



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Effective IEP Dates: _____ File Date: _____

Case Conference Committee Meeting Scheduled:

Date: _____ Time: _____ Place: _____

Guardian Information:

Relation: _____
Name: _____
Business Phone: _____
Home Phone: _____
Mobile Phone: _____

Relation: _____
Name: _____
Business Phone: _____
Home Phone: _____
Mobile Phone: _____

Home Address: _____

Home Address: _____

Purposes of the Case Conference:

- | | |
|--|---|
| <input type="checkbox"/> Initial Evaluation | <input type="checkbox"/> Consider Placement in an Alternative Program |
| <input type="checkbox"/> Reevaluation Review | <input type="checkbox"/> Consider Placement at a State School |
| <input type="checkbox"/> Annual IEP Review | <input type="checkbox"/> Consider Placement in a Private Facility |
| <input type="checkbox"/> Revise IEP | <input type="checkbox"/> Consider Service Plan |
| <input type="checkbox"/> Transition IEP | <input type="checkbox"/> Consider PA placement with a different PA of Service |
| <input type="checkbox"/> Move-in | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> First Steps Intake | <input type="checkbox"/> Interim Alternative Educational Placement |
| <input type="checkbox"/> Exit from Secondary Education | <input type="checkbox"/> Out-of-school placement 60-day Review |

Enrollment Date (Move –in only): _____



Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Reevaluation:

The public agency must consider reevaluation for each student receiving special education and related services at least once every three (3) years unless the parent and the public agency agree that it is unnecessary. In addition, the public agency must consider reevaluation if the public agency determines at any time during the three (3) year cycle that additional information is needed to address the special education or related services needs of the student, or if the student's parent or teacher requests an evaluation.

Initial Eligibility Date: _____

Anniversary Reevaluation Date: _____

The Case Conference committee has reviewed existing data and has determined:

- Information is needed to reestablish eligibility for special education and related services (12 month timeline)
- Information is needed to determine that the student is eligible for special education under a different of additional eligibility category (50 instructional day timeline)
- Information is needed to inform the student's case conference committee of the student's special education and related service needs (50 instructional day timeline)
- There is no need for reevaluation information



Student: _____

STN: _____

DOB: _____

Age: _____

Grade: _____

Gender: _____

Eligibility Decision:

The case conference committee has determined that the student's disability adversely affects the student's educational performance: __ Yes __ No

Eligibility Areas: (Please indicate one Primary disability and all Secondary disabilities)

- Autism Spectrum Disorder
- Blind or Low Vision
- Cognitive Disability
- Deaf or Hard of Hearing
- Deaf-Blind
- Developmental Delay
- Emotional Disability

- Language Impairment
- Speech Impairment
- Multiple Disabilities
- Other Health Impaired
- Orthopedic Impairment
- Specific Learning Disability
- Traumatic Brain Injury

Describe the reasons for eligibility determination including the other options considered and reasons these options were rejected.



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Special Considerations:

Yes No Does the student have needs related to Limited English Proficiency?

If yes, please describe the student's needs:

Yes No Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student'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? **(Only Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)**

If yes, please describe the student's language and communication needs:

Yes No Are there considerations regarding the instruction in Braille and the use of Braille? **(Only Blind or Deaf-Blind Eligibility Areas require this response.)**

If yes, please describe the considerations regarding Braille:

Behavioral Concerns:

Yes No Does the Behavior of this student impede his or her progress or that of others?

If yes, please complete the following prompts:

Behaviors of Concern: *(Please describe the patterns of concerning behaviors.)*



Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Functions of the Behavior: *(Please include evidence of factors affecting behavior.)*

Positive Strategies/Instructional Experiences: *(Please articulate the plan to provide behavioral support/intervention.)*



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Transition:

List of Transition Assessments:

Discuss the findings of age-appropriate transition assessments that have been conducted, the indication of need for future transition assessments, and any curricular connections that support that development of transition skills.

Summarize these discussion points:

Post-Secondary Goals:

Is there evidence that this student has achieved sufficient skills for Independent Living?

___ Yes ___ No

If yes, cite evidence to support the decision that an Independent Living goal is not applicable:

If no, Regarding Independent Living Skills after high school, I will...

Regarding Education and Training after high school, I will...



Student: _____

STN: _____

DOB: _____ **Age:** _____ **Grade:** _____

Gender: _____

Regarding Employment after high school, I will...



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

State Assessments and other Considerations:

Anticipated date of Graduation: _____

 This student will pursue a **Certificate of Completion**.

- Therefore, the student's goals and objectives are generally prerequisites to grade-level academics or are highly individualized extensions to the standards.

 The student will pursue a **High School Diploma**.

- Therefore, the student's academic goals are the same as non-disabled peers at grade-level or **generally aligned** to grade-level curriculum.

Participation in State Testing Programs:

- Student does not attend an accredited school and will not participate in statewide assessments.
- Student will not yet be in grade 3.
- Student and will be in grades 3-8 at an accredited school.

High School Diploma is the selected outcome for this student.

Math (grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations
<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations

Certificate of Completion is the selected outcome of this student.

Math (Grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
<input type="checkbox"/>	Alternate Assessment	<input type="checkbox"/>	Alternate Assessment	<input type="checkbox"/>	Alternate Assessment	<input type="checkbox"/>	Alternate Assessment

- Student will be in high school.
- Student will not be in 10th grade. Therefore, State Assessment is not required.

High School Diploma is the selected outcome for this student.

Algebra (HS)		Language Arts (HS)		Biology (HS)	
<input type="checkbox"/>	End of Course Assessment without accommodations	<input type="checkbox"/>	End of Course Assessment without accommodations	<input type="checkbox"/>	End of Course Assessment without accommodations
<input type="checkbox"/>	End of Course Assessment with accommodations	<input type="checkbox"/>	End of Course Assessment with accommodations	<input type="checkbox"/>	End of Course Assessment with accommodations
<input type="checkbox"/>	Student has passed this assessment.	<input type="checkbox"/>	Student has passed this assessment.	<input type="checkbox"/>	Student has passed this assessment.
<input type="checkbox"/>	Tested course is not yet in course of study.	<input type="checkbox"/>	Tested course is not yet in course of study.	<input type="checkbox"/>	Tested course is not yet in course of study.

Certificate of Completion is the selected outcome for this student.

Algebra (HS)		Language Arts (HS)		Biology (HS)	
<input type="checkbox"/>	Alternate Assessment	<input type="checkbox"/>	Alternate Assessment	<input type="checkbox"/>	Alternate Assessment



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

State Testing Accommodations:

Please record all accommodations selected for state assessment purposes: (All accommodations selected for assessment purposes must be provided on a regular basis.)

Describe the plans for participation in other local, national, and international testing



Student: _____
 DOB: _____ Age: _____ Grade: _____

STN: _____
 Gender: _____

IREAD3

Only complete this section if the student is in third grade or participating in IREAD3 remediation.

___ Yes ___ No Did the student pass IREAD3?

Complete the following prompts if the student **did not** pass IREAD3:

___ Yes ___ No Will the student be retained?

___ Yes ___ No If the student is to be retained, will he or she receive remediation?

If the student did not pass IREAD3 and is not to be retained explain the rationale for not retaining the student:

___ Yes ___ No Did the student pass IREAD3 following remediation?

___ Student has not yet taken IREAD3 following remediation.

Rationale:

Explain why the chosen assessments are appropriate for the student. If the student will participate in an alternate assessment, describe why the student cannot participate in the general assessment. Include information in support of each criterion for participation in an alternate or modified assessment if relevant:



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Annual Goals

Title: _____

Needs addressed through this annual goal:

Annual Goal Statement:

If student is of transition age, which post-secondary goal(s) does this annual goal support?

Employment Education and Training Independent Living (if required)

Method/Instrumentation for Measuring Progress:

Progress Monitoring Design:

Descriptive Documentation Single Point Single Rubric Collection of Indicators

Standards aligned to this Annual Goal:



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Provisions:

Transition Services (Transition IEP only)

Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			

(Transition IEP only) Please document the written information presented to the parent and student regarding available adult services provided through state and local agencies and other organizations to facilitate student movement from the public agency to adult life:



Student: _____
 DOB: _____ Age: _____ Grade: _____

STN: _____
 Gender: _____

Special Education Services

Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						

If the purpose of the IEP is First Steps Intake, please record the Service Initiation Date: _____



Student: _____
 DOB: _____ Age: _____ Grade: _____

STN: _____
 Gender: _____

Related Services

Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						
Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support
Narrative:						

Accommodations:

Describe any additional accommodations, if appropriate:

Transportation:

If the student's transit time or needs are different from that of non-disabled peers, describe and justify these needs. **Record as a related service if additional provisions are necessary.**

If Transportation is indicated as a related service, list and describe any criteria to needed to determine health-related need for special education transportation



Student: _____ **STN:** _____
DOB: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Accessible Materials:

If this student requires any instructional materials provided in an accessible format, describe the environments, tasks, tools, and services related to their provision:

Assistive Technology:

Describe this assistive technology required if any:

Extended School Year:

Record extended school year services required in order to provide a free and appropriate education for this student: (Record ESY services under special education and related services if needed.)

Aids/Supports:

Document the types and general intent of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program and the general intent of the supports:



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Program Modifications:

Describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities or to be educated or participate with other students with disabilities and non-disabled students.

Progress Reporting:

Describe when periodic reports on the progress the student is making toward meeting the annual goals will be provided:

Rationale:

Describe the rationale for providing these services and supports as well as describing reasons for rejecting other options:

Does this student require an Emergency Evacuation Plan?

Yes No



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Least Restrictive Environment and Program:

Course of Study - (For Transition IEPs only) Choose a course of study from the list (these courses focus on improving the academic and functional achievement of the student in order to support the attainment of post-secondary goals):

- Certificate of Completion
- General Diploma
- Core 40 Diploma
- Core 40 with Honors Diploma

LRE Placement Category based Federal Program Types:

School Age (6-21) - Student <u>will be</u> Age 6+ as of next December 1st	
50	Regular class 80% or more (In a regular classroom for 80% or more of the day)
51	Resource Room (In a regular class for 40% to 79% of the day)
52	Separate Class (In a regular class for less than 40% of the day)
53	Separate day school facility
54	Residential Facility
55	Correctional Facility
56	Parentally placed in private school
57	Homebound/hospital

Preschool Age (3-5) - Student <u>will not</u> be 6+ as of the next December 1st	
26	In a regular early childhood program at least 10 hours per week and receiving the majority of services there.
27	In a regular early childhood program at least 10 hours per week and receiving the majority of services in some other location.
28	In a regular early childhood program less than 10 hours per week and receiving the majority of services there.
29	In a regular early childhood program less than 10 hours per week and receiving the majority of services in some other location.
33	Separate Class
34	Separate School
35	Residential Facility
36	Service Provider Location
37	Home

Additional Descriptors:

Any potentially harmful effects of the services on the student or on the quality of services needed:



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Reasons for placement determination including reasons for rejecting other options:



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

General Considerations:

Consider the student's participation in general education and record any supplementary aids and services that are determined by the case conference committee to be appropriate and necessary in order to afford the student equal opportunity for participation with non-disabled students.

___ Yes, **Student will be able to participate in all educational programs and activities available to non-disabled students.**

___ No, state the exceptions and describe the reasoning for these exceptions:

___ Yes, **Student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.**

___ No, state the exceptions and describe the reasoning for these exceptions:

___ Yes, **Student will participate in the general physical education program available to non-disabled students.**

___ No, state the exceptions and describe the reasoning for these exceptions:

___ Yes, **Student will be educated in the school he or she would attend if not disabled.**

___ No, state the exceptions and describe the reasoning for these exceptions:



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

___ Yes, the length of the instructional day will be the same as the instructional day for non-disabled peers.

___ No, state the exceptions and describe the reasoning for these exceptions:



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Program Information

Corporation of Legal Settlement: _____

School of Legal Settlement: _____

Educating District and Code: _____

Educating School and Code: _____

_____ Educating School is non-public and accredited.

_____ Educating School in non-public and non-accredited.

If Educating School is non-public and non-accredited circle the facility type.

- 01: nonpublic school, not contracted for preschool (PK) students with disabilities
- 02: Community based preschool or – Head Start
- 03: Neglected or Delinquent Institutions
- 04: Court ordered Facility
- 05: Nonpublic school, not accredited
- 06: Health Institution
- 07: Nonpublic school contracted for preschool students with disabilities
- 08: Out of State Facility
- 99: Not applicable, state assigned school number provided

Next Educating District and Code: _____

Next Educating School and Code: _____

_____ Next Educating School is non-public and accredited.

_____ Next Educating School in non-public and non-accredited.

If Next Educating School is non-public and non-accredited circle the facility type.

- 01: nonpublic school, not contracted for preschool (PK) students with disabilities
- 02: Community based preschool or – Head Start
- 03: Neglected or Delinquent Institutions
- 04: Court ordered Facility
- 05: Nonpublic school, not accredited
- 06: Health Institution
- 07: Nonpublic school contracted for preschool students with disabilities
- 08: Out of State Facility
- 99: Not applicable, state assigned school number provided

Additional information:



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Participants:

The following individuals participated in the case conference committee meeting. Those individuals identified as Teacher of Record, General Education Teacher, Public Agency Rep and Instructional Strategist attended the entire meeting unless parental excusal was obtained before the meeting.

Position	Name	Additional Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Student: _____ STN: _____
DOB: _____ Age: _____ Grade: _____ Gender: _____

Notice of Initial Proposed IEP

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the public agency;
- 2) An explanation of why the public agency proposed to take the action;
- 3) A description of each evaluation, procedure, assessment, record, or report the agency used as a basis for the proposed action;
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and

A description of other factors relevant to the agency's proposal.

I understand that as parent of a student with a disability I have protection under the procedural safeguards. I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

I consent to the provision of special education services for my child. I understand that this (IEP) will be implemented no later than ten instructional days after my consent is received or by the initiation date stated on the IEP.

I refuse to consent to the provision of special education services described in this written notice. I understand that as the parent, I have the right to contest the public agency's decision and challenge the proposed action by:

- Requesting and participating in a meeting with an official of the public agency who has the authority to facilitate the disagreement between the parent and the public agency regarding the action proposed or refused by the public agency.
- Securing an agreement for mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

Sign

Date



Student: _____ STN: _____
 DOB: _____ Age: _____ Grade: _____ Gender: _____

Notice of Implementation

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the public agency;
- 2) An explanation of why the public agency proposed to take the action;
- 3) A description of each evaluation, procedure, assessment, record, or report the agency used as a basis for the proposed action;
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and
- 5) A description of other factors relevant to the agency's proposal.

I understand that the public agency is not required to obtain a written parental consent and can implement this IEP ten (10) instructional days after the provision of this notice unless I challenge the proposed action by:

- Requesting and participating in a meeting with an official of the public agency who has the authority to facilitate the disagreement between the parent and the public agency regarding the action proposed or refused by the public agency.
- Securing an agreement for mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

I understand that if a parent challenges the proposed IEP prior to its implementation, the public agency must continue to implement the current IEP under 511 IAC 7-42-7 (b)(5).

PROCEDURAL SAFEGUARDS

I understand that as parent of a student with a disability has protection under the procedural safeguards, I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

Sign

Date

CONSENT TO IMPLEMENT IEP

I have been provided with the Notice of Implementation and a copy of the proposed IEP. I give my consent for the School to implement the IEP in accordance with the initiation date that is prior to the expiration of ten (10) instructional days from the date the Notice of Implementation and proposed IEP were provided to me.

Sign

Date