

GUIDELINES

Nevada Department of Education INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

August 2010

This technical assistance document is designed to assist IEP teams in developing IEPs. It provides guidance for decision-making and explains technical requirements for completing forms. It provides specific instructions for completing the forms. Each section of the IEP is explained in order, section by section, page by page.

1. While the terms "general" and "regular" may seem synonymous, both terms are used in state and federal special education regulations. In this document, "regular" is used to describe teachers, environments, classes, and classrooms. The term "general" is used to describe curriculum.
2. The Nevada Department of Education publishes an annual form to record IEP team decisions regarding statewide testing accommodations. The form is published in the Guidelines for the Nevada Proficiency Examination Program. Because the accommodations are subject to change each school year, the district must replace these forms as necessary.
3. Although the term "school district" is used throughout this document, the requirements pertain to school districts, public agencies, and state-sponsored charter schools.
4. A copy of each IEP must be provided to parents at no cost. (34 CFR §300.322(f))

REFERENCES

Chicago Public Schools, Office of Specialized Services. 1998. IEP Workbook: From Evaluation through Implementation.

Individuals with Disabilities Education Act (IDEA), including 2004 Reauthorization (20 USC §§1400 et seq.)

Congressional Committee Report, HR-5, 1997

Regulations, 34 CFR Part 300 (as of October 2006)

Appendix A to Part 300 (March 1999)

Attachment 1--Analysis of Comments and Changes (March 1999, October 2006)

Nevada Administrative Code, Chapter 388, 389

Nevada Department of Education. Annual publication. Guidelines for the Nevada Proficiency Examination Program.

Storms, Jane, Lizanne De Stefano, and Ed O'Leary. 1996. Individuals with Disabilities Education Act: Transition Requirements. National Clearinghouse of Rehabilitation Training Materials, Oklahoma State University.

IEP PAGE 1

| INFORMATION | | |
|---|---|---|
| <p>STUDENT/PARENT INFORMATION</p> <p>Student _____ Sex _____</p> <p>Birthdate _____ Grade _____ Student ID # _____</p> <p>Student Primary Language _____</p> <p>Student English Proficiency Code (optional) _____</p> <p>Address _____</p> <p>Student Phone _____</p> <p>Parent/Guardian/Surrogate _____</p> <p>Parent Phone (Home) _____ (Work) _____</p> <p>Optional: Cell _____ Email _____</p> <p>Primary Language Spoken at Home _____</p> <p>Interpreter or Other Accommodations Needed _____</p> <p>Emergency Contact/Phone Number _____</p> <p>Current School _____ Zoned School _____</p> | <p>ELIGIBILITY CATEGORY</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Deaf/Blind</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Emotional Disturbance</p> <p><input type="checkbox"/> Health Impairment</p> <p><input type="checkbox"/> Hearing Impairment/Deaf</p> <p><input type="checkbox"/> Mental Retardation</p> <p><input type="checkbox"/> Multiple Impairment</p> <p><input type="checkbox"/> Orthopedic Impairment</p> <p><input type="checkbox"/> Specific Learning Disability</p> <p><input type="checkbox"/> Speech/Language Impairment</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Visual Impairment/Blind</p> <p>ELIGIBILITY DATE _____</p> <p>ANTICIPATED 3-YR REEVALUATION _____</p> | <p>MEETING INFORMATION</p> <p>DATE OF MEETING _____</p> <p>DATE OF LAST IEP MEETING _____</p> <p>PURPOSE OF MEETING</p> <p><input type="checkbox"/> Interim IEP</p> <p><input type="checkbox"/> Initial IEP</p> <p><input type="checkbox"/> Annual IEP</p> <p><input type="checkbox"/> IEP Following 3-Yr Reevaluation</p> <p><input type="checkbox"/> Revision To IEP Dated _____</p> <p><input type="checkbox"/> Exit/Graduation</p> <p><input type="checkbox"/> IEP Revision Without A Meeting: At the request of : <input type="checkbox"/> Parent or <input type="checkbox"/> School District</p> <p><input type="checkbox"/> Other _____</p> <p>IEP SERVICES WILL BEGIN _____</p> <p>ANTICIPATED DURATION OF SERVICES _____</p> <p>IEP REVIEW DATE _____</p> <p>COMMENTS _____</p> |

INFORMATION

STUDENT/PARENT INFORMATION

- a. Complete the identifying information in this column.
- b. **Interpreter or Other Accommodations Needed** refers to any special arrangements needed for the parent or student to participate in the IEP meeting. If the parent or student requires an interpreter or other accommodations to participate in the meeting, note the arrangements that were made. Write N/A if no accommodations were needed.

ELIGIBILITY CATEGORY

- a. Check the **ELIGIBILITY CATEGORY** that corresponds to the student's disability as determined by the Eligibility Team.
- b. Record the **ELIGIBILITY DATE** of the most recent eligibility determination (month/day/year).
- c. Project the **ANTICIPATED 3-YR REEVALUATION** three years from the most recent eligibility determination (month/day/year).

MEETING INFORMATION

- a. Record the **DATE OF THE MEETING**.
- b. Record the **DATE OF LAST IEP MEETING** that was conducted as an annual review.
- c. Indicate the **PURPOSE OF MEETING** by checking the appropriate box. The purpose for the meeting should correspond to the purpose set forth in the written notice of the IEP meeting.
- d. Enter the date that **IEP SERVICES WILL BEGIN** (month/day/year).
- e. Enter the date which corresponds to the **ANTICIPATED DURATION OF SERVICES** (the expected length of time this IEP will be in effect).
- f. Enter the **IEP REVIEW DATE**. This date must be projected to be no more than one year from the date of this IEP meeting (month/day/year).

IEP PAGE 1 (continued)

- g. If the IEP is being **REVISED WITHOUT AN IEP MEETING** (§300.324(a)(4)), check the appropriate box and indicate whether the revision without an IEP meeting was requested by the parent or the school district.
- h. Use the **COMMENTS** to note any additional important information, e.g., that the meeting was conducted via telephone, that the meeting is being held in response to a parental request, or that the parent is not in attendance. If this page is completed in conjunction with an IEP revision, comments should reflect that unrevised content in the student's previous IEP (specify date) remain in effect.

| IEP PARTICIPATION | |
|--|--|
| Parent/Guardian/Surrogate* _____ | Speech/Language Therapist/Pathologist/Specialist _____ |
| Student** _____ | School Nurse _____ |
| LEA Representative* _____ | Interpreter _____ |
| Special Education Teacher* _____ | Other (name and role) _____ |
| Regular Education Teacher*** _____ | Other (name and role) _____ |
| School Psychologist _____ | Other (name and role) _____ |
| *Required participant. | |
| ** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate). | |
| ***The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment). | |

IEP PARTICIPATION

- a. Consider the requirements for IEP participation when arranging and providing written notice of the meeting. (§300.321)¹
- b. Indicate the individuals who participated in the meeting and applicable explanatory notes (e.g., parent participated by telephone). Write legibly.
- c. **ATTENDANCE NOT NECESSARY:** If the parent and the district agree that a required member's attendance is not necessary at an IEP meeting (§300.321(e)(1)), the phrase "attendance not necessary" should be entered on the applicable participant line with a note describing where in the folder the parent's written agreement is located.
- d. **EXCUSAL:** If the parent and district agree, and if the parent consents in writing, that a required member may be excused from attending an IEP meeting (§300.321(e)(2)), the phrase "excused" should be entered on the applicable participant line with a note describing in the folder where the parent's written consent is located.
- e. **IEP REVISION WITHOUT IEP MEETING:** If the IEP is being revised without an IEP meeting (§300.324(a)(4)), indicate the individuals who participated in developing the revision.

¹ All references to §300, Appendix A, and Attachment 1 are to content in the IDEA regulations at 34 CFR Part 300.

IEP PAGE 1 (continued)

PROCEDURAL SAFEGUARDS

I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.

Parent Signature _____

AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18.

Not applicable. Student will not be 18 within one year, and the student's next annual IEP meeting will occur no later than the student's 17th birthday.

The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.

PROCEDURAL SAFEGUARDS

- a. A copy of the procedural safeguards must be provided to the parent at least once per year. (§300.504(a)) However, during the IEP meeting these rights should be explained to the parent. After the parental rights have been explained, ask the parent to check the **first box** and sign the form.
- b. Check the appropriate box to indicate whether the student has been informed of the transfer of rights that will occur at age 18. (§300.320(c)) This process must occur at least one year prior to the student's 18th birthday. Consequently, if the student is 16 at the time an IEP is being developed, and there is no expectation that another IEP meeting will be held prior to the student turning 17, the rights transfer must be discussed when the student is 16; otherwise, it will not be discussed at least one year prior to reaching age 18.

IEP PAGE 2

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Consider results of the initial evaluation or most recent reevaluation, and the academic, developmental, and functional needs of the student, which may include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate. For students who are 16 or older, or will turn 16 when this IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

| ASSESSMENTS CONDUCTED | ASSESSMENT RESULTS | EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES |
|-----------------------|--------------------|--|
| | | |

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Write the student's **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in the space provided. (§300.320(a)(1)) Functional performance generally refers to a student's ability to function in real-world environments. This information serves as the foundation for the development of the goals and objectives in the IEP. Data should be collected in a variety of areas (refer to the areas listed on the form), from a variety of sources. Federal law requires the IEP team to consider relevant results of the initial evaluation or most recent evaluation of the student and the academic, developmental, and functional needs of the student. For students who are 16 or older, or who will turn 16 when the IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

ASSESSMENTS CONDUCTED

Write the name of the assessments that provide pertinent information for the development of the IEP. This may include formal or informal methods, norm- or criterion-referenced tests, classroom observations, student work samples, teacher-made or other achievement tests, recent evaluations, behavior rating scales, performance data from regular education teachers, parental input, etc.

ASSESSMENT RESULTS

Describe the assessment results corresponding to the assessments conducted. Build a profile of the student's current abilities.

EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN THE GENERAL CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

Describe how the student's disability affects his or her involvement and progress in the general curriculum. For early childhood students, focus on the student's involvement in appropriate developmental activities. Information recorded here should relate to the assessment results. In describing the student's current and anticipated level of participation in the general curriculum, consider the following:

- a. If the student is currently participating in regular education classes, the regular education teacher(s) must be consulted regarding the student's performance relative to the classroom expectations. The regular education teacher(s) should share information regarding the accommodations, modifications, or supports that are currently being provided or might be required in order for the student to participate meaningfully in the general curriculum.
- b. If instruction in the general curriculum is being provided in a resource or self-contained setting, regular education teachers should be consulted regarding curriculum content and achievement level expectations.
- c. If the student has not participated in the general curriculum due to the nature and severity of his or her disability, information about the student's performance in applied academics, functional academics, vocational skills training, and other alternative programs will also be useful to the team.

IEP PAGE 3

This page is a continuation of the **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**. Continue to discuss and record data regarding the student's academic and functional performance in order to develop appropriate goals and objectives. This information may be collected before the IEP meeting or solicited from the participants during the meeting.

STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES

STATEMENT OF STUDENT STRENGTHS

STATEMENT OF PARENT EDUCATIONAL CONCERNS

STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS *(required if transition services will be discussed, beginning at age 14 or younger if appropriate)*

If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:

STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES

STATEMENT OF STUDENT STRENGTHS (§300.324(a)(i))

Formulate a statement of student strengths to capture key information that can be utilized in developing goals and objectives. A student's strengths are revealed through assessments, observations, and other data; strengths are also revealed through input from parents, teachers, and others who have worked with the student. Input from the student is also important in reflecting strengths.

STATEMENT OF PARENT EDUCATIONAL CONCERNS (§300.324(a)(ii))

Complete the statement to reflect the parents' concerns as they relate to the student's educational success. This information should be taken into consideration when determining IEP services.

STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS (§300.321(b)(2))

Write a statement of student's preferences and interests if transition services are being discussed, beginning when the student is 14 or younger if appropriate. This information may be collected before the meeting or solicited from the student during the meeting. If transition will be discussed at the meeting, the student must be invited. (§300.321(b)(1)) Also, the written notice of the IEP meeting must specify that transition services will be discussed and that the student is being invited. (§300.322(b)(i))

IEP PAGE 3 (continued)

CONSIDERATION OF SPECIAL FACTORS

1. Does the student's behavior impede the student's learning or the learning of others? No action needed. Yes, addressed in IEP.
If YES, team must provide positive behavioral strategies, supports and interventions, or other strategies, supports and interventions to address that behavior.
2. Does the student have limited English proficiency? No action needed. Yes, addressed in IEP.
If YES, team must consider language needs of the student as those needs relate to the student's IEP.
3. Is the student blind or visually impaired? No action needed. Yes, addressed in IEP.
If YES, team must evaluate reading and writing needs and provide for instruction in Braille unless determined not appropriate for the student.
4. Is the student deaf or hard of hearing? No action needed. Yes, addressed in IEP.
If YES, team must consider communication needs.
5. Does the student require assistive technology devices and services? No action needed. Yes, addressed in IEP.
If YES, team must determine nature and extent of devices and services.

CONSIDERATION OF SPECIAL FACTORS (§300.324(a)(2); §300.324(b)(2))

Check **Yes** or **No action needed** to indicate the team's consideration of each of the five special factors in this section. Each of these factors may impact the development of a student's IEP. If the team chooses **Yes** for any of the factors, address this factor in the student's IEP. The team may address special factors in a variety of ways, including goals and objectives, behavior plans, supplementary aids and services, related services, accommodations, or modifications.

IEP PAGE 4

TRANSITION

DIPLOMA OPTION SELECTED FOR GRADUATION

(Diploma option must be declared at age 14 and reviewed annually.)

- | | |
|--|---|
| <input type="checkbox"/> Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed). | <input type="checkbox"/> Adjusted High School Diploma. Must complete IEP requirements. |
|--|---|

TRANSITION

DIPLOMA OPTION SELECTED FOR GRADUATION (NAC §389)

Check the box that reflects the IEP team's decision regarding the appropriate diploma option for the student. The team must select an option beginning at age 14 and review this choice annually.

STUDENT'S VISION FOR THE FUTURE

A short statement that directly quotes what the student wants for the future.

STUDENT'S VISION FOR THE FUTURE

Include the student's vision for the future--a short statement that directly quotes what the student wants for the future.

STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY

Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.

STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY (NAC §388.284.1(e))

Describe the anticipated course of study the student will be pursuing (such as participation in advanced placement courses or a vocational education program) that will promote movement to postsecondary goals. In completing this section, focus attention on how the student's educational program can be planned to help the student make a successful transition to his/her goals for life after secondary school. Consider the relationship of the course work selected to the student's preferences and interests [described in the vision statement and statement of measurable postsecondary goals] as well as present levels of academic achievement and functional performance. As indicated on the form the student's course of study is to be determined beginning at age 14 or younger if determined by the team.

IEP PAGE 4 (continued)

STATEMENT OF MEASURABLE POSTSECONDARY GOALS

Beginning not later than the first IEP to be in effect when the student is 16, describe measurable postsecondary goals in the following areas:

- Training/Education
- Employment
- Independent Living Skills (as appropriate)
- Other

STATEMENT OF MEASURABLE POSTSECONDARY GOALS (§300.320(b)(1))

- a. Measurable postsecondary goals must be written, at a minimum, for Training/Education and Employment.
- b. The descriptions reflect what the student wants to do after high school—the descriptions are measurable if the accomplishment of the postsecondary goal could be verified at some point in the future (e.g., whether or not a student obtained employment as an electrician).

IEP PAGE 5

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES

Beginning not later than the first IEP to be in effect when the student is 16, develop a statement of needed transition services, including strategies or activities, for the student

Instruction

Any Other Agency Involvement (Optional)

Related Services

Any Other Agency Involvement (Optional)

Community Experiences

Any Other Agency Involvement (Optional)

Employment and Other Post-School Adult Living Objectives

Any Other Agency Involvement (Optional)

Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)

Any Other Agency Involvement (Optional)

Other

Any Other Agency Involvement (Optional)

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES (§300.320(b)(2))

- a. Write a statement of transition strategies or activities to work toward the measurable postsecondary goals already identified. The statement must address each type of coordinated activity: instruction, related services, community experiences, the development of employment and other post-school adult living objectives; and, if appropriate, acquisition of daily living skills and a functional vocational evaluation.
- b. Develop measurable annual goals and benchmarks or short-term objectives in the IEP for each strategy or activity the district will provide.
- c. Consider the following information when completing this section:
 - (1) Instruction is the use of formal techniques to impart knowledge. It is typically provided in schools (e.g., regular education classes, academic instruction, tutoring arrangements, etc.). Instructional activities may be provided by various entities or in other locations (e.g., adult basic education, 2+2 programming, post-secondary schools).
 - (2) Community experiences are those services provided outside of the school building, in the community settings, or perhaps by schools or other agencies (e.g., community-based work experiences, job site training programs, banking, shopping, transportation, community counseling, recreational services, independent living centers, adult service providers, etc.).
 - (3) Employment and other post-school adult living objectives are services that lead to a job or career. The objectives may also include adult activities that are done infrequently, such as registering to vote, doing taxes, renting a home, accessing medical services, SSI, filing for insurance, etc. The school or other entities could provide these activities.
 - (4) Daily living skills are those activities adults do every day (e.g., preparing meals, budgeting, maintaining a home, paying bills, caring for clothes, personal grooming etc.). The school or other entities could provide these activities.
 - (5) Functional vocational evaluation is an assessment process that provides information about job or career interests, aptitudes and skills. It may be gathered through situational assessments, observations, or formal measures. It should be practical. Schools or other entities could provide these activities.

INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES

At the option of the IEP team, any other anticipated agency involvement may be noted.

IEP PAGE 6

| IEP GOALS, INCLUDING ACADEMIC AND FUNCTIONAL GOALS, AND BENCHMARKS OR SHORT-TERM OBJECTIVES | | | | | | | | | | | | |
|--|------|------|--|--|------|------|------|------|--|--|--|--|
| MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured) | | | REPORT OF PROGRESS 1. Satisfactory Progress Being Made (continue) 2. Unsatisfactory Progress Being Made (need to review/revise) 3. Goal Met (note date) | | | | | | | | | |
| <input type="checkbox"/> Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: <input type="checkbox"/> Training/Education <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Other | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Date</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Date | Date | Date | Date | | | | |
| Date | Date | Date | Date | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="checkbox"/> Check here if this goal will be addressed during Extended School Year Services (ESY) | | | | | | | | | | | | |
| BENCHMARK OR SHORT-TERM OBJECTIVE | | | | | | | | | | | | |
| # _____ | | | | | | | | | | | | |
| # _____ | | | | | | | | | | | | |

IEP GOALS AND BENCHMARKS OR SHORT TERM OBJECTIVES

MEASURABLE ANNUAL GOAL (§300.320(a)(2))

- a. Annual goals are developed for each area of need identified by the IEP team in the **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE; STRENGTHS, CONCERNS, INTERESTS, AND PREFERENCES**; and the **STATEMENT OF TRANSITION SERVICES**. There is a one-to-one correspondence between identified need, current performance level, and annual goal. Annual goals represent the IEP team's estimate of what the student can reasonably be expected to accomplish with specially designed instruction or support during the next 12 months. Annual goals reflect the IEP team's judgment, based on current levels of performance, potential for learning, and rate of development, regarding what the student should accomplish. The team answers the question, *"With specially designed instruction, what do we expect the student to do or know at the end of the next 12 months?"*
- b. Goal statements should have four parts:
 - (1) Direction of the behavior (e.g., increase, maintain, decrease);
 - (2) Area of needs (e.g., reading, social skills, communication);
 - (3) Level of attainment or success (e.g., to grade level, with 100% accuracy, or as appropriate for a typical six-year-old);
 - (4) How progress toward the annual goal will be measured.
- c. The measurable annual goals should relate to meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum and meeting each of the student's other educational needs that result from the student's disability. (Appendix A, Question 1)
- d. Beginning not later than the first IEP to be in effect when the student is 16, the IEP must include measurable goals that support the student's postsecondary goal(s) in the areas of training/education, employment, and (as appropriate) independent living skills. Check applicable boxes to indicate the areas addressed.
- e. If an IEP team determines that a student will receive Extended School Year (ESY) services, check applicable boxes to indicate the goal(s) that will be addressed during ESY.

IEP PAGE 6 (continued)

REPORT OF PROGRESS

If the decision under **METHOD FOR REPORTING PROGRESS** (next section of the IEP) is to use **IEP Goals Pages** to report on progress, these cells will be used to periodically report on the student's progress. On each occasion that progress toward annual goals is reported using these goal pages, write the **Date** in the **Date** box, and in the space below, write the number (1, 2, or 3) that corresponds to the descriptor for the student's progress at that point in time. Duplicate the goal page and provide it to parents on each occasion that progress is reported.

BENCHMARK OR SHORT-TERM OBJECTIVE (NAC §388.284.1(b))

Each annual goal must include either benchmarks or short-term objectives. The purpose of both is to enable a student's teachers, parents, and others involved in developing and implementing the IEP to gauge, at intermediate times during the year, how well the student is progressing toward achievement of the annual goal. An IEP team may use either short-term objectives or benchmarks or a combination of the two depending on the nature of the annual goals and the needs of the student. (Appendix A, Question 1)

- a. **BENCHMARK.** IEP teams may develop benchmarks, which can be thought of as describing the amount of progress the student is expected to make within specified segments of the year. Generally, benchmarks establish expected performance levels that allow for regular checks of progress that coincide with the reporting periods for informing parents of the student's progress toward achieving the annual goals.
- b. **SHORT-TERM OBJECTIVE.** Alternatively, IEP teams may develop short-term objectives that generally break the skills described in the annual goal down into discrete components.

IEP PAGE 7

| METHOD FOR REPORTING PROGRESS | |
|---|---|
| METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS (check all methods that will be used): <input type="checkbox"/> IEP Goals Pages <input type="checkbox"/> District Report Card <input type="checkbox"/> Specialized Progress Report <input type="checkbox"/> Parent Conferences <input type="checkbox"/> Other _____ | PROJECTED FREQUENCY OF REPORTS: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Other _____ |

METHOD FOR REPORTING PROGRESS (§300.320(a)(3))

METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS

- a. State and federal law require that the IEP team determine how the student's parents will be regularly informed (such as through the use of quarterly or other periodic reports, or other means) of their child's progress toward the annual goals. (§300.347(a)(7))

- b. Check the boxes to reflect the methods by which progress will be reported. More than one method may be selected.

PROJECTED FREQUENCY OF REPORTS

Check the box to project the frequency of reports.

IEP PAGE 7 (continued)

| SPECIAL EDUCATION SERVICES | | | |
|---------------------------------------|-----------------------------------|------------------------------|-----------------------------|
| SPECIALLY DESIGNED INSTRUCTION | BEGINNING AND ENDING DATES | FREQUENCY OF SERVICES | LOCATION OF SERVICES |
| | | | |
| | | | |
| | | | |

SPECIAL EDUCATION SERVICES

SPECIALLY DESIGNED INSTRUCTION (§300.320(a)(4))

- a. Federal regulations require a statement of the special education services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. This section summarizes the special education services to be provided to the student in the areas for which annual goals have been written. Describe the area in which specially designed instruction will be provided. While teaching and related service methodologies or approaches are appropriate topics for discussion and consideration by the IEP team, they are not expected to be written into the IEP. In general, changing a particular method or approach would not necessitate an additional IEP meeting. (Congressional Committee Report, HR-5, 1997)
- c. If a student will receive specialized instruction in an academic content area, write the content area in this column (e.g., Math, English/Language Arts, Science). If a student is receiving specially designed instruction in other areas, write the focus of the specially designed instruction in this column (e.g., study skills, vocational skills, community-based functional skills).

BEGINNING AND ENDING DATES (§300.320(a)(7))

Write the dates when the specially designed instruction is scheduled to begin and end. In most instances, these dates will correspond to the IEP initiation and duration dates noted on the first page of the IEP.

FREQUENCY OF SERVICES (§300.320(a)(7))

Write how often the services will be provided. For example, if a student is receiving specially designed instruction in Math each day, write "one period per day." If the student is receiving adaptive physical education each week, write "one hour per week." The amount of services to be provided must be stated in the IEP, so that the level of the commitment of resources will be clear to parents and other IEP team members. The amount of a special education service to be provided to a student may be stated in the IEP as a range (e.g., 30-45 minutes per week) **only if** the IEP team determines that stating the amount of services as a range is necessary to meet the unique needs of the student. For example, the IEP may specify that particular services are needed only under specific circumstances, such as the occurrence of a seizure or of a particular behavior. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff. (Appendix A, Question 35)

LOCATION OF SERVICES (§300.320(a)(7))

Describe the location where the services will be provided. The location of services in the context of an IEP generally refers to the type of environment that is the appropriate place for provision of the service. For example, the specially designed instruction may be provided in the student's regular classroom or in a resource room. (Attachment 1--Analysis of Comments and Changes, p. 12594)

IEP PAGE 7 (continued)

SUPPLEMENTARY AIDS AND SERVICES

Includes aids, services, and other supports provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate.

| MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL Describe below, or select from supplemental "Modifications, Accommodations, and Supports" (and list number below). | BEGINNING AND ENDING DATES | FREQUENCY OF SERVICES | LOCATION OF SERVICES |
|--|----------------------------|-----------------------|----------------------|
| | | | |
| | | | |
| | | | |

SUPPLEMENTARY AIDS AND SERVICES (§300.320(a)(4))

MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL

- a. Federal regulations require a statement of the supplementary aids and services and program modifications or supports for school personnel that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. Describe each appropriate **MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL**; alternatively, select the number from the supplemental list titled "Modifications, Accommodations, and Supports" and enter the corresponding number in this row. If the modification, accommodation, or support is needed in a specific content area, specify the area(s). For example, if a student has difficulty in reading and requires more time to take tests that require reading, specify the content areas (e.g., history, social studies) where the accommodation for test-taking will be provided. Some of the items listed require additional descriptions. If these items are referred to by number on the IEP, the additional description must be provided. For example, number 7, "Special Seating," requires a description of the nature of the seating for an individual student. The row could be completed as follows: **#7, in front row for all regular classes.**
- c. If the supplemental list is used, a copy must be attached to the IEP and given to the parent so that the references are clear.
- d. In general, accommodation involves adapting instructional strategies (materials, manner of presentation, grouping format) and/or the classroom environment (seating arrangements, lighting, sound, etc.) for students with special needs. Classroom accommodations can be made across educational settings, such as the regular education classroom, the resource room, and special classes.
- e. In general, modification means changing the program/curriculum when reasonable accommodations will not be effective in allowing the student to participate in the regular education classroom. Modifications are greater or more extensive changes that significantly alter the scope or content of the general education curriculum and are based on the student's need for such changes.

BEGINNING AND ENDING DATES

FREQUENCY OF SERVICES

LOCATION OF SERVICES

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled **SPECIAL EDUCATION SERVICES** (p. 14).

IEP PAGE 8

| RELATED SERVICES | | | | |
|---|---|-----------------------------------|------------------------------|-----------------------------|
| RELATED SERVICE | SERVICE TYPE AND/OR DESCRIPTION <i>A - Assessment</i> <i>C - Consultative</i> <i>D - Direct</i> | BEGINNING AND ENDING DATES | FREQUENCY OF SERVICES | LOCATION OF SERVICES |
| <input type="checkbox"/> Speech/Language | | | | |
| <input type="checkbox"/> Physical Therapy | | | | |
| <input type="checkbox"/> Occupational Therapy | | | | |
| <input type="checkbox"/> Transportation | | | | |
| <input type="checkbox"/> Counseling | | | | |
| <input type="checkbox"/> Psychological Services | | | | |
| <input type="checkbox"/> Orientation and Mobility | | | | |
| <input type="checkbox"/> Audiology | | | | |
| <input type="checkbox"/> School Health Services and School Nurse Services | | | | |
| <input type="checkbox"/> Medical Services for Diagnostic or Evaluation Purposes | | | | |
| <input type="checkbox"/> Recreation, including Therapeutic Recreation | | | | |
| <input type="checkbox"/> Parent Counseling and Training | | | | |
| <input type="checkbox"/> Interpreting Services | | | | |
| <input type="checkbox"/> Social Work Services | | | | |
| <input type="checkbox"/> Assistive Technology | | | | |
| <input type="checkbox"/> Other _____ | | | | |

RELATED SERVICES (§300.320(a)(4))

RELATED SERVICE

- a. Federal regulations require a statement of the related services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. Check the box(es) to correspond to the related services that are necessary for the student to benefit from special education. Additions to this list may be described under "Other."

SERVICE TYPE AND/OR DESCRIPTION

Use **A** for assessment services, **C** for consultative services, or **D** for direct services. If other service delivery models are used, provide a description.

BEGINNING AND ENDING DATES

FREQUENCY OF SERVICES

LOCATION OF SERVICES

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled **SPECIAL EDUCATION SERVICES** (p. 14).

IEP PAGE 8 (continued)

| PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS | | |
|--|--|--|
| Indicate how the student will participate in statewide or district-wide assessments. | If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate | If the student will participate in a regular assessment, does the student require accommodations? |
| State Norm-Referenced Test (NRT) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate | | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form). |
| State Criterion-Referenced Test (CRT) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate | | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form). |
| High School Proficiency Exam <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate | | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form). |
| Proficiency Examination in Writing <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate | | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form). |
| Other (List): _____ <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate | | <input type="checkbox"/> No <input type="checkbox"/> Yes List accommodations: |

PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS (§300.320(a)(6))

- a. Column one is used to indicate how the student will participate in the state or district-wide assessments listed. NA applies if during the period of time covered by the IEP, the student will not be in the grade in which a particular assessment is administered.
- b. For a student who will participate in an alternate to the regular assessment listed, column two is used to why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate.
- c. If the student will participate in state norm-referenced tests, state criterion-referenced tests, the High School Proficiency Exam, or the Proficiency Examination in Writing, and the student requires accommodations, complete the "Accommodation(s) for the Nevada Proficiency Examination Program" form and attach to the IEP. Accommodations not specifically listed (those that might be added as "Other") must be approved individually by the Nevada Department of Education to assure a valid administration of the test. Accommodations for participation in district-wide tests must be in accordance with district guidelines.
- d. Occasionally, an IEP team may decide that there would be value in testing a student even though the provision of modifications will lead to an invalid administration. Write these modifications on the bottom of the "Accommodation(s) for the Nevada Proficiency Examination Program" form and attach to the IEP.
- e. Complete the "Accommodation(s) for the Nevada Proficiency Examination Program" form for each student participating in a state assessment and attach to the IEP to reflect testing decisions made for the student. The form duplicates the IEP content to a certain extent, but a copy of the "Accommodation(s)" form can then be used by testing programs as a stand-alone document.

EXTENDED SCHOOL YEAR SERVICES

Does the student require extended school year services?

No Yes If YES, IEP goals and benchmarks/objectives and/or related services to be implemented in ESY must be identified.

If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: _____

EXTENDED SCHOOL YEAR SERVICES (§300.106)

Extended school year services must be provided only if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a free appropriate public education to the student. A school district may not limit extended school year services to particular categories of disability or unilaterally limit the type, amount, or duration of those services. (§300.106(a)(2-3))

- a. If the IEP has determined whether the student requires extended school year services, check the box to reflect the team's decision. Develop appropriate goals and benchmarks or short-term objectives, or indicate whether existing goals will be addressed during extended school year services (see box to check in goals section), and describe any special education services, related services, or supplementary aids and services that will be provided.
- b. If the timing of the current IEP is such that the need for extended school year services should be considered at a later date, indicate the date by which the IEP team will reconvene to make the necessary decisions and plans.

IEP PAGE 9 (continued)

| PLACEMENT | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|------------------------|--|--|----------------|--|--|-------------|--|--|----------|--|--|------|--|--|-------------|---|
| <p align="center">PLACEMENT CONSIDERATIONS</p> <table style="width:100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Selected</td> <td style="width: 10%;"><input type="checkbox"/> Rejected</td> <td>Regular class with supplementary aids and services (no removal)</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Regular class and special education class (e.g., resource) combination</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Self-contained program</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Special school</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Residential</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Hospital</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Home</td> </tr> <tr> <td><input type="checkbox"/> Selected</td> <td><input type="checkbox"/> Rejected</td> <td>Other _____</td> </tr> </table> | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Regular class with supplementary aids and services (no removal) | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Regular class and special education class (e.g., resource) combination | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Self-contained program | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Special school | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Residential | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Hospital | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Home | <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Other _____ | <p align="center">PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT</p> <p>The student will spend _____ % of his or her school day in the regular education environment.</p> |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Regular class with supplementary aids and services (no removal) | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Regular class and special education class (e.g., resource) combination | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Self-contained program | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Special school | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Residential | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Hospital | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Home | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Selected | <input type="checkbox"/> Rejected | Other _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <p align="center">JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*</p> <p align="center">Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extra-curricular activities (for example, sports, after-school clubs, band, etc.)

PLACEMENT

PLACEMENT CONSIDERATIONS

Check boxes to reflect any placements actually considered by the IEP team. (NAC §388.284(1)(k))

PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT

Calculate and list the average percentage of time this student will spend in the regular education environment.

**JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM
REGULAR EDUCATION ENVIRONMENTS (§300.320(a)(5))**

The team must explain why the student's IEP cannot be implemented in the regular education environment with the use of supplementary aids and services. Factors to consider relate to needs for specialized curriculum and instruction; highly individualized instructional methods and materials; extraordinary teacher expertise; frequency and intensity of staff intervention and support; and structured environments to support social/behavioral needs. This is not an exhaustive list of considerations, nor is it as specific as justification statements for a particular student should be. Justifications must be individualized and relate to each student's particular needs. Statements to avoid:

1. Statements that merely name or describe the student's disability category.
2. Statements that are too general and that do not justify removal from regular education settings based upon each student's unique needs.
3. Justification statements that rely solely on accommodations that can clearly be met in a less restrictive setting such as "a small group setting" or "1:1 instruction."

| DATA ELEMENTS | |
|---|---|
| FEDERAL STUDENT ETHNICITY CODE (CHECK ONE) | |
| <input type="checkbox"/> H7 | Hispanic/Latino |
| <input type="checkbox"/> I7 | American Indian or Alaska Native |
| <input type="checkbox"/> A7 | Asian |
| <input type="checkbox"/> B7 | Black or African American |
| <input type="checkbox"/> P7 | Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> C7 | White |
| <input type="checkbox"/> M7 | Two or more races |

DATA ELEMENTS

FEDERAL STUDENT ETHNICITY CODE

Check the student's ethnicity based upon the following federal descriptors:

- | | |
|---|--|
| H7 Hispanic/Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Refers to Hispanic and/or Latino. |
| I7 American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |
| A7 Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |
| B7 Black or African American | A person having origins in any of the Black racial groups of Africa. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |
| P7 Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |
| C7 White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |
| M7 Two or more races | A person having origins in <i>two or more of the five race categories listed immediately above.</i> <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> |

Note that children can only be reported in one race/ethnicity category.

IEP PAGE 10 (continued)

FEDERAL PLACEMENT CODE (CHECK ONE)

Students ages 3-5:

- E1** reg. early childhood pgm. \geq 10 hours/week with majority of special education & related svcs. in reg. ec. pgm.
- E2** reg. early childhood pgm. \geq 10 hours/week with majority of special education & related svcs. in other location
- E3** reg. early childhood pgm. $<$ 10 hours/week with majority of special education & related svcs. in reg. ec. pgm.
- E4** reg. early childhood pgm. $<$ 10 hours/week with majority of special education & related svcs. in other location
- E5** special education in separate class
- E6** special education in separate school
- E7** special education in residential facility
- E8** home
- E9** service provider location

FEDERAL PLACEMENT CODE

Check the student's placement code based upon the following federal definitions:

PLACEMENT CODE FOR STUDENTS AGES 3-5

- E1** *Regular early childhood program \geq 10 hours/week with majority of services in the regular early childhood program.* The child is receiving the majority of hours of special education and related services in the regular early childhood program (and the child attends a regular early childhood program at least 10 hours per week).
- E2** *Regular early childhood program \geq 10 hours/week with majority of services in some other location program.* The child is receiving the majority of hours of special education and related services in some other location (and the child attends a regular early childhood program at least 10 hours per week).
- E3** *Regular early childhood program $<$ 10 hours/week with majority of services in the regular early childhood program.* The child is receiving the majority of hours of special education and related services in the regular early childhood program (and the child attends a regular early childhood program less than 10 hours per week).
- E4.** *Regular early childhood program $<$ 10 hours/week with majority of services in some other location program.* The child is receiving the majority of hours of special education and related services in some other location (and the child attends a regular early childhood program less than 10 hours per week).
- E5** *Separate class.* The child is attending a special education program in a class with less than 50% nondisabled children. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)
- E6** *Separate school.* The child is receiving education programs in public or private day schools designed specifically for children with disabilities. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)
- E7** *Residential facility.* The child is receiving education programs in publicly or privately operated residential schools or residential medical facilities on an inpatient basis. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)

- E8** *Home.* The child is receiving special education and related services in the principal residence of the child's family or caregivers, and the child attends neither a regular an early childhood program nor a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at home and in a service provider location or some other location that is not in any other category. The term caregiver includes babysitters.
- E9** *Service provider location or some other location that is not in any other category.* The child receives all of the child's special education and related services from a service provider or some other location that is not in any other category, and the child attends neither a regular early childhood program nor a special education program provided in a separate class, separate school, or residential facility. For example, speech instruction provided in:
- private clinicians' offices,
 - clinicians' offices located in school buildings, and
 - hospital facilities on an outpatient basis.

Do not include children who also receive special education at home. Children who receive special education both in a service provider location and at home should be reported in the home category.

FEDERAL PLACEMENT CODE (CHECK ONE)

Students ages 6-21:

- B9** regular education 80-100%
- B10** regular education 40-79%
- B11** regular education 0-39%
- B12** public or private separate school
- B13** public or private residential
- B14** homebound/hospital
- B15** correctional facilities
- B16** private or home schoolers with service plan

PLACEMENT CODE FOR STUDENTS AGES 6-21

- B9** *Regular class 80-100%.* The child receives special education and related services inside the regular classroom for 80% or more of the school day. This may include children with disabilities placed in:
- regular class with special education/related services provided within regular classes;
 - regular class with special education/related services provided outside regular classes; or
 - regular class with special education services provided in resource rooms.
- B10** *Regular class 40-79%.* The child receives special education and related services inside the regular classroom between 40 and 70% of the school day. This may include children placed in:
- resource rooms with special education/related services provided within the resource room; or
 - resource rooms with part-time instruction in a regular class.
- B11** *Regular class 0-39%.* The child receives special education and related services inside the regular classroom less than 40% of the school day. These are children who received special education and related services outside the regular classroom for more than 60 percent of the school day. Do not include children who received education programs in public or private separate day or residential facilities. This category may include children placed in:

- self-contained special classrooms with part-time instruction in a regular class; or
- self-contained special classrooms with full-time special education instruction on a regular school campus.

B12 *Separate School.* The child receives education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in public or private separate schools. This may include children placed in:

- public and private day schools for students with disabilities;
- public and private day schools for students with disabilities for a portion of the school day (greater than 50 percent) and in regular school buildings for the remainder of the school day; or
- public and private residential facilities if the student does not live at the facility.

B13 *Residential Facility.* The child receives education programs and lived in public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in public or private residential facilities. This may include children placed in:

- public and private residential schools for students with disabilities; or
- public and private residential schools for students with disabilities for a portion of the school day (greater than 50 percent) and in separate day schools or regular school buildings for the remainder of the school day.

Do not include students who received education programs at the facility, but do not live there.

B14 *Homebound/Hospital.* The child receives education programs in homebound/hospital environment includes children with disabilities placed in and receiving special education and related services in:

- hospital programs, or
- homebound programs.

Do not include children with disabilities whose parents have opted to home-school them and who receive special education at the public expense.

B15 *Correctional facilities.* The child receives special education in correctional facilities. These data are intended to be a count of all children receiving special education in:

- short-term detention facilities (community-based or residential), or
- correctional facilities.

B16 *Parentally Placed in Private Schools.* The child has been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and the child receives special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan.² Include children whose parents chose to home-school them, but who receive special education and related services at the public expense. Do not include children who are placed in private schools by the LEA.

² A private institution or school is a school NOT under Federal or public supervision or control and may be non-profit or proprietary.