

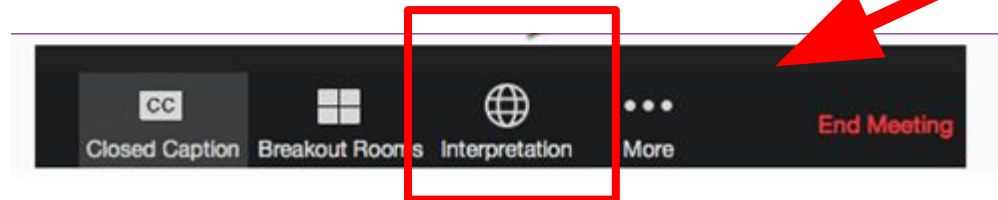
# Interpretation

## ENGLISH

To access in a different language, click  
"interpretation"

## SPANISH

Para escuchar en español:  
haga clic en "interpretación"





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# PGCPS

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## Understanding Your Child's IEP

Department of Special Education

10/24/2022

**Presented by:** Yvette Young, Beth Diaite, and Marsie Torchon



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# The Family Support Center

*We are here to help you!*

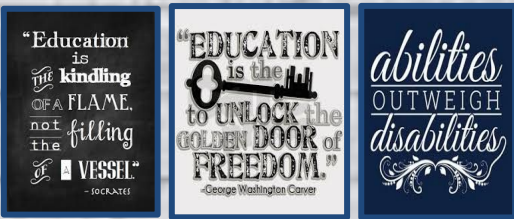
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Marsie



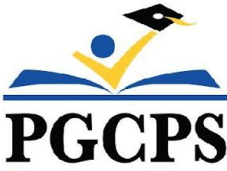
Yvette



Beth



# Check-In



When you think about your child's IEP, what thought comes to mind?

1. It's a very comprehensive document.
2. Oh no (too much information)
3. It's an accurate reflection of my child's needs.
4. It doesn't accurately reflect my child's needs.
5. I could use some help understanding what it all means.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)** Student Information ☐ Print ☐ Download  
MARYLAND STATE DEPARTMENT OF EDUCATION DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use only 1/18/18)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Page 1

**STUDENT AND SCHOOL INFORMATION**

First Name: \_\_\_\_\_ 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  
Ethnicity: Hispanic or Latino ☐ Yes ☐ No ☐ Native Hawaiian or other Pacific Islander  
American Indian or Alaskan Native ☐ Yes ☐ No ☐ Black or African American  
White  
Is the student identified as an English Learner? ☐ Yes ☐ No  
Student's native language: \_\_\_\_\_  
Residence County: \_\_\_\_\_  
Residence School: \_\_\_\_\_  
Service County: \_\_\_\_\_  
Service School: \_\_\_\_\_  
Does the student require a specific accommodation for an emergency evaluation? ☐ Yes ☐ No  
If yes, state the evaluator accommodation(s) here: \_\_\_\_\_  
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: \_\_\_\_\_  
Language: \_\_\_\_\_

**EXIT INFORMATION**

Exit date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (MM-DD-YYYY)  
Exit category: ☐ A - Returned to general education (is this student home schooled? ☐ Yes ☐ No) ☐ 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  
☐ G - Transferred ☐ H - Special Care ☐ I - Parent revokes consent for services

**IEP TEAM PARTICIPANTS**

IEP Team Member	Principal/Designee	School Psychologist	Agency Representative
IEP Case Manager	General Educator	Social Worker	Others to attendance
Parents/Guardian	Special Educator	Speech/Language Pathologist	Others to attendance
Parents/Guardian	Education Consultant	Teacher	Others to attendance



# There's A Law

Policy Documents

**IDEA**

INDIVIDUALS WITH DISABILITIES EDUCATION ACT





## The IEP Meeting

- The IEP meeting is the most significant venue for **parents to exercise their right to** participation in **decision making**.
- The IEP meeting process must adhere to **legal requirements** relative to what should be **included in the IEP document**.
- At the same time, it must meet legal requirements relative to **who participates** on the IEP team and **how**, including the parent.

Council for Exceptional Children, 1999; Drasgow, Yell, & Robinson, 2001; Huefner, 2000



## **PGCPS    The Individualized Education Program (IEP)**

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- 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

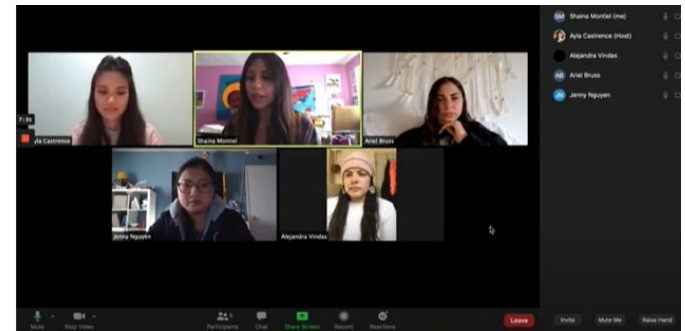
**\*School teams should have the draft available 5 days prior to the date of the IEP meeting**





As we watch this video clip of a Mock IEP meeting, we want you to take note of the following:

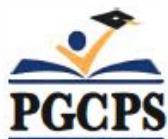
1. What was the purpose of the meeting?
2. Who participated in the meeting?
3. Were any documents offered?
4. What is the student's disability?





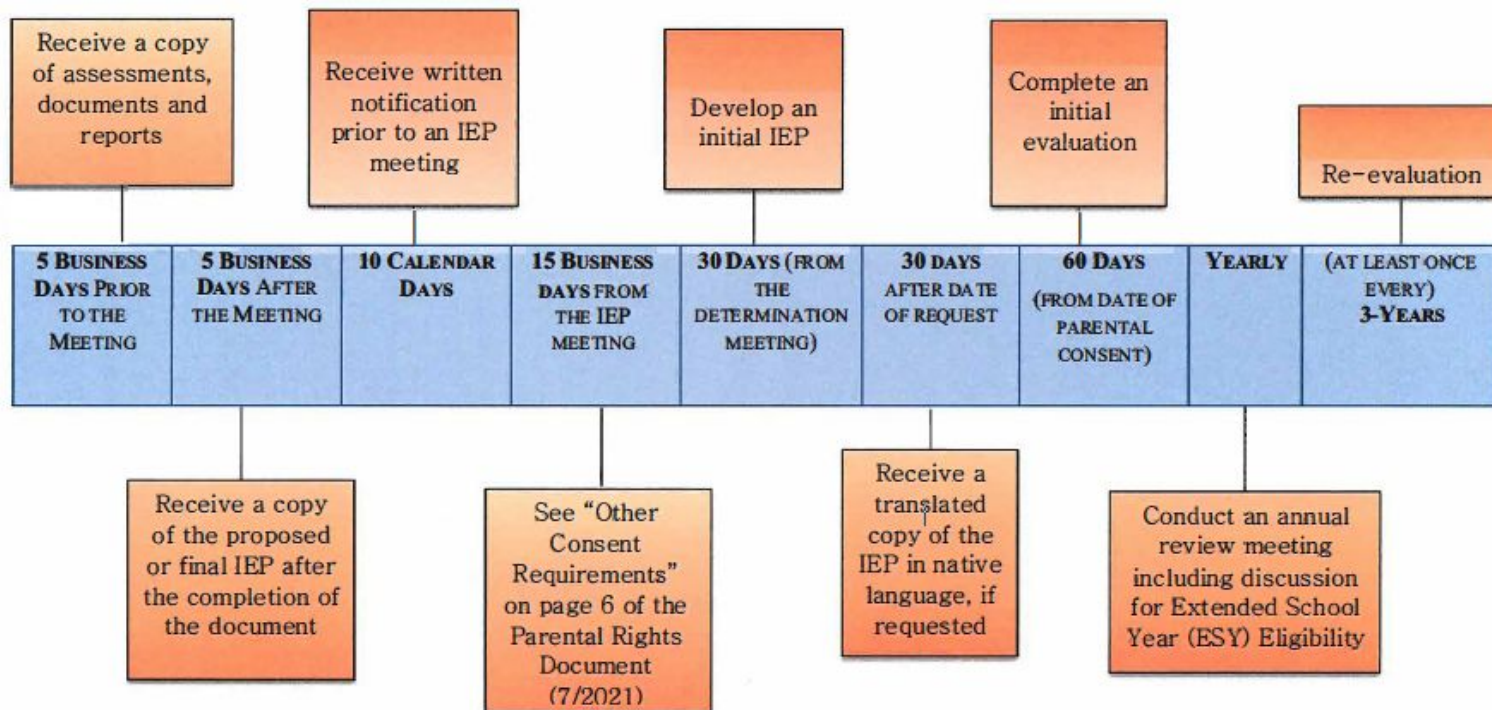
- The parent, guardian or surrogate
- Not less than one special education teacher
- Not less than one general education teacher
- A representative of the local school or local school system
- An individual who can interpret evaluation results
- Other individuals, at the discretion of the parent or local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

# IMPORTANT TIMELINES



**Department of Special Education**  
 Family Support Center  
 1400 Nalley Terrace  
 Landover, MD 20783

## A Parent's Quick Guide to Special Education Timelines



# Resolving Disagreements

- Parents are members of the **Individualized Education Program (IEP) team** that assist in the decision-making process regarding their student's educational placement. Prince George's County Public Schools (PGCPS) shall make reasonable efforts to ensure that parents understand and are able to participate in group decisions related to the educational placement of their student. The district shall ensure access to an interpreter for parents who are deaf and hard of hearing, or whose native language is not English. Please contact the IEP Chairperson of your child's school to address your concerns.
- **The Family Support Center** is available to help parents resolve concerns and answer questions that they may have regarding their child's special education program. In addition direct assistance may be provided by the **Special Education Instructional Specialist and Compliance staff** at (301) 702-2890; Call today. We are here to help you!
- **Mediation** is a process that may be used to resolve disagreements between the parents of a child with a disability and PGCPS. An employee of the Office of Administrative Hearings (OAH) who is qualified and trained in effective mediation techniques conducts the mediation. Mediation is at no cost to the parent or school district. We encourage parents to participate in mediation. Contact OAH at, (410) 229-4294 or via mail at, 11101 Gilroy Road, Hunt Valley, Maryland 21031.



# The Timeline

**PGCPC**

## IDEA DISPUTE RESOLUTION PROCESSES COMPARISON CHART

Comparison	MEDIATION	DUE PROCESS COMPLAINT	RESOLUTION PROCESS	STATE COMPLAINT
Who can initiate the process?	Parent or public agency, but must be voluntary for both	Parent or public agency	Public agency schedules the resolution meeting upon receipt of a due process complaint unless the parties agree to waive or use mediation	Any individual or organization including those from out of state
What is the time limit for filing?	None Specified	2 years of when the party knew or should have known of the problem with limited expectations <sup>1</sup>	Triggered by a parent's due process complaint	1 year from the date of the alleged violation
What issues can be resolved?	Any matter under Part 300, including matters arising prior to the filing of a due process complaint (there are exceptions) <sup>2</sup>	Any matter relating to the identification, evaluation or educational placement or provision of a free appropriate public education (there are exceptions)	Same as the issues raised in the parent's due process complaint	Alleged violations of Part B of IDEA or Part 300
What is the timeline for resolving the issues?	None specified	45 days from the end of the resolution period unless a specific extension to the timeline is granted <sup>3, 4</sup>	Public agency must convene a resolution meeting within 15 days of receipt of the parent's due process complaint, unless the parties agree in writing to waive the meeting or agree to use mediation  Resolution period is 30 days from receipt of the parent's due process complaint unless the parties agree otherwise or the parent or public agency fails to participate in the resolution meeting or the public agency fails to convene the resolution meeting within 15 days of receipt of the parent's due process complaint <sup>3, 5, 6, 7</sup>	60 days from receipt of the complaint unless an extension is permitted <sup>8</sup>
Who resolves the issues?	Parent and public agency with a mediator  The process is voluntary and both parties must agree to any resolution	Hearing Officer/ Administrative Law Judge (ALJ)	Parent and public agency  Both parties must agree to any resolution	Maryland State Department of Education <sup>9</sup>



# The IEP Document

Your child's IEP is divided into 6 Sections:

**Section 1:** Meeting and Identifying Information

**Section 2:** Present Level of Academic Achievement And Functional Performance

**Section 3:** Special Considerations and Accommodations

**Section 4:** Goals

**Section 5:** Services

**Section 6:** Placement







# IEP Cover page - Student Information

INDIVIDUALIZED EDUCATION PROGRAM (IEP)		Student Information	
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES		(Form approved by MSDE for use July 1, 2022)	
Name: _____		Agency: _____	
IEP Team Meeting Date: ____/____/____		Page 1	
<b>STUDENT AND SCHOOL INFORMATION</b>			
First Name: <b>Manny</b> Middle Name: _____ Last Name: _____		PARENT/GUARDIAN 1 First Name: <b>Ms. Panda</b> MI: _____ Last Name: _____	
Address: _____		Home Phone: ( ) - - Cell: ( ) - -	
City: _____ State: _____ Zip Code: _____		Email: _____	
Grade: _____		Parent native language, if not English: _____	
Unique Student Identification Number (State): _____		Interpreter needed? <input type="radio"/> YES <input type="radio"/> NO	
Student Identification Number (Local): _____		PARENT/GUARDIAN 2 First Name: _____ MI: _____ Last Name: _____	
Date of Birth: [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (MM-DD-YYYY)		Home Phone: ( ) - - Cell: ( ) - -	
Gender: <input type="radio"/> MALE <input type="radio"/> FEMALE		Email: _____	
<b>RACE CODES</b>		Parent native language, if not English: _____	
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander		Interpreter needed? <input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		Case Manager: _____	
<input type="checkbox"/> White		IEP Team Meeting Date(s): _____	
Student identified as an English Learner? <input type="radio"/> YES <input type="radio"/> NO		IEP Annual Review Date: _____	
Student's native language: _____		<input type="radio"/> Parent was provided a copy of the Procedural Safeguards (Parental Rights) document.	
Residence County: _____		<input type="radio"/> The parents were provided a verbal and written explanation of the parents' rights and responsibilities in the IEP team process.	
Residence School: _____		<input type="radio"/> Parents were provided verbal and written information about access to rehabilitative services, including a copy of the Maryland Insurance Administration's Parents' Guide to Rehabilitative Services.	
Service County: _____		Native Language Translation: Parent Informed <input type="radio"/>	
Service School: _____		Projected Annual Review Date: _____	
Does the student require a specific accommodation for an emergency evacuation? <input type="radio"/> YES <input type="radio"/> NO		Most Recent Evaluation Date: _____	
If yes, state the evacuation accommodation(s) here: _____		Projected Evaluation Date: _____	
Which jurisdiction is financially responsible? _____		Primary Disability: _____	
Is the student currently under the care and custody of a state agency? <input type="radio"/> YES <input type="radio"/> NO		Areas affected by Disability: _____	
If yes, name of state agency: _____			
Does the student require a parent surrogate? <input type="radio"/> YES <input type="radio"/> NO			
Parent Surrogate Name: _____			
Surrogate Phone: _____			
<b>EXIT INFORMATION</b>			
Exit date: [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (MM-DD-YYYY)			
Exit category: <input type="radio"/> A - Returned to general education (Is this student home schooled? <input type="radio"/> YES <input type="radio"/> NO ) <input type="radio"/> B - Graduated with a Maryland High School Diploma			
<input type="radio"/> C - Received Maryland High School Certificate of Program Completion <input type="radio"/> D - Reached 21 years of age <input type="radio"/> E - Deceased <input type="radio"/> F - Moved, known to be continuing			
<input type="radio"/> H - Dropped Out <input type="radio"/> I - Special Case <input type="radio"/> J - Parent revokes consent for services			
<b>IEP TEAM PARTICIPANTS</b>			
IEP Case Manager: _____		School Psychologist: _____	
IEP Chair: _____		Social Worker: _____	
Parent/Guardian: _____		Speech/Language Pathologist: _____	
Parent/Guardian: _____		Student: _____	
Principal/Designee: _____		Agency Representative: _____	
General Educator: _____		Others in attendance: _____	
Special Educator: _____		Others in attendance: _____	
Guidance Counselor: _____		Others in attendance: _____	

English Language Learner

Important Dates

Native Language

Disability

## **Section I- Meeting and Identifying Information**





PGCPS

# I. Meeting and Identifying Information

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

## I. MEETING AND IDENTIFYING INFORMATION

Page 3

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Initial Eligibility (Student Ages 3-21)

Date of parent consent for initial evaluation

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date of initial evaluation:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Child is eligible as a student with a disability for special education and related services. ☐ Yes ☐ No

Indicate primary disability

☐ AUTISM

☐ DEVELOPMENTAL DELAY

☐ INTELLECTUAL DISABILITY

☐ SPECIFIC LEARNING DISABILITY

☐ SPEECH OR LANGUAGE IMPAIRMENT

☐ VISUAL IMPAIRMENT

☐ DEAF

☐ EMOTIONAL DISABILITY

☐ ORTHOPEDIC IMPAIRMENT

☐ Dyslexia ☐ Dysgraphia

☐ TRAUMATIC BRAIN INJURY

☐ MULTIPLE DISABILITIES

☐ DEAF - BLINDNESS

☐ HEARING IMPAIRMENT

☐ OTHER HEALTH IMPAIRMENT

☐ Dyscalculia ☐ Other \_\_\_\_\_

Document basis for decision(s): \_\_\_\_\_

Reason(s) for delay of initial evaluation

☐ Eligibility not determined due to withdrawal, i.e., transfer, dropout, parent withdrew consent.

☐ Initial evaluation

If evaluation was delayed, indicate reason(s) for delay:

☐ Parent repeatedly failed or refused to make the child available

☐ Student is enrolled after 60-day timeframe began and prior to determination by LSS. Receiving LSS made sufficient progress to complete the evaluation and parent and LSS agreed to a specific time to complete the evaluation (All conditions must be met)

☐ Parent requested delay - Parent and IEP team extend the timeframe by mutual written agreement

☐ School/facility closure

☐ Inclement weather

☐ Other

☐ Paperwork error

☐ Inconclusive testing results

☐ Child not available (not parent failure)/child refusal

☐ Staffing issues

☐ Other, please specify \_\_\_\_\_

Date of Parent Consent-Continue Early

Intervention Services through an IFSP at age 3:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date local school system was notified of parent

decision to request services through an IEP:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date extended IFSP services ended:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date of initial IEP development:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date of parent consent for initiation of services:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Date initial IEP is in effect:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY)

Is this student transitioning from Infants and Toddlers (Part C) to Preschool (Part B) and receiving services through an IEP? ☐ YES ☐ NO

### CONTINUED ELIGIBILITY DATA (Required for reevaluation at least once every three years)

Specify the area(s) identified for reevaluation: \_\_\_\_\_

Discussion to support decision: \_\_\_\_\_

Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM-DD-YYYY) (This is the date on which the IEP team completed a full and comprehensive review of all assessment materials.)

Does the student continue to have a disability and such that requires the continued provision of special education and related services? ☐ YES ☐ NO

Are any additions or modifications to special education and related services needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general education curriculum? ☐ YES ☐ NO

Eligible as a student with a disability? ☐ Yes ☐ No

Document basis for decision(s): \_\_\_\_\_

Indicate primary disability

☐ AUTISM

☐ DEVELOPMENTAL DELAY

☐ INTELLECTUAL DISABILITY

☐ SPECIFIC LEARNING DISABILITY

☐ SPEECH OR LANGUAGE IMPAIRMENT

☐ MULTIPLE DISABILITIES

☐ DEAF

☐ EMOTIONAL DISABILITY

☐ ORTHOPEDIC IMPAIRMENT

☐ Dyslexia ☐ Dysgraphia

☐ TRAUMATIC BRAIN INJURY

☐ Cognitive (specify) \_\_\_\_\_

☐ DEAF - BLINDNESS

☐ HEARING IMPAIRMENT

☐ OTHER HEALTH IMPAIRMENT

☐ Dyscalculia ☐ Other \_\_\_\_\_

☐ VISUAL IMPAIRMENT

☐ Sensory (specify) \_\_\_\_\_

☐ Physical (specify) \_\_\_\_\_





### STUDENT PARTICIPATION ON DISTRICT/STATEWIDE ASSESSMENTS AND GRADUATION INFORMATION

Graduation requirements explained to parents ☐ YES ☐ NO

State graduation requirements can be found at [www.marylandpublicschools.org](http://www.marylandpublicschools.org).

Record any additional local graduation requirements: \_\_\_\_\_

#### PROJECTED CATEGORY OF EXIT:

The student will exit with: ☐ Maryland High School Diploma

(Choose all that apply)

☐ with 2 credits of World Language, which may include American Sign Language

☐ with 2 credits of Advanced Technology

☐ with successful completion of a State-approved career and technical education program

☐ Certificate of Program Completion at the end of the school year the student turns 21

☐ Certificate of Program Completion prior to the end of the school year the student turns 21 (Parent and student choice)

#### PROJECTED DATE OF EXIT:

The student is participating in a \_\_\_\_\_ year program and is projected to exit/graduate school \_\_\_\_\_ (month, day, year)

At exit the student will receive a Maryland Summary of Performance (MSOP) that includes academic achievement, functional performance, accommodations, and progress on postsecondary goals.

Have the student and parents been informed that rights under IDEA do not transfer to students with disabilities on reaching age of majority, except under limited circumstances, as described in Education Article 88-412.1, Annotated Code of Maryland? ☐ Yes ☐ N/A

#### PLAN FOR PARTICIPATION IN THE MARYLAND COMPREHENSIVE ASSESSMENT PROGRAM (MCAP) TO BE ADMINISTERED DURING THE TERM OF THE CURRENT IEP

The student will participate in the Maryland Comprehensive Assessment Program (MCAP) Assessments for grades 3 through 8

English Language Arts/Literacy ☐ YES ☐ NO Mathematics ☐ YES ☐ NO Social Studies (Grade 8 only) ☐ YES ☐ NO

The student will participate in the Maryland Comprehensive Assessment Program (MCAP) Assessments for high school

English Language Arts/Literacy ☐ YES ☐ NO Algebra I ☐ YES ☐ NO Geometry ☐ YES ☐ NO Algebra II ☐ YES ☐ NO

The student will participate in the Maryland Integrated Science Assessment (MISA) aligned with Next Generation Science Standards (NGSS) in assessed grade - (Grades 5, 8) ☐ YES ☐ NO

The student will participate in the High School Maryland Integrated Science Assessment (MISA) aligned with Next Generation Science Standards (NGSS) in assessed grade ☐ YES ☐ NO

The student will participate in the Maryland High School Assessment (HSA) in assessed course - Government ☐ YES ☐ NO

Has the IEP team determined that the student should participate in an alternate assessment based on alternate academic achievement standards?

(Complete the required Appendix A of the Guidance for IEP Teams: Participation Decisions for the Alternate Assessments and Instruction Using Alternate Standards document annually and file in the student's electronic IEP folder.)

☐ YES ☐ NO

Does the parent consent to the student participating in an alternate assessment based on alternate academic achievement standards in assessed grade in

•English Language Arts (Grades 3-8, 11) •Mathematics (Grades 3-8, 11) •Science (Grades 5, 8, 11 only)?

☐ YES - Date of written consent: -- ☐ NO - Date of written refusal: --

☐ No response received within 15 business days of the IEP team meeting date

Exit Information



PGCPS

# I. Meeting And Identifying Information

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

## I. MEETING AND IDENTIFYING INFORMATION

Page 5

Name:

Agency:

IEP Team Meeting Date: / /

### STUDENT PARTICIPATION ON DISTRICT/STATEWIDE ASSESSMENTS AND GRADUATION INFORMATION

#### PLAN FOR PARTICIPATION IN INSTRUCTION USING ALTERNATE STANDARDS

Has the IEP team determined that the student will be instructed using alternate standards, which, if continued, will result in not earning credits toward a Maryland High School Diploma?  
(Complete the required Appendix A of the Guidance for IEP Teams: Participation Decisions for the Alternate Assessment and document the decision in the student's electronic IEP folder.)

☐ YES ☐ NO

Does the parent consent to the student being instructed using alternate standards?

☐ YES - Date of written consent: -- ☐ NO - Date of written refusal: -

☐ No response received within 15 business days of the IEP team meeting date

Document basis for assessment decision(s):

Participation in Statewide Assessments (Alternative Standards)

Student is pursuing a: ☐ Maryland High School Diploma ☐ Maryland High School Certificate of Program Completion

PLEASE NOTE: A STUDENT MAY BE ASKED TO PARTICIPATE IN NATIONAL OR INTERNATIONAL ASSESSMENTS. ONLY ALLOWABLE ACCOMMODATIONS ON NATIONAL/INTERNATIONAL ASSESSMENTS ARE PERMITTED.

Complete for high school seniors that may be eligible for an HSA waiver

IEP team has discussed the criteria of the waiver decision-making process for the student and support

☐ YES (If yes, specify date recommended) ☐ NO

Student is Pursuing: High School Diploma or Maryland Certificate of Program Completion



PGCPS

# I. Meeting And Identifying Information

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

## I. MEETING AND IDENTIFYING INFORMATION

Page 6

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ENGLISH LANGUAGE PROFICIENCY SUMMARY

Is the student an English Learner? ☐ YES ☐ NO

What was the student's performance on the English language proficiency assessment?

Assessment Date \_\_\_\_-\_\_\_\_-\_\_\_\_ (MM-DD-YYYY)

Overall Composite Proficiency Level

☐ ENTERING ☐ EMERGING ☐ DEVELOPING ☐ EXPANDING ☐ BRIDGING ☐ REACHING

### Student English Language Proficiency

OR What was the student's performance on the alternate English language proficiency assessment?

Assessment Date \_\_\_\_-\_\_\_\_-\_\_\_\_ (MM-DD-YYYY)

Overall Composite Proficiency Level

☐ INITIATING ☐ EXPLORING ☐ ENGAGING ☐ ENTERING ☐ EMERGING

### STATEWIDE MARYLAND COMPREHENSIVE ASSESSMENT PROGRAM (MCAP) PERFORMANCE SUMMARY

What was the student's performance, if applicable on the Kindergarten Readiness Assessment (KRA) as of \_\_\_\_-\_\_\_\_-\_\_\_\_?

Overall Performance

☐ EMERGING ☐ APPROACHING ☐ DEMONSTRATING  
☐ OTHER (one or more assessment items not accessible due to disability, resulting in a Not Scorable rating)  
☐ INCOMPLETE ASSESSMENT (some or all items were not complete)

Overall Score

\_\_\_\_ (Range: 202-298)

Domain Level Performance

Score

Range

Language and Literacy

202-298

Mathematics

202-298

Social Foundations

202-298

Physical Well-Being and Motor Development

202-293

What was the student's performance on the Grades 3-8 MCAP assessments

as of \_\_\_\_-\_\_\_\_-\_\_\_\_?

MCAP	Current Scale Score		Last Year's Scale Score		Most Current Proficiency Levels				
	Grade	Scale Score	Grade	Scale Score	Level 1	Level 2	Level 3	Level 4	Level 5
English Language Arts					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Algebra I, as applicable					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Studies (Grade 8)									
MISA	Grade	Scale Score	Grade	Scale Score		Level 2	Level 3	Level 4	Level 5
Science (Grades 5, 8 only)						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was the student's performance on the High School MCAP assessments

as of \_\_\_\_-\_\_\_\_-\_\_\_\_?

MCAP	Most Current Scale Score	Previous Scale Score	Most Current Proficiency Level					Meets Standard	Bridge Plan Participant	Substitute Assessment
			Level 1	Level 2	Level 3	Level 4	Level 5			
ELA/Literacy (Grade 10)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OYON	OYON	OYON
Algebra I			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OYON	OYON	OYON
Geometry			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OYON	OYON	OYON
Algebra II			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OYON	OYON	OYON

What was the student's performance, if applicable, on HSAs as of \_\_\_\_-\_\_\_\_-\_\_\_\_?

High School Assessments (HSAs)	Passing Score	Student's 1st Score	Student's 2nd Score	Student's Highest Score	Meets Standard	Bridge Plan Participant	Substitute Assessment
Algebra/ Data Analysis <input type="checkbox"/> Mod	412				OYON	OYON	OYON
Biology <input type="checkbox"/> Mod	400				OYON	OYON	OYON
English <input type="checkbox"/> Mod	396				OYON	OYON	OYON
Government <input type="checkbox"/> Mod	394				OYON	OYON	OYON
Combined Score with Gov't	1602				OYON	OYON	OYON
Combined Score w/out Gov't	1208				OYON	OYON	OYON
High School MISA					OYON	OYON	OYON

What was the student's performance, if applicable, on alternate assessments

as of \_\_\_\_-\_\_\_\_-\_\_\_\_?

DLM	Scale Score	Most Current Proficiency Levels			
		Level 1	Level 2	Level 3	Level 4
English Language Arts		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALT-MISA (DLM)	Scale Score	Emerging	Approaching the Target	Target	Advanced
Science (Grades 5, 8, 11 only)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## **Section II - Present Level of Academic Achievement And Functional Performance**





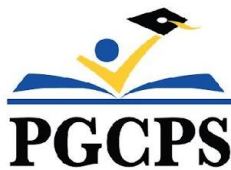
# What is the Present Level of Academic Achievement and Functional Performance?

---

**PGCPS**

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- 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



# II. Present Level of Academic Achievement And Functional Performance

## INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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Name: \_\_\_\_\_ Agency: \_\_\_\_\_ IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACADEMIC** \_\_\_\_\_ Document student's academic achievement and functional performance levels in academic areas, as appropriate.

### Math Problem Solving

**Source(s):** *i-Ready diagnostic assessments; Woodcock Johnson IV Tests of Achievement; Observation*

### Summary of Assessment Findings

**Trend Data: (past 2 years)**

**Current Instructional Level ( 3 )**

**Impact to Academic Achievement**

Instructional Grade Level Performance Trend Data (document the student's rate of growth over the past two years):

School Year	Instructional Grade Level Performance

SY	G.L
20-21	5
21- 22	6

Does this area impact the student's academic achievement and/or functional performance? ☒ YES ☐ NO

Summary of Assessment Findings (including dates of administration): \_\_\_\_\_

Does this area impact the student's academic achievement and/or functional performance? ☐ YES ☐ NO

Area of Impact?

**PHYSICAL** \_\_\_\_\_

Source(s): \_\_\_\_\_  
Level of Performance: \_\_\_\_\_  
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Summary of Assessment Findings (including dates of administration): \_\_\_\_\_

Does this area impact the student's academic achievement and/or functional performance? ☐ YES ☐ NO

**BEHAVIORAL** \_\_\_\_\_

Source(s): \_\_\_\_\_  
Level of Performance: \_\_\_\_\_  
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Summary of Assessment Findings (including dates of administration): \_\_\_\_\_

Does this area impact the student's academic achievement and/or functional performance? ☐ YES ☐ NO

Domains



# Example: Present Levels of Performance

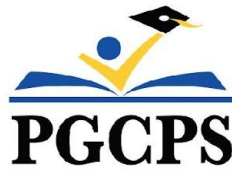
**PGCPS**

---

**Academic:** Math Problem Solving

**Summary:** Gary is an 7th grader who is currently performing on a 3rd grade level in Math Problem Solving.

- Gary took an i-Ready diagnostic assessment, informal classroom assessments, observation, and Woodcock Johnson IV Tests of Achievement as of September 23, 2022.
- Gary can solve for a variable when completing addition or subtraction equations but does require equations with pictorial examples and manipulatives.
- Gary can solve word problems that involve money, specifically how much change should be received when making purchases up to \$10.00.
- Gary cannot solve equations with 2- digit and 3-digit numbers that require regrouping without the use of a calculator.



## **II. Present Level of Academic Achievement And Functional Performance**

- Employment
- Education/Training
- Independent Living
- Self-Determination
- Travel Skills

<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b> MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES	<b>II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</b> (Form approved by MSDE for use July 1, 2022)
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**SECONDARY TRANSITION:**

- ☐ Employment
- ☐ Education/Training
- ☐ Independent Living
- ☐ Self-Determination
- ☐ Travel Skills

Source(s): _____ _____ _____ _____	Summary of Assessment Findings (including dates of administration): _____ _____ _____ _____
Current Level of Performance (as appropriate): _____ _____ _____	_____ _____ _____

A red, 3D-style sticker with the word "NEW!" in white, bold, sans-serif capital letters. The sticker has a thick red border and a slight shadow, giving it a popping effect. It is angled upwards and to the right.

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## Secondary Transition (PLAAFP)

**Source(s):** Student Interview, Other (Career and Life Explorer- 3rd ed, and teacher feedback.)

**Current Level of Performance** (as appropriate): 7th grade

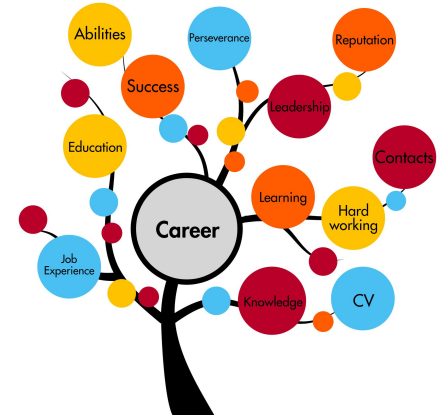
**Summary of Assessment Findings (including dates of administration):**  
Michael completed a student interview and the Career and Life Explorer-3rd edition, with Mr. King on October 11, 2022.

Michael says he wants to go to college and study to be a photographer. He specifically mentioned a 4 year college and also said he wanted to go to the University of Maryland.

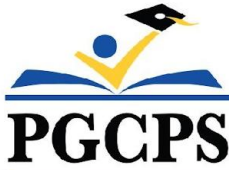
Michael views his strengths as being good at basketball, good at making friends, being persistent with a "don't give up attitude, being nice and knowing himself. He also reports he is good at reading and mental math.

***Teacher feedback:***

reports strengths in: completing assignments and advocating for himself when he needs breaks.







## II. Present Level of Academic Achievement And Functional Performance

<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b>		<b>II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</b>	
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**SECONDARY TRANSITION:**

- ☐ Employment
- ☐ Education/Training
- ☐ Independent Living
- ☐ Self-Determination
- ☐ Travel Skills

Source(s): **Source:** The O'Net Interest Profiler - January 16, 2022

Summary of Assessment Findings (including dates of administration):

Current Level of Performance (as appropriate):

### Current Level of Performance:

Highest score of:

- 7 - Conventional - likes work that follows set procedures and routines.
- 6 - Enterprising - likes work that has to do with starting up and carrying out business projects.
- 6 - Realistic - likes work that includes practical, hands-on problems and answers.

### Summary of Assessment Findings (including dates of administration):

This section will include an overview of all of the assessments that were given as well as the results.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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### SCHOOL AGED - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

What is the parental input regarding the student's educational program? (Including academic, functional, social/emotional, behavioral, and secondary transition)

Student does chores with reminders; Student has problems sleeping; etc.

**Parental Input**

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

Training Purposes Only

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

## **Section III - Special Considerations And Accommodations**



## III. Special Considerations And Accommodations

<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b> <small>MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)</small>		<b>III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS</b> <small>Page 12</small>
Name: _____	Agency: _____	IEP Team Meeting Date: / /
<b>SECONDARY TRANSITION:</b> To be completed annually beginning at age 14, or younger if determined appropriate.		
<b>STUDENT PREFERENCES, INTERESTS, AND SKILLS:</b> The postsecondary goal(s) are to be based on the student's preferences, interests, skills, and age appropriate transition assessment(s). Date of Annual Student Interview: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM/DD/YYYY) Summary of student's preferences, interests, and skills based on age appropriate transition assessment(s): _____ _____		
<b>POSTSECONDARY GOALS (Outcomes):</b> Postsecondary goal(s) are to be recorded here. One goal must be indicated for employment and one goal must be indicated for education and/or training.		
<b>EMPLOYMENT (required):</b> _____ _____ <i>Related IEP Goal(s) that will support this postsecondary Employment goal will populate from Annual IEP Goals section here.</i> <i>Secondary Transition Activities related to Employment, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i>		
<b>EDUCATION:</b> _____ _____ <i>Related IEP Goal(s) that will support this postsecondary Education goal will populate from Annual IEP Goals section here.</i> <i>Secondary Transition Activities related to Education, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i>		
<b>TRAINING:</b> _____ _____ <i>Related IEP Goal(s) that will support this postsecondary Training goal will populate from Annual IEP Goals section here.</i> <i>Secondary Transition Activities related to Training, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i>		
<b>INDEPENDENT LIVING (if appropriate):</b> _____ _____ <i>Related IEP Goal(s) that will support this postsecondary Independent Living goal will populate from Annual IEP Goals section here.</i> <i>Secondary Transition Activities related to Independent Living, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i>		

- Student Preferences, Interests & Skills
- Education
- Training
- Independent Living





# III. Special Considerations And Accommodations

## SECONDARY TRANSITION ACTIVITIES

### TRANSITION SERVICES/ACTIVITIES:

Transition services are a coordinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's progression from school to postsecondary activities.

**ACTIVITY TYPE:** ☐ EMPLOYMENT ☐ ACADEMIC ☐ ACTIVITIES OF DAILY LIVING ☐ INDEPENDENT LIVING ☐ TRANSPORTATION

Responsible Party: \_\_\_\_\_

Identify the postsecondary goal that this activity supports (Services/Activities added here will populate in the IEP below the corresponding postsecondary goal):

☐ Employment ☐ Education ☐ Training ☐ Independent Living

### IEP Planning for Emergency Conditions:

Can this secondary transition activity be implemented as written during emergency conditions resulting in the physical closure of school for 10 or more days?

☐ YES ☐ NO If no, describe the changes needed to this secondary transition activity: \_\_\_\_\_

Progress Report 1 Date _____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student's Schedule <input type="radio"/> Other: _____) <b>Employment Activity Involved (for EMPLOYMENT activities only):</b> <input type="radio"/> Career Exploration <input type="radio"/> Unpaid Work Experience <input type="radio"/> Paid Work Experience Description of Progress: _____
Progress Report 2 Date _____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student's Schedule <input type="radio"/> Other: _____) <b>Employment Activity Involved (for EMPLOYMENT activities only):</b> <input type="radio"/> Career Exploration <input type="radio"/> Unpaid Work Experience <input type="radio"/> Paid Work Experience Description of Progress: _____
Progress Report 3 Date _____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student's Schedule <input type="radio"/> Other: _____) <b>Employment Activity Involved (for EMPLOYMENT activities only):</b> <input type="radio"/> Career Exploration <input type="radio"/> Unpaid Work Experience <input type="radio"/> Paid Work Experience Description of Progress: _____
Progress Report 4 Date _____	Progress: <input type="radio"/> Completed <input type="radio"/> Partially Completed <input type="radio"/> Not Yet Initiated <input type="radio"/> Not Completed (Reason: <input type="radio"/> Family Choice <input type="radio"/> Student Choice <input type="radio"/> Student's Schedule <input type="radio"/> Other: _____) <b>Employment Activity Involved (for EMPLOYMENT activities only):</b> <input type="radio"/> Career Exploration <input type="radio"/> Unpaid Work Experience <input type="radio"/> Paid Work Experience Description of Progress: _____

# III. Special Considerations And Accommodations

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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## III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

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### SECONDARY TRANSITION/COURSE OF STUDY

#### COURSE OF STUDY:

The student is enrolled in courses that will prepare for a career or postsecondary education in the career cluster selected below.

- |   |  |  |
|---|--|--|
| <input type="radio"/> Arts, Media, and Communications             | <input type="radio"/> Business Management and Finance                    | <input type="radio"/> Construction and Development               |
| <input type="radio"/> Consumer Services, Hospitality, and Tourism | <input type="radio"/> Environmental, Agricultural, and Natural Resources | <input type="radio"/> Health and Biosciences                     |
| <input type="radio"/> Human Resources Services                    | <input type="radio"/> Information Technology                             | <input type="radio"/> Manufacturing, Engineering, and Technology |
| <input type="radio"/> Transportation Technologies                 |  |  |

Discussion to support decision: \_\_\_\_\_

List the courses the student is taking that align with their Postsecondary Goals: \_\_\_\_\_

**Course of Study:** that prepare for career or postsecondary education

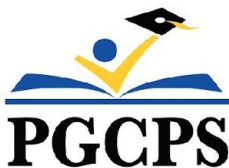
**Discussion to support decision:** e.g: student shows an interest in...

**List the course the student is taking that align with their Postsecondary Goals:**



# III. Special Considerations And Accommodations

<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b> <small>MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)</small>		<b>III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS</b> <small>Page 12</small>
Name: _____	Agency: _____	IEP Team Meeting Date: / /
<div style="border: 1px solid black; padding: 10px;"> <p><b>SECONDARY TRANSITION:</b> To be completed annually beginning at age 14, or younger if determined appropriate.</p> <p><b>STUDENT PREFERENCES, INTERESTS, AND SKILLS:</b>            The postsecondary goal(s) are to be based on the student's <b>preferences, interests, skills</b>, and age appropriate transition assessment(s).            Date of Annual Student Interview: <input type="text"/>-<input type="text"/>-<input type="text"/> (MM-DD-YYYY)  <b>Summary</b> of student's <b>preferences, interests, and skills based on</b> age appropriate transition assessment(s): _____</p> <p><b>POSTSECONDARY GOALS (Outcomes):</b>            Postsecondary goal(s) are to be recorded here. <b>One goal must be indicated for employment and one goal must be indicated for education and/or training.</b></p> <p><b>EMPLOYMENT</b> (required): _____</p> <p style="margin-left: 40px;"><i>Related IEP Goal(s) that will support this postsecondary Employment goal will populate from Annual IEP Goals section here.</i>  <i>Secondary Transition Activities related to Employment, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i></p> <p><b>EDUCATION:</b> _____</p> <p style="margin-left: 40px;"><i>Related IEP Goal(s) that will support this postsecondary Education goal will populate from Annual IEP Goals section here.</i>  <i>Secondary Transition Activities related to Education, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i></p> <p><b>TRAINING:</b> _____</p> <p style="margin-left: 40px;"><i>Related IEP Goal(s) that will support this postsecondary Training goal will populate from Annual IEP Goals section here.</i>  <i>Secondary Transition Activities related to Training, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i></p> <p><b>INDEPENDENT LIVING</b> (if appropriate): _____</p> <p style="margin-left: 40px;"><i>Related IEP Goal(s) that will support this postsecondary Independent Living goal will populate from Annual IEP Goals section here.</i>  <i>Secondary Transition Activities related to Independent Living, Responsible Party, IEP Planning for Emergency Conditions, and Progress will populate here.</i></p> </div>		



# III. Special Considerations And Accommodations

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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### COMMUNICATION (required)

Does the student have special communication needs? ☐ YES ☐ NO

(If yes, describe the specific needs.) \_\_\_\_\_

### ASSISTIVE TECHNOLOGY (AT) (required)

Consider AT device(s) and service(s) that are needed to increase, maintain or improve functional capabilities of a student with a disability.

Decision(s):	Requires an AT device(s)	Requires an AT service(s)
<input type="radio"/> The student does not require AT device(s) or AT service(s).	No	No
<input type="radio"/> The student does not require AT device(s) but does require AT service(s).	No	Yes Additional data collection with trials is needed
<input type="radio"/> The student requires AT device(s) and requires AT service(s).	Yes	Yes Services may address the required device(s) or additional data collection with trials is needed
<input type="radio"/> The student requires AT device(s) but does not require AT service(s).	Yes	No

Document basis for decision(s) on AT device(s) including description of device(s): \_\_\_\_\_

Document basis for decision(s) on AT service(s) including implementation of trials: \_\_\_\_\_

### SERVICE FOR STUDENTS WHO ARE BLIND OR VISUALLY IMPAIRED

Is the student blind or visually impaired? ☐ YES ☐ NO

In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the student's reading and writing media that instruction in Braille is not appropriate for the student.

Braille Evaluation date: -- (MM-DD-YYYY)

Is instruction in Braille appropriate? ☐ YES ☐ NO

In the case of a student who is blind or visually impaired, provide for instruction in Orientation and Mobility (O&M) unless the IEP Team determines, after an assessment of the student's current and future travel needs, that instruction in O&M is not appropriate for the student.

O&M Evaluation date: -- (MM-DD-YYYY)

Is instruction in O&M appropriate? ☐ YES ☐ NO

Document basis for decision(s): \_\_\_\_\_

Were parents provided information regarding Maryland School for the Blind? ☐ YES ☐ NO

# III. Special Considerations And Accommodations

INDIVIDUALIZED EDUCATION PROGRAM (IEP)		III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS
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Name: _____	Agency: _____	IEP Team Meeting Date: ____/____/____
<b>SERVICE FOR STUDENTS WHO ARE DEAF OR HEARING IMPAIRED</b>		
Is the student deaf or hearing impaired? <input type="radio"/> YES <input type="radio"/> NO In the case of a student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communications, academic level, and full range of needs, including direct instruction in the student's language and communication mode. Document basis for decision(s): _____		
Were parents provided information regarding Maryland School for the Deaf? <input type="radio"/> YES <input type="radio"/> NO		
<b>BEHAVIORAL INTERVENTION</b>		
In the case of a student whose behavior impedes the student's learning or that of others, consider the use of positive behavioral interventions to address that behavior.		
<input type="radio"/> Functional Behavioral Assessment (FBA)    Assessment date: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> Behavioral Intervention Plan (BIP)    Date of Current BIP: <input type="text"/> - <input type="text"/> - <input type="text"/>		
<b>Restraint</b>		
Is the IEP team considering the use of physical restraint as a part of the student's IEP and/or BIP? <input type="radio"/> YES <input type="radio"/> NO Has the IEP team reviewed available data to identify any contraindications to the use of physical restraint based on the student's medical history or past trauma, including consultation with medical or mental health professionals as appropriate? _____		
Identify less intrusive, nonphysical interventions that will be used to respond to the student's behavior until physical restraint is used in an emergency situation. _____		
Is the school-based IEP team recommending the inclusion of physical restraint in the student's IEP and/or BIP? <input type="radio"/> YES <input type="radio"/> NO Does the parent consent to the use of restraint as a part of the student's IEP and/or BIP? <input type="radio"/> YES - Date of written consent: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> NO - Date of written refusal: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> No response received within 15 business days of the IEP team meeting date		
<b>Seclusion - A public agency may not use seclusion as a behavioral health intervention for a student (citation).</b>		
Is the IEP team considering the use of seclusion as a part of the student's IEP and/or BIP? <input type="radio"/> YES <input type="radio"/> NO Has the IEP team reviewed available data to identify any contraindications to the use of seclusion based on the student's medical history or past trauma, including consultation with medical or mental health professionals as appropriate? _____		
Identify less intrusive, nonphysical interventions that will be used to respond to the student's behavior until seclusion is used in an emergency situation. _____		
Is the school-based IEP team recommending the inclusion of seclusion in the student's IEP and/or BIP? <input type="radio"/> YES <input type="radio"/> NO Does the parent consent to the use of seclusion as a part of the student's IEP and/or BIP? <input type="radio"/> YES - Date of written consent: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> NO - Date of written refusal: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> No response received within 15 business days of the IEP team meeting date		

**Functional Behavioral Assessment and BIP Dates**

**Seclusion and Restraint**



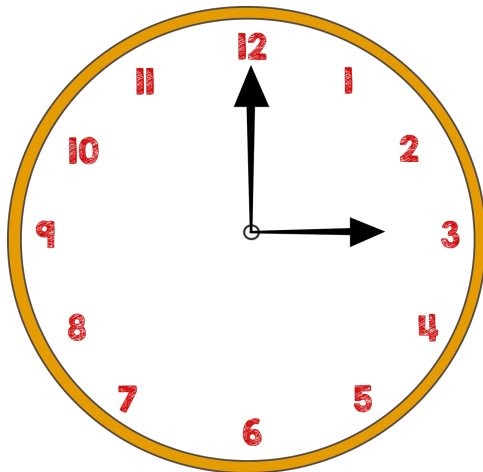
## PGCPS Instructional and Testing Accommodations

- 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, not **what** a student learns.





- Small Group
- Text to Speech
- Human Reader
- Extended Time



# III. Special Considerations And Accommodations

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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### INSTRUCTIONAL AND ASSESSMENT ACCESSIBILITY FEATURES

**ACCESSIBILITY FEATURES FOR ALL STUDENTS (Must be identified in advance and documented in the student's Student Registration/Personal Needs Profile [SR/PNP]) Accessibility features MUST be used in instruction to provide adequate time and fairness for the student to be familiar with the tools/devices.**

	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	ELA and Mathematics DLM	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
1a: Answer Masking	yes	yes	yes	yes	yes	yes	yes				yes
1d: Color Contrast (Background/Font Color)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1q: Student Reads Content Aloud to Him/Herself	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1r: Text to Speech for the Mathematics, Science, and Government Assessments (A student's SR/PNP for mathematics may specify text only or text and graphics inclusion orders. Text only inclusion order provides selected sections.)	yes	yes*	yes*	yes*	yes*	yes	yes				yes
1s: Human Reader or Human Signer for the Mathematics, Science, and Government Assessments (entire text or selected sections)	yes	yes*	yes*	yes*	yes*	yes	yes				yes
2a: Small group	yes	yes	yes	yes	yes						
2b: Time of day	yes	yes	yes	yes	yes						
2c: Separate or alternate location	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2d: Specified area or setting	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2e: Adaptive or specialized equipment or furniture	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2f: Frequent breaks	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2g: Reduce distractions to self	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2h: Reduce distractions to others	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2i: Change location within school	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2j: Change location outside school	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2k: Unique accessibility feature	yes	*	*	*	*	*	*	*	*	*	*

**Small Group**

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

\* Consult assessment specific guidelines for detailed information.

Document basis for decision:

# III. Special Considerations And Accommodations

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

Page 2.3

Name:

Agency:

IEP Team Meeting Date: / /

### INSTRUCTIONAL AND ASSESSMENT ACCOMMODATIONS

#### TIMING ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

(Intended for students with disabilities who have the accommodation documented in an approved IEP or 504 Plan prior to the date of test administration; and who use the accommodation routinely (with rare exceptions) during instruction and locally administered assessments, both before and after the test is administered.)

5a: Extended Time ☐ 1.5x ☐ 2x ☐ Other: \_\_\_\_\_

5b: Unique timing and scheduling accommodations

**Extended Time**

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

\* Consult assessment specific guidelines for detailed information.

Document basis for decision:

IEP Planning for Emergency Conditions:

Can instructional and assessment accommodations be implemented as written during emergency conditions resulting in the physical closure of school for 10 or more days?

☐ YES ☐ NO If no, describe the changes needed to existing instructional and assessment accommodations: \_\_\_\_\_

☐ Instructional and testing accommodations were considered and no instructional and testing accommodations are required at this time.

Document basis for decision: \_\_\_\_\_





- 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?

\*How to increase access to general education curriculum

### **III. Special Considerations And Accommodations**

---

#### **Program Modifications**

- Altered/modified assignments
- Chunking of text(s)
- Use pictures to support reading passages, whenever possible
- Reduce number of answer choices

#### **Social/Behavioral Supports**

- Adult support
- Check for understanding
- Frequent reminder of rules
- Home-school communication system



### **III. Special Considerations And Accommodations**

---

#### **Physical/Environmental Support(s)**

- Access to elevator
- Preferential seating
- Picture schedule
- Allow extra time for movement between classes

#### **School Personnel/Parental Support(s)**

- AT consult
- Occupational therapist consult
- Vision consult

# III. Special Considerations And Accommodations

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

## III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Page 2-4

Name:

Agency:

IEP Team Meeting Date: / /

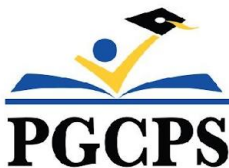
### SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATIONS AND SUPPORTS

#### ☐ Instructional Support(s)

Nature of Service	Frequency	Begin Date	End Date	Provider(s) ② = Primary, ○ = Other
<input type="radio"/> Allow use of highlighters during instruction and assignments <input checked="" type="radio"/> Allow use of manipulatives <input type="radio"/> Allow use of organizational aids <input type="radio"/> Check for understanding <input type="radio"/> Frequent and/or immediate feedback <input type="radio"/> Have student repeat and/or paraphrase information <input type="radio"/> Limit amount to be copied from board <input type="radio"/> Monitor Independent work <input type="radio"/> Paraphrase questions & instruction <input type="radio"/> Peer tutoring/paired work arrangement <input type="radio"/> Picture schedule <input type="radio"/> Provide alternative ways for students to demonstrate learning <input type="radio"/> Provide assistance w/ organization <input type="radio"/> Provide home sets of textbooks/materials <input type="radio"/> Provide proofreading checklist <input type="radio"/> Provide student w/ copy of student/teacher notes <input type="radio"/> Repetition of directions <input type="radio"/> Use of word bank to reinforce vocabulary and/or when extended writing is required <input type="radio"/> Other:	Anticipated Frequency <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Periodically <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Other:	MM-DD-YYYY	MM-DD-YYYY  Duration _____ weeks	<input checked="" type="radio"/> Orientation & Mobility Specialist <input type="radio"/> Speech/Language Pathologist <input type="radio"/> Teacher of the Deaf and Hard of Hearing <input type="radio"/> Teacher of the Visually Impaired <input type="radio"/> Occupational Therapist <input type="radio"/> Pupil Personnel Worker <input type="radio"/> Physical Education Teacher <input type="radio"/> Rehabilitation Services Staff <input checked="" type="radio"/> General Education Teacher <input type="radio"/> Career & Technology Teacher <input type="radio"/> Department of Social Services (DSS) <input type="radio"/> Behavioral Health Administration (BHA) <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"/> Nurse <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"/> School Counselor <input type="radio"/> School Social Worker <input type="radio"/> Recreational Therapist <input type="radio"/> Occupational Therapy Assistant <input type="radio"/> Physical Therapy Assistant <input type="radio"/> Speech/Language Assistant <input type="radio"/> Therapeutic Behavioral Aide

Clarify location and manner:

**Nature of the Service:** Use of Manipulatives  
**Frequency:** Other (during math assignments)  
**Begin/End Dates:** MM.DD.YYYY  
**Provider(s):** Special Education Classroom Teacher



### III. Special Considerations And Accommodations

#### INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

#### III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Page 29

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

IEP Team Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### EXTENDED SCHOOL YEAR (ESY)

The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year, if the student does not receive ESY services. ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP, at no cost to the parents.

☐ ESY Decision Deferred

When considering ESY, answer YES or NO and document the decision:

1. Does the student's IEP include annual goals related to critical life skills? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

1a. Is there a likely chance of **substantial regression of critical life skills** caused by the normal school break and a failure to recover those lost skills in a reasonable time? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

1b. Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

2. Is there a presence of emerging skills or breakthrough opportunities? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

3. Are there significant interfering behaviors? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

4. Does the nature and severity of the disability warrant ESY? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

5. Are there other special circumstances that require ESY? ☐ YES ☐ NO

Discussion to support decision: \_\_\_\_\_

After considering all of the above questions, will the benefits that the student receives from his/her educational program during the regular school year be significantly jeopardized if the student is not provided ESY? ☐ YES, student is eligible for ESY service.

☐ NO, student is not eligible for ESY service.

Document basis for decision(s): \_\_\_\_\_

## Section IV- Goals





- 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's College and Career-Ready Standards**





## IV. Goals

INDIVIDUALIZED EDUCATION PROGRAM (IEP)		IV. GOALS
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)		Page 30
Name: _____ Agency: _____ IEP Team Meeting Date: ____/____/____		
<b>GOAL</b> _____		<b>Does this goal support a Postsecondary Transition Goal?</b> If so, identify: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Independent Living
Goal (include Conditions, Behavior, Timeframe, Method of Measurement, and Criteria): _____		<b>Goal</b>
Timeframe: by ____-____-____ (MM-DD-YYYY)		
Method of Measurement (Select all that apply): <input type="checkbox"/> INFORMAL PROCEDURES - (Tool/Method Used) _____ <input type="checkbox"/> CLASSROOM-BASED ASSESSMENT - (Tool/Method Used) _____		
<input type="checkbox"/> OBSERVATION RECORD <input type="checkbox"/> STANDARDIZED ASSESSMENT - (Tool/Method Used) _____ <input type="checkbox"/> PORTFOLIO ASSESSMENT <input type="checkbox"/> OTHER _____		
Criteria (Mastery and Retention): 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		
IEP Planning for Emergency Conditions: Can this goal be implemented as written during emergency conditions resulting in the physical closure of school for 10 or more days? <input type="radio"/> YES <input type="radio"/> NO If no, describe the changes needed to this goal: _____		
Objective 1 (include Conditions, Behavior, Timeframe, Method of Measurement, and Criteria): _____		<b>Objectives</b>
Objective 2 (include Conditions, Behavior, Timeframe, Method of Measurement, and Criteria): _____		
Objective 3 (include Conditions, Behavior, Timeframe, Method of Measurement, and Criteria): _____		
Objective 4 (include Conditions, Behavior, Timeframe, Method of Measurement, and Criteria): _____		
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"/> Newly introduced skill; progress not measurable at this time <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	
Progress Report 2 Date _____	Description of Progress: _____	
Progress Report 3 Date _____	Progress Code: <input type="radio"/> Achieved <input type="radio"/> Making sufficient progress to meet goal <input type="radio"/> Newly introduced skill; progress not measurable at this time <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	
Progress Report 4 Date _____	Description of Progress: _____	
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"/> END OF MARKING PERIOD <input type="checkbox"/> OTHER _____		

# Section V- 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



- 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



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## V. Services

### INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

### V. SERVICES

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Name: \_\_\_\_\_

Agency: \_\_\_\_\_

IEP Team Meeting Date: / /

#### SERVICES

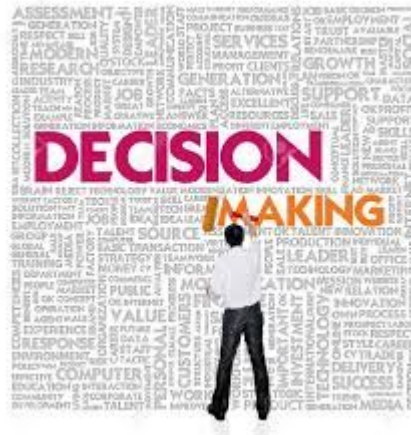
##### ☐ SPECIAL EDUCATION SERVICES

Service Nature	Location	Service Description			Begin Date	End Date	Provider(s) <input checked="" type="radio"/> = Primary, <input type="radio"/> = 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 _____ Hours _____ Minutes	Frequency <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Only once <input type="radio"/> Quarterly <input type="radio"/> Semi-annually	MM-DD YYYY	MM-DD YYYY Duration _____ weeks	<input checked="" type="radio"/> Orientation & Mobility Specialist <input checked="" type="radio"/> Speech/Language Pathologist <input checked="" type="radio"/> Teacher of the Deaf and Hard of Hearing <input type="radio"/> Teacher of the Visually Impaired <input type="radio"/> Occupational Therapist <input type="radio"/> Pupil Personnel Worker <input type="radio"/> Physical Education Teacher <input type="radio"/> Rehabilitation Services Staff <input type="radio"/> General Education Teacher <input type="radio"/> Career & Technology Teacher <input type="radio"/> Department of Social Services (DSS) <input type="radio"/> Behavioral Health Administration (BHA) <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"/> School Counselor <input type="radio"/> School Social Worker <input type="radio"/> Recreational Therapist <input type="radio"/> Occupational Therapy Assistant <input type="radio"/> Physical Therapy Assistant <input type="radio"/> Speech/Language Assistant <input type="radio"/> Therapeutic Behavioral Aide	Total service time: <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> yearly _____ Hrs. _____ Min.

- **Service Nature:** Classroom Instruction, Physical Education
- **Location:** In or outside of general education
- **Service Description:** (Number of Sessions, Length of Time, Frequency)
- **Begin/End Date:** (Duration in weeks)
- **Provider(s):** Primary or Other
- **Summary of Services:** Weekly, Monthly, Yearly (hrs./mins)



## Section VI. Placement Data





## **PGCPS 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 as long as the IEP can be implemented***
- Placement decisions are based upon the unique needs of the student and made by the IEP team.



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## VI. Least Restrictive Environment (LRE)

### INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2022)

### VI. PLACEMENT DATA

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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 regular early childhood program/general education environment, explain reasons why services cannot be provided in that setting with the use of supplementary aids and services: \_\_\_\_\_

Document basis for decision(s): \_\_\_\_\_

☐ Special education placement (Preschool Age 3-5):

- ☐ ATTENDING A REGULAR EARLY CHILDHOOD PROGRAM FOR AT LEAST 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RELATED SERVICES IN THAT SETTING
- ☐ ATTENDING A REGULAR EARLY CHILDHOOD PROGRAM FOR AT LEAST 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RELATED SERVICES IN SOME OTHER LOCATION
- ☐ ATTENDING A REGULAR EARLY CHILDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RELATED SERVICES IN THAT SETTING
- ☐ ATTENDING A REGULAR EARLY CHILDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RELATED SERVICES IN SOME OTHER LOCATION
- ☐ SERVICE PROVIDER LOCATION
- ☐ SEPARATE CLASS
- ☐ PRIVATE SEPARATE DAY SCHOOL
- ☐ PRIVATE RESIDENTIAL FACILITY
- ☐ HOME
- ☐ PUBLIC SEPARATE DAY SCHOOL
- ☐ PUBLIC RESIDENTIAL FACILITY

☐ Special education placement (School Age K-21):

{ 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 }

Average \_\_\_\_ %/day

- ☐ INSIDE GENERAL EDUCATION (80% or more)
- ☐ PUBLIC SEPARATE DAY SCHOOL
- ☐ PRIVATE RESIDENTIAL FACILITY
- ☐ PARENTALLY PLACED IN PRIVATE SCHOOL
- ☐ INSIDE GENERAL EDUCATION (40% - 79%)
- ☐ PRIVATE SEPARATE DAY SCHOOL
- ☐ HOMEBOUND/HOSPITAL
- ☐ CORRECTIONAL FACILITIES
- ☐ INSIDE GENERAL EDUCATION (less than 40%)
- ☐ PUBLIC RESIDENTIAL FACILITY

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

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): \_\_\_\_\_

Consideration of Transportation Needs: Is the Related Service Transportation needed based on the unique needs of the student or to allow student access to special education services? ☐ YES ☐ NO

If yes, consider:

Is specialized equipment needed to assist the student during transportation? ☐ YES ☐ NO If yes, explain: \_\_\_\_\_

Are personnel needed to accommodate the student during transportation? ☐ YES ☐ NO If yes, list type(s) of personnel: \_\_\_\_\_

Are other supports needed to assist the student during transportation? ☐ YES ☐ NO If yes, explain: \_\_\_\_\_

Discussion of consideration of age and disability, time and distance involved in travel, and unique needs of the student in determining need for the Related Service Transportation: \_\_\_\_\_

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.
- ☐ (4) Eligible public school student with a disability not receiving services due to parent refusal of initial services.
- ☐ (6) Eligible student with a disability prior to age 3. Parent Consent-Continue Early Intervention Services through an IFSP.

# Remember

**FAIR ISN'T**  
everybody getting the  
same thing.....

**FAIR IS**  
everybody getting  
what they need  
In order to be  
**SUCCESSFUL.**

# Resources





## U.S. Department of Education Resource:

U.S. Department of Education [Contacts](#)



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## IDEA-Related Acronyms, Abbreviations, and Terms



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-  U.S. Department of Education
-  Office of Special Education and Rehabilitative Services (OSERS)
-  Office of Special Education Programs (OSEP)



## Center for Parent Information & Resources: (Disability definitions)

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### Categories of Disability Under Part B of IDEA

Current and accurate as of January 2022  
[In Spanish](#) | [En español](#)

The nation's special education law is called the Individuals with Disabilities Education Act, or IDEA. As part of making special education and related services available to children with disabilities in the public schools, Part B of IDEA defines the term "child with a disability." That definition includes specific disability terms, which are also defined by IDEA, as this webpage describes.

The IDEA's disability terms and definitions guide how States in their own turn define disability and who is eligible for a free appropriate public education under special education law. The definitions of these specific disability terms from the IDEA regulations are shown beneath each term listed below. Note, in order to fully meet the definition (and eligibility for special education and related services) as a "child with a disability," a child's educational performance must be [adversely affected](#) due to the disability.



# MSDE Parent Survey



Please complete  
your paper  
survey or fill it  
out online  
today! We want  
to hear from  
you!

To learn more, please visit  
<https://www.mdparentsurvey.com>



# Local Resources

**PGCPS**



[PGCPS Family Support Center](#)



[The Arc of Prince George's  
County](#)



[Prince George's County  
National Alliance on Mental  
Health](#)



[Prince George's County  
chapter of CHADD](#)



# State Resources

**PGCPS**



[Maryland State Department of  
Education Family Support  
Services](#)



[Parent's Place of Maryland](#)



[Maryland Coalition of Families](#)



[Pathfinders for Autism](#)





# National Resources

**PGCPS**



[LD Online](#)



[Children and Adults with  
Attention-Deficit/Hyperactivity  
Disorder](#)



[International Dyslexia  
Association](#)



**PGCPS**

## **Contact Us:**

- Karen Andrews, Coordinating Supervisor
- Beth H. Diaite, Instructional Specialist
- Marsie Torchon, Program Coordinator-ESY/Family Engagement
- Yvette Young, LCSW-C, Social Worker

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