

Individualized Education

An Overview of the Special Education Process



A joint training developed by the Maryland State
Department of Education and the
Parents' Place of Maryland

What you will learn

- Special Education is **individualized** to meet the unique needs of each student
- Parent rights in the Special Education process
- Resources



How did I get here?



PERHAPS...

- a preschool teacher noticed that your child has a speech delay
- your child is consistently listed as being below grade level in reading and/or math
- your doctor noticed a developmental delay
- you noticed your child struggling with homework
- your child was born with a disability or special healthcare need
- your child has challenging behaviors that impact learning
- your child is transitioning or has transitioned from your local Infants and Toddlers program

Referral Process

- Parent referral
- Child Find
- School based team
- Transition from Early Intervention to Special Education



Evaluation Process

- To determine eligibility for Special Education services, Special Education laws require the child to have an initial evaluation.
- An evaluation is a careful look at a child's abilities, strengths and weaknesses, by a team including the child's parents, of teachers and specialists. An evaluation is based on a review of assessment data, information from parents, observations by teachers, and classroom-based, local, and State assessments, to determine whether a child has a disability and requires special education instruction and related services.

What rights do you have at the Evaluation stage?

- **Consent**

Before your child may be evaluated by the school system, the parent/guardian must agree in writing. If you do not agree, the school can request a due process hearing.

- **Timelines**

An IEP team must complete an initial evaluation of student within 60 days of parental consent for assessments; and within 90 days of receiving a referral.

- **Free Evaluation**

Any assessments / evaluations must be provided at no cost to you.

- **Independent Evaluation**

If you disagree with an evaluation obtained by the school system, you have the right to request an evaluation at public expense by someone who does not work for the school system. If you do so, the school system must either provide the Independent Educational Evaluation or request a due process hearing to defend its evaluation.



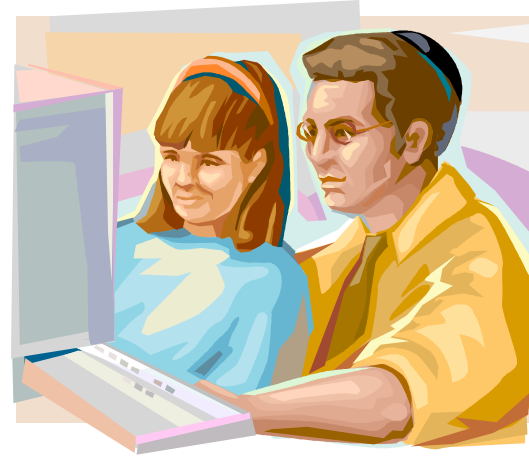
The Parent's Role in Evaluations

- Talk to anyone who interacts frequently with your child
- Be candid, factual and express ALL of your concerns
- Review developmental milestones with your healthcare provider



The Role of Educators and School Specialists

- A team of teachers and specialists will collect information about your child.
- Information is collected through:
 - * Parental Input
 - * Assessment Tools
 - * Medical Information
 - * Classroom Observations



Assessment tools can be class work, standardized testing administrations, responses to tiered instructional approaches, and teacher observation

Who Decides if Your Child Needs Special Education?

All decisions about special education are made through the IEP team process.

IEP stands for **Individualized Education Program**.

The IEP team includes:

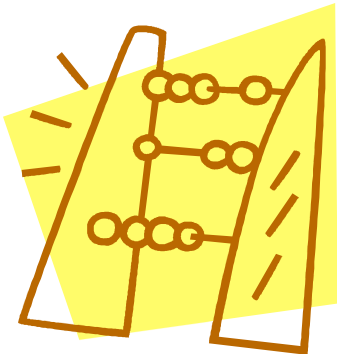
- * The parent(s)
- * Not less than one special education teacher
- * Not less than one general education teacher
- * A representative of the local school or local school system
- * An individual who can interpret evaluation results
- * Other individuals, at the discretion of the parent or local school system, who have knowledge or expertise
- * The student, if appropriate



Eligibility

A child becomes eligible for special education when the IEP team identifies the child as having a disability **and** in need of specialized instruction. The disability must have educational impact.

Students from age 3 to age 21 are eligible to receive special education, and must be evaluated and determined eligible based upon one of the following categories:

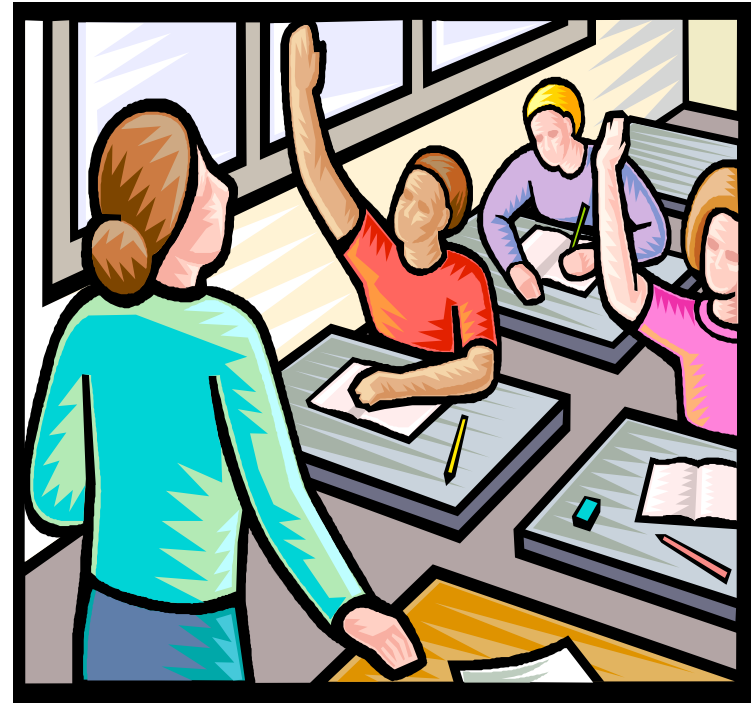


Disability Categories

- Autism
- Deaf – Blindness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment, including Deafness
- Mental Retardation
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment, including Blindness

Special Education is...

A service not a place, which is designed based upon the unique needs of the student



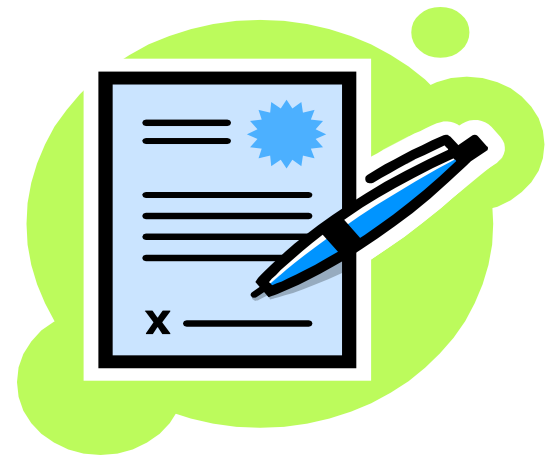
Special Education Provides...

All eligible children with disabilities a Free and Appropriate Public Education (FAPE) that is designed to meet their unique needs and to prepare them for post-secondary outcomes and independent living.



Consent

Parents **MUST AGREE IN WRITING** in order for special education services to begin. If a parent or guardian does not consent to the initiation of services, then no services will be provided, and the local school system may not take the parent to a due process hearing. This is the one and only time that a signature on an IEP is required to initiate services.



The Individualized Education Program (IEP)

- It is the written, individualized plan that supports and directs your child's education through a team driven process
- It is a written document that outlines the “who” “what” “when” “why” “where” and “how” of instruction and related services that are provided for students with disabilities
- Ask for a draft copy of the IEP to prepare for your child's IEP team meeting, if one has been prepared

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

☐ Draft
☐ Approved
☐ Amended

Student Information

Name: _____

Agency: _____

IEP Team Meeting Date: ____/____/____

STUDENT AND SCHOOL INFORMATION

First Name: _____ MI: ____ Last Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Grade: _____
Unique Student Identification Number (State): _____
Student Identification Number (local): _____
Date of Birth: (MM•DD•YYYY)
Age: _____ Gender: ☐ MALE ☐ FEMALE
Race: ☐ American Indian or Alaskan Native ☐ Hispanic or Latino
☐ Asian or Pacific Islander ☐ White (not Hispanic)
☐ Black or African American (not Hispanic)
Student identified as Limited English Proficient: ☐ YES ☐ NO
Student's native language: _____
Residence County: _____
Residence School: _____
Service County: _____
Service School: _____
Which jurisdiction is financially responsible? _____
Is the student currently under the care and custody of a state agency? ☐ YES ☐ NO
If yes, name of state agency: _____
Does the student require a parent surrogate? ☐ YES ☐ NO
Parent Surrogate Name: _____ Surrogate Phone: _____

PARENT/GUARDIAN 1

First Name: _____ MI: ____ Last Name: _____
Home Phone: (____) ____-____ Cell: (____) ____-____
Email: _____
Parent native language, if not English: _____
Interpreter needed? ☐ YES ☐ NO

PARENT/GUARDIAN 2

First Name: _____ MI: ____ Last Name: _____
Home Phone: (____) ____-____ Cell: (____) ____-____
Email: _____
Parent native language, if not English: _____
Interpreter needed? ☐ YES ☐ NO

Case Manager: _____
IEP Team Meeting Date(s): _____
IEP Annual Review Date: _____
☐ Parent was provided a copy of the *Procedural Safeguards Parental Rights* document.
Projected Annual Review Date: _____
Most Recent Evaluation Date: _____
Projected Evaluation Date: _____
Primary Disability: _____
Areas affected by disability: _____

EXIT INFORMATION

Exit date: (MM•DD•YYYY)
Exit category: ☐ A - Returned to general education ☐ B - Graduated with a Maryland High School Diploma ☐ C - Received Maryland High School Certificate of Program Completion
☐ D - Reached 21 years of age ☐ E - Deceased ☐ F - Moved, known to be continuing ☐ H - Dropped Out ☐ I - Special Case

IEP TEAM PARTICIPANTS

IEP Case Manager: _____	Principal/Designee: _____	School Psychologist: _____	Agency Representative: _____
IEP Chair: _____	General Educator: _____	Social Worker: _____	Others in attendance: _____
Parent/Guardian: _____	Special Educator: _____	Speech/Language Pathologist: _____	Others in attendance: _____
Parent/Guardian: _____	Guidance Counselor: _____	Student: _____	Others in attendance: _____

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

Name:

Agency:

IEP Team Meeting Date: / /

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

What is the parental input regarding the student's educational program?

What are the student's strengths, interest areas, significant personal attributes, and personal accomplishments? (Include preferences and interests for post-school outcomes, if appropriate.)

How does the student's disability affect his/her involvement in the general education curriculum?

For preschool age children, how does the disability affect participation in appropriate activities?

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What is the Present Level of Academic Achievement and Functional Performance?

- This is the part of the IEP that discusses information found in various types of assessments, and/or information from teachers on academic achievements
- Parents should be prepared to share their input
- Important because it is the snapshot of your child's abilities, skills, accomplishments, and areas of need
- Helps determine goals for the student
- The Present Levels are to be reviewed at least annually and this is an opportunity for the team to determine if the student is making appropriate progress

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name: _____

Agency: _____

IEP Team Meeting Date: ____/____/____

SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATIONS AND SUPPORTS

Service Nature	Service Description	Begin Date	End Date	Provider(s) ○ = Primary, ○ = Other
○ _____	Anticipated Frequency ○ Daily ○ Weekly ○ Monthly ○ Yearly ○ Only once ○ Periodically ○ Other _____	MM-DD-YYYY	MM-DD-YYYY	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p> <input type="checkbox"/> Orientation & Mobility Specialist <input type="checkbox"/> Speech/Language Pathologist <input type="checkbox"/> Teacher of the Hearing Impaired <input type="checkbox"/> Teacher of the Visually Impaired <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Pupil Personnel Worker <input type="checkbox"/> Physical Education Tchr <input type="checkbox"/> Rehabilitation Services Staff <input type="checkbox"/> General Education Tchr <input type="checkbox"/> Career & Technology Tchr <input type="checkbox"/> Department of Social Services (DSS) <input type="checkbox"/> Mental Hygiene Administration (MHA) <input type="checkbox"/> Developmental Disabilities Administration (DDA) <input type="checkbox"/> Division of Rehabilitation Services (DORS) <input type="checkbox"/> Other Agency _____ <input type="checkbox"/> Special Education Classroom Teacher <input type="checkbox"/> Other Service Provider _____ </p> </div> <div style="width: 50%;"> <p> <input type="checkbox"/> Audiologist <input type="checkbox"/> Psychologist <input type="checkbox"/> IEP Team <input type="checkbox"/> Interpreter <input type="checkbox"/> Instructional Assistant <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Home-Based Teacher <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> Recreational Therapist </p> </div> </div>

Clarify the location and manner in which Supplementary Aids, Services, Program Modifications and Supports to or, on behalf of, the student will be provided: _____

Discussion to support decisions: _____

○ Supplementary Aids, Services, Program Modifications and Supports were considered and none are required at this time.

Discussion to support decision(s): _____

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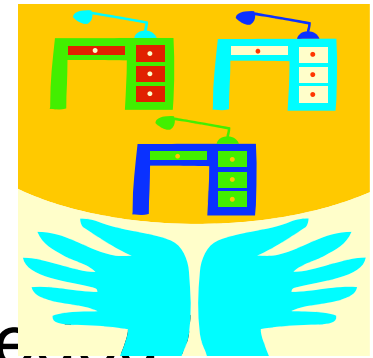
Instructional and Testing Accommodations

- Specific and appropriate to meet the needs of the student as defined in the IEP
- Practices and procedures that provide a student with a disability access during instruction and assessments
- Do not reduce learning expectations
- Include changes to instruction (i.e. materials, tasks) that change **how** a student learns



Supplementary Aids and Services

- This section of the IEP outlines what supports the student needs in all areas
- Details “how” instruction will be delivered with the use of accommodations and modifications:
 - Where will the instruction happen?
 - How will it be presented?
 - What staff supports are needed?
 - What environmental supports are needed?
 - What social/behavioral supports are needed?



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

IV. GOALS

Name: _____

Agency: _____

IEP Team Meeting Date: / /

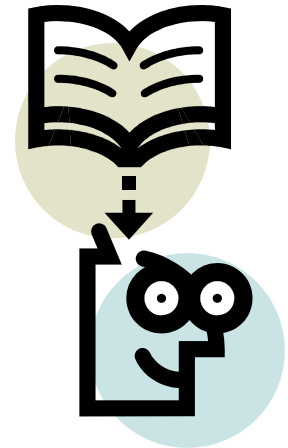
GOAL	
Goal: _____ _____	
By: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM•DD•YYYY)	
Evaluation Method: <input type="checkbox"/> INFORMAL PROCEDURES <input type="checkbox"/> CLASSROOM-BASED ASSESSMENT <input type="checkbox"/> OBSERVATION RECORD <input type="checkbox"/> STANDARDIZED ASSESSMENT <input type="checkbox"/> PORTFOLIO ASSESSMENT <input type="checkbox"/> OTHER _____	
With _____ <input type="checkbox"/> % Accuracy <input type="checkbox"/> % decrease <input type="checkbox"/> out of _____ trials <input type="checkbox"/> % increase <input type="checkbox"/> other _____	
ESY goal? <input type="radio"/> YES <input type="radio"/> NO	
Objective 1: _____ _____ _____	Objective 3: _____ _____ _____
Objective 2: _____ _____ _____	Objective 4: _____ _____ _____
Progress Toward Goal	
Progress Report 1 Date: _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress) <input type="radio"/> Not yet introduced
Description: _____	
Progress Report 2 Date: _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress) <input type="radio"/> Not yet introduced
Description: _____	
Progress Report 3 Date: _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress) <input type="radio"/> Not yet introduced
Description: _____	
Progress Report 4 Date: _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress) <input type="radio"/> Not yet introduced
Description: _____	
Progress Report 5 Date: _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress) <input type="radio"/> Not yet introduced
Description: _____	
How will the parent be notified of the student's progress toward the IEP goals? _____	
How often? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> INTERIM <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER _____	

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Goals and Objectives

- Annual goals are established based upon the **Individualized** need of the student using multiple sources of data collection and the student's present level of academic achievement and functional performance
- All goals are evaluated and data are collected on progress towards mastery of the goal
- Goals are broken down into objectives
- Progress towards goals is sent to parents at least as frequently as non-disabled peers

Please Note: Annual goals and objectives should align with grade level general education curriculum standards, functional performance requirements, and the Maryland Voluntary State Curriculum (VSC)



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

V. SERVICES

Name: _____

Agency: _____

IEP Team Meeting Date: ____/____/____

SERVICES

☐ SPECIAL EDUCATION SERVICES

Service Nature	Location	Service Description			Begin Date	End Date	Provider(s) Ⓟ = Primary, ○ = Other		Summary of Service
<input type="radio"/> Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) <input type="radio"/> Physical Education <input type="radio"/> Speech/Language Therapy <input type="radio"/> Travel Training	<input type="radio"/> In General Education <input type="radio"/> Outside General Education	Number of Sessions <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Other _____	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) <input type="radio"/> 15 Min. <input type="radio"/> 30 Min. <input type="radio"/> 45 Min. <input type="radio"/> 1 Hr. <input type="radio"/> 1 Hr. 15 Min. <input type="radio"/> 1 Hr. 30 Min. <input type="radio"/> 2 Hrs. <input type="radio"/> 3 Hrs. <input type="radio"/> Other _____	Frequency <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Recheck Periodically	MM-DD YYYY	MM-DD YYYY	<input type="radio"/> Orientation & Mobility Specialist <input type="radio"/> Speech/Language Pathologist <input type="radio"/> Teacher of the Hearing Impaired <input type="radio"/> Teacher of the Visually Impaired <input type="radio"/> Occupational Therapist <input type="radio"/> Pupil Personnel Worker <input type="radio"/> Physical Education Tchr <input type="radio"/> Rehabilitation Services Staff <input type="radio"/> General Education Tchr <input type="radio"/> Career & Technology Tchr <input type="radio"/> Department of Social Services (DSS) <input type="radio"/> Mental Hygiene Administration (MHA) <input type="radio"/> Developmental Disabilities Administration (DDA) <input type="radio"/> Division of Rehabilitation Services (DORS) <input type="radio"/> Other Agency _____ <input type="radio"/> Special Education Classroom Teacher <input type="radio"/> Other Service Provider _____	<input type="radio"/> Audiologist <input type="radio"/> Psychologist <input type="radio"/> IEP Team <input type="radio"/> Interpreter <input type="radio"/> Instructional Assistant <input type="radio"/> Physical Therapist <input type="radio"/> Home-Based Teacher <input type="radio"/> Guidance Counselor <input type="radio"/> School Social Worker <input type="radio"/> Recreational Therapist	Total service time: <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> yearly _____ Hrs. _____ Min.
<input type="radio"/> Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) <input type="radio"/> Physical Education <input type="radio"/> Speech/Language Therapy <input type="radio"/> Travel Training	<input type="radio"/> In General Education <input type="radio"/> Outside General Education	Number of Sessions <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Other _____	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) <input type="radio"/> 15 Min. <input type="radio"/> 30 Min. <input type="radio"/> 45 Min. <input type="radio"/> 1 Hr. <input type="radio"/> 1 Hr. 15 Min. <input type="radio"/> 1 Hr. 30 Min. <input type="radio"/> 2 Hrs. <input type="radio"/> 3 Hrs. <input type="radio"/> Other _____	Frequency <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Recheck Periodically	MM-DD YYYY	MM-DD YYYY	<input type="radio"/> Orientation & Mobility Specialist <input type="radio"/> Speech/Language Pathologist <input type="radio"/> Teacher of the Hearing Impaired <input type="radio"/> Teacher of the Visually Impaired <input type="radio"/> Occupational Therapist <input type="radio"/> Pupil Personnel Worker <input type="radio"/> Physical Education Tchr <input type="radio"/> Rehabilitation Services Staff <input type="radio"/> General Education Tchr <input type="radio"/> Career & Technology Tchr <input type="radio"/> Department of Social Services (DSS) <input type="radio"/> Mental Hygiene Administration (MHA) <input type="radio"/> Developmental Disabilities Administration (DDA) <input type="radio"/> Division of Rehabilitation Services (DORS) <input type="radio"/> Other Agency _____ <input type="radio"/> Special Education Classroom Teacher <input type="radio"/> Other Service Provider _____	<input type="radio"/> Audiologist <input type="radio"/> Psychologist <input type="radio"/> IEP Team <input type="radio"/> Interpreter <input type="radio"/> Instructional Assistant <input type="radio"/> Physical Therapist <input type="radio"/> Home-Based Teacher <input type="radio"/> Guidance Counselor <input type="radio"/> School Social Worker <input type="radio"/> Recreational Therapist	Total service time: <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> yearly _____ Hrs. _____ Min.

Discussion of service(s) delivery: _____

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Special Education Services

- Outlines the nature of the service (i.e. classroom instruction, physical education, speech/language or travel training)
- Description of the service (i.e. number of sessions, length of time and frequency)
- Provider(s) of the service



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

V. SERVICES

Name: _____

Agency: _____

IEP Team Meeting Date: ____/____/____

SERVICES

☐ RELATED SERVICES

Service Nature	Location	Service Description			Begin Date	End Date	Provider(s) ☑ = Primary, ○ = Other	Summary of Service	
<input type="radio"/> Audiological Services <input type="radio"/> Psychological Services <input type="radio"/> Occupational Therapy <input type="radio"/> Physical Therapy <input type="radio"/> Recreation <input type="radio"/> Early Identification & Assessment <input type="radio"/> Counseling Services <input type="radio"/> School Health Services <input type="radio"/> Social Work Services <input type="radio"/> Parent Counseling & Training <input type="radio"/> Rehabilitative Counseling <input type="radio"/> Orientation & Mobility Training Services <input type="radio"/> Assistive Technology Services <input type="radio"/> Medical Services (Diagnostic & Evaluation) <input type="radio"/> Other Therapies _____ <input type="radio"/> Interpreting Services <input type="radio"/> Speech/Language Therapy	<input type="radio"/> In General Education <input type="radio"/> Outside General Education	Number of Sessions <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Other _____	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) <input type="radio"/> 15 Min. <input type="radio"/> 30 Min. <input type="radio"/> 45 Min. <input type="radio"/> 1 Hr. <input type="radio"/> 1 Hr. 15 Min. <input type="radio"/> 1 Hr. 30 Min. <input type="radio"/> 2 Hrs. <input type="radio"/> 3 Hrs. <input type="radio"/> Other _____	Frequency <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Recheck Periodically	MM-DD YYYY	MM-DD YYYY	<input checked="" type="radio"/> Orientation & Mobility Specialist <input checked="" type="radio"/> Speech/Language Pathologist <input checked="" type="radio"/> Teacher of the Hearing Impaired <input checked="" type="radio"/> Teacher of the Visually Impaired <input checked="" type="radio"/> Occupational Therapist <input checked="" type="radio"/> Pupil Personnel Worker <input checked="" type="radio"/> Physical Education Tchr <input checked="" type="radio"/> Rehabilitation Services Staff <input checked="" type="radio"/> General Education Tchr <input checked="" type="radio"/> Career & Technology Tchr <input checked="" type="radio"/> Department of Social Services (DSS) <input checked="" type="radio"/> Mental Hygiene Administration (MHA) <input checked="" type="radio"/> Developmental Disabilities Administration (DDA) <input checked="" type="radio"/> Division of Rehabilitation Services (DORS) <input checked="" type="radio"/> Other Agency _____ <input checked="" type="radio"/> Special Education Classroom Teacher <input checked="" type="radio"/> Other Service Provider _____	<input checked="" type="radio"/> Audiologist <input checked="" type="radio"/> Psychologist <input checked="" type="radio"/> IEP Team <input checked="" type="radio"/> Interpreter <input checked="" type="radio"/> Instructional Assistant <input checked="" type="radio"/> Physical Therapist <input checked="" type="radio"/> Home-Based Teacher <input checked="" type="radio"/> Guidance Counselor <input checked="" type="radio"/> School Social Worker <input checked="" type="radio"/> Recreational Therapist	Total service time: <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> yearly _____Hrs. _____Min.
ESY Service Nature	ESY Location	ESY Service Description			ESY Begin Date	ESY End Date	ESY Provider(s) ☑ = Primary, ○ = Other	Summary of Service	
<input type="radio"/> Audiological Services <input type="radio"/> Psychological Services <input type="radio"/> Occupational Therapy <input type="radio"/> Physical Therapy <input type="radio"/> Recreation <input type="radio"/> Early Identification & Assessment <input type="radio"/> Counseling Services <input type="radio"/> School Health Services <input type="radio"/> Social Work Services <input type="radio"/> Parent Counseling & Training <input type="radio"/> Rehabilitative Counseling <input type="radio"/> Orientation & Mobility Training Services <input type="radio"/> Assistive Technology Services <input type="radio"/> Medical Services (Diagnostic & Evaluation) <input type="radio"/> Other Therapies _____ <input type="radio"/> Interpreting Services <input type="radio"/> Speech/Language Therapy	<input type="radio"/> In General Education <input type="radio"/> Outside General Education	Number of Sessions <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Other _____	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) <input type="radio"/> 15 Min. <input type="radio"/> 30 Min. <input type="radio"/> 45 Min. <input type="radio"/> 1 Hr. <input type="radio"/> 1 Hr. 15 Min. <input type="radio"/> 1 Hr. 30 Min. <input type="radio"/> 2 Hrs. <input type="radio"/> 3 Hrs. <input type="radio"/> Other _____	Frequency <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Recheck Periodically	MM-DD YYYY	MM-DD YYYY	<input checked="" type="radio"/> Orientation & Mobility Specialist <input checked="" type="radio"/> Speech/Language Pathologist <input checked="" type="radio"/> Teacher of the Hearing Impaired <input checked="" type="radio"/> Teacher of the Visually Impaired <input checked="" type="radio"/> Occupational Therapist <input checked="" type="radio"/> Pupil Personnel Worker <input checked="" type="radio"/> Physical Education Tchr <input checked="" type="radio"/> Rehabilitation Services Staff <input checked="" type="radio"/> General Education Tchr <input checked="" type="radio"/> Career & Technology Tchr <input checked="" type="radio"/> Department of Social Services (DSS) <input checked="" type="radio"/> Mental Hygiene Administration (MHA) <input checked="" type="radio"/> Developmental Disabilities Administration (DDA) <input checked="" type="radio"/> Division of Rehabilitation Services (DORS) <input checked="" type="radio"/> Other Agency _____ <input checked="" type="radio"/> Special Education Classroom Teacher <input checked="" type="radio"/> Other Service Provider _____	<input checked="" type="radio"/> Audiologist <input checked="" type="radio"/> Psychologist <input checked="" type="radio"/> IEP Team <input checked="" type="radio"/> Interpreter <input checked="" type="radio"/> Instructional Assistant <input checked="" type="radio"/> Physical Therapist <input checked="" type="radio"/> Home-Based Teacher <input checked="" type="radio"/> Guidance Counselor <input checked="" type="radio"/> School Social Worker <input checked="" type="radio"/> Recreational Therapist	Total service time: <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> yearly _____Hrs. _____Min.

Discussion of service(s) delivery: _____

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Related Services

- Developmental, corrective and other supportive services that are required to assist a child with a disability in order to benefit from Special Education
- Related services are identified by the IEP team
- Related services cover many disciplines



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Effective July 1, 2007)

VI. PLACEMENT DATA

Name: _____

Agency: _____

IEP Team Meeting Date: ____/____/____

LEAST RESTRICTIVE ENVIRONMENT (LRE) DECISION MAKING & PLACEMENT SUMMARY

A student with a disability is not removed from general education in an age-appropriate instructional setting solely because of needed modifications to the general curriculum.

What placement option(s) did the IEP team consider? _____

If removed from the general education environment, explain reasons why services cannot be provided in the general education environment with the use of supplementary aids and services: _____

Document basis for decision(s): _____

{ Total time in school week: ____hrs. ____minutes/week } - { Total time outside of General Education: ____hrs. ____minutes/week } = { Total time in General Education: ____hrs. ____minutes/week }

☐ Special education placement (ages 3-5):

Average ____%/day

☐ IN REGULAR EARLY CHILDHOOD SETTING (at least 80%)

☐ IN REGULAR EARLY CHILDHOOD SETTING (40% - 79%)

☐ IN REGULAR EARLY CHILDHOOD SETTING (less than 40%)

☐ SEPARATE CLASS

☐ PUBLIC SEPARATE DAY SCHOOL

☐ PRIVATE SEPARATE DAY SCHOOL

☐ PUBLIC RESIDENTIAL FACILITY

☐ PRIVATE RESIDENTIAL FACILITY

☐ HOME

☐ SERVICE PROVIDER LOCATION

☐ Special education placement (ages 6-21):

Average ____%/day

☐ INSIDE GENERAL EDUCATION (80% or more)

☐ INSIDE GENERAL EDUCATION (40% - 79%)

☐ INSIDE GENERAL EDUCATION (less than 40%)

☐ PUBLIC SEPARATE DAY SCHOOL

☐ PRIVATE SEPARATE DAY SCHOOL

☐ PUBLIC RESIDENTIAL FACILITY

☐ PRIVATE RESIDENTIAL FACILITY

☐ HOMESOUND/HOSPITAL

☐ CORRECTIONAL FACILITIES

☐ PARENTALLY PLACED IN PRIVATE SCHOOL

In selecting the LRE, are there any potential harmful effects on the student or quality of services he or she needs? ☐ YES ☐ NO

If yes, document basis for decision(s): _____

Are the services in the student's home school (the school the student would attend if not disabled)? ☐ YES ☐ NO If no, document basis for decision(s): _____

If no, is placement as *close as possible* to the student's home? ☐ YES ☐ NO If no, document basis for decision(s): _____

Is special transportation needed? ☐ YES ☐ NO If Yes, list all specialized equipment, if needed: _____

Are personnel needed to assist the student during transportation? ☐ YES ☐ NO If yes, explain: _____

Document basis for decision(s) (including consideration of the amount of time and distance involved in travel): _____

Provide an explanation to the extent, if any, the student will not participate with non-disabled peers in academic, non-academic, and extracurricular activities? _____

SSIS Residence County _____

SSIS Residence School _____

SSIS Service County _____

SSIS Service School _____

CHILD COUNT ELIGIBILITY CODES

☐ (1) Eligible student with a disability served in a public school or placed in a nonpublic school by the public agency to receive FAPE.

☐ (2) Eligible parentally placed private school student with a disability receiving special education and/or related service through a service plan from the public agency.

☐ (3) Eligible parentally placed private school student with a disability NOT receiving service from the public agency.

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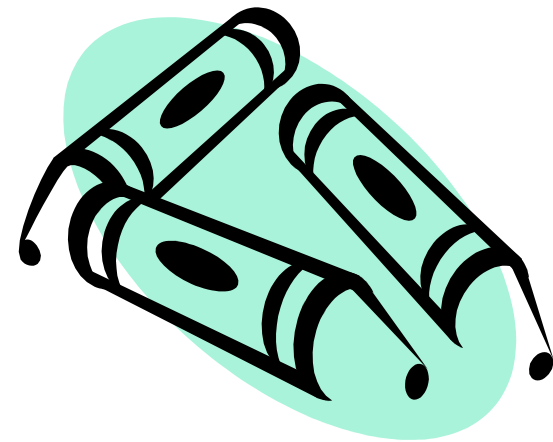
Learning in the Least Restrictive Environment (LRE)

- It means that children with disabilities are educated with their typically developing peers to the maximum extent appropriate
- The child's placement is
 - determined at least annually
 - based on the IEP
 - as close as possible to the child's home
- The child is educated ***in the school that he or she would attend if non-disabled unless the IEP requires some other arrangement***
- Placement decisions are based upon the unique needs of the child and made by the IEP team

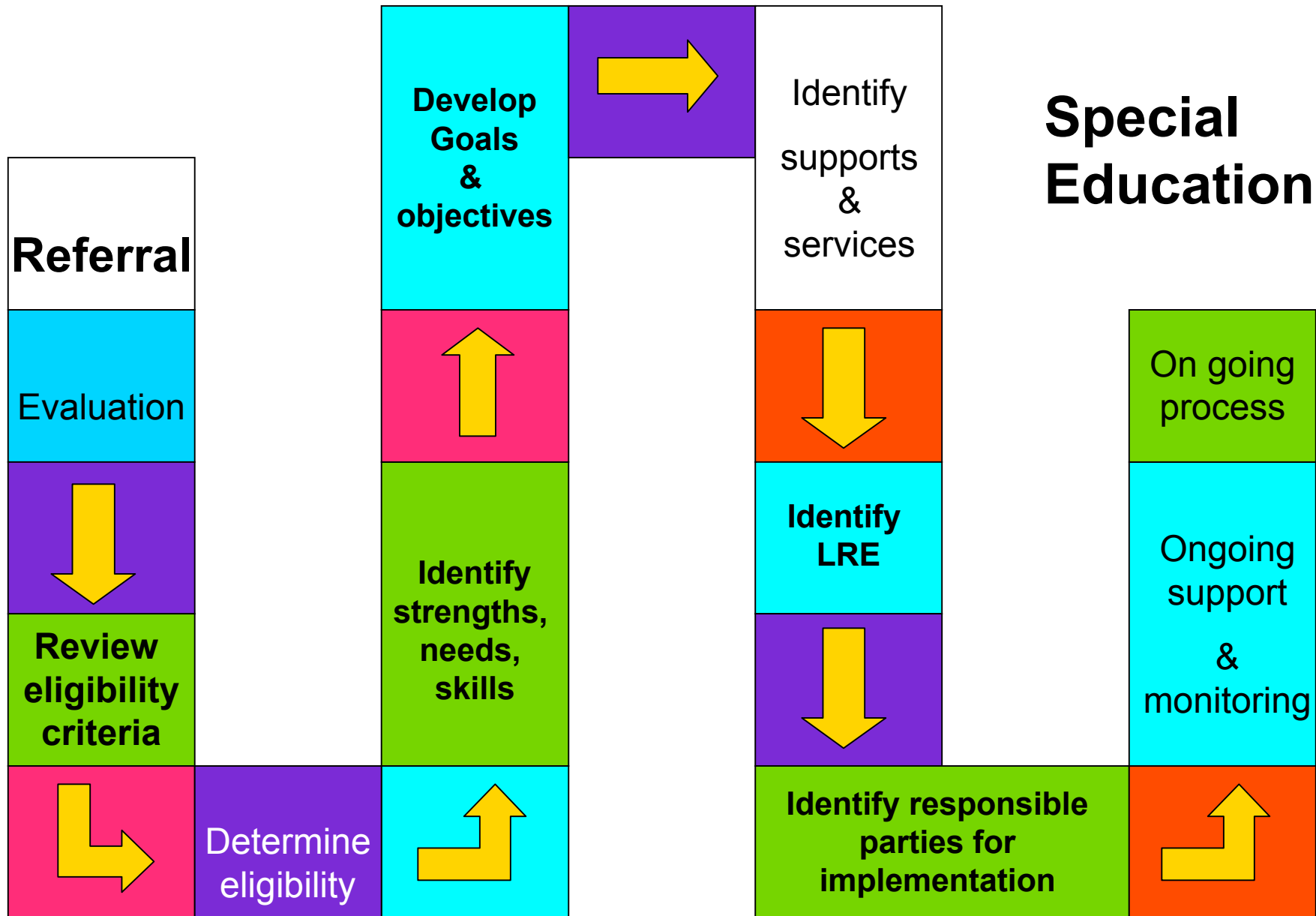


Students with special needs participate in many different kinds of settings

- Regular education classroom with modifications and accommodations
- Regular education classroom with pullout to the special education classroom
- Special education classroom
- Public special education day school
- Non-public schools
- Residential schools
- Home and hospital
- Preschool settings



Special Education



Resources and Partners

- Family Support Services – Family Support Network, Preschool Partners, Partners for Success Centers 1-800-535-0182

www.marylandpublicschools.org

www.mdecgateway.org

- Parents Place of Maryland
info@ppmd.org 410-768-9100

- Local and Community Resources

