adaptations/accommodations required
 Adaptations/accommodations required: (specify) _____

PARENTAL CONSENT*

- I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

- I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

_____ _____
Parent/Guardian Signature Date

* Failure of the parent to respond to a request from the Board for consent to conduct a reevaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))

Student: _____ Date of Birth: _____ Grade: _____
 School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

I. Required Evaluation Components

A. Parental Input:

B. Interventions and Instructional Strategies Used Prior to Referral:

[All student-centered intervention and progress monitoring data is attached, including information from math, reading, and/or writing worksheets, as appropriate. Data should include implementers and dates of progress monitoring.]

C. Educationally Relevant Medical Findings, if any: N/A

D. Regular Classroom Observation: Area of Difficulty -

Academic setting: _____ Date(s): _____

Observer(s) : _____

Behavior observed and the relationship to academic functioning: _____

E. Assessment Information:

Assessment

Evaluator (Name and Title)

(e.g., curriculum-based, standardized, criterion-referenced)

II. Criteria

Respond to each criteria used to determine eligibility for students suspected of having a specific learning disability.

		Criteria Met	
		YES	NO
A.	Is student achieving adequately for the student's age or meeting State-approved grade-level standards in one or more of the following areas when provided with learning experiences appropriate for the student's age or State-approved grade level standards? If NO, indicate in which area(s) student is NOT achieving adequately below: <i>[Note: At least <u>one</u> area must be identified.]</i>		*
	<input type="checkbox"/> mathematics calculation <input type="checkbox"/> mathematics problem solving <input type="checkbox"/> oral expression <input type="checkbox"/> written expression <input type="checkbox"/> listening comprehension <input type="checkbox"/> reading comprehension <input type="checkbox"/> fluency <input type="checkbox"/> basic reading skills		
B.	Is student making sufficient progress in the area identified above to meet age or State-approved grade-level standards, even with scientific research-based interventions?		*
C.	The student has been provided with explicit and systematic instruction in the essential components of scientific, research-based reading instruction or math from a qualified teacher, including regular assessments of achievement to document the student's response to scientific research-based intervention as a part of the evaluation procedures.	*	

D. Learning difficulty is <i>primarily</i> due to:	YES	NO	Note: If all of the (✓)'s are in the NO column, then the student meets the criteria for II D (i.e., "learning difficulty is NOT the result of" these other factors).
1. Lack of instruction in math, reading or writing ^o (Based on Math, Reading or Writing Worksheets)			
2. A visual, hearing or motor disability			
3. Intellectual Disability			
4. Emotional Disturbance			
5. Cultural factors			
6. Environmental or economic disadvantage			
7. Limited English proficiency			
E. Has NO been (✓)'d for all items in D above (#1-7)?			
F. Does information gathered through the required evaluation components (including consideration of a dual discrepancy**) indicate that a specific learning disability exists in the area identified above (in A)? – If a specific learning disability exists in one of the eight areas above (in II A), attach a summary statement of all formal and informal assessment data used to document the existence of such a disability.			
G. Are special education and related services required to address the specific learning disability identified in F?			

***Criteria A-C:** The student has been provided with scientific, research-based interventions in area of concern and repeated measures of progress were utilized to determine the student's response to the intervention(s).

oCriteria D-1: Math, Reading and/or Writing Worksheets are attached (unless math, reading and/or writing are not an area of weakness)

****Dual Discrepancy:** Dual discrepancy means that a student has BOTH low performance relative to age or grade level standards AND insufficient progress even when provided with scientific, research-based interventions.

Statements of Assurances:

- H. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction (i.e., progress monitoring) has been provided to parents.
Date(s) information provided: _____
- I. Student's parents were notified about state policies for performance, strategies for increasing the student's rate of learning and parent's right to request an evaluation.
Date(s) information provided: _____
- J. The IQ/discrepancy (ability/achievement) model was not used to determine eligibility.
- K. A disorder in one of the basic psychological processes in understanding or in using spoken or written language was not **required** as part of the eligibility decision.

The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a specific learning disability and requires special education services: YES [All criteria (A-G) have been met.] NO

Each team member certifies by his/her signature that this report reflects her/his conclusion. (**Bold** means required.)

Signature	Title
_____	General education teacher _____
_____	Examiner/special education instruction _____
_____	Examiner/pupil personnel services _____
_____	Administrator _____
_____	Other _____
_____	Other _____

If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.

Name: _____ Title: _____ Signature: _____

Reason(s) and conclusion:

[District Name] Public Schools
Multidisciplinary Evaluation Report for
Students Suspected of Having a Specific Learning Disability

Student: _____ Date of Birth: _____ Grade: _____
School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

I. Required Evaluation Components

A. Parental Input:

B. Interventions and Instructional Strategies Used Prior to Referral:

[All student-centered intervention and progress monitoring data is attached, including information from math, reading, and/or writing worksheets, as appropriate. Data should include implementers and dates of progress monitoring.]

C. Educationally Relevant Medical Findings, if any: N/A

D. Regular Classroom Observation: Area of Difficulty:

Academic setting: _____ Date(s): _____

Observer(s) : _____

Behavior observed and the relationship to academic functioning: _____

E. Assessment Information:

Assessment

(e.g., curriculum-based, standardized, criterion-referenced)

Evaluator (Name and Title)

<u>Assessment</u> (e.g., curriculum-based, standardized, criterion-referenced)	<u>Evaluator (Name and Title)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II. Criteria Respond to each criteria used to determine eligibility for students suspected of having a specific learning disability.		Criteria Met	
		YES	NO
A. Is student achieving adequately for the student's age or meeting State-approved grade-level standards in one or more of the following areas when provided with learning experiences appropriate for the student's age or State-approved grade level standards? If NO, indicate in which area(s) student is NOT achieving adequately below: <p style="text-align: center;"><i>[Note: At least <u>one</u> area must be identified.]</i></p> <input type="checkbox"/> mathematics calculation <input type="checkbox"/> mathematics problem solving <input type="checkbox"/> oral expression <input type="checkbox"/> written expression <input type="checkbox"/> listening comprehension <input type="checkbox"/> reading comprehension <input type="checkbox"/> fluency <input type="checkbox"/> basic reading skills			*
B. Is student making sufficient progress in the area identified above to meet age or State-approved grade-level standards, even with scientific research-based interventions?			*
C. The student has been provided with explicit and systematic instruction in the essential components of scientific, research-based reading instruction or math from a qualified teacher, including regular assessments of achievement to document the student's response to scientific, research-based intervention as a part of the evaluation procedures.		*	
D. Learning difficulty is <i>primarily</i> due to:		YES	NO
8. Lack of instruction in math, reading or writing* (<i>Based on Math, Reading or Writing Worksheets</i>)			
9. A visual, hearing or motor disability			
10. Intellectual Disability			
11. Emotional Disturbance			
12. Cultural factors			
13. Environmental or economic disadvantage			
14. Limited English proficiency			
		Note: If all of the (✓)'s are in the NO column, then the student meets the criteria for II D (i.e., "learning difficulty is NOT the result of" these other factors).	
E. Has NO been (✓)'d for all items in D above (#1-7)?			
F. Does information gathered through the required evaluation components (including consideration of a dual discrepancy**) indicate that a specific learning disability exists in the area identified above (in A)? - If a specific learning disability exists in one of the eight areas above (in II A), attach a summary statement of all formal and informal assessment data used to document the existence of such a disability.			
G. Are special education and related services required to address the specific learning disability identified in II F?			

***Criteria A-C:** The student has been provided with scientific, research-based interventions in area of concern and repeated measures of progress were utilized to determine the student's response to the intervention(s).

• Criteria D-1: Math, Reading and/or Writing Worksheets are attached (unless math, reading and/or writing are not an area of weakness).

****Dual Discrepancy:** Dual discrepancy means that a student has BOTH low performance relative to age or grade level standards AND insufficient progress even when provided with scientific, research-based interventions.

Statements of Assurances:

H. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction (i.e., progress monitoring) has been provided to parents.

Date(s) information provided: _____

I. Student’s parents were notified about state policies for performance, strategies for increasing the student’s rate of learning and parent’s right to request an evaluation.

Date(s) information provided: _____

J. The IQ/discrepancy (ability/achievement) model was not used to determine eligibility.

K. A disorder in one of the basic psychological processes in understanding or in using spoken or written language was not **required** as part of the eligibility decision.

The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a specific learning disability and requires special education services:

YES [All criteria (A-G) have been met.] **NO**

Each team member certifies by his/her signature that this report reflects her/his conclusion. (**Bold** means required.)

Signature

Title

_____	General education teacher _____
_____	Examiner/special education instruction _____
_____	Examiner/pupil personnel services _____
_____	Administrator _____
_____	Other _____
_____	Other _____

If this report does not reflect a team member’s conclusion s/he must indicate below her/his reasons and conclusion.

Name: _____ **Title:** _____ **Signature:** _____

Reason(s) and conclusion:

[District Name] Public Schools

Reading Worksheet

(To document that a student has received appropriate instruction and intervention in reading)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). (All boxes must be checked with appropriate documentation provided.)

1. Core General Education Language Arts Instruction (Tier I)

- Student has participated in daily general education reading/language arts instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide reading curriculum that addresses state standards and the five areas of reading (e.g., through read-alouds; systematic phonics instruction; word study and structural analysis; fluency-building activities; explicit vocabulary instruction; literature think-alouds; comprehension strategy instruction):

Empty table for description of instruction provided.

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated reading instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student's instructional level (90-95% word accuracy and at least 75-80% comprehension) have been used for a minimum of four days per week.

Description -How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

Empty table for description of differentiated instruction.

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student's response to instruction.

Description/Source of Evidence of Progress Monitoring: Results attached

Table with 3 columns: Assessment, Skills/Competencies Targeted, Dates.

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented based on specific student needs in one or more of the five areas of reading: phonemic awareness, phonics, fluency, vocabulary, and/or comprehension.
Appropriately qualified and trained staff has provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If decoding skills have been identified as an area of weakness:

- Student’s phonemic awareness has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with systematic, explicit phonics instruction.
- Student has been provided with regular opportunities to practice learned decoding skills in texts.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

b. If a student’s oral reading fluency has been identified as an area of weakness:

- Student’s phonics skills have been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with regular opportunities to practice reading a variety of text at his/her independent level (at least 96% word accuracy and 90% comprehension).
- Student has been provided with teacher-directed fluency interventions focused specifically on improving oral reading fluency with connected text.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

c. If a student’s reading comprehension skills have been identified as an area of weakness beyond what can be accounted for by identified decoding and/or reading fluency deficits:

- Student’s vocabulary skills have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- Student’s broad oral language skills (e.g., listening comprehension) have been evaluated and if warranted, targeted interventions have been provided, with application to reading comprehension.
- Student has been provided with explicit comprehension interventions (e.g., additional instruction in research-based comprehension strategies such as summarization and use of graphic organizers; additional building of background knowledge and/or knowledge of text structure) to address his/her specific comprehension needs.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student’s response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

(Teacher signature) (Date)

(Signature of person(s) responsible for item #5) (Date)

[District Name] Public Schools
Mathematics Worksheet

(To document that a student has received appropriate instruction and intervention in mathematics)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects mathematics. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). (All boxes must be checked with appropriate documentation provided.)

1. Core General Education Mathematics Instruction (Tier I)

- Student has participated in daily general education mathematics instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide math curriculum that addresses state standards and all important areas of math, (e.g., through the explicit teaching of strategies that promote conceptual understanding, problem-solving, calculation skills, and procedural accuracy and fluency):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated math instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials at the student’s instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student’s response to instruction.

Description/Source of Evidence of Progress Monitoring: **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	Skills/Competencies Targeted (e.g., math concepts, problem solving, calculation skills, procedural accuracy and fluency)	Dates

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented** based on specific student needs in important areas of math such as math concepts, problem solving, calculation skills or procedural accuracy and fluency.
- Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If calculation skills have been identified as an area of weakness:

- Student’s conceptual understanding of numbers has been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit instruction with use of visual representations such as pictures or manipulatives).
- Student’s automatic recall of facts has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with explicit teaching of algorithms for calculation linking procedures to a conceptual understanding (e.g., written procedures for 2-digit subtraction with regrouping, long division).
- Student has been provided with regular opportunities to practice learned calculation skills in appropriate contexts, including cumulative review of previously learned skills.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

b. If problem-solving skills have been identified as an area of weakness beyond what can be accounted for by identified calculation deficits and/or poor reading:

- Student’s math-related vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to math problem solving.
- Student’s specific problem-solving skills (e.g., ability to determine which operation to use to solve a problem, identifying relevant vs. irrelevant information) have been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with regular opportunities to practice learned problem-solving skills, including cumulative review of previously learned skills.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student’s response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (Curriculum Based Measurement -CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

(Teacher signature)

(Date)

(Signature of person(s) responsible for item #5)

(Date)

[DISTRICT NAME] PUBLIC SCHOOLS
LEAST RESTRICTIVE ENVIRONMENT (LRE) PROCEDURAL CHECKLIST

STUDENT: _____ DOB: _____

SCHOOL: _____ DATE OF PPT: _____

Note: This form is to be completed by the PPT only after all other IEP components have been fully addressed.

I. Section A: LRE Screen (*This section must be completed.*)

YES **NO**

1. All of the child's classes are in the regular educational environment.
2. The child has the opportunity to participate in nonacademic and extracurricular services and activities (including meals, recess periods, and services and activities such as counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the child's LEA, and employment of students, including both employment by the LEA and assistance in making employment available) to the same extent as peers who do not have disabilities.
3. The child is educated in the school that he or she would attend if nondisabled.

II. Section B: LRE Factors and Considerations (*Complete only if "NO" has been checked for one or more of the items in Section A. Respond to all items unless otherwise indicated.*)

YES **NO**

1. The PPT based the educational placement of the child upon the child's IEP.
2. The PPT ensured that the child is educated to the maximum extent appropriate with children who are nondisabled.
3. The PPT ensured that the child participates in nonacademic and extracurricular services and activities with nondisabled children to the maximum extent appropriate to the needs of the child.
4. The PPT considered the use of supplementary aids and services (such as resource room, itinerant instruction, assistive technology devices or assistive technology services) in conjunction with regular class placement.
5. The PPT determined that the nature and severity of the child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
6. The PPT selected the placement within the continuum of alternative placements which is required to implement the child's IEP.
7. The PPT considered any potential harmful effect of the placement on the child.
8. The PPT considered any potential harmful effect of the placement on the quality of the services that the child needs.
9. The PPT considered any potential harmful effect of the placement on the education of other children.

YES **NO**

- 10. *Complete if the child is not being educated in the school that he or she would attend if nondisabled.*
The child's education program is provided as close as possible to the child's home.

- 11. *Complete if the child's education program has been modified as the result of procedures related to discipline.* The child is receiving education services in an alternative educational setting.

- 12. *Complete if the child has been hospitalized.* For medical reasons the child must remain within the hospital during the school day.

- 13. *Complete if the child has been placed in a residential facility for other than educational reasons.* It has been determined, in accordance with the March 15, 1993 SDE-DCF Memorandum of Agreement, that for clinical reasons the child must remain within the facility during part or all of the school day.

- 14. *Complete if the child is confined to a detention or correctional facility.* The child must remain within the facility during the school day.

- 15. *Complete if the child's parent has placed the child in a privately-operated facility.* The child receives education services within the privately-operated facility.

Comments/Additional Information:

(Signature of PPT Chairperson)

(Date)

[DISTRICT NAME] PUBLIC SCHOOLS
PLANNING and PLACEMENT TEAM (PPT) ATTENDANCE

Student: _____ DOB: _____ Grade: _____
School: _____ Date of PPT: _____
Parent/Guardian: _____

NOTE: THIS AGREEMENT IS OPTIONAL. Waiver of the attendance of a teacher or related service provider at a PPT meeting is optional. The district or parent/guardian may refuse to excuse such attendance.

We agree to excuse the attendance of _____ at the PPT
Teacher or related service provider

meeting scheduled for _____ because (check one):
Date

_____ This staff member's area of the curriculum *or* related services is not being modified or discussed in this meeting.

OR

_____ Although the meeting involves a modification to or discussion of this staff member's area of the curriculum *or* related services, he/she has submitted in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

Parent/Guardian Signature Date

School District Representative Date

This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

Section 614(d)(1)(C) of H.R. 1350, the revised Individuals with Disabilities with Education Act, the "IDEA," provides as follows:

ATTENDANCE NOT NECESSARY: A member of the IEP Team is not required to attend a meeting, in whole or in part, if the parent of a child with a disability and the public agency (school district) agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. (Section 614 (d)(1)(C)(i) and (iii))

EXCUSAL: A member of the IEP team may be excused from attending a meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the public agency (school district) consent, in writing, to the excusal, and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. (Section 614(d)(1)(C)(ii) and (iii))

[DISTRICT NAME] PUBLIC SCHOOLS
AGREEMENT TO CHANGE AN INDIVIDUALIZED EDUCATION PROGRAM WITHOUT CONVENING A PLANNING AND
PLACEMENT TEAM MEETING

Student: _____ DOB: _____ Grade: _____
School: _____ IEP being changed: _____
Date the IEP was developed _____
Parent/Guardian: _____

We agree to make the changes to the student's IEP as described in the documents specified below and which are attached to this agreement. We understand that these changes were not made at a PPT meeting. We agree only to the changes described in the attached documents. We understand that this agreement is optional and that the parent can request a PPT meeting at any time to review the IEP. We understand that this agreement can be made only if the changes are not part of an Annual Review of the student's program.

Parent/Guardian Signature

School District Representative

Date

Date

This agreement must be signed by a representative of the school district who has full authority to sign such a document on behalf of the school district and who, as described by federal statute, is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum and is knowledgeable about the availability of resources of the public agency.

The following documents are attached to this agreement:

____ Revised Pages 1 and 2 of the IEP dated: _____ Prior Written Notice
____ Amendments (please specify) _____

It is expected that, at minimum, a Prior Written Notice, the revised pages 1 and 2 of the IEP being changed and any other pages of the IEP that will be different as a result of the changes made (e.g. goal and objectives pages, service delivery grid, etc.) will be attached to this agreement as verification of the changes made to the IEP.

Section 614(d)(3)(D) of H.R. 1350, the revised Individuals with Disabilities Education Act, the "IDEA," provides as follows:

AGREEMENT NOT TO CONVENE: In making changes to a child's IEP *after* the annual IEP meeting for a school year, the parent of a child with a disability and the public agency (school district) may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP. Such changes may be made by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments incorporated.

SUMMARY OF PERFORMANCE (SOP) Instructions for Completing ED635

Purpose: The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004 (IDEA 2004). The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age of eligibility, the local education agency **shall** provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

The SOP, with accompanying documentation, is also critical as a student transitions from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to establish a student's eligibility for reasonable accommodations and supports in *postsecondary* settings. It is also important for determining eligibility and programming for the Bureau of Rehabilitation Services (BRS), the Department of Mental Retardation (DMR) or any agency that requires documentation to provide services and/or reasonable accommodations for a student.

The SOP **must** be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's post secondary goals. If a student is transitioning to higher education, the SOP, with accompanying documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from BRS or DMR. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student.

Part 1: Student Demographics – Complete this section as specified. Please note this section also requests that you provide copies of the **most recent** formal and informal assessment reports that document the student's disability and provides information to assist in post-high school planning.

Part 2: Student's Postsecondary Goal(s) – These goals should identify the post-school environment the student intends to transition to upon completion of their high school education.

Part 3: Summary of Performance – This section includes three critical areas of student performance: academic, cognitive, and functional levels of performance. Next to each specified area, please complete the student's present level of performance and the accommodations, modifications and assistive technology that were **essential** in high school to assist the student in making progress. If not applicable, please specify the reason (i.e., age-appropriate, skills mastered, etc.)

An **Accommodation** is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note taker or given permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught.

A **Modification** is defined as a change to the general education curriculum or other material being taught. Teaching strategies, for example, can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.

Assistive Technology is defined as any device that helps a student with a disability function in a given environment, but does not limit the device to "high-tech or costly" options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, velcro and other "low-tech" devices.

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended that one individual be responsible for collecting the information required on the SOP.

Part 4: Recommendations to assist student in meeting post secondary goals – This section should describe any **essential** accommodations, modifications, assistive technology or general areas of need that students will require to be successful in a **post-high school** environment, including higher education, training, employment, independent living and/or community participation. If not applicable, please specify the reason (e.g., age-appropriate, skills mastered).

Part 5: Student Input (Optional). It is highly recommended that the student provide information related to this Summary of Performance. The student's contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, and (c) postsecondary personnel to more clearly understand the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview.

Part 6: Additional Contact Information – This section has been added to assist in the collection of contact information that may improve the response rate for the annual Post-School Outcomes Survey that is sent to all special education students one year after exiting high school by the Connecticut State Department of Education. It is critical that this information be updated immediately prior to the student exiting. It is the responsibility of the school district to archive this information for at least 18 months following the conclusion of the school year during which the student exited, after which it may be appropriately disposed of.

Should the contact information entered into the SEDAC system for the October 1st data collection prove to be outdated at the time the student is scheduled to receive the Post-School Outcome Survey, the district may be called upon to provide more recent contact information based on Part 6 of the Summary of Performance and/or assist in contacting the student.

Part 6 of the Summary of Performance is designed as an independent page so that districts may detach it to facilitate easy archiving. This information has also been formatted to fit on a 5x8 index card or card stock for printing should a district choose to place it into a manual filing system.

A copy of this Summary of Performance can be found on the Department of Education's website at: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322680> under IEP Forms.

[DISTRICT NAME] PUBLIC SCHOOLS
SUMMARY OF PERFORMANCE

Part 1: Student Information

Student Name: _____ **Date of Birth:** _____ **Year of Graduation/Exit:** _____

Address: _____
(street) (town, state) (zip code)

Telephone Number: _____ **Primary Language:** _____

Current School: _____ **Name of person completing this form:** _____

Telephone number of person completing this form: _____ **Date Summary was completed:** _____

Date of most recent IEP: _____

Student's primary disability: _____ **Student's secondary disability, if applicable:** _____

When was the student's disability (or disabilities) formally diagnosed? _____

Please attach copies of the most recent assessment reports that address academic, cognitive and functional performance and were instrumental in making a determination of the student's disability or diagnosis, and/or that will assist in postsecondary planning.

Part 2 – Student's Postsecondary Goal(s)

--

Part 3 – Summary of Performance

ACADEMIC CONTENT AREA	Present Level of Performance (grade level, standard scores, strengths, weaknesses)	Essential accommodations/ modification and/or assistive technology utilized in high school
Reading (Basic reading/decoding; reading comprehension; reading speed)		
Math (Calculation skills, math problem solving)		

Language (Written composition, written and oral expression, spelling)		
Learning Skills (class participation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		
COGNITIVE AREAS	Present Level of Performance	Essential accommodations/modification and/or assistive technology utilized in high school
General Ability and Problem Solving (reasoning/processing)		
Attention and Executive Functioning (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)		
Communication (speech/language, augmentative communication)		
Additional Relevant Factors (other cognitive strengths/weaknesses, conducive learning environments, effective learning strategies, etc.)		
FUNCTIONAL AREAS	Present Level of Performance	Essential accommodations/modification and/or assistive technology utilized in high school
Career/Vocational/Transition (Career interests, career exploration opportunities, job training opportunities)		

<p>Social Skills and Behavior (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)</p>		
<p>Independent Living Skills (Self-care, leisure skills, personal safety, mobility, transportation, banking, budgeting)</p>		
<p>Self-Determination/Self-Advocacy Skills (Ability to identify and articulate learning strengths and weaknesses, ability to ask for assistance with independence)</p>		
<p>Additional important considerations that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance, etc.)</p>		

Part 4 – Recommendations to assist student in meeting post secondary goals

What are the **essential** accommodations, modifications, assistive technology or general areas of support that students will need to be successful in the following **post-high school** environments:

<p>Higher Education or Vocational Training:</p> <p>Employment:</p> <p>Independent Living:</p> <p>Community participation:</p>

Part 5 – Student Input (Optional)

SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

- A. How does your disability affect your school work and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?**

- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?**

- C. Which of these accommodations and supports has worked best for you?**

- D. Which of these accommodations and supports has not worked?**

- E. What strengths and needs should professionals know about you as you enter the college or work environment?**

- F. Are you independent in advocating for your needs?**

Student Signature: _____ Date: _____

Part 6 – Additional Contact Information - This section has been added to assist in the collection of contact information that may improve the response rate for the annual Post-School Outcomes Survey. Best practice recommends that the final Summary of Performance (SOP) be reviewed in person with the student and family; it does not have to be reviewed in a formal PPT meeting. Please update the data at this review. If completing this section of the SOP significantly before the student exits, **please update data immediately prior to the student exiting. The district should archive this information for at least 18 months** for future student surveys. This form may be modified to meet district data collection requirements.

Student:

Mailing Address: _____

E-Mail: _____ Cell Phone: _____

Parent:

Mailing Address: _____

E-Mail: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent:

Mailing Address: _____

E-Mail: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Additional family contact close to student:

Name: _____

Relationship: _____

Mailing Address: _____

E-Mail: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Once you have completed the Student section above, there is no need to duplicate data.
For Parent or Family information that is the same as the student's, write 'same' in that data field.

This information has been formatted to fit on a 5x8 index card or card stock for printing should a district choose to place it into a manual filing system.

[District Name] Public Schools
Written Expression Worksheet

(To document that a student has received appropriate instruction and intervention in written expression)

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects written expression. This information should generally be gathered prior to a referral to special education as part of early intervention (i.e., alternative procedures required to be implemented in regular education under CT Special Education Regulations §10-76d-7). *(All boxes must be checked with appropriate documentation provided.)*

1. Core General Education Written Expression Instruction (Tier I)

- Student has participated in daily general education written expression instruction using scientific research-based practices provided to the entire class by the general education teacher.

Description of Instruction Provided: General education instruction should involve a comprehensive, district-wide writing curriculum that addresses state standards and all important areas of writing (e.g., through explicit teaching of basic writing skills, planning and organizational strategies, and writing knowledge; use of a writing process, with strategies for editing and revision; opportunities for practice; appropriate use of technology in writing; reading-writing connections):

2. Small Group/Differentiated Instruction by General Education Teacher (Tier I)

- Student has participated in small group, differentiated written expression instruction by the classroom teacher as part of Tier I general education instruction (i.e., for all students). Materials appropriate to the student’s instructional level have been used for a minimum of four days per week.

Description –How Core Curriculum was Differentiated to Meet Individual Student Needs in Small Group Setting:

3. Progress Monitoring Assessments (Tier I)

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student’s response to instruction.

Description/Source of Evidence of Progress Monitoring: **Results attached**

Assessment (e.g., curriculum based measurement, curriculum-based assessments, diagnostic assessments)	Skills/Competencies Targeted (e.g., basic writing skills, planning, text generation/content development, revision)	Dates

4. Supplemental scientific research-based interventions (Tier II – targeted interventions; Tier III - more targeted and intensive interventions)

- Interventions have been implemented based on specific student needs in important areas of writing, such as basic writing skills, text generation, or revision/editing processes.
- Appropriately qualified and trained staff have provided the interventions, which have been implemented with fidelity (i.e., delivered in the manner in which they were designed and intended to be used). Documentation indicating frequency, duration and type of intervention is either listed on this form or attached.

a. If basic writing skills have been identified as an area of weakness:

- Student’s basic writing skills (e.g., handwriting/keyboarding, spelling, capitalization, punctuation, sentence structure) have been evaluated and targeted interventions have been provided in specific areas of need.
- Student has been provided with appropriate access to and teaching about the use of technology in writing to improve basic writing skills (e.g., use of spell-checkers).
- Student has been taught strategies for reviewing and editing written work to improve basic writing skills.
- Student has been provided with regular opportunities to practice basic writing skills.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

b. If text generation (i.e., content aspects of writing that involve translating ideas into language) has been identified as an area of weakness, beyond what can be accounted for by identified weaknesses in basic writing skills:

- Student’s vocabulary and other oral language skills have been evaluated and if warranted, targeted interventions have been provided, with application to writing.
- Student’s ability to plan and organize writing have been evaluated and if warranted, targeted interventions have been provided (e.g., additional, more explicit teaching of strategies for brainstorming or researching ideas).
- Student’s knowledge about writing (e.g., writing for an intended audience, use of formal vs. informal language in writing, schemas for different writing tasks such as reports vs. narratives) has been evaluated and if warranted, targeted interventions have been provided.
- Student has been provided with appropriate access to and teaching about the use of technology in writing to improve text generation (e.g., use of online thesaurus to improve word choice/avoid repetition of the same word).
- Student has been taught strategies for reviewing and revising written work to improve content/text generation.
- Student has been provided with regular opportunities to practice text generation.
- Teacher** has systematically collected progress monitoring data, using valid and reliable measures, to determine the student’s response to the interventions provided.

5. Lack of sufficient progress to meet age or State-approved grade-level standards (Tiers II/III)

- The student has not made sufficient progress in the supplemental intervention(s) implemented above despite attempts to improve, individualize, and intensify the intervention.

Source of Evidence: Attach teacher support and/or intervention team information (including data in numeric and graphic formats) **AND** complete chart below

Scientific research-based interventions used as supplemental and/or intensive interventions. These interventions are in addition to what is provided for all students (i.e., Tier I)	Student’s response to interventions Baseline plus at least four additional progress monitoring measurements for each intervention (CBM or other appropriate measure)	Dates of intervention implementation

NOTE: Please see 2010 *Guidelines for Identifying Children with Learning Disabilities* for more information regarding instructions on completing the worksheet.

_____ (Teacher signature)

_____ (Date)

_____ (Signature of person(s) responsible for item #5)

_____ (Date)

Mutual Agreement to Extend Evaluation Timeline for Determining Special Education Eligibility for a Student with a Specific Learning Disability

PURPOSE: Unless the parent and the district mutually agree to extend the timeline as indicated in IDEA, (34 C.F.R. Section 300.309(c)), the initial evaluation must be conducted within 60 calendar days of receiving parental consent for the evaluation. If the district and parent agree to extend the timeline, the extension must be documented by the school district according to the criteria below.

Please Note: This agreement may affect the State timeline for IEP implementation within 45 school days of the referral (Section 10-76d-13 of the CT State Regulations). In these cases, this agreement permits an extension to this requirement as well.

Date: _____

To: _____ Re: _____
Parent(s)/guardian(s)/adult student (≥ 18) Student name

Due to the reason(s) specified below, your child's evaluation for special education services will not be completed within the evaluation timeline.

Reason(s):

Insufficient information to document that student's learning difficulties are not the result of a lack of appropriate instruction.

Other: _____

The evaluation will be completed and the PPT meeting to determine the child's eligibility for special education services will be held on or before:

_____ Date

The evaluation timeline may be extended only if **both** the district and parent agree to the extension. Please sign, date, and return one copy of this form to the school district.

I agree to the extension and the proposed completion date indicated above.

I do not agree to the extension. Reason (optional): _____

Parent/guardian/adult student signature

Date

School district representative signature

Date

Name of Student

Date

Language and Communication Plan

A tool designed to assist the planning and placement team (PPT) in meeting the individualized education program (IEP) requirement to address the special language and communication considerations for students who are deaf or hard of hearing

Regardless of the amount of the student's residual hearing, the ability of the parent(s) to communicate, or the student's experience with other communication modes, the Planning and Placement Team (PPT) has provided educational opportunity and considered the following:

1.) A. The language and communication needs of the student through:

Assessment Discussion Observation

B. The student's primary language/communication mode is one or more of the following:

Spoken Language American Sign Language English-Based Manual or Sign System

Other _____

2.) The availability of deaf/hard of hearing adult role models and a peer group of the student's communication mode or language.

Determination/Action Plan

3.) All educational options available for the student, the explanation of which has been provided by the PPT.

Options Discussed

4.) The certification and qualifications of teachers, interpreters* and other personnel, required to deliver the language and communication plan, as well as the proficiency in and the ability to accommodate for the student's primary communication mode or language.

*Includes American Sign Language interpreter; English transliteration; oral interpreting; cued language transliteration; deaf-blind interpreting

Determination/Action Plan

- 5.) The accessibility (related to communication) of academic instruction, school services, and extracurricular activities the student will receive.

Determination/Action Plan

- 6.) The necessity and use of appropriate accommodations/modifications, including assistive devices/services, communication accommodations and physical environment accommodations:

Assistive Devices/Services

- | | |
|---|---|
| <input type="checkbox"/> Captioned / Signed Media | <input type="checkbox"/> Captioned Services (e.g., CART, C-Print, Typewell) |
| <input type="checkbox"/> FM System | <input type="checkbox"/> Hearing Aid / Cochlear Implant Monitoring |
| <input type="checkbox"/> Note Taking | <input type="checkbox"/> Sound Field System |
| <input type="checkbox"/> Videophone / Captioned Telephone (Cap Tel) | <input type="checkbox"/> Augmentative Communication Device |
| <input type="checkbox"/> Speech to Text | <input type="checkbox"/> Other: _____ |

Communication Accommodations

- Specialized seating arrangements: _____
- Obtain student's attention prior to communicating through speech, sign, and/or visual
- FM System
- Reduce auditory/visual distractions (e.g., background noise)
- Enhance speech reading conditions (e.g., avoid hands in front of face and gum chewing; well-trimmed mustaches)
- Clearly enunciate speech/signs
- Allow time for processing information
- Repeat or rephrase information when necessary and check for understanding

Physical Environment Accommodations

- Noise reduction (carpet and other sound absorption materials)
- Special use of lighting and seating
- Room design modifications
- Alerting devices (visual and auditory)
- Access to announcements via visual and auditory means (general information and emergency)