

Process for Completion of IEPs

Initial IEP

Definition: Individual Education Program

The Individual Education Program (IEP) is defined as a written statement for a student with an exceptionality that describes the student's educational program and is developed, reviewed, and revised in accordance with special education laws and regulations. The team that develops the IEP includes parents, school professionals, the student (when appropriate), and personnel from other agencies as appropriate (when addressing transition). Each IEP must be developed with careful consideration of the individual child's capabilities, strengths, needs, and interests. The IEP should direct the child toward high expectations and toward becoming a member of his or her community and the workforce. It should function as the tool that directs and guides the development of meaningful educational experiences, thereby helping each child learn skills that will help him/her achieve his/her goals. In short, it should assist the child in meeting the goals and challenging standards of our educational system as well as identified postsecondary goals.

The IEP describes and guides services for each child on an **individual** basis.

(Kansas Special Education Process Handbook, 2008)

Preparation for an Initial IEP:

When a student is referred for a comprehensive evaluation, the psychologist's secretary creates a new IEP record in WebKIDSS. During the evaluation process, the school psychologist as well as other professionals involved in the evaluation will be recording their test/observation results in the Forms Data section of the newly created IEP record. When the evaluation is complete, the psychologist will notify the likely special education provider(s) so that she/he may begin to develop a **draft** IEP, if appropriate. The school psychologist or the psychologist's secretary will also contact the parent and the school IEP Team members to set up the IEP meeting. She/He will then complete and send the ESC 400 Notice of Meeting and the ESC 401 Acknowledgement Form.

Prior to the IEP meeting:

- a. The Primary Provider and any Related Service Providers who may be involved will enter the available information on any/all screens of the **draft** IEP except for the **Special Education and Related Services** sections and the **Anticipated Services Chart**. These screens will be completed **during** the IEP meeting once the Team has determined the most appropriate placement and services.
- b. Print a copy of the new IEP, marked as a "**Draft**" to take to the meeting.

Completing the IEP screens:

- a. Every screen on the IEP must be completed.

- b. On the “**Demographics/Parent/School Data**” screen, the first screen to appear, most of the information will have been completed by the psychologist’s secretary. Please review the screen and complete any fields that may be incomplete. Ethnicity and Race must be completed. A KIDS number is also required.
- c. The “**Dates/Ed Status**” screen may have some of the dates completed, but not all. Review the existing dates to be sure they are still accurate. Complete any blank fields. The psychologist/secretary will complete the “**Consent for Initial Eval**” and “**Comp Eval Comp**” dates on any Initial IEP. Vision and Hearing Screening dates may be found in the Forms Data section on the ESC-306 Health Assessment.
- d. The “**Text Below Signatures**” screen is comprised of 4 sections:
 1. **IEP Team Members**
 - This box will remain **blank** as all Initial IEP meetings **MUST** be attended by all legally required members of the IEP Team.
 2. **IEP Distribution**
 - Check the appropriate box to indicate whether the student’s IEP will be sent to one address, or two.
 - If the student is 18 years or older, check the box indicating that he/she has also received a copy of the IEP.
 3. **Parent Rights Distribution**
 - Check the appropriate box to indicate whether the Parental Rights will be sent to one address, or two.
 - If the student is 18 years or older, check the box indicating that he/she has also received a copy of the Parental Rights.
 4. **Notice of Destruction of Special Education Records**
 - This is “Read Only” information for the parent/student.
- e. The “**Medicaid Eligibility**” screen must indicate Yes or No and must match the information entered at the bottom of the Demographics screen.
 Note: The Medicaid question at the bottom of the Demographics screen must be answered with the full word Yes or No.
- f. The “**Parent Consent for Medicaid**” screen will appear only if “Yes” is checked on both the Demographics screen and the Medicaid Eligibility screen and should be completed with information provided by the parent during the meeting. If the student is not eligible for Medicaid, be sure the Demographics page and the Medicaid Eligibility screen both have “No” entered.

Parent/Comments/Concerns/Input: Ask the parent about their child’s strengths and needs, what their concerns are for their child and any other information they may want to contribute. Hand write the response on the Draft copy at the meeting.

Present Levels:

The next five screens on the IEP are referred to as the **Present Levels of Academic Achievement and Functional Performance**. Each screen refers to a different area of the student's current levels: **Health/Physical, Social Emotional, General Intelligence, Academic Performance, and Communication**. All of these screens must be completed on every IEP. Each screen contains a prompt written in red at the top of the page. These prompts will help guide you in completing the screens. Each section must include information regarding the **strengths** of the student, specific **needs** of the student, including the data to support the need, how the needs **adversely affect progress** in each area, and **specific baseline data** on which to base the Goals. In addition, please refer to the following:

Health/Physical: Include information regarding general health, any medical diagnosis, medication taken at home, or at school, allergies, frequent absences, and vision and hearing screening dates and results. Some of this information may be found in the Forms Data section ESC-306 Health Assessment or ESC-352 Initial Evaluation/Eligibility Team Report. Additional information will come from parent discussion during the meeting and will be hand written on the Draft IEP.

Social/Emotional: Include information regarding the student's ability to follow schools rules/routines, interactions with peers and adults, favored social activities, involvement in community activities, etc. Again, some of this information may be included in the initial reports mentioned above, while additional information will be discussed with the parent and other team members at the meeting and hand written on the Draft.

General Intelligence: Information for this screen will be found in the Initial Evaluation/Eligibility Report completed by the School Psychologist, and will be available to the Primary Provider at least 3 days prior to the IEP meeting. This information may remain the same on a student's IEP for up to three years if no additional assessment is completed. Please remember to date the information.

Academic Performance: Information for this screen will also be available in the Initial Evaluation/Eligibility Report and should include both test results in the core academic areas, as well as classroom teacher reports. This information **must include** strengths, needs, a statement of how the needs adversely affect academic performance and specific baseline information from which to develop the Goals.

Communication: Information in this area will be reported in the Speech-Language Pathologist's report (ESC-312 Speech therapist Report in Forms Data). Often, the speech therapist will complete this section of the IEP, particularly if the student is eligible for speech/language services.

Goals:

The next step in developing the initial IEP is to write measurable goals to address the areas of need identified in the Present Levels. Each goal must have the following components in order to be measurable:

Behavior: Clearly identifies the student performance that is being monitored; reflects an action that can be directly observed and measured.

Ex: (Student) will read/correctly solve/write.....

Condition: Specifies under what condition student progress toward the goal is measured and involves the application of skills or knowledge.

Ex: ...When presented with 2nd grade reading text/when given a 10th grade reading stem/during independent work time/when given verbal cues/independently.....

Criteria: Identifies how much, how often, or to what standard the behavior must occur in order to demonstrate that the goal has been achieved. This measurement must match the method of measurement in the baseline data.

Ex: 4/5 opportunities/90% accuracy/85% of the school day..

Timeframe: Specifies the amount of time in the goal period.

Ex: By the IEP Annual ReviewDate/By 11/1/2012.....

State Standards: While the Cooperative does not require that the State Standard being addressed by all goals be typed into this field, it is always considered best practice to do so. State Standards are however, required to be entered for **all** academic goals if the student will be taking the KAMM State Assessment in **any** academic content area. If you chose/need to designate the Standards, they may be found by clicking on the “**State Standards**” button at the top right side of the Goal screen. This is also an informative section to review in looking for skills that are grade appropriate.

Print Goal on Progress Report: Located next to the goal and baseline fields, this box should **always** be checked.

Baselines: Every goal must also have a measurable baseline. The baseline information should be found in the Present Levels sections. Each baseline measurement **must match** the criteria identified in the goal. For example: If the goal is to raise the student’s reading comprehension level to 4th grade, the baseline must indicate at what grade level comprehension is currently. If the goal is to complete 25 multiplication and division problems with 80% accuracy, the baseline should indicate how many multiplication and division problems the student is able to complete currently, with what percentage accuracy.

How will Progress be Measured? Immediately to the right of this field is a button labeled “**Look Up Eval Proc**”. Click on this button for suggestions, or type in your own measurement method.

Provider Responsible: Type in the initials of the person responsible for the goal and his/her position (eg: AK-SLP, or JS-SPED Teacher, etc). All providers who will be addressing the goal should be listed. The first provider listed will be assumed to be responsible for the goal.

Benchmarks: Benchmarks are required only for students taking the Alternate assessment. Scroll to the bottom of each goal page and click on the “New” button found below the words: “**Number of benchmarks/objectives for goal # ____**”

Special Education Services:

Please refer to the prompt printed in red on this page. Each service to be provided must include **frequency** (for the same amount of time as general education peers, 30 minutes/day, 1 class period every other day, 45 minutes per semester, etc.), **duration** (for the duration of the IEP, for the duration of first semester, etc.), and **location** (in a general education classroom in a general education building, in a special education classroom in a general education building, etc.).

Related Services:

Related services may include Speech Therapy, OT, PT, Social Work, Vocational Special Needs, Adapted PE, etc., which are necessary for the student to benefit from her/his special education services. Again, **frequency, duration, and location** must be included for each service. If there are no Related Services needed, a statement to that effect must be included. The screen may not be blank.

Supplementary Aids and Services, Program Modifications and Supports for School Personnel:

These three screens must be completed. Follow the red prompts for assistance. Indicate the projected date for the beginning of the services, and describe what service will be provided, when, where, and for how long it will be provided. This is the required **frequency, location and duration**.

Note: Examples of these services written in the required format are found at the end of this document.

Special Transportation:

Both sections of the “**Transportation**” screen must be completed. If the student requires transportation to/from school on a special education bus due the severity of

her/his disability, please check “Yes” and write a brief explanation in the box. Be sure to discuss/decide whether the student will need special transportation for the current school year only, or for the next school year, as well, and indicate the information for both school years, even if it is the same. The student's special education primary provider is responsible for completing the Special Transportation Form (ESC-805) that is to be provided to the student's home school general education building representative to give to the student's home district's transportation director.

Participation with Non-Disabled Students in the Regular Education Environment:

Four questions must be answered:

1. Will this student have the opportunity to participate with non-identified peers in all general education classes? If the student will be receiving all special education services in the general education classroom, the answer to this question is “Yes”. If the student will receive any special education services in a special education classroom (speech room, resource classroom, structured learning center, etc.), the answer is “No”. A brief explanation of what services are provided in the special education classroom is then required (eg; The student will receive speech services in a special education classroom; The student will receive specialized reading instruction in the special education classroom, etc.).

2. Will this student have the opportunity to participate in the same general education curriculum as their non-identified peers? This question will be answered “Yes” unless the student is participating in an alternate curriculum or a curriculum that is modified to a degree that the content is no longer recognizable as the general education curriculum. If a student is receiving instruction in the resource room at a level one or two years behind her/his same age peers, but is still using the district adopted curriculum with supplemental materials/methods to assist the student in accessing the general education curriculum, the answer will still be “Yes”. If the student is receiving instruction in an alternate/modified curriculum, a brief explanation is required (eg: The student will participate in a life skills based curriculum which meets her/his needs.).

3. Will this student have the opportunity to participate in all non-academic and extracurricular activities such as clubs, sports, etc., to the same extent as non-identified peers? The answer to this should always be “Yes” as we are required by law to make necessary accommodations for students with disabilities to participate in extracurricular activities if they so choose. If a student is being served in a Day School setting full time, the answer may be “No” until the student is ready to return to a general education school.

4. Will this student have the opportunity to participate in field trips, assemblies, special events, etc., to the same extent as non-identified peers? The answer to this question is also “Yes” unless the student is in a fulltime Day School setting.

Participation in District-Wide Assessment:

If the student will participate in district wide assessments **without accommodations**, check the first box. If the student will participate in district wide assessment **with accommodations** (eg: extended time, frequent breaks, alternate setting, etc.), check the second box and enter the content area(s) and the accommodation(s) that the student will require. **Reminder:** These accommodations must be used in the child's educational program throughout the year and must also be listed in another section of the IEP (Supplementary Aids and Services or Program Modifications) with frequency, location, and duration.

If the student will participate in a **modified** district-wide assessment, please contact your district/building test coordinator for specific test options.

If the student will participate in an **alternate** district-wide assessment, this will generally be measuring progress based on IEP goals.

Participation in State Assessment:

First, check all academic content **Areas** in which the student will be tested.

Then, check whether the **Type of Assessments** will be General, General with Accommodations, KAMM, KAMM with Accommodations, or Alternate for each content Area.

Next, indicate whether the student will require a **paper and pencil assessment** and, if so, check the appropriate content areas and enter the rationale for this need in the box provided.

If the **KAMM or Alternate Assessments** are needed, enter the explanation for why the general assessment is not appropriate in the next box.

If the **KAMM** is selected, complete the next two boxes regarding the rationale for the KAMM and the numbers of the goals (**not** the State Standards) that are written for reading, math, or both in the next box.

If the **Alternate Assessment** is selected, provide the rationale for why this assessment is appropriate in the last box.

In the **Allowable Accommodations** section, please check the box(es) for the Subject areas next to only those Accommodations which will be provided for that subject. Indicate the Frequency, Location, and Duration (FLD) for each accommodation. Please remember that the duration is the duration of the **TEST**, rather than the IEP.

Participation in Extended School Term:

The IEP Team will consider the need for ESY at least annually. Questions 1, 2, and 3 on the Participation in Extended School Year Screen must be discussed, answered and documentation provided if Yes. The Team's decision will be recorded at the bottom of the page.

If the Team determines that ESY services are needed, the next page will be the ESY Recommendations. Please indicate the Service(s), minutes, days and weeks recommended. Indicate the name of the current providers and the Goal(s) which will be addressed during ESY.

Positive Behavioral Intervention Plan:

If a student's behavior impedes her/his learning, or the learning of other students, a Positive Behavioral Intervention Plan may be completed. The radio button for Yes or No must be clicked and must be the same answer as is provided at the bottom of the Demographics page in the section titled "**School Data Y/N Questions**". If "Yes" is checked in both places, the Positive Behavioral Intervention Plan will be displayed on the next page. If there was a previous BIP and you do not see it displayed on this screen, go to the center of the screen, below the **blue prompt** and click the radio button in front of "Yes". Follow the **red prompts** to complete/revise the plan. If "No" is checked in both places, the Positive Behavioral Intervention Plan will not appear. If the student requires intrusive intervention procedures (physical guidance, physical restraint, seclusion time-out, etc) please click the radio button next to "Yes" at the top right side of the plan. Then click "Save". A text box will appear with a **red prompt** explaining the directions for completing the text box. If such a plan is needed, the primary provider should work with the school psychologist, social worker, Coop Behavior Specialists, regular education teachers, and/or other school personnel to develop an appropriate plan.

Assistive Technology Plan:

Document the Assistive Technology services and/or devices necessary to increase, maintain, or improve the functional/educational capabilities of the student. Be sure to include information from any assistive technology evaluation that has already been completed. If none is necessary, leave the "No assistive technology services or devices are necessary." default statement on the screen. If an assistive technology plan is developed, type the plan onto this screen. Please do not include specific brand names of assistive technology equipment. Instead please include a detailed description of the function of the item.

Special Considerations:

You may continue to see this screen at the beginning of this year, however as you create new IEP records, it will no longer appear. If it does appear on any record you are working on, **please do not enter any information on this screen.**

IEP Team Checklist / IEP Questions:

This page should be printed out as part of the Draft IEP and must be completed at the meeting by hand so that the parent will have the completed form in their copy. The answers must be transferred to the IEP in WebKIDSS after the meeting.

The Anticipated Services Chart:

“The Chart” is a critically important section of the IEP as it contains data that the State collects for funding and compliance purposes. Please refer to the section of this manual entitled “Anticipated Services Chart” for specific instructions for completion.

NOTE: The Anticipated Services Chart is not an official part of the IEP and should not be shared with parents.

After all IEP Screens are Completed:

Print a copy of the new IEP, clearly marked as a “**Draft**” to take to the meeting.

During the IEP Meeting:

- a. Present the IEP to the parents and the Team as a “**Draft**”. Explain that you will be going through the sections of the IEP and will be hand writing any changes recommended and any new information presented by parents and other Team members throughout the meeting.
- b. Complete the sections on the IEP draft copy regarding whether all required participants were present, the IEP distribution section, the parental rights distribution section, and the IEP Team Checklist by hand during the meeting.
- c. For an initial IEP, the school psychologist will complete the **ESC-99** form with the services being proposed following the guidelines for **ESC-99** completion (see Prior Written Notice and Consent section of this Manual) and have the parent(s) sign the **Consent** section. It is the primary provider’s responsibility to ask the school psychologist for the **original**, signed ESC-99 and the original, signed ESC-401 to send to the Cooperative Office. The school psychologist **does not** send the ESC-99 or the ESC-401 to the Coop.

d. Obtain signatures from all those who participated in the meeting (including the student, if she/he attended) on the **Participants Signature Page**. IEP Signatures should include **ONLY** those team members who were present at the meeting. The parent/legal educational decision maker will need to initial and date the two statements at the bottom of the page indicating that she/he received a copy of the IEP. The Primary Provider or Psychologist will then sign as the person who provided the parent/legal education decision maker with the copy of the IEP. Once the IEP has been completed and all signatures are in place, a **copy** of the IEP and the ESC 99 will be made and given to the parent. This will be their **official** copy of the IEP.

Following the IEP Meeting:

Return to the student's IEP in WebKIDSS to make any changes discussed and agreed to during the meeting **exactly** as they were recorded on the original of the copy of the IEP given to the parents, including the **Special Education and Related Services** sections. The **Anticipated Services Chart** must also be completed **after** the meeting since it is not a part of the official IEP and should never be given to the parents. (see Anticipated Services Chart section in this manual).

Prior to submitting any paperwork to the Cooperative Office:

- a. Make a copy of the signed signature page and the signed 99 to keep in your student file. Also keep a copy of the DRAFT IEP you prepared for the meeting in the student file.

Submit Paperwork to the Cooperative Office:

- a. After completing the IEP in the WebKIDSS program, send **only** the **required** paperwork to the Cooperative Office:
 - The **original** hard copy of the Draft IEP with the hand written changes
 - IEP signature page with **original** signatures
 - ESC-99 Form completed at the meeting with **original** signatures
 - The ESC-401 Meeting Notice Acknowledgement (signed original)
 - Admit/Dismiss Form
 - Behavior Intervention Plan if a separate behavior plan is utilized
 - Medicaid Form 6666 (if applicable and not previously signed this year)
 - ESC-300 Exclusion Form if any legally required member of the Team was unable to attend
- b. It is the Cooperative's expectation that **ALL** required paperwork will be submitted to the Coop office **within 10 school days** following the IEP meeting.

***** Please do not send additional paperwork or documentation. *****

IEP Review:

- a. The IEP will be reviewed at the Cooperative Office. If changes or additional information are required, you will be notified by e-mail or through an “IEP Checklist”.
 1. If there is a discrepancy between the original, hard copy of the IEP and what has been entered into the WebKIDSS IEP, where the WebKIDSS version appears to be in error, you will be notified to make the necessary correction in WebKIDSS.
 2. If it appears that the original, hard copy is in error, you will be asked to complete an amendment to the IEP (626) to correct the error. This will require signatures from the parent, administrator, and the primary provider. A new ESC 99 will also need to be completed.
 3. If the error(s) on the original, hard copy is/are substantial, you will be asked to re-convene the IEP Team and complete an Amendment to the IEP and a new ESC 99 to make the correction(s).
- b. Once the IEP has been reviewed and finalized, a hard copy of the WebKIDSS IEP will be printed and sent to the parent. The IEP will then be “**Adopted**” so no further changes can be made.

***** Please do NOT make changes to an IEP after it has been submitted to the Cooperative Office. Do not create a new IEP record until you see that the current record has been “Adopted” . If you do need to make a change, please contact the Coop Office and we will review the existing IEP as soon as possible*****

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